

**Annual report of the Director General of the Public Health Service of Haiti :
1926-1930 / Republic of Haiti.**

Contributors

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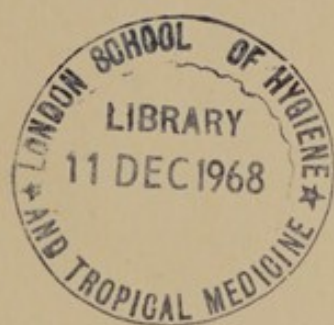


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REPUBLIC OF HAITI

ANNUAL REPORT

OF THE

DIRECTOR GENERAL, NATIONAL PUBLIC HEALTH SERVICE OF HAITI

FOR THE

FISCAL YEAR 1926-1927



DECEMBER 1927.

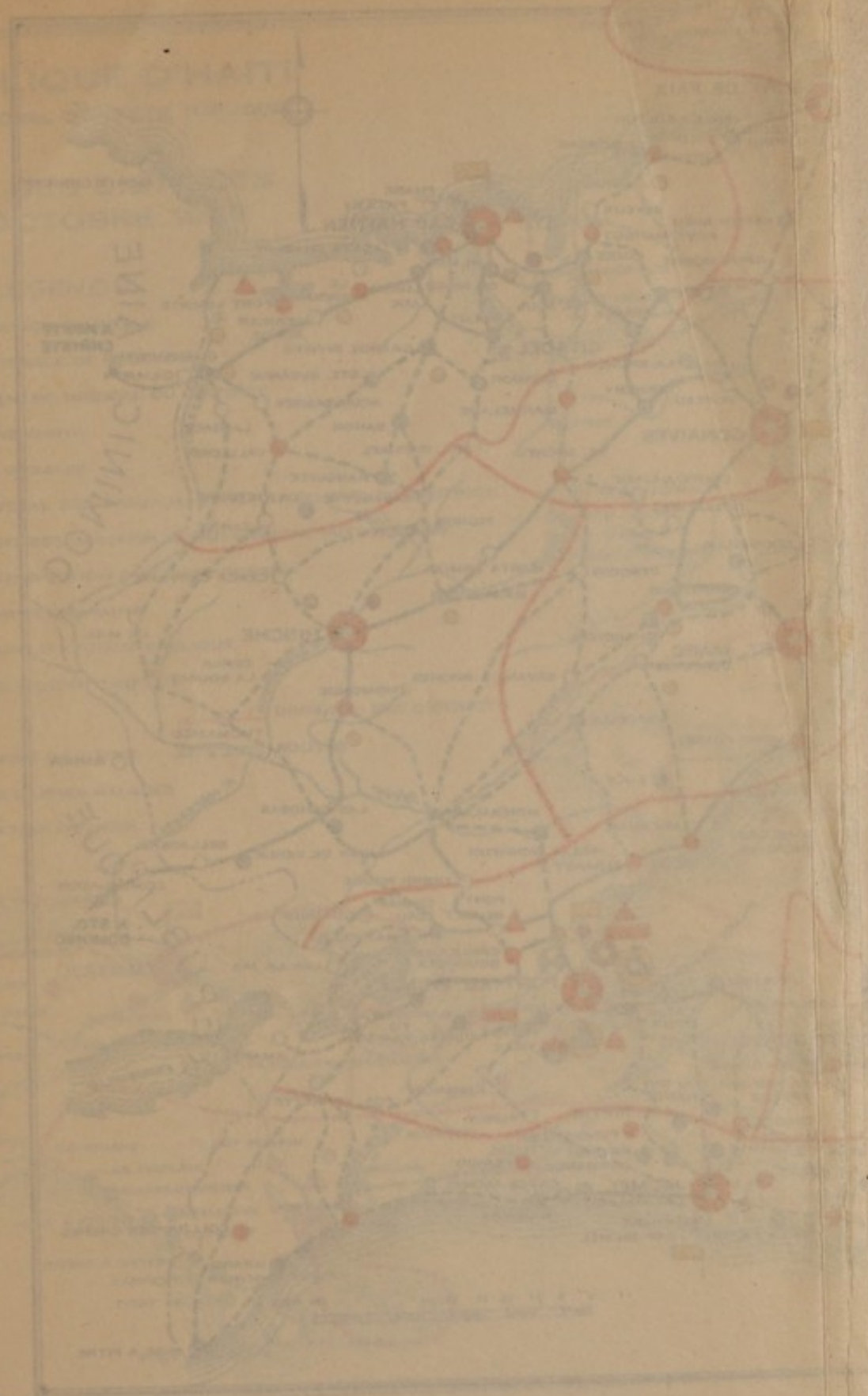


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LE 10 OCTOBRE

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COMMUNICATIVE



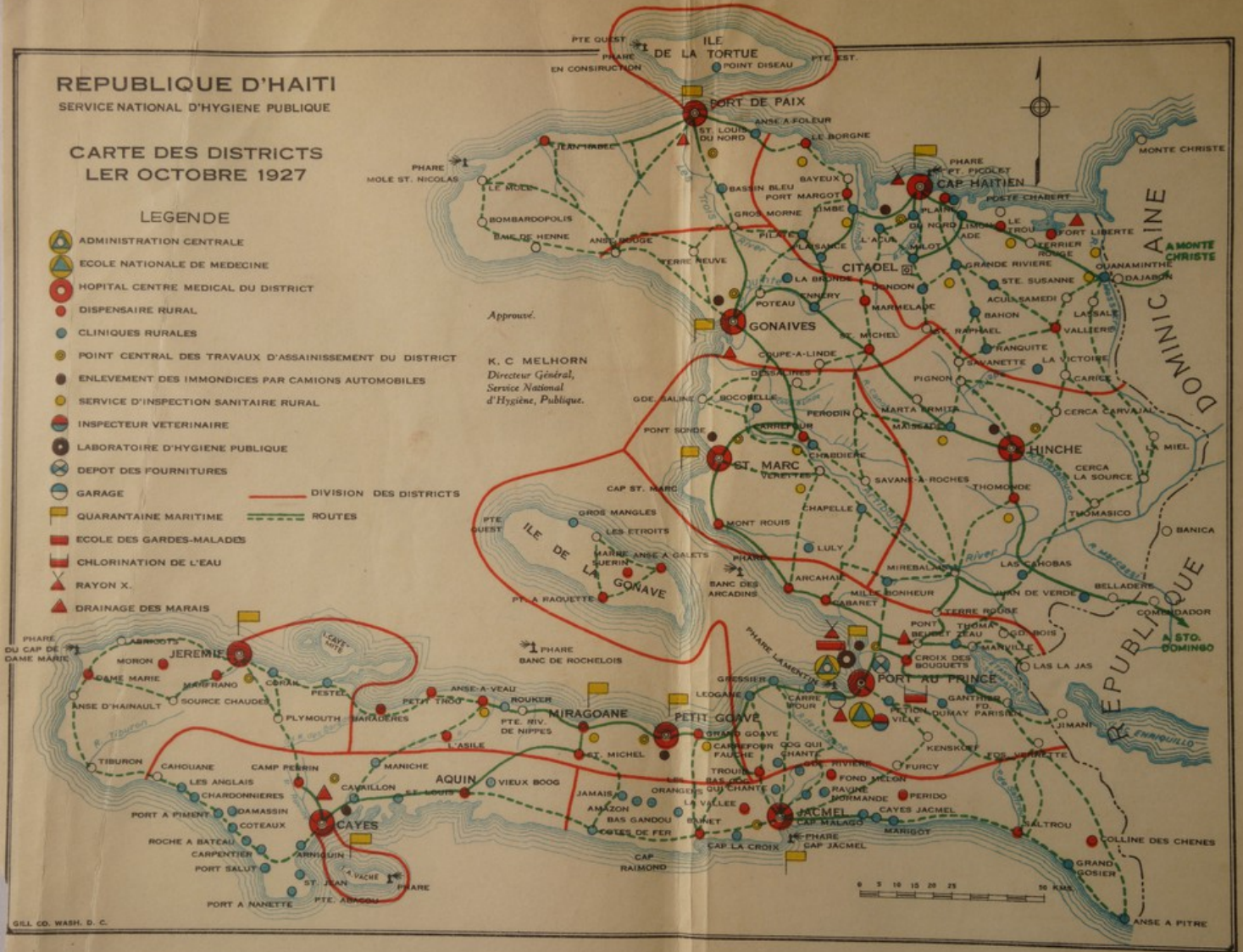
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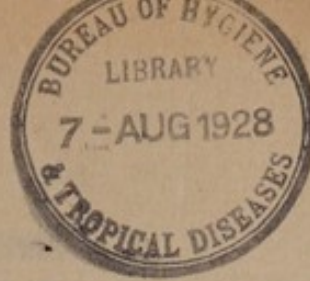
CARTE DES DISTRICTS
LER OCTOBRE 1927

LEGENDE

- ADMINISTRATION CENTRALE
 - ECOLE NATIONALE DE MEDECINE
 - HOPITAL CENTRE MEDICAL DU DISTRICT
 - DISPENSARE RURAL
 - CLINIQUE RURALES
 - POINT CENTRAL DES TRAVAUX D'ASSAINISSEMENT DU DISTRICT
 - ENLEVEMENT DES IMMONDICES PAR CAMIONS AUTOMOBILES
 - SERVICE D'INSPECTION SANITAIRE RURAL
 - INSPECTEUR VETERINAIRE
 - LABORATOIRE D'HYGIENE PUBLIQUE
 - DEPOT DES FOURNITURES
 - GARAGE
 - QUARANTAINE MARITIME
 - ECOLE DES GARDES-MALADES
 - CHLORINATION DE L'EAU
 - RAYON X.
 - DRAINAGE DES MARAIS
- DIVISION DES DISTRICTS
--- ROUTES

Approuvé.
K. C. MELHORN
Directeur Général,
Service National
d'Hygiène, Publique.





REPUBLIC OF HAITI

ANNUAL REPORT OF THE

DIRECTOR GENERAL OF THE PUBLIC HEALTH SERVICE

For the Fiscal Year 1926-1927

Submitted to the Secretary of State for the Interior
of the Republic of Haiti.

Commander K. C. MELHORN, (MC) U. S. Navy,
Director General.

Port-au-Prince,
December, 1927.

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REPUBLIC OF HAITI

ANNUAL REPORT OF THE

DIRECTOR GENERAL OF THE PUBLIC HEALTH SERVICE

For the Fiscal Year 1966-1967

Submitted to the Secretary of State for the Interior

of the Republic of Haiti.



Commander R. G. KIRKMAN, (MC) U. S. NAVY.

Director General.

Port-au-Prince,
December, 1967.

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From the standpoint of results attained the fiscal year 1926-1927 can be considered as the most successful period since the organization of the Service in 1917. Most gratifying is it to record that a large part of the items recommended in the 1924 three year program are actually existing and in full operation today - an achievement that will be a lasting monument to the leadership and initiative of Captain C. G. Butler, (MC) U. S. Navy whose term of duty as Director General of the Public Health Service of Hawaii expired June 15th, 1926.

Medical Education. In what was established for medical education along the period was one of intense interest and special importance. To all who participated in that movement our debt of gratitude is great. The completion of the new medical school buildings, the departure of seven members of its faculty to pursue their studies under Rockefeller

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ANNUAL REPORT OF THE DIRECTOR GENERAL
OF THE PUBLIC HEALTH SERVICE OF HAITI

For the Fiscal Year 1926-1927.

Office of the Director General,
Port-au-Prince, Haiti.
January 10, 1928.

From: Director General.
To : The Secretary of State for the Interior
of the Republic of Haiti.
Subject: Annual Report for the Fiscal Year 1926-1927.

1. Forwarded herewith is the Annual Report of the Public Health Service of Haiti for the Fiscal Year 1926-1927 together with available vital statistics for the calendar year 1926.

GENERAL REMARKS.

From the standpoint of results attained the fiscal year 1926-1927 can be considered as the most successful period since the organization of the Service in 1917. Most gratifying is it to record that eighty-six per cent of the items recommended in the 1924 three year program are actually existing and in full operation today - an achievement that will be a lasting monument to the leadership and abilities of Captain C. S. Butler, (MC) U. S. Navy whose tour of duty as Director General of the Public Health Service of Haiti expired June 15th, 1927.

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ANNUAL REPORT OF THE DIRECTOR GENERAL
OF THE PUBLIC HEALTH SERVICE OF HAITI
For the Fiscal Year 1936-1937.

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Port-au-Prince, Haiti.
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Foundation Fellowships in leading clinics of the world and the arrival of teaching equipment (another gift of the Foundation) all have given an impetus and encouragement to the Service that have penetrated to every nook and corner of the country.

Medical Congress. The month of May witnessed at Port-au-Prince the first national convention of the newly organized Haitian Medical Society. Through the kindness of His Excellency, President Louis Borno, the spacious assembly room of the Palace was placed at the service of the congress for its initial meetings. During the three days session the following program was enjoyed by an attendance of sixty doctors from all parts of the country:

First Day - Monday May 4th, 1927:

1. Opening address by the President of the Society, Doctor L. Hudicourt.
2. Address by the President of the Republic.
3. Water supply for the cities and country districts of Haiti by Dr. C. S. Butler, Sanitary Engineer of Haiti.
4. The activities of the Public Health Service of Haiti during the last three years by Dr. J. Dominique, Dean of the National School of Medicine and Pharmacy.
5. The need of knowing the blood pressure in Surgery by Dr. Paul Salomon, Professor of Surgery at the National School of Medicine and Pharmacy.
6. The treatment of treponematous ulcers with Bismuto-Yatren by Dr. R. P. Parsons.
7. Typhoid fever in Haiti by Dr. L. Hippolyte.
8. Function of the clinical pathologist in modern medecine, by Dr. R. M. Choisser.
9. Clinical aspects and treatment of Malaria by Dr. J. Lanoue.
10. Value of vital statistics and presentation of some from the Public Health Service of Haiti for the period July-December 1926, by Dr. E. Peterson.
11. Skin lesions of early childhood by Dr. M. Lafleur.

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4. The activities of the Public Health Service of Haiti during the first three years by Dr. J. J. Bonfigliani, Doctor of the National School of Medicine and Pharmacy.

5. The need of knowing the blood pressure in surgery by Dr. Paul Salomon, Professor of Surgery at the National School of Medicine and Pharmacy.

6. The treatment of leprosy: ulcers with Diamant-Fortin by Dr. R. P. Ponsard.

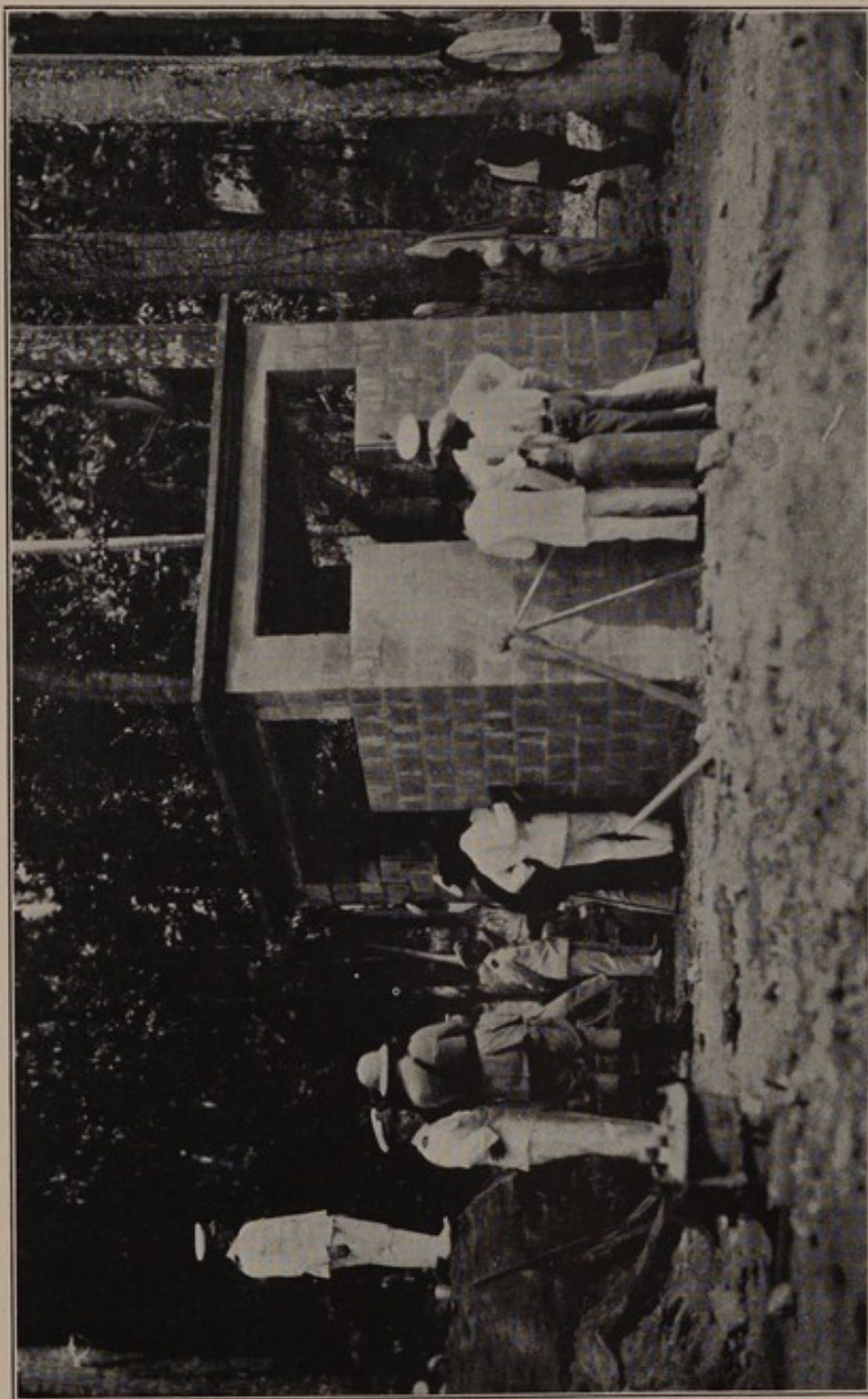
7. Typhoid fever in Haiti by Dr. L. L. Sigurdson.

8. Function of the alkaline phosphatase in modern medicine by Dr. A. M. M. Chabouss.

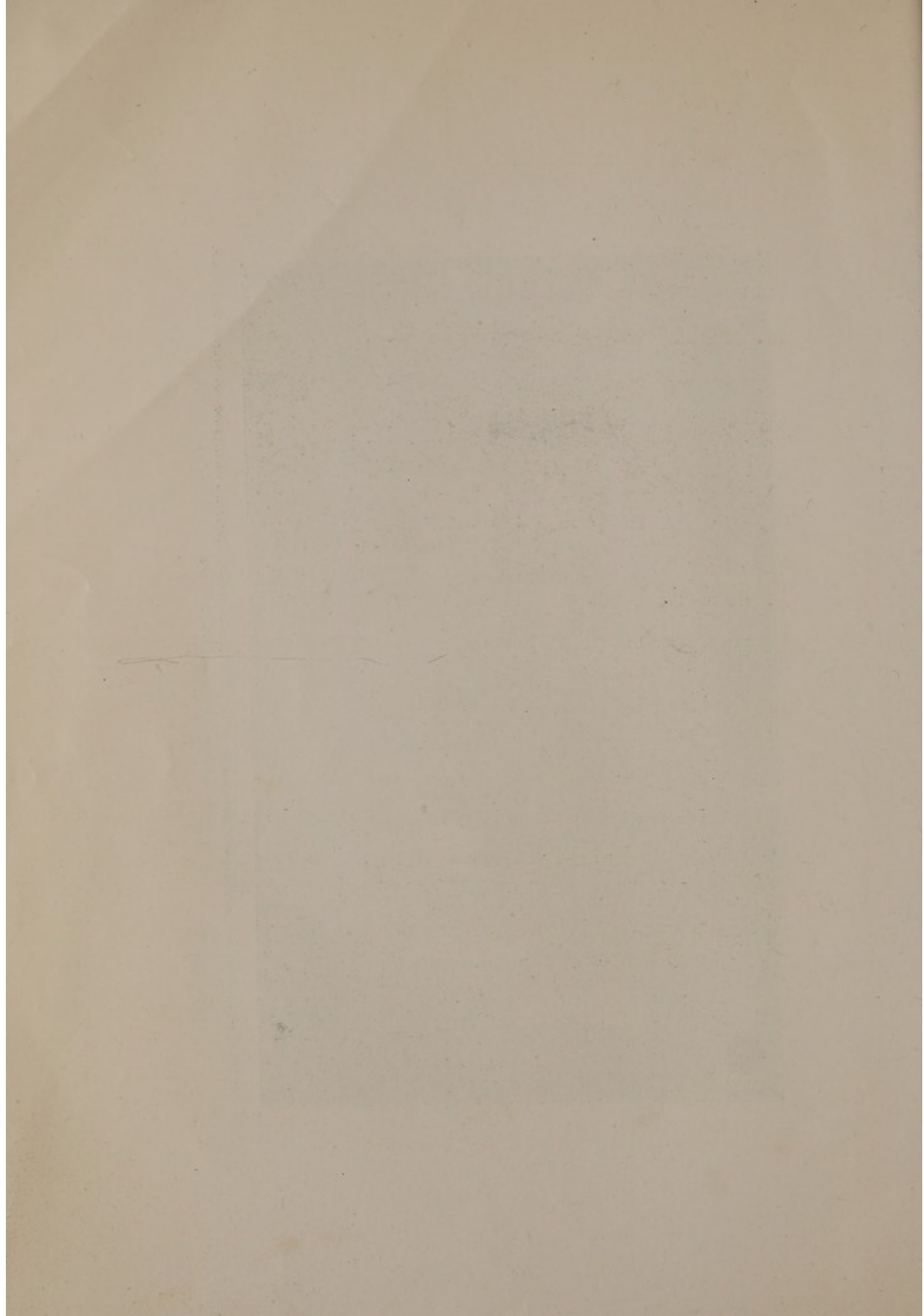
9. Clinical aspects and treatment of malaria by Dr. J. L. Ponsard.

10. Value of vital statistics and presentation of some facts the Public Health Service of Haiti for the period July-December 1924 by Dr. L. Ponsard.

11. Skin lesions of early childhood by Dr. H. Balleur.



(2) Membres de la Société de Médecine et Officiers du Service d'Hygiène inspectant l'appareil à chlorination des Sources de Turgeau
qui alimentent la ville de Port-au-Prince



12. Fractures and their radiography by Dr. L. Moise.
13. Rabies in Haiti by Dr. G. C. Thomas.
14. The new treatment of eclampsia by Dr. J. Buteau.
15. The "growing young again" by Dr. L. Baron.
16. Chronic amoebic hepatitis by Dr. M. Bourand.
17. The use of secret pharmaceutical formulae by Dr. J. Francis.
18. Effects of Herniotomy, by Dr. C. Valmé.
19. A few cases of acute appendicitis as seen in Haiti by Dr. A. Waag.

Second Day -

Parasitological demonstration at the Public Health Laboratory - Haitian General Hospital.

Presentation of surgical cases - Drs. R. P. Parsons, P. Salomon, M. Bourand, and C. Valmé.

Presentation of obstetrical and pediatric cases - Drs. J. Dominique, B. Hyson, and J. Buteau.

Urgent treatment of eye by Dr. E. C. Ebert.

Presentation of anatomicopathologic equipment by Dr. R. M. Choisser.

Presentation of medical cases - Drs. P. W. Wilson, L. Hudicourt, and L. Hippolyte.

Discussion of the cases.

Third Day -

Inspection of sanitary improvements instituted under the supervision of Dr. E. Peterson and Mr. Wm. C. Van Norden.

Conferences. The regular monthly meetings of the Haitian Medical Society, under the presidency of Doctor L. Hudicourt were most interesting and enjoyable. They have proven their popularity and value by a splendid attendance and stimulating discussions.

12. Fractures and their radiography by Dr. L. L. Holmes.
13. Rabies in Haiti by Dr. G. G. Thomas.
14. The new treatment of schistosomiasis by Dr. J. L. Besson.
15. The "growing young again" by Dr. H. B. Brown.
16. Chronic amoebic hepatitis by Dr. M. N. Bourne.
17. The use of secret pharmaceutical formulas by Dr. J. L. Besson.
18. Effects of Hormones by Dr. C. C. Valm.
19. A few cases of acute sporadicitis as seen in Haiti by Dr. A. Wager.

Second Day -

- Parasitological demonstration at the Public Health Laboratory -
Haitian General Hospital.
- Presentation of surgical cases - Drs. R. P. Besson, R. Solomon,
M. Bourne, and C. Valm.
- Presentation of obstetric and gynecologic cases - Drs. J. L. Besson,
R. Besson, and J. Besson.
- Urgent treatment of eye by Dr. E. C. Zebert.
- Presentation of anesthesiologic equipment by Dr. R. M. Chabrier.
- Presentation of medical cases - Drs. P. V. Wilson, L. Besson,
and L. Hippolyte.
- Discussion of the cases.

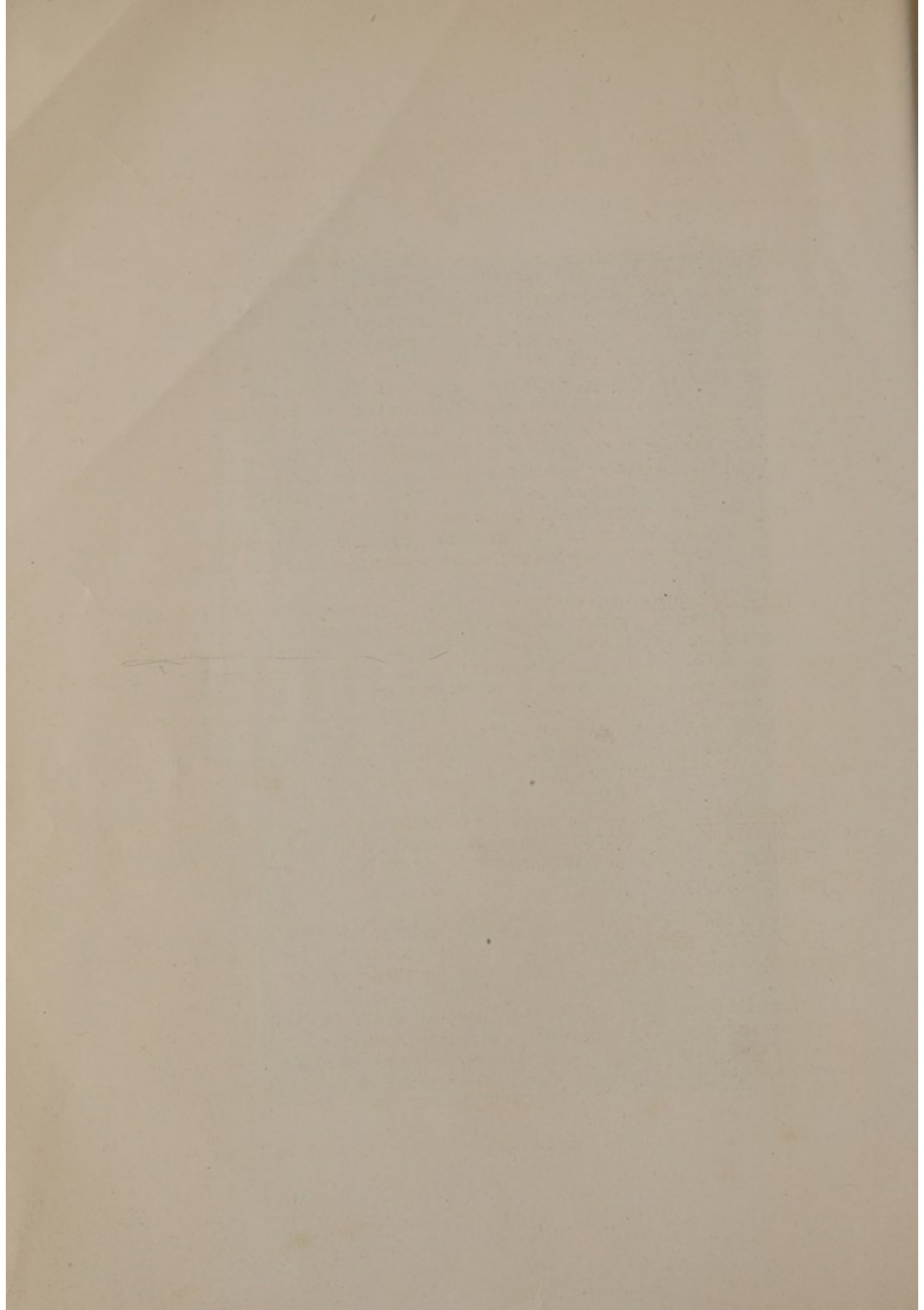
Third Day -

Inspection of sanitary improvements instituted under the supervision of Dr. J. L. Besson and Mr. G. Van Houten.

Conferences. The regular monthly meetings of the Haitian Medical Society, under the presidency of Doctor J. Besson, were most interesting and enjoyable. They have proven their popularity and value by a splendid attendance and stimulating discussions.



(3) Membres de la Société de Médecine d'Haiti et Officiers du Service d'Hygiène écoutant une conférence à la Source Plaisance,
Commune de Pétion-Ville



In July weekly clinical conferences at the Haitian General Hospital (10:30 a.m. every Wednesday) were instituted. Participated ~~by~~ by members of the Medical School faculty, hospital staff, internes and students they have become, as anticipated, an educational feature of the first rank.

Laboratory Technicians. In June the training of Laboratory Technicians for duty in hospitals outside of Port-au-Prince was begun. For this work young men and young women, selected by our representatives in the various districts, are sent to the central laboratory at the Haitian General Hospital for six to eight weeks special training. On completion of the course they are returned to their respective cities. To date all have taken hold of the work in a very gratifying way and, as evidenced in the report of hospital activities, the results of this important feature of modern medicine are encouraging. The number of laboratory technicians trained thus far is three and they are employed at the following hospitals: Port-au-Prince, Gonaives and Petit-Goave. In training at the present time are one each for Saint-Marc and Cayes. To augment results and thus meet the evergrowing demands of clinical work it is our hope that within the near future Delco equipment and Electric refrigeration units can be installed in the hospitals of cities not possessing electric power.

Research Work. In spite of the ever present load of routine duties, some of the workers have found or rather made time to delve more deeply into problems in which they are particularly interested. Conspicuous among these were Doctor L. Hudicourt's work in haemoglobinuria; the spinal fluid studies of Yaws by Doctors P. W. Wilson and R. M. Choisser; the investigation by Doctor M. Lafleur of certain cutaneous eruptions in the newborn; study of Trachoma by Doctor E. C. Ebert; participation in the malaria survey at Port-de-Paix by Doctor P. W. Wilson and the same doctor's investigation of Malaria and Filariasis on Gonave Island.

Personnel. During the year the number of Haitian citizens employed in the Public Health Service increased from 1,703 to 1,917. The number of American personnel remained the same as last year a total of thirty-seven.

All of the five internes graduating from the Medical School last year were immediately commissioned in the Service. The sixteen graduates of this year are now serving their internships in our hospitals.

Seven nurses were graduated from the Training School for Haitian Nurses making a total of seventy since the founding of the School in 1918. Of interest here is the fact that of the seventy graduated thus far 46 or 65.7 per cent are under employment; 42.8 per cent in the Public Health Service and 22.9 per cent in private nursing.

The lack of sufficient number of sisters at the Haitian General

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Research Work. In spite of the ever present load of routine duties, some of the workers have found or rather made time to devote more deeply into problems in which they are particularly interested. Conspicuous among these were Doctor L. Hubloue's work in hemoglobinuria; the spinal fluid studies of Yves by Doctors P. Y. Wilson and R. M. Chabrier; the investigation by Doctor M. Ballant on certain cutaneous eruptions in the newborn; study of trachoma by Doctor E. O. Besset; participation in the malaria survey at Port-de-Paix by Doctor E. W. Wilson and the same doctor's investigation of malaria and filariasis on Gonaïves Island.

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The lack of sufficient number of sisters at the Haitian General

Hospital is felt most acutely; despite the tremendous expansion of that institution in the past seven years, their number remains the same as it was in 1920 a total of fourteen. Quiet and self effacing these splendid workers represent the perfect type of their high calling. With herculean strength they have stood to their task and borne their added burdens with loyalty and without complaint. I sincerely trust that the coming year will find them made more comfortable by an enlargement of their quarters and an increase in their personnel.

	Executive Office	Cap-Haitien	Cayes	Gonaives	Hinche	Jacmel	Jeremie	Petit-Goave	Public Health Office Port-au-Prince	Haitian Gen. Hospital Port-au-Prince	Supply Dep. & Garage Port-au-Prince	Port-de-Paix	Saint-Marc	Total.
Med. Officers of Navy	2	2	1	1	1	1	1	1		7		1	1	19
Chief Pharmacists	1								1		2			4
Ch. Ph. Mates		1		2				1	1	1	1	2	1	10
Pharm. Mates 1 cl.		2	1		1	1	1			1				7
Red Cross Nurses										3				3
Com. Physicians		3	2	1	1	1	1		1	12			1	23
Non-Com. Physicians					1			2		1				4
Internes										20				20
Dentists		1								1				2
Pharmacists		1						1		2				4
Asst. Pharmacists		2			1			1		1				5
Graduate Nurses		8		2	3			2	1	16			1	33
Nurses		24		3			3	1		33		2	3	69
Technicians		3				1	1	1		4				10

	Executive Office	Cap-Haitien	Cayes	Gonaives	Hinche	Jacmel	Jeremie	Petit-Goave	Public Health Office Port-au-Prince	Haitian Gen. Hospital Port-au-Prince	Supply Dep. & Garage Port-au-Prince	Port-de-Paix	Saint-Marc	Total.
Sisters		11	7	6	3	5	3		3	14		3	3	58
Chaplains									1	1				2
Ward Attendants		25	4		2			3	1	12		1		48
Dressers			1	1	5	8		2		5		3	5	30
Ch. San. Inspectors		1	1			1	1	1	2					7
San. Inspectors		11	3	3	2	5	4	6	46			3	7	90
Chief Clerks	1	1							1		1	1	1	6
Clerks	1	3	2	2	1		1	3	2	7	4	1	1	28
Stenographers	1													1
Chief Mechanics		1									1			2
Asst. Mechanics		1												1
App. Mechanics											10			10
Mechanics		2			1	1	1				4			9
Chauffeurs		5	3	2	1			2	17	5	5		2	42
Watchmen		2			1	1		2		2	1			9
Section bosses		18	14	7	3	5	3	7	40	1		3	6	107
Laborers		101	158	70	78	76	42	72	403	38	7	41	56	1142
Cooks		5	1	2	2	2	2	3		8		2	3	30
Laundresses		5	1	1	1	6	1	3		16			4	38

	Executive Office	Cap-Haitien	Cayes	Gonaives	Hinche	Jacmel	Jeremie	Petit-Goave	Public Health Office Port-au-Prince	Haitian Gen. Hospital Port-au-Prince	Supply Dep. & Garage Port-au-Prince	Port-de-Paix	Saint-Marc	Total
Bakers		1			1					1				3
Plumbers										1				1
Carpenters		1	3		1		1			6	2			14
Painters			1							4	1			6
Masons			2						2	6				10
Blacksmiths		1									1			2
Messengers	1	1	1						2	1				6
Janitors	1							2		3				6
Servants		1	2	2	2	7	1	2		19		4		39
Total	8	244	208	105	111	121	67	118	524	252	40	67	95	1960

PUBLIC HEALTH EMPLOYEES.

District of Port-au-Prince.

(a) Executive Office.

<u>Name</u>	<u>Date of Employment</u>	<u>Duty.</u>
Comdr. K. C. Melhorn (MC) USN.	4-25-27	Director General, Public Health Service
Comdr. W. J. Riddick (MC) USN.	12-4-26	Executive Asst. to Director General
Ch.Ph. E. F. Aron, USN.	8-16-27	Finance Officer.

(b) Supply Depot & Garage.

Ch.Ph. G. F. Lyon, USN	1-14-25	Supply Officer
Ch.Ph. M. Birtwistle, USN.	9-21-27	Asst. to Supply Officer
Ch.Ph.M. O. Y. Kirkpatrick, USN.	3-19-27	Asst. to Supply Officer

(c) Haitian General Hospital.

<u>Name</u>	<u>Date of Employment</u>	<u>Duty</u>
Lieut-Comdr. W. H. Michael (MC) USN.	10-22-26	Administrator Haitian Gen. Hosp
Lieut-Comdr. R. M. Choisser (MC) USN.	3-15-26	Director of Laboratories
Lieut-Comdr. R. P. Parsons (MC) USN.	5-14-26	Chief of Dept. of Urology and Director of Out-patient Dept. and Rural Clinical Service.
Lieut-Comdr. E. C. Ebert (MC) USN.	11-13-25	Chief of Eye, Ear, Nose and Throat Department.
Lieut-Comdr. P. W. Wilson (MC) USN.	9-20-26	Chief of Medical Service
Lieut. (jg) G. C. Thomas (MC) USN.	10-2-25	Asst. to Direct. of Laboratories
Lieut. (jg) H. W. Gillen (MC) USN.	10-2-25	Asst. to Eye, Ear, Nose and Throat Department.
Ch.Ph.M. C. F. Johnson, USN.	7-8-27	Asst. to Administrator H.G.H.
Ph.M. 1 cl. E. A. Kracke, USN.	6-6-27	Laboratory Asst. and X-ray
Dr. L. Moise	11-3-15	Com. Physician 1st cl.
Dr. J. Perrier /	2-12-23	Com. Physician 2nd cl.
Dr. J. Buteau	7-30-23	Com. Physician 2nd.cl.
Dr. R. Léon /	12-14-22	Com. Physician 2nd cl.
Dr. M. Bourand /	9-18-23	Com. Physician 2nd cl.
Dr. C. Valmé	9-1-23	Com. Physician 4th cl.
Dr. L. Hippolyte /	9-1-23	Com. Physician 4th cl.
Dr. J.B. Saint-Cyr	7-26-26	Com. Physician 4th cl.
Dr. J. Francis	9-1-26	Com. Physician 4th cl.
Dr. L. Jourdan	11-1-24	Com. Physician 4th cl.
Dr. E. Pétrus /	11-15-25	Com. Physician 5th cl.
Dr. V. Bellevue	10-1-25	Com. Physician 6th cl.
Dr. J. R. Jeanty	10-1-26	Non-Com. Physician

/ These physicians are abroad under special instruction.

Miss A. H. Von Kurowski	7-13-26	Directress, Training School for Haitian Nurses
Miss T. Le Gros	10-20-26	Instructress
Miss E. E. Lanoue	8-21-27	Instructress

(d) Public Health Office

C.Ph. W. C. Van Norden, USN.	1-14-25	Public Health Officer
C.Ph.M. E. Fernquist, USN.	7-8-27	Asst. Public Health Officer
Dr. M. Périgord	11-1-21	Com. Physician 2nd cl.

District of Cap-Haitien.

Lieut-Comdr. L. H. Williams (MC) USN.	12-4-26	Administrator Justinien Hospital
Lieut-Comdr. O. Wildman (MC) USN.	3-15-26	Public Health Officer
C.Ph.M. L. F. Curtis, USN.	12-22-25	Laboratory Technician
Ph.M. 1 cl. J. M. Foster, USN.	10-13-24	Laboratory Technician
Ph.M. 1 cl. U. D. Stroud, USN.	9-21-27	Laboratory Technician
Dr. M. Ethéart	7-1-24	Com. Physician 3rd cl.
Dr. C. Fontus	9-22-22	Com. Physician 4th cl.
Dr. P. Desmangles	1-16-23	Com. Physician 4th cl.

Name

(a) Haitian General Hospital

Date of Employment

Duty

Assistant Director of Laboratory	10-22-26	USN	W. H. Michael (MC)
Chief of Dept. of Urology and	3-15-26	USN	R. M. Chaisson (MC)
Director of Out-patient Dept.	5-14-26	USN	R. P. Parsons (MC)
Chief of Eye, Ear, Nose and	11-18-26	USN	E. C. Roberts (MC)
Chief of Medical Service	9-20-26	USN	P. W. Wilson (MC)
Asst. to Chief of Laboratory	10-2-26	USN	C. C. Thomas (MC)
Asst. to Eye, Ear, Nose and	10-2-26	USN	H. W. Clifton (MC)
Throat Department			
Asst. to Administrator H. C. W.	7-8-27	USN	C. F. Johnson
Laboratory Asst. and X-ray	6-8-27	USN	E. A. Kravetz
Com. Physician 1st cl.	11-2-15		J. L. Moise
Com. Physician 2nd cl.	2-12-26		J. L. Perrier
Com. Physician 2nd cl.	7-30-26		J. L. Bussan
Com. Physician 2nd cl.	12-14-26		R. R. Léon
Com. Physician 2nd cl.	9-18-26		M. M. Bonnard
Com. Physician 2nd cl.	9-1-26		C. V. Véliz
Com. Physician 4th cl.	9-1-26		L. L. Hippolyte
Com. Physician 4th cl.	7-26-26		J. B. Saint-Cyr
Com. Physician 4th cl.	9-1-26		J. L. Francis
Com. Physician 4th cl.	11-1-26		L. L. Jordan
Com. Physician 5th cl.	11-15-26		E. E. Pétre
Com. Physician 5th cl.	10-1-26		V. V. Bellevue
Non-Com. Physician	10-1-26		J. R. Jéanté

These physicians are abroad under special instruction.

Director, Training School for Haitian Nurses	7-15-26		A. H. Von Kowowski
Instructor	10-20-26		T. Le Gros
Instructor	8-21-27		E. E. Lanne

(b) Public Health Office

Public Health Officer	1-14-26	USN	W. C. Van Norden
Asst. Public Health Officer	7-8-27	USN	M. E. Reinhardt
Com. Physician 2nd cl.	11-1-26		M. Pélissier

District of Cap-Haitien

Assistant Director Training Hospital	12-4-26	USN	L. H. Williams (MC)
Public Health Officer	3-15-26	USN	O. Williams (MC)
Laboratory Technician	12-22-26	USN	L. F. Curtis
Laboratory Technician	10-13-26	USN	M. Foster
Laboratory Technician	9-21-27	USN	U. D. Second
Com. Physician 2nd cl.	7-1-26		E. E. Eché
Com. Physician 4th cl.	9-23-26		C. Fontes
Com. Physician 4th cl.	1-18-26		P. Desmangles

<u>Name</u>	<u>Date of Employment</u>	<u>Duty.</u>
District of Cayes.		
Lt. M. S. Mathis (MC) USN.	4-9-26	Public Health Officer
Ph.M. 1 cl. E. H. Hyde, USN.	9-20-26	Asst. Public Health Officer
Dr. E. Ledan	1-1-25	Com. Physician 5th cl.
Dr. A. Féthière	1-2-26	Com. Physician 5th cl.

District of Gonaives.

Lt. J. B. Logue (MC) USN.	7-3-27	Public Health Officer
Ch.Ph.M. J. L. Inge USN.	10-13-24	Asst. Public Health Officer
Ch.Ph.M.B. F. Dixon, USN.	9-21-27	Asst. Public Health Officer
Dr. H. Désir	12-15-25	Com. Physician 4th cl.

District of Hinche.

Lt. F. C. Hill (MC) USN.	7-30-25	Public Health Officer
Ch.Ph.M. F. L. Stafford, USN.	7-8-27	Asst. Public Health Officer
Dr. P. Cole	6-22-22	Non-com. Physician
Dr. L. Torchon	2-1-26	Com. Physician 4th cl.

District of Jacmel.

Lt. J. D. Blackwood (MC) USN.	1-14-27	Public Health Officer
Ph.M. 1 cl. T. C. Barks, USN.	3-21-26	Asst. Public Health Officer
Dr. A. Carriès	3-4-23	Com. Physician 3rd cl.

District of Jeremie.

Lt. (jg) B. M. Summers (MC) USN.	1-21-25	Public Health Officer
Ph.M. 1 cl. E. M. Custer, USN.	12-3-26	Asst. Public Health Officer
Dr. J. Papillon	11-1-25	Com. Physician 6th cl.

District of Petit-Goave

Lt. C. R. Tatum (MC) USN.	5-22-26	Public Health Officer
Ch.Ph.M. J. A. Herndon, USN.	12-6-26	Asst. Public Health Officer
Dr. D. Dejean	4-1-26	Non-com. Physician
Dr. K. Saint-Louis	11-2-26	Non-com. Physician

District of Port-de-Paix

Lt. W. S. Bunkley (MC) USN.	7-3-27	Public Health Officer
Ch.Ph.M. Peter Angel, Jr, USN.	9-14-25	Asst. Public Health Officer
Ch.Ph.N. S. H. Reser, USN.	9-21-27	Asst. Public Health Officer

District of Saint-Marc

Lt. (jg) C.D. Middlestadt (MC) USN.	10-2-25	Public Health Officer
Ch.Ph.M. R. W. James, USN.	9-21-27	Asst. Public Health Officer
Dr. D. Anglade	6-1-25	Com. Physician 5th cl.

The following tables represent the changes in the personnel of the Service during the year.

Reported.

<u>Name,</u>	<u>Date of Employment</u>	<u>Place of Employment.</u>
Comdr. K. C. Melhorn (MC) USN.	4-25-27	Port-au-Prince
Comdr. W. J. Riddick (MC) USN.	12-4-26	Port-au-Prince
Ch.Ph. E. F. Aron, USN.	8-16-27	Port-au-Prince
Ch.Ph. M. Birtwistle, USN.	9-21-27	Port-au-Prince
Ch.Ph.M. Y. O. Kirkpatrick, USN.	3-19-27	Port-au-Prince
Lt-Comdr. W. H. Michael (MC) USN.	10-22-26	Port-au-Prince
Ph.M. 1 cl. E. A. Kracke, USN.	6-6-27	Port-au-Prince
Ch.Ph.M. C. F. Johnson, USN.	7-8-27	Port-au-Prince
Dr. J. R. Jeanty	10-1-26	Port-au-Prince
Miss T. Le Gros, A.R.C.N.	12-20-26	Port-au-Prince
Miss E. E. Lancue, A.R.C.N.	8-21-27	Port-au-Prince
Ch.Ph.M. E. Fernquist, USN.	7-8-27	Port-au-Prince
Lt.Comdr. L. H. Williams (MC) USN	12-4-26	Cap-Haitien
Ph.M. 1 cl. U. D. Stroud, USN.	9-21-27	Cap-Haitien
Lt. J. B. Logue (MC) USN.	7-3-27	Gonaives
Ch.Ph.M. B. F. Dixon, USN.	9-21-27	Gonaives
Ph.M. 1 cl. F. L. Stafford, USN.	7-8-27	Hinche
Lt. J. D. Blackwood (MC) USN.	1-14-27	Jacmel
Ph.M. 1 cl. E. M. Custer, USN.	12-3-26	Jeremie
Ch.Ph.M. J. A. Herndon, USN.	12-6-26	Petit-Goave
Dr. K. Saint-Louis	11-2-26	Petit-Goave
Lt. W. S. Bunkley (MC) USN.	7-3-27	Port-de-Paix
Ch.Ph.M. S. H. Reser, USN.	9-21-27	Port-de-Paix
Ch.Ph.M. R. W. James, USN.	9-21-27	Saint-Marc.

Detached.

	<u>Date of Employment</u>	<u>Date of Detachment.</u>
Miss C. E. Authier, A.R.C.N.	8-25-25	12-1-26
Ch.Ph.M. F. O. Miller, USN.	6-22-26	12-3-26
Lt. W. F. Kennedy (MC) USN.	1-21-25	12-21-26
Lt-Comdr. E. Peterson (MC) USN.	6-14-24	7-9-27
Pharmacist J. O. Labrie, USN.	8-6-24	4-24-27
Dr. Th. Holly	10-1-23	5-12-27
Lt-Comdr. R. B. Miller (MC) USN.	3-15-26	5-17-27
Dr. E. Craig	5-20-25	5-31-27
Captain C. S. Butler (MC) USN.	6-14-24	6-15-27
Ch.Ph.M. H. C. Wilcockson, USN.	10-13-24	7-8-27
Ch.Ph.M. R. J. Isreall, USN.	5-5-25	7-27-27
Ph.M. 2nd cl. C. R. Harvey, USN.	7-27-27	8-4-27
Miss K. Helm, A.R.C.N.	10-4-26	8-18-27
Ch.Ph.M. J. T. Eads, USN.	10-13-24	8-20-27
Ch.Ph.M. W. D. A. Robichau, USN.	3-1-25	8-20-27
Ch.Ph.M. W. E. Burnham, USN.	10-13-24	9-7-27

<u>Name</u>	<u>Date of Employment</u>	<u>Date of Detachment.</u>
Ch.Ph. E. C. Eastman, USN.	12-11-24	9-7-27
Miss E. Moser, A.R.C.N.	6-20-24	9-15-27
Dr. P. Cole	6-22-22	9-30-27

Hospital, Dispensary and Rural Clinic Services. Attention is invited here to certain figures indicative of results exceeding in value many fold the cost of the work:

Bed capacity, all hospitals-----	1,159
Daily average of hospital patients-----	780
Total number of admissions to hospitals-----	7,551
Total number of outpatients including rural clinics-----	673,389
Total number of major operations-----	1,410
Total number of injections for treponematosi (Neosalvarsan and Bismuth)-----	378,749
Total number of treatments for malaria-----	33,522
Total number of treatments for intestinal parasites-----	38,559

It is very gratifying to note a general increase in volume of work over the previous year, although there was a decrease of about 1,000 patients in those admitted to hospitals. This decrease is explained by the large extension of rural dispensary construction and rural clinics activities during the year as a result of which many patients who formerly entered hospitals for treatment are now able to receive it at the rural clinics near their homes.

During the year 2,759 clinics were held at 110 different places throughout the country. These places are visited from once a week to once a month according to the needs of the region and its accessibility. So popular has this constantly expanding service become that doctors and their assistants are at times almost swamped by the number reporting for treatment. Recently at the Limbe clinic 953 patients were treated in one day. In September the number of treponematosides being given throughout the Republic was at the rate of over one half a million per year.

While the treatment of sick people, as practiced in these rural clinics is of a rough and ready sort, lacking much in the way of the refined diagnostic methods of the hospitals, it is sure that in these clinics more is accomplished in the way of relief to a suffering mass with a greater economic result than at the hospitals. This may appear an extravagant statement, but the public health conditions in Haiti make this state of affairs peculiarly possible here.

are

There/three great diseases of the peasant mass, very few escaping any one of the three. These diseases, treponematosi, malaria and intestinal parasites, are fortunately all easily diagnosed and all respond extremely well to treatment. Treponematosi is the great Haitian Scourge causing more suffering, crippling and economic damage than all the other

Name	Date of Employment	Date of Retirement
Dr. P. Cole	6-23-22	9-30-27
Miss E. Moore, A.R.C.N.	6-23-24	9-15-27
Ch. W. E. C. Eastman, U.S.N.	12-11-24	9-7-27

Hospital, Dispensary and Rural Clinic Services. Attention is invited here to certain figures indicative of results exceeding in value many fold the cost of the work:

Bed capacity, all hospitals	1,182
Daily average of hospital patients	780
Total number of admissions to hospitals	7,281
Total number of outpatients including rural clinics	875,589
Total number of major operations	1,410
Total number of injections for syphilis	378,749
(Neosalvarsan and Bismuth)	33,223
Total number of treatments for malaria	33,223
Total number of treatments for intestinal parasites	33,223

It is very gratifying to note a general increase in volume of work over the previous year, although there was a decrease of about 1,000 patients in those treated in hospitals. This increase is explained by the large extension of rural dispensary, convalescent and rural clinic services during the year as a result of which many patients who formerly entered hospitals for treatment are now able to receive it at the rural clinics near their homes.

During the year 2,759 clinics were held at 110 different places throughout the country. These places are visited from once a week to once a month according to the needs of the region and the accessibility. So popular has this constantly expanding service become that doctors and their assistants are at times almost swamped by the number reporting for treatment. Especially at the blood clinic 925 patients were treated in one day. In September the number of examinations in the clinic through out the Republic was at the rate of over one half a million per year.

While the treatment of sick people, as outlined in these rural clinics is of a rough and ready sort, looking much in the way of the refined diagnostic methods of the hospital, it is sure that in these clinics were accomplished in the way of relief to a suffering mass with a greater economic result than at the hospital. This may appear an extravagant statement, but the public health conditions in Haiti make this state of affairs peculiarly possible here.

Thus, three great diseases of the poorest mass, very low occupying any one of the three. These diseases, syphilis, malaria and hookworm, are fortunately all easily diagnosed and all respond extremely well to treatment. Syphilis is the most common scourge causing more suffering, crippling and economic damage than all the other

diseases in Haiti combined. In the rural clinics this disease is recognized at a glance and treated efficiently in a moment. Nothing has done so much to win the confidence and cooperation of the people and to popularize the Public Health activities as the treatment of this disease. The results of a few injections of bismuth or Salvarsan with proper dressings for the ulcers are so startling that there is now not a grown person in Haiti who does not know about it, and scarcely one who will not readily submit to treatment. Surely nothing has so undermined the influence and power that charlatans and practitioners of "witch medicine" held among the peasant class but a few years ago. Results have been perhaps more gratifying in the campaign against this disease than in any other activity of the Public Health Service; and these results have been brought about largely in the rural clinic. Only during the past year could it be said that primary yaws is disappearing, and, while primary yaws was formerly one of the most common conditions seen at the clinics, it has now become almost a rarity. Judging from present indications, it is believed that if this rate of pouring treponemacides into the Haitian peasant mass is continued a few years longer, the disease will cease to be an important Public Health problem here.

In the rural clinics malaria is diagnosed simply by the history of fever and chills. By this system an occasional case of fever is erroneously diagnosed malaria, but no harm is done. If many thousand peasants suffering from malaria can receive relief by the simple administration of quinine, and if many thousand children can get rid of their worms by a simple medication, the institution of rural clinics is well justified despite the fact that they are held on the mountain sides and diagnoses are made by history alone.

The above data give some idea of the stupendous task ahead for years to come. In this connection words fail in expressing our gratitude to Admiral Stitt, Chief of the Bureau of Medicine and Surgery, United States Navy, who, by providing personnel, has aided so materially in making these results possible. Fortunate indeed are we in having the constant support and encouragement of one in his position who from personal observation knows the enormity of the task confronting the medical man in Haiti.

Sanitation. Slowly but surely the advances of previous years continue. A Sanitary Service can never function at its best without a spirit of cooperation on the part of the people concerned. Such a spirit must enter into every activity of their lives. It is the very essence of Public Health. Courts refusing to support the Sanitary Code; schools that do not teach and illustrate the cardinal principles of modern hygiene; homes that are filled with people unable to read or write, all these are handicaps that affect the health of thousands and must be removed before a sanitary service can do its greatest good and assure permanency to its works.

That the country is on the road to this ideal is one of our greatest satisfactions. The writer had the privilege of returning to Haiti last April after an absence of four and one half years. The advances noted along so many lines were indeed a delight and comfort to one about to take up the work of Public Health. The splendid results in mosquito

diseases in Haiti combined. In the rural clinics this disease is recognized at a glance and treated efficiently in a moment. Nothing has done so much to win the confidence and cooperation of the people and to popularize the Public Health activities as the treatment of this disease. The results of a few injections of plasma or Salvarsan with proper dressings for the ulcers are so startling that there is now not a grown person in Haiti who does not know about it, and scarcely one who will not readily submit to treatment. Scarcely nothing has so reinforced the influence and power that characterizes and distinguishes of "witch medicine" held among the peasant class but a few years ago. Results have been gratifying in the campaign against this disease than in any other activity of the Public Health Service; and these results have been brought about largely in the rural clinics. Only during the past year could it be said that primary yaws is disappearing, and while primary yaws was formerly one of the most common conditions seen at the clinics, it has now become almost a rarity. Judging from present indications, it is believed that the rate of bearing treponematoses into the Haitian peasant mass is continuing a few years longer, the disease will cease to be an important Public Health problem here.

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extermination at Fort-Liberté where the mouth of the river Marion was moved one mile, the reclamation of Cape-Haitien, Cayes, Petit Goave and Gonaives from their nearby swamps, the practical extermination of anopheles from Port-au-Prince and the chlorination of a large portion of the Capital City's water supply are examples of what will be continued by degrees in other sections of the country.

Transportation and Supplies. Thanks to the ample funds provided these features of the Service have met every demand placed upon them. Apace with Haiti's road building campaign, passenger cars and trucks with doctors and medical supplies are penetrating more and more into sections never before reached by motor transport. On September 30th there were operating 18 service touring cars, 32 trucks and 3 ambulances. In ability to do good work and speed up service the central garage and supply depot of this service rank second to none in Haiti.

The Radio and Public Health. On October 22nd, 1926, the Broadcasting Station H.H.K., Port-au-Prince, was officially opened; and on November 5th, 1926, the first Public Health talk was broadcasted from it. Since then one health talk in French and in English has been broadcasted one evening a month; and one in creole has been given every other Saturday morning.

These talks are prepared by the various Public Health Officers, who have attempted to make them of a popular rather than a technical sort. The subjects have been those having a particular bearing on the public health problems of Haiti, such as treponematoses, malaria, intestinal parasites, vaccination against smallpox and inoculation against typhoid.

The Saturday morning talks in creole are more simple in thought and expression, as they are directed more to reach the rural populace, many of whom are in the towns on Saturday mornings and may listen to the radio. The Friday night listeners are mostly town residents, some of whom have receiving sets in their homes, but most of whom attend the gatherings in the public parks where the large amplifying sets are located.

It is difficult to estimate the sizes of these audiences or to say how much of an impression is made upon them by this method of spreading health propaganda, but doubtless a great deal is accomplished in the way of education; and with technical improvements in the radio and the installation of a greater number of receiving sets the audiences will increase and the program will become more popular and more effective.

Courtesy of Marine Brigade. I wish to take this opportunity to express to the Brigade Commander, Colonel John T. Myers, U.S.M.C. and his staff the sincere thanks and appreciation of this Service for the many favors and courtesies extended throughout the year. Our numerous requests have been promptly granted. Nothing has been too much trouble. The spirit of cooperation was ideal.

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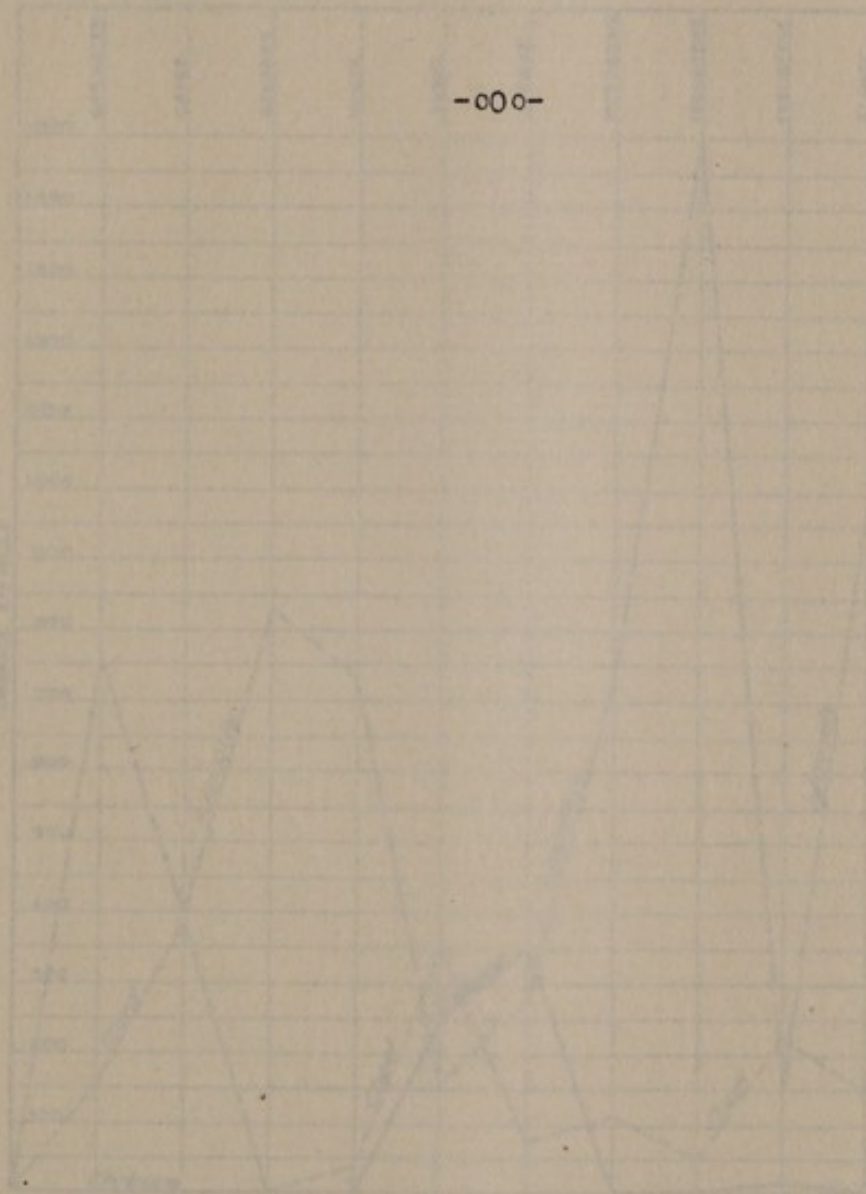
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Economics. During this fiscal year 1926-1927 the Public Health Service expended for all purposes a total of Gdes. 4,743,751.18 (\$943,750.00). a per capita (7) of 2.32 gourdes (\$0.465). Of this total the national government contributed Gdes. 4,461,668.18 (\$892,333.62), a per capita of 2.23 gourdes (\$0.455).

(7) Estimated population - 2,000,000.

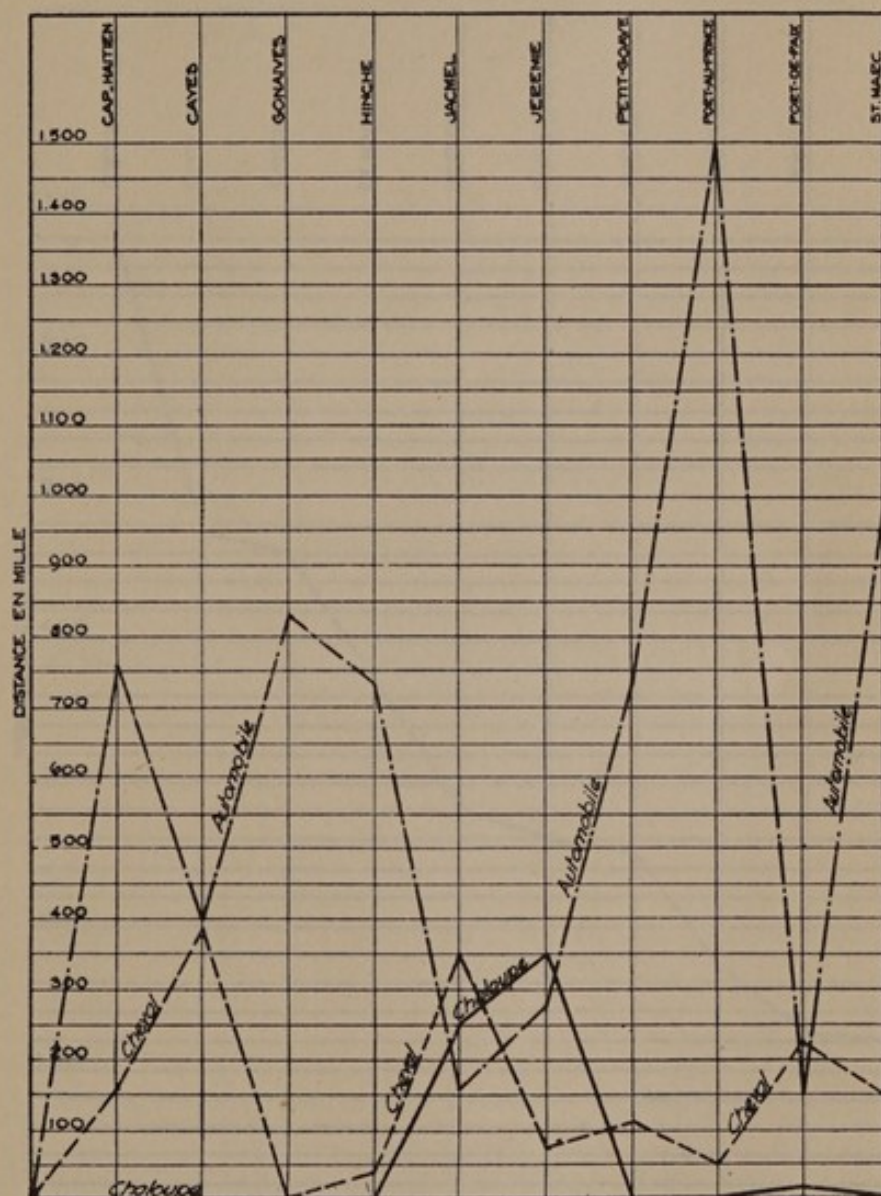
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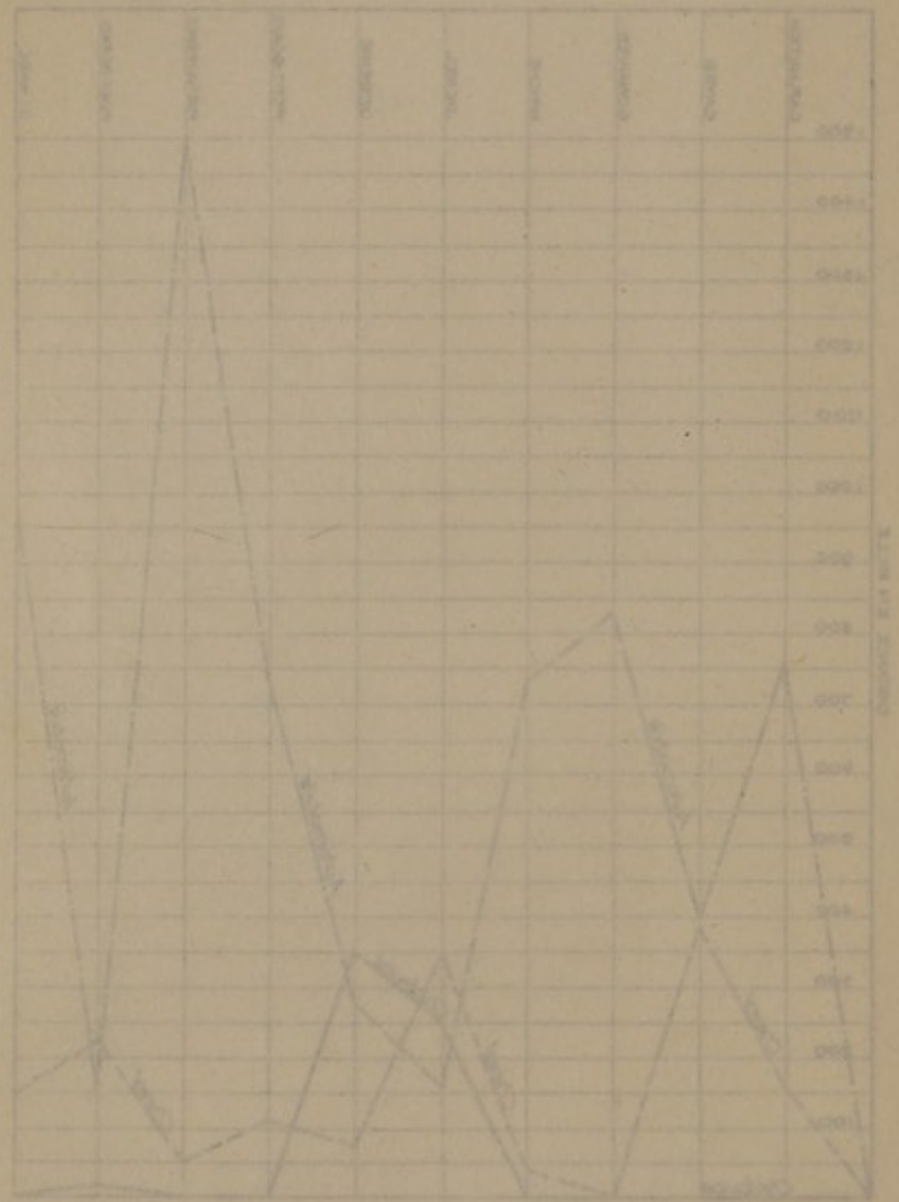
Economics. During this fiscal year 1955-1957 the Public Health Service expended for all purposes a total of \$4,742,751.19 (\$4,742,750.00) a per capita (1/2) of 2.23 dollars (\$2.23). This total is the national government contribution of \$4,461,438.19 (\$4,461,438.00) a per capita of 2.23 dollars (\$2.23).

(1/2) Estimated population - 2,000,000.

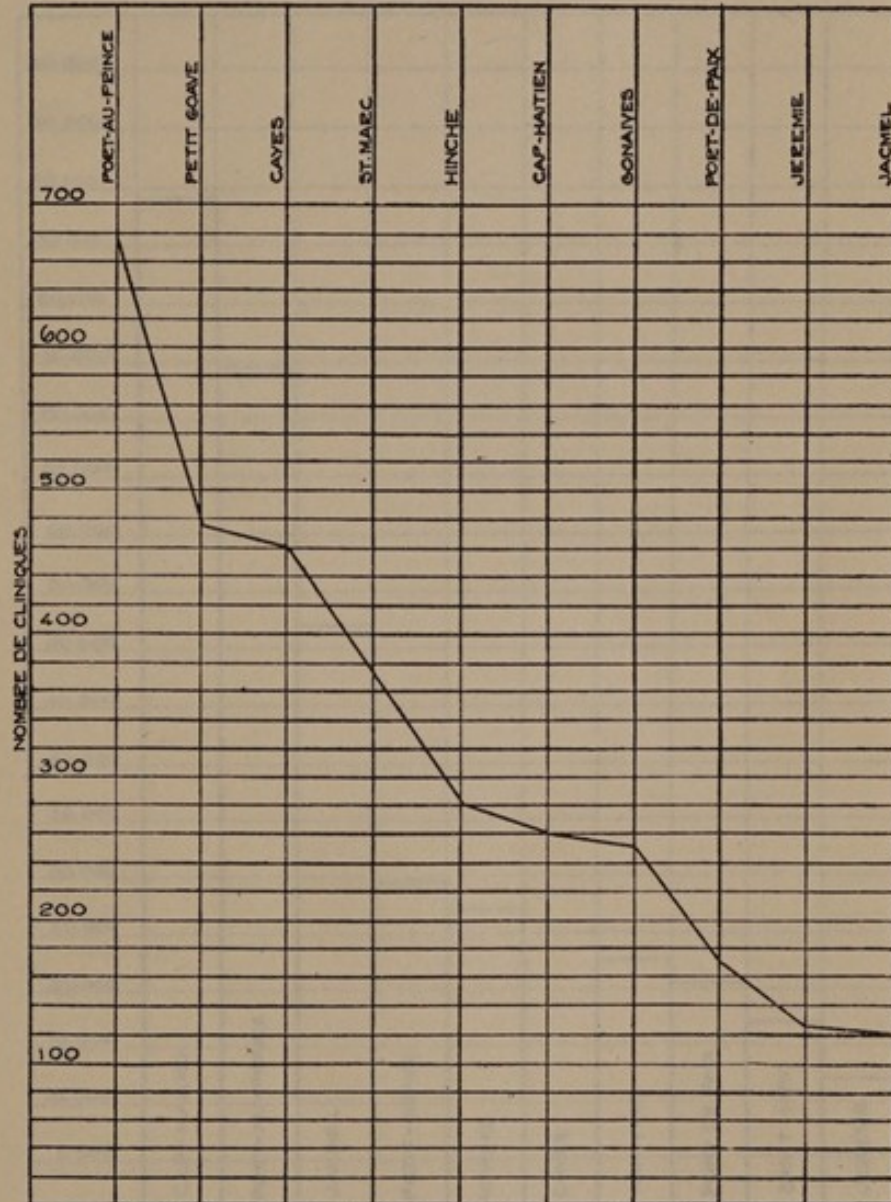
SERVICE D'HYGIENE
 GRAPHIQUE DES DISTANCES PARCOURUES
 POUR VISITER LES CLINIQUES
 1927



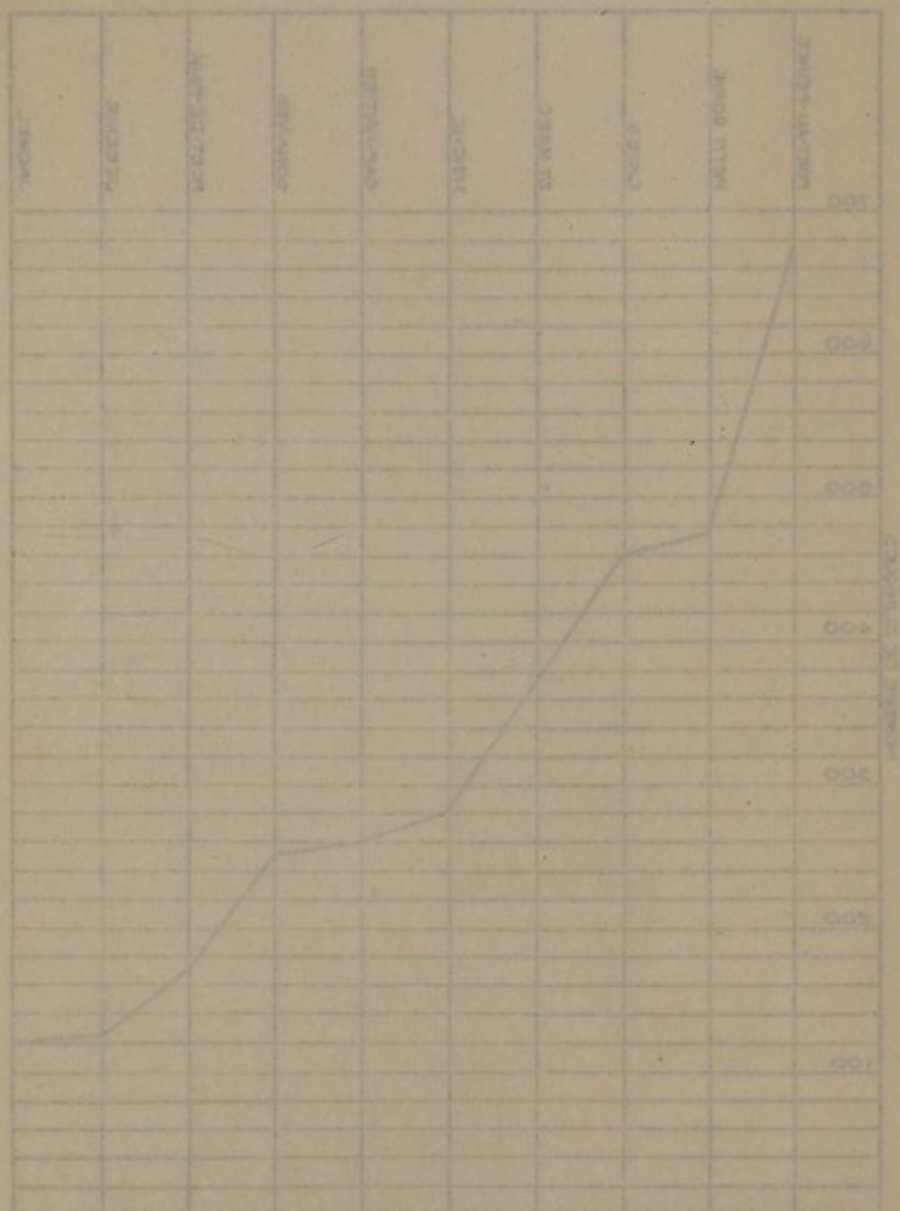
GRAPHIQUE DES DISTANCES PARCOURUES
 POUR VITEZ LES CLASSES
 1927



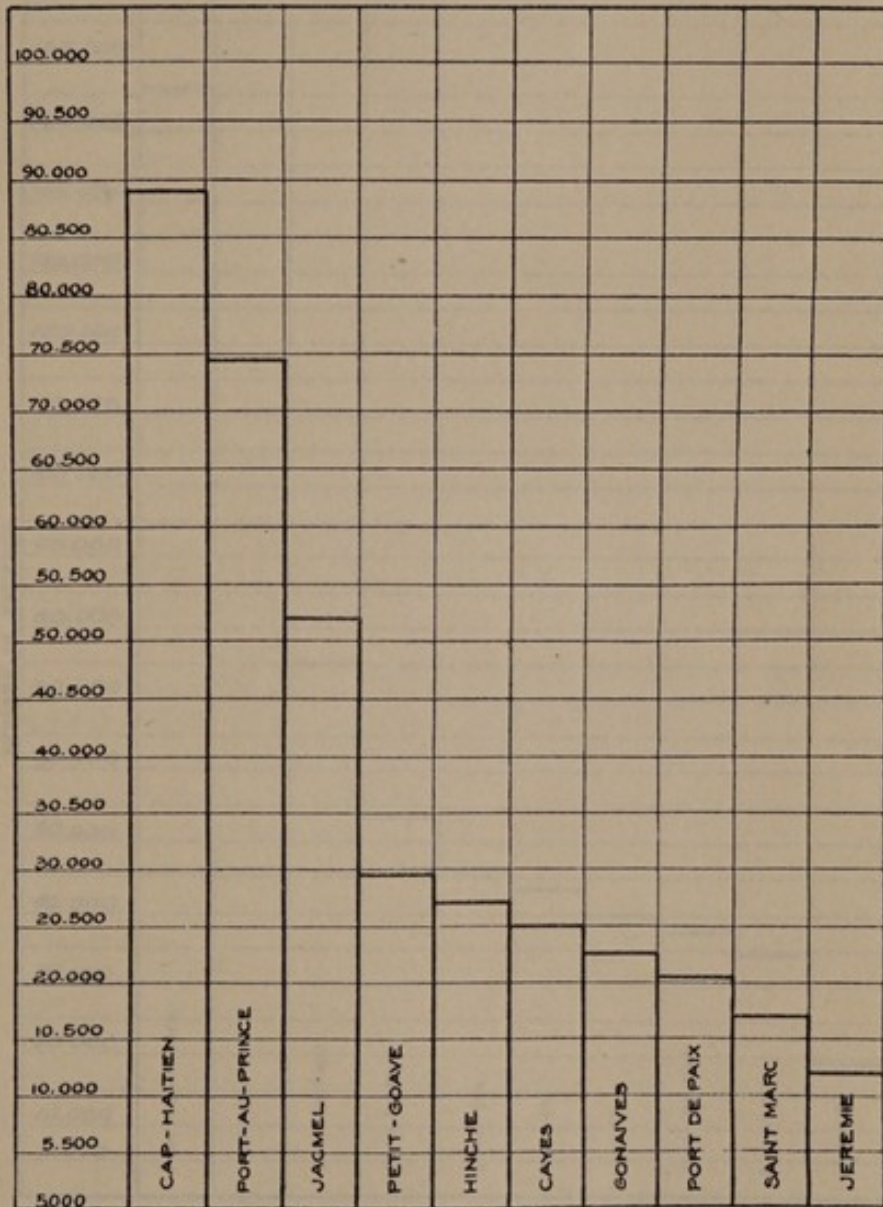
SERVICE D'HYGIENE
NOMBRE DE CLINIQUES RURALES
PAR DISTRICT
1926-1927



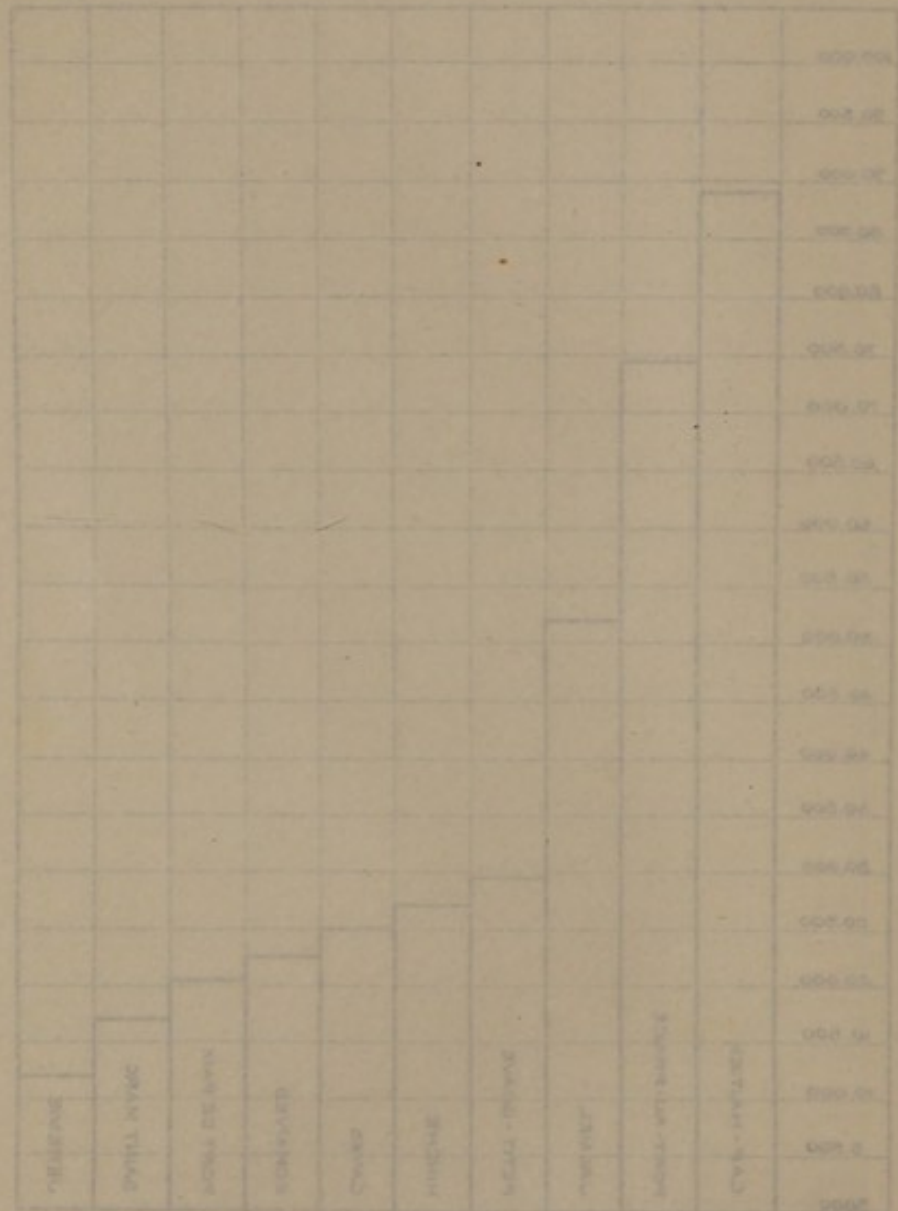
HOSPITAL
 NOMBRE DE CLINICAS SUBALES
 1945-1951



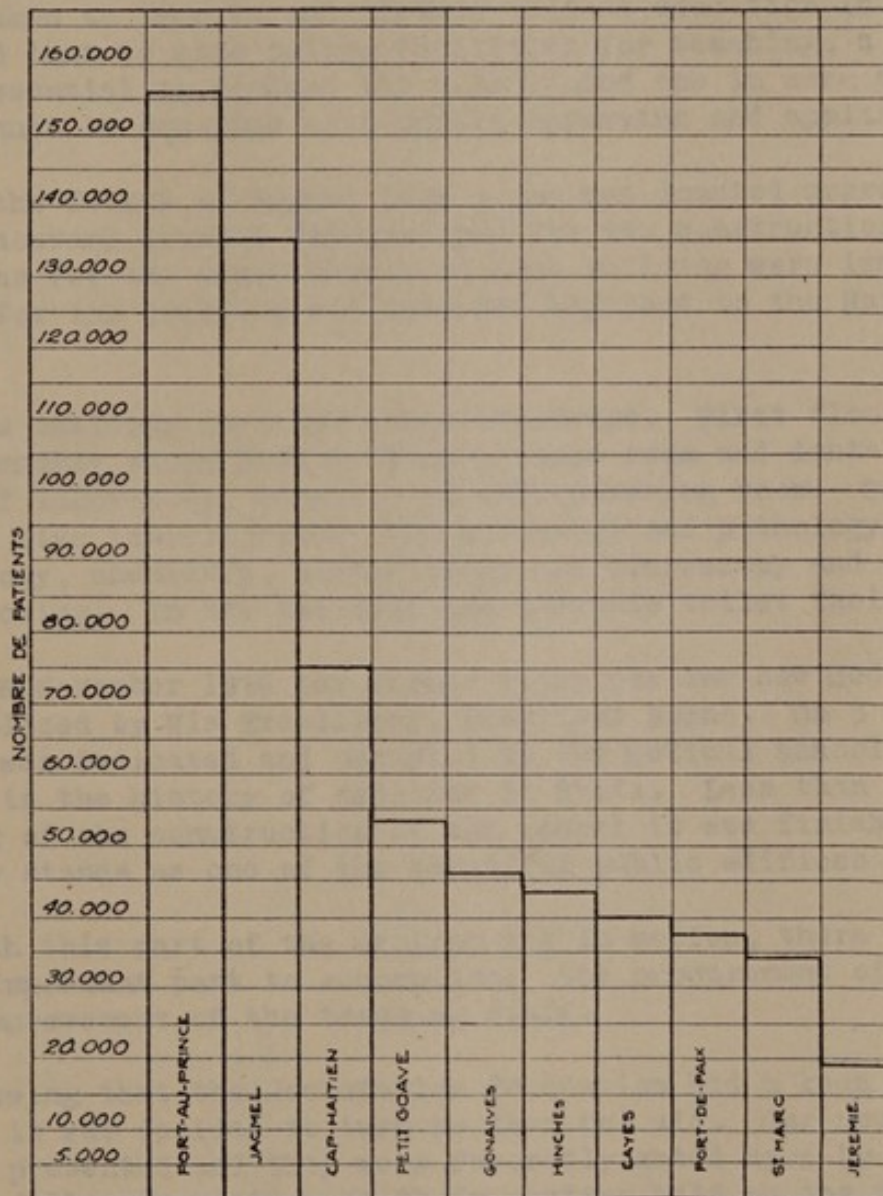
SERVICE D'HYGIENE
INJECTIONS CONTRE LE TREPOMEN
1926 - 1927



SECTION 100-100 SECTION 100-100 SECTION 100-100

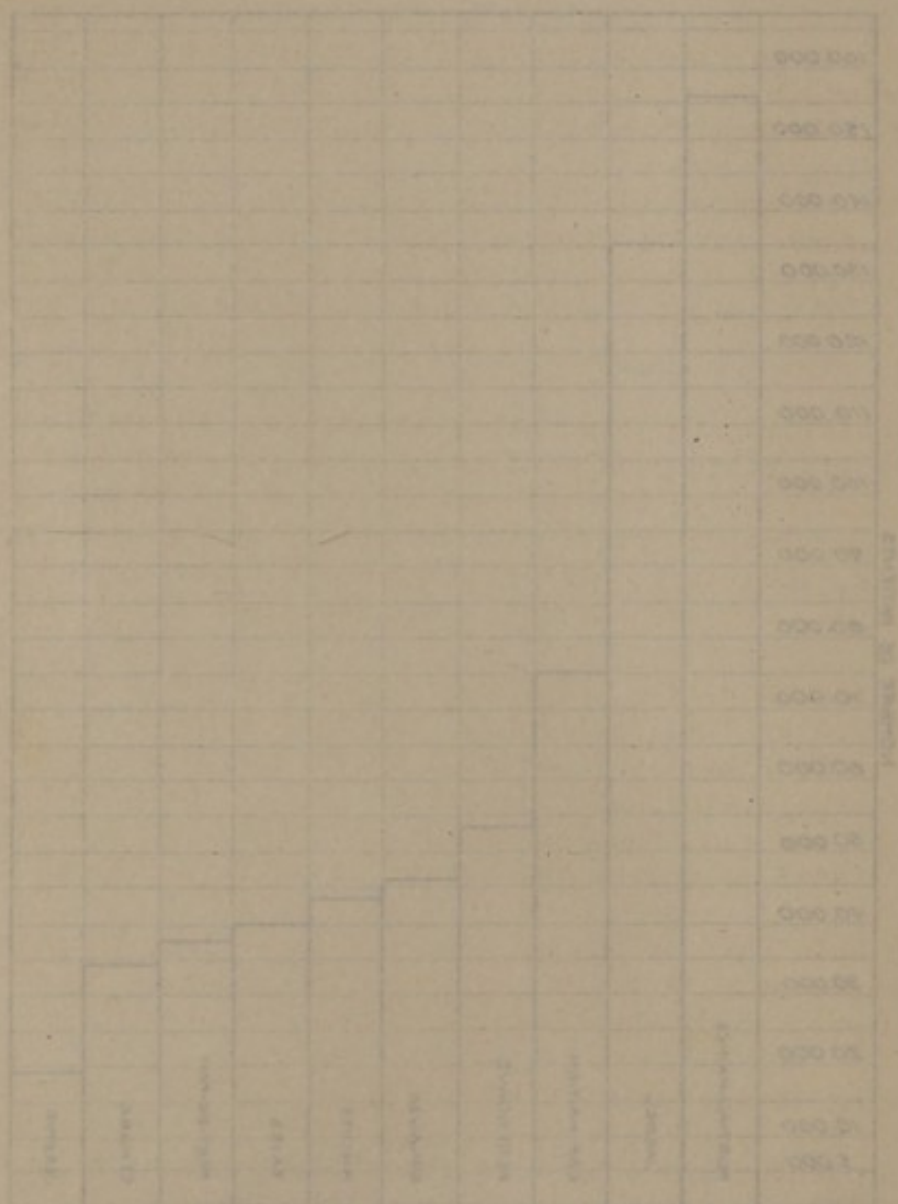


SERVICE D'HYGIENE
NOMBRE DE PATIENTS Y COMPRIS
LES CLINQUES RURALES
1926-1927



"Resolved that the sum of thirty thousand dollars (\$30,000.00) be, and is hereby, appropriated for teaching equipment in the National School of Medicine and Pharmacy, Port-au-Prince, Haiti, over a three year period ending June 30, 1930".

1924-25
 LESS DEPRECIATION
 NUMBER OF MONTHS COVERED
 12 MONTHS



NATIONAL SCHOOL OF MEDICINE AND PHARMACY.

The year 1926-27 has seen notable progress in medical education including dentistry and pharmacy in Haiti. After the enactment of a law under date of 16 July 1926 transferring the National School of Medicine and Pharmacy to the Department of Interior, section of Public Health Service, the vital question that confronted the Public Health Service was, what steps must be taken to improve and advance medical education in Haiti. It was recognized that to give better facilities for teaching, a new school building was essential to replace the dilapidated one in use, and that such a building must be equipped with modern apparatus and appliances for teaching.

On the fourth of August 1926 a law was enacted appropriating three hundred thousand gourdes (\$60,000.00) for the construction of a school building. Plans for the construction of this building were immediately inaugurated and site for its location was selected adjacent to the Haitian General Hospital.

This building is a two story structure. First floor: five class rooms, assembly room, Dean's office, store room and dental department consisting of laboratory, clinic room and operating room. On the second floor there are five laboratories: for histology and pathology, physiology and pharmacology, chemistry, bacteriology and microscopy and a large laboratory for dissecting. In the basement are adequate toilet facilities.

On 8 November 1926 the corner stone for the new Medical School building was placed by His Excellency, President Borno. On 3 October 1927, the building was dedicated and occupied by the Medical School. This day was an epoch in the history of medicine in Haiti. Less than one year from the beginning of the construction of the school it was finished and occupied, and today stands as one of the beautiful public edifices of Haiti.

With this part of the program set in motion, there still remained an equally important part to accomplish: the procurement of modern equipment and an improvement of the teaching staff.

Knowing that the Rockefeller Foundation had a keen interest in such problems it was decided to turn to them for aid. Our needs in this matter were presented and they were favorably acted upon by the trustees of the Rockefeller Foundation at their meeting held on the twenty-third of February 1927 with the following resolution:

"Resolved that the sum of Thirty Thousand dollars (\$30,000.00) be, and is hereby, appropriated for teaching equipment in the National School of Medicine and Pharmacy, Port-au-Prince, Haiti, over a three year period ending June 30, 1930".

NATIONAL SCHOOL OF MEDICINE AND PHARMACY

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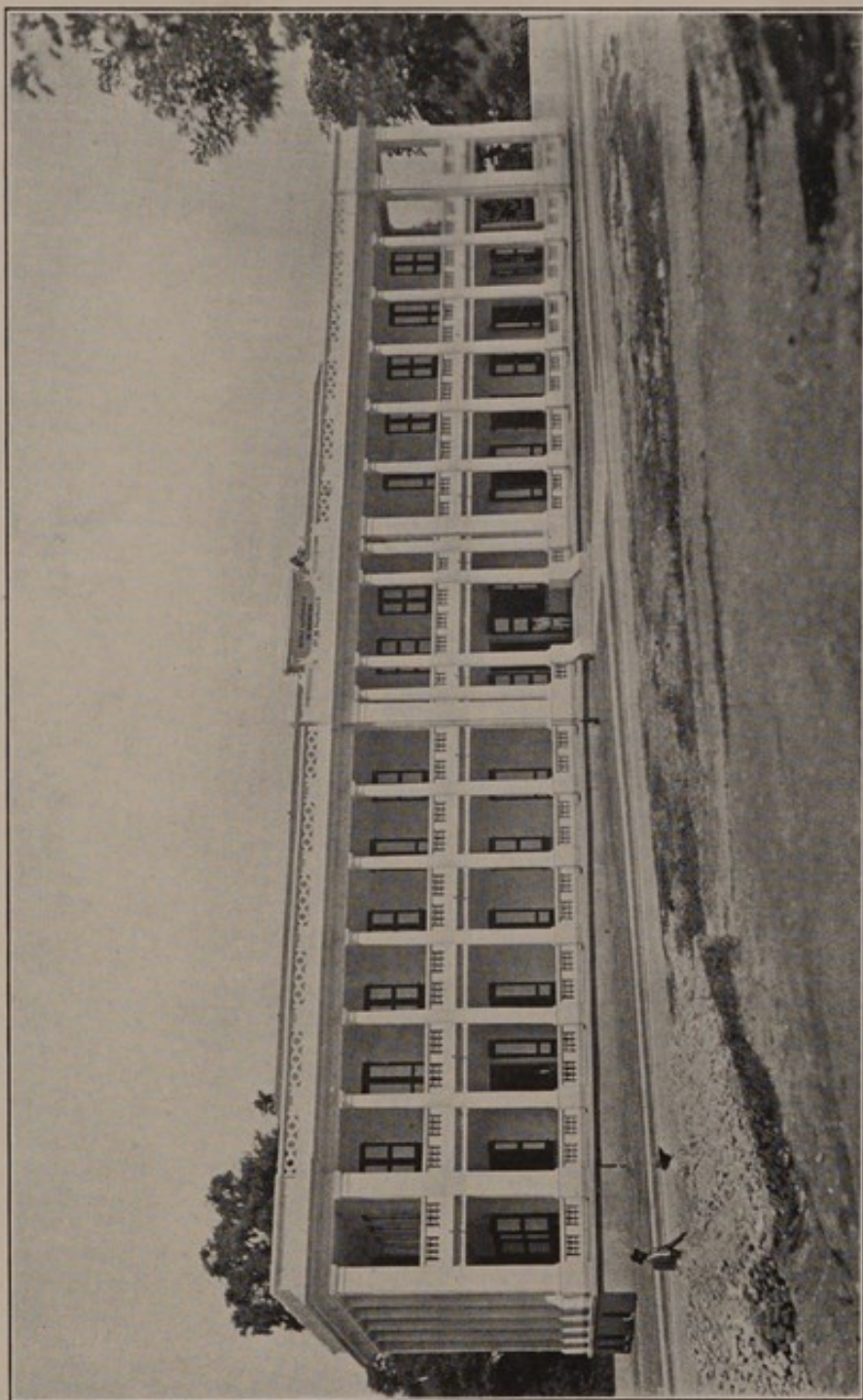
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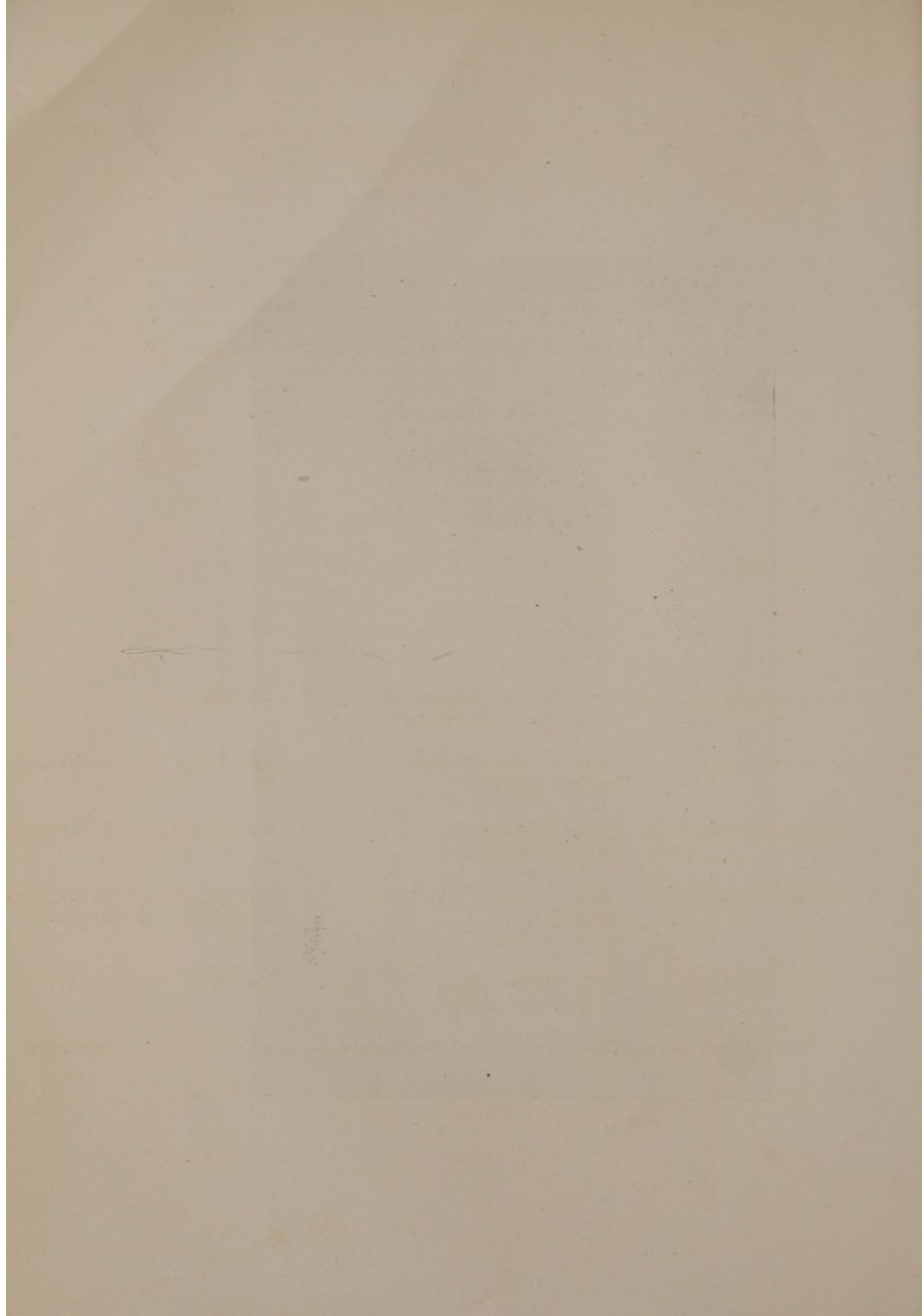
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(4) Ecole Nationale de Médecine et de Pharmacie



The Board, in addition to this, authorized the granting of fellowships for men who are to be trained for future positions in the Medical School for which a sum of thirty thousand dollars (\$30,000.00) was appropriated. Final action was taken at a meeting of the Executive Committee on the 13th of May, 1927.

It goes without saying that the people of Haiti and particularly members of the medical profession owe a dept of gratitude to the Rockefeller Foundation for their very generous contribution. Too much credit cannot be given Dr. R. M. Pearce, Director of Division of Medical Education, Rockefeller Foundation, for his extreme interest in our problems and his efforts in securing this donation.

Fellowships were awarded to the following Haitian doctors.

<u>Name.</u>	<u>Place of Study</u>	<u>Subject.</u>
Dr. R. Léon	University of Paris, Paris, France.	Obstetrics.
Dr. Louis Hippolyte	University of Strasbourg, France.	Medicine.
Dr. Martial Bourand	University of Strasbourg, France.	Surgery.
Dr. Molière Civil	University of Michigan Ann Harbor, Michigan.	Anatomy.
Dr. Joseph Perrier	Harvard University, Boston, Mass.	Pathology and Histology
Dr. Edouard Pétrus	Yale University New Haven, Conn.	Bacteriology and Chemical Pathology
Dr. Nelaton Camille	University of Chicago, Chicago, Ill	Physiology, Physiological Chemistry and Pharmacology.
Dr. Maurice Lafleur	Yale University, New Haven, Conn.	Hygiene & Sanitation.

The Haitian Government awarded and is financing the following fellowship:

Dr. J. R. Thébaud	Northwestern University, Chicago, Ill.	Dentistry.
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The above doctors will become members of the Faculty when they return to Haiti.

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<u>Name.</u>	<u>Place of Study</u>	<u>Subject.</u>
Dr. R. Léon	University of Paris, Paris, France.	Gynecology.
Dr. Louis Hippolyte	University of Strasbourg, France.	Medicine.
Dr. Martial Bournaud	University of Strasbourg, France.	Surgery.
Dr. Moïse Clavi	University of Michigan, Ann Arbor, Michigan.	Anatomy.
Dr. Joseph Parlier	Harvard University, Boston, Mass.	Pathology and Histology.
Dr. Edmond Péris	Yale University, New Haven, Conn.	Bacteriology and Chemical Pathology.
Dr. Néstor Camille	University of Chicago, Chicago, Ill.	Physiology, Psychological Chemistry and Pharmacology.
Dr. Maurice Laffont	Yale University, New Haven, Conn.	Hygiene & Sanitation.

The Haitian Government awarded and is financing the following fellowships:

Dr. J. R. Théaud	Northeastern University, Chicago, Ill.	Dentistry.
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The above doctors will become members of the faculty when they return to Haiti.

At this point I cannot fail to mention the great interest shown and whole-hearted cooperation given by all Haitian authorities connected with these accomplishments.

New equipment is being installed as fast as it arrives, and it is believed that the School will be operating in full force by January 1st, 1928. For the present, laboratory facilities afforded in the Public Health Laboratory are being utilized.

Today Haiti is giving to its qualified young men a medical education absolutely free from personal cost. We are not aware of any other country in the World offering similar advantage.

Administration. The following officers are ex-officio members of the Medical School:

Mr. Charles Fombrun, Secretary of State for Interior.

Commander K. C. Melhorn (MC) U. S. Navy,
Director General of the Public Health Service.

Dr. Justin Dominique, Dean of the School.

The Faculty consists of the following members:

Dr. Justin Dominique - of the University of Medicine of Paris -
Dean and Professor of chair of Obstetrics.

Dr. Paul Salomon - of the Medical School of Port-au-Prince -
Professor of Chair of Surgery.

Dr. Lélis Hudicourt - of the Medical School of Port-au-Prince -
Professor of chair of Medicine.

Dr. Belloni Hyson - of the Medical School of Port-au-Prince -
Assistant in Obstetrics.

Dr. Maurice Lafleur - of the Medical School of Port-au-Prince -
Professor of chair of Semiology and Histology.

Dr. Molière Civil - of the Medical School of Port-au-Prince -
Professor of chair of Anatomy and Dissection.

Dr. Vaugirard Pierre-Noel - of the Medical School of Port-au-Prince -
Professor of chair of Hygiene and Toxicology.

Dr. Lamartine Camille - of the Medical School of Port-au-Prince -
Professor of chair of Pharmacology.

Dr. Nelaton Camille - of the Medical School of Port-au-Prince -
Professor of chair of Physiology.

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Commander K. G. Mathon (MC) U. S. Navy,
Director General of the Public Health Service.

Dr. Justin Deschamps, Dean of the School.

The Faculty consists of the following members:

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Dean and Professor of Chair of Obstetrics.

Dr. Paul Salomon - of the Medical School of Port-au-Prince -
Professor of Chair of Surgery.

Dr. Edile Ruffin - of the Medical School of Port-au-Prince -
Professor of Chair of Medicine.

Dr. Belmont Hyon - of the Medical School of Port-au-Prince -
Assistant in Obstetrics.

Dr. Maurice Lallier - of the Medical School of Port-au-Prince -
Professor of Chair of Pathology and Histology.

Dr. Melioré Givé - of the Medical School of Port-au-Prince -
Professor of Chair of Anatomy and Dissection.

Dr. Vangeliste Pierre-Noël - of the Medical School of Port-au-Prince -
Professor of Chair of Hygiene and Toxicology.

Dr. Laurentin Gamille - of the Medical School of Port-au-Prince -
Professor of Chair of Pharmacology.

Dr. Melioré Gamille - of the Medical School of Port-au-Prince -
Professor of Chair of Physiology.

Dr. Dieudonné Mills - of the Medical School of Port-au-Prince -
Professor of chair of Medical Physics and Physiological Chemistry.

Dr. Hugon Lechaud - of the Medical School of Port-au-Prince -
Professor of Dentistry.

Mr. Emmanuel Day - of the Medical School of Port-au-Prince -
Professor of chair of Pharmacy and Chemistry.

During his stay at the Yale University, New Haven, Conn., Dr. Maurice Lafleur is replaced by Dr. Joseph Gédélique for his course of Histology.

During his stay at the Yale University, New Haven, Conn., Dr. Maurice Lafleur is replaced by Dr. Louverture Alcindor for his course of Semiology.

During his stay at the University of Michigan, Ann Harbor, Michigan, Dr. Molière Civil is replaced by Dr. Rodolphe Charmant for his course of Anatomy (Dissection).

During his stay at the University of Chicago, Chicago, Ill., Dr. Nelaton Camille is replaced by Dr. Victor Mathurin for his course of Physiology.

The following members of the staff of the Haitian General Hospital are assistant clinical teachers:

Dr. L. Moise - of the Medical School of Port-au-Prince -
Surgery and Surgical Medicine.

Dr. J. Buteau - of the Medical School of Port-au-Prince -
Gynecology (During the absence of Dr. M. Bourand).

Dr. C. Valmé - of the Medical School of Port-au-Prince -
Dermatology and Syphilology (During the absence of Dr. J. Perrier)

Dr. J. Buteau - of the Medical School of Port-au-Prince -
Pediatrics.

Dr. J. Francis - of McGill University, Montreal, Canada -
Microscopy.

Dr. J. B. St. Cyr - of the University of Edimburg, Scotland -
Medical Pathology.

Dr. C. Valmé - of the Medical School of Port-au-Prince -
Genito-urinary Diseases.

Dr. L. Jourdan - of the Medical School of Port-au-Prince -
Minor Surgery.

Dr. Diekmann - of the Medical School of Port-au-Prince -
Professor of Chair of Medical Physics and Physiological Chemistry.

Dr. Hagenbach - of the Medical School of Port-au-Prince -
Professor of Chemistry.

Mr. Emmanuel Guy - of the Medical School of Port-au-Prince -
Professor of Chair of Pharmacy and Chemistry.

During his stay at the Yolo University, New Haven, Conn., Dr. E. W. Lillie is replaced by Mr. Joseph Williams for his course of Zoology.

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During his stay at the University of Michigan, Ann Arbor, Michigan, Dr. E. W. Lillie is replaced by Dr. E. W. Lillie for his course of Zoology (Dissection).

During his stay at the University of Chicago, Chicago, Ill., Dr. E. W. Lillie is replaced by Dr. E. W. Lillie for his course of Zoology.

The following members of the staff of the United States General Hospital are assistant clinical teachers:

Dr. E. Lillie - of the Medical School of Port-au-Prince -
Surgery and Surgical Medicine.

Dr. J. B. B. - of the Medical School of Port-au-Prince -
Gynecology (During the absence of Dr. J. B. B.).

Dr. C. V. - of the Medical School of Port-au-Prince -
Dermatology and Syphilology (During the absence of Dr. J. B. B.).

Dr. J. B. B. - of the Medical School of Port-au-Prince -
Pediatrics.

Dr. J. B. B. - of McGill University, Montreal, Canada -
Microscopy.

Dr. J. B. B. - of the University of Edinburgh, Scotland -
Medical Pathology.

Dr. C. V. - of the Medical School of Port-au-Prince -
Genito-urinary Diseases.

Dr. J. B. B. - of the Medical School of Port-au-Prince -
Minor Surgery.

Dr. E. Villard - of the Medical School of Port-au-Prince -
Eye, Ear, Nose and Throat Diseases.

In their capacity as ex-officio members of the Faculty the following officers of the Medical Corps of the United States Navy represent the Director General of the Public Health Service in the clinical instruction of students and interns at the Haitian General Hospital, Port-au-Prince:

Lt-Comdr. P. W. Wilson (MC) U. S. Navy - Chief of the Medical Service.

Lt-Comdr. W. H. Michael (MC) U. S. Navy - Chief of the Surgical Service.

Lt-Comdr. R. M. Choisser (MC) U. S. Navy - Director of Laboratories.

Lt-Comdr. R. P. Parsons (MC) U. S. Navy - Chief of the Urological Service.

Lt-Comdr. E. C. Ebert (MC) U. S. Navy - Chief of the Eye, Ear, Nose and Throat Service.

Lt-Comdr. R. P. Parsons (MC) U. S. Navy - Chief of the Outpatient Service.

Regulations Governing the National School of Medicine and Pharmacy - Session 1927-28. The following regulations, approved by the Secretary of State for the Interior govern the internal administration of the School:

Opening of Courses.

1. The courses are opened on the first Monday in October and continue until the end of July, without discontinuance except during the legal holidays and the vacation time.

Inscriptions.

2. Any student who is admitted to take any of the courses must inscribe his full name, place and date of birth, his legal residence and that of his parents or of his tutor or correspondent, in the journal of the School and obtain an inscription card from the Dean of the School.

3. The journal for inscriptions will be closed on the first Monday in October of each year. After this date no student can be admitted, except with a special authorization from the Dean which cannot be granted except upon a written request stating the reasons why the student was not able to appear within the time prescribed by the regulations.

4. In order to obtain their degrees, the medical students must take twenty inscriptions, the students in pharmacy twelve, the students in dental surgery twelve, and the students in midwifery twelve.

Dr. E. Villard - of the Medical School of Port-au-Prince -
Eye, Ear, Nose and Throat Diseases.

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officers of the Medical Corps of the United States Navy represent the
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Prince:

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Lt-Comdr. W. H. Michael (MC) U. S. Navy - Chief of the Surgical Ser-
vice.

Lt-Comdr. R. M. Chastner (MC) U. S. Navy - Director of Laboratories.

Lt-Comdr. R. P. Parsons (MC) U. S. Navy - Chief of the Urological Ser-
vice.

Lt-Comdr. E. C. Ebert (MC) U. S. Navy - Chief of the Eye, Ear, Nose and
Throat Service.

Lt-Comdr. R. P. Parsons (MC) U. S. Navy - Chief of the Outpatient Ser-
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able to appear within the time prescribed by the regulations.

4. In order to obtain their degrees, the medical students must take
twenty inscriptions, the students in pharmacy twelve, the students in
dental surgery twelve, and the students in midwifery twelve.

5. The inscription for each group of students, except in case of absence due to sickness, must be taken in person, every three months at the beginning of each scholastic quarter from the 1st to the 20th of the months of October, January, April and July.

6. The course starts with the first inscription, the current school year with the first annual inscription.

Students of the School.

7. The students are obliged to follow the theoretical courses, practical and technical clinics in the places, days and hours indicated.

8. Any student who, except for duly authorized cause, is late six times or absent from any lecture, clinic or practical demonstration three times during one week shall lose one inscription.

9. Any student who is absent on account of sickness must send, as attestation, a medical certificate to the secretary's office. If his sickness lasts more than one month the entry of his inscriptions will be discontinued.

10. At the end of each quarter a certificate of conduct and scholarship is delivered to him by his clinical professor and by his chief of the practical course (medicine, dentistry, pharmacy and obstetrics). The presentation of this certificate is required when a new inscription is taken out.

11. Each student must have his jacket deposited at the School where all information concerning him during the course of his studies will be filed. This jacket will also contain the notes of his quarterly examinations. These notes will be taken into consideration for the final average note.

The Teachers.

12. All teachers shall follow the schedule and comply with the regulations governing the Institution. If a teacher is late, ten minutes or longer three times during a month, except on account of sickness, he shall receive a warning from the Dean, for a second offense a fine of one thirtieth of his salary will be imposed; three absences within a month without any reason, will be considered as a resignation. In such a case the Dean shall inform the Director General of the Public Health Service who will acquaint the Department of the Interior of the facts in the case.

13. In case of sickness duly attested by a medical certificate, the teacher may be replaced temporarily by another teacher of the School. He will make such request to the Dean who will advise the Director General of the Public Health Service.

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13. In case of sickness duly attested by a medical certificate, the teacher may be replaced temporarily by another teacher of the School. He will make such request to the Dean who will advise the Director General of the Public Health Service.

Examinations.

14. To be admitted to the examinations which take place at the end of each scholastic year, the student shall have taken all the inscriptions required, shall have passed the preceeding examinations in the subjects of the program of the year, and shall diligently have attended all courses, the various hospital services and the practical work assigned to him (Medicine, dentistry, pharmacy, obstetrics).

15. The system of grading will be based on percentage: 100 per cent meaning perfect. The passing grade is 75 per cent; any thing under 75 per cent will be considered a failure. Failure in more than 380 hours will necessitate taking the entire year over again without privilege of reexamination. In case of failure in 380 hours or less reexamination may be taken the following October. Students entitled to take the yearly examination at the end of the school year but who, for some good reason, were prevented from doing so, may take the necessary examinations the following October. Failure to the extent of 76 hours may be carried from the first year into the second year and from the second year into the third year. No failure of the third year may be carried into the fourth year. No failure may be carried from the fourth year into the fifth (intern) year.

16. All examinations of the School will be made in two distinct series; a written examination and a verbal examination.

The written examination for the first three years will not last more than one hour and the verbal one not more than twenty minutes for each subject.

For the fourth year, the written examination will last two hours and the verbal twenty minutes.

The verbal clinical examination for the fifth year will be a bedside examination, the written examination will be made from a list of questions selected by each teacher, the duration will be of four hours. The verbal clinical examination will last thirty minutes.

17. The fourth year students who will have failed for one or more subjects other than the clinic will be required to take a reexamination the following October, on all subjects for which he will have obtained less than 80 per cent. If he has failed for clinic and for one or more subjects this will necessitate taking the entire year over again and will take reexamination only at the next July session.

18. Any student who will have failed at two ordinary and consecutive examinations during the July session will be discharged from the School.

19. The results of the examinations shall be posted and submitted in duplicate in the form of a report, to the Director General of the

Examinations.

14. To be admitted to the examinations which take place at the end of each scholastic year, the student shall have taken all the internal examinations required, shall have passed the preceding examination in the subjects of the program of the year, and shall diligently have attended all courses, the various hospital services and the practical work assigned to him (Medicine, dentistry, pharmacy, obstetrics).

15. The system of grading will be based on percentages; 100 per cent meaning perfect. The passing grade is 75 per cent; any thing under 75 per cent will be considered a failure. Failure in more than 300 hours will necessitate taking the entire year over again without privilege of reexamination. In case of failure in 300 hours or less reexamination may be taken the following October. Students entitled to take the yearly examination at the end of the school year but who for some good reason, were prevented from doing so, may take the necessary examinations the following October. Failure to the extent of 75 hours may be carried from the first year into the second year and from the second year into the third year. No failure of the third year may be carried into the fourth year. No failure may be carried from the fourth year into the fifth (intern) year.

16. All examinations of the School will be made in two distinct series: a written examination and a verbal examination.

The written examination for the first three years will not last more than one hour and the verbal one not more than twenty minutes for each subject.

For the fourth year, the written examination will last two hours and the verbal, twenty minutes.

The verbal clinical examination for the fifth year will be a bedside examination, the written examination will be made from a list of questions selected by each teacher, the duration will be of four hours. The verbal clinical examination will last thirty minutes.

17. The fourth year students who will have failed for one or more subjects other than the clinic will be required to take a reexamination the following October, on all subjects for which he will have obtained less than 80 per cent. If he has failed for clinic and for one or more subjects this will necessitate taking the entire year over again and will take reexamination only at the next July session.

18. Any student who will have failed at two ordinary and consecutive examinations during the July session will be discharged from the School.

19. The results of the examinations shall be posted and admitted in duplicate in the form of a report, to the Director General of the

Public Health Service who shall forward one copy to the Department of the Interior.

Library and Supplies.

20. The library shall be under the immediate control of the librarian who shall properly care for all books, journals, etc. As soon as they have been received in the library he shall place the seal of the Institution on all books, journals, etc. together with the price and date of receipt.

The librarian shall keep an up-to-date cross index of all volumes in the library, both as to subject and author. When a volume has been removed from the library by an authorized individual, the librarian shall immediately remove the card giving the title of the volume from its original file and place it in a special file and state on the back of the card the date of removal and name of borrower. On the return of the volume the card shall be returned to its proper file.

The students and the teachers shall have the privilege of the library. Those who borrow books from the library shall be responsible for their return in proper condition.

Books shall be returned within one month except in cases when a special authorization has been given by the Dean.

No book or other material belonging to the School shall be surveyed without special permission from the Director General of the Public Health Service.

DESCRIPTION OF COURSES IN MEDICINE.

Anatomy. The laboratory for gross anatomy is located in the Haitian General Hospital. During the first year complete dissection of the human body is required: (1) Superior and inferior extremities, (2) Thorax and abdomen, (3) the head and neck. Lectures and recitations; 3 one hour periods a week and laboratory 3 three hour periods a week.

Histology. The course in histology is given during the first year. It includes: animal cells, modified cells in blood and lymph, epithelial, connective, muscular, and nervous tissues, and their relationships in the body. Lectures and recitations: 2 one hour periods a week and laboratory 2 one hour periods a week.

Physiology and Physiological Chemistry. The course in physiology extends over the first and second years, two hours a week for the first year and three for the second year. Physiological chemistry is taught during the second year two hours being devoted to this subject.

Public Health Service who shall forward one copy to the Department of the Interior.

Library and Supplies.

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The librarian shall keep an up-to-date cross index of all volumes in the library, both as to subject and author. When a volume has been removed from the library by an authorized individual, the librarian shall immediately remove the card giving the title of the volume from its original file and place it in a special file and state on the back of the card the date of removal and name of borrower. On the return of the volume the card shall be returned to its proper file.

The students and the teachers shall have the privilege of the library. Those who borrow books from the library shall be responsible for their return in proper condition.

Books shall be returned within one month except in cases when a special authorization has been given by the dean.

No book or other material belonging to the school shall be removed without special permission from the Director General of the Public Health Service.

DESCRIPTION OF COURSE IN MEDICINE.

Anatomy. The laboratory for gross anatomy is located in the Hall of the General Hospital. During the first year complete dissection of the human body is required: (1) Thorax and inferior extremities, (2) Thorax and abdomen, (3) the head and neck. Lectures and recitations: 3 one hour periods a week and laboratory 3 three hour periods a week.

Histology. The course in histology is given during the first year. It includes: animal cells, modified cells in blood and lymph, epithelial, connective, muscular, and nervous tissues, and their relationships in the body. Lectures and recitations: 2 one hour periods a week and laboratory 2 one hour periods a week.

Physiology and Physiological Chemistry. The course in physiology extends over the first and second years, two hours a week for the first year and three for the second year. Physiological chemistry is taught during the second year two hours being devoted to this subject.

Medical Physics. Three hours a week are devoted to this subject in order to bring out the important features of the science of physics in its relation to medicine in its various branches.

Chemistry. Two hours a week will be devoted to this subject in order to instill the principles of this science especially in its relation to medicine.

Pathology, Bacteriology, Hematology and Protozoology. During the first year two hours a week are devoted to the didactic teaching of bacteriology with occasional practical demonstrations. During the second and third year a practical laboratory course in microscopy especially as it concerns tropical medicine will be given; this will include bacteriology, hematology, pathology, protozoology and general parasitology. In addition practical work in autopsy will be required once a week.

Pharmacy, Pharmacology - Therapeutics and Toxicology. Two hours a week will be devoted to pharmacy during the second year and the same number of hours to pharmacology and therapeutics during the third year. One hour a week will be given to toxicology and therapeutics during the fourth year.

Obstetrics. Instruction is given in both the third and fourth years. The equipment consists of manikins, demonstration pelvis, charts and obstetrical instruments. The clinical work is given at the dispensary and maternity wards. During these courses the students will examine the pregnant. During the third year two hours a week and during the fourth year four hours a week of work will be devoted to this subject.

Medical Pathology and Physical Diagnosis. The work in this department begins in the second year. The student begins his work in medicine with the study of the normal subject. This course is followed by the study of pathological cases, heart and lungs and the other systems.

The course in microscopy during the third year takes up the study of laboratory diagnosis and the student is thus placed in a position to appreciate the clinical work which begins in the third year and is carried on throughout the course.

The work in general medicine consists of seven hours a week during both the third and fourth years, four hours a week being given over to actual clinical work and demonstrations at the Haitian General Hospital.

Stress will be laid upon the student's personal examination and treatment of the case. In addition one hour a week is given to pediatrics and genito-urinary diseases, dermatology and syphilology.

Surgery, Gynecology, Minor Surgery and Operative Surgery. Instruction in minor surgery such as bandaging, treatment of simple fractures, etc. will be started during the second year. The actual prac-

Medical Physics. Three hours a week are devoted to this subject in order to bring out the importance of the science of physics in its relation to medicine in its various branches.

Chemistry. Two hours a week will be devoted to this subject in order to instill the principles of this science especially in its relation to medicine.

Pathology, Bacteriology, Hematology and Microbiology. During the first year two hours a week are devoted to the clinical teaching of pathology with occasional practical demonstrations. During the second and third years a practical laboratory course in microbiology especially as it concerns tropical medicine will be given; this will include bacteriology, hematology, pathology, parasitology and general pathology. In addition practical work in autopsy will be required once a week.

Pharmacy, Pharmacology - Therapeutics and Toxicology. Two hours a week will be devoted to pharmacy during the second year and the same number of hours to pharmacology and therapeutics during the third year. One hour a week will be given to toxicology and therapeutics during the fourth year.

Gynecology. Instruction is given in both the third and fourth years. The equipment consists of models, demonstrated models, charts and obstetrical instruments. The clinical work is given at the hospital early and maternity wards. During these courses the students will examine the pregnant. During the third year two hours a week and during the fourth year four hours a week of work will be devoted to this subject.

Medical Pathology and Physical Diagnostics. The work in this department begins in the second year. The student begins his work in medicine with the study of the normal subject. This course is followed by the study of pathological cases, heart and lungs and the other systems.

The course in microscopy during the third year takes up the study of laboratory diagnosis and the student is then placed in a position to appreciate the clinical work which begins in the third year and is carried on throughout the course.

The work in General Medicine consists of seven hours a week during both the third and fourth years, four hours a week being given over to actual clinical work and demonstrations at the Medical General Hospital.

Stress will be laid upon the student's personal examination and treatment of the case. In addition one hour a week is given to pediatrics and genital-urinary diseases, dermatology and ophthalmology.

Surgery, Gynecology, Minor Surgery and Operative Surgery. Instruction in minor surgery such as skin lesions, treatment of simple fractures, etc. will be started during the second year. The actual practice

tice in surgery is started in the third year with two hours a week of didactic and four hours a week of clinical work and demonstration. The same hours are devoted to this subject during the fourth year. In addition two hours a week are devoted to gynecology during the fourth year. The course in surgery includes bedside instruction in surgical diagnosis, physical examination and roentgenogram interpretation.

During the fourth year a course in operative surgery consisting of two three hour periods a week is given.

Hygiene. During the third and fourth year two hours a week are devoted to hygiene. This course will comprise such subjects as sanitation particularly with reference to mosquito control, nightsoil disposal, control of food and water, control of infectious diseases, school inspection, vaccination and other measures of peculiar importance in hot countries.

Medical Jurisprudence. One hour a week will be devoted to this subject during the fourth year.

Eye, Ear, Nose and Throat Diseases. During the fourth year, two hours a week will be devoted to these diseases.

The Fifth or Intern Year. Before taking their last examination and before diplomas are issued to the graduates they must spend one year as internes in the Haitian General Hospital, Port-au-Prince. The basis for these studies is that each student will spend a period of two months in the following departments: Outpatient department, Medicine, Surgery, Gynecology, Genito-urinary diseases, diseases of eye, ear, nose, and throat and Laboratory. The internes will rotate at all deliveries at the Hospital.

tion in surgery is started in the third year with two hours a week of clinical and 1 hour a week of clinical work and demonstration. The same hours are devoted to this subject during the 4th year. In addition two hours a week are devoted to gynecology during the fourth year. The course in surgery includes bedside instruction in surgical diagnosis, physical examination and treatment of various lesions.

During the fourth year a course in operative surgery consisting of two three hour periods a week is given.

Hygiene. During the third and fourth years two hours a week are devoted to hygiene. This course will comprise such subjects as sanitation particularly with reference to epidemic control, night soil disposal, control of food and water, control of infectious diseases, school inspection, vaccination and other measures of public hygiene in hot countries.

Natural Jurisprudence. One hour a week will be devoted to this subject during the fourth year.

Eye, Ear, Nose and Throat Diseases. During the fourth year, two hours a week will be devoted to these diseases.

The Fifth or Intern Year. Before taking their last examination and before diploma are issued to the graduates they must spend one year as internes in the British General Hospital, Fort St. Vrain. The basis for these studies is that each student will spend a period of two months in the following departments: Outpatient department, Medicine, Surgery, Gynecology, Genito-urinary diseases, diseases of eye, ear, nose, and throat and Laboratory. The internes will rotate at all deliveries at the Hospital.

SCHEDULE OF COURSES - MEDICINE

1st YEAR

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8-9	Bacteriology Francis School	Dissection Charment School	Bacteriology Francis School	Dissection Charment School	Dissection Charment School	Lecture in the Library
9-10	"	"	"	"	"	"
10-12	Histology Renelique Asst.Prof. School	"	Histology Renelique Asst.Prof. School	"	"	"
4-5	Med. Physics Mills School	Anatomy Charment School	Med. Physics Mills School	Anatomy Charment School	Med. Physics Mills School	Anatomy Charment School
5-6	Chemistry Day School	Physiology Mathurin School	Histology Renelique School	Chemistry Day School	Physiology Mathurin School	Histology Renelique School

2nd YEAR

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8-9	Physical Diag. Alcindor School	Microscopy Francis H.G.H.	Physical Diag. Alcindor School	Microscopy Francis H.G.H.	Physical Diag. Alcindor School	Microscopy Francis H.G.H.
9-10	"	"	"	"	"	"
10-12	Minor Surgery Jourdan H.G.H.	Dissection Charment School	Minor Surgery Jourdan H.G.H.	Dissection Charment School	Dissection Charment School	Lecture
4-5	Pharmacy Day School	Phys.Chemistry Mills School	Physiology Mathurin School	Anatomy Charment School	Physiology Mathurin School	Phys.Chemistry Mills School
5-6	Pharmacology L. Camille School	Pharmacy Day School	Pharmacology L. Camille School	Pharmacology L. Camille School	Pharmacy Day School	Physiology Mathurin School

3rd Year

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8-10	Medical Clinic Hudicourt H.G.H.	Surgical Clin. Salomon H.G.H.	Medical Clinic Hudicourt H.G.H.	Obstetrics Hyson H.G.H.	Surgical Clin. Salomon H.G.H.	Obstetrics Hyson H.G.H.
10-12	Pediatrics Jeanty H.G.H.	Pathology Francis H.G.H.	Pediatrics Jeanty H.G.H.	Pathology Francis H.G.H.	Gen.Urin. Dis. Valme H.G.H.	Gen.Urin. Dis. Valme H.G.H.
4-5	Med. Pathology St. Cyr School	Surg. Pathology Moise School	Med. Pathology St. Cyr School	Obstetrics Hyson School	Surg. Pathology Moise School	Med. Pathology St. Cyr School
5-6	Pharmacology L. Camille School	Obstetrics Hyson School	Pharmacology L. Camille School	Hygiene Pierre-Noel School	Hygiene Pierre-Noel School	Therapeutics L. Camille School

6-2	српска г. савица Београд	српска Београд	српска г. савица Београд	српска Београд	српска Београд	српска г. савица Београд
6-3	српска г. савица Београд	српска Београд	српска Београд	српска Београд	српска Београд	српска г. савица Београд
10-1	српска г. савица Београд	српска Београд	српска Београд	српска Београд	српска Београд	српска г. савица Београд
8-10	српска г. савица Београд	српска Београд	српска Београд	српска Београд	српска Београд	српска г. савица Београд

4th YEAR

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8-10	Obst. Clinic Dominique-Hyson H.G.H.	Medical Clinic Hudicourt H.G.H.	Gynecology Buteau H.G.H.	Surgical Clin. Salomon H.G.H.	Medical Clinic Hudicourt H.G.H.	Surgical Clin. Salomon H.G.H.
10-12	Operative Sur. Moise H.G.H.	Ophthalmology Dominique Ebert-Villard Asst. Prof. H.G.H.	Operative Sur. Moise H.G.H.	Otorhino-laryn- gologie Dominique Ebert-Villard Asst. Prof. H.G.H.	Dermatology & Syphilology Valme H.G.H. School	Dermatology & Syphilology Valme School
4-5	Toxicology Pierre Noel School	Med. Pathology Hudicourt School	Obstetrics Hyson School	Med. Pathology Hudicourt School	Hygiene Pierre-Noel School	Legal Medicine Pierre-Noel School
5-6	Surg. Pathology Salomon School	Hygiene Pierre Noel School	Surg. Pathology Salomon School	Surg. Pathology Salomon School	Obstetrics Hyson School	Therapeutics L. Guille School

Fifth Year or intern Year.

Out-Patient Department - - - - -	2 months
Medicine - - - - -	2 months
Surgery - - - - -	2 months
Gynecology - - - - -	2 months
Genito-urinary diseases - - - - -	2 months
Eye, ear, nose, & throat diseases - - - - -	2 months
Laboratory - - - - -	2 months
Obstetrics & Pediatrics - - - - -	2 months

Fifth Year or Intern Year.

Out-Patient Department - - - - - 3 months
Medicine - - - - - 3 months
Surgery - - - - - 3 months
Gynecology - - - - - 3 months
Genito-Urinary Diseases - - - - - 3 months
Eye, ear, nose, & throat diseases - - - - - 3 months
Laboratory - - - - - 3 months
Obstetrics & Pediatrics - - - - - 3 months

SCHEDULE OF COURSES - DENTISTRY.

1st YEAR

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8-9	Bacteriology Francis School	Dissection Charman School	Bacteriology Francis School	Dissection Charman School	Dissection Charman School	Lecture in the Library
9-10	"	"	"	"	"	"
10-12	Histology Renelique Asst. Prof. School	"	Histology Renelique Asst. Prof. School	"	"	"
4-5	Med. Physics Mills School	Anatomy Charman School	Med. Physics Mills School	Anatomy Charman School	Med. Physics Mills School	Anatomy Charman School
5-6	Chemistry Day School	Physiology Mathurin School	Histology Renelique School	Chemistry Day School	Physiology Mathurin School	Histology Renelique School

2-2	school by Chambers	school Nashville by Chambers	school Nashville by Chambers	school Nashville by Chambers	school Nashville by Chambers	school Nashville by Chambers
2-2	school Nashville by Chambers	school Nashville by Chambers	school Nashville by Chambers	school Nashville by Chambers	school Nashville by Chambers	school Nashville by Chambers
10-18	school Nashville by Chambers	school Nashville by Chambers	school Nashville by Chambers	school Nashville by Chambers	school Nashville by Chambers	school Nashville by Chambers
01-2	school Nashville by Chambers	school Nashville by Chambers	school Nashville by Chambers	school Nashville by Chambers	school Nashville by Chambers	school Nashville by Chambers
2-2	school Nashville by Chambers	school Nashville by Chambers	school Nashville by Chambers	school Nashville by Chambers	school Nashville by Chambers	school Nashville by Chambers
1-1	school Nashville by Chambers	school Nashville by Chambers	school Nashville by Chambers	school Nashville by Chambers	school Nashville by Chambers	school Nashville by Chambers

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2nd YEAR

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8-9 9-10 10-11	D E N T A L C L I N I C S					
4-5	Dental Prosthesis Lechaud School	Pathology of the mouth Lechaud School	Physiology Mathurin School	Pathology of the mouth Lechaud School	Physiology Mathurin School	Lecture
5-6	Pharmacology L. Camille School	Don. Prosthesis Lechaud School	Pharmacology L. Camille School	Pharmacology L. Camille School		Lecture

3rd YEAR

D E N T A L C L I N I C S

HALEY BNS

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11 12 20

2-8

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HALEY BNS

SCHEDULE OF COURSES - PHARMACY.

1st YEAR

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8-9		Practical work		Practical work	Practical work	
9-10		"		"	"	
10-11		"		"	"	
4-5	Pharmacy Day School					
5-6	Chemistry Day School	Pharmacy Day School		Chemistry Day School	Pharmacy Day School	

2nd YEAR.

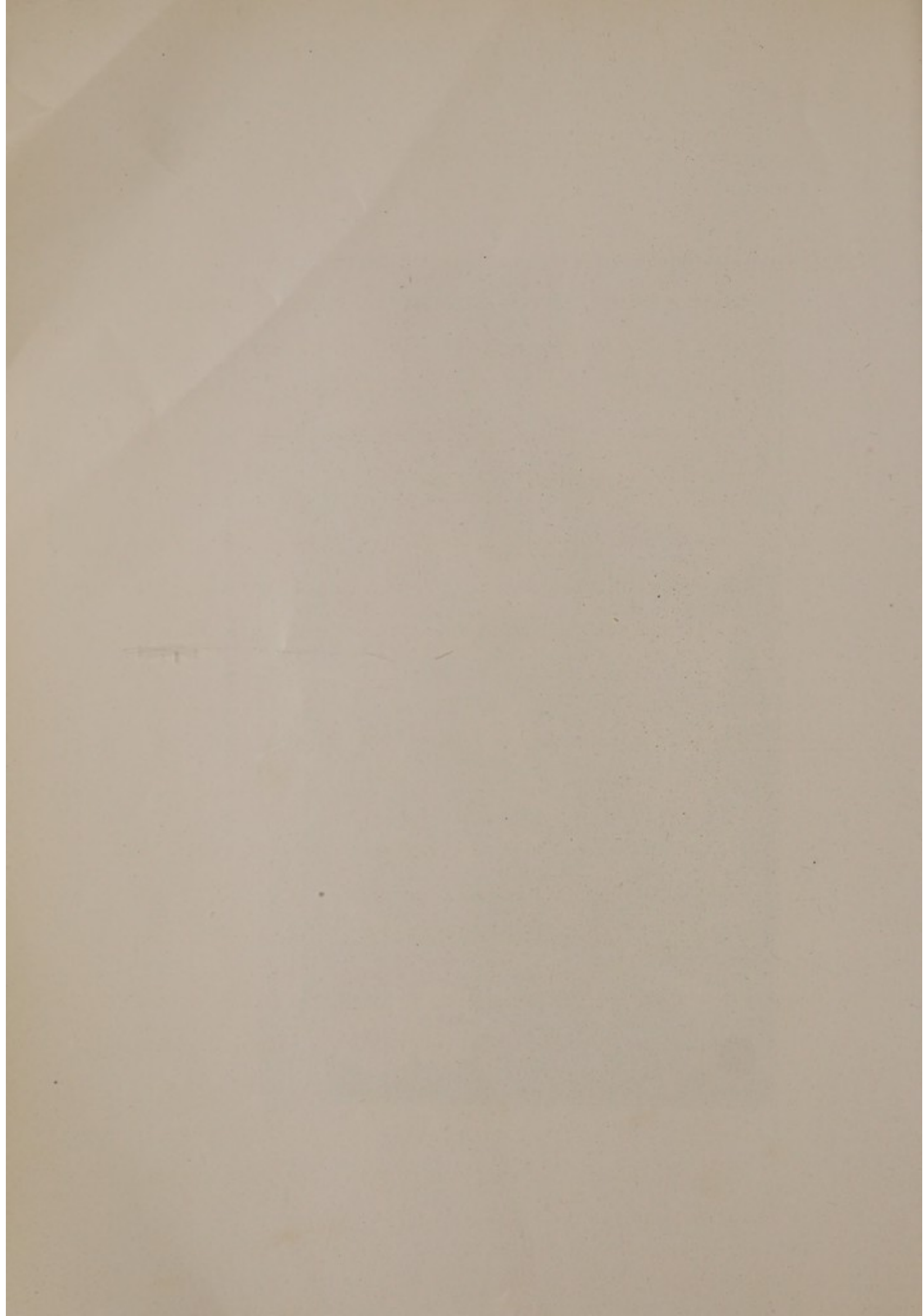
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
809	Practical work		Practical work			Practical work
9-10	"		"			"
10-11	"		"			
5-6	Pharmacology L. Camille School		Pharmacology L. Camille School	Pharmacology L. Camille School		

3rd Year

	P R A C T I C A L W O R K					



(5) Internes de l'Ecole Nationale de Médecine, Port-au-Prince



Register of the Students.

Section - Medicine.

5th Year: Interns of the Haitian General Hospital -

Charles Brutus, Lhérisson Cayemitte, François Chérubin, Urbain Débrosse, Jean-Baptiste Durand, Appolinus Garnier, Rodolphe Holly, Frank Madiou, Hilton Musset, Félix Nérette, Jean Presseir, Sténen Rey, André Sam, Martelly Séide, Periclès Verret, Hermann Vilgrain.

4th Year: Gustave Augustin, Mathieu Cantave, Georges Castera, Constant Hollant, Clément Jean-Jacques, Camille Lhérisson, Augustin Mathurin, François Mevs, Hubert Montas, Justin Montas, Hermann Raymond, Ludner Saint-Eloi.

3rd Year: Claude Giordani, Antony Lévêque, René Nicolas, Constant Pierre-Louis, Luc Théard.

2nd Year: Edouard Blanchard, Félix Buteau, Antoine Cadet, Morice Hall, Saint Lucien Hector, Thomas Large, Manès Liautaud, Louis Maximilien, Antenor Miot, Charles Paret, Wesner Polynice.

1st Year: André Beauboeuf, Gustave Bellanton, Elie Benjamin, Carman César, Charles Dambreville, Antonio David, Joseph Gérôme, Fritz Martin Guillaume, Edmond Labyssière, Roger Mallebranche, Louis Mars, Victor Noel, Price Olivier, René Piquion, Fernand Prosper, Paul Timothé, Joseph Louis Parisien Vastey.

Register of the Students.

Section - Medicine.

5th Year: Interns of the Haitian General Hospital -

Charles Bruneau, Indrison Capemont, François Chénier,
Urban Tibresse, Jean-Baptiste Durand, Apollinaire Gervais,
Noël Philippe Helly, Frank Helly, Hilton Kasser, Félix Kasser,
Jean Proust, Théodore Roy, André Sam, Martial Sélès, Paul-
André Verret, Hermann Vilgrain.

4th Year:

Gustave Hély, Gaston Hély, Gaston Hély, Gaston Hély,
Paul Hély, Gaston Hély, Gaston Hély, Gaston Hély,
Gaston Hély, Gaston Hély, Gaston Hély, Gaston Hély,
Hermann Hély, Gaston Hély, Gaston Hély, Gaston Hély.

3rd Year:

Gaston Hély, Gaston Hély, Gaston Hély, Gaston Hély,
Pierre-Louis, Luc Théard.

2nd Year:

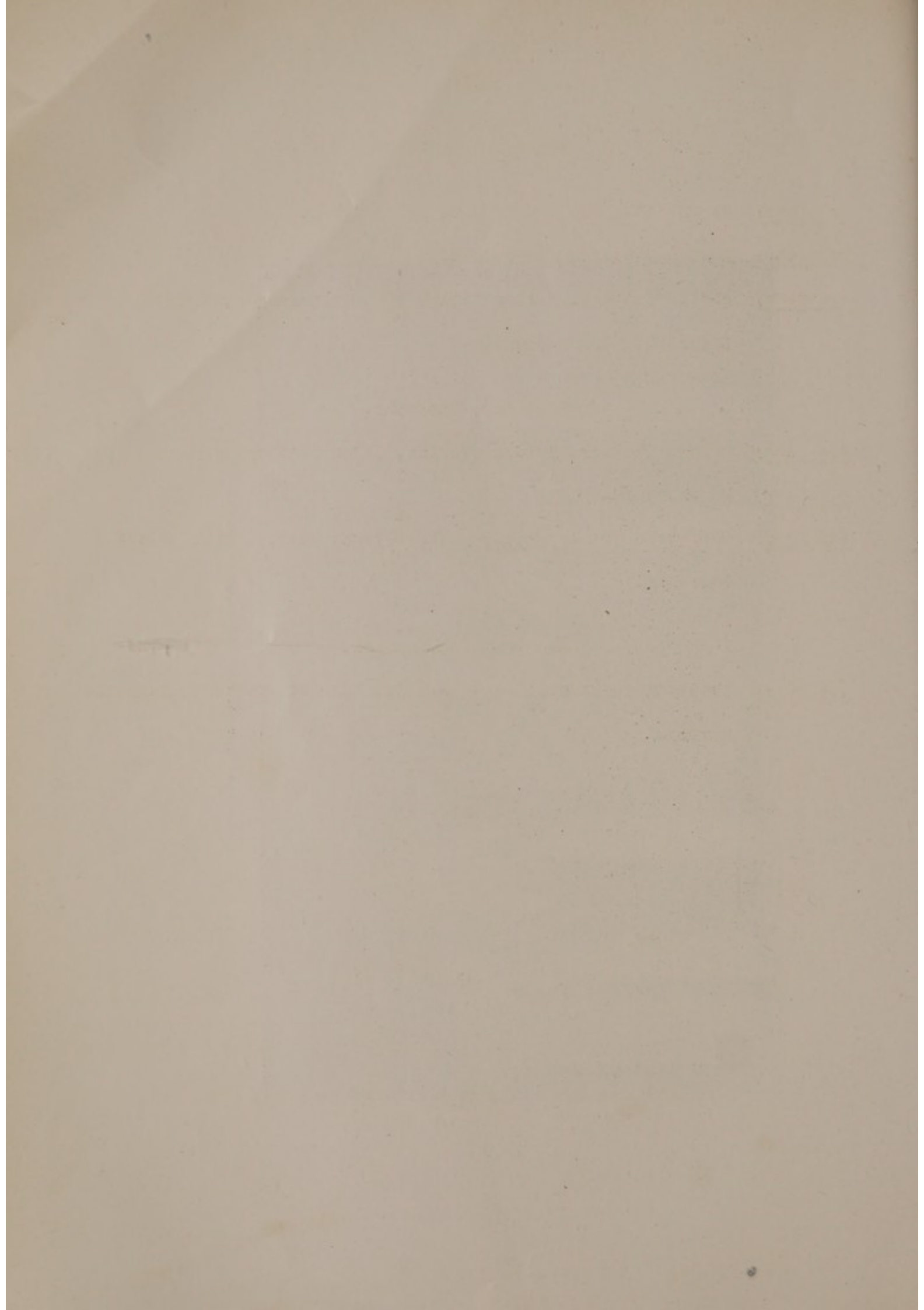
Edmond Blanchard, Félix Buisson, Antoine Gabet, Maurice Hély,
Saint Lucien Hély, Thomas Laroche, Maurice Laroche, Louis
Maximilien, Antoine Niot, Charles Paret, Werner Polynice.

1st Year:

André Beauchamp, Gustave Bédouin, Félix Bédouin, Gaston
Géral, Charles Darcavelle, Lucien David, Joseph Gervais,
Félix Maurice Gervais, Gaston Gervais, Gaston Hély,
Branches, Louis Hély, Victor Hély, André Olivier, René
Piquet, Fernand Piquet, Paul Piquet, Joseph Louis Piquet,
Lucien Vastay.



(6) Etudiants de l'Ecole Nationale de Médecine, Port-au-Prince



Section - Dentistry.

3rd Year: Hector Ambroise, Faure Cox, Jules Hyson.

2nd Year: Lucien Coutard, Mario Jean.

1st Year: Justin Castera, Héliou Damas, Seymour Lassègue, Clément Legendre, Gérald Roumain.

Section - Pharmacy.

3rd Year: Edgard Charles, Newton Charles, Simon Desmangles.

2nd Year: No students.

1st Year: Christian Jean-Jacques, Melle. Myrtha Lanier, Mlle. Renée Maurasse.

Section - Obstetrics.

1st Year: Cassiana Chapoteau, Eugénie Elie, Laurette Mathieu, Malthide Sévère.

Section - Pharmacy.

3rd Year: Hector Ambrose, Frank Cox, John Hyslop.
2nd Year: Lucien Contard, Marie Jean.
1st Year: Justin Gastera, Edith Jones, Raymond Lussigny, Clement Legendre, Gerald Newman.

Section - Pharmacy.

3rd Year: Edward Charles, Howard Charles, Elton Dorman-Jones.
2nd Year: No students.
1st Year: Christian Jean-Jacques, Marie, Myrta Janitor, Mlle. Jones.
Maurice.

Section - Obstetrics.

1st Year: Cassiana Chapoteau, Margate Ellis, Laurette Mathieu, Melville Sève.

PAPERS PUBLISHED IN MEDICAL JOURNALS.

During the past year the following papers from the Public Health Service of Haiti were published in Medical Journals:

- Bulletin de la Société de Médecine d'Haiti - April 1927 -

De la Fièvre Bilieuse Hémoglobinurique, par le Docteur Lélis Hudicourt - Discussion par les Docteurs J. Dominique et C. S. Butler.

Notes d'Inspection sur la Malaria parmi les émigrants de Port-de-Paix à destination de Cuba, par le Docteur P. W. Wilson.

Hygiène Sociale, Première Partie, par le Docteur B. Hyson.

- Bulletin de la Société de Médecine d'Haiti - July 1927 -

La Question de l'eau dans les campagnes et dans les villes d'Haiti, par le Capitaine C. S. Butler.

De l'Activité du Service d'Hygiène Publique pendant ces trois dernières années, par le Dr. Justin Dominique.

De l'Utilité de l'Oscillométrie en Chirurgie, par le Docteur Paul Salomon.

Valeur des Statistiques et présentation de quelques-unes du Service National d'Hygiène Publique, par le Dr. E. Peterson.

Les Fractures et la Radiographie, par le Dr. L. Moise.

De quelques éruptions cutanées dans la première enfance, par le Dr. M. Lafleur.

La Rage en Haiti, par le Dr. G. C. Thomas.

Le Rôle du clinicien-pathologiste dans la Médecine Moderne, par le Dr. R. M. Choisser.

De l'Usage des formules secrètes pharmaceutiques par les médecins, par le Dr. J. Francis.

La Typhoïde en Haiti, par le Dr. L. Hyppolite.

Quelques observations de clinique médicale, par le Docteur P. W. Wilson.

Le Traitement du Paludisme, par le Dr. H. Lanoue.

PAPERS PUBLISHED IN MEDICAL JOURNALS.

During the past year the following papers from the Public Health Service of Haiti were published in Medical Journals:

- Bulletin de la Société de Médecine d'Haiti - April 1937 -

De la Fièvre Bilieuse Hépatohématurique, par le Docteur L. L. Wilson.
 court - Discussion par les Docteurs J. Dominkovic et G. S. Butler.

Notes d'Inspection sur la Maladie par les Docteurs de Port-au-Prince.
 Paix à destination de Cuba, par le Docteur F. W. Wilson.

Hygiène Sociale, Épidémiologie, par le Docteur B. Wilson.

- Bulletin de la Société de Médecine d'Haiti - July 1937 -

La Question de l'eau dans les campagnes et dans les villes d'Haiti.
 par le Capitaine G. S. Butler.

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De l'utilité de l'oséologie en chirurgie, par le Docteur Paul Salomon.

Valeur des statistiques et présentation de quelques-unes de Service National d'Hygiène Publique, par le Dr. E. Peterson.

Les Pratiques de la Pathologie, par le Dr. L. L. Wilson.

De quelques infections cutanées dans la première enfance, par le Dr. M. Lallier.

La Fièvre en Haiti, par le Dr. G. S. Butler.

La Rôle du clinicien-pathologiste dans la Médecine Moderne, par le Dr. R. M. Gholson.

De l'usage des formules écrites pharmaceutiques par les médecins, par le Dr. J. L. Wilson.

La Typhoïde en Haiti, par le Dr. L. L. Wilson.

Quelques observations de cliniques médicales, par le Docteur F. W. Wilson.

Le Traitement du Choléra, par le Dr. B. Wilson.

Les suites de la Kélotomie et de la cure radicale de la hernie,
par le Dr. C. Valmé.

Un nouveau traitement de l'Eclampsie, par le Dr. J. Buteau.

Des cas d'appendicite aigue observés en Haiti, par le Dr. Waag.

Tréponematoses as seen in the rural Population of Haiti -
Captain C. S. Butler (MC) U. S. Navy and
Lieutenant Commander E. Petersen (MC) U. S. Navy.
American Journal of Syphilis April 1927.

La Tréponématose et l'Hygiène Publique -
Captain C. S. Butler (MC) U. S. Navy and
Lieutenant Commander E. Petersen (MC) U. S. Navy.
La Presse Médicale, Paris, July, 1927.

Effects of Mass treatment on the Epidemiology of Treponematoses -
Captain C. S. Butler (MC) U. S. Navy and
Lieutenant Commander R. P. Parsons (MC) U. S. Navy.
American Journal of Syphilis, April 1927.

Treatment of Treponematous ulcers with Bismuto-Yatren -
Lieutenant Commander R. P. Parsons (MC) U. S. Navy.
American Journal of Syphilis, July 1927.

Treatment of Yaws ulcers with Bismuto-Yatren -
Lieutenant Commander R. P. Parsons (MC) U. S. Navy.
U. S. Naval Medical Bulletin, April 1927.

The nurses training consists of a two year and three months course.
The probation period is three months, during which time the pupils re-
ceive instruction daily in practical nursing.

Probationers are accepted between January and April. Each appli-
cant receives a questionnaire which is filled in and returned as soon
as possible. A form letter is sent to the head of applicants' school,
and to the priest of her community for information as to general intel-
ligence and character. Applicants must be between the ages of 18 and 30.

Pay. Pupil nurses received, 1st year, 20.00 gourdes (\$4.00) per
month, and second year 25.00 gourdes (\$5.00), and travel with two weeks
vacation each year. The nurses are allowed 10 days sick leave during
their course of training.

The pupil nurses are supplied with a set of uniforms at the end
of their probation period, for which they pay \$8.00. This amount
is taken out of their pay at the rate of 5.00 gourdes or \$1.00 per
month.

Les entes de la Kélonie et de la zone relative de la hémie.
par le Dr. C. Vain.

Un nouveau traitement de l'Éclampsie, par le Dr. J. Sautou.

Des cas d'Éclampsie avec convulsions et hémie, par le Dr. Sautou.

Triponematoses as seen in the rural population of Haiti -

Captain C. S. Butler (MC) U. S. Navy and
Lieutenant Commander E. Parsons (MC) U. S. Navy.
American Journal of Hygiene, April 1937.

La Triponematoses de l'Éclampsie -

Captain C. S. Butler (MC) U. S. Navy and
Lieutenant Commander E. Parsons (MC) U. S. Navy.
La Presse Médicale, Paris, July, 1937.

Effects of Heme treatment on the Pathology of Triponematoses -

Captain C. S. Butler (MC) U. S. Navy and
Lieutenant Commander E. Parsons (MC) U. S. Navy.
American Journal of Hygiene, April 1937.

Treatment of Triponematoses with Heme -

Lieutenant Commander E. Parsons (MC) U. S. Navy.
American Journal of Hygiene, July 1937.

Treatment of Yaws ulcers with Heme -

Lieutenant Commander E. Parsons (MC) U. S. Navy.
U. S. Naval Medical Bulletin, April 1937.

THE TRAINING SCHOOL FOR NURSES.

This is under the direct charge of American Red Cross Nurses.

1. American Personnel.

Red Cross Nurses-----3

Agnes Von Kurowsky, R.N.	Directress
Theodora G. Le Gros, R.N.	Instructress
Eva E. Lanoue, R.N.	"

2. Graduate Haitian Nurses.

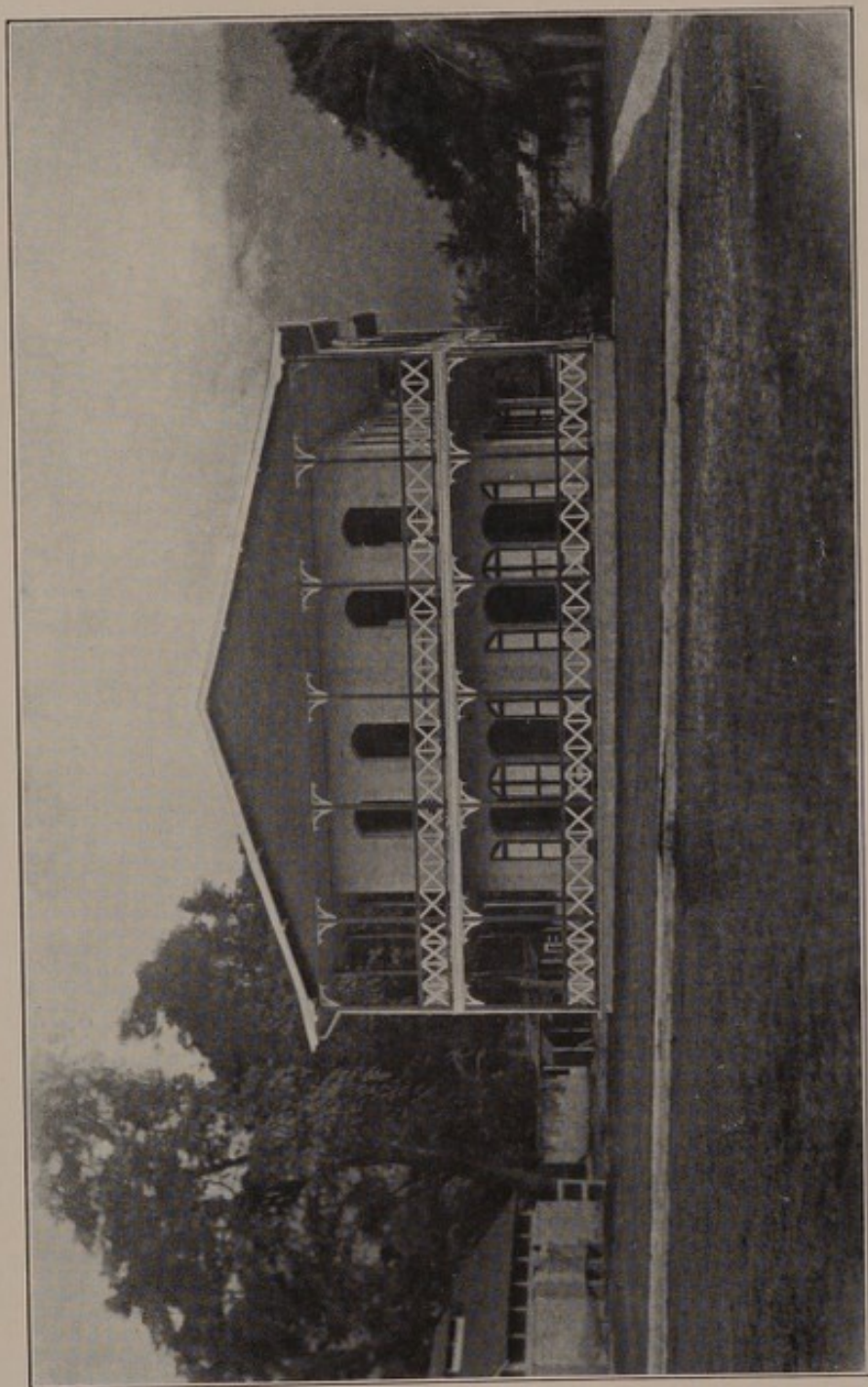
Total number graduates to date-----	70
Graduated during fiscal year-----	7
Employed at Haitian General Hospital-----	15
Juséminien Hospital, Cap-Haitien-----	8
Hospital Gonaives-----	2
Hospital Hinche-----	3
Hospital Port-de-Paix-----	2
Hospital St. Marc-----	1
Brigade Field Hospital-----	1
Prison Gendarmerie, Port-au-Prince-----	1
Caserne Gendarmerie, Port-au-Prince-----	1
Hospice Communal, Port-au-Prince-----	1

The nurses training consists of a two years and three months course. The probation period is three months, during which time the pupils receive instruction daily in practical nursing.

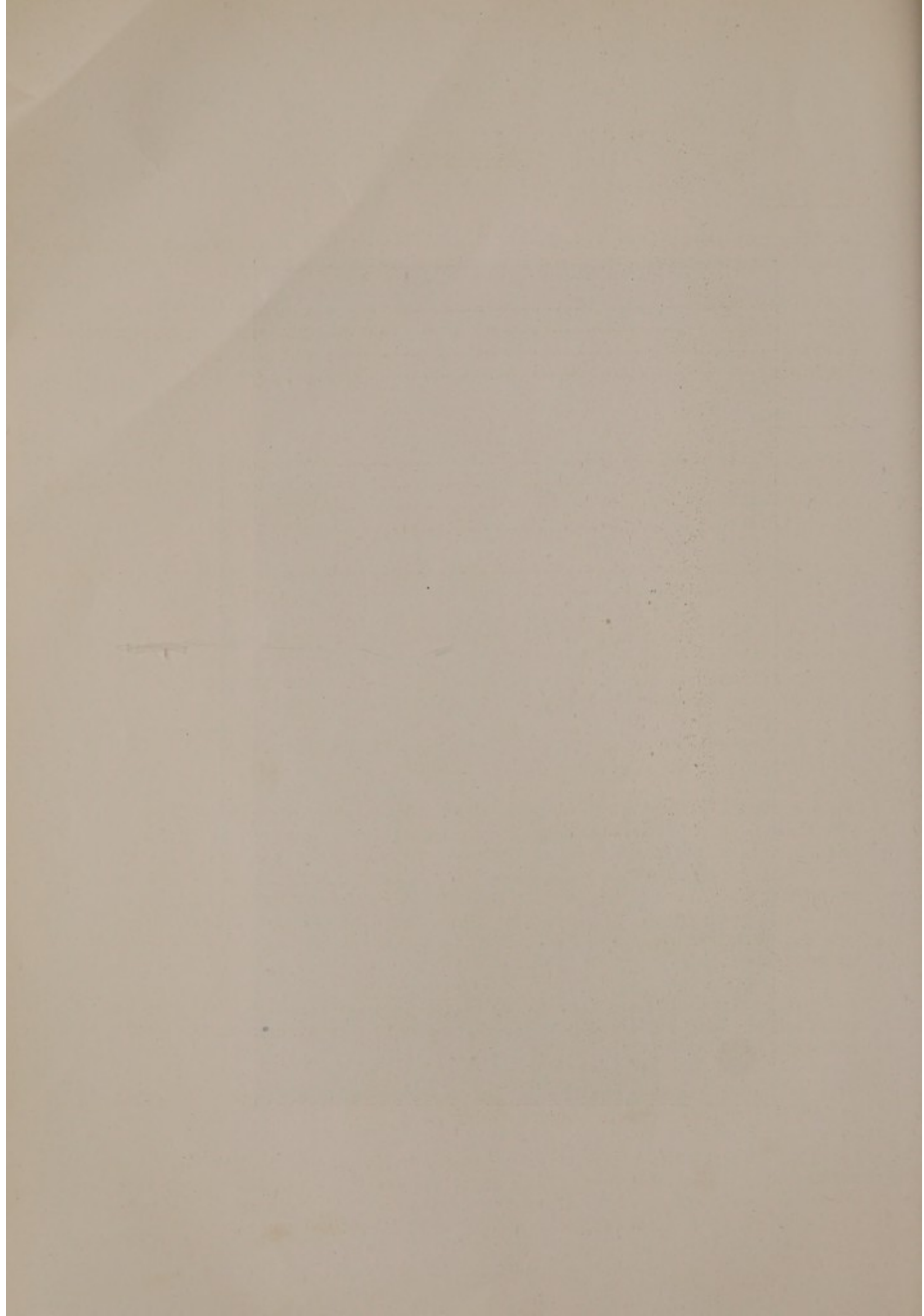
Probationers are accepted October, January and April. Each applicant receives a questionnaire which is filled in and returned as soon as possible. A form letter is sent to the head of applicants' school, and to the priest of her community for information as to general intelligence and character. Applicants must be between the ages of 18 and 30.

Pay. Pupil nurses receive: 1st year: 20.00 gourdes (\$4.00) per month, and second year 30.00 gourdes (\$6.00) per month with two weeks vacation each year. The nurses are allowed two weeks sick leave during their course of training.

The pupil nurses are supplied with a set of uniforms at the end of their probation period, for which they pay \$8.00. This amount is taken out of their pay at the rate of 5.00 gourdes or \$1.00 per month.



(7) Local des Gardes-Malades, Hôpital Général Haïtien, Port-au-Prince



Class Work.

1st Year.

Anatomy and Physiology-----	8 hours	) Haitian Doctors.
Materia Medica-----	8 hours)
Dietetics-----	4 hours)
Ethics - Hygiene-----	4 hours	) American Nurses.
Massage-----	6 hours)
Bandaging-----	10 hours)

2nd Year.

Gynecology and Obstetrics-----	8 hours)
Pediatrics-----	8 hours	) Haitian Doctors
Surgery-----	6 hours)
General Medicine-----	8 hours)
Surgical nursing-----	8 hours	) American Nurses.
English (elective)-----	8 hours)

This year we expect to add some lectures on Ear, Eye, Nose and Throat. There is also a course in religious instruction given by the Priest attached to the Hospital, which all pupils are expected to attend. All classes are chaperoned by American nurses.

At present there are 8 senior nurses, 14 juniors and 2 of last years graduates whose time is not completed.

A class of nine probationers began their work October 1st, and so far they look very promising with one exception. Instead of giving them a physical examination at the end of their probation period as was formerly the rule, we now give them a thorough physical examination in the first week, so that defects or impaired health may be treated before they are accepted. This includes, heart, lungs, hemoglobin, Wassermann, eyes, ears, nose and throat, and urine and stool examinations.

At Christmas time, a party is usually given for the pupils by the American Nurses, who provide a tree, presents for each nurse, and refreshments.

The American Red Cross also sends a number of comfort bags which are highly prized by the Haitian nurses.

The graduation exercises take place in March on the balcony of the nurses' home, and the lawn adjoining, the diplomas usually being personally presented by the Secretary of State. The ceremony is attended by most of the important personages of Port-au-Prince.

Class Work.

1st Year.

Anatomy and Physiology	8 hours	Medical Doctors.
Natural History	8 hours	
Statistics	4 hours	American Nurses.
Ethics - Hygiene	4 hours	
Massage	6 hours	
Bandaging	10 hours	

2nd Year.

Gynecology and Obstetrics	8 hours	Medical Doctors.
Pediatrics	8 hours	
Surgery	6 hours	
General Medicine	8 hours	
Surgical Nursing	8 hours	American Nurses.
English (lective)	8 hours	

This year we expect to add some lectures on Ear, Nose and Throat. There is also a course in relief and instruction given by the Priest attached to the Hospital, which all pupils are expected to attend. All classes are supervised by American nurses.

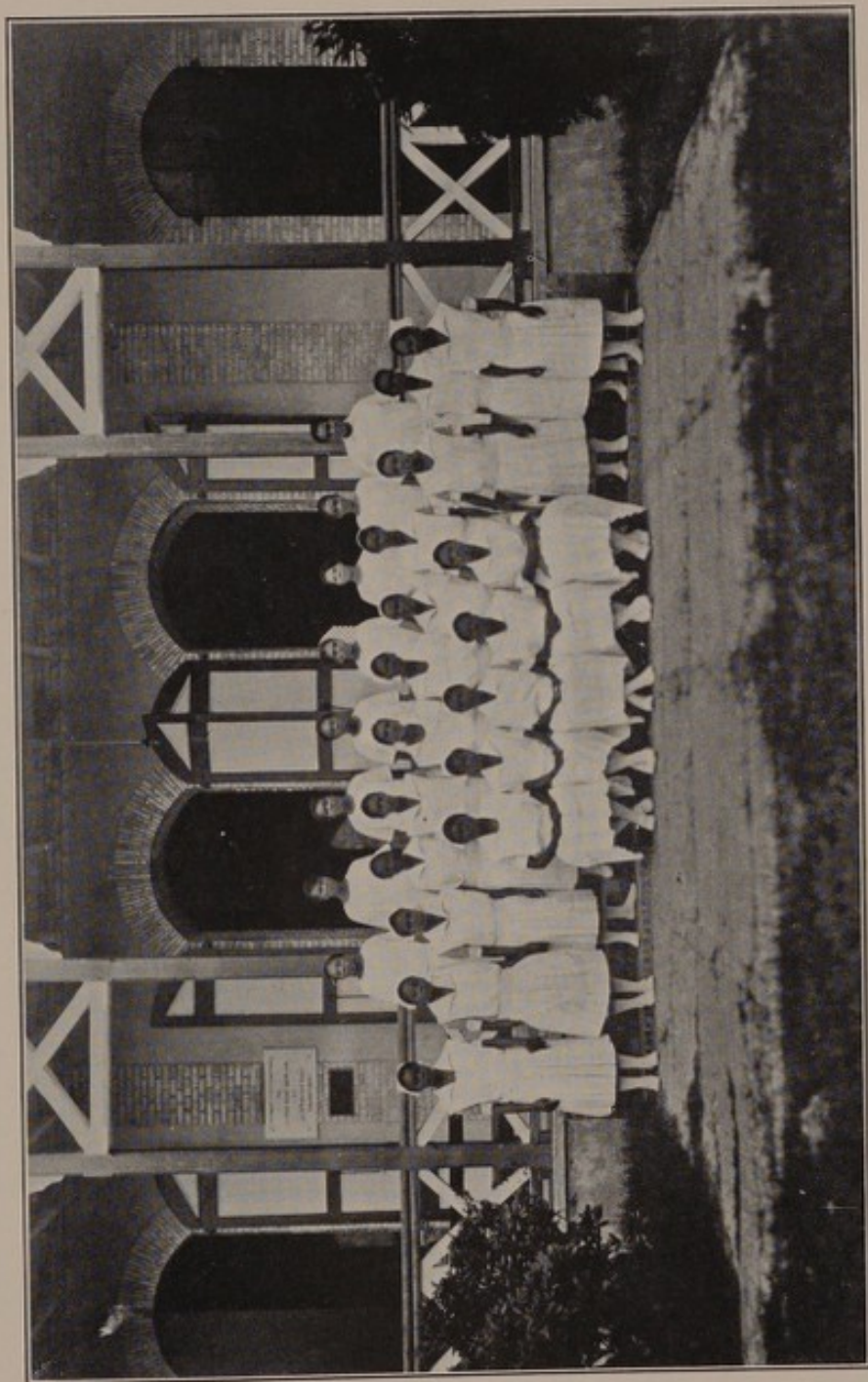
At present there are 8 senior nurses, 14 juniors and 2 of last years graduates whose time is not completed.

A class of nine probationers began their work October 1st, and so far they look very promising with one exception. Instead of giving them a physical examination at the end of their probation period as was formerly the rule, we now give them a thorough physical examination in the first week, so that defects or injured health may be treated before they are accepted. This includes, heart, lungs, nervous system, eyes, ears, nose and throat, and urine and stool examinations.

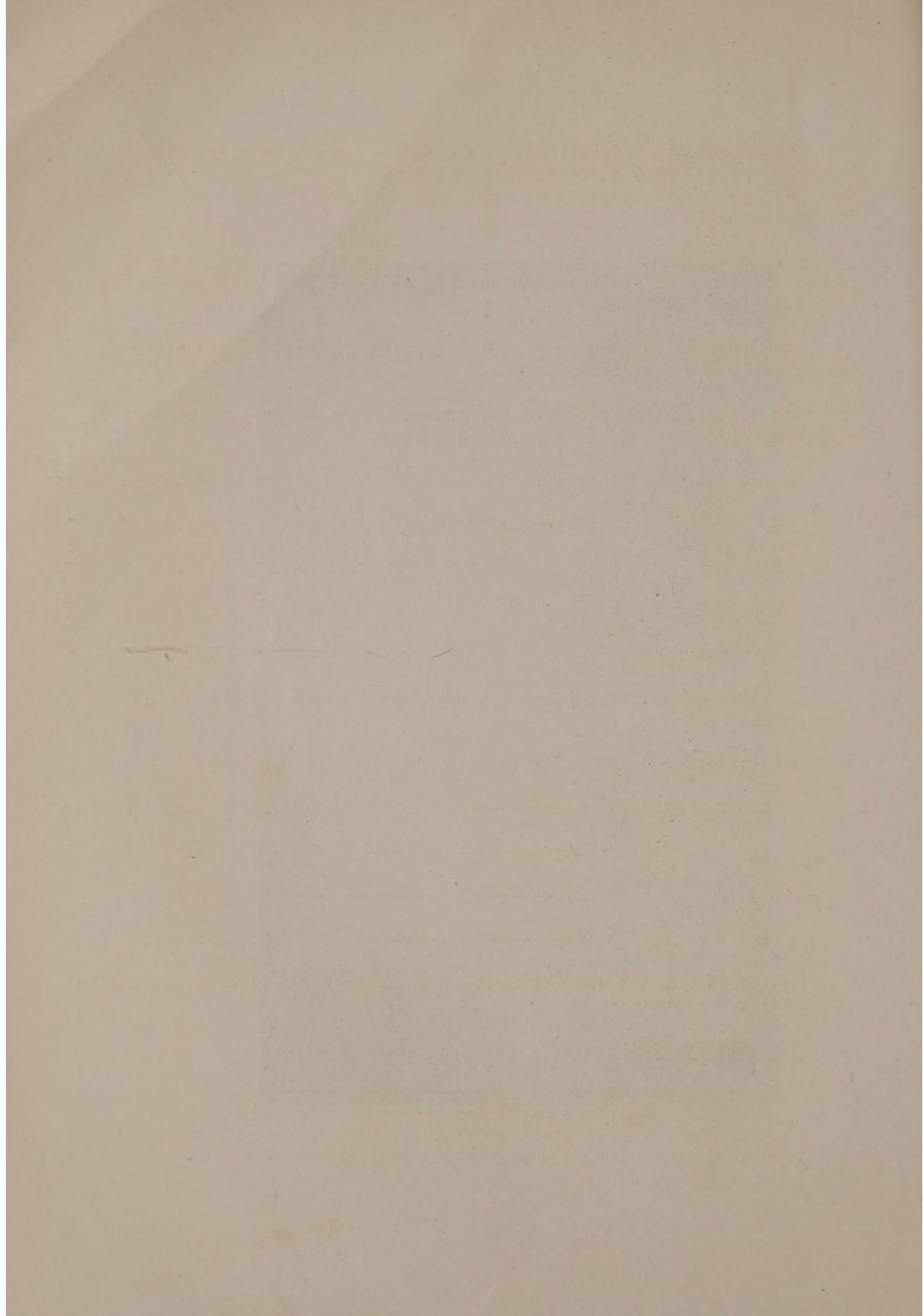
At Christmas time, a party is usually given for the pupils by the American Nurses, who provide a tree, presents for each nurse, and refreshments.

The American Red Cross also sends a number of comfort bags which are highly prized by the Mexican nurses.

The graduation exercises take place in March on the balcony of the nurses' home, and the four dignitaries, the dignitaries usually being personally presented by the Secretary of State. The ceremony is attended by most of the important personages of Port-au-Prince.



(8) Elèves gardes-malades, Hôpital Général Haitien, Port-au-Prince



Three graduate nurses have taken up the course in midwifery at the School for Medicine, with practical work for one year in the Maternity ward, Haitian General Hospital. One graduate finished this course October 1, 1927.

A graduate nurse is now employed for school inspection, to give typhoid vaccine and smallpox vaccination to all school children in the Port-au-Prince District.

Also a nurse has been put in the X-ray Department to assist in taking pictures and developing films.

The following pay schedule for graduate nurses employed by Service d'Hygiène went into effect January 1st, 1927.

During 1st year of service-----				Gdes. 125.00 per month		
"	2nd year of continuous service-----	"		150.00	"	"
"	3rd " " " "-----	"		175.00	"	"
"	4th " " " "-----	"		200.00	"	"
"	5th " " " "-----	"		250.00	"	"

In addition to this, subsistence of Gdes. 25.00 a month is allowed each nurse.

The pay schedule for private duty nurses is as follows:

12 hour duty per week-----	Gdes. 75.00
12 " " " day-----	" 10.75
24 " " " week-----	" 100.00
24 " " " day-----	" 14.25

All of the nurses who have graduated this year are now in the employ of Sanitary Service.

3. Pupil Nurses.

Applied during fiscal year-----	31
Accepted on probation-----	23
Dismissed or resigned-----	9
Total under instruction, October 1, 1927-----	26

Three Graduate nurses have taken up the course in midwifery at the School for Medicine, with practical work for one year in the Hospital ward, Christian General Hospital. One Graduate finished this course October 1, 1927.

A Graduate nurse is now employed for school inspection, to give typhoid vaccine and emulphor vaccination to all school children in the Port-au-Prince District.

Also a nurse has been put in the X-ray Department to assist in taking pictures and developing films.

The following pay schedule for Graduate nurses employed by Service d'Hygiene went into effect January 1st, 1927.

During 1st year of service-----		-----		1st year of continuous service-----		-----	
"	"	150.00	"	"	"	175.00	"
"	"	175.00	"	"	"	200.00	"
"	"	200.00	"	"	"	225.00	"
"	"	225.00	"	"	"	250.00	"

In addition to this, subsistence of 25.00 a month is allowed each nurse.

The pay schedule for private duty nurses is as follows:

12 hour duty per week-----		-----	
12	"	10.75	"
24	"	100.00	"
24	"	14.25	"

All of the nurses who have graduated this year are now in the employ of Sanitary Service.

3. Public Nurses.

Applied during fiscal year-----	31
Accepted on probation-----	27
Dismissed or resigned-----	9
Total under instruction, October 1, 1927-----	28

DIVISION OF HOSPITAL ACTIVITIES.

The primary function of the hospital division of the Public Health Service is to care for the sick.

It has under its cognizance a modern hospital in the principal city of each district.

The following table will give an idea of the scope of the work performed by the ten hospitals and their subsidiary rural dispensaries during the year, together with a comparison with the work performed during the previous year.

	<u>1925-26</u>	<u>1926-27</u>
Admissions-----	8,624	7,551
Discharges exclusive of deaths-----	7,604	6,384
Outpatients, including rural clinics-----	446,235	673,389
Number of rural clinics-----	1,921	2,759
Major operations-----	994	1,410
Minor operations-----	6,091	3,746
X-ray examinations-----	750	1,326
Wassermann tests-----	9,733	11,234
Injections for treponematosi		
(Neosalvarsan and bismuth)-----	229,481	378,749

It is very gratifying to note a general increase in volume of work over the previous year although there was a decrease of about 1,000 patients in those admitted to hospitals. This decrease is undoubtedly explained by the large extension of rural dispensary construction and rural clinic activities during the year, as a result of which many patients who formerly entered hospitals for treatment are now able to receive it near their homes at the rural clinics.

The bed capacity of the various hospitals is as follows:

Port-au-Prince-----	300
Cap-Haitien-----	200
Cayes-----	125
Gonaives-----	70
Hinche-----	100
Jacmel-----	75
Jeremie-----	50
Petit-Goave-----	50
Port-de-Paix-----	50
Saint-Marc-----	50

Total bed capacity for all hospitals ---- 1,070

DIVISION OF HOSPITAL ACTIVITIES

The primary function of the hospital division of the Public Health Service is to care for the sick.

It has under its dominence a modern hospital in the principal city of each district.

The following table will give an idea of the scope of the work performed by the ten hospitals and their subsidiary rural dispensaries during the year, together with a comparison with the work performed during the previous year.

1925-26	1924-25
Admissions-----	8,634
Discharges exclusive of deaths-----	7,604
Outpatients, including rural clinics-----	446,238
Number of rural clinics-----	1,031
Major operations-----	994
Minor operations-----	6,081
X-ray examinations-----	750
Vaccination cases-----	2,733
Injections for syphilis-----	
(Neosialin and blamph)-----	229,481
328,749	

It is very gratifying to note a general increase in volume of work over the previous year although there was a decrease of about 1,000 patients in those admitted to hospitals. This decrease is undoubtedly explained by the large extension of rural dispensary construction and rural clinic activities during the year, as a result of which many patients who formerly entered hospitals for treatment are now able to receive it near their homes at the rural clinics.

The bed capacity of the various hospitals is as follows:

Port-au-Prince-----	300
Cap-Haitien-----	200
Cayes-----	125
Gonaives-----	70
Knocke-----	100
Jacmel-----	75
Jeremie-----	50
Petit-Goave-----	50
Port-de-Paix-----	50
Saint-Marc-----	50

Total bed capacity for all hospitals ---- 1,070

Each Hospital has a fully equipped operating room and three (Port-au-Prince, Cap-Haitien and Jacmel) are equipped with X-ray facilities.

The wards are nearly always filled to capacity, the prompt discharge of cured or sufficiently improved patients being necessary to take care of all who need hospitalization. The rapid "turn over" of patients in the Port-au-Prince district has been materially aided by the institution on July 1st, 1927 of daily free salvarsan at the dispensary. By this system many patients whose ulcers have started to heal in the hospital can be discharged, salvarsan treatment and dressings being continued by daily visits of these patients to the dispensary at Port-au-Prince, or by weekly visits by them to the rural clinics near their homes where they receive bismuth injections and dressings.

Each hospital has of course a laboratory at its disposal, the one at Port-au-Prince being developed along pretentious lines and serving as the Central Public Health Laboratory for the entire Republic. At this laboratory the usual laboratory investigations, chemical, bacteriological and pathological are carried on. Its facilities are used in the preparation of pathological specimens for the medical school, and it serves as a training center for laboratory technicians who later are sent to outlying hospitals for laboratory work. (See under special section, Port-au-Prince Hospitals, for details of activities of this laboratory.)

RURAL CLINICS. With the construction of new dispensaries and improvements in road conditions the rural clinic program has been materially increased during the year. Two thousand seven hundred and fifty nine (2,759) clinics were held in 110 different places during the year. These places are visited from once a week to once a month according to the needs of the region and its accessibility; and at some dispensaries, particularly those in the Jacmel District, daily service is available by means of the permanent detail of an infirmier who resides at the dispensary.

The table below will give an idea of the distribution of the dispensaries, together with the building program, present and future.

Each Hospital has a fully equipped operating room and three (Port-au-Prince, Cap-Haitien and Jacmel) are equipped with X-ray facilities.

The wards are nearly always filled to capacity, the prompt discharge of cured or sufficiently improved patients being necessary to make room for all who need hospitalization. The rapid "turn over" of patients in the Port-au-Prince district has been particularly aided by the institution on July 1st, 1937 of daily free salivars at the dispensary. By this system many patients whose ulcers have started to heal in the hospital can be discharged, salivars treatment and dressings being continued by daily visits of these patients to the dispensary at Port-au-Prince, or by weekly visits by them to the rural clinics near their homes where they receive bi-monthly injections and dressings.

Each Hospital has of course a laboratory at its disposal, the one at Port-au-Prince being developed along parasitological lines and serving as the Central Public Health Laboratory for the entire region. At this laboratory the usual laboratory investigations, chemical, bacteriological and pathological are carried on. Its facilities are used in the preparation of pathological specimens for the medical school, and it serves as a training center for laboratory technicians who later are sent to outlying hospitals for laboratory work. (See under special section, Port-au-Prince Hospitals, for details of activities of this laboratory.)

RURAL CLINICS. With the construction of new dispensaries and improvements in road conditions the rural clinic program has been rapidly increased during the year. Two thousand seven hundred and fifty nine (2,759) clinics were held in 119 different places during the year. These places are visited from once a week to once a month according to the needs of the region and its accessibility; and at some dispensaries, particularly those in the Jacmel district, daily service is available by means of the permanent detail of an infirmer who resides at the dispensary.

The table below will give an idea of the distribution of the dispensaries, together with the building program, present and future.

DISTRICT	Built prior to 1926-27	Completed dur- ing 1926-27	Under Const- ruction	Contemplated construction
Port-au-Prince	Trouin Arcahaie	Léogane Casaret Croix-des- Bouquets Anse à Galets Mascarin Pte à Raquette	Gressier Kenskeff Cornillon	Carrefour
Cap-Haitien	Le Borgne Port-Margot	Le Trou Fort Liberté Vallières	Plaissance Cde Rivière	Limbe Ouanaminthe Limonade
Cayes	Camp-Perrin	Aquin		Port-à-Piment St. Louis
Gonaives	Gros Morne St. Michel	Marmelade		La Brande
Hinche	Mirebalais Thomonde		Lascachobas Maissade	Saut d'Eau
Jacmel	Bainet Peredo Colline des Chenes Fond Melon La Vallée	Saltrou		Cotes de Fer
Jeremie		Moron Marfranc		
Petit-Goave	Anse-à-Veau St. Michel	Grand Goave Miragoane Petit-Trou Baradères		Pte Rivière du sud
Port-de-Paix	Jean-Rabel			St. Louis
Saint-Marc		Carrefour- Chaudière Mont Rouis		Lully Verrettes

DISTRICT	Enlist prior to 1920-21	Enlist prior to 1920-21	Enlist prior to 1920-21	Enlist prior to 1920-21
Port-au-Prince	Armand Grenier	Armand Grenier	Armand Grenier	Armand Grenier
Cap-Haitien	Le Roy Port-au-Prince	Le Roy Port-au-Prince	Le Roy Port-au-Prince	Le Roy Port-au-Prince
Cayes	Camp-Portin Agua	Camp-Portin Agua	Camp-Portin Agua	Camp-Portin Agua
Concaves	Gros Horn St Michel	Gros Horn St Michel	Gros Horn St Michel	Gros Horn St Michel
Hinche	Michele Thomson	Michele Thomson	Michele Thomson	Michele Thomson
Jacmel	Colonne des Chasse Point Union La Vallée	Colonne des Chasse Point Union La Vallée	Colonne des Chasse Point Union La Vallée	Colonne des Chasse Point Union La Vallée
Jeremie	Horn Horn	Horn Horn	Horn Horn	Horn Horn
Petit-Goave	Armand-Young St Michel	Armand-Young St Michel	Armand-Young St Michel	Armand-Young St Michel
Port-de-Paix	Jean-Jacobi	Jean-Jacobi	Jean-Jacobi	Jean-Jacobi
Saint-Marc	Carrière Charras Mont Roule	Carrière Charras Mont Roule	Carrière Charras Mont Roule	Carrière Charras Mont Roule

In addition to the clinics held at the dispensaries noted in the above table, clinics are held also in small rented or donated buildings as follows:

Port-au-Prince: Thomazeau, Canthier, Carrefour, Dumay, Pétionville.

Cap-Haitien: Dondon, Ranquette, Pilate, Acul du Nord, Milot, Baho, La Victoire, Quartier Morin, Ste. Suzanne.

Cayes: Cavaillon, Maniche, Chantal, Port Salut, Vieux Bourg, Leduc, St. Jean du Sud.

Gonaives: Ennery, Savanne Carrée, St. Raphael.

Hinche: Belladère, Juan de Verde, Ville-Bonheur.

Jacmel: Grande Rivière, Ravine Normande, Cayes-Jacmel, Anse-à-Pitre, Grand Gosier, Cap-Rouge, Mohna.

Jeremie: Corail, Roseaux, Dame-Marie.

Petit-Goave: Charlier, Rouk, Violet.

Port-de-Paix: Anse à Foleur, Bonneau, Bassin Bleu.

St. Marc: Petite Rivière de l'Artibonite, Pont Sondé, Dessalines, La Chapelle, Savanne à Roche, Pérodin, Médor, Grande Saline, Marché des Armes, Bocoselle.

While the treatment of sick people, as practiced in these rural clinics is of a rough and ready sort, lacking much in the way of refined diagnostic methods in use at the hospitals, it is probable that in these clinics more is accomplished in the way of relief to a suffering mass with a greater economic result than at the hospitals. This may appear an extravagant statement, but the public health conditions in Haiti make this state of affairs peculiarly possible here.

There are three great diseases of the peasant mass, very few of the peasant escaping any one of the three. These diseases - treponematosis, malaria, and worms are fortunately all easily diagnosed and all respond extremely well to treatment. Treponematosis is the great Haitian scourge, causing more suffering, crippling and economic damage than all the other diseases in Haiti combined. In the rural clinics this disease is recognized at a glance and treated efficiently in a moment. Nothing has done so much to win the confidence and cooperation of the people and to popularize the Public Health Service activities as the treatment of this disease. The results of a few injections of bismuth or salvarsan with proper dressings for the ulcers are so startling that there is now not a grown person in Haiti who does not know about it, and scarcely one who will not readily submit to the treatment. Surely nothing has so undermined the influence

and power that charlatans and practitioners of "witch medicine" held among the peasant class but a few years ago. Results have been perhaps more gratifying in the campaign against this disease than in any other activity of the Public Health Service; and these results have been brought about largely in the rural clinic. Only during the past year could it be said that primary yaws is disappearing, and while primary yaws was formerly one of the most common conditions seen at the clinics it has now become almost a rarity. During the fiscal year nearly 400,000 injections were given for this disease, the number given during the last quarter being at a rate of over a half million per year. The greater part of this work was done in the rural clinics. Judging from present indications, it is believed that if this rate of pouring treponemicides into the Haitian peasant mass is continued a few years longer, the disease will cease to be an important Public Health problem here.

In the rural clinics malaria is diagnosed simply by the history of fever or chills. By this system an occasional case of fever is erroneously diagnosed malaria, but no harm is thus done; and if many thousand peasants suffering from malaria can receive relief by the simple administration of quinine, and if many thousand children can be rid of their worms by a simple medication, the institution of rural clinics is well justified despite the fact that they are held on the mountain sides and diagnoses are made by history alone.

PORT-AU-PRINCE. Haitian General Hospital.

Personnel. Lt-Comdr. R. M. Choisser was relieved as Administrator by Lt-Comdr. W. H. Michael on November 1st, 1926. When the latter took up his duties the personnel of the Navy Medical Corps attached to the hospital had the following duties.

Lt-Comdr. W. H. Michael, Administrator and Chief of Surgical Department.

Lt-Comdr. P. W. Wilson, Chief of the Medical Department.

Lt-Comdr. R. M. Choisser, in charge of the Public Health Laboratory, Hospital Laboratory and Pathology. In these duties he was assisted by Lt. (jg) Geo. C. Thomas.

Lt-Comdr. E. C. Ebert, Chief of the Eye, Ear, Nose and Throat Department.

Lt. W. Kennedy, in charge of dispensary and the outside clinics and later taking over the genito-urinary service in addition. Dr. Kennedy was relieved by Lt-Comdr. R. P. Parsons in January who in turn took up additional duties in the office of the Director of Public Health in July of this year. The only other change in the above arrangement was that Lt. (jg) H. W. Gillen became an assistant in Dr. Ebert's Department in December 1926.

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In the rural clinics malaria is diagnosed simply by the history of fever or chills. By this system an occasional case of fever is erroneously diagnosed malaria, but no harm is thus done; and if many thousand persons suffering from malaria can receive relief by the simple administration of quinine, and if many thousand children can be rid of their worms by a simple medication, the institution of rural clinics is well justified despite the fact that they are held on the mountain sides and diagnosed are made by history alone.

PORT-AU-PRINCE. Haitian General Hospital.

Personnel. Lt-Comdr. A. M. Gholson was relieved as Administrator by Lt-Comdr. W. H. Michael on November 1st, 1936. When the latter took up his duties the personnel of the Navy Medical Corps attached to the hospital had the following duties.

Lt-Comdr. W. H. Michael, Administrator and Chief of Surgical Department.

Lt-Comdr. P. V. Wilson, Chief of the Medical Department.

Lt-Comdr. A. M. Gholson, in charge of the Public Health Laboratory, Hospital Laboratory and Pathology. In these duties he was assisted by Lt. (jg) Geo. C. Thomas.

Lt-Comdr. E. C. Ebert, Chief of the Eye, Ear, Nose and Throat Department.

Lt. W. Kennedy, in charge of dispensary and the outside clinics and later taking over the gynecology service in addition. Dr. Kennedy was relieved by Lt-Comdr. E. P. Parsons in January who in turn took up additional duties in the office of the Director of Public Health in July of this year. The only other change in the above arrangement was that Lt. (jg) E. V. Gilliam became an assistant in Dr. Ebert's Department in December 1936.

The U. S. Navy Hospital Corps personnel was distributed as follows:

Chief Pharmacist Mate Jean T. Eads, Assistant to Administrator and in charge of medical store-room and X-ray.

Ph. M. P. Angel, in charge of Hospital laboratory under Dr. Choisser.

C. Ph. M. Eads was relieved by C. Ph. M. (P. A.) C. F. Johnson, in July 1927.

Ph. M. P. Angel was relieved by Ph. M. 1-C Wilcockson in March who also took over the X-ray work from C. Ph. M. Eads.

Ph. M. 1-C Wilcockson was relieved in June by Ph. M. 1-C E. A. Kracke.

The Haitian Doctors attached to the Hospital were as follows for their usual duties:

Dr. Léon Moise, Senior in Surgery and in charge of Men's surgical ward No. 2.

Dr. Martial Bourand, in charge of female surgical ward No. 1.

Dr. Joseph Perrier, in charge of men's medical ward No. 3.

Dr. Louis Jourdan, in charge of male genito-urinary ward No. 4 and female genito-urinary ward No. 9.

Dr. Cicéron Valmé, Assistant to Dr. Moise in ward 2.

Dr. Louis Hippolyte, Assistant in Medicine.

Dr. Ducarmel Anglade, Assistant to ward Doctor or on the outside clinic work.

Dr. Emmanuel Craig, Assistant to Dr. Ebert in Eye, Ear, Nose and Throat Department.

Dr. Edouard Pétrus, in the hospital laboratory.

Dr. J. B. Saint-Cyr, Dispensary and in charge of the wards for tuberculosis.

Dr. René Jeanty, outside clinic or assistant in other services.

Dr. Joseph Buteau, in charge of Obstetrics and children's wards.

Dr. Vanès Bellevue, Assistant to Dr. Buteau.

Dr. Lévy Torchon, Outside clinics or assistant in other services.

The U. S. Navy Hospital Corps personnel was distributed as follows:

low:

Chief Pharmacist Mate Tom T. Bada, Assistant to Administrator and in charge of medical store-room and X-ray.

Ph. M. P. Angel, in charge of Hospital Laboratory under Dr. Oberster.

C. Ph. M. Bada was relieved by C. Ph. M. (P. A.) C. F. Johnson, in July 1927.

Ph. M. P. Angel was relieved by Ph. M. I-C Wilcockson in March who also took over the X-ray work from C. Ph. M. Bada.

Ph. M. I-C Wilcockson was relieved in June by Ph. M. I-C E. A. Knicker.

The Haitian doctors attached to the Hospital were as follows for their usual duties:

Dr. Leon Meise, Senior in Surgery and in charge of Men's surgical ward No. 2.

Dr. Martial Gourmand, in charge of female surgical ward No. 1.

Dr. Joseph Perrier, in charge of men's medical ward No. 3.

Dr. Louis Jourdan, in charge of male genito-urinary ward No. 4 and female genito-urinary ward No. 5.

Dr. Clément Valme, Assistant to Dr. Meise in ward 2.

Dr. Louis Hippolyte, Assistant in Medicine.

Dr. Ducarme Angade, Assistant to ward doctor or on the outside clinic work.

Dr. Emmanuel Grac, Assistant to Dr. Perrier in Eye, Ear, Nose and Throat Department.

Dr. Edouard Pétre, in the hospital laboratory.

Dr. J. B. Saint-Cyr, Dispensary and in charge of the wards for venereal diseases.

Dr. René Jarry, outside clinic or assistant in other services.

Dr. Joseph Batain, in charge of Obstetrics and children's wards.

Dr. Yvonne Batain, Assistant to Dr. Batain.

Dr. Lévy Torche, Outside clinic or assistant in other services.

Dr. Kesner Saint-Louis, Outside clinics or assistant in other services.

In addition of the above duties these doctors did duty as officer of the day in turn of twelve hours each with the exception of Dr. Moise who acts as emergency surgeon. They also did some duty on outside clinics and as teachers in the Medical School.

During the year Doctors D. Anglade, L. Porchon, K. Saint-Louis were transferred to other stations. The commission of Dr. Emmanuel Craig was revoked.

Doctors Martiel Bourand, Joseph Perrier, Louis Hippolyte and Ed. Pétrus were sent for study in foreign schools by the Rockefeller Foundation.

In addition to the above there were five fifth year medical students or internes who did service in rotation as assistant in all the departments during the year.

At the end of the year the Haitian Doctors were assigned as follows:

Dr. L. Moïse, in charge of Men's surgery and emergency surgeon.

Dr. J. Bateau, in charge of female surgery and consultation in children and obstetrics.

Dr. C. Valmé, in charge of genito-urinary department both male and female.

Dr. Ls. Jourdan, in charge of all medical wards.

Dr. René Jeanty, in charge of obstetrics and children.

Dr. J. B. Saint-Cyr, in charge of Dispensary.

Dr. J. Francis, in the Laboratory.

Dr. St. Amand, on the outside clinics.

Dr. V. Bellevue, on outside clinics; transferred to Hinche October 10th, 1927.

Dr. L. Alcinier, Assistant to Dr. Saint-Cyr in Dispensary.

Dr. E. Villard, Assistant to Dr. Ebert.

Dr. Jh. Rénélique, Assistant in Pathology to Dr. Choisser.

These all with the exception of Dr. L. Moise do twelve hours duty as officer of the day each in turn.

Dr. Keener Saint-Johns, Outside Clinician or assistant in other services.

In addition of the above duties these doctors did duty as officers of the day in turn of twelve hours each with the exception of Dr. Keener who acts as emergency surgeon. They also did some duty on outside clinics and as teachers in the Medical School.

During the year Doctors D. Hughes, E. Jordan, K. Saint-Johns were transferred to other stations. The commission of Dr. (unnamed) Craig was revoked.

Doctors Martineau Bourne, Joseph Ferrer, Louis Wilmot and EA. Peters were sent for study in foreign schools by the Rockefeller Foundation.

In addition to the above there were five fifth year medical students or interns who did service in rotation as assistant in all the departments during the year.

At the end of the year the Haitian Doctors were assigned as follows:

Dr. L. Moise, in charge of Men's surgery and emergency surgery.

Dr. J. Bisset, in charge of female surgery and obstetrics in children and obstetrics.

Dr. C. Valme, in charge of genito-urinary department both male and female.

Dr. La. Jourdan, in charge of all medical wards.

Dr. René Joubert, in charge of obstetrics and children.

Dr. J. B. Saint-Cyr, in charge of Dispensary.

Dr. J. Francis, in the laboratory.

Dr. St. Amant, on the outside clinics.

Dr. V. Bellevue, on outside clinics; transferred to Hinchey October 10th, 1937.

Dr. L. Alcindor, assistant to Dr. Saint-Cyr in Dispensary.

Dr. E. Villard, assistant to Dr. Joubert.

Dr. Jb. Rénalme, assistant in pathology to Dr. Choussier.

These all with the exception of Dr. L. Moise do twelve hours duty as officers of the day each in turn.

In addition there are sixteen fifth year students serving as internes; their service is divided as follows:

	<u>No. of Internes</u>	<u>Months of service.</u>
Medical Service-----	3	2
Surgery and G. U.-----	4	2
Eye, Ear, N.D.F.-----	2	1
Dispensary-----	2	1
Children & Obstetrics-----	2	1
Laboratory-----	<u>3</u>	<u>2</u>
Total	16	9

During the remaining three months of the year they will be permitted to choose the service most attractive to them or repeat a service in which their work has not been satisfactory. The ward doctor or chief of service marks each interne on the duty performed in each department.

The beginning of the year there were the following Red Cross Nurses attached to the Hospital:

Elsie B. Moser, Directress of Nurses
Cecile Authier
Agnes H. Von Kurowsky
Kathryn Helm.

Their duties consist in the management of the Nurses School, and the supervision of the nursing in all the wards.

The changes of the year were the departure of Miss Authier in December and of Miss Helm in August. Miss Theodora C. Legros arrived in December and Mrs. Eva Lanoue in August.

Miss Elsie B. Moser was detached 22 September; the duties as directress of Nurses assumed by Miss Agnes H. Von Kurowsky. There are therefore at this time only three Red Cross Nurses attached to the Hospital.

In addition to the above there were thirteen graduate Haitian nurses on duty and twenty-six pupil nurses under instruction in November 1926. There are now fifteen graduate Haitian nurses in the Hospital, and thirty-three under instruction of whom nine are recently accepted probationers.

In addition there are sixteen fifth year students serving as in-
formants; their service is divided as follows:

Months of service	No. of informants	
2	3	National Service
2	4	Surgery and G. U.
1	2	Eye, Ear, N.C.V.
1	2	Dispensary
1	2	Children & Obstetrics
2	3	Laboratory
2	16	Total

During the remaining three months of the year they will be per-
mitted to choose the service most attractive to them or request a ser-
vice in which their work has not been satisfactory. The total number
of chief of service make each inform on the duty performed in each
department.

The beginning of the year there were the following Red Cross Nurses
attached to the Hospital.

Miss E. B. Moser, Assistant of Nurses
Cecilia A. Moser
James H. Van Karsensky
Kathryn Helm.

Their duties consist in the management of the Nurses School, and
the supervision of the nursing in all the wards.

The changes of the year were the departure of Miss Moser in
December and of Miss Helm in August. Miss Helms, C. Helms arrived
in December and Mrs. Van Karsensky in August.

Miss E. B. Moser was detached 22 September; the duties of Miss
Moser were assumed by Miss James H. Van Karsensky. There are
therefore at this time only three Red Cross Nurses attached to the
Hospital.

In addition to the above there were thirteen students serving as
nurses on duty and twenty-six regular nurses under instruction in Novem-
ber 1932. There are now 120 students serving in the Hospital,
and thirty-three under instruction of whom nine are recently accepted
probationers.

There were fourteen Nuns on duty in November last. One nun Sister Louise, was assigned to other duties by the Rev. Mother Provincial. Sister Cécile replaced sister Louise numerically. Sister Emile temporarily replaced Sister Judithe while she was operated upon and during her convalescence. The number of Sisters remains the same.

There has been no change during the year in the Dental, Pharmacy and main office personnel. The number of employees has been increased by a plumber and assistant overseer. There were 110 workmen, maids, orderlies, laundresses, etc. in November last year and 118 at present.

Finances. The monthly expenditure since November 1926 varied from a low record of 33,724.00 gourdes in May to 60,018 gourdes in September with an average of 44,581.00 gourdes. The allotment was Gdes. 38,000.00 in November last year and Gdes. 41,000.00 in October 1927. The difference was covered by receipts from private cases. These expenditures do not include medical supplies and gasoline, and oil which are furnished on requisition by the Supply Officer of the Service d'Hygiène.

Buildings. The changes and improvements made in the buildings of the Hospital are as follows:

Private ward: Screened and an additional toilet installed.

Operating room: The operating room has been effectively screened. Doors have been removed between the sterilizing room and the operating room and between wash room and operating room. These doors were a great deal in the way. A new sterilizing outfit has been installed.

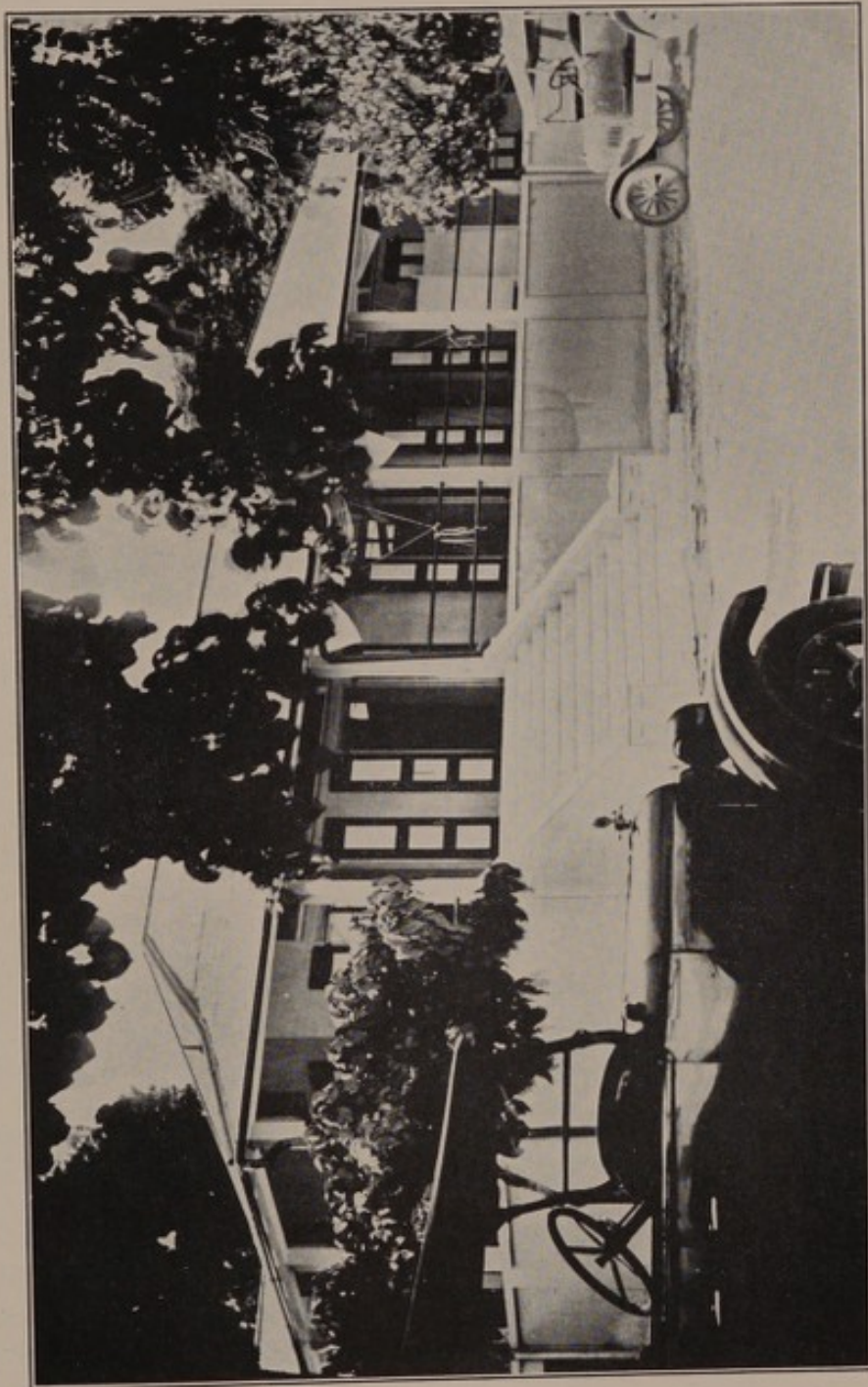
Wards I and II: Have had their wooden floors replaced by cement. A gynecological dressing room has been installed in the old X-ray room on the porch of ward I. Lockers for students have been installed in the room between the two wards. A syphon toilet has been built back of each of these wards.

Wards 3 and 4: Have been renovated and separated so as to serve as a male and female Genito-urinary ward. A syphon toilet has been built back of each of these wards and a wall to complete the separation of the male and female patients.

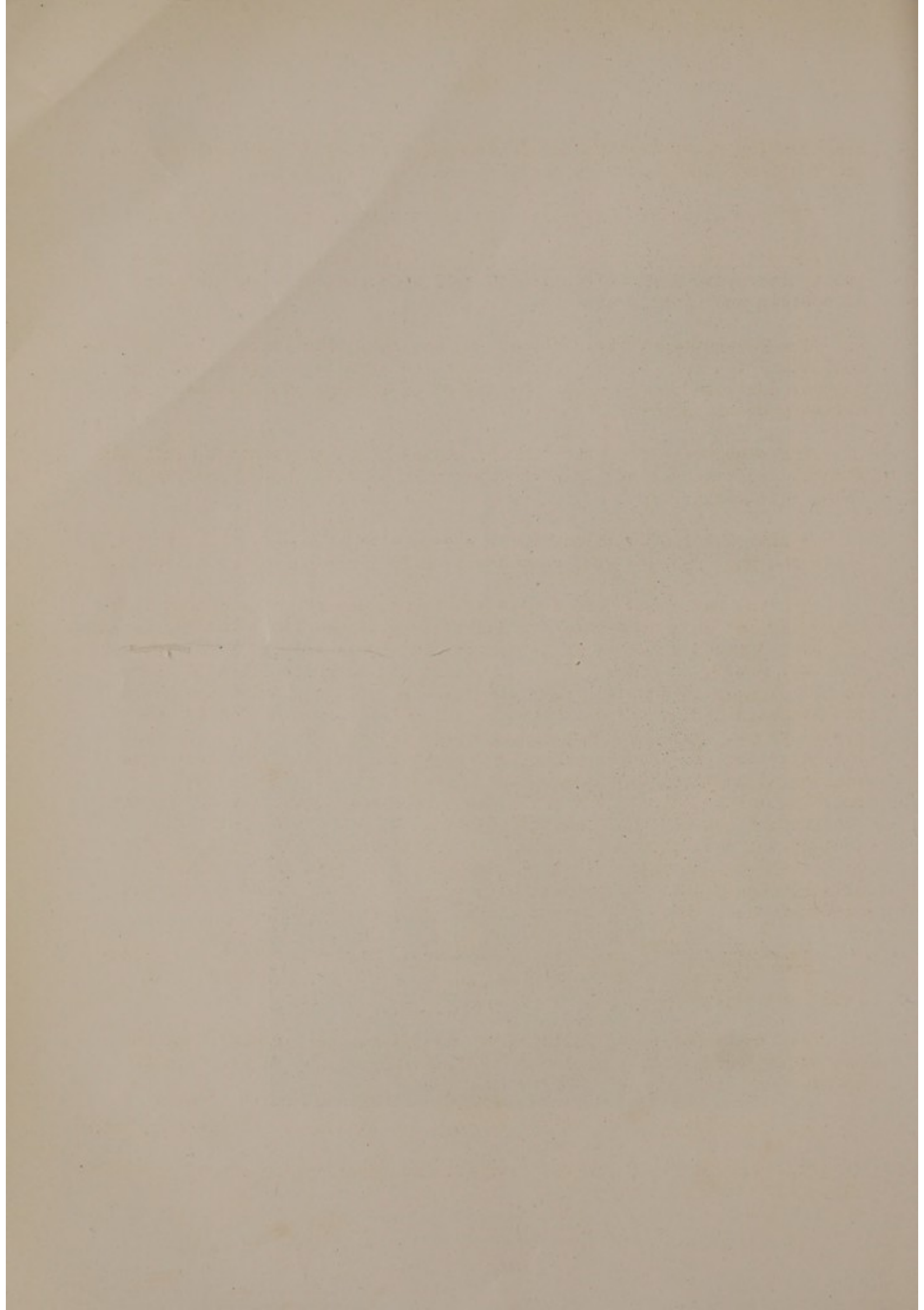
Tuberculosis and Isolation: No change has been made in the tuberculosis wards and isolation wards. The water spouts beneath the eaves have been removed as they held water and breded mosquitoes.

The Medical Building: Completed and put in commission. It consists of a morgue with pathological museum, two men's medical wards and one female medical ward with syphon toilet. In addition there is a room which is at present doing service as a clinic room.

Administration Building: Attached to the later building is a wing which has been built and now serves as the main office, offices and



(9) Office de l'Administrateur, Hôpital Général Haïtien, Port-au-Prince



consultation rooms for the chief surgeon, chief of the medical service, chief of the genito-urinary services and the chief nurse.

The new kitchen: This building perhaps 90 per cent complete.

In addition to the above improvements charcoal stoves have been built near every ward to replace the oil stoves which were expensive of upkeep and usually useless.

The Maternity-children's building has only been improved by the installation of a room for the internes on the obstetrical service. The obstetrical service has been enlarged by quartering patients awaiting delivery on the upper floor.

There has been no change in the nurses home, the sisters home, old kitchen and bakery other than the bakery is actually in the process of being repaired.

A new building which serves as a store-room for medical supplies, a new pharmacy and a dental room has been built and put in commission.

A large building which serves as stable, general store-room, chicken house and carpenter shop was built along the east wall of the hospital and has replaced a series of irregular old wooden buildings which served very poorly the same services. There has been considerable internal changes in the dispensary-laboratory building during the year. The old main office was formerly installed in the north side of the ground floor. This activity was moved to the new wing of the medical building above mentioned. The floor was tiled and the eye, ear, nose and throat service which was on the second floor of the dispensary building was installed here. All the dispensary activities except the dentist are now concentrated on the ground floor. These activities include the eye, ear, nose and throat department with dark room, officer of the day room, record room, neosalvarsan room, men's genito-urinary room, women's genito-urinary room, surgical dressing room and examining and consultation room for the doctors on duty.

Improvements Recommended. The following improvements to buildings are under consideration and will be carried out when and as fast as funds are available.

1. Installation of toilets for maternity, the sisters' home and the nurses' home. This improvement is already in the plans of public works.
2. The tiling of the floor in the sisters' home. Estimate \$298.00
3. The tiling of the floor of all the rooms in the operating building. Estimate \$800.00.

consultation room for the chief surgeon, chief of the medical service, chief of the gynecological service and the chief nurse.

The new kitchen: This building perhaps \$20,000.00.

In addition to the above improvements several others have been built near every ward to replace the old ones which were extensive of upkeep and usually useless.

The Maternity-Children's building has only been improved by the installation of a room for the obstetrical service. The obstetrical service has been enlarged by quarters patients waiting delivery on the upper floor.

There has been no change in the nurses home, the sisters home, old kitchen and bakery other than the bakery is actually in the process of being repaired.

A new building which serves as a store-room for medical supplies, a new pharmacy and a dental room has been built and put in commission.

A large building which serves as a stable, general store-room, etc., for house and carpenter shop was built along the east wall of the hospital and has replaced a series of irregular old wooden buildings which were very poorly the same services. There has been considerable improvement in the dispensary-laboratory building during the year. The old main office was formerly located in the north end of the ground floor. This activity was moved to the new wing of the medical building above mentioned. The floor was tiled and the eye, ear, nose and throat service which was on the second floor of the dispensary building was installed here. All the dispensary activities except the dentist are now concentrated on the ground floor. These activities include the eye, ear, nose and throat department with dark room, x-ray of the day room, roentgen room, roentgen room, x-ray roentgen room, women's gynecological room, surgical dressing room and examining and consultation room for the doctors on duty.

Improvements contemplated. The following improvements to buildings are under consideration and will be carried out when and as far as funds are available.

1. Installation of radiators for maternity, the sisters' home and the nurses' home. This improvement is already in the plans of public works.

2. The tiling of the floor in the sisters' home. Estimate \$200.00.
3. The tiling of the floor of all the rooms in the operating building. Estimate \$800.00.

4. The installation of a delivery room which will also serve as an emergency additional operating room in the old hospital laboratory at the end of Ward one. Estimate \$200.00, if tiled \$300.00.

5. The installation of a room for private obstetrical case in the remaining room at end of Ward one. Estimate \$100.00, if tiled \$200.00.

6. The remodeling of the old kitchen to serve as linen storage, mending and pressing room. Estimate \$400.00.

7. The remodeling of sisters' old store-room to serve as the Chaplain's office. Estimate \$200.00.

The above can be carried out by the hospital personnel though some additional funds more than the regular allotment will be necessary.

The following improvements are recommended which would have to be made by public works:

1. The construction of an additional dormitory on the second floor of the nurses home supported by pillars and capable of taking care of twenty additional pupil nurses. Estimate \$2,000.00. The construction of two toilets in connection with this addition.

2. The construction of an additional room, wash-room and toilet on the second story of the sisters' home. This to be supported by pillars with pantry and veranda beneath. Estimate \$1,500.00.

3. The building of a new morgue, dissecting room, a pathological museum near the medical school and open on the street. Estimate \$10,000.00.

4. The remodeling of the present morgue, etc. into a children's ward with a toilet. Estimate \$800.00.

5. The enlargement of the chapel into cross shape as contemplated when chapel was built. Estimate \$2,000.00.

6. The rebuilding of fence around hospital grounds. No estimate.

Grounds. The improvement of the grounds of the hospital has not progressed rapidly due to the fact that continual building had prevented grading over a large part of the grounds. The central square garden has been completed a half of the work having been done under the administration of Dr. Schmidt in 1926.

The parking congestion of automobiles has been relieved by paving the space between the new administration building and the old kitchen. This space can park ten cars easily.

1. The installation of a delivery room which will also serve as an emergency additional operating room in the old hospital laboratory at the end of Ward one. Estimate: \$200.00, all tiled: \$300.00.

2. The installation of a room for private obstetrical cases in the remaining room at end of Ward one. Estimate: \$100.00, all tiled: \$200.00.

3. The remodeling of the old kitchen to serve as linen storeroom, laundry and pressing room. Estimate: \$400.00.

4. The remodeling of existing old store-room to serve as the Chief Clerk's office. Estimate: \$200.00.

The above can be carried out by the hospital personnel through some additional funds more than the regular appropriation will be necessary.

The following improvements are recommended which would have to be made by public works:

1. The construction of an additional dormitory on the second floor of the nurses home supported by pillars and capable of taking care of twenty additional public nurses. Estimate: \$2,000.00. The construction of two toilets in connection with this addition.

2. The construction of an additional room, wash-room and toilet on the second story of the nurses' home. This to be supported by pillars with gallery and veranda beneath. Estimate: \$1,500.00.

3. The building of a new morgue, dissecting room, a pathological museum near the medical school and open on the street. Estimate: \$10,000.00.

4. The remodeling of the present morgue, etc. into a children's ward with a toilet. Estimate: \$800.00.

5. The enlargement of the chapel into cross shape as contemplated when chapel was built. Estimate: \$2,000.00.

6. The rebuilding of fence around hospital grounds. No estimate.

Remarks. The improvement of the grounds of the hospital has not progressed rapidly due to the fact that additional building had progressed grading over a large part of the grounds. The central square garden had been completed a half of the work having been done under the administration of Dr. Schmidt in 1935.

The parking congestion of automobiles has been relieved by paving the space between the new administration building and the old kitchen. This space can park ten cars easily.

In the past two months cement gutters have been built around the administration and medical buildings which are designed to take the place of the eave drains. The latter becomes stopped with leaves and the stagnant water breeds mosquitoes. Leveling of the ground about the medical building is completed and the areas where a lawn mower can be used have been increased.

The improvements in grounds contemplated is the gradual grading of the whole grounds so that lawn mower can be used every where. The construction of a road to the new kitchen, the medical school, and to the maternity ward. This work cannot be undertaken seriously until the new kitchen is finished. Grading has been already undertaken where building projects do not interfere.

Organization. There has been no great general change in the organization. The duties of the Doctors have been practically covered under the section on personnel.

Sisters. In the ward organization where sisters are in charge they take control of all material, orderlies, maids, laundresses, requisitions and feeding of patients.

Nurses. The private ward, maternity, and until recently, the medical wards had no sisters on duty. In these wards there are graduate nurses in charge. The wards usually work far better where the sisters are on duty, especially in regard to the care of linen and other material. Until recently it was the custom to change the hours of the graduate nurses on each ward every week so that the responsibility was too rapidly shifted. This period of being in charge is gradually being increased with the idea of a head ward nurse having permanent morning hours.

Dispensary. The work of the main dispensary is carried on by three clerks, two doctors, three nurses, three interns and one dentist. Each patient has a tag with a number by which his record is found. After consultation he is either prescribed for, or sent to one or more of the following rooms according to his needs, the men's genito-urinary room, the women's genito-urinary room, the surgical dressing room, the neosalvarsan injection room, the laboratory, the dentist, or to the eye, ear, nose and throat department.

The eye, ear, nose and throat department handles its cases by the same method but separately. Its personnel consists of two American Doctors, one Haitian Doctor, two interns, one nurse and one clerk.

The dispensary averages at present about 360 patients a working day or 9,000 a month. Monday's clinic is usually the largest reaching at times almost eight hundred.

An important improvement has been in that, the patients are made to sit on benches and are taken care of in the order of arrival.

In the past two months certain changes have been made around the administration and medical buildings which are being made to take the place of the old buildings. The latter are being torn down and the new buildings are being built. The new buildings are being built on the same site as the old buildings. The new buildings are being built on the same site as the old buildings. The new buildings are being built on the same site as the old buildings.

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Organization. There has been no great general change in the organization. The duties of the workers have been practically covered under the section on personnel.

Sisters. In the ward organization where sisters are in charge they take control of all material, orderlies, midwives, nurses, and attendants and feeding of patients.

Nurses. The private ward, maternity, and until recently, the medical wards had no sisters on duty. In those wards there are graduate nurses in charge. The wards usually work for better where the sisters are on duty, especially in regard to the care of linen and other material. Until recently it was the custom to change the hours of the graduate nurses on each ward every week so that the responsibility was too rapidly shifted. This period of being in charge is gradually being increased with the idea of a head ward nurse having permanent morning hours.

Dispensary. The work of the main dispensary is carried on by three clerks, two doctors, three nurses, three interns and one dentist. Each patient has a tag with a number by which his record is found. After consultation he is either prescribed for, or sent to one or more of the following rooms according to his needs, the men's genital-urinary room, the women's genital-urinary room, the surgical dressing room, the roentgen-ray room, the laboratory, the dental, or to the eye, ear, nose and throat department.

The eye, ear, nose and throat department handles its cases by the same method but separately. Its personnel consists of two intern doctors, one assistant doctor, two interns, one nurse and one clerk.

The dispensary averages at present about 350 patients a working day or 9,000 a month. Monday's clinic is usually the largest reaching at times almost eight hundred.

An important improvement has been in that the patients are made to sit on benches and are taken care of in the order of arrival.

Formerly they crowded into the dispensary in a way that prevented the sickest from getting attention until after the strong were treated. Now more patients are seen without disorder. The other improvements are the giving of unlimited amounts of neosalvarsan, the increase of one graduate nurse in the dispensary and the use of two internes, under the supervision of the Doctors, for treatments and dressings. The dispensary has shown a gratifying improvement both in the number of patients seen and the manner of their treatment.

The hours for the general clinic are from 8:00 a.m. to 12:00 p.m. From 1:30 p.m. to 4:00 p.m. two days a week there is a gynecological-obstetrical clinic and on three afternoons a week there is a genito-urinary clinic.

In the afternoon private pay cases are treated in Medicine, Surgery, and the Eye, Ear, Nose and Throat Department by the heads of each department. The Chief of the Genito-Urinary department holds his private consultations in the morning.

As a comparison with the previous year's work the number of consultations held in the dispensary was found to be 98,686 during the fiscal year ended September 30, 1927 while there were 77,563 consultations in the corresponding year ending September 30, 1926. An increase of 21,083 or more than 28 per cent. The increase was especially marked the past three months with 10,528 in September which is a record. The treatments in the eye department went from 22,000 to 30,000 for the year.

In addition to the above treatments several thousand anti-typhoid vaccinations were given in the dispensary. To save time only a numerical record was kept of those vaccinated against typhoid.

Rural clinics. In connection with the dispensary service two doctors or one doctor and an intern, one pharmacist, and one assistant hold rural clinics throughout the district. Transportation is furnished by the Sanitary Garage.

Rural clinic Service. Clinics are held once a week in the towns of Léogane, Trouin, Arcahaie, Cabaret, Dumay, Pétionville and Croix-des-Bouquets, every two weeks at Thomazeau, Carrefour and Gressier, and once a month on the Island of La Gonave, at the villages of Anse-à-Galettes, Pointe-à-Raquette, Marresucrin and Gros Mangle. During the year 56,158 cases were treated, there being an increase in attendance every month since April with the exception of the month of August. The work has been greatly facilitated by the construction of standard rural dispensaries during the year at Léogane, Cabaret, and Croix-des-Bouquets. Smaller frame buildings were constructed during the year on the Island of La Gonave at Anse-à-Galettes, Pointe à Raquette, Marresucrin and Gros Mangle.

Construction of standard dispensaries is under way at present at the towns of Gressier, Cornillon and Kenskoff.

Formerly this crowded into the dispensary in a way that prevented the
sickliest from getting attention until after the strong were treated.
Now more patients are seen without delay. The other improvements
are the giving of unlimited amounts of necessaries, the increase of
one graduate nurse in the dispensary and the use of two infirmaries,
under the supervision of the doctors, for treatment and dressing.
The dispensary has shown a gratifying improvement both in the number
of patients seen and the manner of their treatment.

The hours for the general clinic are from 8:00 a.m. to 12:00 p.m.
From 1:30 p.m. to 4:00 p.m. two days a week there is a gynecological-
obstetrical clinic and on three afternoons a week there is a family-
urinary clinic.

In the afternoon private pay cases are treated in Medicine, Sur-
gery, and the Eye, Ear, Nose and Throat department by the heads of
each department. The chief of the Venereal-Urinary department holds
his private consultations in the morning.

As a comparison with the previous year's work the number of
consultations held in the dispensary was found to be 28,686 during
the fiscal year ended September 30, 1922 while there were 27,563
consultations in the corresponding year ending September 30, 1921.
An increase of 21,023 or more than 25 per cent. The increase was
especially marked the past three months with 10,528 in September,
which is a record. The treatments in the eye department went from
22,000 to 30,000 for the year.

In addition to the above treatments several thousand anti-
typhoid vaccinations were given in the dispensary. To save time
only a numerical record was kept of those vaccinated against typhoid.

Rural clinics. In connection with the dispensary service two
doctors or one doctor and an intern, one pharmacist, and one nurse-
tend hold rural clinics throughout the district. Transportation is
furnished by the Sanitary Corps.

Rural clinic service. Clinics are held once a week in the towns
of Llaguno, Pucallpa, Iquitos, Chiriqui, Tarma, Pucallpa and Cuzco-
des-Bonifacio, every two weeks at Tarma, Cuzco and Cuzco-
des-Bonifacio, and once a month on the island of La Gomera, at the village of Inca-
des-Bonifacio, Pucallpa, Pucallpa, Pucallpa, Pucallpa, Pucallpa, Pucallpa,
the year 25,128 cases were treated, there being an increase in the
treatment every month since April with the exception of the month of
August. The work has been greatly facilitated by the construction
of standard rural dispensaries during the year at Llaguno, Cuzco,
and Cuzco-des-Bonifacio. Similar rural facilities were constructed
during the year on the island of La Gomera at Inca-des-Bonifacio, Pucallpa
des-Bonifacio, Pucallpa, Pucallpa, Pucallpa, Pucallpa, Pucallpa, Pucallpa.

Construction of standard dispensaries is under way at present at
the towns of Cuzco, Cuzco-des-Bonifacio, Pucallpa, Pucallpa, Pucallpa, Pucallpa, Pucallpa, Pucallpa.

In June the dispensary at Grand-Goave was transferred to the district of Petit-Goave as it is only about 5 miles from Petit-Goave and about 40 miles from Port-au-Prince.

School Inspection. During the year 33 schools in Port-au-Prince were visited and 2,230 non-immune children were vaccinated against smallpox. The routine school inspection was interrupted in April on account of the outbreak of an epidemic of typhoid fever. The work then was concentrated on the nineteen schools in the Poste Marchand area of Port-au-Prince (where most of the typhoid cases were appearing) and the children of these schools (2,340) were inoculated against typhoid.

Until the month of October the school inspections have been carried out by the same personnel as the rural clinics. Beginning October 1st, 1927, a graduate nurse has taken up the duties of school inspection.

Hospital patients as a whole. There have been several changes in the hospital methods which I believe have reacted to the good of the hospital as a whole without reference to department.

(a) - A minimum laboratory routine for every patient admitted was established in November last year. It consists of a stool examination for parasites and eggs, a routine and microscopic urine examination, and an examination of the blood for hemoglobin percentage, the Kahn reactions, and malaria. Later in the year the examination for malaria was amplified by the use of the thick film in addition to the ordinary thin film methods. In addition to the above, the chief of the Medical Department requires a white blood count.

(b) - A minimum routine history and physical examination were adopted in December last. This has been gradually broadened and in June a system of history taking and physical examination modeled on that of the Massachusetts General Hospital was initiated by the Director General.

(c) - An interne or the ward officer of each ward is required to visit his ward during the morning of every Sunday or other holiday in order to make rounds, and carry out necessary treatments or dressings. This procedure plus the fact that one of the American Nurses makes evening rounds on holidays as well as other days has relieved the officer of the day and "fate" of a little of the responsibility between Saturday noon and Monday morning.

These three changes have done more to modernize the hospital than the extensive material improvements that have taken place. In addition to the obvious good that has reacted in the patients favor, they have been perhaps the principal factors in the training of internes, and bringing them in contact with the patients.

In June the laboratory at Grand-Croix was transferred to the district of Petit-Croix as it is only about 5 miles from Petit-Croix and about 40 miles from Grand-Croix.

School inspection. During the year 25 schools in Port-au-Prince were visited and 2,750 non-Indians children were vaccinated against smallpox. The routine school inspection was interrupted in April on account of the outbreak of an epidemic of typhoid fever. The work then was concentrated on the inspection of schools in the Port-au-Prince area of Port-au-Prince (where most of the typhoid cases were reported) and the children of these schools (2,350) were vaccinated against typhoid.

Until the month of October the school inspections have been carried out by the same personnel as the rural clinics. Beginning October 1st, 1937, a graduate nurse has taken up the duties of school inspection.

Hospital patients as a whole. There have been several changes in the hospital patients which I believe have resulted in the good of the hospital as a whole without reference to department.

(a) - A minimum laboratory routine for every patient admitted was established in November last year. It consists of a stool examination for parasites and eggs, a routine and abnormal urine examination, and an examination of the sputum for hemoglobin percentage, the Kahn reactions, and the Wassermann reaction. In the year the examination for malaria was amplified by the use of the thick film in addition to the ordinary thin film methods. In addition to the above, the sputum of the Medical Department requires a white blood count.

(b) - A minimum routine history and physical examination was adopted in December last. This has been gradually broadened and in June a system of history taking and physical examination modeled on that of the Massachusetts General Hospital was initiated by the Director General.

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These three changes have done more to modernize the hospital than the extensive material improvements that have taken place. In addition to the obvious good that has resulted in the patients' favor, they have also perhaps the principal factors in the training of nurses, and bringing them in contact with the patients.

Furthermore these methods have decreased remarkably the average period of treatment and have sent the patient back to work in better health and cured of parasite infections of which he was unconscious.

The Surgical Department. The Surgical Department comprises at present: Ward I, 27 beds for female surgery and Ward II, 32 beds for male surgery. The innovations in the surgical wards other than those mentioned above are:

- (a) - The extensive use of mercurochrome in local infections.
- (b) - More efficient use of plaster casts and Thomas splints.
- (c) - Glucose proctoclysis and glucose insulin intravenous have largely replaced saline used for the same purposes.
- (d) - Spinal anesthesia with 10 per cent stovaine has been extremely and successfully used.

Among the unusual cases as far as Haiti is concerned treated in the surgical wards were a stab wound of the stomach with recovery, two bullet wounds of abdomen with recovery, several successful bone grafts of the femur and one gastro-enterostomy.

The prevalent cases in the women's ward are: fibroma of the uterus, fractures and contusion by automobiles, cancer of the breast, and infected wounds. In addition to the fractures and wounds which are common to both sexes the men have many hernias and hydrocelles. Syphilis, malaria, and parasitic diseases of the intestines are continually found and treated in all the wards of the hospital.

Operating Room. The operating room has been improved by a new sterilizing outfit, by a students' stand, and efficient screening of the operating room.

A graduate nurse has been assigned to assist in X-ray work with the view of taking over most of the work of that Department.

X-Ray. The X-ray has done good service but is not sufficiently powerful for fluoroscopy. Due to an accident the X-ray has been out of commission since the middle of July. It is recommended that this machine be replaced by a more powerful machine capable of doing fluoroscopic work.

Genito-urinary syphilis service. Wards 3 (32 beds) and 4 (37 beds) are now devoted to female and male genito-urinary diseases. The female service was formerly on the upper floor of the maternity building and has been moved to ward 3 with the general idea of concentration of services.

In this service there has been a great improvement during the year. The average period of treatment has been decreased, a large

Furthermore these methods have decreased remarkably the average period of treatment and have seen the patients back to work in better health and cured of various infections of which he was unconscious.

The Surgical Department. The Surgical Department comprises at present: Ward 1, 27 beds for female surgery and Ward 11, 32 beds for male surgery. The innovations in the surgical wards other than those mentioned above are:

- (a) - The extensive use of suppurators in local infections.
- (b) - More efficient use of plaster casts and Thomas splints.
- (c) - Chinese procaine and glucose in the treatment of various infections have largely replaced what was used for the same purposes.
- (d) - Spinal anesthesia with 1% novocaine has been extremely and successfully used.

Among the unusual cases as far as the hospital is concerned treated in the surgical wards were a deep wound of the stomach with recovery, two first wounds of abdomen with recovery, several successful bone grafts of the femur and one gastro-entostomy.

The prevalent cases in the women's ward are: Ectopic of the uterus, fractures and contusions by automobiles, cancer of the breast, and infected wounds. In addition to the fractures and wounds which are common to both sexes the men have many injuries and diseases: Syphilis, malaria, and gonorrhea. The infectious diseases are continually found and treated in all the wards of the hospital.

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In this service there has been a great improvement during the year. The average period of treatment has been decreased, a large

number of operations are taken care of in this service, and the cleanliness of the wards is remarkable when the horrible cases are considered. The special innovations of the service are, the almost routine use of spinal anesthesia in these operative cases, frequent cystoscopy, the intravenous injection of tartar emetic in certain ulcer cases.

In the men's department this service has become so popular that it has been necessary to limit the cases to sixty. At one time there were 100 patients in this ward where there are thirty-seven beds. In order to keep the number within the limit it is necessary to discharge some patients living in Port-au-Prince before they are well. This works better than formerly as neosalvarsan is continued in the dispensary free of cost to the patient, and the patient can easily follow his treatment after leaving the hospital.

Medical Service. The medical wards are as follows: Mens tuberculosis wards, Women's tuberculosis ward, with 10 beds each, women's isolation ward and men's isolation ward with 5 beds each, two men's general medical wards, one of 24 and the other of 18 beds and one women's general medical ward of 22 beds; a total of 94 beds under direct charge of the medical service. Last August the general medical wards were moved into the new ward building.

During the past year the following changes have been instituted in the study of all cases admitted in the medical service: It is now obligatory for the interns to take the history and make a complete physical examination on every new patient within 24 hours of his admission if the condition of the patient permits. A routine blood Wassermann, white blood count, haemoglobin estimation, malaria search, urinalysis and stool examination is done on every patient. The above procedures are carried out in other departments, but in the medical service the benefit from such study has been more noticeable. Cases well worked up have resulted in better treatment for the individual patients, more thorough training of the internes and of course it is of invaluable help to the clinical teacher. Previous to the present fiscal year complete histories and physical examinations were not done and laboratory examinations were requested at the discretion of the clinician in charge. As a result it happened not infrequently that some major condition other than the principle ailment was overlooked. It is usual to find a patient infested with two or more species of intestinal worms, occasional malarial parasites in the blood, and a four plus Wassermann. When all of the data has been collected, the case is reviewed by the Chief of the Medical Service and his assistant together with the interne in immediate charge of the diagnostic investigations. As a result of this review the treatment is outlined which is left in the immediate charge of the assistant. The case is now ready for demonstration to the medical students by the Professor of Medicine of the Medical School.

Probably the greatest stimulus to thorough work has been the autopsy room where all cases who have died are examined post-mortem.

number of operations are taken care of in this service, and the cleanliness of the wards is remarkable when the horrible cases are considered. The special investigations of the service are, the almost exclusive use of spinal anesthesia in these operative cases, the treatment of the various infections of the urinary tract, and the treatment of the various infections of the blood.

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Medical Service. The medical wards are as follows: Men's tuberculous wards, women's tuberculous ward, with 10 beds each, women's isolation ward and men's isolation ward with 5 beds each, two men's general medical wards, one of 24 and the other of 18 beds and one women's general medical ward of 22 beds; a total of 94 beds under direct charge of the medical service. Last August the general medical wards were moved into the new ward building.

During the past year the following changes have been instituted in the study of all cases admitted to the medical service: It is now obligatory for the intern to take the history and make a complete physical examination of every new patient within 24 hours of his admission to the hospital. A routine blood Wassermann, white blood count, hemoglobin estimation, urinalysis, urinalysis and stool examination is done on every patient. The above procedures are carried out in other departments, but in the medical service the intern from each study has been more noticeable. Cases well worked up have resulted in better treatment for the individual patients, more thorough training of the interns and of course it is of invaluable help to the clinical teacher. Previous to the present fiscal year complete histologic and physical examinations were not done and laboratory examinations were requested at the discretion of the clinician in charge. As a result it happened not infrequently that some major condition other than the principal ailment was overlooked. It is now to find a patient infected with two or more species of intestinal worms, occasional venereal parasites in the blood, and a few give Wassermann. When all of the data has been collected, the case is reviewed by the Chief of the Medical Service and his assistant together with the interns in immediate charge of the diagnostic investigations. As a result of this review the treatment is outlined which is left in the immediate charge of the resident. The case is now ready for demonstration to the medical students by the Professor of Medicine of the Medical School.

Probably the greatest stimulus to thorough work has been the autopsy room where all cases who have died are examined post-mortem.

Obstetrical Service (27 beds and 15 cribs). No great change has taken place in this service during the year. There are now two internes on duty for the past few months one sleeps in a room provided for him on the second floor. Histories, and physical examinations including pelvic measurements are made by the internes.

In addition to the internes there are now five graduate nurses who are taking the course to become midwives. They are having their practical work in the maternity.

This service will be greatly improved and enlarged when the plans are carried out which will enlarge the delivery room and turn over to obstetrics the present children's ward. At present the upper floor is used for patients awaiting delivery and half the lower floor is used for patients undergoing special treatment or who have been delivered. The other half the ground floor is now used for the children's ward.

Children's Service (26 cribs). Owing to a lack of trained men in pediatrics no marked improvement has taken place in the children's service. The improvements that have been made are mostly the result of routine and repeated examinations of stool and blood and carrying out the indicated treatment.

An eye condition resembling trachoma was found to be prevalent in this ward in August 1927. Under systematic treatment there has been considerable improvement. Intravenous or subcutaneous insulin-glucose solution has been extensively used in this service in cases of inanition and as an auxiliary in malnutrition. This procedure has given some encouraging results.

Laboratory-Pathological Service. During the past year the routine laboratory of the hospital has been combined with the Public Health Laboratory of the Service d'Hygiène into one unit. The two together occupy the seven spacious rooms of the entire upper floor of the dispensary building which is conveniently located near the center of activities. The Laboratory, as a whole, is completely equipped with the latest and most modern apparatus for the performance of both clinical and analytical tests.

The main unit has been subdivided into five departments as follows: Bacteriology, pathology, chemistry-serology, clinical laboratory and the department of instruction.

Work such as smears, cultures, type determination, autogenous vaccines, Widal's, milk and water analyses is done entirely in the bacteriological department.

The next department is that of histology and pathology. Here micro-sections are made from both normal and pathological tissue for the purpose of instruction of the students of the Medical School and for diagnosis.

Obstetrical Service (24 beds and 15 cribs). No great change has taken place in this service during the year. There are now 10 internists on duty for the past few months one always in a room provided for him on the second floor. Histories, and physical examinations including pelvic measurements are made by the internists.

In addition to the internists there are now five graduate nurses who are taking the course to become midwives. They are having their medical work in the maternity.

This service will be greatly improved and enlarged when the plans are carried out which will enlarge the delivery room and turn over to obstetrics the present children's ward. At present the upper floor is used for patients awaiting delivery and half the lower floor is used for patients undergoing special treatment or who have been delivered. The other half the ground floor is now used for the children's ward.

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The main unit has been subdivided into five departments as follows: bacteriology, pathology, chemistry, clinical laboratory and the department of instruction.

Work such as serum, cultures, type determination, exoantigens, vaccines, Vitamins, milk and water analyses is done entirely in the bacteriological department.

The next department is that of histology and pathology. Here microscopic sections are made from both normal and pathological tissues for the purpose of instruction of the students of the Medical School and for diagnosis.

The department of chemistry and serology is adjacent to the Clinical Laboratory. The former is devoted entirely to blood chemistry, analytical work and serology. The department is completely organized and equipped with modern scientific apparatus.

The clinical laboratory is used as the routine laboratory of the dispensary and the hospital in general. Here the routine tests of urine, feces, sputum and blood are performed with the exception of culture and animal inoculation which is referred to the department of bacteriology.

The large center room of the laboratory is used as an office and class room for the instruction of internes and laboratory technicians. Regular courses of instruction in laboratory technique are given quarterly to special students who may be selected for same by the Director General of the Service National d'Hygiène Publique. The students taking this work are given regular lectures twice weekly and are permitted at other times to get practical experience in the various departments throughout the course.

Autopsies are made on 100 per cent of patients except the still-born and very young infants. The interested doctors are informed when autopsies are made and they, and as many internes and students as are available are present. The number of autopsies average about 35 per month.

Statistics.

Hospital and out-patients Department.

Average number of patients per day-----	280.7
Total number of admissions-----	3,592
Total number of births-----	214
Total number of outpatients (Hospital Dispensary only)---	98,686
Daily average of outpatients-----	256
Total number of discharges, cured-----	2,793
Total number of discharges, improved-----	516
Total number of deaths-----	440
Daily average of deaths-----	1.2
Total number of autopsies performed-----	208
Total number of major operations-----	826
Total number of minor operations-----	1,787
Total number of Neosalvarsan injections-----	8,983
Total number of mercury injections-----	2,742
Total number of sulpharsphenamine injections-----	367
Total number of bismuth injections-----	22,939
Total number of blood injections-----	12
Total number of anti-tetanic injections-----	382
Total number of anti-typhoid injections (series of three)-	2,030
Total number of chaulmestrol injections-----	759
Total number of X-ray examinations-----	997

The department of chemistry and pathology is adjacent to the clinical laboratory. The former is devoted entirely to blood chemistry, analytical work and serology. The department is well equipped and staffed and equipped with modern scientific apparatus.

The clinical laboratory is used as the teaching laboratory of the dispensary and the hospital in general. Here the routine tests of urine, feces, sputum and blood are performed with the exception of culture and animal inoculation which is referred to the department of bacteriology.

The large center room of the laboratory is used as an office and class room for the instruction of students and laboratory assistants. Regular contact of laboratory assistants with the students is given quarterly to special students who may be selected for work by the Director General of the National Institute of Hygienic Sciences. The students taking this work are given regular lectures twice weekly and are permitted at other times to get practical experience in the various departments throughout the campus.

Autopsies are made on 100 per cent of patients except the still-born and very young infants. The interested doctors are informed when autopsies are made and they, and as many interns and students as are available are present. The number of autopsies average about 25 per month.

Statistics.

Hospital and out-patient treatment.

Average number of patients per day	280.7
Total number of admissions	2,792
Total number of discharges	214
Total number of cures (Hospital Dispensary only)	2,578
Daily average of admissions	232
Total number of discharges	2,792
Total number of discharges, improved	214
Total number of deaths	440
Daily average of deaths	1.2
Total number of admissions	208
Total number of major operations	222
Total number of minor operations	1,787
Total number of hospitalizations	2,982
Total number of surgery, infectious	2,742
Total number of syphilis infections	367
Total number of bacterial infections	22,022
Total number of blood infections	12
Total number of anti-tubercular infections	282
Total number of anti-tubercular infections (series of three)	2,020
Total number of chemotherapy infections	722
Total number of x-ray examinations	227

Dental Department.

Total number of treatments-----	1,987
Total number of extractions-----	1,150

Rural Clinical Service.

Total number of consultations & treatments-----	56,158
Total number of clinics held-----	585
Average number of consultations and treatments per month-----	4,586.1
Average number of consultations and treatments per clinic-----	94.07
Total number of bismuth injections-----	36,995
Total number of dressings-----	10,038
Total number of minor operations-----	323
Total number of dental treatments-----	134

Laboratories.

Total number of urine examinations-----	3,724
" " feces examinations-----	3,851
" " sputa examinations-----	608
" " blood smears-----	3,758
" " blood counts-----	3,254
" " water analyses-----	411
" " milk examinations-----	8
" " Kahn tests-----	5,798
" " Meinecke tests-----	1,188
" " Widal reactions-----	302
" " coagulation time-----	99
" " feces cultures-----	28
" " smears cultures-----	321
" " rats autopsies-----	156
" " blood cultures-----	43
" " examinations for leprosy-----	3
" " rabbit injections-----	2
" " examinations for rabies in dogs--	35
" " sections diagnosed-----	183
" " hydrocele fluid examinations-----	28
" " chlorinated lime analyses-----	18
" " autogenous vaccine-----	5
" " gastric contents examinations-----	3
" " blood urea examinations-----	2
" " blood chemistry-----	11
" " miscellaneous examinations-----	12

A part of the service is used for dissection, the bodies being prepared by our pathological department. Operative surgery is taught by operations on the cadaver in the morgue.

Medical Department.

Total number of treatments-----1,387
Total number of extractions-----1,180

Oral Clinical Service.

Total number of consultations & treatments-----55,155
Total number of clinics held-----385
Average number of consultations and treatments
per month-----4,596.1
Average number of consultations and treatments
per clinic-----94.07
Total number of blood infections-----32,895
Total number of dressings-----10,038
Total number of minor operations-----323
Total number of dental treatments-----134

Laboratories.

Total number of urine examinations-----8,734
" " "-----8,851
" " "-----608
" " "-----3,728
" " "-----8,284
" " "-----411
" " "-----6
" " "-----8,728
" " "-----1,168
" " "-----303
" " "-----93
" " "-----28
" " "-----321
" " "-----155
" " "-----45
" " "-----3
" " "-----2
" " "-----35
" " "-----185
" " "-----28
" " "-----18
" " "-----5
" " "-----3
" " "-----2
" " "-----11
" " "-----12

Transportation. The transportation facilities of the hospital consists of the following:

- 1 Large Ambulance
- 1 Small ambulance
- 1 Small Dodge truck
- 1 Carriage with horse for the sisters
- 1 Official car for the American Nurses.

These are all in fairly good condition except the hearse which should be replaced.

Food. The food supply is obtained in the open market by the Mother Superior. The cooking is done by sisters in two kitchens. The large kitchen furnishes the regular diets and a smaller kitchen furnishes the private ward, sisters' home, and special diets. The hospital bakes about 1,200 rolls a day which is sufficient for the entire personnel.

There is an additional small kitchen near the nurses' home where a native does the cooking for that establishment.

The regular patient's ration consists of:

- Coffee and roll in the morning.
- Meat or fish with two or three vegetables and a roll at noon.
- Soup or custard and a roll at night.

Hospital and the Medical School. When the Haitian Medical School was taken over by the Service d'Hygiène in the summer of 1926, the clinical facilities of the hospital became available for the Medical School. From October 1926, the teaching work done in the hospital has steadily increased. Five internes began their year of duty on October 1st, 1926, and completed their work September 30th, this year. They did two months service in each department and in addition had a course in histology and laboratory.

On July 1st, 1927, fifteen new internes took up their year of service and a sixteenth began his work on October 1st. The plan for their tour of duty has already been covered under the section on personnel.

The present activities in relation to the Medical School includes courses given by every Haitian Doctor of the hospital except one. The professor of surgery gives surgical clinics in the surgical wards, and operates before the students twice weekly. The heads of the department of Medicine, and Obstetrics habitually use the clinical facilities of the hospital.

A part of the morgue is used for dissection, the bodies being prepared by our pathological department. Operative surgery is taught by operations on the cadaver in the morgue.

Transportation facilities of the hospital consist of the following:

- 1 Large ambulance
- 1 Small ambulance
- 1 Small motor car
- 1 Carriage with horse for the nurses
- 1 Official car for the hospital

There are all in fairly good condition except the horse which should be replaced.

Food. The food supply is obtained in the open market by the Mother Superior. The cooking is done by assistants in the kitchen. The large kitchen furnishes the regular diet and a smaller kitchen furnishes the private ward, visitors' home, and special diets. The hospital serves about 1,200 meals a day which is sufficient for the entire community.

There is an attached small kitchen near the nurses' home where a native does the cooking for the hospital.

The regular patient's ration consists of:

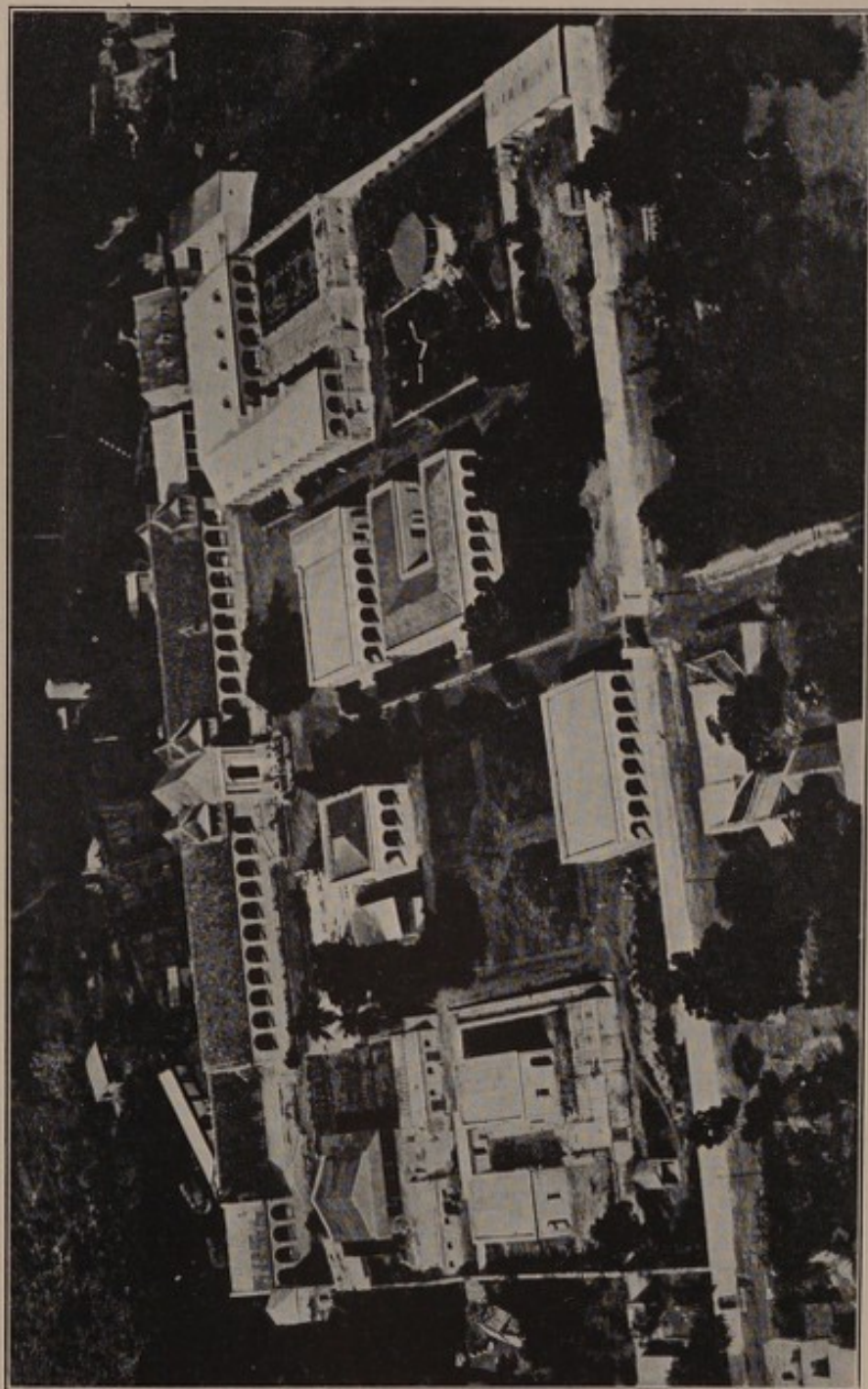
- Coffee and roll in the morning.
- Meat or fish with two or three vegetables
- and a roll at noon.
- Soup or cereal and a roll at night.

Hospital and the Medical School. When the Holston Medical School was taken over by the Service Hospital in the summer of 1926, the clinical facilities of the hospital became available for the Medical School. From October 1926, the teaching work done in the hospital has steadily increased. Five internists began their year of study on October 1st, 1926, and completed their work in September 1927, this year. They did two months service in each department and in addition had a course in histology and laboratory.

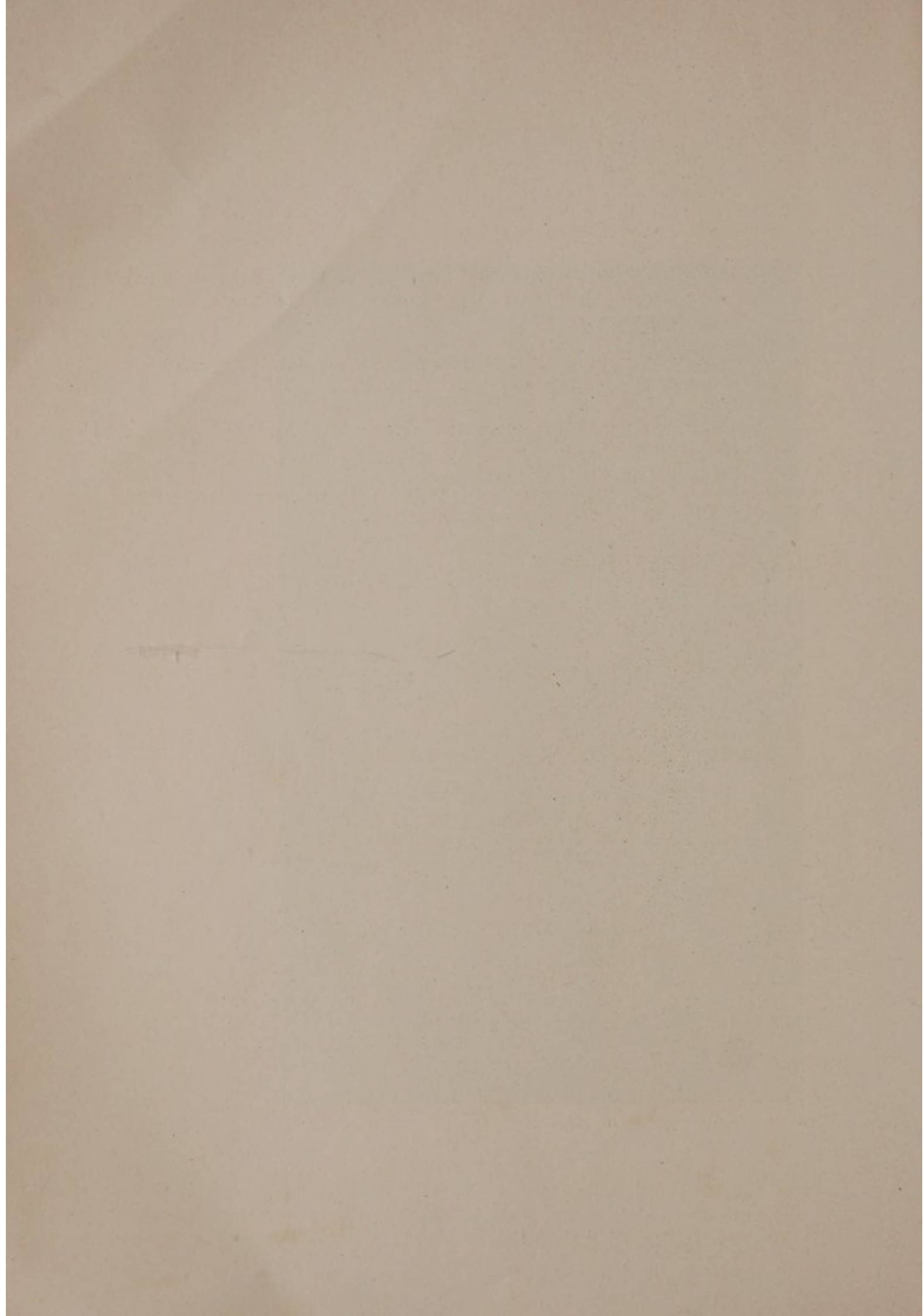
On July 1st, 1927, fifteen new interns took up their year of study and a sixteenth began his work on October 1st. The plan for their year of study has already been worked out for the hospital on personnel.

The present activities in relation to the Holston Medical School facilities are given by every Holston Doctor of the hospital except one. The professor of surgery gives surgical clinics in the surgical wards, and operates before the students twice weekly. The heads of the department of Medicine, and Obstetrics periodically use the clinical facilities of the hospital.

A part of the program is used for instruction, the bodies being prepared by one pathological department. Operative surgery is taught by operations on the cadaver in the morgue.



(10) Hôpital Justinién, Cap-Haïtien (Vue de l'Air)



On every Wednesday morning the hospital itself holds a clinic to which the students come. At this time the most interesting clinical and pathological material accumulated during the week are presented.

The Chief of Eye, Ear, Nose, and Throat department and his Haitian assistant have completely taken over that branch of instruction.

By review of anatomy, cadaver demonstrations, clinical demonstrations and operations they have developed an unusually instructive and highly interesting course.

The clinical instruction in all departments has its complement in a large attendance at the autopsies.

The dentist had several students for instruction for the past school year and two under instruction this year.

Beginning October 1st, 1927, five students of pharmacy have taken up their practical work in the hospital pharmacy.

Religious Activities. Mass is held every morning at six o'clock in the chapel by the hospital chaplain for the personnel and patients. On Sunday morning there is a sermon and in the evening religious instruction in the Creole language.

Religious instruction for children is given Saturday morning in English.

Mass is also held at 8:30 a.m. Sunday with sermon in English which service is largely attended by the English speaking Catholics of Port-au-Prince.

The Chaplain makes daily rounds of the hospital and is called to administer last rights in dangerous cases, or baptise the children. Most of the dead are buried by him in the hospital chapel.

CAP-HAITIEN.

Medical Activities. The medical activities of this district radiate from the modern Hospital Justinien in Cap-Haitien. From this center medical attention and medical supplies are supplied the surrounding country through the agency of clinics established in nineteen of the most populous centers.

The Hospital Justinien with a capacity of 212 beds has the minimum necessary equipment for the practice of the specialities of modern medical practice, such as laboratory, X-ray, dental, and eye, ear, nose and throat departments. Wards are provided for men and for women, medical, surgical and isolated cases. The private ward building has thirteen rooms. The dispensary building serves the double purpose of hospital dispensary and outpatient department where the ambulant

On every Wednesday morning the hospital staff holds a clinic to which the students come. At this time the most interesting clinical and pathological material accumulated during the week are presented.

The Chief of Eye, Ear, Nose, and Throat Department and his assistant have completely taken over the branch of instruction.

By review of anatomy, laboratory demonstrations, clinical demonstrations and operations they have developed an unusually instructive and highly interesting course.

The clinical instruction in all departments has its complement in a large attendance at the operations.

The dentists had several students for instruction for the past school year and two under instruction this year.

Beginning October 1st, 1937, five students of pharmacy have taken up their practical work in the hospital pharmacy.

Religious Activities. Mass is held every morning at six o'clock in the chapel by the hospital chaplain for the personnel and patients. On Sunday morning there is a service and in the evening religious instruction in the Greek language.

Religious instruction for children is given Saturday morning in English.

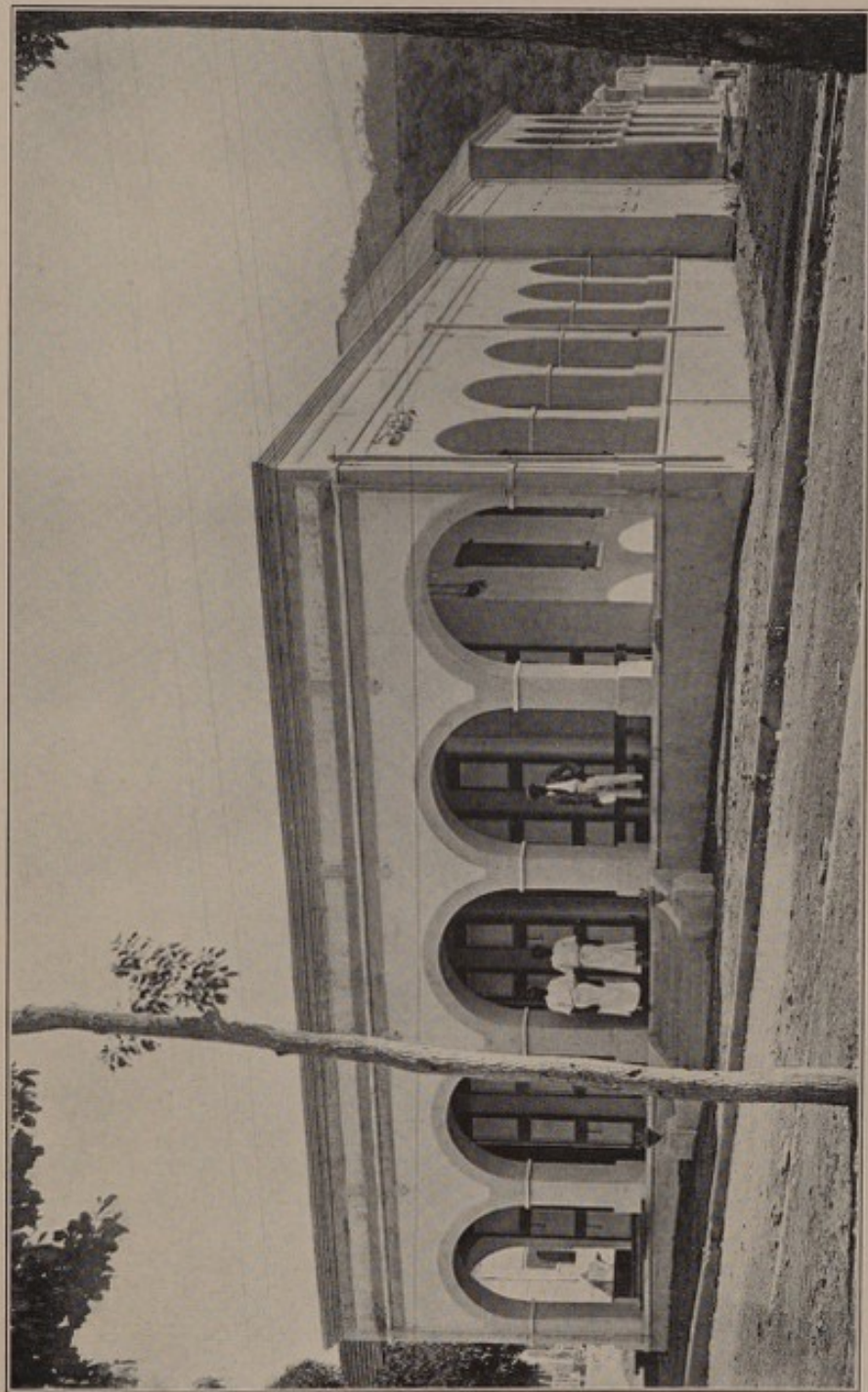
Mass is also held at 8:30 a.m. Sunday with sermon in English which service is largely attended by the English speaking Catholics of Port-au-Prince.

The Chaplain makes daily rounds of the hospital and is called to administer last rights in numerous cases, or baptize the children. Most of the dead are buried by him in the hospital chapel.

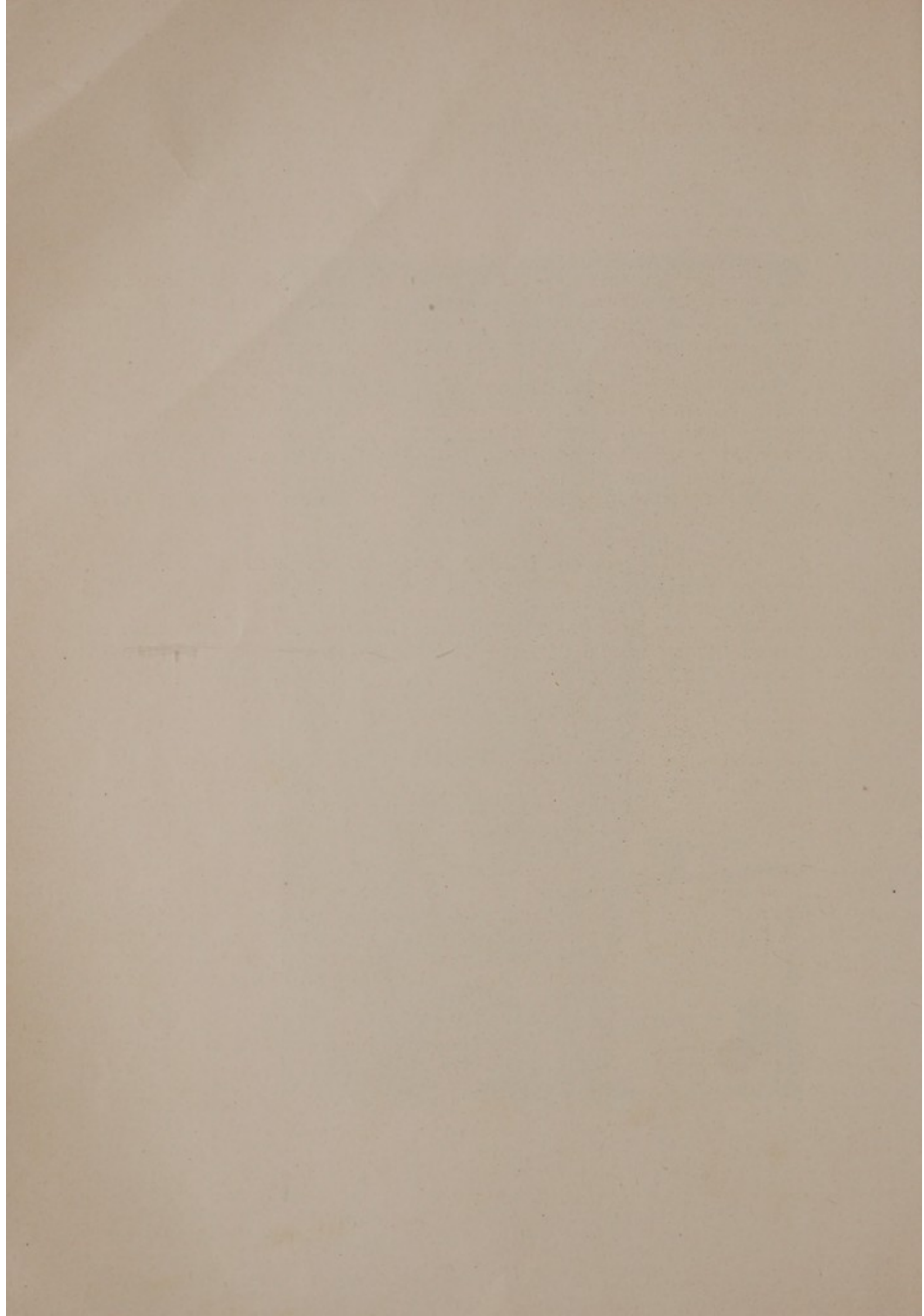
CAP-HAITIEN.

Medical Activities. The medical activities of this district radiate from the modern Hospital Traiteur in Cap-Haitien. From this center medical attention and medical supplies are supplied the surrounding country through the agency of clinics established in houses of the most populous centers.

The Hospital Traiteur with a capacity of 212 beds has the minimum necessary equipment for the practice of the specialties of modern medical practice, such as laboratory, X-ray, dental, and eye, ear, nose and throat departments. It is also provided for men and for women, medical, surgical and obstetric cases. The private ward building has thirteen rooms. The dispensary building serves the double purpose of hospital dispensary and outpatient department where the ambulant



(11) Salle d'Opération de l'Hôpital Justinién, Cap-Haïtien



sick of Cap-Haitien are cared for. Indigents are treated free, but those able to pay are encouraged to do so. The charge is a gourde for a consultation. Laboratory charges vary according to the examination but are on a gourde basis and very reasonable. Patients are cared for in the wards free, or at a charge of five gourdes a day as pensionnaires. The charge for private ward is three dollars per day per room.

The personnel of the hospital consists of one Lieutenant Commander (MC) U. S. Navy, who serves in the capacity of Public Health Officer of the District and as Administrator of the Hospital, two Pharmacist Mates, U. S. Navy commissioned in the Service d'Hygiène, three Haitian Doctors, one Haitian Pharmacist, one Haitian Dentist, eleven sisters, eight Haitian nurses and forty two other employees. A change in Administrators occurred in December. Two Haitian Doctors resigned during the year to entire private practice. One Haitian Doctor went to France for special study through a beneficence of the Rockefeller Foundation.

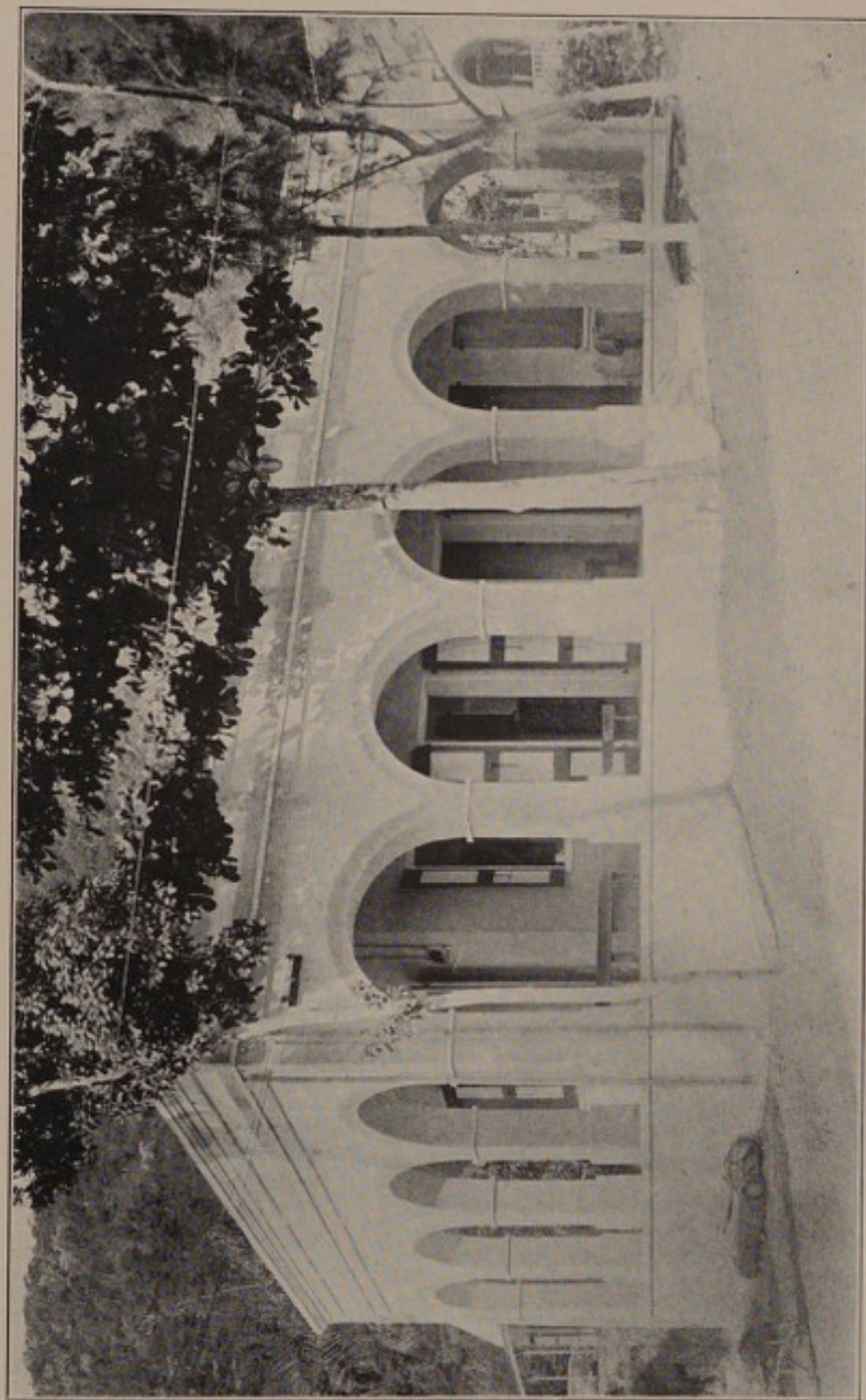
The various departments were well occupied during the year in their several capacities.

The total admissions were 1,850; major operations 267; minor operations 442; X-ray examinations 329; laboratory examinations 11,010; Kahn tests 5,434. There were 7,168 intravenous injections of neosalvarsan given; and 82,018 intramuscular injections of bismusal. Consultations at the Hospital Justinien numbered 17,274; out clinic consultations were 53,238. The number of dressings applied at the hospital were 62,328, at the out clinics 135,984. Dental treatments were 3,273 in number. Vaccination against smallpox 2,850.

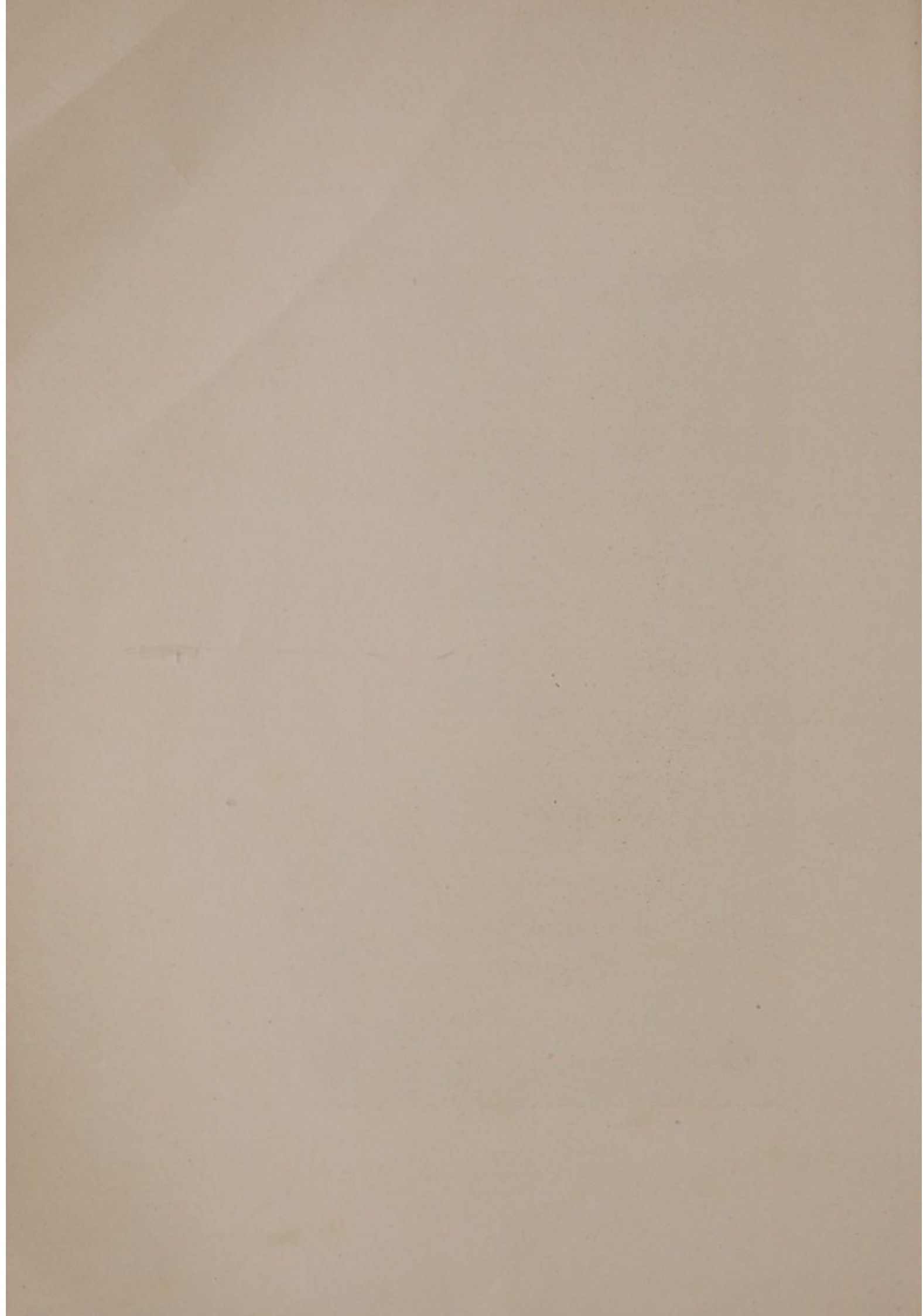
Operations. The operations performed during the year were not attended by any undue operative mortality. For some unaccountable reason the patients undergoing operation appear to have unusually good resistance to operative procedure and excellent power of recovery.

The 267 major operations covered a wide range of surgical procedures. Every thing was attempted that the skill of the operative staff and condition of the patient warranted. Every patient was as carefully studied and prepared for operation as conditions allowed for. Specimens of suspicious lesions were sent to Port-au-Prince for diagnosis before and after operation. Cancer was found to be more prevalent than formerly thought here.

In the series of major operations there occurred 4 for acute appendicitis, 2 for chronic appendicitis, 28 for inguinal hernia, 4 of which were strangulated, 2 for hydrocele, 11 for chronic osteomyelitis, 2 for open operation on fracture of femur, 5 for cancer of the breast, 1 for cancer of cervix of uterus, 1 for cancer body of uterus, 4 for retroversion of uterus, 2 perineal repairs, 10 hysterectomies for myomata, 4 for goitre, 4 for tubercular peritonitis, 1 for cancer of the penis, 3 for mastoiditis, 2 for ovarian cysts, 2 for prolapses of rectum, 2 for



(12) Laboratoire de l'Hôpital Justilien, Cap-Haitien



cataract, 10 for stricture and fistulae of urethra, 2 for enucleation of eye, 4 laparotomies disclosed inoperable conditions. Eleven fractures of the humerus were cared for during the year, 5 fractures of femur were treated by suspension and traction.

Local anesthesia was used whenever possible. Spinal anesthesia was used in only one case, plating of a fractured femur and was completely adequate.

No unusual prevalence of disease was noted. Syphilis and yaws in its various stages and forms contribute the largest number of cases. Dysentery, filariasis, malignant malaria, typhoid fever, tetanus and cancer are not uncommon. Malignant disease in Haiti, where it was formerly thought rare, was found by examination of specimens removed for section to be as prevalent as elsewhere.

New Construction and Improvements. New construction and improvements during the year were made as follows:

1. Operating room screened.
2. Outdoor dining room with over head protection made for men's ward.
3. Sodding of lawns completed.

Water supply. The water supply of the hospital is inadequate. In the dry season the strictest economy of water is necessary in order to avoid serious difficulties. The pump must be run all the time at an average cost of 100 gourdes per month.

Improvements and construction needed during the coming year are as follows:

1. Provision of adequate water supply.
2. Repairs of roof of operating building.
3. Repairs to roof of main building.
4. Painting hospital.
5. Screening of kitchen.
6. Construction of incinerator.

Laboratory. The work of the laboratory through out the year has been of high caliber and at high speed. In addition to the routine work two pieces of investigation were carried out, namely the malaria survey and an investigation of the prevalence of intestinal parasites among apparently healthy persons.

carcasses, 10 for skeletons and 15 for skulls, 2 for amputation of
eye, 4 for amputations of limbs, 15 for amputations of limbs, 15 for
of the bones were carried for during the year, 2 for amputations of limbs were
treated by amputation and cauterization.

Local anesthetic was used whenever possible. Spinal anesthetic
was used in only one case, viz. of a fractured femur and was completely
adequate.

No unusual prevalence of disease was noted. Syphilis and yaws
in its various stages and forms constituted the largest number of cases.
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other are not uncommon. Malignant disease in India, where it was for-
merly thought rare, was found by examination of specimens removed for
section to be as prevalent as elsewhere.

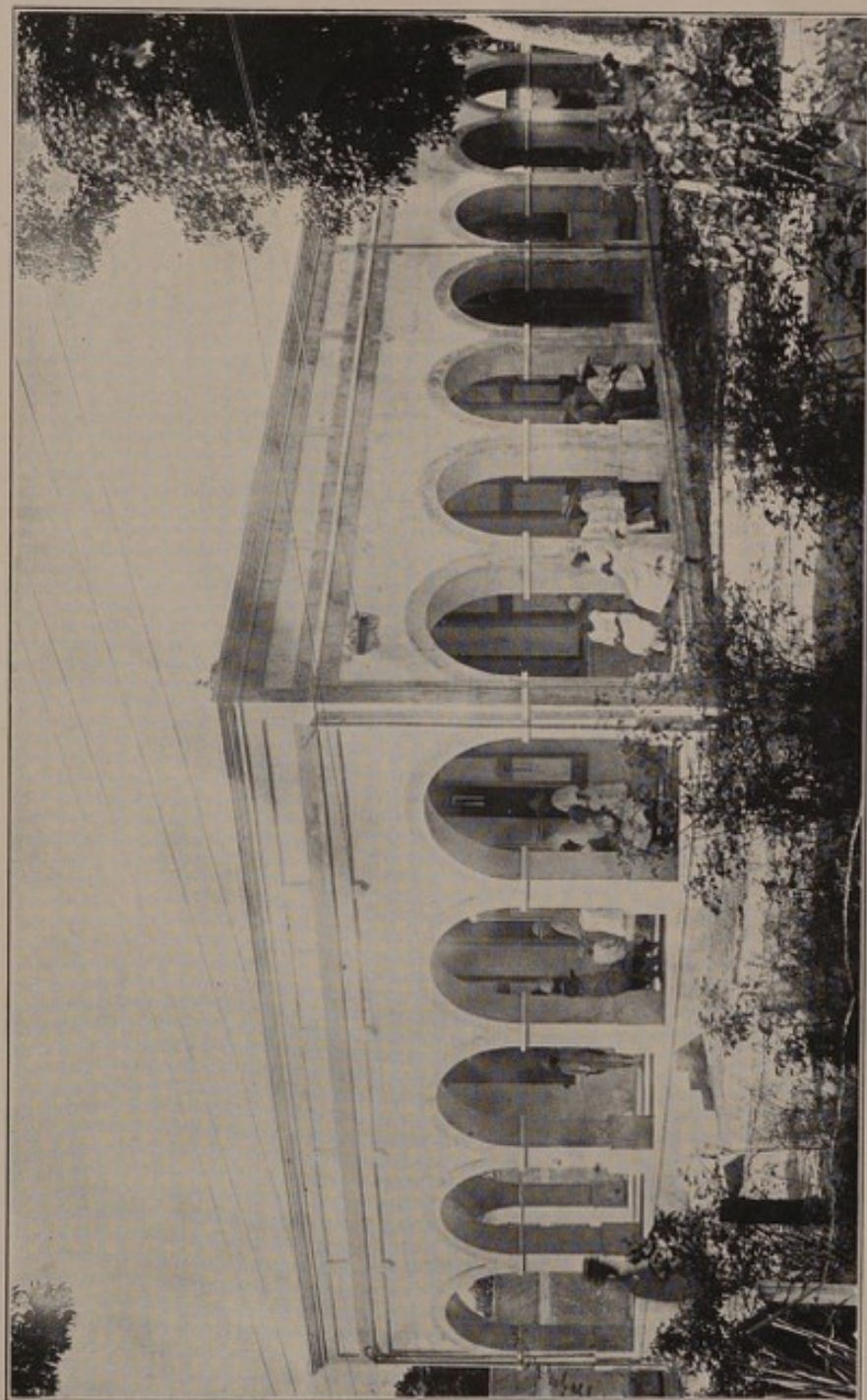
New Construction and Improvements. New construction and improve-
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1. Operating room screened.
2. Outdoor dining room with over head protection made for
man's ward.
3. Siding of lawn completed.
- Water supply. The water supply of the hospital is inadequate. In
the dry season the slightest economy of water is necessary in order to
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average cost of 100 dollars per month.

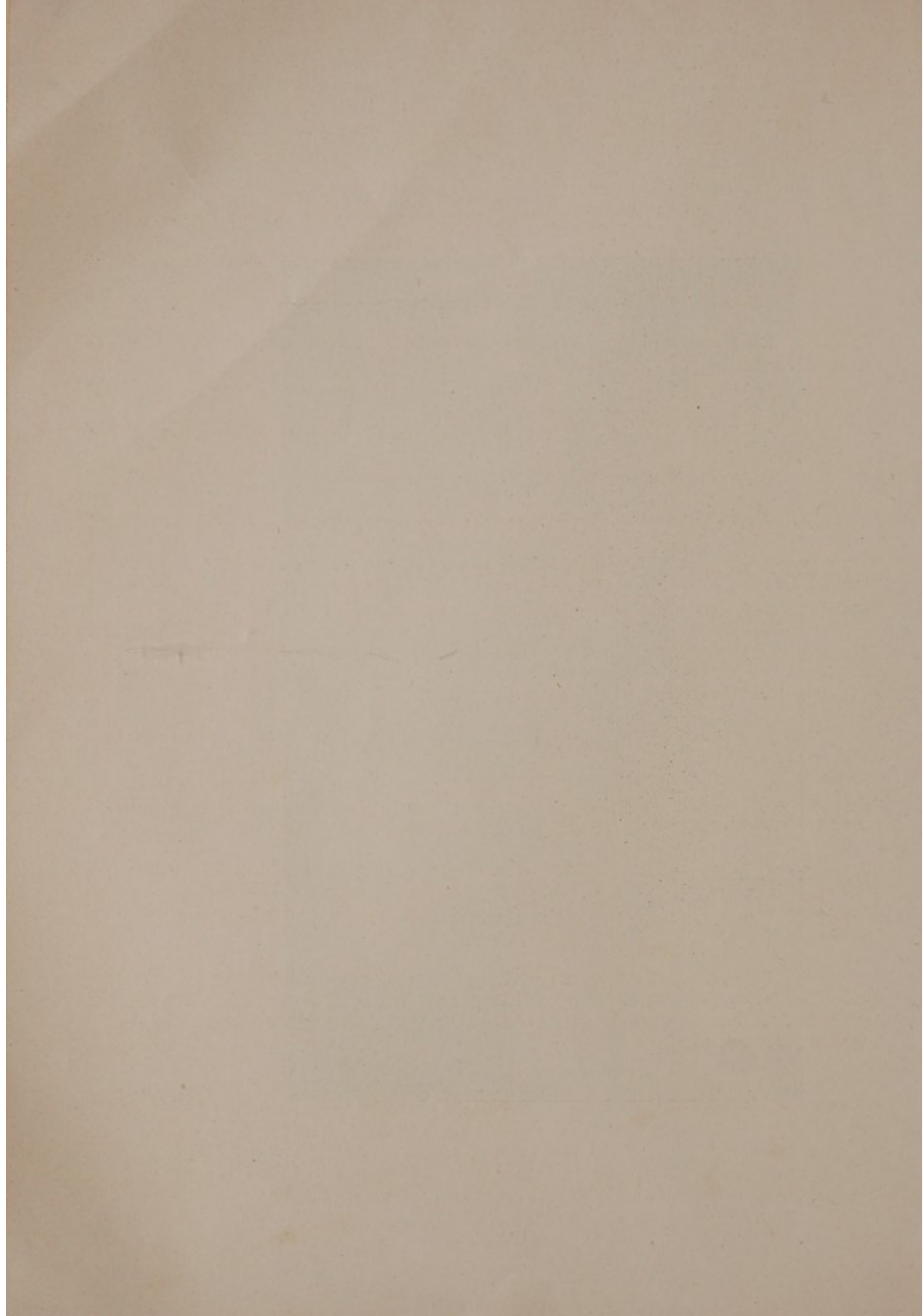
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follows:

1. Provision of adequate water supply.
2. Repairs of roof of operating building.
3. Repairs to roof of men's building.
4. Painting hospital.
5. Screening of kitchen.
6. Construction of incinerator.

Laboratory. The work of the laboratory through out the year has
been of high caliber and at high speed. In addition to the routine work
two pieces of investigation were carried out, namely the malaria survey
and an investigation of the prevalence of intestinal parasites among
apparently healthy persons.



(13) Dispensaire de l'Hôpital Justinien, Cap-Haïtien



Thirty four apparently well hospital employees were examined for intestinal parasites with the following findings:

Positive for cysts of <i>Entamoeba histolytica</i> -----	15 or 44.1 per cent
Positive for cysts of <i>Entamoeba coli</i> -----	14 or 41.1 " "
Positive for cysts of <i>Entolix nana</i> -----	3 or 8.8 " "
Positive for ova of hookworm-----	6 or 17.6 " "
Positive for larvae of strongyloides-----	3 or 8.8 " "
Positive for ova of ascaris-----	10 or 29.4 " "
Positive for ova of trichuris-----	5 or 14.7 " "
Negative-----	7 or 20.5 " "

Tuberculosis. The problem of tuberculosis remains far from solution in Haiti. The habit of the people in sleeping with all windows and doors tightly closed against the night air and under crowded conditions predisposes to the disease. Education along the line of proper sleeping conditions has been of little avail owing to deeply rooted traditions and fear of thieves. All forms of tuberculosis are seen. Bone tuberculosis is seen less seldom than in more northern climates.

The Plaine du Nord, in which the Cap Haitien district centers is especially bad for pulmonary tuberculosis after it has progressed to second stage. It is believed that a sanatorium established in some high dry section of the country will be of great benefit in the campaign against tuberculosis.

Rural clinics. The rural clinics increased remarkably in attendance during the year. The confidence of the people in the Service d'Hygiène can not be better demonstrated than by this increase in attendance.

The following clinics were visited monthly by a Medical Officer from the Justinien Hospital. Borgne, Port Margot, Pilate, Plaisance, Limonade, Le Trou, Acoul du Nord, Plaine du Nord, Quartier Morin, Sainte Suzanne, Ouanaminthe, Vallières.

The clinic at Limbé is visited weekly. This clinic has reached an attendance as high as 850. All the clinics could be increased in attendance if they could be visited weekly. This is impracticable at present owing to lack of personnel and transportation. Clinics at Grande Rivière, Dondon, Bahon, Ranquitte, Milot and La Victoire are held monthly by a Haitian Medical Officer from the Justinien Hospital.

During the year clinic buildings were completed and furnished at Le Trou and Vallières and Fort-Liberté. A dispensary is rented at Grande Rivière. This is used as a central distribution point for the clinics centering around Grande Rivière. Clinics are held in the house or school house of the priest in places except where buildings are rented for the purpose, namely Plaisance, Limbé, Plaine du Nord, Acul du Nord.

An intelligent girl in each community has been trained to administer the treatment provided by the visiting doctor. This system works very well. The influence of the parish priest is very helpful.

Consultations in the rural clinics numbered 53,238; dressings applied numbered 135,984; injections of bismusal given amounted to the number of 82,018. The majority of patients seen were suffering with infection of treponematoses. The other prevalent diseases were intestinal parasites and malaria. Bacillary dysentery and typhoid fever were prevalent in some communities during dry weather owing to low condition of the rivers used for drinking purposes. Boiling of water for drinking is not believed in by the people. Residual effects of infantile paralysis was occasionally seen. Whooping cough was seen sporadically.

CAYES.

Cayes Hospital. The number of patients carried over from the previous year was 37. In addition there were 34 orphans, inmates of the Institution.

Admissions. During the year two hundred and two (202) persons were admitted to the Institution, mostly for medical treatment. The daily average of patients was 78.5.

Discharged from treatment. One hundred and fifty one (151) were discharged as cured or whose condition was ameliorated. Twenty-five (25) whose condition was unchanged and twenty eight (28) who died.

Births. No births have occurred during the past year. It has not been the policy to admit these cases due to lack of accommodations.

Outpatients Department. During the year in the hospice, seven thousand, three hundred and ninety four (7,394) persons had a consultation with a doctor and thirteen thousand, six hundred and six (13,606) had dressings done without consultation; making a total of fifty seven thousand, six hundred and four (57,604) consultations and dressings for the year. In addition one hundred and sixty two (162) persons had one or more teeth extracted. The daily average of consultations was 120.54. The daily average of dressings was 37.28.

During the year clinic buildings were completed and furnished at La Tron and Vallières and Fort-Liberte. A dispensary is located at Grande Riviere. This is used as a central distribution point for the clinics centering around Grande Riviere. Clinics are held in the houses or school houses of the priest in places except where buildings are rented for the purpose, namely Pimassane, Limbe, Pimane in Nord, and in Nord.

An intelligent girl in each community has been trained to administer the treatment provided by the visiting doctor. This system works very well. The influence of the parish priest is very helpful.

Consultations in the rural clinics numbered 23,282; dressings applied numbered 135,984; injections of bismuth given amounted to the number of 82,018. The majority of patients seen were suffering with infection of the prostate. The other prevalent diseases were intestinal parasites and malaria. Bacterial dysentery and typhoid fever were prevalent in some communities during dry weather owing to low condition of the rivers used for drinking purposes. Boiling of water for drinking is not believed in by the people. Possible effects of intestinal parasites was occasionally seen. Whooping cough was seen sporadically.

CAYES.

Cayes Hospital. The number of patients carried over from the previous year was 37. In addition there were 34 orphans, inmates of the institution.

Admissions. During the year two hundred and two (202) persons were admitted to the institution, mostly for medical treatment. The daily average of patients was 78.2.

Discharged from treatment. One hundred and fifty one (151) were discharged as cured or whose condition was ameliorated. Twenty-five (25) whose condition was unchanged and twenty eight (28) who died.

Births. No births have occurred during the past year. It has not been the policy to admit these cases due to lack of accommodations.

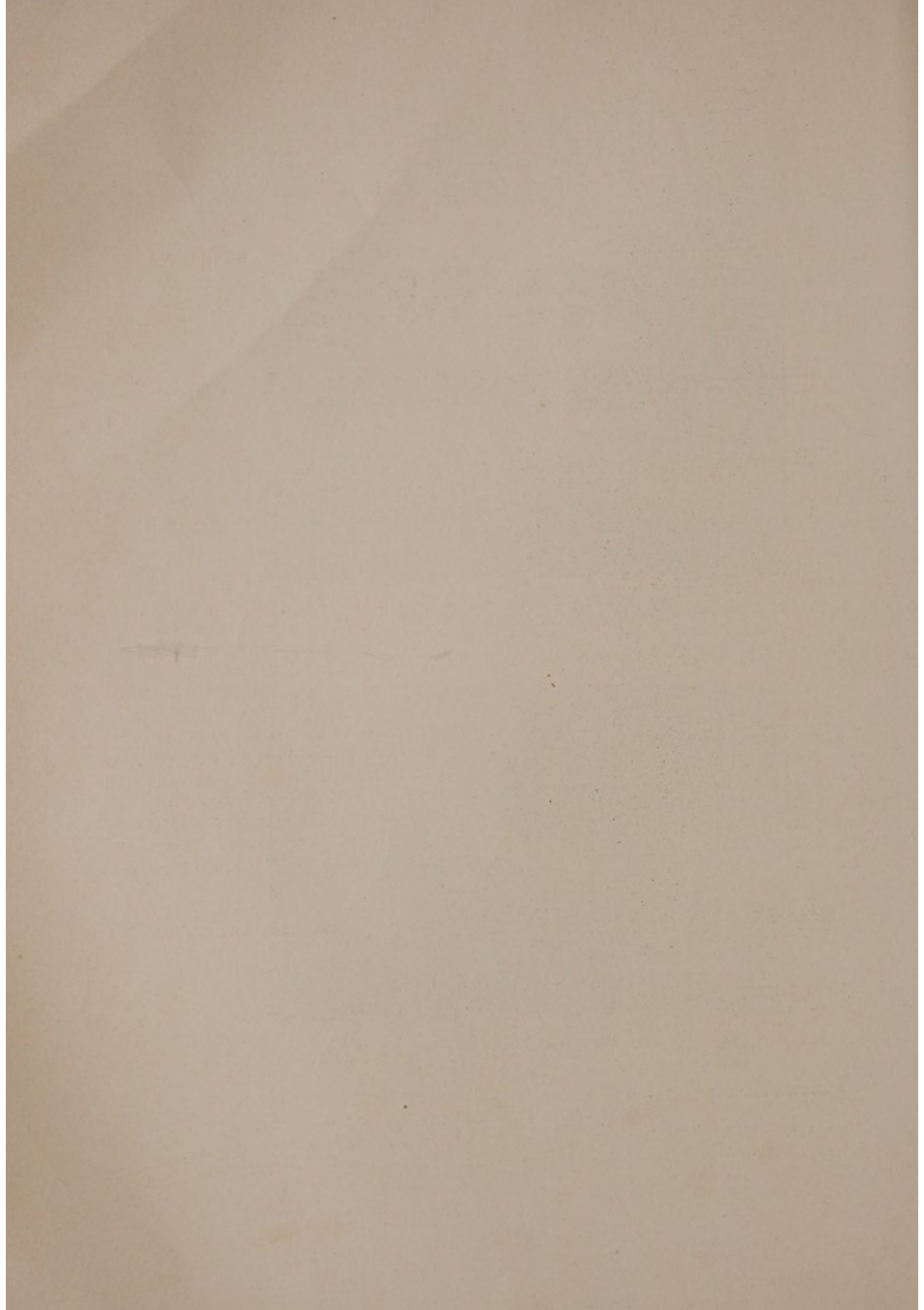
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(14) L'Hôpital Immaculée Conception, Cayes



(15) Une salle de l'Hôpital des Cayes



It will be noted that there was a decrease of 5,909 consultations given in the hospital but there is an increase of 15,197 consultations in the rural clinics and a total increase of 9,288 consultations over last year. Malaria, worms, and syphilis head the list of diseases treated.

Surgical Operations. During the year ten major operations and 84 minor operations were performed with a total of 94. Many people in this district are badly in need of surgical treatment. Only urgent cases have been operated because of lack of a sanitary operating room.

Salvarsan treatments. During the past year 1,672 neocarsphenamine and 2,582 sulpharsphenamine treatments were given at the Hospital dispensary.

Mercury treatments. Seven hundred and sixty seven (767) intramuscular treatments were given during the year. It is exceedingly difficult to induce people to take mercury in this way. Mercury is mostly administered in "specific mixture".

Bismuth treatments. Twenty two thousand, nine hundred and fifty (22,950) treatments of bismuth were given mostly in the rural clinics. The results have been very good. No cases of stomatitis or abscess were observed from its use. The ease of administration, the low cost, and the results obtained make the drug ideal, especially for rural clinics.

Rural clinics. At the beginning of the year there were clinics at Camp-Perrin, Chantal, Leduc, Aquin, Saint Louis, Cavaillon, Vieux-Bourg, Port à Piment, Port Salut, Saint Jean and Maniche. During the year clinics were opened at Arniquet, Les Anglais, Chardonnières, Co-teaux, Damassins, Roche à Bateaux, Carpentier and Port à Nanette. Clinics are held in each of these places every fifteen days, except Camp-Perrin which is held once every week and Maniche which held once every month.

Supplies. The supplies of medicines and hospital equipment have been adequate during the past year.

Foodstuffs. The ordinary vegetables produced in the country and used by the hospital in large quantities are constantly increasing in price, and there is an actual scarcity due to the fact that so many people have embarked for Cuba. The major portion is not cultivated.

New Construction. During the year a bath room and latrine for the hospital patients; shower bath for nurses; and septic tank for dispensary was constructed and a laundry started. The Renaud River where it ran through the grounds closed in with a concrete and rock wall.

It will be noted that there was a decrease of 5,909 consultations given in the hospital but there is an increase of 18,197 consultations in the rural clinics and a total increase of 9,288 consultations over last year. Malaria, worms, and syphilis head the list of diseases treated.

Surgical Operations. During the year ten major operations and 84 minor operations were performed with a total of 94. Many people in this district are badly in need of surgical treatment. Only very few cases have been operated because of lack of a sanitary operating room.

Salivarian treatments. During the past year 1,573 neoplasms - nine and 2,532 salivarian treatments were given at the Hospital dispensary.

Mercury treatments. Seven hundred and sixty seven (767) intramuscular treatments were given during the year. It is exceedingly difficult to induce people to take mercury in this way. Mercury is mostly administered in "specific mixtures".

Bismuth treatments. Twenty two thousand, nine hundred and fifty (22,950) treatments of bismuth were given mostly in the rural clinics. The results have been very good. No cases of stomatitis or abscess were observed from its use. The ease of administration, the low cost, and the results obtained make the drug ideal, especially for rural clinics.

Rural clinics. At the beginning of the year there were clinics at Camp-Perrin, Guey, Lema, again, Saint Louis, Guey, Vieux-Bourg, Fort & Piment, Port-Saint, Saint Jean and Maricao. During the year clinics were placed at Lema, Les Angles, Charbonnières, Citeaux, Damassine, again & Bataille, Carpentier and Fort & Maricao. Clinics are held in each of these places every fifteen days, except Camp-Perrin which is held once every week and Maricao which held once every month.

Supplies. The supplies of medicines and hospital equipment have been adequate during the past year.

Foodstuffs. The ordinary vegetables produced in the country and used by the hospital in large quantities are constantly increasing in price, and there is an actual scarcity due to the fact that so many people have embarked for Cuba. The major portion is not cultivated.

New Construction. During the year a bath room and latrine for the hospital patients, shower bath for nurses, and septic tank for dispensary was constructed and a laundry started. The running river where it ran through the grounds closed in with a concrete and rock wall.

Future construction. An operating room is to be constructed in the coming year. It is hoped that Maternity and contagious wards can be constructed in the near future.

Future Plans. In the future it is planned to construct another double ward building similar to the present one, maternity and contagious wards, garage and stable.

Personnel. The personnel of the hospital is as follows:

- 1 Public Health Officer
- 1 Clerk (also Chief Mechanic for Hospital and sanitation)
- 1 Clerk (also makes clinics and sanitary inspections in Fort Salut Section)
- 1 Haitian physician
- 8 Sisters
- 1 Carpenter
- 1 Laundress
- 4 Ward attendants
- 2 Servants
- 1 Dresser.

GONAIVES.

Hospital Gonaives. Personnel.

- Medical Officer U. S. Navy-----1
- Haitian commissioned physician-----1
- Graduate Haitian nurses-----2
- Sisters-----6
- Dressers-----4
- Clerk-----1
- Cooks-----2
- Servants-----2
- Laundresses-----2
- Laborer-----1

Total..... 22

Statistical summary report of work.

- Daily average of patients-----51.06
- Total number of admissions----- 405
- Total number of consultations (outpatients)-----7,880
- Daily average of consultations (outpatients)----- 21.5
- Number sick days-----18,640
- Discharged dead----- 39
- Number of autopsies----- 0
- Total number of major operations----- 105

Future construction. An operating room is to be constructed in the coming year. It is hoped that maternity and convalescent wards can be constructed in the near future.

Future Plans. In the future it is aimed to construct another double ward building similar to the present one, maternity and convalescent wards, garage and stable.

Personnel. The personnel of the hospital is as follows:

- 1 Public Health Officer
- 1 Clerk (also Chief Stenographer for Hospital and Convalescent)
- 1 Clerk (also makes clinics and sanitary inspections in Fort Belvoir Section)
- 1 Maternal Physician
- 8 Sisters
- 1 Dispenser
- 1 Pharmacist
- 4 Ward Assistants
- 2 Servants
- 1 Dresser

CONVICTS.

Hospital Convicts. Personnel.

- 1 Medical Officer U. S. Navy
- 1 Maternal and physician
- 8 Graduate Maternal Nurses
- 8 Sisters
- 4 Dressers
- 1 Clerk
- 2 Cooks
- 2 Servants
- 2 Janitors
- 1 Laborer

Total..... 33

Statistical summary report of work.

- Daily average of patients..... 21.02
- Total number of patients admitted..... 408
- Total number of patients discharged..... 7,380
- Daily average of patients discharged..... 21.2
- Total number of patients discharged..... 21,640
- Number of patients discharged..... 37
- Number of patients discharged..... 0
- Total number of major operations..... 102

Total number of minor operations-----281
Total number of dressings (outpatients)--- 11,767

Laboratory:

Blood smears----- 3
Pos. for malaria----- 0
Sputum----- 0
Urine----- 14
Feces----- 2

Rural Clinics.

Places.	No. Clinics	Total No. Patients.	Average No per clinic.	Bismosol Injections.
Gros Morne	48	19,589	408.10	11,799
St-Michel	51	10,562	207.10	4,296
Marmelade	25	4,271	170.8	2,993
La Brande	35	4,209	120.25	3,238
Ennery	<u>43</u>	<u>1,999</u>	<u>46.5</u>	<u>1,468</u>
Total	202	40,630	201.1	23,794

New Construction. On November 18, 1926, the construction of new operating room and dispensary building was started at the Hospital. This building completed and officially turned over to the Public Health Officer during the month of June 1927. The building houses the new operating room, sterilizing apparatus, laboratory, pharmacy, examining room, office of the Public Health Officer and a room for consultation for out-patients. This was a greatly needed improvement and facilitates the handling of out-patients considerably, also the new operating room is in vast contrast with the old make shift one.

A new dispensary building was opened to the public at Marmelade on February 25, 1927. This dispensary opens a new district and one in which great work is being done. Two female and one male dressers have been stationed at the three dispensaries at Saint-Michel, Marmelade and Gros Morne. These dressers were given a course of instruction at the Hospital in Gonaives before being sent to the out-stations. They are all doing excellent work and greatly facilitate the handling of the large number of patients on clinic days. These dispensaries are open every day for dressings and daily treatment. A very gratifying increase is noted in the attendance at rural clinics during the year. A total for 1925-26 of 15,159 as compared with a total of 40,630 for 1926-27.

Total number of minor operations-----11,787
Total number of discharges (completions)-----11,787

Laboratory:

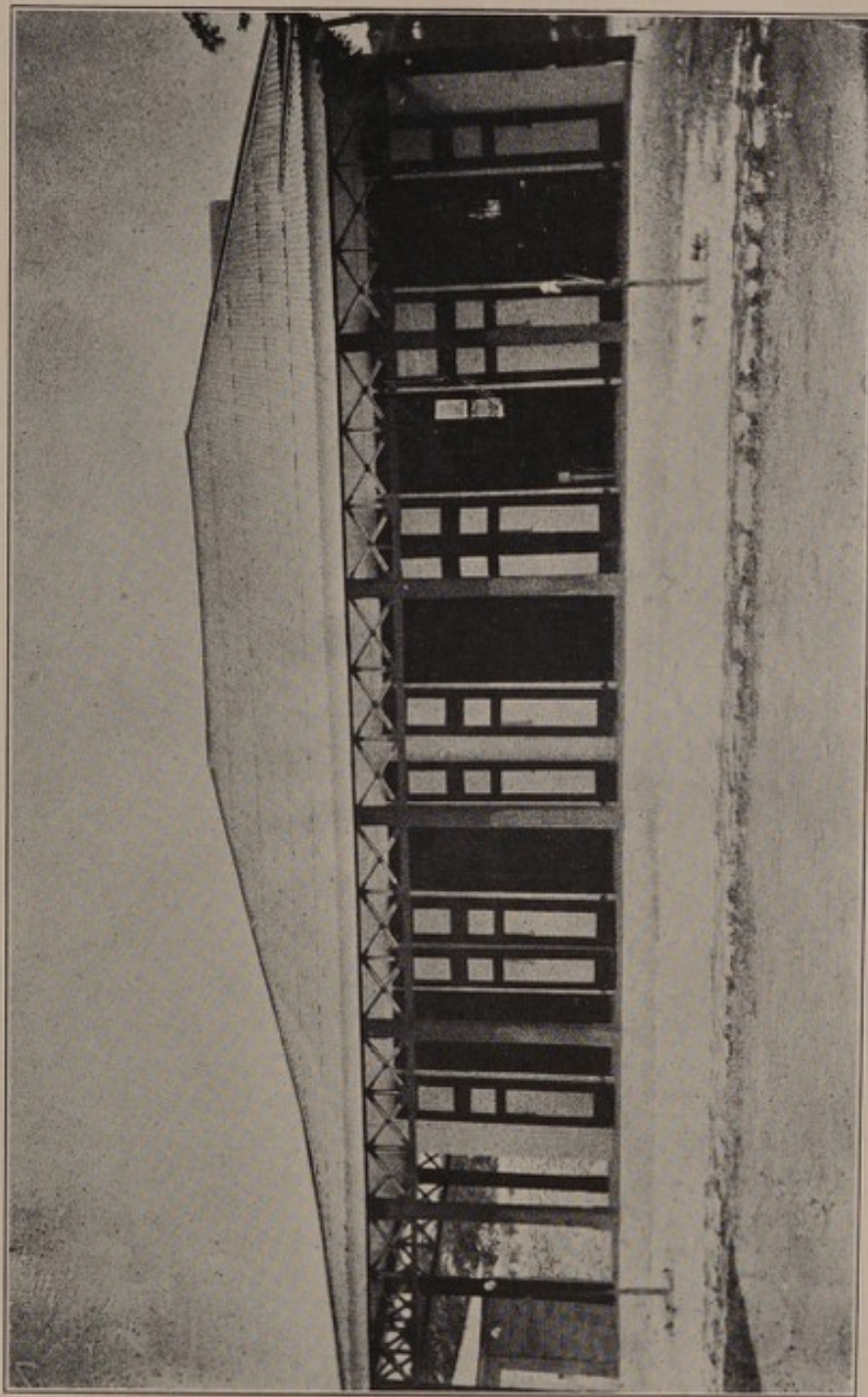
Blind smears-----3
Pos. for malaria-----0
Sputum-----0
Urine-----14
X-rays-----2

Rural Clinics.

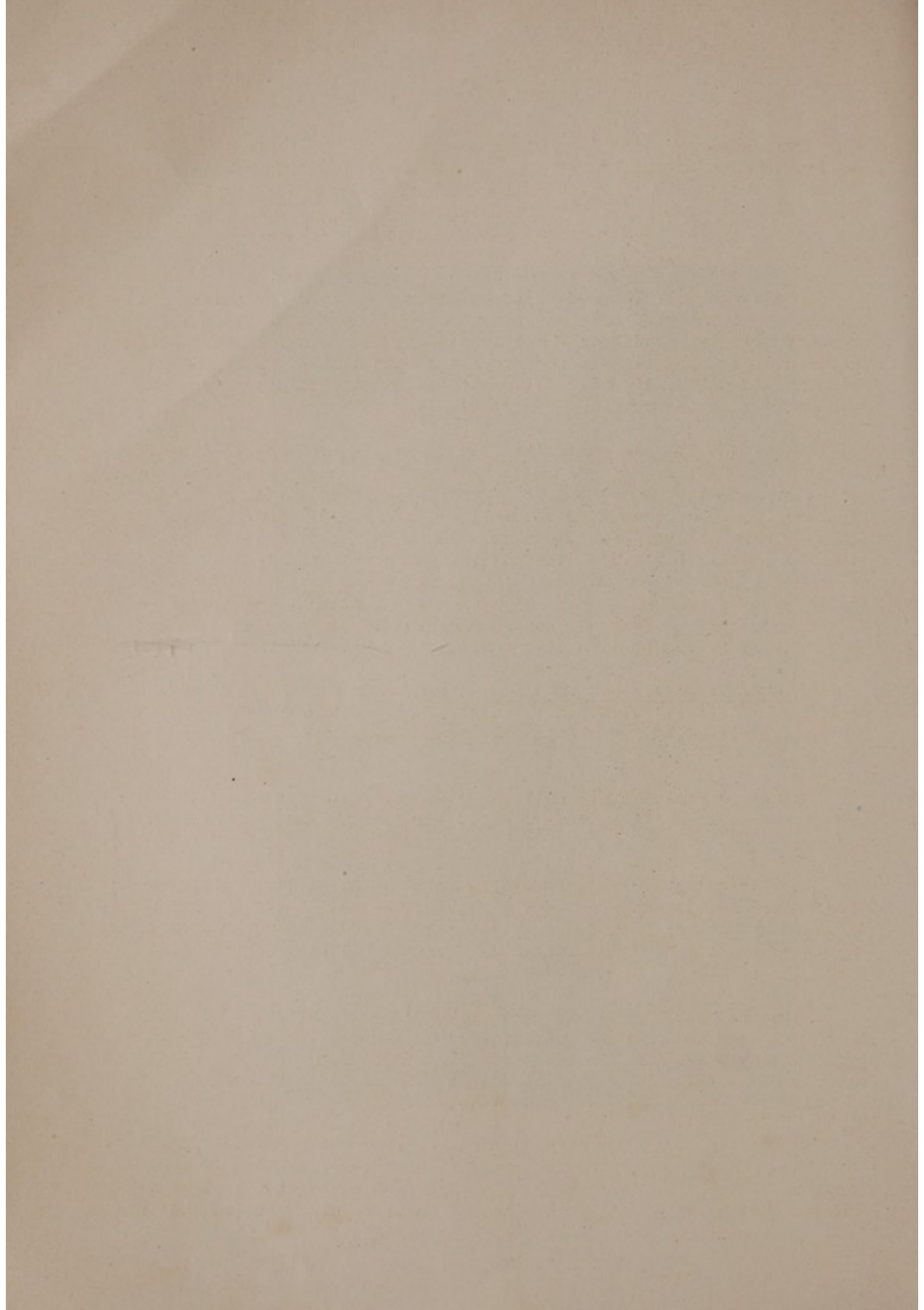
Placed.	No. Clinics	Total No. Patients	Average No. per clinic.	Blind smears. Injections.
Gros-Horne	46	19,562	426.10	11,709
St-Michel	51	10,562	207.10	4,336
Marmelade	22	4,271	170.8	2,392
La Branda	35	4,209	120.25	2,238
Gannery	43	1,992	46.3	1,489
Total	202	40,630	201.1	22,792

New Construction. On November 15, 1923, the construction of new operating room and dispensary building was started at the Hospital. This building consisted of and officially turned over to the Public Health Officer under the name of June 1927. The building houses the new operating room, sterilizing apparatus, laboratory, pharmacy, examining room, office of the Public Health Officer and a room for consultation for out-patients. This was a greatly needed improvement and facilitates the handling of out-patients considerably. Also the new operating room is in vast contrast with the old make shift one.

A new dispensary building was opened to the public at Marmelade on February 25, 1927. This dispensary opened a new district and one in which great work is being done. The female and male doctors have been stationed at the three dispensaries at Saint-Michel, Marmelade and Gros-Horne. These doctors were given a course of instruction at the Hospital in connection with being sent to the out-stations. They are all doing excellent work and greatly facilitate the handling of the large number of patients on clinic days. These dispensaries are open every day for morning and early treatment. A very gratifying increase is noted in the attendance at rural clinics during the year. Total for 1923-24 of 48,159 as compared with a total of 40,630 for 1922-23.



(16) Salle d'Opération et Dispensaire, Hôpital des Gonaïves



During March and April modern equipment for the operating room was received, also modern sterilizers and laboratory equipment. This equipment has added greatly to the efficiency of the hospital. A requisition carrying new surgical instruments and appliances was also received in April, these new and modern instruments have replaced the old worn out obsolete ones.

Christmas of 1926, a Christmas tree was enjoyed for the first time by the inmates of the Gonaives Hospital. The majority of the presents were received from the American Red Cross, and consisted of useful wearing apparel, tobacco, toys and candies. It is hoped that with the aid of the American Red Cross this little pleasure for the patients will be carried on each Christmas.

Water Supply. An independent water system was installed at the hospital during the month of July, this water system is a great improvement over the old method of distributing water to the hospital by means of water drawn from the well by bucket and line. Gourdes 3,250.00 were allotted for the work. The total cost of installation was Gourdes 1,879.92. This water system was installed by the Service d'Hygiène. The residue of this money was used to completely screen the new operating room and dispensary building. Fifteen hundred (1,500) square feet of cooper screening 16 ply were used in this work. Electric lights were also installed in the building.

New Construction Recommended. A new men's ward is very urgently needed. The old one being in a very poor state of preservation with the walls falling, floor containing large cracks and the ceiling sagging.

There is needed a new wall and gate in front of the hospital extending to include new land acquired, adjacent to the present hospital property.

A dispensary building is badly needed at La Brande. At present clinics are held weekly in a small poorly equipped native hut loaned to us by the priest. There is an automobile road to La Brande and the clinics are gradually increasing in size. Running at this time about 150 weekly.

Gabriel Garnier who has been employed at the hospital for the past two years as a dresser was sent in to the Public Health Laboratory in Port-au-Prince for a course of laboratory technique. It is expected that this man who is exceptionnally bright will carry on excellent work in the laboratory at Gonaives.

During the year 678 non-immunes were vaccinated against smallpox. Three hundred and twenty eight (328) of these were children in the isolated district of Terre Neuve. A three day horse back trip was made by the Assistant Public Health Officer for this purpose, vaccinating at the various habitations along the trail.

During March and April modern equipment for the operating room was received, also modern sterilizers and laboratory equipment. This equipment has added greatly to the efficiency of the hospital. A repackaging carrying new surgical instruments and appliances was also received in April, these new and modern instruments have replaced the old worn out obsolete ones.

Christmas of 1935, a Christmas tree was enjoyed for the first time by the inmates of the Genesee Hospital. The majority of the presents were received from the American Red Cross, and consisted of useful wearing apparel, tobacco, toys and candies. It is hoped that with the aid of the American Red Cross this little pleasure for the patients will be carried on each Christmas.

Water Supply. An independent water system was installed at the hospital during the month of July. This water system is a great improvement over the old method of distributing water to the hospital by means of water drawn from the well by bucket and line. Cisterns were installed for the work. The total cost of installation was \$1,875.00. This water system was installed by the Service Engineers. The residue of this money was used to completely across the new operating room and dispensary building. Fifteen hundred (1,500) square feet of copper screening is now used in this work. Electric lights were also installed in the building.

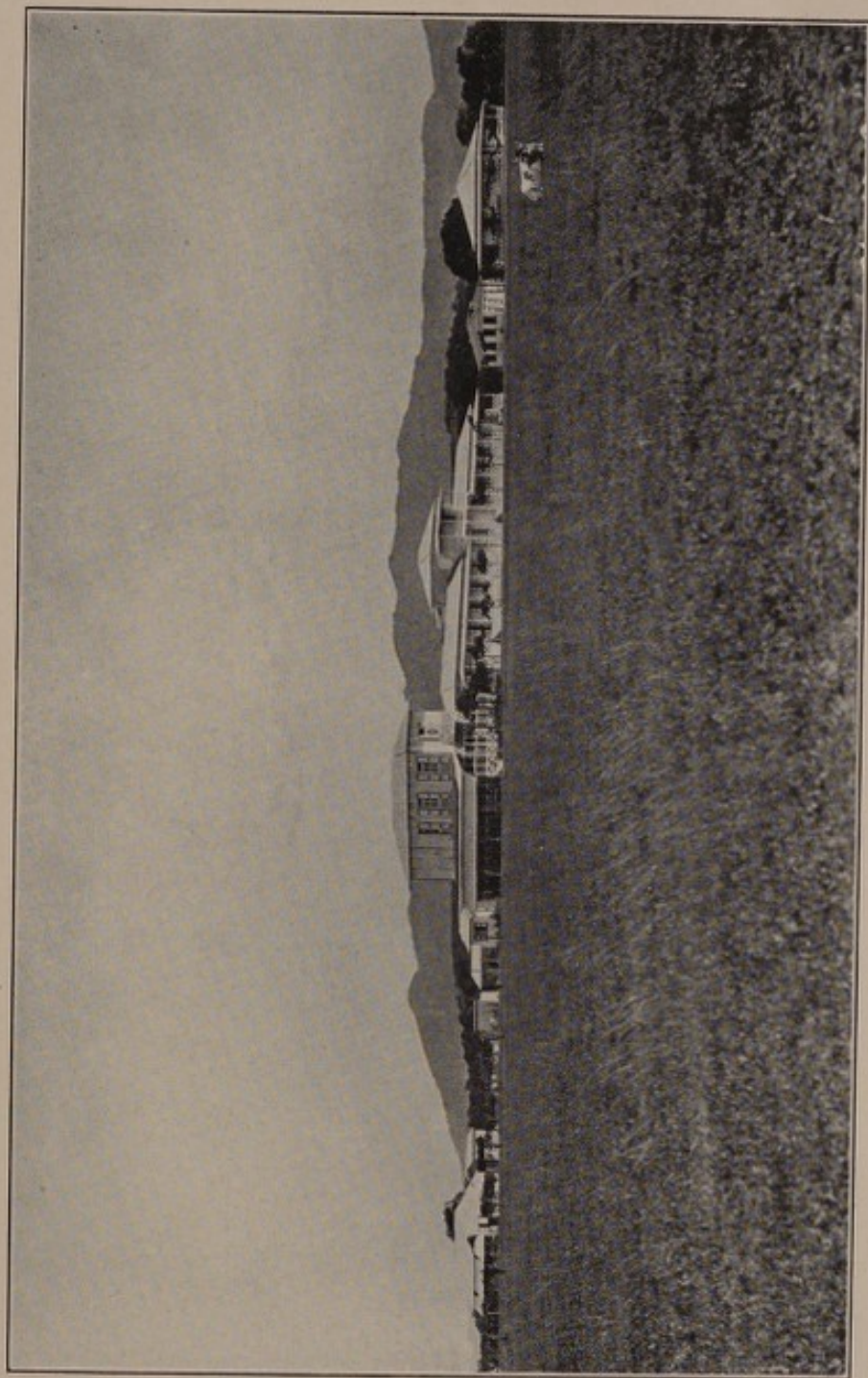
New Construction Recommended. A new man's ward is very urgently needed. The old one being in a very poor state of preservation with the walls falling, floor containing large cracks and the ceiling sagging.

There is needed a new well and gate in front of the hospital extending to include new land acquired, adjacent to the present hospital property.

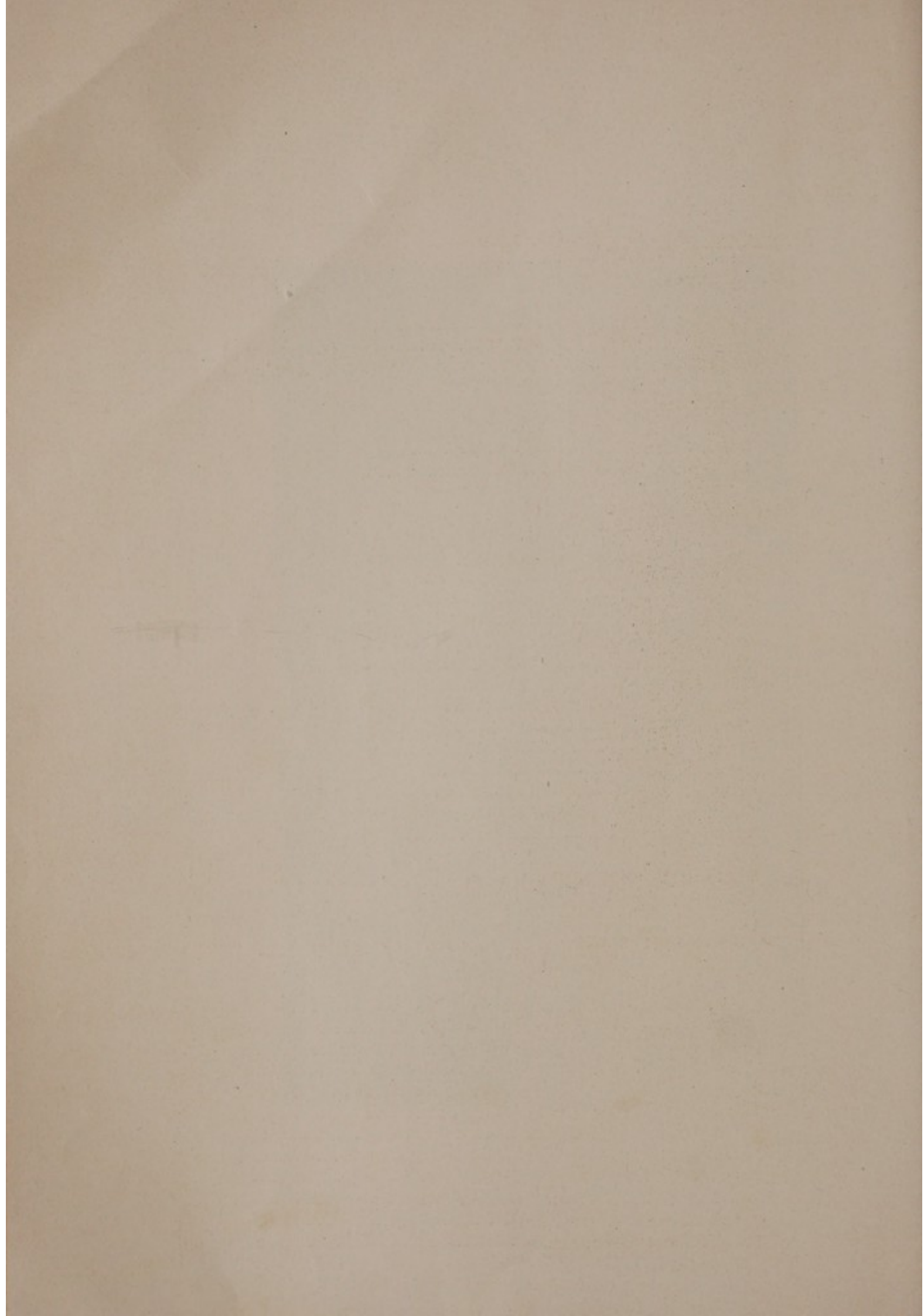
A dispensary building is badly needed at La Grange. At present clinics are held weekly in a small poorly equipped native hut loaned to us by the priest. There is an automobile road to La Grange and the clinics are gradually increasing in size. Planning at this time about 150 weekly.

Gabriel Garcia who has been employed at the hospital for the past two years as a dresser was sent in to the Public Health Laboratory in Port-au-Prince for a course of laboratory technique. It is expected that this man who is exceptionally bright will carry on excellent work in the laboratory at Genesee.

During the year 578 non-humanities were vaccinated against smallpox. Three hundred and twenty eight (328) of these were children in the isolated district of Terre Neuve. A three day horse back trip was made by the Assistant Public Health Officer for this purpose, vaccination at the various habitations along the trail.



(17) L'Hôpital de Hinche



Two Americans bitten by dogs completed courses of anti-rabic serums.

HINCHE.

Hospital, Hinche, Personnel.

U. S. Navy:

Medical Officer-----	1	
Chief Pharmacist's mate-----	1	(9 1/2 mo.)
Pharmacist's mate 1 cl.-----	1	(2 1/2 mo.)

Haitian Doctors :

Commissioned-----	1
Assistant physician-----	1

Haitian personnel :

Sanitary Inspector-----	1	
Office clerk-----	1	
Ward attendants-----	2	
Dressers-----	6	
Graduate nurses-----	3	
Chief of gangs-----	3	
Chauffeur (pump operator)-----	1	
Chauffeur automobile-----	1	(7 1/2 mo.)
Watchman-----	1	
Cooks-----	2	
Baker-----	1	
Laundress-----	1	
Laborers (av. monthly payroll)---	39	
Servant-----	1	

Sisters (Order of St-Joseph de Cluny) -----3

The activities of Hospital is perhaps best shown by the following tabulation :

Daily average of patients for the year-----	25.26
Total outpatients for the year-----	14,417
Daily average of outpatients-----	39.49
Discharged dead-----	10
Daily average of deaths-----	.0273
Number of autopsies-----	1
Total major operations-----	27
Total minor operations-----	391
Total doses of neosalvarsan-----	1,641
Total doses of sulpharsphenamine-----	1,892
Total doses of bismosol-----	4,792
Total doses mercurials-----	256

Two Americans bitten by dogs completed courses of anti-rabies serum.

HINCHER.

Hospital, Hinchey, Personnel.

U. S. Navy:

Medical Officer-----1
 Chief Pharmacist's Mate-----1 (2 1/2 mo.)
 Pharmacist's Mate 1st Cl.-----1 (2 1/2 mo.)

Station Doctors:

Commissioned-----1
 Assistant Physician-----1

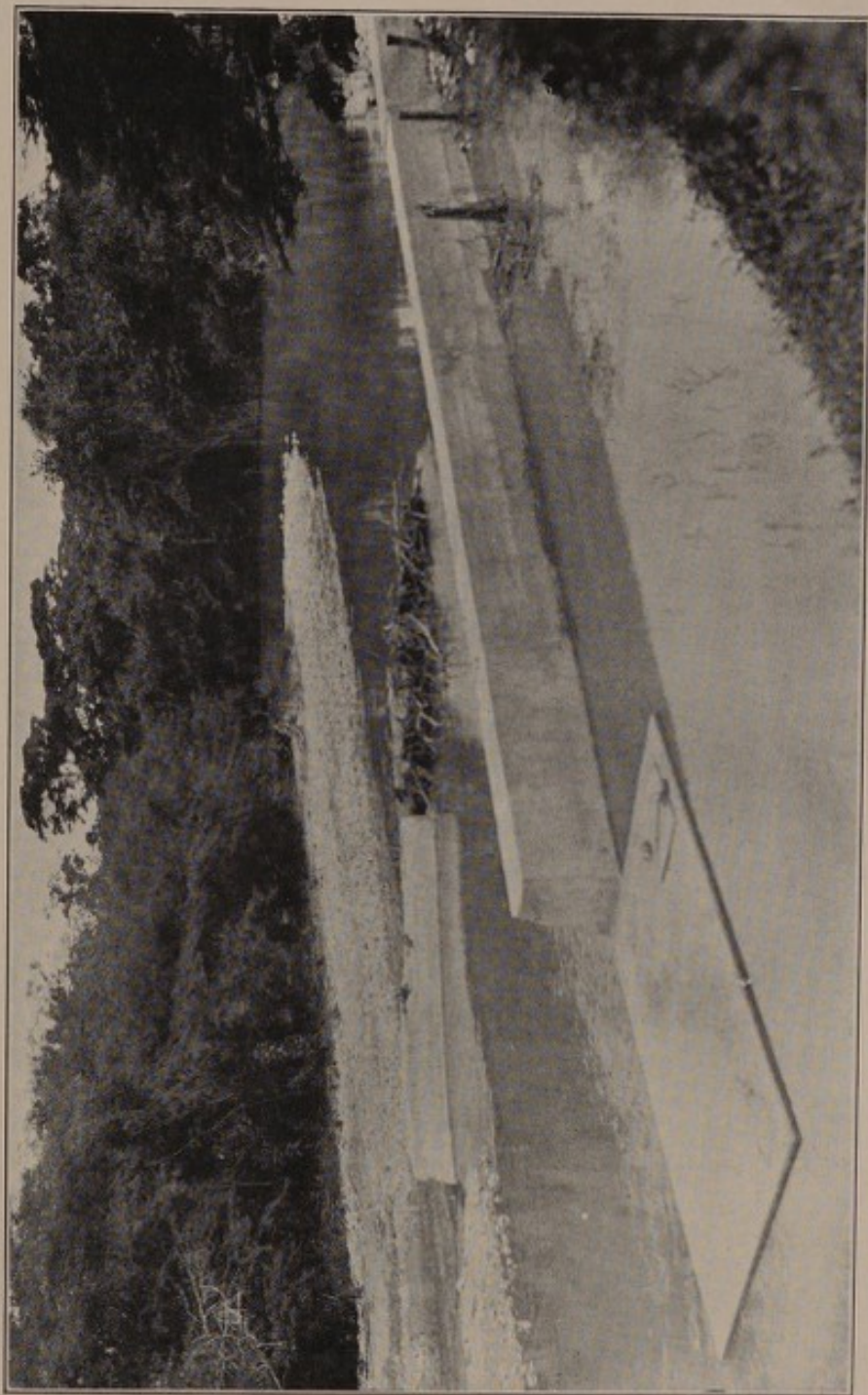
Station Personnel:

Sanitary Inspector-----1
 Office Clerk-----1
 Ward attendants-----2
 Pressors-----2
 Graduate Nurses-----3
 Chief of Surgery-----2
 Chandler (ump cooper)-----1
 Chandler Automobile-----1 (2 1/2 mo.)
 Watchman-----1
 Cooks-----2
 Baker-----1
 Landress-----1
 Laborers (av, monthly payroll)---20
 Servant-----1

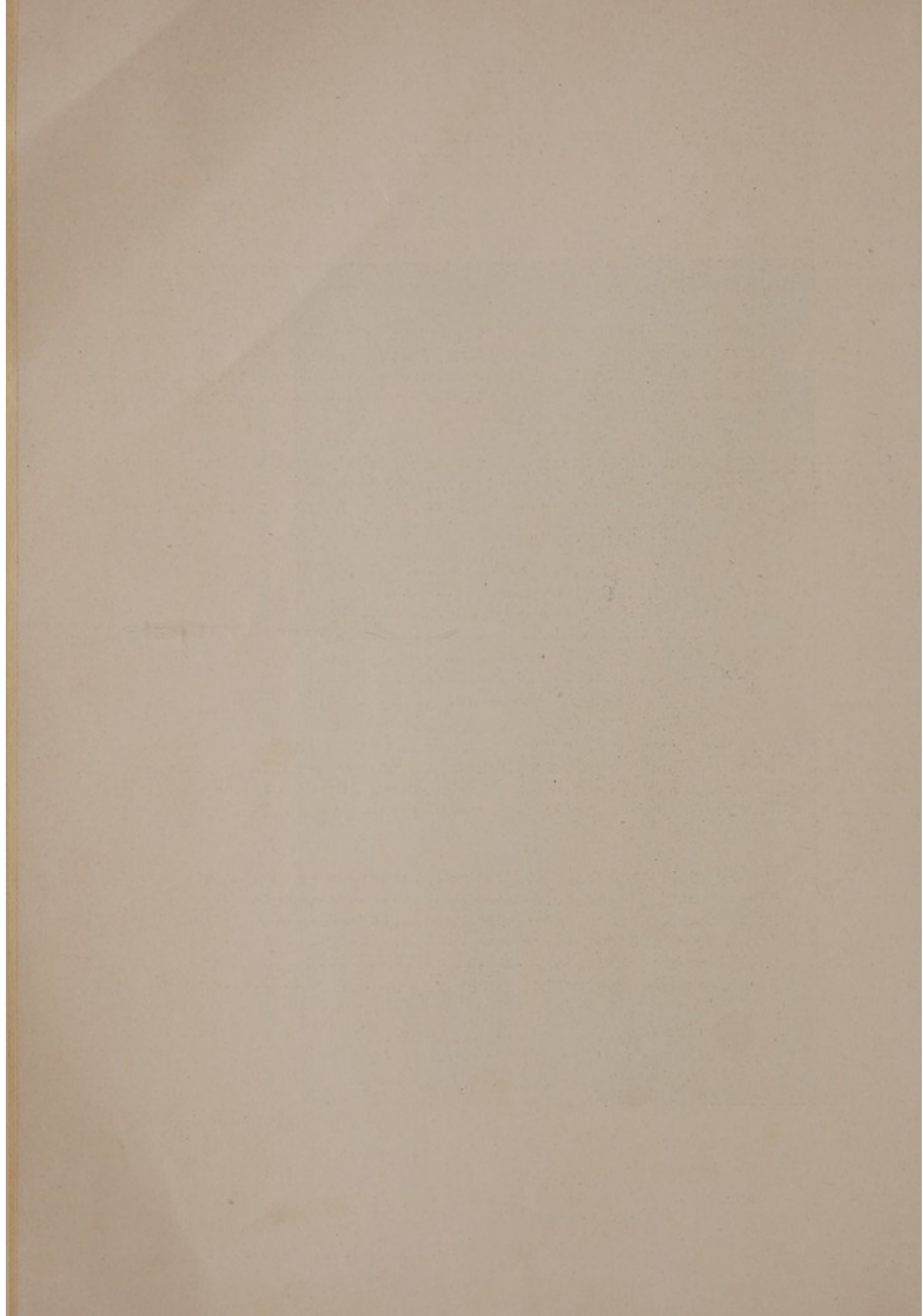
Sisters (Order of St-Joseph de Cluny) -----2

The activities of Hospital is perhaps best shown by the following table:

25.66	Daily average of patients for the year
14,417	Total outpatients for the year
35.43	Daily average of outpatients
10	Discharged patients
1,023	Daily average of deaths
1	Number of autopsies
27	Total major operations
391	Total minor operations
1,641	Total doses of neosalvarsan
1,092	Total doses of antihypertensive
4,792	Total doses of stramonin
226	Total doses of morphine



(18) La Rivière Hinquette—Source d'alimentation de l'Hôpital de Hinche—montrant la galerie d'infiltration et la digue



Rural Clinics. Whenever transportation was available and the condition of roads permitted, weekly clinics were made in Maissade, Thomonde, Lascahobas, Mirebalais and Saut d'Eau. In January a clinic was established at the Juan de Verde river pass and quickly grew in size to equal other clinics of the District. There are still unbridged streams which are impassable at times and it is noted that the number of patients is less than usual for at least three weeks following these enforced absences of the Doctor.

Number of places where clinics were held-----	6
Number of clinics held in all places-----	288
Number of patients per clinic (average)-----	147.35
Number of patients per month (average)-----	3,799.83
Total cases for the year-----	35,598

Laboratory. The laboratory is reasonably well equipped for a Hospital of this size. Material for doing Kahn precipitation tests was acquired late in the fiscal year and has been in use for two months only.

Urinalytis-----	178
Blood smears-----	336
Pos. for malaria-----	90
Feces-----	76
Kahn tests-----	80
Sputum-----	13
Autopsies-----	1

Vaccination. Vaccination of school children in this District is one of the most difficult public health problems encountered principally because of irregular attendance. The distance of schools from Hinche and the lack of personnel are two other conditions which handicap the work.

Pupils registered in schools inepected-----	1,008
Pupils seen at inspections-----	445
Total vaccinations indicated and performed-----	218
Total positive reactions-----	92
Total immune reactions-----	27
Reactions not controlled (absence of pupils)-----	42.2 %

Rural Clinics. Whenever transportation was available and the condition of roads permitted, weekly clinics were held in Walsburg, Thosmas, Laschboro, Nishabur and Fort T. Kan. In January a clinic was established at the mouth of the Verde river and quickly grew in size to equal other clinics of the District. There are still unimproved streams which are impassable at times and it is noted that the number of patients is less than usual for at least three weeks following these enforced absences of the Doctor.

Number of cases for the year-----32,298
Number of patients per month (average)-----3,795.82
Number of patients per clinic (average)-----147.38
Number of clinics held in all places-----289
Number of places where clinics were held-----6

Laboratory. The laboratory is reasonably well equipped for a Hospital of this size. Material for doing Kahn precipitation tests was acquired late in the fiscal year and has been in use for two months only.

Antipsycho-----178
Blood chemistry-----386
Poc. for malaria-----80
Poc.-----76
Kohn tests-----80
Sputum-----13
Autopsies-----1

Vaccination. Vaccination of school children in this District is one of the most difficult public health problems encountered principally because of irregular attendance. The absence of schools from time and the lack of personnel and other conditions which handicap the work.

Pupils registered in schools inspected-----1,008
Pupils seen at inspections-----445
Total vaccinations injected and reported-----218
Total positive reactions-----98
Total immune reactions-----87
Reactions not controlled (absence of pupils)-----48.2

JACMEL.

The following table gives a comparison of this year with that of the preceding fiscal year in respect to certain hospital activities:

	Year Ending Sept. 30, 1926.	Year Ending Sept. 30, 1927.
Total outpatients treated at hospital-----	17,863	21,580
Total number of inpatients treated-----	370	213
Total number of deaths-----	14	21
Average daily no. of inpatients--	56.85	51.512
Total number major operations----	29	9
Total number minor operations----	111	170
Average daily no. of deaths-----	0.038	0.057
Total number of injections neosalvarsan-----	106	317
Total number of injections sulpharsphenamine-----	37	1,079
Total number of injections bismusol-----	20,222	7,947
Total number of injections mercury-----	8	33
Autopsies performed-----	1	1

Rural Clinics. Due to the lack of automobile roads it is necessary to hold rural clinics within an area capable of being reached within three hours by horseback. Therefore it has been a general policy to hold rural clinics in the following sections of the Commune of Jacmel, Cap Rouge, Mountain La Voute, Coq Chante, Bas Coq Chante, Grande Rivière and Ravine Normande. In addition to the above places, we have been holding rural clinics in conjunction with our inspection trips throughout the district, including Orangers, Bas Gandou, Amazone, Jamais Vu, Cote-de-Fer, La Vallée, Cayes-Jacmel, Marigot, Grand Gozier and Anse à Pitre. At Anse à Pitre work of the regular monthly clinic is continued during the month by the medical corpsman of the Gendarmerie. In the same way at Cote de Fer the priest has continued the treatment between our monthly clinics.

	Year Ending Sept. 30, 1926.	Year Ending Sept. 30, 1927.
Average number of cases per clinic---	265.23	190.95
Average number of cases per month----	1273.75	1161.66
Total number of cases for year-----	14,853	13,940

Seventy three clinics were held in sixteen different localities.

Rural Dispensaries. Permanent rural dispensaries have been administering to the sick daily at Fond Melon, Peredo, La Vallée, Bainet, Colline des Chenes and Saltrou. This latter dispensary has been open since January, 1927.

The following numbers have been treated at these various dispensaries:

<u>Dispensary</u>	<u>Monthly Average</u>	<u>Total for Year.</u>
Colline des Chenes	757.58	9,091
La Vallée	1,269.25	15,231
Bainet	865.25	10,383
Fond Melon	1,763.56	21,162
Peredo	1,489.16	17,870
Saltrou (9 months)	2,172.16	26,066
Total for year		99,803

Land has been selected and surveyed for a new dispensary at Cote de Fer as this end of the district was without adequate medical facilities. The construction of a dispensary building on this land is to be undertaken by the Commune of Cote-de-Fer. We have in view a man to be trained at the Hospital at Jacmel in order that he may take over direct charge of this dispensary when it is completed.

The opening of the new dispensary at Cote-de-Fer will leave only the mountainous section about Boucan Bellier unsupplied by medical facilities in this District.

Inspections of these rural dispensary buildings have proven them to be of rather inferior construction both as to the roofs which frequently leak due to the improper over-lapping of the galvanized iron sheets and the wood used in their construction which is very soft and easily invaded by worms. It would have been better if tundra had been employed in this construction as it would have been more permanent and economical in the end.

At La Vallée our inspections have developed the fact that more people were being treated than appeared on the records. Upon questioning the priest as to why so much medicine was needed for treatment of the number reported, he stated that he had been accustomed to dispense medicine to numbers of people after he had held Mass. No records have been kept of these treatments. This matter has been corrected.

Total patients treated in all four activities. In a review of the former annual sanitary reports from this district the following is noted:

During the past year, the following have been administered to the sick daily at Fort Meier, Fort Meier, La Vallée, Baiton, Coline des Chenes and Baiton. This latter dispensary has been open since January, 1937.

The following numbers have been treated at these various dispensaries:

Dispensary	Monthly Average	Total for Year
Coline des Chenes	1,307.58	15,691
La Vallée	1,300.25	15,603
Baiton	885.25	10,623
Fort Meier	1,763.66	21,164
Pereira	1,400.18	16,802
Baiton (6 months)	2,175.16	26,102
Total for year		99,885

It has been selected and surveyed for a new dispensary at Cote de la Vallée. The construction of this dispensary will be undertaken by the Commune of Cote de la Vallée. We have in view a man to be trained at the Hospital at Yverdon in order that he may take over direct charge of this dispensary when it is completed.

The opening of the new dispensary at Cote de la Vallée will leave only the mountainous section about Baiton Baiton unsupplied by medical facilities in this District.

Inspection of these rural dispensaries buildings have proven them to be of rather inferior construction both as to the roofs which frequently leak due to the improper overlapping of the galvanised iron sheets and the wood used in their construction which is very soft and easily invaded by worms. It would have been better if timber had been employed in this construction as it would have been more permanent and economical in the end.

At La Vallée our investigations have developed the fact that more people were being treated than reported on the records. Upon questioning the priest as to why so much medicine was needed for treatment of the number reported, he stated that he had been accustomed to dispense medicine to numbers of people after he had held Mass. No records have been kept of these treatments. This matter has been reported.

Total patients treated in all four activities. In a review of the former annual sanitary reports from this District the following is noted:

Year.	Number treated in all activities.
1922-----	3,425
1923-----	4,932
1924-----	20,023
1925-----	58,931
1926-----	91,681
1927-----	135,536

During the year ending 30 September, 1927, there have been treated the following numbers in each activity:

Inpatients-----	213
Outpatients, Hosp. Jacmel-----	21,580
Rural Clinics-----	13,940
Rural Dispensaries-----	99,803

Total.....135,536

During the month of September, 1927, there were 16,420 outpatients treated in the district. Thus it is seen that there have been more than four times as many patients treated in that one month than were treated in the whole year of 1922. These figures also show the rapid growth of the medical work in the district. This has been mostly due to the establishment of rural dispensaries which are open every day in various localities throughout the district.

Incidence of Disease. As in the past, the disease of greatest prevalence in the district is treponematosi with its usual characteristics. Bismusal has been the specific which we have most favored, as it is cheap, can be made in bulk with little deterioration and is easily administered. Seldom have we seen any specific untoward reactions from this drug. An investigation of the small percentage of local reactions has caused us to adopt a smaller needle and to give the injections lower down in the more beefy part of the buttocks. This lessened considerably these local reactions. We have also used in lesser degree neo-salvarsan, sulpharsphenamine and salyrgan. We cannot state that these later drugs have been of any more benefit than bismusal but in some cases this may be due to the fact that they have been used in the treatment of cases which have shown resistance to all treatment. It is difficult to state with any degree of accuracy what the end results are in the treatment of this disease, as the patients frequently stop treatment as soon as the sores are healed or nearly healed. At least their incapacities are greatly ameliorated.

The incidence of malaria has not shown undue prominence. There are undoubtedly many cases diagnosed malaria throughout the district which are not true malaria as there are not laboratory facilities in the rural districts to confirm the diagnosis. At the hospital but 18.64 per cent of the blood examinations of malarial suspects showed the plasmodium.

We have had but two cases of typhoid during the year, one of which came from Port-au-Prince and the other from Grand-Goave.

In February 1927, there was reported to be an epidemic of some strange disease affecting the skin in the sections of Fond-Melon, Petite Rivière, Gosseline and Cochon Gras. The Public Health Officer and Assistant Public Health Officer visited these sections equipped with facilities to make skin smears but no epidemic was found to exist.

In July, 1927, there was reported to be an epidemic of whooping cough in the section of Grande Rivière, but upon investigation it was found to be a bronchial infection of a grippe like character.

In May, 1927, Lt. Colonel Nichols (MC) U. S. Army accompanied by the Director General and others visited our dispensary at Fond-Melon in order to carry out animal experiments on yaws cases. This work was accomplished.

In September, 1927, there was a very slight epidemic in Jacmel of unknown origin, but of a grippe like character the main symptoms of which were continued fever for four or five days, dropping by lysis, vomiting and severe headache. Physical examination elicited no signs except slight tenderness in the epigastrium which most likely was muscular from vomiting.

In June, 1927, an epidemic of conjunctivitis was discovered at the School at Fond Melon and proper treatment instituted.

Laboratory. The laboratory is only equipped for the examination of blood smears, urine, sputum and feces. A blood counting apparatus was requested but was never received. A total of 1,409 laboratory examinations were made of which:

295	were blood for malaria
55	or 18.64 per cent were positive
833	fecal material
238	urine
43	sputum

Vaccinations.

Cowpox (exclusive of school children)-----	224
Cowpox (school children)-----	481
Total.....	705
Anti-typhoid-----	67

We have had two cases of typhoid during the year, one of which came from Port-au-Prince and the other from Grand-Gave.

In February 1927, there was reported to be an epidemic of some strange disease affecting the skin in the sections of Fontaine, Fontaine-à-Vieille, Gosselin and Cochon Grass. The Public Health Officer and Assistant Public Health Officer visited these sections equipped with facilities to make skin smears but no epidemic was found to exist.

In July, 1927, there was reported to be an epidemic of whooping cough in the section of Grand-Valley, but upon investigation it was found to be a bronchitis of a nature like whooping.

In May, 1927, Lt. Colonel Nichols (MC) U. S. Army accompanied by the Director General and others visited our dispensary at Fontaine in order to carry out animal experiments on yaws cases. This work was accomplished.

In September, 1927, there was a very slight epidemic in Fontaine of unknown origin, but of a typhus like character the main symptoms of which were continued fever for four or five days, dropping by crisis, vomiting and severe headache. Physical examination elicited no signs except slight tenderness in the epigastrium which must likely was muscular from vomiting.

In June, 1927, an epidemic of conjunctivitis was discovered at the School at Fontaine and proper treatment instituted.

Laboratory. The laboratory is only equipped for the examination of blood smears, urine, sputum and feces. A blood counting apparatus was requested but was never received. A total of 1,400 laboratory examinations were made of which:

225 were sputum for bacteria
55 or 18.64 per cent were positive
833 fecal material
238 urine
43 sputum

Vaccinations.

Cowpox (exclusive of school children)-----	201
Cowpox (school children)-----	101
Total.....	302
Anti-typhoid-----	67

School Inspection. A total of one thousand and thirty two school children were inspected at the various schools. Of these

- 3.645 per cent showed enlarged spleens.
- 7.714 per cent were positive for treponematoses.
- 20.10 per cent were positive for ascaris.
- 15.49 per cent were positive for hookworm.
- 10.28 per cent were positive for trichuris.

There were no epidemics among school children with the exception of the one previously noted of conjunctivitis at Fond Melon.

Construction. The following improvements were made at the Hospital:

1. A new latrine was constructed.
2. A new and larger water line was installed from the water main to the hospital, as with the old line the hospital was frequently without water. Three new faucets were installed in the grounds.
3. A new cook oven was built for the public wards.
4. A series of concrete walks and one rock and dirt walk were constructed.
5. A new entrance gate of concrete and wood was built.
6. A new roof and ceiling were built on the main ward building, which have added to the comfort of the patients by the marked reduction of temperature in the wards.
7. The doors and windows were all painted green and white.
8. Additional lights were installed in the dispensary building and the grounds.
9. Several low swampy places in the grounds were filled in with small stones.
10. Additional flower beds were built in the grounds.
11. A new dispensary building at Saltrou was built by the people of that commune and was presented to the Service d'Hygiène. It was placed in commission the 3 January 1927.
12. A new cook house of wood and straw construction is nearing completion at the Peredo Dispensary.
13. Needed repairs were made at the rural dispensaries at Fond-Melon and Peredo.

School Inspection. A total of one thousand and thirty two school children were inspected at the various schools. Of these

3.642 per cent showed enlarged spleens.
7.714 per cent were positive for brucellosis.
30.10 per cent were positive for malaria.
15.19 per cent were positive for hookworm.
10.28 per cent were positive for syphilis.

There were no epidemics among school children with the exception of the one previously noted of conjunctivitis at Fond Melon.

Construction. The following improvements were made at the Hospital:

1. A new latrine was constructed.
2. A new and larger water line was installed from the water main to the hospital, as with the old line the hospital was frequently without water. Three new faucets were installed in the grounds.
3. A new cock oven was built for the public works.
4. A series of concrete walks and one rock and dirt walk were constructed.
5. A new entrance gate of concrete and wood was built.
6. A new roof and ceiling were built on the main ward building, which have added to the comfort of the patients by the marked reduction of temperature in the wards.
7. The doors and windows were all painted green and white.
8. Additional lights were installed in the dispensary building and the grounds.
9. Several low swampy places in the grounds were filled in with small stones.
10. Additional flower beds were built in the grounds.
11. A new dispensary building at Salomon was built by the people of that commune and was presented to the Service d'Hygiene. It was placed in commission the 3 January 1937.
12. A new cock house of wood and straw construction is nearing completion at the Parade Dispensary.
13. Needed repairs were made at the rural dispensaries at Fond-Melon and Parade.

Personnel. The Hospital personnel consists of:

Medical Officer, U. S. Navy-----	1
Haitian doctor-----	1
Priest-----	1
Laundresses-----	8
Coachman-----	1
Messengers-----	2
Gardeners-----	4
Janitor-----	1
Haitian dressers-----	2
Laboratory technician-----	1
Infirmier-----	6
Cooks-----	3
Sisters-----	6

The nursing situation remains the same as reported last year. In operating room and dispensary technique the well meaning efforts of the Sisters are not comparable to the work of trained nurses.

The dressers are inclined to be slovenly and not overly sympathetic to the sick.

The Laboratory technician is not overly energetic and for a time refused to examine sputum stating that that had always been done by the medical officer. She now examines sputum.

The Haitian doctor is working more willingly and more conscientiously.

The infirmiers who conduct the rural dispensaries are doing good work as shown by the numbers which they treat and the good reports which we receive about them from various citizens whom we meet on our inspection tours. An additional infirmier will be needed for the new dispensary which is to be built at Cote-de-Fer.

Miscellaneous. In January, 1927, a motor boat was received. After many difficulties in trying to get it to run, which caused us to enlist the services of a local motor mechanic and later those of an engineer of the Coast Guard service, a motor boat mechanic was sent at our request from Port-au-Prince and was placed upon our pay roll for running the motor boat. In a short time after his arrival, he had the motor boat running and since then it has been a great assistance in the work of the outlying portions of this district. Two trips are made regularly each month, one to the western end of the district (Cote de Fer and Bainet) and the other to the eastern end (Saltrou, Grand Gozier and Anse à Pitre) for the purpose of inspection and the holding of rural clinics. No increase of the allotment has been made for this added expense for the pay of the mechanician.

Personnel. The hospital personnel consists of:

1	Medical Officer, U. S. Navy
1	Haitian doctor
1	Priest
3	Technicians
1	Cook
2	Messengers
4	Gardeners
1	Janitor
2	Haitian dressers
1	Laboratory technician
3	Infirmiers
3	Cooks
3	Slaves

The nursing situation remains the same as reported last year. In operating room and dispensary techniques the well meaning efforts of the Slaves are not comparable to the work of trained nurses.

The dressers are inclined to be aloofly and not overly sympathetic to the sick.

The Laboratory technician is not overly energetic and for a time refused to examine sputum stating that that had always been done by the medical officer. She now examines sputum.

The Haitian doctor is working more willingly and more conscientiously.

The infirmiers who conduct the rural dispensaries are doing good work as shown by the numbers which they treat and the good reports which we receive about them from various clinicians whom we meet on our inspection tours. An additional infirmier will be needed for the new dispensary which is to be built at Cote-de-Jar.

Miscellaneous. In January, 1937, a motor boat was received. After many difficulties in trying to get it to run, which caused us to enlist the services of a local motor mechanic and later those of an engineer of the Coast Guard service, a motor boat mechanic was sent at our request from Port-au-Prince and was placed upon our pay roll for running the motor boat. In a short time after his arrival, he had the motor boat running and since then it has been a great assistance in the work of the visiting portions of this district. Two trips are made regularly each month, one to the western end of the district (Cote de Jar and Pointe) and the other to the eastern end (Salomon, Grand Gosier and Anse à Pitre) for the purpose of inspection and the holding of rural clinics. No increase of the allotment has been made for this added expense for the pay of the mechanic.

An incomplete X-ray outfit was received during the year. The remainder of the parts and supplies were received during the last month of this fiscal year. The X-ray room is in the process of completion for the installation of this apparatus and should be finished during the month of October, 1927. We suffer under the difficulty of not having electricity from 7 a.m. to 4 p.m., during the months from March to October, 1927, as electricity during the day is only supplied by the Electric Company during the coffee season from October to March.

Recommendations. It is felt that the hospital personnel is sufficient at present with the exception of the possible addition of a dentist whose services would be of great value.

That a flag pole be erected at the hospital and an official Haitian Flag be supplied so that the people may realize that it is a Haitian Government institution.

JEREMIE.

Hospital Jeremie. The following tables show in comparison the work accomplished at the Jeremie Hospital during the past three years:

	<u>1925</u>	<u>1926</u>	<u>1927</u>
Average number of inpatients per day---	36.08	26.77	24.65
Total admissions during year-----	209	185	126
Total number of outpatients-----	12388	11582	15004
Daily average outpatients-----	34.05	32.52	43.84
Discharged dead-----	6	7	6
Daily average death-----	0.016	0.019	0.016
Autopsies-----	1	4	0
Total major operations-----	12	19	16
Total minor operations-----	49	104	114
Neosalvarsan injections-----	33	2	130
Hgr. injections-----	43	439	94
Sulpharsphenamine injections-----	2897	835	373
Bismuth injections-----	1652	3651	10434
Total number of dressings-----	-	-	9229

It is evident from the above table that the number of patients who formerly were hospitalized, has been cut down through a more extensive out-patient department. The use of 1 per cent mercurochrome dressing on cases of treponematosi has made it possible to keep many patients in the out-patient department with only two dressings a week, who formerly required hospitalization for daily dressing. Treponematosi continues to constitute either directly or indirectly about 90 per cent of all cases treated.

At Lancaster 7-ray outfit was received during the year. The remainder of the parts and supplies were received during the last month of this fiscal year. The 7-ray outfit is in the process of completion for the installation of this apparatus and should be finished during the month of October, 1937. We expect under the difficulty of not having electricity from 7 a.m. to 4 p.m. during the months from March to October, 1937, an electricity during the day is only supplied by the Electric Company during the office hours from October to March.

Recommendations. It is felt that the hospital personnel is sufficient at present when the expansion of the possible addition of a dentist whose services would be of great value.

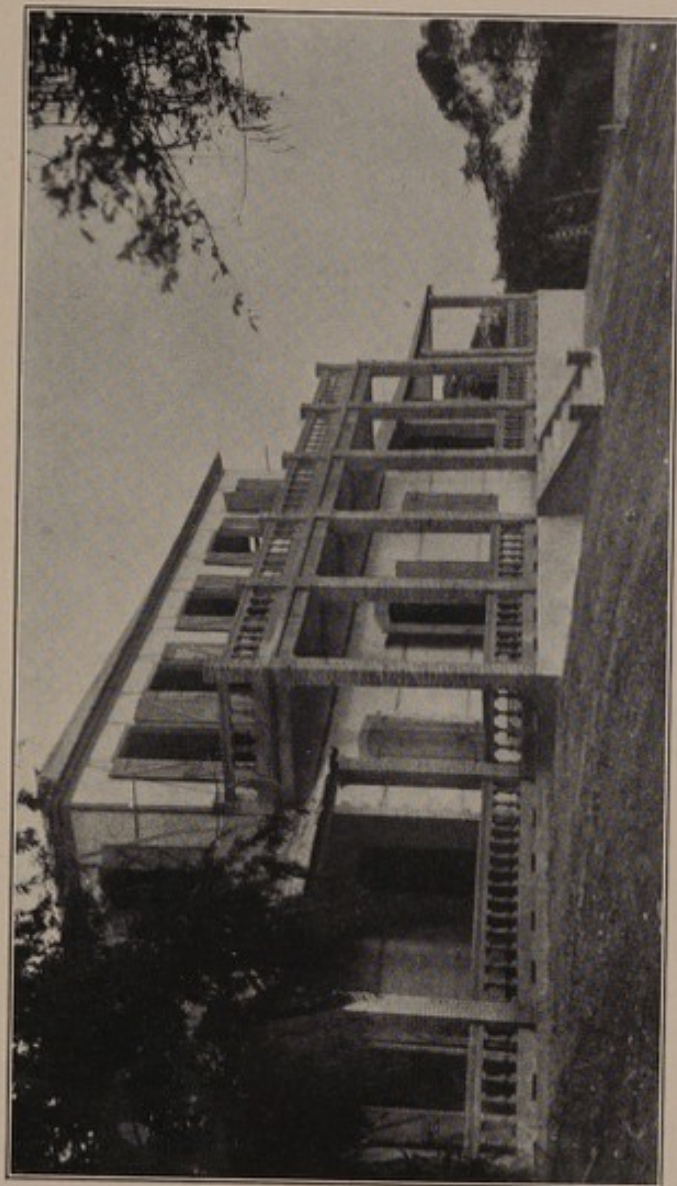
That a flag pole be erected at the hospital and an official flag also fly be supplied so that the people may realize that it is a hospital Government institution.

RESULTS

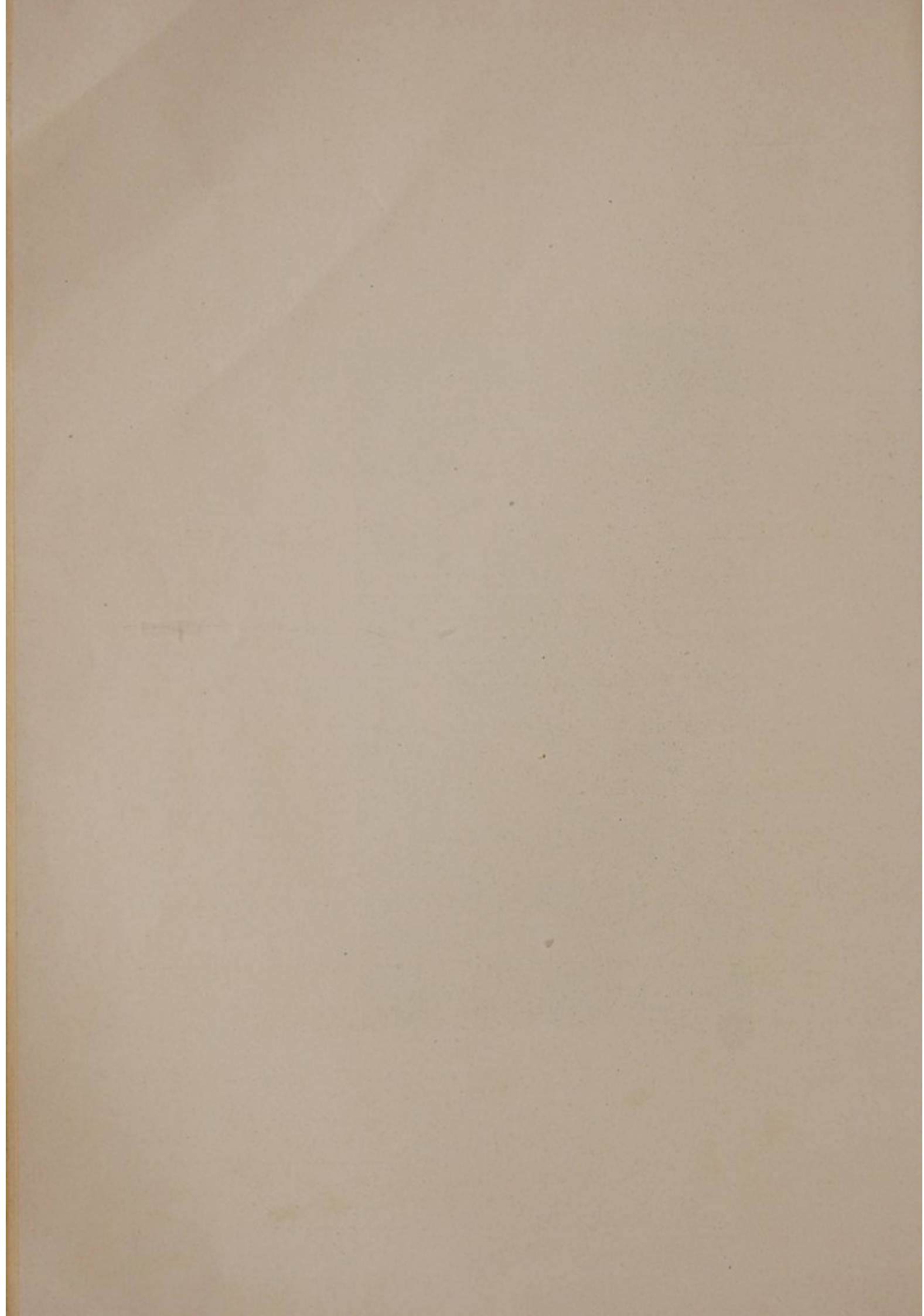
Hospital Results. The following tables show in comparison the work accomplished at the Hospital during the past three years:

1937	1936	1935
24.65	22.77	35.08
125	185	209
12004	11982	12588
43.84	32.52	31.05
5	?	5
0.015	0.015	0.015
0	4	1
15	13	15
111	104	49
130	5	33
95	439	43
373	932	2937
10424	2021	1522
2229	-	-

It is evident from the above table that the number of patients who formerly were hospitalized, had been cut down through a more extensive out-patient department. The use of 1 out-patient department dressing on cases of tuberculosis was made it possible to keep many patients in the out-patient department with only two dressings a week who formerly required hospitalization for daily dressing. Treatment of patients to continue to continue either directly or indirectly through per cent of all cases treated.



(19) Hôpital St. Antoine, Jérémie



Rural Clinics.

	<u>1925</u>	<u>1926</u>	<u>1927</u>
Number of places where rural clinics were held-----	-	9	7
Number of clinics-----	-	46	88
Total number of patients-----	-	1826	4762
Average attendance each clinic-----	-	39.72	54.1
Number of dressings-----	-	-	1101

Weekly clinics are held at Marfranc where the attendance often reaches 150, and bi-weekly clinics are held at Corail, Pestel. Clinics are still held irregularly at Dame-Marie, Abricots and Tiburon and Anse Macon (Cayemite Isle). Many cases who had to come long distances to the hospital are now successfully treated at the rural clinics.

Laboratory.

	<u>1925</u>	<u>1926</u>	<u>1927</u>
Examination of feces-----	3m	38	197
Examination of urine-----	18	29	145
Examination of sputum-----	1	8	1
Examination for malaria-----	48	32	1
Positive for malaria-----		6	1
Reactions Kahn-----	0	96	66

During the past year a girl has been secured to act as a laboratory technician. An attempt has been made to train her in the examinations of feces and urine. Next year it is proposed to send her to Port-au-Prince for further training in laboratory work.

Examination of School children. During the past year 438 school children were examined in the town of Joremie and 173 vaccinated against smallpox. The vaccination of school children in the past has been unsatisfactory because of the lack of facilities to keep the vaccine on ice.

Personnel. During the year three additions were made to the personnel at the Hospital, namely another sister to take charge of the kitchen, a girl to be trained as a laboratory technician, a man to take charge of the motor boat.

The following is a list of personnel as employed by the Hospital:

Public Health Officer, Lt. (jg) U.S.N.-----	1
Asst. Public Health Officer, Haitian Phys.-----	1
Sisters-----	3
Attendants-----	3
Technician-----	1
Clerk-----	1

Rural Clinics.

1937	1936	1935	
7	8	-	Number of places where rural clinics were held
38	48	-	Number of clinics
4382	1888	-	Total number of patients
54.1	33.73	-	Average attendance each clinic
1101	-	-	Number of diagnoses

Weekly clinics are held at Hartman where the attendance often reaches 150, and bi-weekly clinics are held at Corral, Postal, Gil- nico and still held irregularly at Los Garces, Arizola and Tiburcio and Anna Mason (Gavemista tribe). Many cases who had no home going distances to the hospital are now successfully treated at the rural clinics.

1937	1936	1935	
197	38	3m	Examination of feces
142	23	15	Examination of urine
1	8	1	Examination of sputum
1	32	48	Examination for malaria
1	6	-	Positive for malaria
68	98	0	Reactions Kahn

During the past year a ship has been secured to act as a laboratory technician. An attempt has been made to train her in the examination of feces and urine. Next year it is proposed to send her to Port-au-Prince for further training in laboratory work.

Examination of school children. During the past year 438 school children were examined in the town of Jacmel and 175 vaccinated against smallpox. The vaccination of school children in the past has been unsatisfactory because of the lack of facilities to keep the vaccine on ice.

Personnel. During the year three additions were made to the personnel at the Hospital, namely another stator to take charge of the kitchen, a girl to be trained as a laboratory technician, a man to take charge of the motor boat.

The following is a list of personnel as employed by the Hospital:

1	Public Health Officer, Jr. (U.S.N.)
1	Public Health Officer, Jr. (U.S.N.)
2	Stator
3	Attendants
1	Technician
1	Clerk

Laundress-----	1
Cooks-----	2
Laborer-----	1
Servant-----	1
Mechanician-----	1

New Construction. During the past year a new dispensary building was started and 98 per cent completed at the Hospital. The main building at the Hospital has been painted inside and out. Both wards have been ceiled. A shower bath for the use of the Sisters was started and a new water line was laid to the hospital, to replace the old one which never gave sufficient water for the hospital.

Rural dispensaries were 98 per cent completed at Marfranc and Moron. At Dame Marie an abandoned Gendarmerie building was secured, to be used as a dispensary building. The lawn in front of the hospital building has been completely filled and a drive way opened up to the Hospital.

Recommendations for the Future. The following recommendations are made for the future development of the Hospital and Rural clinics in the District.

1. The erection of a chapel out of funds originally donated to the Hospital for that purpose.
2. The installation of a Delco and Frigidaire unit at the Hospital, to supply adequate lighting and refrigeration, thus enabling more laboratory work to be done, and supply adequate light for the operating room at night as well as the rest of the hospital.
3. The employment of a Haitian doctor or an Intern from the Medical School to take charge of the Rural clinics. When this is done the erection of a dispensary at Roseaux should be started.

PETIT-GOAVE.

Petit-Goave Hospital. Personnel.

Medical Officer, U. S. Navy-----	1
Chief Pharmacist's Mate, U.S.Navy-----	1
Commissioned Haitian Physician at Anse à Veau---	1
Commissioned Haitian Physician at Petit-Goave---	1
Graduate nurses since April 1, 1927-----	2
Ward Attendants-----	3
Technician-----	1
Clerks-----	3
Pharmacists-----	2
Male Nurse, Home for indigents-----	1

1-----Landry
2-----Cook
1-----Laborer
1-----Attendant
1-----Mechanic

New Construction. During the past year a new dispensary building was started and 25 per cent completed at the Hospital. The main building at the Hospital has been painted inside and out. Bath rooms have been added. A shower bath for the use of the patients was started and a new water line was laid to the hospital, to replace the old one which never gave sufficient water for the hospital.

Large dispensary with 25 per cent completed at the Hospital and at the same time an abandoned dispensary building was started to be used as a dispensary building. The land in front of the hospital building has been completely filled and a drive way opened up to the Hospital.

Recommendations for the future. The following recommendations are made for the future development of the Hospital and Rural Clinic in the District.

1. The erection of a chapel out of funds originally donated to the Hospital for that purpose.
2. The installation of a Police and Protective unit at the Hospital, to supply adequate lighting and ventilation, thus enabling more laboratory work to be done, and supply adequate light for the operating room at night as well as the rest of the Hospital.
3. The employment of a Native doctor or an Indian from the Medical School to take charge of the Rural Clinic. When this is done the erection of a dispensary at Kasek should be started.

PETIT-COVE.

Petit-Cove Hospital. Personnel.

1-----Medical Officer, U. S. Navy
1-----Chief Pharmacist's Mate, U. S. Navy
1-----Commissioned Native Physician at Petit-Cove
1-----Commissioned Native Physician at Petit-Cove
2-----Graduate Nurses since April 1, 1927
2-----Nurse Attendants
1-----Technician
3-----Clerks
2-----Pharmacists
1-----Male Nurse, Nurse for Infants

Dresser, home for indigents-----	1
Dresser, Dispensary Miragoane-----	1
Cook, Hospital-----	1
Cook, home for indigents-----	1
Watchman-----	1
Maids-----	2
Laundresses, hospital-----	2
Laundresses, Home for indigents-----	1
Janitress, Dispensary Anse-à-Veau-----	1
Janitress, Dispensary Grand-Goave-----	1

New Construction. The brick stove and the cement kitchen of old hospital were repaired during the year.

The construction of one ward of the Public Health Hospital, the dispensary, two depots, shower baths and toilets were completed; and the dedication exercises were held on the 27th of March, at which time this institution was christened "Hospital Notre Dame".

About all the furniture and instruments necessary for the proper functioning of the hospital were received during the year.

A drug counter with shelves above it for bottles of various sizes, and compartment below it for stock material, was installed in one of the rooms of the new dispensary.

A large cabinet and table for use in the kitchen were constructed also.

Statistical Summary of work. A comparison of the following figures for the last two fiscal year shows the increasing popularity of out-patient department of the Hospital in Petit-Goave.

	<u>Fiscal Year</u> <u>1925-1926</u>	<u>Fiscal Year</u> <u>1926-1927</u>
Average number patients daily-----	44	65
Total admissions for the year-----	230	198
Total discharged for the year-----	161	160
Total discharged dead-----	25	23
Total number of outpatients treated-----	8257	23674
Average number of outpatients treated per month-----	275	1972
Total number of autopsies-----	0	0
Total number of major operations-----	0	2
Total number minor operations-----	14	89
Total number of dressings-----	14537	11662
Total number of embalmed-----	0	3
Total number of urinalysis-----	0	120
Total number of sputa examined-----	0	12
Total number of blood smears-----	0	25

	Fiscal Year 1925-1926	Fiscal Year 1926-1927
Total number of bismusal injections-----	5645	9295
Total number of neosalvarsan injections-----	14	276
Total number of sulphazsphenamine injections-----	774	40

Two and probably a third case of infantile paralysis occurred in the town of Petit-Goave during November 1926.

Hospital Water Supply. To insure a plentiful water supply, the old water hole in the hospital grounds was made five feet deeper, after which it was given a stone wall; and a hand pump with lines leading to the shower bath, the ward and the kitchen was installed.

Food. The cost of food per patient per day is about Gdes. 0.50 (ten cents gold).

Hospital Grounds. An old road bed extends across the part of the hospital site lying between the buildings and the sea. During the year through the generosity of several of the residents of Petit-Goave, we have been able to procure enough dirt to raise the level of the road to nearly that of the other land.

Every week since the opening of the hospital, flowers, shade trees and shrubs of assorted varieties have been planted in the hospital grounds, some of these were donated by citizens of Petit-Goave and others by the Agricultural Service.

Final settlements have been made for the two pieces of land lying on either side of the road that leads from the main street to the hospital.

Options for the purchase of the remaining properties, which lie between the southern end of the hospital site and the main street, have been obtained and forwarded to the Director General of the Public Health Service.

The Commune of Petit-Goave has kindly donated to the Service d'Hygiène a nice plot of land intervening between a portion of the hospital site and the sea. This now nearly straightens the line on the North side. Besides improving the appearance a great deal, this strip will be of no little value to the hospital property.

Six hundred and fifty two feet of stone and gravel walks were laid about the hospital grounds.

Vaccination. During the year a total of 1952 school children

Fiscal Year 1936-1937
Fiscal Year 1935-1936

2295	5245	Total number of patients in hospital
375	14	Total number of necessary inpatient services
40	774	Total number of outpatient services

Two and probably a third case of infantile paralysis occurred in the town of Petit-Gouave during November 1936.

Hospital Water Supply. To insure a plentiful water supply, the old water hole in the hospital grounds was made five feet deeper, after which it was given a stone wall; and a hand pump with lines leading to the shower bath, the ward and the kitchen was installed.

Food. The cost of food per patient per day is about \$0.50 (ten cents Gold).

Hospital Grounds. An old road bed extends across the part of the hospital site lying between the buildings and the sea. During the year through the generosity of several of the residents of Petit-Gouave, we have been able to procure enough dirt to raise the level of the road to nearly that of the other land.

Every week since the opening of the hospital, flowers, shade trees and shrubs of assorted varieties have been planted in the hospital grounds, some of these were donated by citizens of Petit-Gouave and others by the Agricultural Service.

Final settlements have been made for the two pieces of land lying on either side of the road that leads from the main street to the hospital.

Options for the purchase of the remaining properties, which lie between the southern end of the hospital site and the main street, have been obtained and forwarded to the Director General of the Public Health Service.

The Commune of Petit-Gouave has kindly donated to the Service d'Hygiène a nice plot of land intervening between a portion of the hospital site and the sea. This new nearly straightens the line on the North side. Besides improving the appearance a great deal, this strip will be of no little value to the hospital property.

Six hundred and fifty two feet of stone and gravel walks were laid about the hospital grounds.

Vaccination. During the year a total of 1933 school children

were examined in the district. Of this number 782 were vaccinated against smallpox, with 242 positive reactions. (The total of 1952 included the examination of the children of some of the schools twice during the year). The total number of schools visited at which examinations were made was twenty-six.

Rural Clinics. Probably no class in Haiti appreciates what the Public Health Service is doing for them more than the country people. Rural clinics are held at the following places:

Grand-Goave, Saint-Michel, Miragoane, Charlier, Violet, Anse-à-Veau, L'Asile, Petit-Trou, Baradères and Mouck.

New rural clinics were established at the below named places during the year:

Violet, Charlier, Petit-Trou, L'Asile and Baradères.

New Construction. Standard rural dispensaries were constructed by the Public Works Service at the following places during the year:

Grand-Goave, Miragoane and Saint-Michel.

Modified standard rural dispensaries were built under the supervision of the Public Health Officer at the following places during the year:

Petit-Trou, l'Azile and Baradères.

A comparison of the figures given below for the last two fiscal years will show the increasing popularity of the rural clinics.

Total number of patients treated:	Fiscal Year 1925-1926	Fiscal Year 1926-1927
Total number patients treated-----	8851	32342
Average number patients per month-----	737	2695
Average number patients per clinic-----	24	269
Total number of dressings-----	0	1829
Total number bismosal injections-----	4970	19120
Total number clinics held-----	98	439
Total number places where clinics were held-----	4	10

Future Plans. 1. Construction of the middle section and the operating room for the new Hospital.

2. Installation of water supply system in Hospital.

3. Construction of a stone wall around 2/3 of the hospital property.

were examined in the district. Of this number 782 were vaccinated against smallpox, with 242 positive reactions. (The total of 1922 included the examination of the children of some of the families twice during the year). The total number of schools visited at which examinations were made was twenty-six.

Rural Clinics. Probably no place in Haiti possesses what the Public Health Service is doing for them more than the country people. Rural clinics are held at the following places:

Grand-Gosse, Saint-Michel, Miragoane, Charlier, Vialat, Anse-à-Veau, L'Asile, Petit-Trou, Anahyves and Ansek.

New rural clinics were established at the below named places during the year:

Vialat, Charlier, Petit-Trou, L'Asile and Anahyves.

New Construction. Standard rural dispensaries were constructed by the Public Works Service at the following places during the year:

Grand-Gosse, Miragoane and Saint-Michel.

Modified standard rural dispensaries were built under the supervision of the Public Health Officer at the following places during the year:

Petit-Trou, L'Asile and Anahyves.

A comparison of the figures given below for the last two fiscal years will show the increasing popularity of the rural clinics.

Total number of patients treated:		Fiscal year	
		1922-1923	1923-1924
Total number patients treated	8851	32348	
Average number patients per month	737	2695	
Average number patients per clinic	24	229	
Total number of treatments	0	1223	
Total number dispensary locations	4270	12120	
Total number clinics held	93	422	
Total number places where clinics were held	4	10	

Future Plans. 1. Construction of the middle section and the operating room for the new Hospital.

2. Installation of water supply system in Hospital.

3. Construction of a stone wall around S.S. of the Hospital property.

4. Finish filling and leveling the hospital grounds with dirt.
5. Planting of more shade trees, shrubbery and flowers in the Hospital grounds.
6. Purchasing the remaining land lying between the hospital property and the main streets.

PORT-DE-PAIX.

Hospital, Port-de-Paix. The Hospital personnel consists of the following:

Doctor-----	1
Assistant-----	1
Chief Clerk-----	1
Sisters-----	3
Nurses-----	2
Attendants-----	4
Cooks-----	2
Chef d'Equipe-----	1
Laborers-----	6
Dressers, rural clinics----	3
Dressers for Hospital-----	2

The Hospital is comparatively new, having been in commission only ten months. The maximum bed capacity is 44 and is adequate for the needs of this district.

The male ward contains 20 beds, the female ward contains 20 beds and there are 4 beds in private rooms. Lights for the Hospital are electric, furnished by our own Delco Plant. The water supply at the present time is inadequate. Water is furnished from a spring located near the Hospital grounds, but at the present time the spring is practically dry. Two other organizations receive water from the same supply: the Gendarmerie and the Brothers' School. There is a drill on the way to Port-de-Paix to drill a deep well on the Hospital grounds, so probably in the next few months we shall have an adequate water supply. The Hospital has two pumps to send the water up to the reservoir, one gasoline and one electric, but both pumps are in need of repair.

The out buildings of the Hospital, such as storerooms, kitchens, garage, stable, etc. are adequate for the time being.

A new operating room with glass doors and screens has just been completed.

Equipment for the operating room and Hospital is adequate for the present needs.

4. Finish filling and leveling the hospital grounds with dirt.
5. Planting of more shade trees, shrubbery and flowers in the Hospital grounds.
6. Purchasing the remaining land lying between the hospital property and the main streets.

PORT-DE-PAIX.

Hospital, Port-de-Paix. The Hospital personnel consists of the following:

Doctor	1
Assistant	1
Chief Clerk	1
Nurses	3
Physician	2
Assistant	1
Cook	1
Chief of Hospital	1
Laborer	2
Druggist, general clinician	2
Druggist for Hospital	2

The Hospital is comparatively new, having been in commission only ten months. The maximum bed capacity is 25 and is adequate for the needs of this district.

The male ward contains 20 beds, the female ward contains 20 beds and there are 4 beds in private rooms. Lights for the Hospital are electric, furnished by the own water plant. The water supply at the present time is inadequate. Water is furnished from a spring located near the Hospital grounds, but at the present time the spring is practically dry. Two other organizations receive water from the same supply: the Gendarmerie and the Hospital School. There is a drill on the way to Port-de-Paix to drill a deep well on the Hospital grounds, so probably in the next few years we shall have an adequate water supply. The Hospital has the means to pump and water up to the reservoir, one gasoline and one electric, but both pumps are in need of repair.

The out buildings of the Hospital, such as storerooms, kitchens, garage, stable, etc., are adequate for the time being.

A new operating room with glass doors and screens has just been completed.

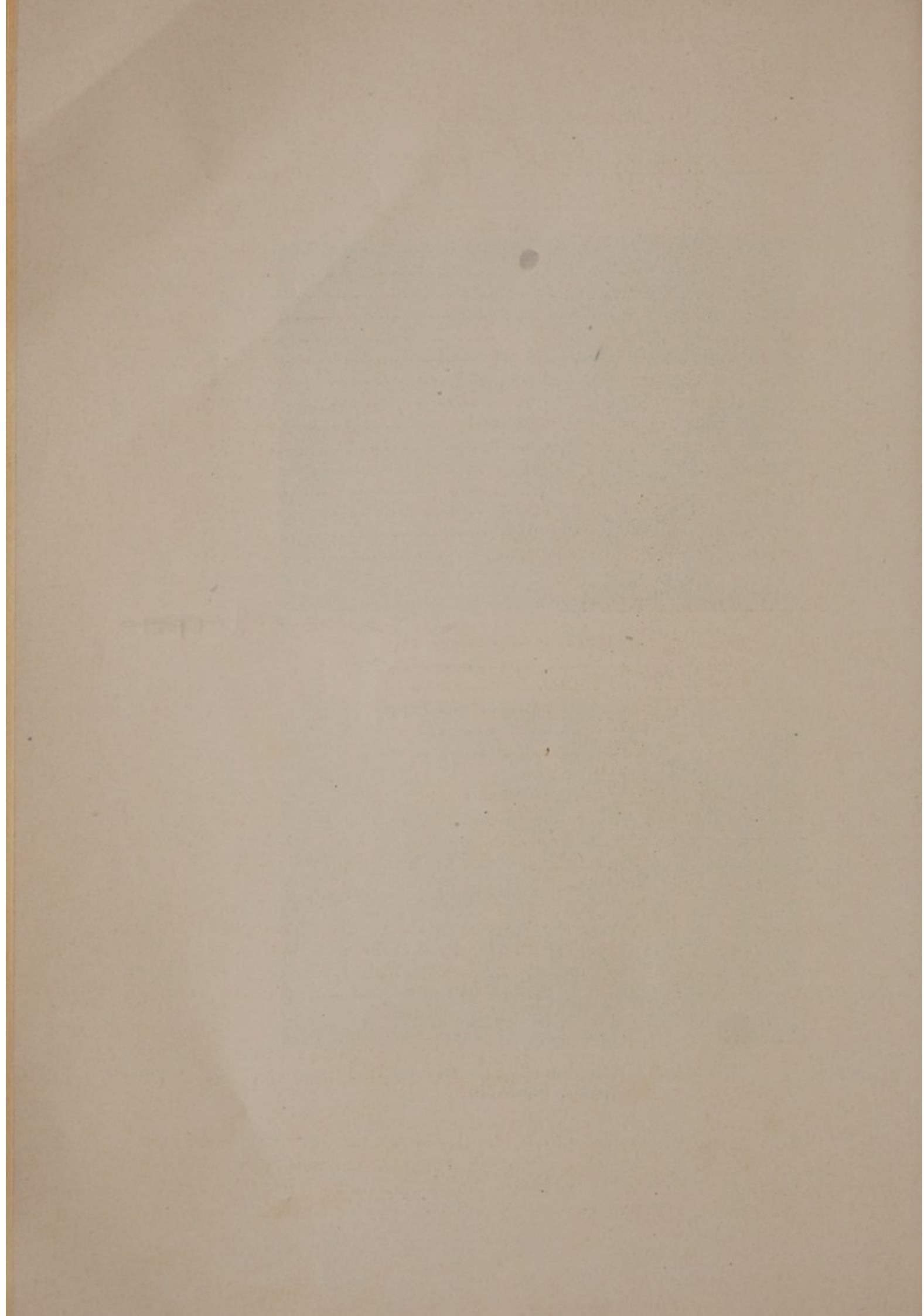
Equipment for the operating room and Hospital is adequate for the present needs.



(20) L'Hôpital de Port-de-Paix



(21) Groupe d'Ecoliers ayant été vaccinés, Ile de la Tortue,
District de Port-de-Paix



No additional personnel is needed for the Hospital now.

Statistical summary of work.

Total admissions-----	284
Average daily inpatients-----	13.2
Total number of outpatients-----	10994
Died-----	29
Discharged cured, etc.-----	257
Major operations-----	24
Minor operations-----	169
Total neosalvarsan injections-----	536
Total sulpharsphenamine injections-----	549
Total Bismusol injections-----	7140
Total mercury injections-----	12
Total dental treatments-----	201
Number of places rural clinics held-----	6
Number of rural clinics held-----	112
Number of patients at clinics-----	34219
Number of dressings by dressers-----	8915
Number of vaccinations-----	130

Laboratory Examinations.

Urinalysis-----	52
Feces-----	12
Sputum-----	6
Blood smears-----	2231
Positive malaria-----	1610
Others-----	3

Rural Clinics. Clinics are held weekly at St. Louis du Nord. It is 30 minutes from Port-de-paix, and can be reached by automobile all year around. The clinic is held in the old Gendarmerie Barracks but it is thought to be inadequate for the number of patients. A dresser is stationed there all the time.

Anse-à-Foleur is two hours ride on a horse from St. Louis du Nord. Clinics are held here in the old Gendarmerie Barracks once each month. The dresser from St. Louis goes to Anse-à-Foleur once each week, but as the clinics are getting larger all the time a dresser is going to be stationed there permanently in the near future.

Bonneau is a small place half way between Anse-à-Foleur and St. Louis du Nord. Clinics are held there once each month, the same day as Anse-à-Foleur.

Bassin Bleu is on the road from Port-de-Paix to Gros Morne. It requires two hours to reach it by automobile, but, since the new road has been completed it can be reached the year around. The clinics are held in the Priest's house once each month.

No additional personnel is needed for the Hospital now.

Statistical summary of work.

284	Total admissions
13.2	Average daily inpatients
10994	Total number of outpatients
29	Died
227	Discharged cured, etc.
24	Major operations
129	Minor operations
536	Total neoplasms in patients
849	Total aneurysms in patients
7100	Total bladder infections
12	Total urinary infections
201	Total dental treatments
6	Number of places rural clinics held
112	Number of rural clinics held
2419	Number of patients at clinics
6918	Number of dressings by dressers
130	Number of vaccinations

Laboratory examinations.

82	Urinalysis
12	Feces
6	Sputum
2371	Blood smears
1010	Positive malaria
3	Others

Rural Clinics. Clinics are held weekly at St. Louis du Nord. It is 30 minutes from Port-Jo-Paix, and can be reached by automobile all year around. The clinic is held in the old Gendarmerie barracks but it is thought to be inadequate for the number of patients. A garage is stationed there all the time.

Inns-A-Polant. Inns-A-Polant is two hours ride on a horse from St. Louis du Nord. Clinics are held here in the old Gendarmerie barracks once each month. The dresser from St. Louis goes to Inns-A-Polant once each week, but as the clinics are getting larger all the time a dresser is going to be stationed there permanently in the near future.

Honnem. Honnem is a small place half way between Inns-A-Polant and St. Louis du Nord. Clinics are held there once each month, the same day as Inns-A-Polant.

Basin Blau. Basin Blau is on the road from Port-Jo-Paix to Gros Hornes. It requires two hours to reach it by automobile, but, since the new road has been completed it can be reached the year around. The clinics are held in the priest's house once each month.

Jean-Rabel is 29 miles from Port-de-Paix, on the road to Môle St. Nicolas. It takes three hours by automobile and 5 1/2 hours on a horse. It can be reached by automobile the year around except for about two months during the rainy season. Clinics are held in a standard dispensary once each month. A dresser is stationed there permanently.

Clinics are held on the Ile de la Tortue once each month in the Priest's house.

It is very hard to get to this Island as we have to borrow a boat each time.

No epidemics have occurred in this district during the past year. The routine maladies, such as treponematoses, malaria, intestinal parasites and the ordinary tropical diseases exist here as in the rest of the Republic.

Vaccinations for the year were one hundred and thirty.

Recommendations. 1. Standard Rural dispensary at St. Louis du Nord.

2. Dresser for Anse-à-Foleur.

SAINT-MARC.

St. Nicolas Hospital, Saint-Marc. The Hospital at the present time has a capacity of 56 beds.

Personnel.

Medical Officer, U.S.N.	-----1
Commissioned physician, Haitian	-----1
French sister	-----1
Graduate nurse	-----1
Nurses, practical	-----2
Laboratory technician	-----1
Assistant Pharmacist	-----1
Dressers	-----5
Cooks	-----2
Laundresses	-----3
Laborers	-----4
Stagiaire Clerk	-----1

The present staff is adequate to carry on the routine work at this time. However, if there is any extension of activities it will be necessary to increase the staff.

Statistical Summary of work. A statistical summary of the more important features of the past year's work and a comparison with the previous year's work is as follows:

Jeann-Jacques is 22 miles from Port-au-Prince, on the road to Môle St. Nicolas. It takes three hours by automobile and 1 1/2 hours on a horse. It can be reached by automobile the year around except for about two months during the rainy season. Clinics are held in a standard dispensary once each month. A dresser is assigned there permanently.

Clinics are held on the 1st of the month and each month in the Priest's house.

It is very hard to get to this island as we have to borrow a boat each time.

No epidemics have occurred in this district during the past year. The routine malaria, even as yellow fever, typhoid, intestinal parasites and the ordinary tropical diseases which are in the rest of the Republic.

Vaccinations for the year were one hundred and thirty.

Recommendations. 1. Standard first dispensary at St. Louis du Nord.

2. Dresser for Môle St. Nicolas.

SAINT-MARC.

St. Nicolas Hospital, Saint-Marc. The Hospital at the present time has a capacity of 50 beds.

Personnel.

- Medical Officer, U.S.N. 1
- Commissioned Physician, Haitian 1
- French Assistant 1
- Graduate Nurse 1
- Nurses, Haitian 2
- Laboratory Technicians 1
- Assistant Pharmacist 1
- Dresser 2
- Cook 2
- Laundrywoman 3
- Laundryman 4
- Stable Hand 1

The present staff is adequate to carry on the routine work at this time. However, if there is any extension of activities it will be necessary to increase the staff.

Statistical Summary of work. A statistical summary of the more important features of the past year's work and a comparison with the previous year's work is as follows:

	Fiscal Year 1925-26	Fiscal Year 1926-27
Number of out patient consultations-----	27,759	39,847
Daily average of outpatients (excluding Sundays and Holidays)-----	92.2	131
Admissions-----	366	320
Daily average-----	25.3	25
Major operations-----	17	16
Minor operations-----	211	149
Deaths-----	30	28
Bismusal injections-----	13,537	15,784
Neosalvarsan and sulpharsphenamine injections-----	402	10,425
Dental extractions-----	319	407

Only emergency operations are performed because the operating room has not been completed, and because of the insufficient amount of light in the present operating room.

The old idea of the public, that the hospital was an insane asylum, poor house, and home for incurables, has changed somewhat during the past year. Few such patients are now admitted to the hospital, and these only long enough to arrange for proper care outside. The custom among a portion of the poorer class of bringing their sick to the hospital when death is imminent for the purpose of obtaining burial at Communal expense is still being practiced. They are usually brought to the hospital to die and only when it is nearly certain that they are about to do so. Therefore, the hospital is still somewhat associated with death in the public mind. At least 60 per cent of the deaths recorded during the past year were of this character.

Permanent Construction. 1. New ward building containing private rooms.

2. Operating salon and equipment.

3. Latrines.

4. Water installation in dispensary.

5. Dispensaries at Carrefour Grosse Chaudière and Mont Rouis.

Important Diseases. During the year no diseases reached epidemic proportions in this district. A few cases of typhoid fever were reported early in the year. Small pox was not observed. One case of varicella was reported. The malaria rate was reduced in Saint-Marc. There was also an improvement in malaria around Verrettes and Petite Rivière. Amoebic dysentery was not common but appeared here and there. No cases of bacillary dysentery were seen at the hospital. Pulmonary tuberculosis remains about the same. It appears to be very prevalent. Gonorrhea

Placal Year
1925-26

Number of out patient consultations	27,750	32,867
Daily average of outpatients		
(excluding Sundays and Holidays)	92.2	121
Admissions	356	390
Daily average	22.3	25
Major operations	17	15
Minor operations	211	149
Deaths	30	28
Blasmer injections	15,537	15,784
Neostriatin and sulphamerazine injections	402	10,408
Dental extractions	319	407

Only emergency operations are performed because the operating room has not been completed, and because of the insufficient amount of light in the present operating room.

The old idea of the public, that the Hospital was an insane asylum, poor house, and home for indigents, has changed somewhat during the past year. Few such patients are now admitted to the Hospital, and those only long enough to arrange for proper care outside. The cost to the Hospital is small. The poor class of bringing their sick to the Hospital when death is imminent for the purpose of obtaining burial at Government expense is still being practiced. They are usually brought to the Hospital at the only time when it is nearly certain that they are about to die. Therefore, the Hospital is still somewhat associated with death in the public mind. It is not so far from the truth as recorded during the past year were of this character.

Permanent Construction. 1. New ward building containing private rooms.

2. Operating room and equipment.
3. Bathing.
4. Water installation in dispensary.
5. Dispensaries at Garretts Green, Chaudhary and West Horia.

Important Diseases. During the year no diseases reached epidemic proportions in this district. A few cases of typhoid fever were reported early in the year. Small pox was not reported. One case of varicella was reported. The malaria rate was reduced in Sialkot. There was also an improvement in malaria around Varanasi and Delhi districts. Amoebic dysentery was not common but appeared here and there. No cases of bacillary dysentery were seen at the Hospital. Pulmonary tuberculosis also remains about the same. It appears to be very prevalent. Gonorrhea

was very common. Intestinal disorders, including parasites, are still among our major diseases. This condition can only be improved by better living conditions. The mortality from accidents of labor was not so high. Measles and whooping cough were infrequent and only scattered throughout the district. Treponematoses remains about the same. However, more are coming to the clinics for treatment than in the past.

Rural Clinics. Two new dispensary buildings were constructed and are now in use. The results obtained in rural clinics are satisfactory. The attendance was greater than the year before and each clinic is steadily increasing. The effects of bismusal injections are becoming more and more recognized, although we still have a great deal of trouble in encouraging people to take it. The introducing of a long needle and giving the injection deep into the muscle with a good massage following has brought about less pain; this has helped to increase the popularity of taking bismusal in this district.

Inspection and Vaccination of School Children. Routine inspections at regular periods and whenever possible were conducted throughout the year. All unprotected school children were vaccinated against smallpox. The personnel, as at present constituted, cannot conduct this work with the thoroughness and frequency it deserves without sacrifice to other activities.

Recommendations. The Hospital should be wired for electric lights. If the Commune should fail to install its electric plant, a Delco plant should be placed in commission immediately. No means are now available to light the operating room in order to take care of any emergency occurring after sun down. The practice of having to place the operating table in the yard and using the headlights of automobiles is not in accord to the expenditure of funds for a modern operating salon which is now completed.

Funds are also needed for the following new constructions at the Hospital.

1. Latrine for Sisters
2. Kitchen.
3. Stereeroom for provisions and hospital accessories.
4. Incinerator small size for dressings, fomites, etc.
5. Chapel.
6. Sisters quarters.
7. Hospital wall.

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Rural Clinics. Two new dispensary buildings were constructed and are now in use. The results obtained in rural clinics are satisfactory. The attendance was greater than the year before and each clinic is steadily increasing. The effects of diurnal injections are becoming more and more recognized, although we still have a great deal of trouble in getting people to take it. The introduction of long needles and giving the injection deep into the muscle with a good massage following has brought about less pain; this has helped to increase the popularity of taking diurnal in this district.

Inspection and Vaccination of School Children. Routine inspections at regular periods and whenever possible were conducted throughout the year. All unvaccinated school children were vaccinated against smallpox. The personnel, as at present constituted, cannot conduct this work with the thoroughness and frequency it deserves without sacrifices to other activities.

Recommendations. The Hospital should be wired for electric lights. If the Commune should fail to install its electric plant, a Diesel plant should be placed in commission immediately. No means are now available to light the operating room in order to take care of any emergency occurring after sun down. The practice of having to place the operating table in the yard and using the headlights of automobiles is not in accord to the expenditure of funds for a modern operating room which is now completed.

Funds are also needed for the following new constructions at the Hospital.

1. Latrine for Sisters
2. Kitchen.
3. Storeroom for provisions and hospital accessories.
4. Incubator small size for breastmilk, bottles, etc.
5. Chapel.
6. Sisters quarters.
7. Hospital wall.

8. Piping of running water into new wards and laboratories.

9. Construction of a cement tank in order that water will be available at all times, and discontinue the use of gasoline drums in various parts of the hospital as water reservoirs.

10. Cement walks and driveways.

11. Animal coop and runway.

12. Isolation ward with enclosure.

Dispensary buildings are badly needed at Luly, Petite Rivière and Verrettes.

October	133	73	47	21	54	25	39	202	22	27	705
November	137	83	45	24	57	28	46	247	24	29	725
-ooo-											
December	137	82	50	21	46	27	38	249	23	23	734
January	147	84	44	20	53	29	42	261	27	23	745
February	173	88	51	30	34	34	41	272	25	27	807
March	181	81	49	23	47	23	39	312	21	24	817
April	183	78	49	25	57	21	32	308	18	17	791
May	134	74	54	25	53	25	50	302	21	25	847
June	135	71	53	16	52	21	45	286	19	24	821
July	134	71	49	21	43	20	51	290	17	37	835
August	177	75	53	28	45	23	53	302	18	29	837
September	188	81	54	38	46	24	75	351	18	33	825
Tally average for the year	163	75	51	25	52	24	59	285	20	26	780

8. Piping of running water into new wards and laboratories.
 9. Construction of a cement tank in order that water will be available at all times, and throughout the use of gasoline flames in various parts of the hospital as water reservoirs.
 10. Cement walks and driveways.
 11. Animal coop and runway.
 12. Isolation ward with enclosure.
- Dispensary buildings are badly needed at City Police Division and
Verrester.

DAILY AVERAGE OF PATIENTS FOR FISCAL YEAR 1926-27
FOR THE ENTIRE REPUBLIC.

	Cap-Haitien	Cayes	Gonaïves	Hinche	Jacmel	Jeremie	Petit-Goave	Port-au-Prince	Port-de-Paix	Saint-Marc	T o t a l.
October	128	79	47	21	54	26	39	202	22	27	705
November	127	80	46	24	51	28	46	267	24	29	722
December	123	82	50	21	48	27	38	249	23	23	684
January	147	84	44	28	53	29	42	241	27	23	718
February	175	85	61	30	34	34	41	279	26	22	807
March	181	81	49	29	60	23	39	312	21	24	819
April	180	78	49	28	57	21	32	302	15	19	781
May	184	74	54	22	53	25	80	302	21	26	841
June	196	71	53	16	52	21	88	282	19	26	824
July	184	71	48	21	45	20	91	230	13	30	803
August	177	76	53	26	45	20	93	302	16	29	837
September	158	81	54	38	46	21	76	301	15	33	823
Daily average for the year	163	78	51	25	52	24	59	282	20	26	780

INSPECTION OF SCHOOL CHILDREN.

Three year ago a system of school inspections was instituted. The primary object of this inspection was to vaccinate all non immune children against small pox and to determine the malarial rate in various sections. Since that time elaborate malaria surveys have been made in several sections of the Republic and this part of the work has been discontinued. Since the last epidemic of typhoid in Port-au-Prince during April, May and June, 1927, anti-typhoid inoculations have become a routine part of the school inspections.

On October 1st, 1927, a graduate Haitian nurse was given full time detail on this work for the schools of Port-au-Prince and it is estimated that it will take her just a year to make a complete round of the schools of Port-au-Prince in a thorough manner, vaccinating all non immune school children against smallpox and inoculating against typhoid all the children who have not received this protection during the past four years.

School children were examined and vaccinated in the various districts during the year as follows:

<u>Districts</u>	<u>Examined</u>	<u>Vaccinated.</u>
Cap-Haitien	4,250	2,514
Cayes	4,656	3,538
Gonaives	590	238
Hinche	502	218
Jacmel	1,032	535
Jeremie	144	144
Petit-Goave	2,182	760
Port-au-Prince	3,146	2,230
Port-de-Paix	2,493	814
Total	18,995	10,791

In addition to the small pox vaccination and anti-typhoid inoculations conducted at the schools, the hospitals are all centers for this work and this service is given to all who apply for it at the hospitals.

Notes on a Malaria Survey at Port-de-Paix, Haiti. "Of the 6,400 laborers examined 26 per cent showed malaria parasites in a single thick film blood smear. Of those infected, 80 per cent were of the malignant tertian type, 19 per cent quartan and less than 1 per cent benign tertian. Relatively few mixed infections were noted. If there had been time or opportunity to examine the blood of the laborers on two consecutive days, it is assumed that certainly more cases of mixed infection

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School children were examined and vaccinated in the various districts during the year as follows:

Districts	Examined	Vaccinated.
Cap-Haitien	4,250	2,514
Cayes	4,252	2,328
Gonaives	220	228
Hinche	202	218
Jacmel	1,022	522
Jacmel	142	142
Port-Garde	2,122	720
Port-au-Prince	3,142	2,220
Port-de-Paix	2,422	212
Total	19,222	12,721

In addition to the small pox vaccination and anti-typhoid inoculations conducted at the schools, the hospitals are all centers for this work and this service is given to all who apply for it at the hospitals.

Notes on a Malaria survey at Port-de-Paix, Haiti. "Of the 2,400 laborers examined 22 per cent showed malaria parasites in a single thick film blood smear. Of those infected, 82 per cent were of the malignant tertian type, 12 per cent quartan and less than 1 per cent benign tertian. Relatively few mixed infections were noted. If there had been time or opportunity to examine the blood of the laborers on two consecutive days, it is assumed that certainly more cases of mixed infection

would have been found, and it is thought, also that the total number of those infected would have been increased ^{by} from five to ten per cent. The surprising thing, of course, is the very small amount of benign tertian. During the first few days of the survey there were a number of benign tertian cases reported by each of the examiners, but on more careful study they became more conservative, and only three or four cases of benign tertian were reported during the last three weeks of the work, and on those few cases the several examiners were never unanimous, but all yielded to the opinion of Dr. Barbour whose international reputation and long experience in malaria work naturally placed him in the position of arbiter."

"Another fact which surprised those of us who were doing their first malaria survey was the large number of men who showed heavy infections, some of them having as high as 50 to 70 rings to the field. And it was quite a common finding to see specimens with 4 to 6 parasites to the field. All the prospective emigrants were first examined physically; and those who were weak, sick, infirm or too young were rejected. Blood smears were only taken on those who were allowed to go and who were in apparent good health."

"Three groups of children were examined; one group of a hundred from the market place at St. Louis du Nord in whom malarial parasites were found in 28 per cent, another group of a hundred street children in Port-de-Paix who were 24 per cent positive, and a third group of 67 students of the Brother's School at Port-de-Paix who were 14 per cent infected. The ratio of quartan to malignant tertian infections among the children was approximately the same as that noted among the emigrants. No benign tertian was found. It is interesting to note the low rate among the students as compared with the other two groups. Three factors may have a bearing on this difference. First: It was impossible at the time to examine more than the 67 who could be collected, and it is possible but not probable that there would have been enough positives in the last thirty three to bring up the rate if we had succeeded in getting blood from a hundred students. Second: The school children came mostly from Port-de-Paix and the sanitation of the town itself may be the important factor. But the third factor is perhaps equally important, and that is, that the students came from the better class, and consequently were much better nourished. One should also consider that perhaps the better class of children from the School had had more quinine than the others, they being close to the source of supply and having the money to purchase it."

"Perhaps it will not be amiss to say a few words about the Barbour and Komp thick film method. This method was used exclusively and while it would be a waste of time to give the technique in detail yet certain precautions which Barbour and Komp have found necessary if good uniform results are obtained, will be mentioned. Two prime essentials in the preparation of thick films are: 1. Avoidance of dust or finger dirt. To clean the finger or ear well requires but little time, perhaps four or five extra minutes, for a group of twenty five

"I have been found, and it is thought also that the total number of those infected would have been increased from five to ten per cent. The surprising thing, of course, is the very small amount of benign tertian. During the first few days of the survey there were a number of benign tertian cases reported by each of the examiners, but on more careful study they became more conservative, and only three or four cases of benign tertian were reported during the last three weeks of the work, and on those few cases the several examiners were never unanimous, but all yielded to the opinion of Dr. Harbord whose international reputation and long experience in malaria work naturally placed him in the position of arbiter."

"Another fact which surprised those of us who were doing their first malaria survey was the large number of men who showed heavy infections, some of them having as high as 50 to 70 rings to the field. And it was quite a common finding to see specimens with 4 to 6 parasites to the field. All the prospective emigrants were first examined physically; and those who were weak, sick, infirm or too young were rejected. Blood smears were only taken on those who were allowed to go and who were in apparent good health."

"Three groups of children were examined; one group of a hundred from the market place at St. Louis du Nord in whom malarial parasites were found in 28 per cent, another group of a hundred street children in Port-de-Paix who were 24 per cent positive, and a third group of 57 students of the Brother's School at Port-de-Paix who were 14 per cent infected. The ratio of parasites to malignant tertian infections among the children was approximately the same as that noted among the emigrants. No benign tertian was found. It is interesting to note the low rate among the students as compared with the other two groups. Three factors may have a bearing on this difference. First: It was impossible at the time to examine more than the 57 who could be collected, and it is possible that not probable that there would have been enough positives in the last thirty three to bring up the rate if we had succeeded in getting blood from a hundred students. Second: The school children came mostly from Port-de-Paix and the sanitation of the town itself may be the important factor. But the third factor is perhaps equally important, and that is, that the students came from the better class, and consequently were much better nourished. One should also consider that perhaps the better class of children from the school had had more quinine than the others, they being classed as the source of supply and having the money to purchase it."

"Perhaps it will not be amiss to say a few words about the Harbord and Kemp thick film method. This method was used exclusively and while it would be a waste of time to give the technique in detail yet certain precautions which Harbord and Kemp have found necessary if good uniform results are obtained, will be mentioned. Two prime essentials in the preparation of thick films are: 1. Avoidance of dust or finger dirt. To clean the finger or ear well requires but little time, perhaps four or five extra minutes, for a group of twenty five

to thirty persons. The blood drop should be spread by dragging it about on the slide, not by rubbing the finger in it. Varying thickness in the depth of the drop is an advantage. The amount of the blood spread may vary, but it is well to have at least one fifth of a cubic centimetre. Second. A good quality of Giemsa stain is also essential. Gruebler's powders are used exclusively, and the stock stain is made up according to the usual text book formula. Chemically pure glycerine and chemically pure methyl alcohol are necessary. The stain which was used at Port-de-Paix contained only the azur II eosin in the usual amount; no azur II was added."

"Other details are worthy of mention: Freshly distilled water or rain water caught in the open is satisfactory, but care must be taken that it does not become acid in reaction through absorption of CO₂ or the growth of algae. The stain works best when the hydrogen ion concentration of the water is between 7.4 and 7.8. It is best to make up only enough stock stain to last three or four weeks. When slides are well cleaned one usually has but little trouble through failure of the thick film to adhere to the slide. It is best to wipe the cleaned slides with a cloth moistened in alcohol before using. A few hours drying of the blood will make the films adhere better and the slides may be placed in the sun. Care must be taken however not to allow too much heat or the film will harden to such an extent as to interfere with dehemoglobinization. For the same reason the

slides should not remain unstained for more than two or three days. The slides should be decolorized too little rather than the least bit too long, and Clark prefers not to decolorize at all. Glassware must be kept exclusively for this work since any contamination with acid substances may spoil a whole batch of slides. If such an accident would happen it is easy to decolorize and restain."

"There can be no question but that the thick film method is a great time saver and that a great many more positives are found with the thick than with the thin film preparations. In hospital practice five minutes is considered to be sufficient time to spend on a slide before reporting it negative, while in survey work three minutes is sufficient. In any case the finding of chromatin granules, pigment or even anemia would lead one to prolong the search. In the work at Port-de-Paix the first parasite was found in the first 30 seconds of search in more than forty per cent of the positives, and about eighty per cent of the positives were found before fifty fields had been examined using a number 10 ocular, - or roughly, within the first minute and a half."

"There can be no doubt but that in the hands of skilled observers the thick film is much more accurate. Clark, working with his technician in Honduras in the spring of 1924, examined 1,431 blood films, he using the thick film and his technician the thin preparation. The Barbour thick film gave 45.8 per cent positive results, and the ordinary thin film gave 17.5 per cent. Three hundred and fifty of these

examinations were positive to the thick film and negative to the thin film. Thirty of the examinations were positive to the thin film and negative to the thick film method, and Clark summarized the advantages and disadvantages of the thick film method at the Kingston conference in 1924 as follows: 1. It reveals the adult parasites when only a sparse infection is present. 2. It helps identify the type, in cases where perhaps only one or two young ring forms are found in a thin film, by affording an opportunity to see some of the adult forms. 3. It furnishes a much more accurate idea of the incidence of malaria. The disadvantages are: 1. Young ring forms are difficult to stain because they contain little, if any, pigment. 2. The thick films are easier to lose off the slide than the fixed thin film. 3. Anemic blood is difficult to prepare in thick film and easy to lose in water jars. 4. It is difficult - much of the time, impossible to differentiate benign tertian from quartan parasites. 4. A positive thick film report given to a medical officer in charge of natives in the tropics, sometimes misleads the clinician and prevents, or delays, the recognition of the primary disease that brings the patient to the Hospital. A doctor new to the tropics is apt to find difficulty, for a while, in differentiating an acute malaria from a chronic or latent case. 6. The thick film requires more experience in its examination than does the thin film picture with its good background or red cells."

"In Conclusion I wish to state that it is my opinion that in hospital practice in this country the blood of every newly admitted patient should be examined by the thick film method for malaria as a matter of routine, and if found negative a second examination should be done on the following day. Certainly malarial parasites will be found in many patients presenting no malaria symptoms, and who are not actually suffering from their malarial parasites which they may have harboured for many years, but if the doctor in charge of the case is forewarned he is forearmed. The surgical case can be better prepared for his operation, and in the expectant mother who carries malaria parasites in her blood stream, it must always be remembered that malaria itself causes more miscarriages than quinine in reasonable dosage ever does, to say nothing of those obscure cases of anemia, pain in the back, neuralgia, digestive and other indefinite disturbances which frequently clear up when the proven malaria is carefully treated over sufficient length of time. Of course in time probably the greatest benefit to the community will be derived from the careful sanitation done in those neighborhoods whence the carriers come, as well as more intelligent sterilization of the carriers themselves".

3. Anemic blood is difficult to prepare in thick film and easy to lose in water jars. 4. It is difficult - much of the time, impossible to differentiate benign tertian from quartan parasites. 4. A positive thick film report given to a medical officer in charge of natives in the tropics, sometimes misleads the clinician and prevents, or delays, the recognition of the primary disease that brings the patient to the Hospital. A doctor new to the tropics is apt to find difficulty, for a while, in differentiating an acute malaria from a chronic or latent case. 6. The thick film requires more experience in its examination than does the thin film picture with its good background or red cells."

P. W. Wilson, Lt.-Comdr. (MC) USN."

"In Conclusion I wish to state that it is my opinion that in hospital practice in this country the blood of every newly admitted patient should be examined by the thick film method for malaria as a matter of routine, and if found negative a second examination should be done on the following day. Certainly malarial parasites will be found in many patients presenting no malaria symptoms, and who are not actually suffering from their malarial parasites which they may have harboured for many years, but if the doctor in charge of the case is forewarned he is forearmed. The surgical case can be better prepared for his operation, and in the expectant mother who carries malaria parasites in her blood stream, it must always be remembered that malaria itself causes more miscarriages than quinine in reasonable dosage ever does, to say nothing of those obscure cases of anemia, pain in the back, neuralgia, digestive and other indefinite disturbances which frequently clear up when the proven malaria is carefully treated over sufficient length of time. Of course in time probably the greatest benefit to the community will be derived from the careful sanitation done in those neighborhoods whence the carriers come, as well as more intelligent sterilization of the carriers themselves".

DIVISION OF SANITATION.

PORT-AU-PRINCE.

Personnel. The personnel of this Sanitation Division numbers five hundred and ninety two (592) and consists of the following:

- 1 Chief Pharmacist, U. S. Navy,
Public Health Officer.
- 1 Chief Pharmacist Mate, U. S. Navy
Assistant Public Health Officer.
- 1 Haitian doctor
- 1 Chief clerk
- 1 Clerk
- 2 Messengers
- 2 Chief Sanitary Inspectors
- 32 Sanitary Inspectors
- 15 Rural Sanitary Inspectors
- 16 Chauffeurs
- 7 Watchmen
- 1 Mechanic
- 45 Chefs d'Equipe (including rural)
- 460 Laborers (including rural).

The above are employed as follows:

Administrative (3)

- 1 Public Health Officer
- 1 Assistant Public Health Officer
- 1 Commissioned Physician, 2nd class.

Office (4)

- 1 Chief Clerk
- 1 Clerk
- 2 Messengers

Inspection Service (33)

- 1 Acting Chief Sanitary Inspector
- 1 Acting Assistant Chief Sanitary Inspector
- 3 Sanitary Inspectors (Controllers)
- 16 Sanitary Inspectors
- 1 Sanitary Inspector (Abattoir)
- 1 Sanitary Inspector (Dumps and water front)
- 3 Sanitary Inspectors (Market)
- 1 Sanitary Inspector (Veterinary)

DIVISION OF SANITATION.

OLT-AU-PRINCE.

Personnel. The personnel of this Sanitation Division numbers five hundred and ninety-two (592) and consists of the following:

- 1 Chief of Division, U. S. Navy.
- 1 Public Health Officer.
- 1 Chief of Division, U. S. Navy.
- 1 Assistant Public Health Officer.
- 1 Station Doctor.
- 1 Chief Clerk.
- 1 Clerk.
- 2 Messengers.
- 2 Chief Sanitary Inspectors.
- 22 Sanitary Inspectors.
- 18 Chief Sanitary Inspectors.
- 18 Chemists.
- 1 Veterinarian.
- 1 Mechanic.
- 45 Chief of Division (Insulating Travel).
- 450 Laborers (Insulating Travel).

The above are employed as follows:

Administrative (2)

- 1 Public Health Officer.
- 1 Assistant Public Health Officer.
- 1 Commissioned Physician, 2nd class.

Offices (2)

- 1 Chief Clerk.
- 1 Clerk.
- 2 Messengers.

Inspected Service (35)

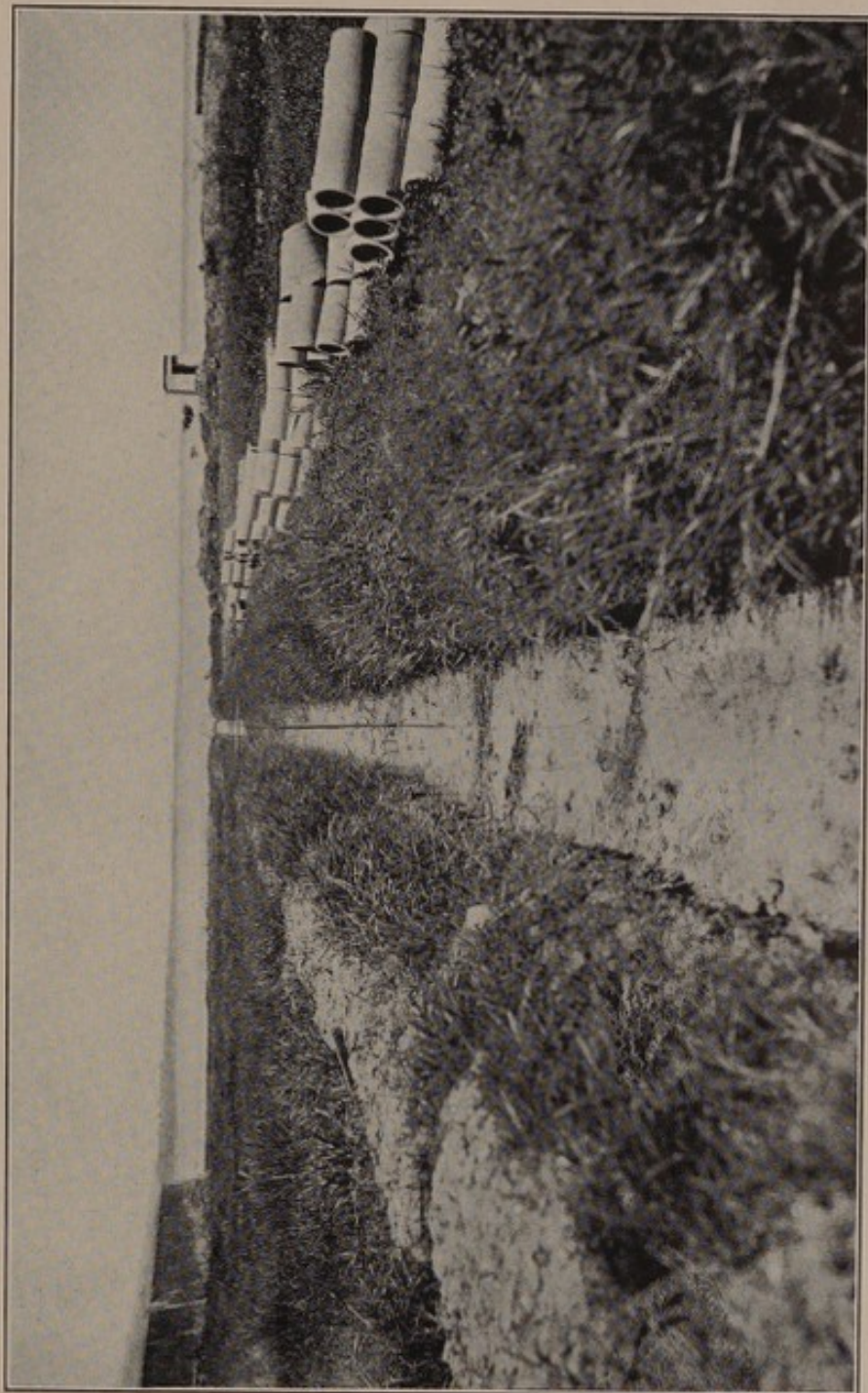
- 1 Acting Chief Sanitary Inspector.
- 1 Acting Assistant Chief Sanitary Inspector.
- 3 Sanitary Inspectors (General).
- 14 Sanitary Inspectors.
- 1 Sanitary Inspector (Laborer).
- 1 Sanitary Inspector (Food and water from).
- 3 Sanitary Inspectors (Horse).
- 1 Sanitary Inspector (Veterinary).

- 1 Sanitary Inspector (Planning division)
- 1 Sanitary Inspector (Quarantine lookout)
- 1 Chief Sanitary Inspector
(Superintendent Street Cleaning Dept.)
- 3 Sanitary Inspectors (Asst. to superintendent).

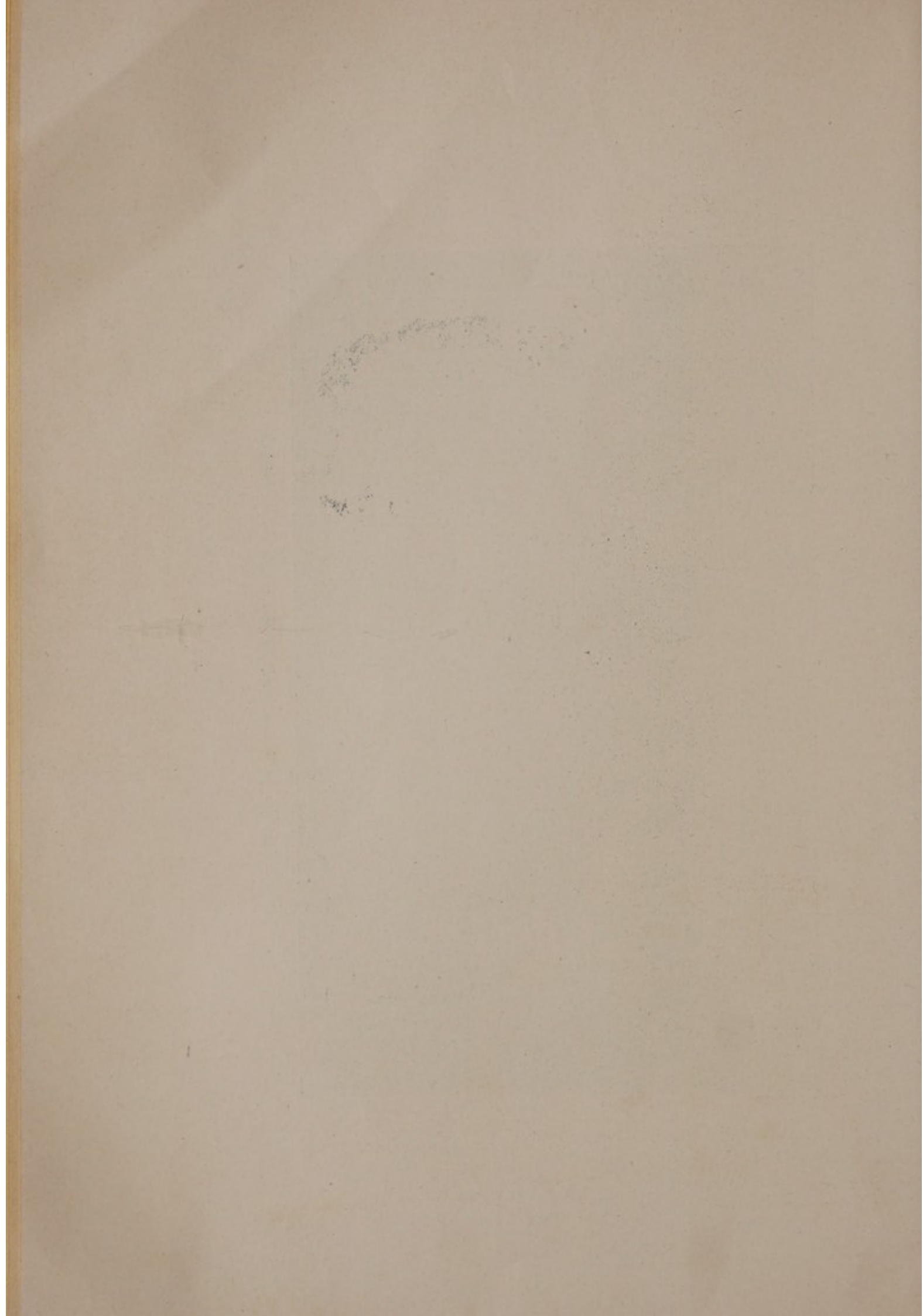
Abattoir:	6 laborers
Market:	32 Chefs d'equipe
Dump:	12 Laborers
Place and Sidewalks:	15 Laborers
Sewer Gang:	1 Chef d'Equipe 8 Laborers
Trucks:	16 Chauffeurs 30 Laborers
Oil spray gang:	1 Chef d'Equipe 15 Laborers
Boat Quarantine:	1 Mechanic 2 Laborers
Ditches:	8 Chefs d'Equipe 64 Laborers
Public Latrines:	7 Watchmen
Shore Line Control gangs:	2 Chefs d'Equipe 16 Laborers
Night soil removal:	1 Chef d'Equipe 1 Driver 4 Laborers
Special Filling gang:	3 Chefs d'Equipe 24 Laborers
Street cleaning:	23 Chefs d'Equipe 184 Laborers.

Rural Districts:

- 1 Chief Sanitary Inspector
- 3 Suburban Sanitary Inspectors



(22) Drainage des Marais situés derrière l'Usine Electrique, Port-au-Prince



Léogane:	1 Sanitary Inspector
	1 Chef d'Equipe
	12 Laborers
Arcahaie:	1 Sanitary Inspector
	1 Chef d'Equipe
	9 Laborers
Pétionville:	1 Sanitary Inspector
	1 Chef d'Equipe
	8 Laborers
Croix-des-Bouquets:	1 Sanitary Inspector
	1 Chef d'Equipe (paid by commune)
	13 Laborers (paid by commune:10)
Thomazeau:	1 Sanitary Inspector
	5 Laborers (paid by commune)
Cabaret:	1 Sanitary Inspector
Gressier:	1 Sanitary Inspector
	3 Laborers
Cazeau:	1 Sanitary Inspector
Croix-des-Missions:	1 Sanitary Inspector
Carrefour:	1 Sanitary Inspector
	1 Laborer
Pont-Beudet:	1 Sanitary Inspector
Grand-Bois:	1 Sanitary Inspector.

Inspection Service. By referring to the above it will be seen that sixteen Sanitary inspectors, three controllers and two Assistant Chief Inspectors are employed in this service for the city of Port-au-Prince proper. In addition there are three suburban and twelve rural Sanitary Inspectors, and one Chief Rural Inspector for the outlying Communes of the Port-au-Prince district.

The work consists of house to house inspections and the men are trained to direct their attention particularly towards mosquito breeding, care of the latrine, general cleanliness of yards and the proper drainage of property.

An educational standard beyond that of the average Haitian is maintained in the Inspection Service, owing to the fact that these men have daily contact with many people and are required to prepare their own notices to offenders against sanitary regulations.

Successful applicants are required to read, write and speak French, and pass an examination in elementary arithmetic and Haitian History. They are first given one month's training with an older inspector in Port-au-Prince and then sent to a rural district where they remain until their seniority amongst the rural inspectors entitles them to fill a vacancy in Port-au-Prince.

During this fiscal year the reorganization of the inspection service along the lines described in the last year's annual report was accomplished.

Briefly this consisted of preparing a card for every property in the district and rezoning the city. The work of gathering the data for making the property cards, begun August 31, 1926, was completed January 29th, 1927.

In Port-au-Prince proper the number of properties totaled 10,747.

Previously the city was divided into zones without subdivisions and the inspector was given a certain zone to cover as his judgement and capacity for work dictated.

Rezoning of the city consisted of establishing a zone for each sanitary inspector, subdivided into eight districts, each district representing one day's work.

The districts vary in size from sixty to one hundred and twenty five properties, some being thickly populated and others scattered and less accessible. With the old system an inspector seldom turned in a report of more than forty properties inspected in a day even from the thickly populated districts.

The work of rezoning was completed early in March and the results have been very gratifying.

While the number of sanitary inspectors has not been increased, there were 350,116 property inspections made during the year as compared with 166,956 the previous year, an increase of more than 100%.

A check on the work of each inspector is made at least once a week by a Chief Inspector or Controller, generally on a day following the inspector's own inspection.

The following summarizes the advantages of this over our previous system.

1. Comparative ease of control of amount and nature of work done.
2. Determine fitness of the individual inspector.

Successful applicants are required to read, write and speak French and pass an examination in elementary arithmetic and English history. They are first given a month's training with an older inspector in Port-au-Prince and then sent to a rural district where they remain until their seniority amongst the rural inspectors enables them to fill a vacancy in Port-au-Prince.

During this time the reorganization of the inspection service along the lines described in the last year's annual report was accomplished.

Initially this consisted of preparing a card for every property in the district and recording the date the work of gathering the data for making the property cards began. On August 31, 1922, was completed January 22nd, 1927.

In Port-au-Prince about the number of properties reported is 744.

Previously the city was divided into zones without subdivisions and the inspectors were given certain zones to cover at his judgment and capacity for work indicated.

Reorganization of the city consisted of establishing a zone for each auxiliary inspector, subdividing into eight districts, each district requiring one day's work.

The districts vary in size from thirty to one hundred and twenty five properties, some being thickly populated and others scattered and less accessible. With the old system an inspector seldom turned in a report of more than forty properties inspected in a day even from the thickly populated districts.

The work of reorganization was completed early in March and the results have been very gratifying.

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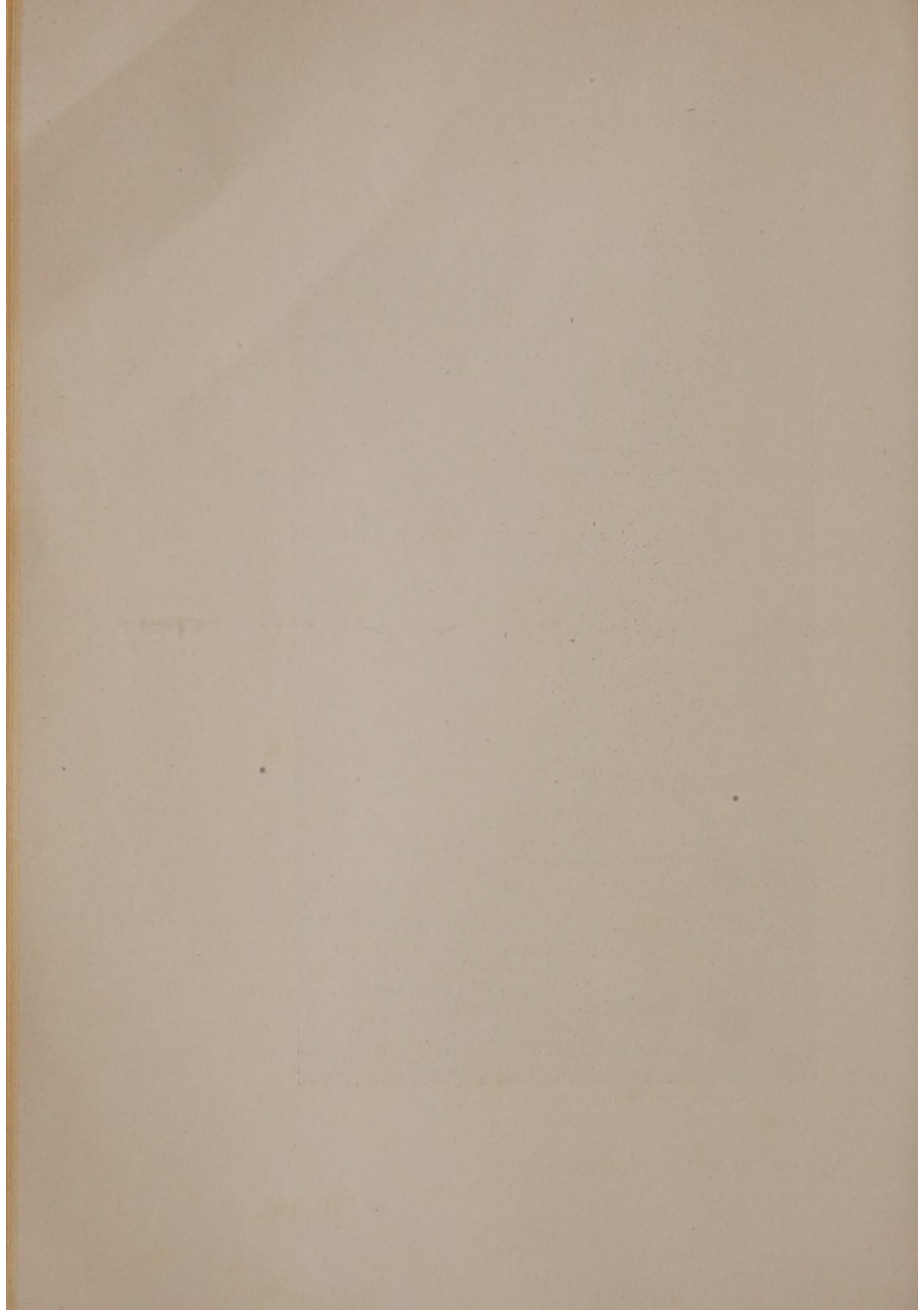
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The following summarizes the advantages of this over our previous system.

1. Comparative ease of control of amount and nature of work done.
2. Determining fitness of the individual inspector.



(23) Egout à ciel ouvert près de l'Usine Electrique Port-au-Prince



3. Equitable division of work.
4. Gives a complete record of any property at a glance and the condition in which it has been kept for a period of time.

A total of 16,903 notices to remove nuisances and make sanitary improvements were sent to property owners and tenants. Of this number, 16,413 of the Bureau's requests or about 97 per cent were complied with and the remaining 485 cases were cited to the "Juge de Paix".

Of the cases cited, seventeen were cancelled by this office as the work requested was satisfactorily accomplished; sixty-five were cancelled by the "Juge de Paix" for the same reason; delayed action was taken in fifteen cases; one hundred and eighty were condemned to execute the work and a fine imposed; and no action taken in the 208 remaining cases. By these figures it will be noted that we receive about 57 per cent efficiency with our court cases.

Much effort was expended throughout the year to obtain better co-operation from the tribunals but the figures do not show much progress in this direction.

Control of Mosquito Breeding. This is considered one of the most important features of our work and receives attention accordingly. Efforts are particularly and continually directed toward freeing the city of the malaria vector, Anopheles albimanus.

The swampy sections in the south west portion of the city present the most perplexing problem. Here extensive drainage has been accomplished during the last year by means of 1/3 section of 32 inch cement pipes, rock canals and subsoil tile drainage.

It is in this section that the Anopheles albimanus bred in profusion up to a year ago. Even now any depression capable of holding a few ounces of water yields its anopheline larvae if overlooked for a short time.

Frequent heavy rains cause settlings in areas filled with refuse making it necessary to retrace steps where a few months before it appeared that the work was completed. The rank vegetation that springs up in such a surprisingly short time in this virgin soil increase the work and expense in controlling such areas.

Water is stored in some form of container in practically every property. All of the better class homes are equipped with bassins (small swimming pools) either in an out building or as a part of the house construction. Even though frequently emptied, these give forth their crops of mosquitoes unless walls and bottom are thoroughly scrubbed to free them of larvae and eggs.

3. Sanitation division of work.

4. Give a copy to record of any property at a glance and the condition in which it has been kept for a period of time.

A total of 15,403 notices to remove nuisances and make sanitary improvements were sent to property owners and occupants of this number, 15,418 of the Bureau's requests or about 97 per cent were complied with and the remaining 485 cases were cited to the "Page to Print".

Of the cases cited, seventeen were cancelled by this office as the work requested was satisfactorily accomplished; sixty-five were cancelled by the "Page to Print" for the same reason; fifteen cases were taken in fifteen cases; one hundred and eighty were referred to other parts of the work and a time limit set; and no action taken in the 308 remaining cases. By these figures it will be noted that we receive about 57 per cent efficiency with our cited cases.

Much effort was expended throughout the year to obtain better cooperation from the tribunals and the Bureau has not shown much progress in this direction.

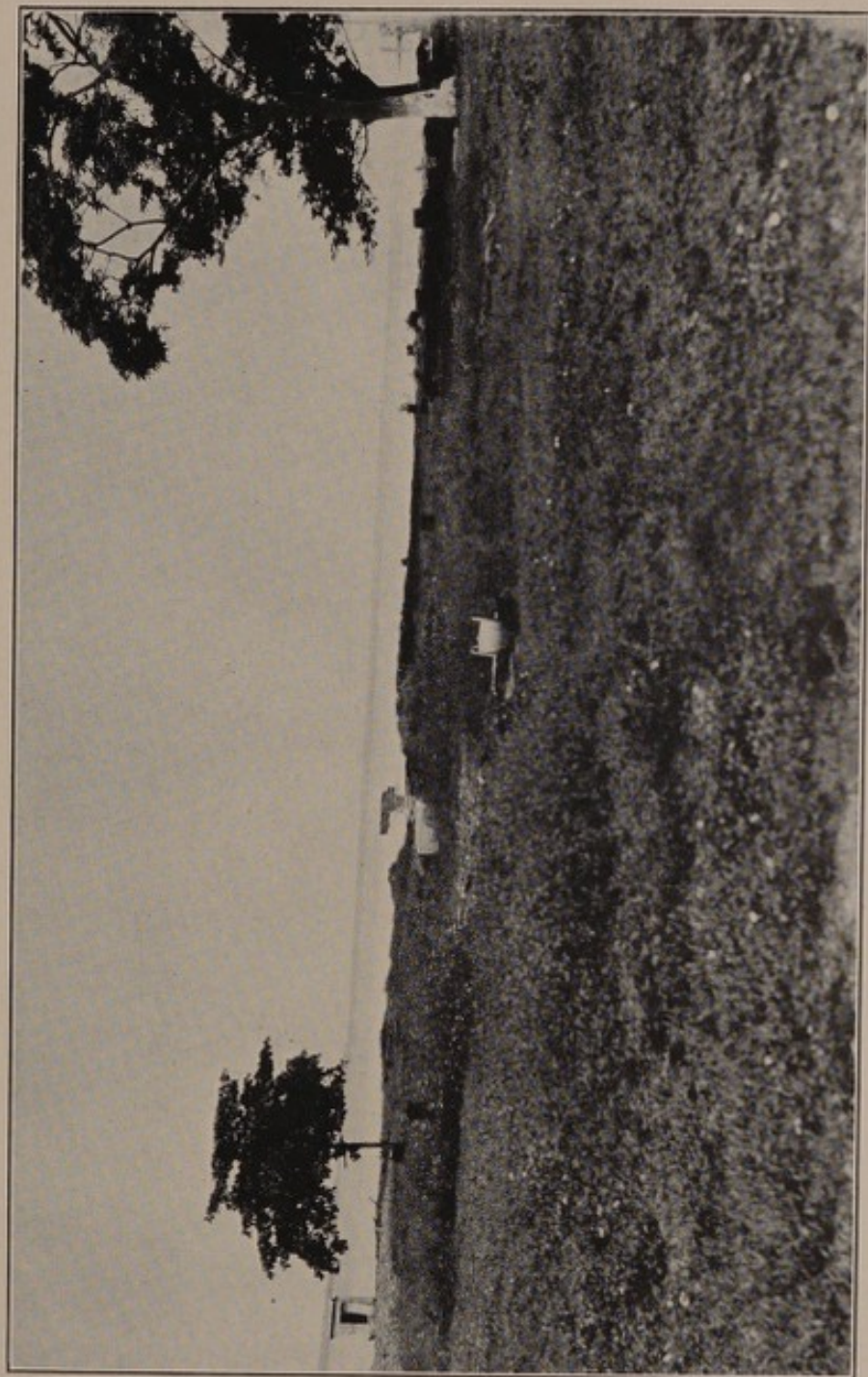
Control of Mosquito Breeding. This is considered one of the most important features of our work and considerable attention accordingly. Mosquitoes are particularly and continuously directed toward keeping the city of the malaria vector, *Anopheles albimanus*.

The swampy sections in the south west portion of the city present the most perplexing problem. Here extensive drainage has been accomplished during the last year by means of 1 1/2 sections of 32 inch cement pipes, rock canals and subsoil tile drainage.

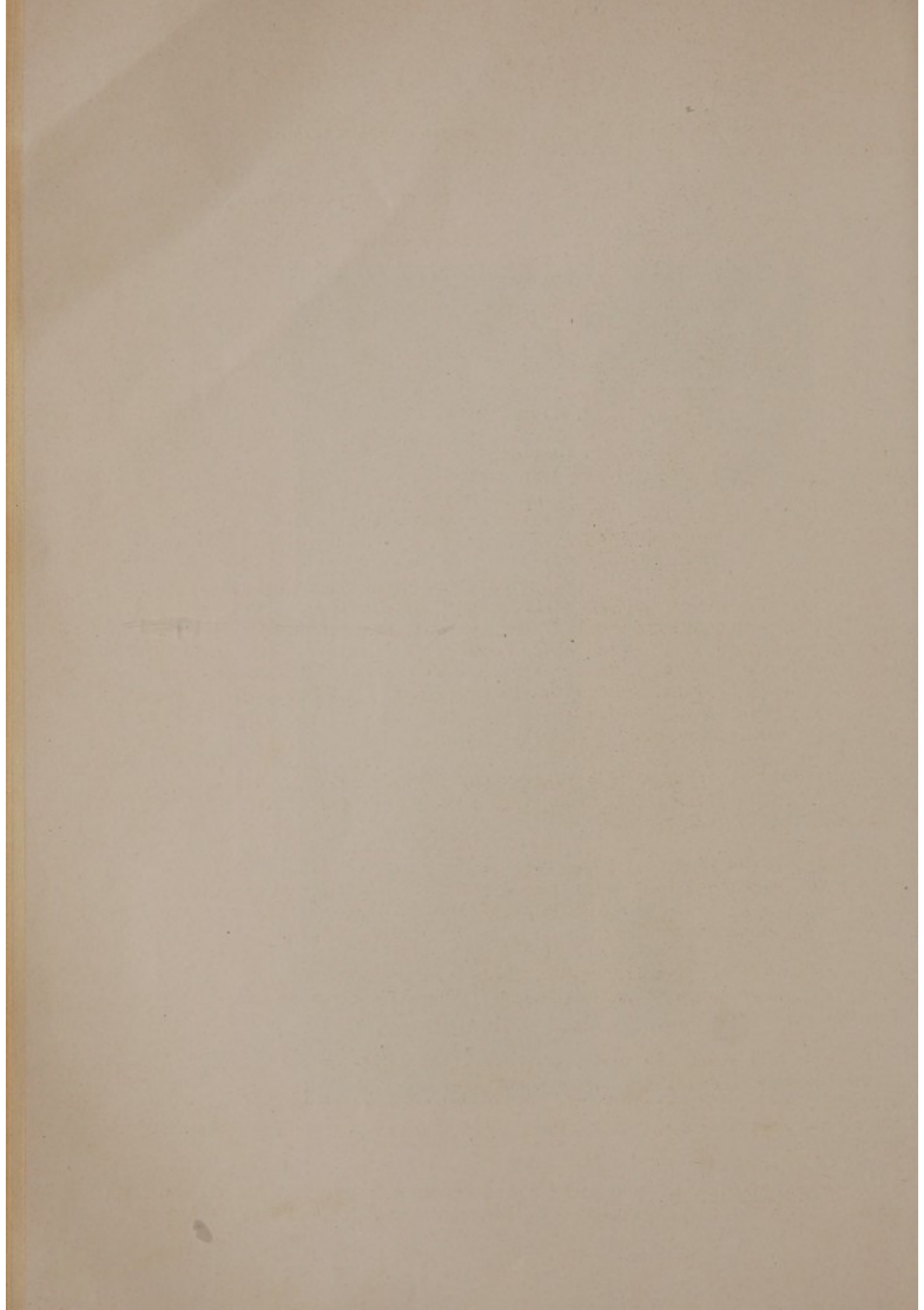
It is in this section that the *Anopheles albimanus* breed in proportion up to a year ago. Even now my department capable of holding a few canoes of water yields its anopheline larvae if overlooked for a short time.

Frequent heavy rains cause difficulties in areas filled with refuse making it necessary to remove refuse where a few months before it appeared that the work was completed. The task requires that springs up in such a surprising manner in this virgin soil because the work and expense in controlling such areas.

Water is stored in some form of container in practically every property. All of the better class houses are equipped with basins (small swimming pools) either in an out building or as a part of the house construction. Even though frequently emptied, these give forth their crops of mosquitoes unless walls and bottom are thoroughly scrubbed to free them of larvae and eggs.



(24) Marécages situés derrière l'Usine Electrique, Port-au-Prince



A spot map kept for the purpose, showed that about 75 per cent of residents offend in this regard.

A representative month (July 1927) taken from the monthly reports shows that mosquito larvae were found in 768 places, or 2.15 per cent of the properties inspected in the following 899 receptacles:

558	Barrels
73	Bassins
105	Tin cans
85	Jars
26	Tubs
10	Old auto tires
9	Flower pots
4	Wells
5	Ditches
1	Cess pool
2	Tree stumps
21	Other receptacles.
Total	899

However, conditions in this regard are gradually improving. With an average of fifteen hundred notices sent out every month the people are becoming educated to the fact that attention to stagnant water on the premises adds to the health and comfort of themselves and their neighbors. This is evidenced by the increased number of requests for special investigations received daily by letters, telephone and personal calls, and complaints of conditions that have existed for years but of which the complainant was previously unaware.

Thirty six thousand six hundred and fifteen (36,615) truck loads (one and one half ton Dodge trucks) of refuse were hauled and used as filling along the shore line.

Eleven thousand eight hundred (11,800) gallons of crude oil and two thousand (2,000) gallons of kerosene and seven hundred and twenty (720) gallons of crude creosote were used during the year in mosquito control and disinfection.

In addition 1,150 gallons of crank case oil was obtained from various garages, without charge, and diluted with kerosene and used for the same purpose.

A tile machine was purchased, and manufacture of cement tile begun February 16th, 1927. This machine is equipped for making both six and four inch diameter tiles in one foot lengths. Thousands of them have been utilized during the year for subsoil drainage along the shore line.

Street Cleaning. Two new one and one half ton Dodge trucks were added to our fleet during the year, making a total of fifteen trucks.

A spot map kept for the purpose, showed that about 75 per cent of residents offend in this regard.

A representative month (July 1927) taken from the monthly reports shows that mosquito larvae were found in 758 places, or 2.12 per cent of the properties inspected in the following 800 inspections:

228	Barns
75	Basements
133	Wm. cans
85	Jars
28	Tubs
15	Old auto tires
9	Flower pots
4	Wells
3	Drains
1	Cover pots
2	Tree stumps
21	Other receptacles
800	Total

However, conditions in this regard are gradually improving. With an average of fifteen hundred notices sent out every month the people are becoming educated to the fact that attention to stagnant water, the premises adds to the health and comfort of themselves and their neighbors. This is evidenced by the increased number of requests for special investigations received daily by letters, telephone and personal calls, and complaints of conditions that have existed for years but of which the complainant was previously unaware.

Thirty six thousand six hundred and fifteen (36,615) truck loads (one and one half ton Dodge trucks) of refuse were hauled and used as filling along the shore line.

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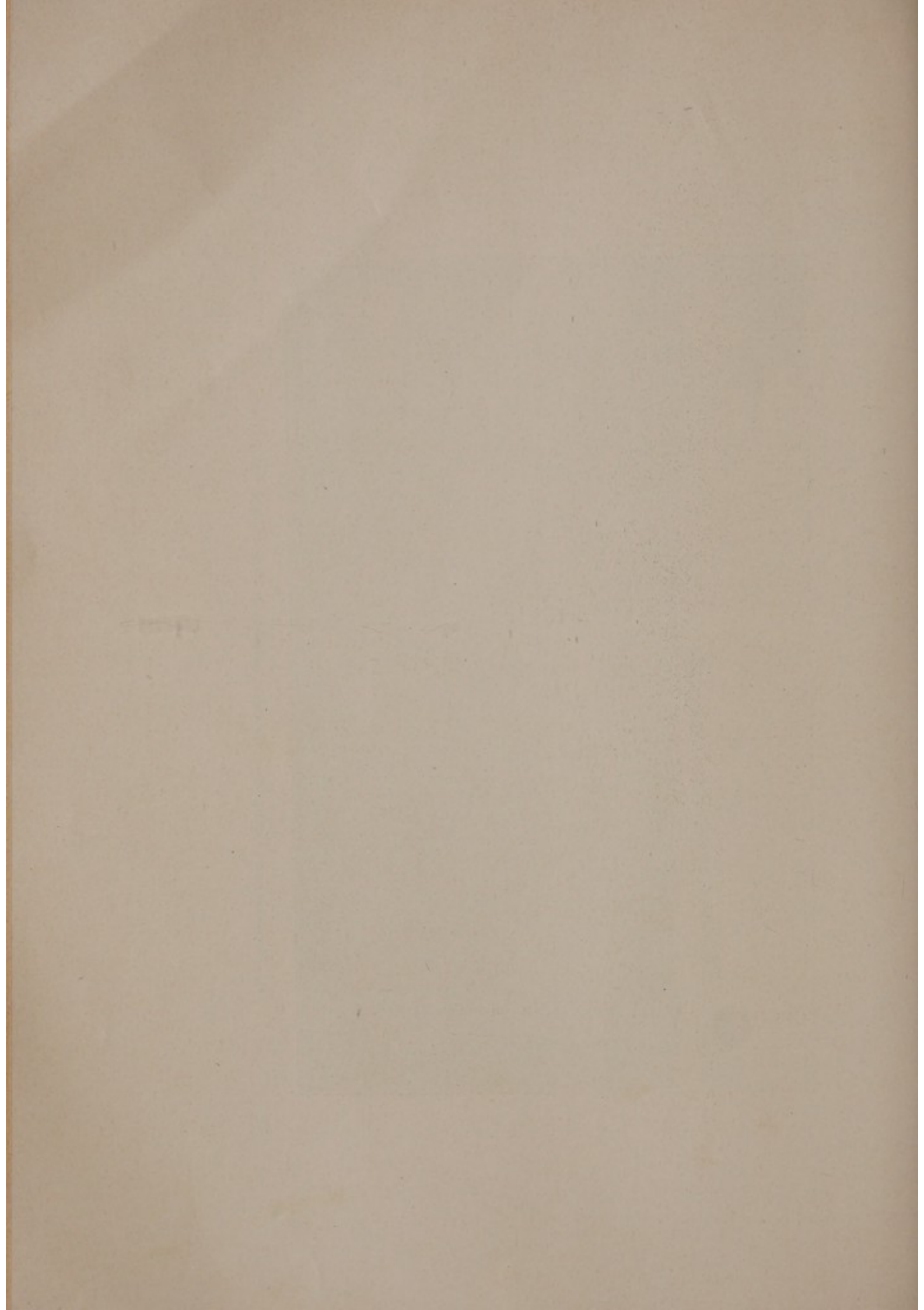
In addition 1,150 gallons of crank case oil was obtained from various garages, without charge, and diluted with kerosene and used for the same purpose.

A tile machine was purchased, and manufacture of cement tile began February 15th, 1927. This machine is equipped for making both six and four inch diameter tiles in one foot lengths. Thousands of them have been utilized during the year for special drainage along the shore line.

Street Cleaning. Two new one and one half ton Dodge trucks were added to our fleet during the year, making a total of fifteen trucks.



(25) Marécages situés derrière l'Usine Electrique, après les travaux de drainage, Port-au-Prince



Fourteen of these are employed in the city proper and one in rendering weekly service to several of the outlying communes.

Thrice weekly garbage and trash service is furnished residents of the entire city and all streets in the city limits are cleaned daily. An average of over one hundred truck loads of refuse for every day of the year is hauled and all of it utilized in important filling along the shore line.

Markets and Abattoirs. The large iron market (Marché Vallière) situated in the center of the city has been thoroughly renovated for the first time in many years. The ten meat stalls in the south market and the cook stall in the north market were rescreened with Navy Standard gauge copper wire 16 mesh screening.

The roofs of the stalls were reconstructed of one inch pine lumber to replace the old sagging screen wire that would not permit of cleaning. The entire iron market, outside and in was chipped, wire brushed and cleaned, and U. S. Navy standard red lead specification No. 26 and Hospital ship green paint, U. S. Navy specification No. 12 applied.

Concrete tables were constructed in one stall to replace old wooden tables and all other concrete tables were painted and repaired.

Two new electrical pumps were installed for the water-closets, one in the open market (Marché Cathédrale) and one in the North Iron market.

Funds amounting to Gdes. 28,153.00 were supplied by the Commune and the work done by this Service. Expenditures were as follows:

Rescreening and painting meat stalls:		Material - Gdes.	11,096.13
	Labor - "		<u>2,253.80</u>
	Total	"	13,351.93
Construction of concrete tables and repairs to old ones:		Material - Gdes.	732.32
	Labor - "		<u>340.00</u>
	Total	"	1,072.32
Purchase & installation of 2 pumps:		Material - Gdes.	862.00
	Labor - "		<u>150.00</u>
	Total		1,032.00
Renovating & Painting Iron Market:		Material - Gdes.	8,257.25
	Labor - "		<u>4,459.50</u>
	Total	"	12,716.75

Fourteen of these are employed in the city proper and one in rendering weekly service to several of the visiting businessmen.

Twice weekly garbage and trash service is furnished residents of the entire city and all streets in the city limits are cleaned daily. An average of over one hundred trucks of refuse are removed from the city streets daily and all of it utilized in industrial filling along the shore line.

Markets and Restaurants. The large Iron Market (Hatch's Market) situated in the center of the city has been thoroughly renovated for the first time in many years. The new work started in the north market and the work still in the north market was postponed until after the dark gauge copper wire is main running.

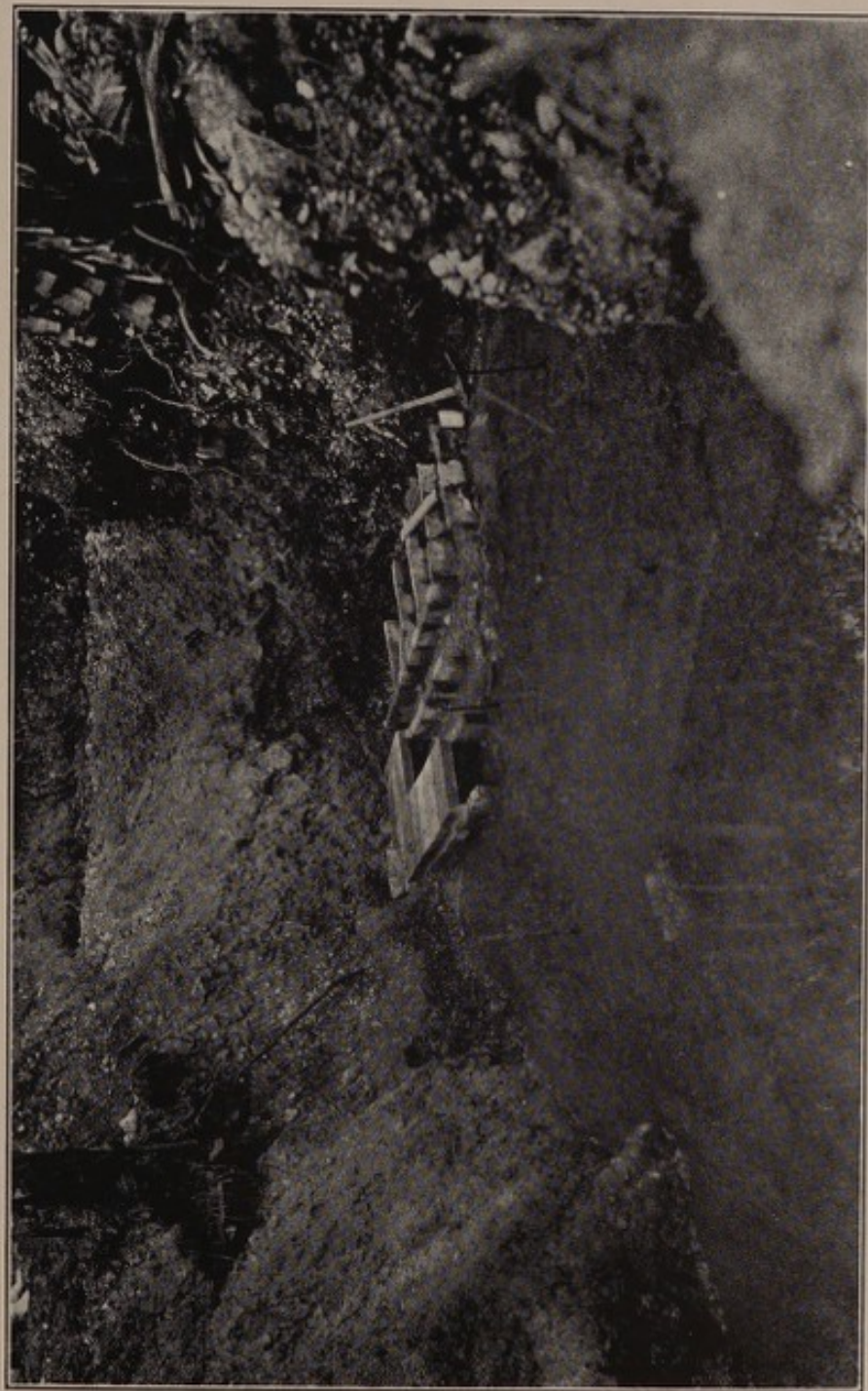
The roofs of the stalls were reconstructed of the best pine lumber to replace the old sagging ones which were badly rotted and decayed. The entire iron market was repainted and in the north market, the stalls and U. S. Navy building and the stalls were repainted with Navy Blue and Hospital ship green color, U. S. Navy specifications No. 12 applied.

Concrete tables were constructed in one stall to replace old wooden tables and all other concrete tables were painted and repaired.

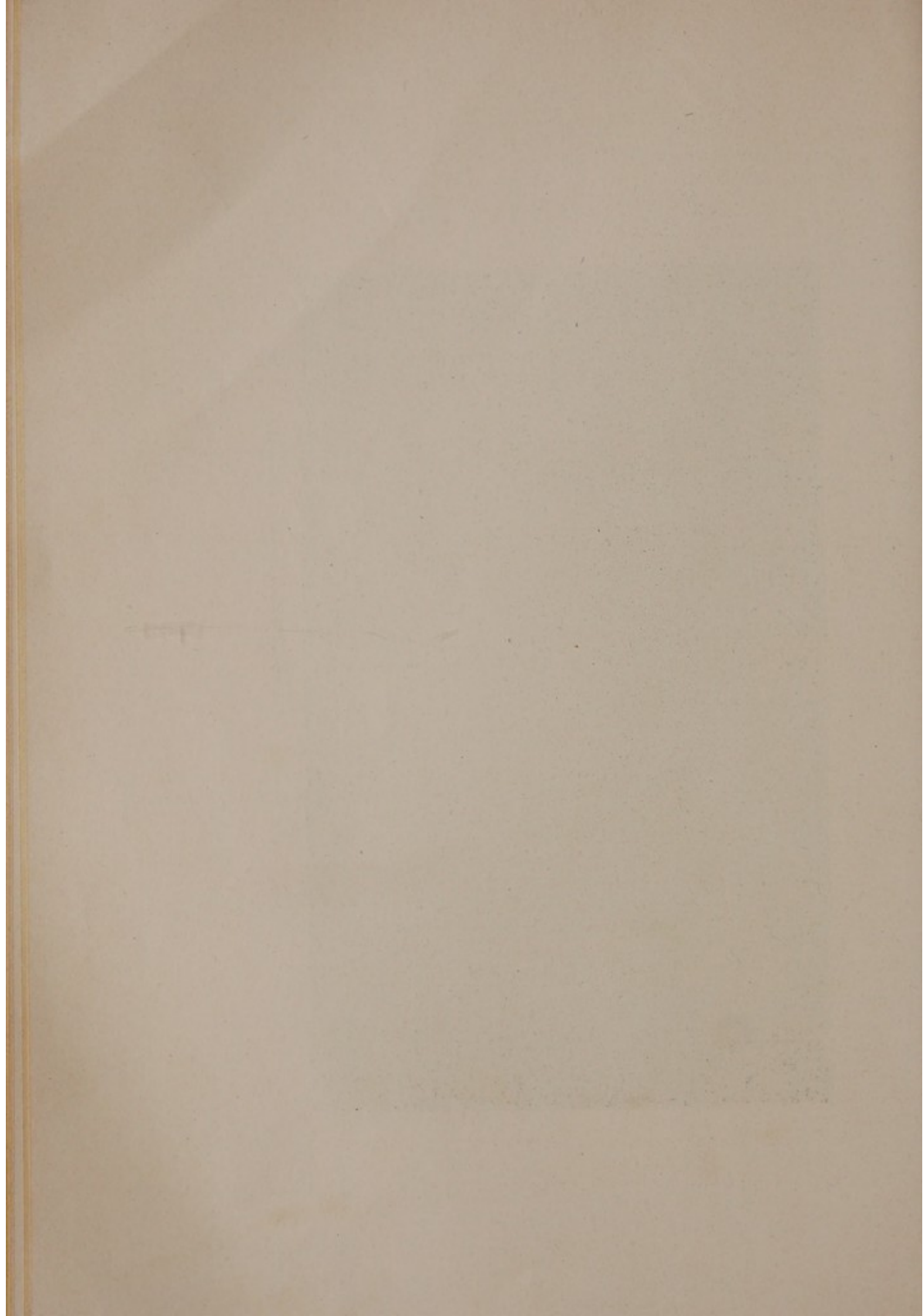
Two new electrical pumps were installed for the water-closets, one in the open market (Hatch's Market) and one in the North Iron Market.

Funds amounting to \$25,000.00 were supplied by the Government and the work done by this service. Expenditures were as follows:

Renovating and painting west stalls; material - \$11,000.00	Renovating and painting east stalls; material - \$11,000.00
Labor - 5,000.00	Labor - 5,000.00
Total - 16,000.00	Total - 16,000.00
Construction of concrete tables and repairs to old ones; material - \$700.00	Construction of concrete tables and repairs to old ones; material - \$700.00
Labor - 200.00	Labor - 200.00
Total - 900.00	Total - 900.00
Purchase & installation of 2 pumps; material - \$25.00	Purchase & installation of 2 pumps; material - \$25.00
Labor - 100.00	Labor - 100.00
Total - 150.00	Total - 150.00
Renovating & painting Iron Market; material - \$8,500.00	Renovating & painting Iron Market; material - \$8,500.00
Labor - 4,500.00	Labor - 4,500.00
Total - 13,000.00	Total - 13,000.00



(20) La Source Plaisance—Commune de Pétion-Ville. Alimente la ville de Port-au-Prince



In July the large open market in front of the Cathedral, a unique Port-au-Prince institution of many years, was abandoned. This has caused considerable crowding in and around the Marché Vallière and in the open market of Marché Sainte Anne. There is a crying need for at least two additional properly constructed markets to relieve these crowded conditions.

Meat from the abattoir was formerly hauled in an old open donkey cart and all attempts to keep the meat covered failed to conceal a rather unpleasant daily sight on the main streets.

After much persuasion the party was induced to purchase a new commercial wire body Ford truck which was put into the service of hauling meat on January 1st.

Orders have been issued that no meat is to leave the abattoir except in this new truck and only then when completely surrounded by clean canvas.

Four Inspectors and forty-four laborers are employed in keeping the many markets and the abattoir in a sanitary condition and in addition a veterinary inspects and passes on all animals killed at the abattoir.

Night Soil removal. Public latrines, Government buildings and Schools have claimed most of the time of our night soil equipment.

However, this service was extended to as many private families throughout the year as was possible.

For the past several years, there has been no enterprize in Port-au-Prince properly equipped to handle nightsoil. When we cannot undertake to do the work, families are compelled to hire men to clean latrines who transport the nightsoil in boxes on their heads.

With a view of doing away with this pernicious custom we have added to our equipment and it is believed that during the coming year we will be in a position to clean private latrines for all that apply. New equipment consists of two metal carts, two sets of harness and one large American mule. We are still in the market for another large mule.

Infectious Diseases. With the exception of a flare up in the incidence of typhoid that occurred at the beginning of this fiscal year and again in April and May, the district of Port-au-Prince has had no unusual occurrence of communicable disease.

The Typhoid in October and November appeared to be fairly well spread over the city, but the cases in April and May were concentrated in a district known as "Poste Marchant" in the northern part of town.

In July the house open market in front of the cathedral, a narrow
fort-in-prince installation of many years, was abandoned. This has been
and considerable amount in and around the market stalls and in the
open market of Market Square. There is a strong need for at least
two additional properly constructed markets to relieve these crowded
conditions.

Next from the cathedral was formerly housed in an old open market
and all attempts to keep the market covered failed to connect a re-
sulting unpleasant daily along the main streets.

After much discussion the party was induced to purchase a new
commercial wire body Ford truck which was put into the service of the
city next on January 1st.

Orders have been issued that no more is to leave the cathedral
except in this new truck and only when properly accompanied by
clean canvas.

Four inspectors and four-four job men are assigned in keeping
the many markets and the cathedral in a sanitary condition and in ad-
dition a veterinary inspector is assigned to all animals killed at the
cathedral.

At the 20th January. Public buildings, Government buildings and
schools have closed most of the time of our night equipment.

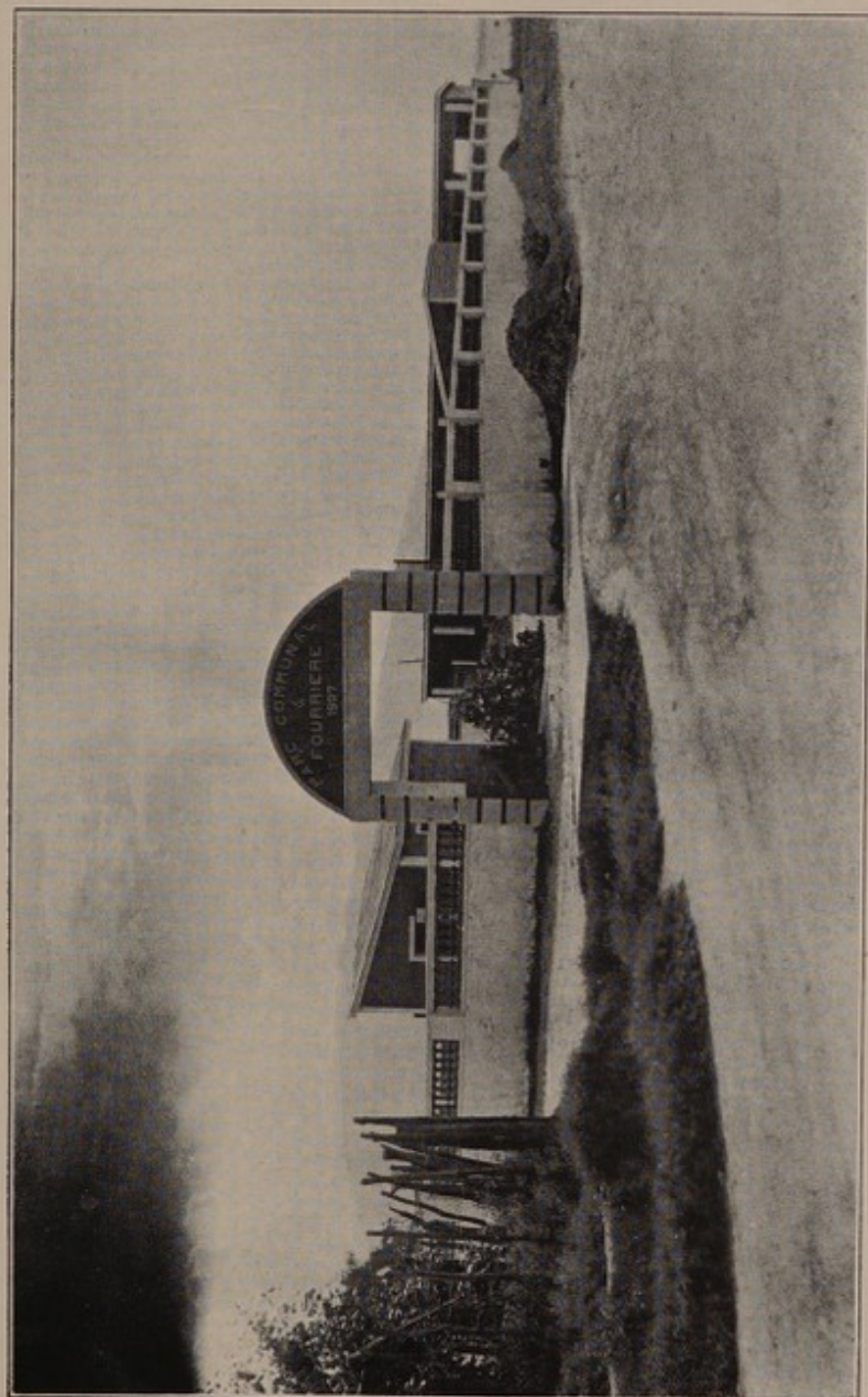
However, this service was extended to as many private families
throughout the year as was possible.

For the past several years, there has been no disinfection in Port-
au-Prince properly adapted to handle the disease. Then we cannot under-
take to do the work, families are compelled to live with the disease in-
stead of transport the disease in boxes on their heads.

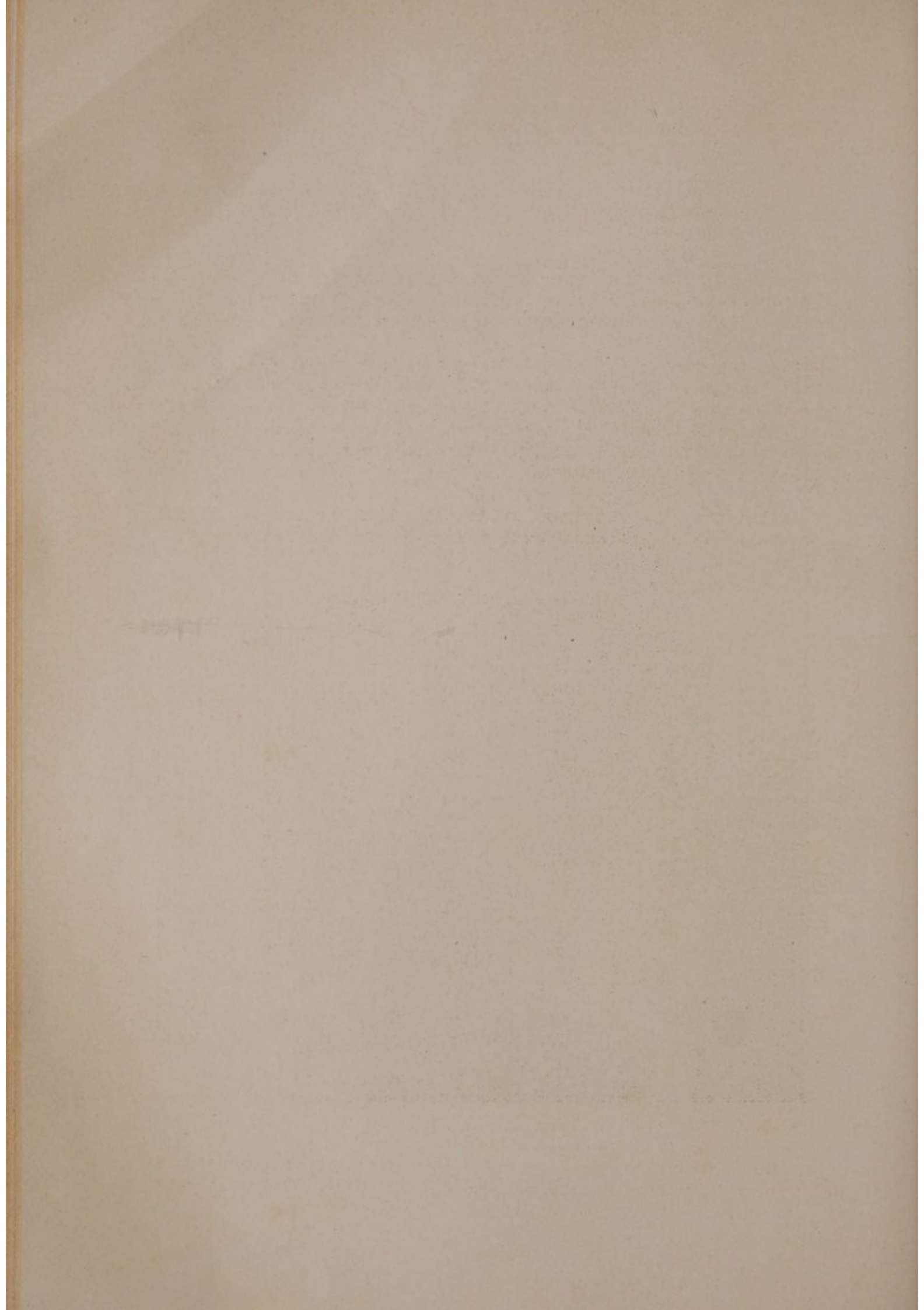
With a view of doing away with this dangerous custom we have
added to our equipment and it is believed that during the coming year
we will be in a position to clean private families for all that ap-
ply. New equipment consists of two metal carts, two sets of harness
and one large American tank. We are still in the market for another
large tank.

Infectious diseases. With the exception of a flare up in the in-
crease of typhoid last summer at the beginning of this fiscal year
and again in April and May, the district of Port-au-Prince has had no
unusual occurrence of communicable diseases.

The typhoid in October and November appeared to be fairly well
spread over the city, but the cases in April and May were concentra-
ted in a district known as "Petite Anse" in the northern part of
town.



(27) Parc Communal et Fourrière, Port-au-Prince



This point toward a certain water supply as the common source of infection.

It is of interest to note here that this water supply together with all others for Port-au-Prince and Pétionville will be chlorinated during the next fiscal year.

Control measures instituted consist of obtaining blood for widal from all reported cases, vaccination of contacts, disinfection of latrines and individual instruction to the respective house holders.

During the month of May obligatory vaccination was introduced in all public schools. In that month 4,071 persons mostly school children were vaccinated by the Haitian General Hospital force. It was interesting and gratifying to note how popular vaccination against typhoid be came at this time. Free vaccinations were given by this Office and the Hospital to all that applied.

In submitting the following table, attention is invited to the fact that only deaths that appear in column 3 were confirmed as to diagnosis:

TYPHOID, FISCAL YEAR 1926-27

	No. of cases reported	Positive Widal	DEATHS		VACCINATION	
			From cases reported	Total	Contacts	Others
1926- October	69	18	4	18	104	585
November	31	17	2	5	113	0
December	21	3	0	2	61	0
1927- January	9	2	0	1	23	0
February	5	1	1	2	9	0
March	25	0	0	3	51	46
April	29	10	3	12	81	69
May	26	15	2	2	23	127
June	5	1	1	1	23	39
July	7	4	2	4	22	27
August	2	0	1	1	12	0
September	1	1	0	1	0	0
Total	230	72	16	52	522	893

Twenty three cases of chicken pox occurred in the boys reform School "Maison Centrale" in July and August.

At the close of the year, Dengue fever appeared amongst members of the Brigade. Twenty two cases in August and 21 in September were

This point toward a certain water supply as the common source of infection.

It is of interest to note here that this water supply together with all others for Port-au-Prince and Maitlandville will be discontinued during the next fiscal year.

Control measures instituted consist of obtaining blood for viral from all reported cases, vaccination of contacts, disinfection of latrines and individual instruction to the respective house holders.

During the month of May obligatory vaccination was introduced in all public schools. In that month 2,471 persons mostly school children were vaccinated by the Haitian Central Hospital force. It was interesting and gratifying to note how popular vaccination against typhoid became at this time. Free vaccinations were given by this office and the Hospital to all that applied.

In submitting the following table, attention is invited to the fact that only those cases shown in column 3 were confirmed as to diagnosis.

TYPHOID, FISCAL YEAR 1926-27

Month	No. of cases reported	Positive (with report)	Deaths from cases reported	Vaccination	
				Total	Contacts Others
1926-October	80	18	4	18	382
November	51	14	2	5	0
December	51	3	0	2	0
1927-January	3	2	0	1	0
February	2	1	1	2	0
March	22	0	0	2	46
April	20	10	2	12	60
May	26	12	2	2	127
June	5	1	1	1	30
July	7	4	2	4	27
August	2	0	1	1	0
September	1	1	0	1	0
Total	230	72	16	52	622

Twenty three cases of chicken pox occurred in the boys reform school "Maison Centrale" in July and August.

At the close of the year, Dengue fever appeared amongst members of the Brigade. Twenty two cases in August and 21 in September were

reported from the Brigade Hospital. At the time of writing this report, several cases are known to exist among the American Colony.

This unusual amount of Dengue is undoubtedly due to extremely heavy and frequent rains that have made the control of semi-domestic mosquitoes so difficult.

Two cases of measles, two diphtheria, five amoebic dysentery and two leprosy were reported during the year.

Malaria. While it is not possible to determine the usual incidence of malaria amongst the natives, the Marines stationed here furnish a very good index as to the results of our efforts in this direction.

Marines are quartered in the heart of the city at the Second Regiment barracks and at Brigade Headquarters. There is a small detachment of the Brigade Signal Station in the North eastern part of town; the Motor Transport Company, Aviation and Rifle Range are located about one mile north of town. This latter area is one of the most difficult to control.

During the U. S. Navy fiscal year ending June 30th, 1926, the average complement of Marines in Port-au-Prince was nine hundred and thirty six. There were fifty admissions with Malaria, making an annual rate per thousand of 53.4 as compared with an annual rate per thousand of 124.3 the previous year.

Thick film blood smears were taken of 141 people on the Island of Gonave. Filaria were found in 16 specimens, or 11 per cent. Malaria parasites were found in 22 specimens or 16.3 per cent. Of the positive malaria smears 77.2 per cent were malignant tertian type, 13.6 per cent quartan and 9.2 per cent benign tertian.

At a small settlement, La Source, 13 blood specimens were taken which showed 61.4 per cent infected with filaria, and 23 per cent with malaria. At this place there was a small marsh immediately behind the small group of houses and about 50 yards distance an underground river which was reached by several caves.

At Anse à Galettes where 85 specimens were taken malaria was found in 18.9 per cent. The majority of persons examined at this town were school children.

Dogs. The new dog law enacted August 4, 1926, became effective October 1st, 1926. The law provides that all dogs be licensed and muzzled while on the streets and that dogs caught in contravention of law be destroyed by the Service d'Hygiène if not claimed and licensed by owner within forty-eight hours.

reported from the British Hospital. At the time of writing this report several cases are known to exist among the American Colony. This unusual amount of Dengue is undoubtedly due to extremely heavy and frequent rains that have made the control of semi-domestic mosquitoes so difficult.

Two cases of measles, two diphtheria, five amoebic dysentery and two leprosy were reported during the year.

Malaria. While it is not possible to determine the actual incidence of malaria among the natives, the Marines stationed here have also a very good index as to the results of our efforts in this direction.

Marines are quartered in the heart of the city at the second regiment barracks and at Bridge Headquarters. There is a small detachment of the Bridge Station in the North eastern part of town; the Motor Transport Company, Aviation and other units are located about one mile north of town. This latter area is one of the most difficult to control.

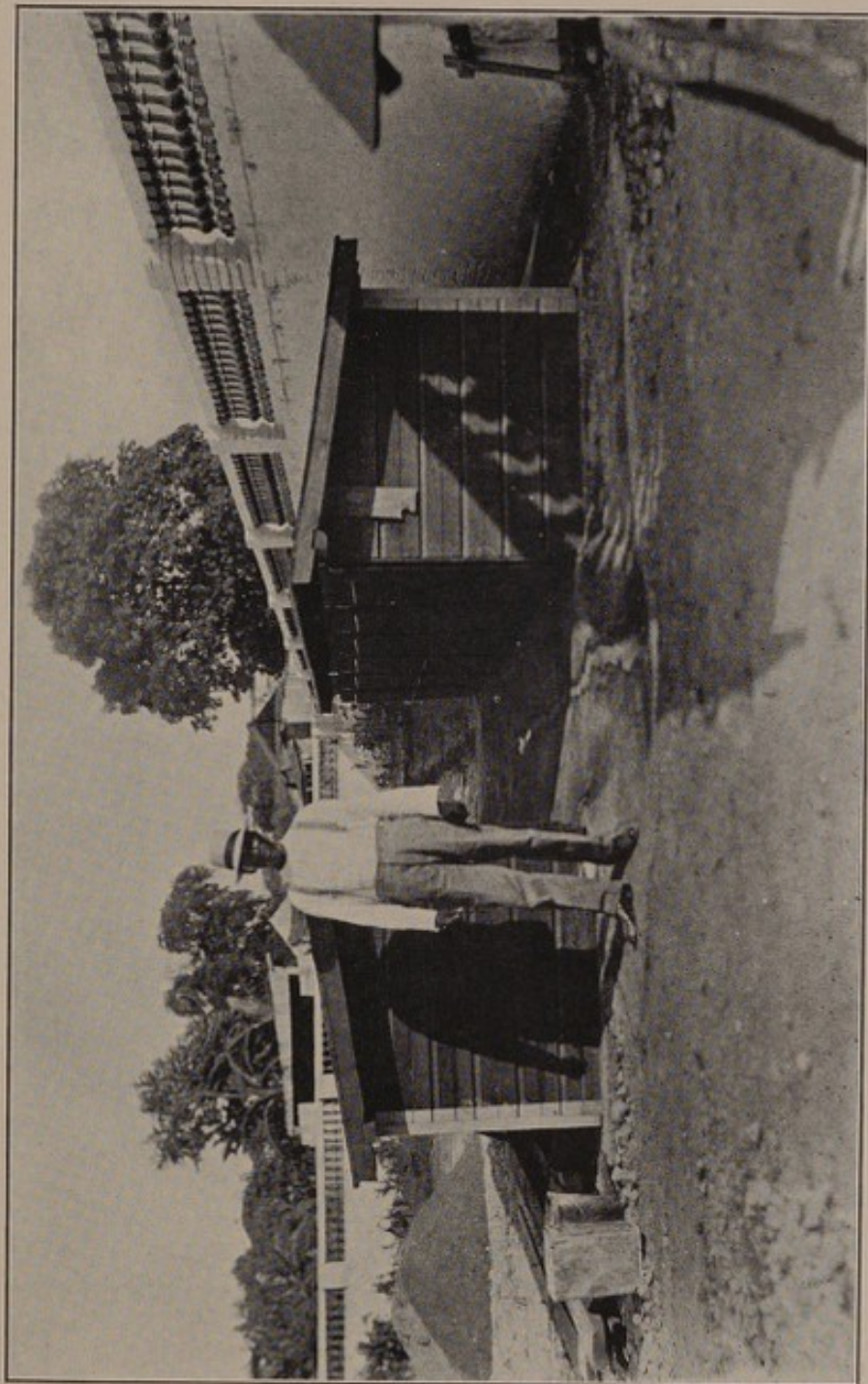
During the U. S. Navy fiscal year ending June 30th, 1935, the average complement of Marines at Port-au-Prince was nine hundred and thirty six. There were fifty admissions with malaria, making an annual rate per thousand of 53.4 as compared with an annual rate per thousand of 124.3 the previous year.

Thick film blood smears were taken of 141 people on the island of Gonave. Malaria was found in 18 specimens, or 12 per cent. Malaria parasites were found in 22 specimens or 15.6 per cent. Of the positive malaria smears 72.2 per cent were malignant tertian type, 13.6 per cent quartan and 14.2 per cent a tertian.

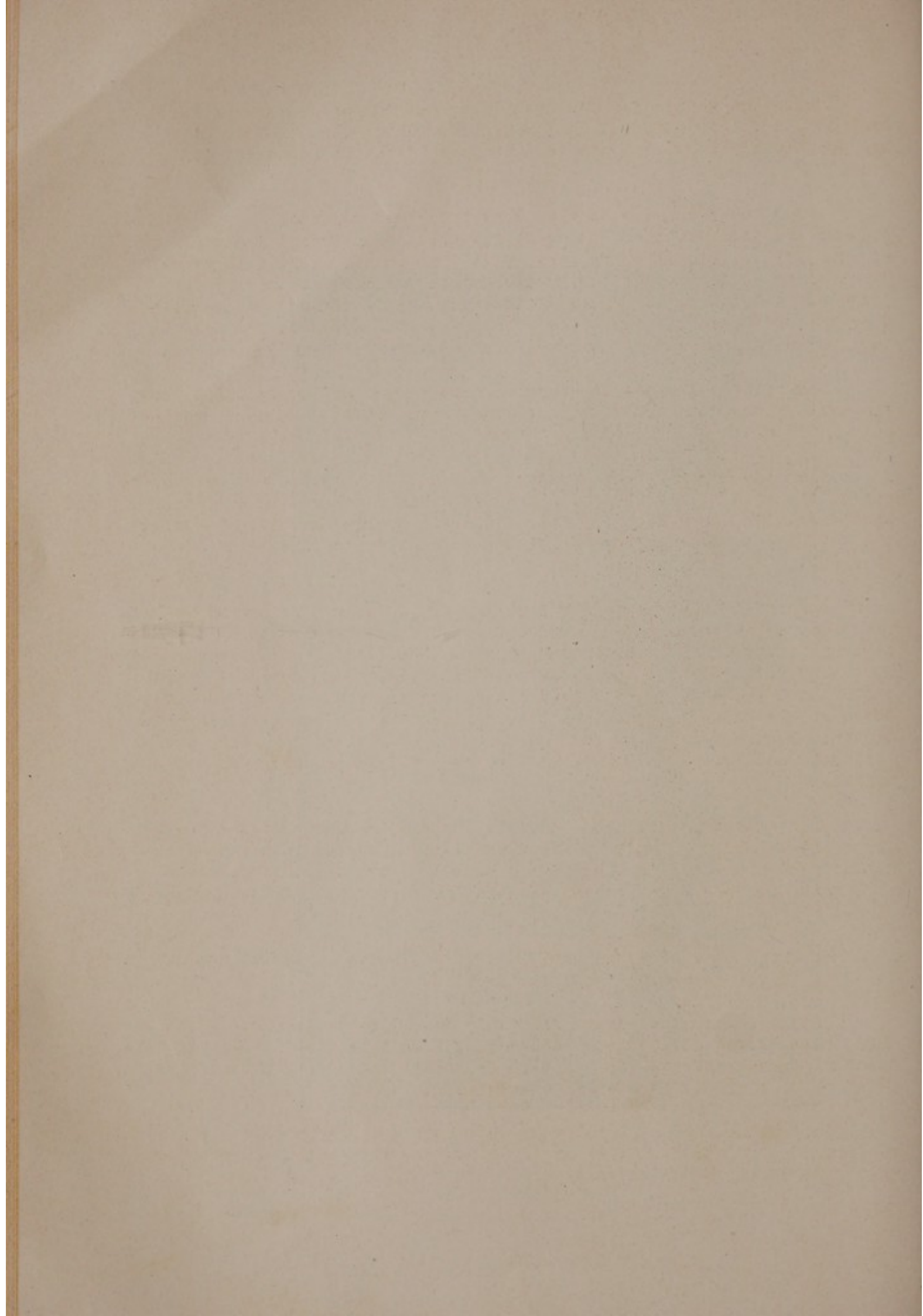
At a small settlement, La Source, 15 blood specimens were taken which showed 61.4 per cent infected with malaria, and 23 per cent with malaria. At this place there was a small marsh immediately behind the small group of houses and about 50 yards distant an underground river which was reached by several coves.

At Anse à Caïstes where 85 specimens were taken malaria was found in 18.9 per cent. The majority of persons examined at this town were school children.

Debris. The new law enacted August 4, 1935, became effective October 1st, 1935. The law provides that all debris be licensed and removed while on the streets and that debris caught in contravention of law be destroyed by the Service d'Hygiène if not cleaned and licensed by owner within forty-eight hours.



(28) Fourrière—Parc Communal, Port-au-Prince



While the wording of the law places the burden of its enforcement on the local communes, this Service is interested on account of the prevalence of rabies, and is therefore active in rendering assistance.

A new Dodge commercial wire body truck was purchased by this Service and reconstructed to render it suitable as an impounding wagon and was put into service January 6th, 1927. The chauffeur of this truck is under the direction of the Public Health Officer but paid by the Commune. A Gendarme accompanies the truck at all times together with a crew of dog catchers, provided with nets. Dog catchers are paid by the Commune at the rate of twenty-five centimes for each dog caught.

Some difficulty has been experienced in preventing brutality on the part of dog catchers. They are instructed that in ordinary routine only nets should be used, and not clubs.

When the law was first enacted it was our intention to use cyanide gas as the method of destruction and with this in view a lethal chamber was built. On account of possible danger to persons handling the work the method was never employed. Poison in small morsels of meat was used at first.

Information received from Washington, D. C., regarding the use of charcoal gas as their method of destroying dogs suggested to us the possible efficacy of automobile exhaust gas. The lethal chamber mentioned above was reconstructed and supplied with an inlet and outlet for the exhaust and the experiment proved a complete success. Automobile exhaust gas is known to contain 5 to 9 per cent carbon monoxide and when the animals are subject to this gas in a tight killing box, they are rendered unconscious instantly and are dead within one and one half minutes.

This method is now used entirely and the impounding truck that transport captured animals to the pound later destroys them with its exhaust and then carries them to the burial grounds. It is believed that much good has been accomplished in the first year of our dog campaign.

No known case of human rabies occurred in this district during the year as compared with three the previous year.

In the six months period from July 1st, 1926 to December 30th, 1926, fifty seven people were recommended from this District to the Haitian General Hospital for Pasteur treatment and nineteen dogs were found to be rapid by laboratory examination.

During the entire fiscal year just passed it was necessary to recommend but fifteen victims of dog bites for treatment, and fourteen dogs were positive for rabies.

While the working of the law places the burden of its enforcement on the local community, this Service is interested on account of the prevalence of rabies, and is therefore active in rendering assistance.

A new Dodge commercial wire body truck was purchased by this Service and reconstructed to render it suitable as an ambulance wagon and was put into service January 25th, 1937. The chauffeur of this truck is under the direction of the Public Health Officer but paid by the Commune. A Constantine accompanies the truck at all times together with a crew of dog catchers, provided with nets. Dog catchers are paid by the Commune at the rate of twenty-five centimes for each dog caught.

Some difficulty has been experienced in preventing brutality on the part of dog catchers. They are instructed that in ordinary routine only nets should be used, and not clubs.

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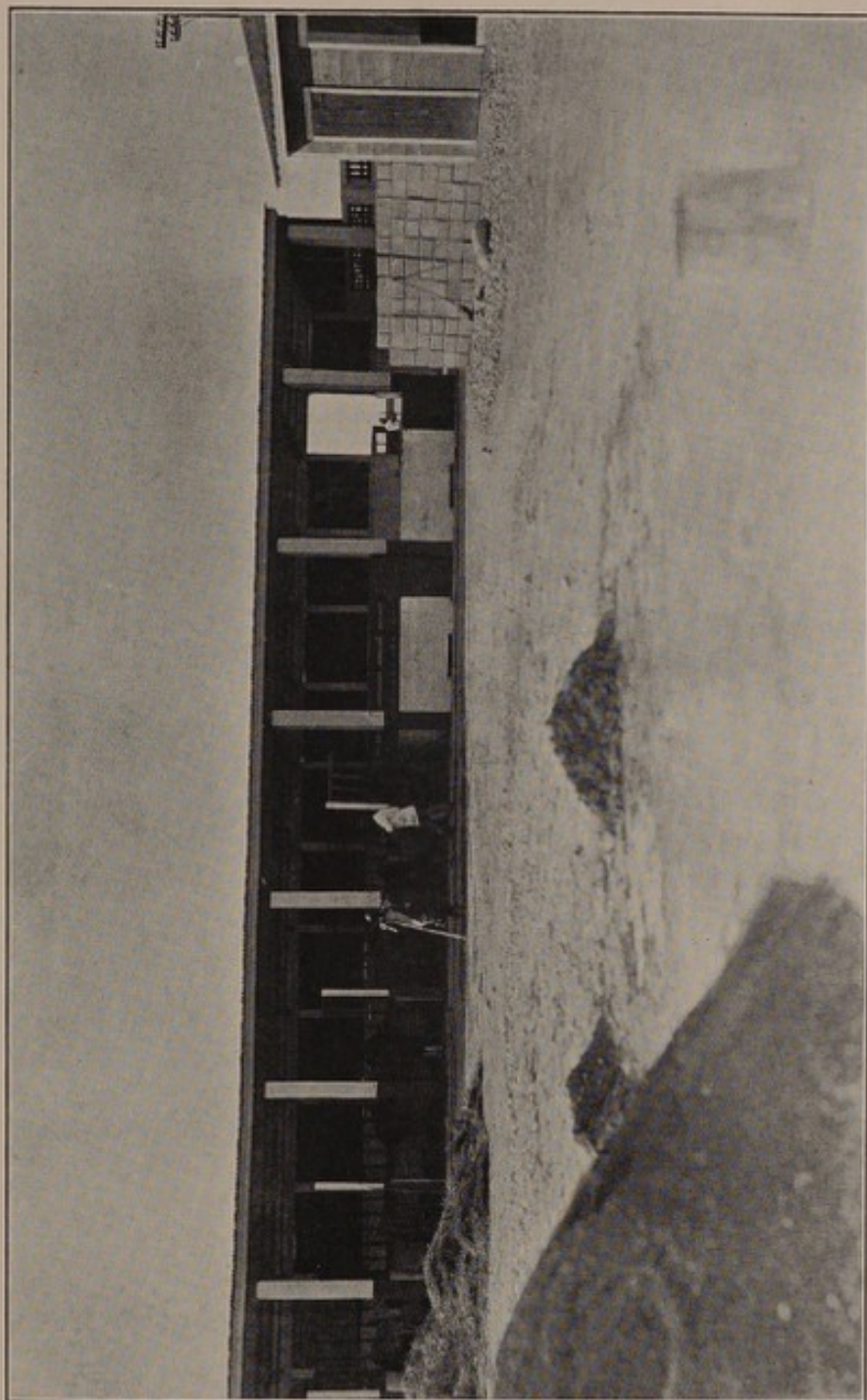
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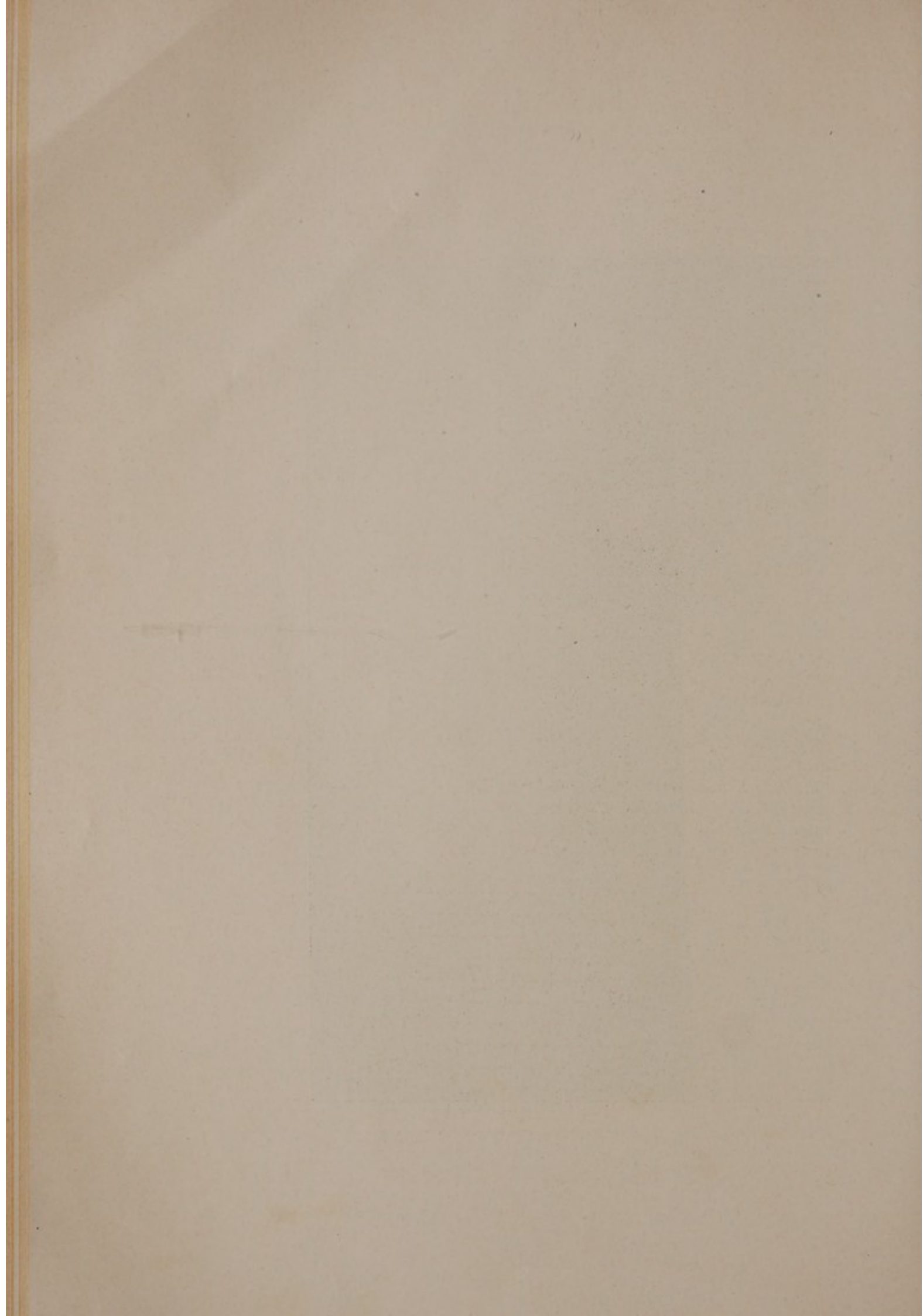
No known case of human rabies occurred in this district during the year as compared with three the previous year.

In the six months period from July 1st, 1936 to December 30th, 1936, fifty-seven people were recommended from this district to the Haitian General Hospital for treatment and nineteen dogs were found to be rabid by laboratory examination.

During the entire fiscal year just passed it was necessary to recommend but fifteen victims of dog bites for treatment, and fourteen dogs were positive for rabies.



(29) Ecuries, Parc Communal, Port-au-Prince



The following table is self explanatory:

Months	Victims of dog bites	No. dogs positive for rabies	Persons recommended to receive Pasteur treatment
October	8	1	2
November	9	0	0
December	2	0	0
January	3	0	0
February	5	0	0
March	4	5	1
April	14	1	5
May	8	0	0
June	10	4	4
July	3	0	0
August	2	0	0
September	7	3	3
Total	75	14	15

All dogs known to have bitten people are held at the pound fifteen days for observation and are then either destroyed or returned to their owners.

Information regarding dangers of rabies has been quite widely disseminated by local press comments both favorable and unfavorable to our campaign, and by radio talks. It is believed that we received a majority of dogs for observation that have bitten people during the past year. A total of two thousand nine hundred and sixty two dogs were destroyed during the year as follows:

October-----141
November-----150
December-----139
January-----375
February-----252
March-----358
April-----209
May-----177
June-----200
July-----188
August-----262
September-----461

Total.....2,962

The following table is self explanatory:

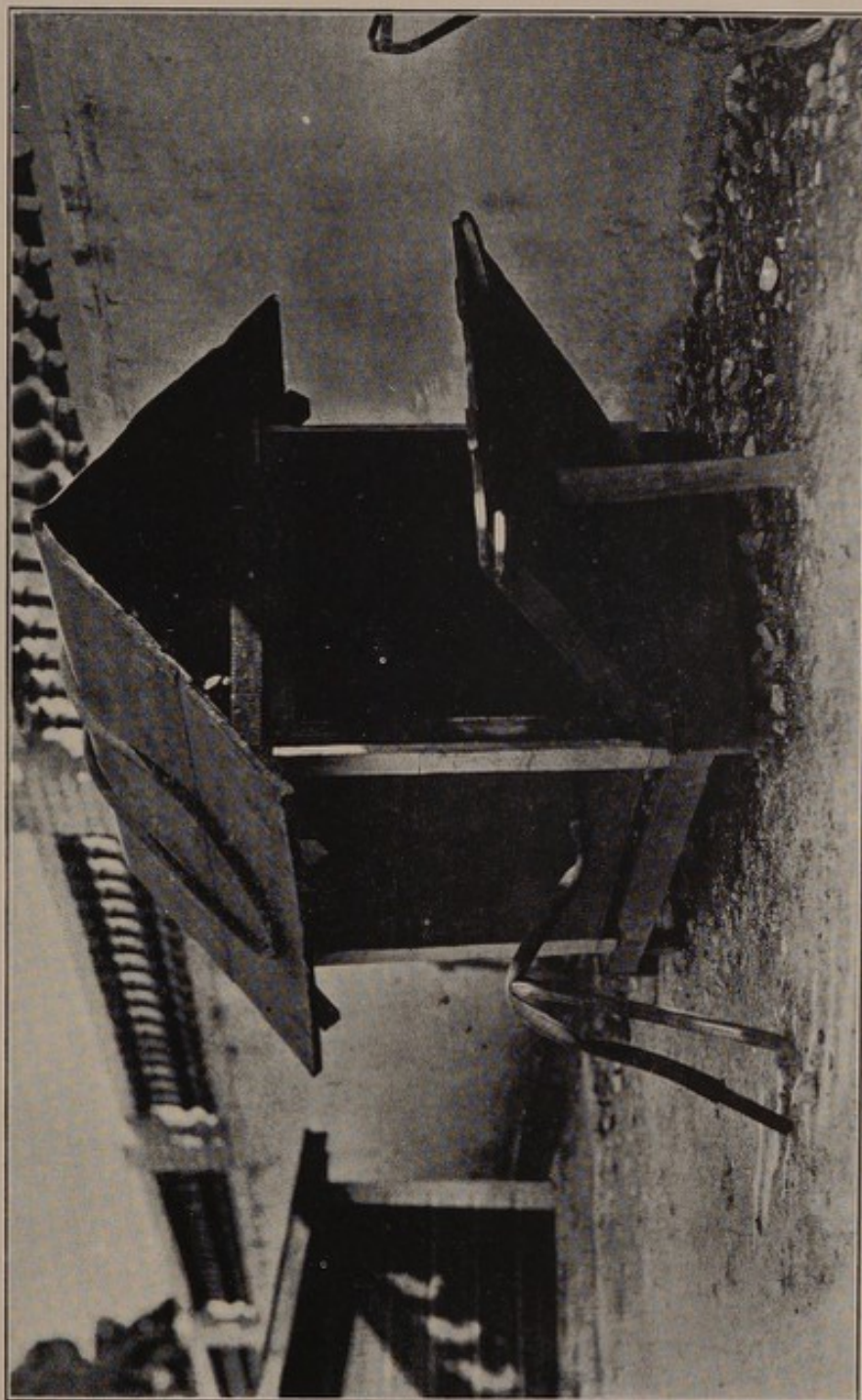
Months	Victims of bite for rabies	No. dogs destroyed for rabies	Persons receiving treatment
October	8	1	3
November	3	0	0
December	3	0	0
January	3	0	0
February	5	0	0
March	4	5	1
April	14	1	5
May	8	0	0
June	10	4	4
July	3	0	0
August	3	0	0
September	7	3	3
Total	75	14	15

All dogs known to have bitten people are held at the pound fifteen days for observation and are then either destroyed or returned to their owners.

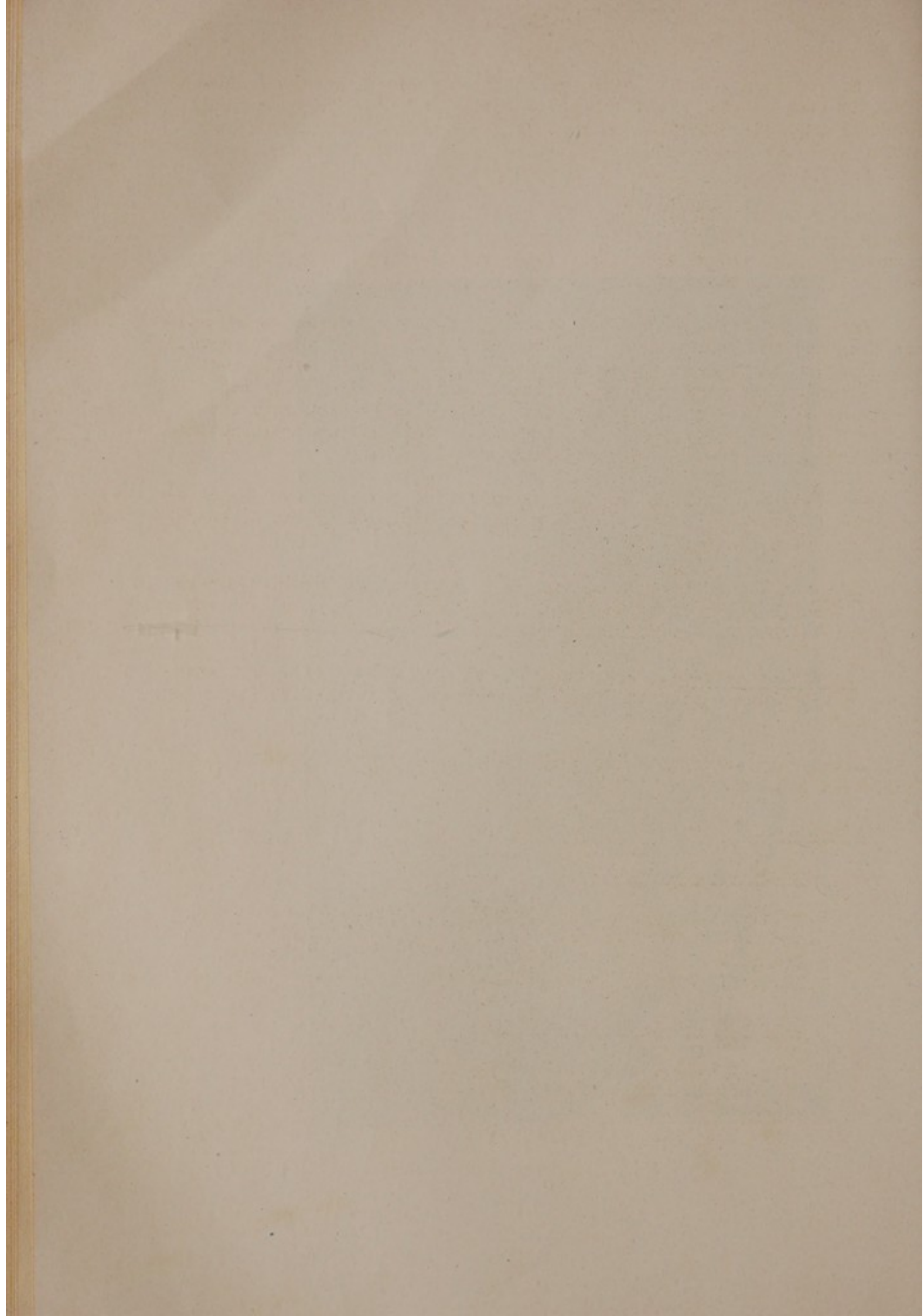
Information regarding dangers of rabies has been quite widely disseminated by local press comments both favorable and unfavorable to our campaign, and by radio talks. It is believed that we received a majority of dogs for observation that have bitten people during the past year. A total of two thousand nine hundred and sixty two dogs were destroyed during the year as follows:

October	141
November	150
December	180
January	378
February	322
March	328
April	303
May	177
June	200
July	188
August	282
September	461

Total.....2,962



(30) Boîte pour la Destruction des Chiens, Port-au-Prince



The dog pound, built at the close of last fiscal year and described in last year's annual report is located at the "Parc Communal" where all impounded animals are kept by the Commune. A year ago it consisted of the dog pound, an old dilapidated two-stall stable and a shack for the caretaker, all in an open field.

This Service undertook to make certain improvements with a view towards improving the conditions that constituted a menace to the neighborhood and at the same time giving the commune a place to keep impounded animals in a hygienic and humane manner.

An old incinerator that had been in disuse for several years was torn down and the bricks used to construct a wall around the property. Later, cement ballustrades were added to the top of this wall. The old buildings were torn down and replaced by one building with two rooms, one with five rooms, ten modern stalls with feeding racks, a pen for sheep and goats, and a pen for pigs. This was accomplished at an expense to the Commune of Gdes. 7,850.00.

The two-room building is used as an office and room for the caretaker and the five-room building to house men employed by the Commune to capture stray animals.

Rats. A total of seven hundred and twenty eight (728) rats were trapped throughout the year and sent to the Service d'Hygiène laboratory for examination. No rodent plague was demonstrated.

Quarantine Service. Four hundred and eighty one (481) foreign ships were boarded during the year, an increase of forty-five (45) over last year.

No quarantinable diseases were noted and no vessel was denied permission to dock.

Finance.

Budgetary Allotment.

October 1, 1926, balance on hand	Gdes. 000,000.00
Received during the year	363,316.00
Expended	363,316.00
Sept. 30, 1927, balance on hand	000,000.00

Communal Funds, Port-au-Prince.

October 1, 1926, balance on hand	Gdes. 1,669.98
Received during the year	56,217.75
Expended	54,530.80
Sept. 30, 1927, balance on hand	3,356.83

The dog pound, built at the close of last fiscal year and described in last year's annual report is located at the "Toro Community" where all impounded animals are kept by the Commune. A year ago it consisted of the dog pound, an old dilapidated two-stall stable and a shack for the caretaker, all in an open field.

This Service undertook to make certain improvements with a view towards improving the conditions that constituted a menace to the neighborhood and at the same time giving the commune a place to keep impounded animals in a hygienic and humane manner.

An old incinerator that had been in "Toro" for several years was torn down and the bricks used to construct a wall around the property. Later, cement ballastades were added to the top of this wall. The old buildings were torn down and replaced by one building with two rooms, one with five rooms, ten modern stalls with feeding racks, a pen for sheep and goats, and a pen for pigs. This was accomplished at an expense to the Commune of \$850.00.

The two-room building is used as an office and room for the caretaker and the five-room building is house and employed by the Commune to capture stray animals.

Rats. A total of seven hundred and twenty eight (728) rats were trapped throughout the year and sent to the Service's Hygiene Laboratory for examination. No rodent plague was demonstrated.

Quarantine Service. Four hundred and eighty one (481) foreign ships were boarded during the year, an increase of forty-five (45) over last year.

No quarantinable diseases were noted and no vessel was denied permission to dock.

Finance.

Budgetary Allocation.

October 1, 1936, balance on hand	Octes. 000,000.00
Received during the year	363,316.00
Expended	363,316.00
Sept. 30, 1937, balance on hand	000,000.00

Communal Funds, Port-au-Prince.

October 1, 1936, balance on hand	Octes. 1,669.96
Received during the year	56,217.75
Expended	54,530.80
Sept. 30, 1937, balance on hand	3,356.91

Communal Funds, Léogane.

October 1, 1926, balance on hand	Gdes.	0,000.00
Received during the year		2,012.17
Expended		2,912.17
Sept. 30, 1927, balance on hand		0,000.00

Communal Funds, Arcahaie.

October 1, 1926, balance on hand	Gdes.	0,000.00
Received during the year		3,946.64
Expended		3,946.64
Sept. 30, 1927, balance on hand		0,000.00

Communal Funds, Croix-des-Bouquets.

October 1, 1926, balance on hand	Gdes.	0,000.00
Received during the year		1,800.00
Expended		1,800.00
Sept. 30, 1927, balance on hand		0,000.00

Communal Funds, Thozazeau.

October 1, 1926, balance on hand	Gdes.	000.00
Received during the year		840.25
Expended		840.25
Sept. 30, 1927, balance on hand		000.00

Extraordinary Credit.

October 1, 1926, balance on hand	Gdes.	2,303.37
Received during the year		11,425.00
Expended		13,725.99
Sept. 30, 1927, balance on hand		2.38

Special Service Fund.

October 1, 1926, balance on hand	Gdes.	0,000.00
Received during the year		3,640.50
Expended		3,640.50
Sept. 30, 1927, balance on hand		0,000.00

Asile Communal.

Finance.

October 1, 1926, balance on hand	Gdes.	3,668.63
Received during the year		48,250.00
Expended		51,638.57
Sept. 30, 1927, balance on hand		280.06

General Fund, Balance

Sept. 30, 1937, balance on hand	0,000.00
Expended	0,000.00
Received during the year	0,000.00
October 1, 1938, balance on hand	0,000.00

General Fund, Balance

Sept. 30, 1937, balance on hand	0,000.00
Expended	0,000.00
Received during the year	0,000.00
October 1, 1938, balance on hand	0,000.00

General Fund, Group-See-Benefits

Sept. 30, 1937, balance on hand	0,000.00
Expended	0,000.00
Received during the year	0,000.00
October 1, 1938, balance on hand	0,000.00

General Fund, Miscellaneous

Sept. 30, 1937, balance on hand	0,000.00
Expended	0,000.00
Received during the year	0,000.00
October 1, 1938, balance on hand	0,000.00

Extraordinary Credit

Sept. 30, 1937, balance on hand	0.00
Expended	0.00
Received during the year	0.00
October 1, 1938, balance on hand	0.00

Special Service Fund

Sept. 30, 1937, balance on hand	0,000.00
Expended	0,000.00
Received during the year	0,000.00
October 1, 1938, balance on hand	0,000.00

Alle County

Finance

Sept. 30, 1937, balance on hand	0,000.00
Expended	0,000.00
Received during the year	0,000.00
October 1, 1938, balance on hand	0,000.00

The "Asile " or "Hospice Communal" as it is sometimes known in the city poor house, and while entirely supported by the Commune, is under the supervision of the Public Health Officer.

The direct management is under the catholic sisters of the order of "Filles de la Sagesse", or the "Gray Sisters" as they are known here.

The personnel consists of:

- 1 Sister superior
- 2 Sisters
- 1 Trained Nurse (Native)
- 1 Seamstress
- 1 1st cook
- 1 2nd cook
- 1 Laundress
- 2 Waitresses
- 2 Waiters
- 3 Gardeners
- 2 Attendants.

In addition to the above a catholic priest is employed to hold Saturday services in the Chapel and render spiritual assistance to the inmates.

The Commune allots Cdes. 4,000.00 per month for the maintenance and upkeep of the institution. This poor house of Port-au-Prince is one that any city in the civilized world might well be proud of. Inmates are clothed and given three meals per day of wholesome and well balanced diet consisting mostly of rice and beans often cooked with inexpensive cuts of meats, or dried fish, sweet potatoes, plantains, native fruits, bread, coffee or tea.

The cost of this ration is less than ten cents per person per day. The average daily inmates for the year was 115.

As the space is limited, great care is taken to limit admissions to the most deserving cases and as a result the institution is filled with the old and feeble, the crippled and the blind. Several of the blind suffering with cataracts have been sent to the Haitian General Hospital for operation and sight restored in several instances.

The commissioned physician of this service holds daily sick call and a daily outside clinic at the poor house. Work in this regard consisted of the following:

Inmates:	Minor operations-----	7
	Emetin injections-----	28
	Bismosal injections-----	703
	Dressings-----	8459

The "Asile" or "Hospital General" as it is sometimes known in the city poor houses, and which is entirely supported by the Commune, is under the supervision of the Public Health Officer.

The direct management is under the official direction of the mayor of "Rues de la Capitale", or the "City Fathers" as they are known here.

The personnel consists of:

- 1 Mayor
- 3 Deputies
- 1 Councilor (Mayor)
- 1 Councilor
- 1 1st clerk
- 1 2nd clerk
- 1 Treasurer
- 3 "Assessors"
- 3 "Deputies"
- 3 "Councilors"

In addition to the above, a certain number is employed to help Saturday services in the hospital and render additional assistance to the inmates.

The Commune allows each inmate 4,000 francs per month for the maintenance and upkeep of the institution. This poor house at Paris-Montmartre is one that any city in the civilized world might well be proud of. The inmates are clothed and given three meals a day of wholesome and well balanced diet consisting mostly of rice and beans often cooked with expensive cuts of meat, or fried fish, sweet potatoes, plantains, native fruits, bread, coffee or tea.

The cost of this ration is less than ten cents per person per day. The average daily inmate for the year was 115.

As the space is limited, great care is taken to limit admissions to the most deserving cases and as a result the institution is filled with the old and feeble, the crippled and the blind. Several of the blind suffering with cataracts have been sent to the Hotel General Hospital for operation and slight recovery in several instances.

The non-maintained hospital of this service holds daily open call and a daily outside clinic at the poor house. Work in this regard consisted of the following:

Immigrants	1
French refugees	25
German refugees	702
Prisoners	655

Outpatients:	No. of out patients-----	1102
	Minor operations-----	36
	Prescriptions filled-----	538
	Hg. injections-----	562
	Quinine injections-----	83
	Bismosol injections-----	351
	Dressings-----	9007

Improvements during the year consisted of painting the main building, chapel, isolation wards, kitchen and out buildings; enlarging the women's isolation ward and constructing new ceiling; new ceiling in men's isolation ward; cement drains extended.

It might be added that the spacious grounds filled with beautiful flower gardens in the front; and cotton, corn and vegetables in the rear of the buildings furnish plenty of occupation for those able and willing to work.

Recommendations. 1. That two additional one and one half ton trucks be furnished for street cleaning and garbage service.

2. That this Service purchase a suitable truck and undertake to transport meat from the abattoir to the various markets.

3. That a law be enacted forbidding any person or persons to handle night soil unless possessed with equipment approved by Service d'Hygiène and making it an offense for any individual to hire any person not so properly equipped.

4. That the Commune of Petionville be encouraged to revise their tax assessments and increase their earning power in other directions with a view towards making them more or less financially independent in matters of sanitation and care of streets.

5. That the National Government assist the city of Port-au-Prince in providing two additional public markets.

6. That district nurses (native) be added to the personnel of this Sanitation District.

CAP-HAITIEN.

Personnel. The sanitation of Cape Haitien District is in charge of a Lieutenant Commander, Medical Corps, U. S. Navy. The office occupies a room in the Government building at 17th and A Streets, Cape Haitien. The personnel of this service consists of the following:

1102	Number of patients
36	Number of patients
330	Prescriptions filled
322	No. injections
43	Quinine injections
34	Diabetic injections
337	Drugs

Improvements during the year consisted of painting the main building, chapel, isolation ward, kitchen and out buildings; enlarging the main's isolation ward and constructing new ceiling; new ceiling in main's isolation ward; cannot be extended.

It might be added that the spacious grounds filled with beautiful flower gardens in the front; and cotton, corn and vegetables in the rear of the building furnish plenty of occupation for these able and willing to work.

Recommendations. 1. That two additional beds and one half ton trucks be furnished for street cleaning and garbage service.

2. That this service purchase a suitable truck and undertake to transport meat from the abattoir to the various markets.

3. That a law be enacted forbidding any person or persons to handle night soil unless possessed with equipment approved by service and making it an offense for any individual to hire any person not so properly equipped.

4. That the Commune of Port-au-Prince be encouraged to revise their tax assessments and increase their earning power in other directions with a view towards making them more or less financially independent in case of crisis.

5. That the National Government assist the city of Port-au-Prince in providing two additional public markets.

6. That district nurses (natives) be added to the personnel of this Sanitation District.

CAP-HAITIEN.

Personnel. The sanitation of Cap-Haitien District is in charge of a Lieutenant Commander, Medical Corps, U. S. Army. The office occupies a room in the Government building at 17th and A Streets, Cap-Haitien. The personnel of this service consists of two following:

- 1 Sanitary Officer
- 1 Chief Clerk
- 1 Assistant clerk
- 1 Chief Inspector
- 3 Sanitary Inspectors
- 1 Milk Inspector
- 1 Meat Inspector
- 1 Chief Mechanicin charge of garage
- 1 Assistant Mechanic
- 5 Chauffeurs
- 1 Carpenter
- 1 Blacksmith
- 13 Chiefs of labor gangs
- 110 Other employees.

Malaria. The efforts of the Sanitary Officer have been splendidly rewarded in the town of Cape Haitien by the reduction of malaria to so few cases as to be negligible. In April, a malaria survey of 200 school children in Cape Haitien showed no malaria. In fact, the cases seen at the Hospital in all probability contracted the disease outside the town in the Haut du Cap section where malaria is constantly to be found and the breeding places of anopheline mosquitoes are beyond the present financial capacity of the Sanitary Division to eradicate completely.

This decrease in the malaria incidence has been due to an intensive anti-mosquito campaign in and around Cape Haitien begun last year and continued unabated up to date. The filling in of swamps and low marshy ground was continued throughout the year. Twenty two thousand and twenty three (22,023) cart and truck loads of rubbish obtained from street boxes were used to fill in these places. The oiling and closing of abandoned wells was continued.

Property Inspections. The system of house to house inspection was continued. Eighteen thousand and twenty five (18,025) properties were inspected during the year. Four thousand five hundred and forty two (4,542) notices were sent to property owners that their premises were unsanitary. The cooperation of the Justice of the Peace in enforcing the law has been good.

Market. The market has been greatly improved during the year. Concrete side walks have been completed around it, replacing the muddy unsightly borders. Screened meat boxes have been put in place of screened stalls. The screening of stalls was found to be impracticable as the screening was continually being broken by customers. Painting and repairing of the market was continued throughout the year.

Rats. Rats continue prevalent. Three rat catchers are constantly occupied in trapping rats. They trapped 1,987 rats during the year.

Sanitary Officer 1
 Chief Clerk 1
 Assistant Clerk 1
 Chief Inspector 1
 Sanitary Inspectors 3
 Milk Inspector 1
 Meat Inspector 1
 Chief Necropolis Officer of Corps 1
 Assistant Necropolis 1
 Charwoman 3
 Carpenter 1
 Watchman 1
 Chief of Labor Corps 13
 110 other employees.

Malaria. The efforts of the Sanitary Officer have been splendidly rewarded in the town of Cape Haitien by the reduction of malaria to so few cases as to be negligible. In April, a malaria survey of 200 school children in Cape Haitien showed no malaria. In fact, the cases seen at the Hospital in all probability contracted the disease outside the town in the Haiti de Cap section, where malaria is constantly to be found and the breeding places of anopheline mosquitoes are beyond the present financial capacity of the Sanitary Division to eradicate completely.

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Property Inspections. The system of houses to house inspection was continued. Eighteen thousand and twenty five (18,225) properties were inspected during the year. Four thousand five hundred and forty two (4,542) notices were sent to property owners that their premises were unsanitary. The cooperation of the Justice of the Peace in enforcing the law has been good.

Market. The market has been greatly improved during the year. Concrete sidewalks have been completed around it, replacing the muddy unsightly borders. Surrounding dirt boxes have been put in place of screened stalls. The screening of stalls was found to be impractical as the screening was constantly being broken by customers. Cleaning and repainting of the market was continued throughout the year.

Rats. Rats continue prevalent. Three rat catchers are constantly occupied in trapping rats. They trapped 1,967 rats during the year.

Milk. All milk entering the town is inspected for water dilution. Approximately five thousand kola bottles of milk are brought in daily.

Dogs. In March, there occurred an epidemic of rabies among dogs in Cape Haitien. The disease apparently started in a wolf hound imported from outside the island. A dog after biting three people was killed and was sent to Port-au-Prince for examination. It was reported positive for rabies. The Service d'Hygiène assigned twenty-five men to the work of catching stray dogs in the streets. The sanitary inspectors during their house to house inspections discovered unlicensed dogs and sent the owners' names to the Magistrate. Thirty five dogs were shot by the police after 48 hours holding period. Two hundred and eighty seven owners obtained licenses. All persons known to have been bitten were given anti-rabies vaccine. The Service Technique aided in the campaign by vaccinating fifty licensed dogs and providing for the vaccination of all licensed dogs at a minimum charge. A dog pound was constructed by the Commune. The Communal authorities cooperated in a most commendable manner. From the time the epidemic started in March to close of fiscal year, 312 dogs were licensed and 100 were killed. Seven people were bitten by dogs proved to be suffering with rabies or believed so. All were given anti-rabies vaccine with no developments of rabies.

Streets. The efficient street cleaning system organized last year has been continued. The Travaux Publics continued the repairing of streets during the year and the building of cement side drains. Much remains to be done, however.

Abattoir. The abattoir is inspected daily and all animals before and after being killed.

Public Latrines. The system of public latrines is adequate but not ideal. When an adequate water supply is furnished Cape Haitien, a flush system of toilet of some nature should be installed.

Water Supply. The water supply of Cape Haitien is inadequate during the dry seasons. This condition must soon be remedied if the town is to progress. There is no fire protection in the town at present.

Rural Sanitation. A splendid piece of sanitary engineering was carried out during the year at Fort-Liberté. This work was done in connection with the Travaux Publics. The large swamp near the town was drained at a cost of 15,000.00 gourdes and the effect was immediate and tremendously gratifying. Before the swamp was drained Fort-Liberté had a malaria index of 80 per cent. It was a very unhealthy place to live in. In June of this year the index was 14 per cent and it was difficult to find an anopheline mosquito in the town.

Milk. All milk entering the town is inspected for water dilution. Approximately five thousand milk bottles are brought in daily.

Dogs. In March, there occurred an outbreak of rabies among dogs in Cape Hatteras. The disease apparently started in a wolfhound imported from outside the island. A dog after biting three people was killed and was sent to Fort-Warrior for examination. It was reported positive for rabies. The Service Department assigned twenty-five men to the work of catching stray dogs in the streets. The sanitary inspectors during their house to house inspections discovered and culled dogs and sent the owners' names to the Registrar. Thirty-five dogs were shot by the police after a house-to-house campaign. Two hundred and eighty-seven owners of found dogs were notified. All persons known to have been bitten were given anti-rabies vaccine. The Service Department aided in the campaign by vaccinating fifty licensed dogs and providing for the vaccination of all licensed dogs at a minimum charge. A dog pound was constituted by the Governor. The Commercial authorities cooperated in a most commendable manner. From the time the epidemic started in March to close of fiscal year, 1923, 107 dogs were licensed and 100 were killed. Seven people were bitten by dogs proved to be suffering with rabies or believed so. All were given anti-rabies vaccine with no developments of rabies.

Streets. The efficient street cleaning system organized last year has been continued. The Town Engineer continued the repairing of streets during the year and the building of concrete side drains. Much remains to be done, however.

Abattoir. The abattoir is inspected daily and all animals before and after being killed.

Public Latrines. The system of public latrines is adequate but not ideal. There is an adequate water supply in furnished Cape Hatteras. A flush system of relief of some nature should be installed.

Water Supply. The water supply of Cape Hatteras is inadequate during the dry season. This condition must soon be remedied if the town is to progress. There is no fire protection in the town at present.

Rural Sanitation. A splendid piece of sanitary engineering was carried out during the year at Fort-Liberty. This work was done in connection with the Town Engineer. The large sewage main the town was drained at a cost of \$1,500.00. The effect was immediate and treatment easily effected. Before the sewage was drained Fort-Liberty had a malaria index of 60 per cent. It was a very interesting thing to live in. In June of this year the index was 14 per cent and it was difficult to find an anopheline mosquito in the town.

The examination of School children for malaria was conducted in the principal centers of population. The examination was a microscopic examination of blood specimens prepared by both thin and thick film methods. Results were as follows:

<u>Place</u>	<u>No.Exam.</u>	<u>Acetive</u> <u>Autumnal</u>	<u>Quartan</u>	<u>Benign-</u> <u>Tertian</u>	<u>Mixed</u>	<u>Per cent</u> <u>positive</u>
Guanaminthe	100	12	3	1	0	16
Filate	100	2	1	0	0	3
Le Trou	100	16	11	0	2	29
Le Borgne	72	21	11	0	1	45.8
Quartier Morin	100	9	5	0	0	14
Vallière	100	4	0	0	0	4
Cap-Haitien	200	0	0	0	0	0
Plaisance	100	3	1	0	0	4
Ste. Suzanne	100	5	2	0	0	7
Acul du Nord	100	13	0	0	0	13
Plaine du Nord	100	15	5	0	1	21

Cap-Haitien was visited by enormous numbers of salt marsh mosquitoes twice during the year. They were breeding in the swamp at the mouth of the Haut du Cap river near the town. Ditching and draining this tidal area, followed by oiling all pools found containing larvae resulted in their eradication to a large extent. A remarkable adaptation of salt marsh mosquitoes for survival was noted during the month of August. The last large invasion of salt marsh mosquitoes occurred in June. They returned to their breeding ground in the swamp which had meanwhile been ditched and was rapidly drying up and deposited their eggs in the mud. For two months these eggs lay dormant in the dried out sand. A heavy rain covered this breeding area. In a few hours this water was teeming with unbelievable numbers of larvae. This area was then oiled with excellent results. Only a few larvae remained after the expenditure of six barrels of oil.

It was found in August that the *Aedes aegypti* was eluding the inspectors in Cape Haitien by breeding in the earthen ware drinking water containers. A slight jar of the container and the larvae settled quickly to the bottom and were missed by the inspectors. It was necessary to pour the water from each jar into a bucket to find the larvae. It was found also that the larvae would remain in the last few drops of water

The examination of School children for malaria was conducted in the principal centers of population. The examination was a microscopic examination of blood specimens prepared by both thin and thick film methods. Results were as follows:

Place	No. Exam.	Active	Incubating	Definite	For cause
Guantanamo	100	12	3	1	0
Llano	100	2	1	0	0
La Vega	100	16	11	0	2
La Jirga	25	21	11	0	1
Granadero Martin	100	2	2	0	0
Vallidoro	100	4	0	0	0
Cap-Haitien	200	0	0	0	0
Plaisance	100	3	1	0	0
Sto. Suzanne	100	5	2	0	0
Acuf du Nord	100	12	0	0	0
Plains du Nord	100	12	2	0	1

Cap-Haitien was visited by enormous numbers of salt marsh mosquitoes twice during the year. They were breeding in the swamps at the mouth of the Artibonite river near the town. Breeding was taking place in this tidal area, followed by killing all pools containing larvae resulted in their eradication to a large extent. A remarkable sharp reduction of salt marsh mosquitoes for survival was noted during the month of August. The last large invasion of salt marsh mosquitoes occurred in June. They resorted to their breeding ground in the swamps which had meanwhile been ditched and was rapidly drying up and deposited their eggs in the mud. For two months there was no sign of them in the dried out area. A heavy rain covered this breeding area. In a few hours this water was teeming with an enormous number of larvae. This area was then dried with excellent results. Only a few larvae remained after the expiration of the larvae of all.

It was found in August that the larvae were still in the swamps in Cap-Haitien by breeding in the swamps and drinking water containers. A slight jar of the containers and the larvae settled quickly to the bottom and were missed by the inspectors. It was necessary to pour the water from each jar into a bucket to find the larvae. It was found also that the larvae would remain in the last few drops of water

left in the jug and would be a source of further breeding unless the container was thoroughly dried. The jugs were found to be very dirty.

Sanitary Inspectors. Four sanitary inspectors were trained in Cape Haitien during the year and sent to other towns. Limbé, le Borgne, Grande-Rivière, Le Trou and Quanaixinthe now have sanitary inspectors. Five sanitary closets were constructed at Grande-Rivière.

CAYES.

The sanitary condition of this district has been much improved during the last year. Aux Cayes has received more work in sanitation than any of the other towns because of its unfortunate location, unsanitary condition, and importance in this district. In addition sanitary work has been carried on in Cavaillon, Saint-Louis, Aquin and Port-à-Piment for the entire year and in Les Anglais, Chardonnières, Coteaux and St. Jean since January.

Personnel. The number of employees carried on the sanitation payrolls are as follows:

- 1 Assistant Public Health Officer
- 1 Commissioned Physician Port Doctor (Haitian)
- 1 Chief Sanitary Inspector
(also acts as chief clerk & interpreter)
- 2 Sanitary Inspectors (House, Aux Cayes)
- 1 Sanitary Inspector (Street, Aux Cayes)
- 1 Sanitary Inspector (Market, Aux Cayes)
- 1 Sanitary Inspector for Port-à-Piment section
(also makes clinics in 7 towns in this section)
- 6 Chefs d'Equipe (Aux Cayes)
- 1 Chef d'Equipe (Cavaillon)
- 1 " " (St. Louis)
- 1 " " (Aquin)
- 1 " " (Port-à-Piment)
- 1 " " (Chardonnières)

Street cleaners, approximately 55 (Aux Cayes)

"	"	"	6 (Cavaillon)
"	"	"	6 (St. Louis)
"	"	"	10 (Aquin)
"	"	"	8 (Port-à-Piment)
"	"	"	4 (Chardonnières)

Laborers, average number 43 (Aux Cayes)

"	"	"	8 (Cavaillon)
"	"	"	8 (St. Louis)
"	"	"	5 (Aquin)
"	"	"	6 (Port-à-Piment)
"	"	"	5 (Chardonnières)

3 Chauffeurs for camions.

The sanitary inspection of Aux Cayes is made by two inspectors trained at Port-au-Prince, under the direction of the Chief Sanitary Inspector. During the past year ten thousand and nineteen (10,019) houses and properties were inspected. Four hundred and seventy seven (477) people were sent to court. Of this number three (3) were acquitted (as insolvent), two hundred and ninety two (292) were fined, and one hundred and eighty two (182) remain against whom no action has been taken. Eighty six (86) new latrines were built and three hundred and twenty seven (327) repaired. Aux Cayes now has latrines on all inhabited properties in the town proper and a large number in the adjacent sections. Efforts are now being extended to have latrines on all inhabited properties of each town in the District. Cavaillon, Saint-Louis and Aquin have been inspected every one to two weeks by the Public Health Officer, his assistant or the chief Sanitary Inspector and directions given for work done. The road foreman of the Travaux Publics in this section has worked with the Sanitary Service in seeing that the work was done. Sanitary Service has been established in Les Anglais, Chardonnières, Coteaux, Damassins, Roche à Bateau, Port Salut and St. Jean since last January. Sanitary inspections were made in Les Anglais, Chardonnières, Coteaux, Damassins and Roche à Bateau every two weeks and Port-à-Piment twice every week by a sanitary inspector stationed in Port-à-Piment, who also makes clinics in each of these towns every two weeks. Port Salut and Saint Jean are inspected every two weeks by a hospital clerk who was trained for an inspector in Aux Cayes. The Public Health Officer, his Assistant or the Chief Sanitary Inspector makes an inspection in each of these places once a month. All of these named places are reached by horse back which require three and four days at a time. As a result inspections are not made as frequently as they should be. A Gh. B. dump truck was received in July after which time it has hauled nine hundred and seventy (970) loads of gravel. Seven hundred and sixty nine (769) loads were dumped in the hospital grounds and two hundred and one (201) dumped in low places in back of newly made curbs and gutters.

Street Cleaning. As in the past year all street sweeping has been done by women aided by a few men with wheelbarrows. It is impossible to obtain men to do this work. The women however appear to be as good if not better workers than the men and are willing to work for seven gourdes a week. The present number employed are considered sufficient for the needs of the town at present.

Garbage Collection & Disposal. In Aux Cayes garbage was collected by one Ford Truck and one Gh. B. Truck. During the year there were one thousand eight hundred and sixty nine (1,869) Ford truck loads and one thousand six hundred and twenty five (1,625) Gh. B. truck loads of garbage removed from the town. In Cavaillon, St. Louis and Chardonnières, wheelbarrows are used. Port-à-Piment and Aquin have mule carts. It is planned to put mule carts in all of the outlying towns where sanitation has been established. All garbage has been used in filling swamp land around the towns.

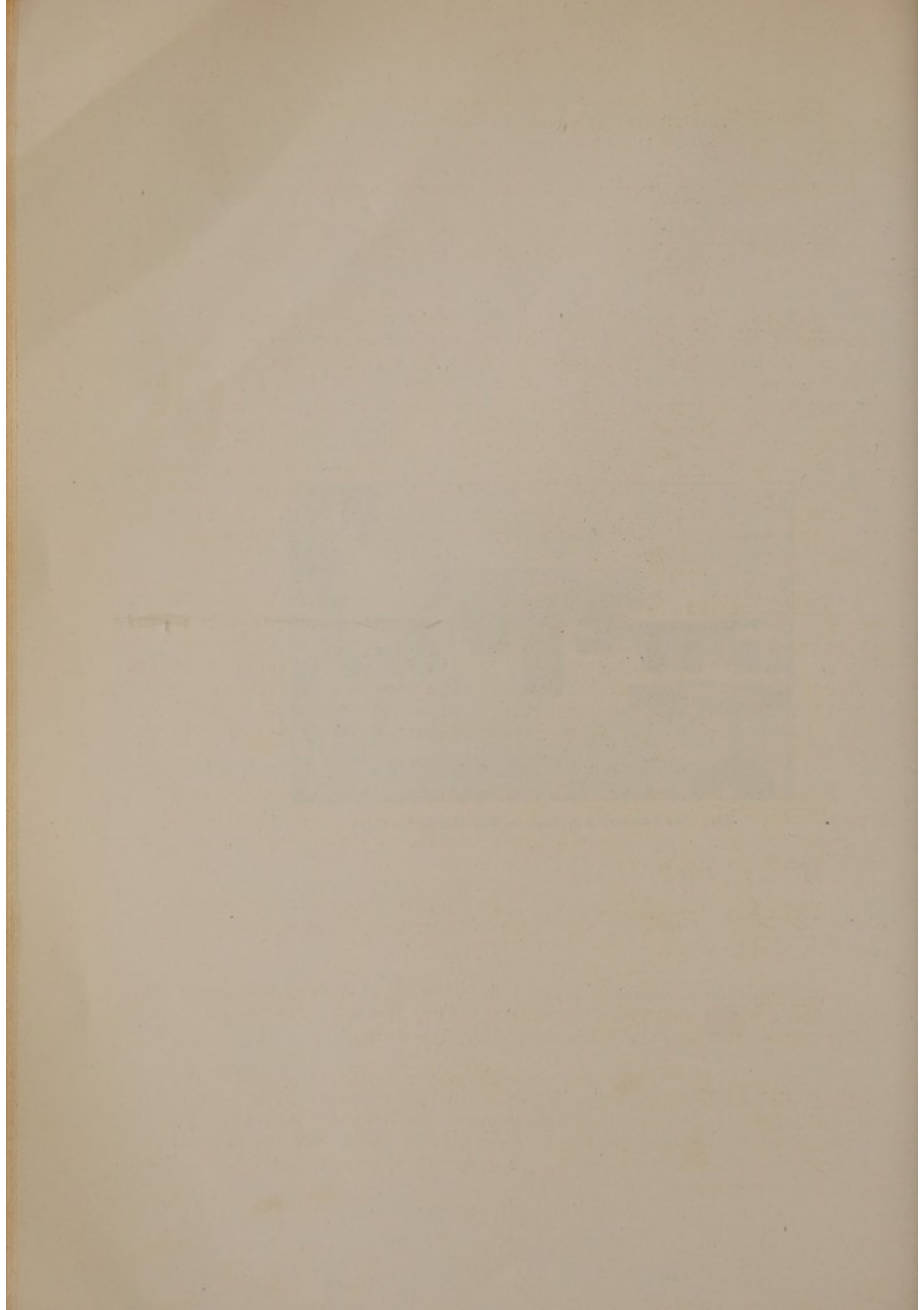
The sanitary inspection of the City is made by two inspectors trained at Port-au-Prince, under the direction of the Chief Sanitary Inspector. During the past year ten thousand and nine hundred (10,900) houses and properties were inspected. Four hundred and seventy-seven (477) people were sent to court. Of this number three (3) were acquitted (as insolvent), two hundred and ninety-two (292) were fined, and one hundred and eighty-two (182) remain against whom no action has been taken. Eighty-six (86) new latrines were built and three hundred and twenty-seven (327) repaired. The City now has latrines on all inhabited portions in the town proper and a large number in the adjacent sections. Efforts are now being extended to have latrines on all inhabited portions of each town in the district. Cavalier, Saint-Jacques and other towns have been inspected every one to two weeks by the Public Health Officer, his assistant or the Chief Sanitary Inspector and latrines given for work done. The road foreman of the Port-au-Prince Municipality has worked with the Sanitary Service in seeing that the work was done. Sanitary Service has been established in Les Cayes, Grand-Port, Gonaïves, Saint-Pierre, Les Cayes, Port-au-Prince and St. Jean-de-la-Montagne. Sanitary inspections were made in Les Cayes, Grand-Port, Gonaïves, Saint-Pierre and other towns every two weeks and Port-au-Prince twice every week by a sanitary inspector stationed in Port-au-Prince, who also makes clinics in each of these towns every two weeks. Port-au-Prince and Saint-Jean are inspected every two weeks by a hospital clerk who was trained for an inspector in Les Cayes. The Public Health Officer, his assistant or the Chief Sanitary Inspector makes an inspection in each of these places once a month. All of these named places are inspected by horse back which requires three and four days at a time. As a result inspections are not made as frequently as they should be. A Gh. P. dump truck was received in July after which time it has hauled nine hundred and seventy (970) loads of gravel. Seven hundred and sixty-nine (769) loads were dumped in the hospital grounds and two hundred and one (201) dumped in low places in park of newly made bridges and gutters.

Street Cleaning. In the past year all street sweeping has been done by women aided by a few men with wheelbarrows. It is impossible to obtain men to do this work. The women however appear to do as good if not better work than the men and are willing to work for seven centimes a week. The present number employed are considered sufficient for the needs of the town at present.

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(31) Une Boucherie à St. Louis du Sud, District des Cayes



Laborers. The labor problem continues to be a very acute one in this district. It is impossible to employ but old men and young boys under twenty. The former are too old and the latter too young to perform a good days labor. As long as emigration to the Cuban sugar fields continues we will have the problem of getting men.

Public Latrines. Two public latrines are in use in Aux Cayes. One near the market and the other at the wharf. During the year one was built at St. Louis.

Markets. The market place of Aux Cayes is in very good condition except for the meat blocks and the wire screening around the butcher shop. Steps have been taken to have these taken care of early in the coming year. All of the other markets in the district are open and anything but sanitary. Most of them when it rains are ankle deep in mud. Aquin, St. Louis and Cavaillon have butcheries. Those at Aquin and St. Louis are in good condition, that of St. Louis having been built by Travaux Publics for the Sanitary Service on money donated by the Commune. The butchery at Cavaillon is badly in need of repair. It is hoped that this can be done during the coming year. The shortage of produce continues as in past years, due to lack of cultivation on account of labor shortage.

Water Supply. The water supply of Cayes continues to be plentiful and of a good quality. It is derived from an underground stream which was reached by a dug well, from which water is pumped by steam the greater part of the day. During the year a one hundred thousand gallon tank was erected and another large dug well started. In Aquin, St. Louis, Cavaillon, Laurent and Forceck water is obtained from drilled wells by means of hand pumps. All of the other places get their water from rivers or springs.

Dogs killed. During the year thirty one dogs were captured and disposed of. Several cases of rabies in dogs have been reported but the Public Health Officer was able to get the heads of only two. Both of these were positive.

Abattoir. Aux Cayes is the only town in this district having an abattoir. This is in good condition. Saint-Louis has promised to erect one this coming year.

Epidemics. No epidemics have been reported during the year. Typhoid fever has been rather prevalent during the last five months but nine cases were the most reported at any one time.

Vaccination. During the year as many schools as possible were visited and two thousand four hundred and thirty four (2,434) persons vaccinated. Only six hundred and seventy (670) were positive. This is accounted for by the fact that a number of these schools are one and two days distant by horse back where it is impossible to keep the vaccine even chilled.

Labors. The labor problem continues to be a very serious one in this district. It is impossible to employ but a few men and young boys under twenty. The former are too old and the latter too young to perform a good type of labor. As long as emigration to the United States continues we will have the problem of feeding men.

Public Assistance. Two public institutions are in use in Aux Cayes. One near the market and the other at the wharf. During the year one was built at St. Louis.

Markets. The market place of Aux Cayes is in very good condition except for the meat blocks and the wine section around the butcher shop. Steps have been taken to have these taken care of early in the coming year. All of the other markets in the district are open and everything but sanitary. Most of them when it rains are quite deep in mud. Again, St. Louis and Gavielle have bacteriologists. Those at Aux Cayes and St. Louis are in good condition. That of St. Louis having been built by Travaux Publics for the sanitary service on money donated by the Government. The bacteriologist at Gavielle is badly in need of repair. It is hoped that this can be done during the coming year. The shortage of products continues as in past years, due to lack of cultivation on account of labor shortage.

Water Supply. The water supply of Aux Cayes continues to be plentiful and of a good quality. It is derived from an underground stream which was reached by a dug well, from which water is pumped by steam the greater part of the day. During the year a new hand-drawn windmill tank was erected and another large dug well started. In April, St. Louis Gavielle, Laurent and Forester water is obtained from drilled wells by means of hand pumps. All of the other places get their water from rivers or springs.

Dogs Killed. During the year thirty one dogs were captured and disposed of. Several cases of rabies in dogs have been reported but the Public Health Officer was able to get the heads of only two, both of these were positive.

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Vaccination. During the year as many schools as possible were visited and two thousand four hundred and thirty four (2,434) persons vaccinated. Only six hundred and seventy (670) were positive. This is accounted for by the fact that a number of these schools are one and two days distant by horse back where it is impossible to keep the vaccine even chilled.

Mosquito Control. This is the largest problem we have to meet in Aux Cayes due to its unfortunate location amidst stagnant rivers and swamps. Draining of swamps and oiling has been continued throughout the year. The river Renaud has been about one half filled with fatras and sand; a concrete canal built to take its place; and curbs and gutters put in to drain the section previously drained by it. Considerable difficulty was met in keeping the water holes produced by the above construction free from mosquito larvae. It is hoped that in the coming year the Renaud river will be completely filled and proper drains established.

Communal Funds. During the past year the Service d'Hygiène received funds from the following: Aux Cayes - 3,628.54 gourdes; Cavailon - 3,000.00 gourdes; Saint-Louis - 3,000.00 gourdes; Aquin - 2,400.00 gourdes; Port-à-Piment - 1,050.00 gourdes and Chardonnières - 300.00 gourdes, making a total of 13,378.54 gourdes. This was all used in street cleaning and ditching in each of the communes. Saint-Louis also voted and paid 2,500.00 gourdes extra for the construction of a butchery and public latrine.

Office. The Service d'Hygiène has its office on property which belongs to the Government but is under lease to a private individual. The rental is 100.00 gourdes per month and it is necessary for the Service to make all repairs under the terms of the lease. It is planned to move the office to the Administration building of the new Hospital in the early part of the coming year.

Foreign and Coastwise Boats. During the past year ninety-eight (98) boats were inspected at this port. No quarantinable diseases were encountered.

New Construction. New construction underway is the drainage to take care of the old Renaud River and the permanent filling of the river itself.

Future Plans. Plans for the future may be outlined as follows:

1. Continuation of drainage of swamp land.
2. River or flood control especially in Aux Cayes, St. Jean and Roche à Bateau.
3. New Office in Hospital Buildings.
4. Cement curbs and gutters for all drainage streets.
5. Changing course of and filling Renaud River.
6. More private latrine building.

Mosquito Control: This is the largest problem we have to meet in the Cayes. The five hundredth anniversary of the discovery of the Americas, the opening of the Panama Canal, and the opening of the Panama Canal have been celebrated in the Cayes. The river has been almost completely filled with debris and mud. A concrete canal built to take the river and water out of the city is not yet finished. The water has been almost completely filled with debris and mud. A concrete canal built to take the river and water out of the city is not yet finished. The water has been almost completely filled with debris and mud. A concrete canal built to take the river and water out of the city is not yet finished.

Communal Funds: During the past year the Service d'Hygiène received funds from the following: The Cayes - 3,625.54 Gourdes; Gonaïves - 3,000.00 Gourdes; Saint-Louis - 3,000.00 Gourdes; Port-au-Prince - 1,250.00 Gourdes and Charbonnières - 300.00 Gourdes, making a total of 11,175.54 Gourdes. This was all used in street cleaning and ditching in each of the communes. Saint-Louis also voted and paid 2,500.00 Gourdes extra for the construction of a latrine and public bathing.

Office: The Service d'Hygiène has its office on property which belongs to the Government but is under lease to a private individual. The rental is 100.00 Gourdes per month and it is necessary for the Service to make all repairs under the terms of the lease. It is planned to move the office to the Administration Building of the new Hospital in the early part of the coming year.

Houses and Corvettes Tests: During the past year ninety-eight (98) houses were inspected at this point. No communicable diseases were encountered.

New Construction: New construction underway is the bridge to the base of the old Bonnet River and the permanent filling of the river itself.

Future Plans: Plans for the future may be outlined as follows:

1. Continuation of drainage of swamp land.
2. River or flood control especially in the Cayes, St. Jean and Gonaïves.
3. New Office in Hospital Building.
4. Cement curbs and gutters for all principal streets.
5. Changing course of and filling Bonnet River.
6. More private latrine building.

GONAIVES.

Personnel. The personnel of the sanitation division consist of:

- 1 Chief Pharmacist Mate, U.S.N.
- 1 Clerk
- 3 Sanitary Inspectors
- 7 Chefs d'Equipe
- 70 Laborers
- 2 Chauffeurs.

Street Cleaning. The main streets of Gonaives are swept and cleaned thoroughly twice daily, the lesser streets and lanes once daily. Six equipes consisting of 46 men are kept continually on this detail. All gutters and drains are cleaned daily. Ten men are detailed for this purpose.

Property Inspections. A round of house to house inspections is made bi-monthly, offenders committing nuisances are reprimanded or sent to the court. The Service d'Hygiène of this district has received excellent cooperation from both the police and the court.

Drainage of swamps. During the year the wide unsightly twisting canal along the Avenue des Dattes was stabbed, narrowed and straightened, the road and opposite bank graded and filled for more perfect surface drainage. A swamp and lake covering approximately twenty-five acres is being drained, only a small lake with an area of probably fifty feet square remains. This lake has been stabbed all around and 450 feet of open lateral drains have been tiled with 4 and 6 inch tiles. These laterals are all fed by springs and empty into the lake. A canal two feet wide is being stabbed from the lake to the main canal along Avenue des Dattes. The drying of this swampy area will eliminate the largest breeding place of mosquitoes in the vicinity of the town. Avenue des Dattes which runs parallel with the swamp and is the main residential section of Gonaives was called by the Haitians the "Avenue de la Mort" as most all of the inhabitants of this section had malaria.

Since draining the above swamp the canal along the Avenue des Dattes is too wide for the amount of water that it now carries. The water flowing slowly in several places. In the near future it will be necessary to narrow this canal thus giving the water a greater rate of flow. There is an area on the same side of Avenue des Dattes just north of the present swamp that is being drained that is a constant source of mosquito breeding. It will require stabbing on the main canals and tile drainage for ten laterals to control this area.

The other main breeding places for mosquitoes is an area on west side of Avenue des Dattes that is now controlled by two large canals that empty into a swampy area about one mile from town. It is hoped that it will be possible to eliminate this area by stabbing canals and subsoil drainage during the coming year.

Personnel. The personnel of the sanitation division consists of:

- 1 Chief Sanitation Officer, U.S.N.
- 1 Clerk
- 3 Sanitary Inspectors
- 1 Chief Sanitation Officer
- 10 Laborers
- 2 Chauffeurs

Street Cleaning. The main streets of Havana are swept and washed thoroughly twice daily, the lesser streets and lanes once daily. Six squads consisting of 45 men are kept constantly on this duty. All gutters and drains are cleaned daily. Ten men are detailed for this purpose.

Property Inspections. A record of houses to house inspections is made bi-monthly, of houses containing nuisances are re-inspected or sent to the court. The Service Division of this district has received excellent cooperation from both the police and the court.

Drainage of Swamps. During the year the whole wastefully twisting canal along the Avenue des Gattes was straightened, widened and deepened. The road and opposite bank, graded and filled for more perfect surface drainage. A swampy area of about twenty-five acres is being drained, only a small area with an area of about fifty feet square remains. This area has been subdivided into small lots and set of open lots have been filled with a 6 inch fill. These laterals are all fed by siphons and empty into the lake. A canal two feet wide is being stepped from the lake to the main canal along Avenue des Gattes. The drying of this swampy area will eliminate the largest breeding place of mosquitoes in the vicinity of the town. Avenue des Gattes which runs parallel with the swamp and is the main residential section of Havana was called by the Spaniards the "Avenue de la Muerte" as most all of the inhabitants of this section had malaria.

Since draining the above swamp the canal along the Avenue des Gattes is too wide for the amount of water that it now carries. The water flowing slowly in several places. In the near future it will be necessary to narrow this canal thus giving the water a greater rate of flow. There is an area on the same side of Avenue des Gattes just north of the present swamp that is being drained that is a constant source of mosquito breeding. It will require stepping on the main canal and the drainage for ten laterals to control this area.

The other main breeding place for mosquitoes is an area on west side of Avenue des Gattes that is now controlled by two large canals that empty into a swampy area about one mile from town. It is hoped that it will be possible to eliminate this area by stepping canals and subsoil drainage during the coming year.

There is a concrete canal in front of the Gendarmerie Barracks that empties into the main canal at junction of Avenue des Dattes and Rue Louverture. This canal which was built several years ago is at a lower level than the canal into which it empties. Water stands in this canal at all times, making a very unsightly and unsanitary place.

Funds for the construction of the concrete canal along Rue Louverture are exhausted and for this reason construction the length of three city blocks is uncompleted. This canal is a great necessity and it is hoped that it can be completed during the coming year.

Markets. The old market was rescreened during the year. There is an appalling need for a new sanitary meat market as it is impossible to fly-proof the present structure. Also a new abattoir is a necessity. The abattoir is held under a concession and the concessionaires seem very unwilling to make any improvements; however it is hoped that during the coming year this situation can be remedied. An inspector and ten men are detailed in the open market and the fish market on the sea. Beef are slaughtered at 3:00 p.m. daily and this inspector is required to be at the abattoir at this time.

Garbage Disposal. During the month of February two new Dodge trucks for the removal of garbage and trash were received in Gonaives. These trucks have been most useful and are a great help and benefit to the town.

Loads of trash hauled by Dodge trucks-----	4,033
" " " " " hand carts-----	10,500

Communal Funds. During the past year the Service d'Hygiène received from the Commune of Gonaives Gdes. 3,683.12.

Plans for the Future. Plans for the future may be outlined as follows:

1. A new sanitary abattoir.
2. A sanitary meat market.
3. Funds for subsoil drainage and stabbing of canals of above mentioned swampy areas.
4. Finish concreting remaining portion of the canal along Rue Louverture.
5. Narrowing canal along Rue des Dattes.
6. Raising level of canal in front of Gendarmerie barracks.

HINCHE.

One Sanitary Inspector is employed who makes weekly inspections of Maissade, Hincbe and Thomonde and supervises the oiling of breeding places in these towns. During the year 21 barrels of mosquito oil were used for the control of breeding places.

Rubbish Disposal. In the towns of Hincbe, Thomonde, Lascahobas and Mirebalais, rubbish boxes are provided at convenient places and these are emptied by means of wheelbarrows as required. This material is being used to fill low places which during the rains are breeding places for mosquitoes. In Hincbe, a chef d'équipe and an average of six laborers have been employed to clean the market place and the streets.

Drainage Ditches. During the rainy season it was necessary to employ a gang of 25 laborers under a Chef d'Equipe to maintain the efficiency of previously constructed drainage ditches in Hincbe, Thomonde and Lascahobas. In addition to this a good water supply was made available for Thomonde. Thomonde and Lascahobas were cleaned of weeds, and the market place in Maissade was given surface drainage ditches lined with stone. This market has always been a miserable place during the rainy season by reason of its situation. A great deal of work was necessary to bring it to its present more satisfactory condition.

Dogs. No cases of human or canine rabies have been encountered. During the year 114 dogs were destroyed. It was found that poisoning and shooting of dogs were both unsatisfactory methods and for that reason a gas chamber was constructed for the use of carbon monoxide from automobile exhaust. This method is cheap, efficient, and satisfactory in all ways.

Water supply. During the previous fiscal year a sum of money was allotted to provide a permanent potable water supply which included a dyke to protect the pumphouse from the river when in flood, an infiltration gallery, an extra pump, and a chlorinator. The dyke was built and has answered its purpose during the floods this season. The infiltration gallery is not a success since it rests in an impervious clay and can only receive surface water. The pump and chlorinator have not been installed. Four sets of Gendarmerie Officers quarters are supplied by this installation and during the past year required 1513.143 cubic meters of water.

Latrines. The campaign inaugurated by the Public Health Officer in the last fiscal year to have every property in every town provided with a latrine is in no wise completed. Many difficulties hinder this essential sanitary measure. Property owners are not at all convinced that this work will serve any useful purpose. The courts in some towns decline to cooperate in the matter, and the age old habit of the people continues soil and water pollution. One public latrine was completed this year and if funds can be obtained it is proposed to build a latrine for each standard dispensary in the district.

HINCH.

One sanitary inspector is employed who makes weekly inspections of Katsada, Hinch and Thompson and supervises the filling of breeding places in these towns. During the year 21 barrels of mosquito oil were used for the control of breeding places.

Rabbit Disposal. In the towns of Hinch, Thompson, Katsada and Kirschtal, rabbit boxes are provided at convenient places and these are emptied by means of wheelbarrows as required. This material is being used to fill low places which during the rains are breeding places for mosquitoes. In Hinch, a chief d'écoupe and an overseer of six laborers have been employed to clear the market place and the streets.

Drainage Ditches. During the rainy season it was necessary to employ a gang of 22 laborers under a Chief d'écoupe to maintain the efficiency of previously constructed drainage ditches in Hinch, Thompson and Katsada. In addition to this a good water supply was made available for Thompson. Thompson and Katsada were cleaned of weeds, and the market place in Katsada was given surface drainage ditches lined with stone. This market has always been a mosquito place during the rainy season by reason of its situation. A great deal of work was necessary to bring it to its present more satisfactory condition.

Dogs. No cases of human or canine rabies have been encountered. During the year 117 dogs were destroyed. It was found that poisoning and shooting of dogs were both unsatisfactory methods and for that reason a gas chamber was constructed for the use of carbon monoxide from automobile exhaust. This method is cheap, efficient, and satisfactory in all ways.

Water supply. During the previous fiscal year a sum of money was allotted to provide a permanent potable water supply which included a dyke to protect the pump from the river when in flood, an infiltration gallery, an extra pump, and a chlorinator. The dyke was built and has answered its purpose during the floods this season. The infiltration gallery is not a success since it rests in an impervious clay and can only receive surface water. The pump and chlorinator have not been installed. Four sets of Centrifugal Officers gauges are applied by this installation and during the past year repaired 1213.43 cubic meters of water.

Fairness. The campaign inaugurated by the Public Health Officer in the last fiscal year to have every property in every town provided with a latrine is as well completed. Many difficulties hinder this essential sanitary measure. Property owners are not at all convinced that this work will serve any useful purpose. The people in some towns decline to cooperate in the matter, and the age old habit of the people continues self and water pollution. One public latrine was completed this year and if funds can be obtained it is proposed to build a latrine for each standard dispensary in the district.

Accomplishments. Other sanitation activities in the district are shown in the following tabulation:

Sanitary inspectors inspections-----	3047
New latrines built by property owners-----	164
Public latrines built-----	1
Notice of work to be done-----	1712
Sent before court for keeping hogs in town-----	7
Total number of cases fined-----	51

New Construction.

200 meters of ditches in Maissade.

Complete drainage system of Maissade market with stone lined drains.

Building of latrine on Dispensary site in Mirebalais.

Cleaning two miles of Hinquitte River during dry season to prevent mosquito breeding.

Cleaning all drainage ditches in and about Hinche three times.

Building of two concrete culverts to span a surface drainage ditch in Hinche.

Communal Funds. During the year the Commune of the District contributed to sanitation by way of the usual 5 per cent of communal funds to the following extent:

Hinche-----	Gues.	1,516.04
Mirebalais-----	"	841.44
Maissade-----	"	525.23

Total----- " 2,882.71

Future Plans. Near Hinche there exists a large lagoon which by reason of size and inaccessability has so far resisted sanitary measures. It is hoped during the coming year to remedy this nuisance. To place public latrines in all towns was planned for last year but this plan was not carried out because of a shortage of funds. This year it is hoped to complete this task and also to provide each market with a simple but suitable abattoir.

shown in the following statement: Accomplishments. Other sanitation activities in the district are:

Sanitary inspection of insanitary places 150
New latrines built by property owners 150
Public latrines built 1
Notice of work to be done 1712
Part before court for keeping dogs in town 7
Total number of cases filed 51

New Construction.

200 meters of ditches in Huachuco.

Complete drainage system of Huachuco market with stone lined ditches.

Building of latrine on Dispensary site in Huachuco.

Cleaning two miles of Huachuco river during dry season to prevent mosquito breeding.

Cleaning all drainage ditches in Huachuco three times.

Building of two concrete culverts to span drainage drainage ditch in Huachuco.

Communal Funds. During the year the Commune of the District contributed to sanitation by way of the usual 5 per cent of communal funds to the following extent:

Huachuco 1,218.04
Huachuco 851.46
Huachuco 222.23
Total 2,291.73

Public Places. Near Huachuco there exists a large lagoon which by reason of its size and inaccessibility has for a long time been a source of annoyance. It is hoped during the coming year to remedy this nuisance. The lagoon is situated in all towns was planned for last year but this plan was not carried out because of a shortage of funds. This year it is hoped to complete this task and also to provide each market with a single latrine structure.

JACMEL.

Inspections. Regular inspections including not only the general sanitation but the market places and the water supply of all towns and communities in this district were made. Some of the defects which we have noted in our monthly reports it has been impossible to correct due to lack of funds. Both the Public Health Officer and the Assistant Public Health Officer have inspected the water supply at its sources in the mountains of the city of Jacmel a report of which was submitted. Later another inspection was made due to the fact that the citizens were complaining that the water supply was dirty. The report of this inspection was also submitted.

The several inspections of the city dump have shown that it is rapidly being filled and the disposition of the city refuse will become a problem in the near future.

Mosquito Control. Inspections have shown that anopheline mosquitoes were present in five localities and culex in seven hundred and forty-four (744) localities in the city of Jacmel. No Aedes aegypti were found in the city limits. Corrective measures were taken for their eradication.

The swamp situated on the outskirts of Jacmel is still as it was before, as we do not have the facilities for filling it in nor were any appropriations made for the proper drainage of it. The former drainage work has not only failed to eliminate the swamp but has added new low areas where anopheline, culex and aedes breed.

At Marigot there is a swamp in front of the Caserne which with the exception of our September inspection has always contained water and mosquito larvae. This might be eliminated either by filling in or by the construction of a ditch to the sea.

At Saltrou during this year the swamps have been dry.

At Anse-à-Pitre and Cote de Fer, there have been complaints of mosquitoes which breed in the numerous crab holes of these low lying lands.

During the year sixteen barrels of oil were used for the control of mosquito breeding.

Night soil and garbage disposal.

Total of mule carts in use-----	4
Total number of loads hauled-----	8387
No. of laborers used in street cleaning----	77
No. of public latrines-----	1

1. WATER.

Inspection. Routine inspection including not only the general sanitation but the market place and the water supply of all towns and communities in this district were made. Some of the defects which we have noted in our monthly reports is that the Public Health Officer and the Public Health Officer have inspected the water supply at the various in the community of the city of Jarama a report of which was submitted. Later another inspection was made due to the fact that the citizens were complaining that the water supply was dirty. The report of this inspection was also submitted.

The several inspections of the city have shown that it is rapidly being filled and the disposition of the city refuse will be some a problem in the near future.

Mosquito Control. Inspections have shown that mosquito breeding areas were present in five localities and others in seven hundred and forty-four (744) localities in the city of Jarama. No action was taken for were found in the city limits. Corrective measures were taken for their eradication.

The swamp situated on the outskirts of Jarama is still as it was before, as we do not have the facilities for filling it in nor were any appropriations made for the proper draining of it. The for- and drainage work has not only failed to eliminate the swamp but has added new low areas where mosquitoes, ticks and snakes breed.

At Maricao there is a swamp in front of the Caserio which with the exception of our September inspection has always contained water and mosquito larvae. This might be eliminated either by filling in or by the construction of a ditch to the sea.

At Salto during this year the swamps have been dry.

At Inoa-A-Pitue and Coto de Par, there have been complaints of mosquitoes which breed in the numerous crab holes of these low lying lands.

During the year sixteen carrels of oil were used for the control of mosquito breeding.

Wheat mill and Kermes distillery.

No. of public latrines	1
No. of latrines used in street cleaning	77
Total number of latrines	8387
Total of mile cars in use	4

The disposal of night soil is, except in two localities, accomplished by the aid of latrines on private properties. The section near Calvaire has a public latrine but the section along the water front has none with the result that the people utilize the sea shore for this purpose. This creates a nuisance. There is also a lack of proper latrine facilities near the public market for the country people who come in.

For garbage disposal oil drums painted and lettered S.d'H., are placed at convenient intervals along the streets and these are emptied into carts once or twice daily and the contents deposited at the city dump by the shore of the sea. At the public market, there is a large garbage receptacle at each of the four corners. At times, especially on Sunday during the mango season, some citizens are not as careful in the disposal of garbage as they are at other times. The community as a rule shows cooperation in the disposal of its garbage.

Property Inspection. The zoning of the city which was instituted last year by the present Assistant Public Health Officer is still utilized. An inspector is assigned to duty in each zone and makes daily house to house inspections.

At the instigation of the Assistant Public Health Officer a card system recording the house to house inspection in Jacmel was begun in April, 1927. The same type of cards as used in Port-au-Prince is employed and has proven satisfactory.

In no other towns in this district do we have permanent inspectors.

The matter of obtaining five per cent of the communal funds of Bainet has been brought to the attention of the new District Commander with the idea of utilizing this money for the employment of a permanent inspector at that town.

The communal funds in other towns would not produce a sufficient percentage that would enable us to pay inspectors in those localities.

Number of inspections made-----	33,933
Number of forms 5 & 6 sent-----	2,543
Number of Forms 7 sent-----	115

Rat Extermination. Our rat problem is purely local and is really the problem of the individual house holder as all ships anchor out in the harbor and present practically no opportunity for foreign rats to be transferred ashore.

Market, Food and Milk inspections. The matter of communal funds for the screening of the meat and fish sections of the public market was called to the attention of the District Commander who has promised his assistance.

A Chef d'Equipe is utilized as an inspector in the public market

The disposal of night soil is, except in two localities, accomplished by the aid of latrines on private premises. The section near the public latrine but the section along the water front has none with the result that the public latrine is the sole outlet for this purpose. This creates a nuisance. There is also a lack of proper latrine facilities near the public market for the country people who come in.

For garbage disposal all refuse collected and incinerated is placed at convenient intervals along the streets and there are engaged into carts once or twice daily and the contents deposited at the city dump by the shore of the sea. At the public market, there is a large garbage receptacle at each of the four corners. At times, especially on Sunday during the mango season, some citizens are not as careful in the disposal of garbage as they are at other times. The community as a whole shows cooperation in the disposal of the garbage.

Property Inspection. The housing of the city which was inspected last year by the present Assistant Public Health Officer is still well liked. An inspector is assigned to visit in each zone and make daily house to house inspections.

At the invitation of the Assistant Public Health Officer a civil system regarding the house to house inspection in 1937 was begun in April, 1937. The same type of cards as used in Port-au-Prince is employed and has proven satisfactory.

In no other towns in this district do we have permanent inspectors.

The matter of obtaining five per cent of the communal funds of Haiti has been brought to the attention of the new District Commander with the idea of utilizing this money for the employment of a permanent inspector at that town.

The communal funds in other towns would not produce a sufficient percentage that would enable us to pay inspectors in these localities.

Number of inspections made	35,932
Number of towns 5 & 6 years	2,542
Number of towns 7 years	112

Rat Eradication. Our rat problem is purely local and is totally the problem of the individual house holder as all ships anchor out in the harbor and present practically no opportunity for foreign rats to be transferred ashore.

Market, Food and Milk Inspections. The matter of communal funds for the screening of the meat and fish sections of the public market was called to the attention of the District Commander who has promised his assistance.

A Chief 5'2" pipe is utilized as an inspector in the public market.

where he is on duty during market hours. The Chief Inspector also inspects the market twice daily in addition to the unexpected inspections made by the Public Health Officer and Assistant Public Health Officer. Each day after market hours the market is scrubbed down with brooms and water and the meat and fish tables are scraped. Milk inspections are made daily by the street and outside inspector. All beefs are inspected prior to slaughtering. The abattoir is inspected daily by the Chief Inspector and at intervals by the Public Health Officer and Assistant Public Health Officer. A laborer is detailed there for cleaning purposes.

Personnel. The personnel of the Sanitation Division of this district consist of the following:

- 1 Pharm. Mate 1 cl. USN.
- 1 Chief Inspector
- 5 Sanitary Inspectors
- 88 Laborers
- 5 Chefs d'Equipe.

Water Supply. The water supply in Jacmel has been generally satisfactory. Only once or twice after heavy rains was it dirty due, we feel, to contamination at the weak spot previously reported and situated at the middle springs. The Travaux Publics is constructing a new conduit there to eliminate this difficulty.

The water supply at Grand Gozier is inadequate and very poor. This was also previously reported.

The water supply at Bedaris is inadequate during the dry seasons.

The water supply at Cote-de-Fer could be improved.

The water supply at Saltrou is brackish.

At Bainet, Mayette, Marigot and Cayes-Jacmel the supply is satisfactory.

Foreign ships boarded. Seventy-one ships from foreign ports were boarded during the year.

Dogs. The elimination of stray dogs was instituted by the Gendarmerie. Two men were hired by the Commune, to not only capture the dogs but kill them. No cases of rabies developed during the year.

Construction. New meat and fish tables were constructed for the public market at Jacmel. A new water supply system was installed at the public market. The cement flooring of the market was also repaired.

where he is on duty during market hours. The Chief Inspector also inspects the market twice daily in addition to the requested inspections made by the Public Health Officer and Assistant Public Health Officer. Each day after market hours the market is scrubbed down with brooms and water and the meat and fish stalls are scrubbed. Milk inspections are made daily by the Chief Inspector. The market is inspected daily by the Chief Inspector and it is inspected by the Public Health Officer and Assistant Public Health Officer. A laborer is detailed there for cleaning purposes.

Personnel. The personnel of the Sanitation Division of this District consists of the following:

- 1 Public Health Officer
- 1 Chief Inspector
- 5 Sanitary Inspectors
- 88 Laborers
- 5 Chief Sweepers

Water Supply. The water supply in Tamsui has been generally satisfactory. Only once or twice after heavy rains was it dirty and no fact, no contamination is the water spot previously reported and situated at the middle springs. The town and public is commencing a new conduit there to eliminate this difficulty.

The water supply at Grand Center is inadequate and very poor. This was also previously reported.

The water supply at Beitou is inadequate during the dry seasons.

The water supply at Goto-de-Fer could be improved.

The water supply at Salter is crackling.

At Hsinchu, Hanyette, Hsinchu and Gaysa-Tamsui the supply is satisfactory.

Foreign ships berthed. Seventy-one ships from foreign ports were berthed during the year.

Dogs. The elimination of stray dogs was instituted by the Government. Two men were hired by the Government, to not only capture the dogs but kill them. No cases of rabies developed during the year.

Construction. New meat and fish stalls were constructed for the public market at Tamsui. A new water supply system was installed at the public market. The concrete flooring of the market was also repaired.

Recommendations.

1. Construct cement gutters in badly needed places.
Estimated cost Gdes. 10,000.00
2. Construct public latrines near the public market
and Rue Ste. Anne.
Estimated cost Gdes. 1,000.00
3. That a truck be assigned to this district and funds
allotted for the drainage of the swamp east of town.
Estimated Cost Gdes. 25,000.00
4. That a survey be made by a competent engineer for a
better water supply at Grand Cozier.
5. That the springs at Bedaris and Cote de Fer be capped
with cement.
6. That the swamp at Marigot be either filled in or drained.
7. That funds be allotted for the purchase of two riding mules
for use on inspection trips and the holding of rural cli-
nics in the mountains.
Estimated cost Gdes. 1,000.00

JEREMIE.

Personnel. The personnel of the sanitation division consist of the following:

- 1 Asst. Public Health Officer,
Pharm. Mate 1 cl. USN.
- 1 Chief Inspector
- 4 Inspectors
- 3 Section bosses
- 1 Carpenter
- 40 Laborers.

Street Cleaning and Rubbish Removal. Twelve thousand eight hundred and sixty eight (12,868) loads of rubbish were hauled from the town and used in filling along the beach. It is the intention of this office to replace all wooden rubbish boxes with empty oil drums on cement plat-
forms large enough to permit easy handling of the drums, and this will give a neater appearance.

Gravel, sand and stones that are washed down into the gutters and drains are used to fill old wells and cisterns that are no longer in use or do now have suitable covers to prevent mosquito breeding.

Recommendations.

1. Construct concrete gutters in badly needed places.
Estimated cost \$10,000.00
2. Construct public latrine near the public market and the P.M. Hall.
Estimated cost \$1,000.00
3. That a trench be retained to this district and funds allotted for the drainage of the swampy part of town.
Estimated cost \$25,000.00
4. That a survey be made by a competent engineer for a better water supply system.
5. That the drainage of the market and other be improved with cement.
6. That the sewage be retained in a ditch filled in or drained.
7. That funds be allotted for the purchase of two riding mules for use on inspection trips and the holding of rural clinics in the neighborhood.
Estimated cost \$1,000.00

PERSONNEL.

The personnel of the sanitation division consists of the following:

- | | |
|----|------------------------------|
| 1 | Chief Public Health Officer, |
| | Pharm. Major I. C. V. M. |
| 1 | Chief Inspector |
| 1 | Inspector |
| 1 | Sanitation Officer |
| 1 | Cleaner |
| 40 | Laborers. |

Street Cleaning and Rubbish Removal. Twelve thousand eight hundred and sixty eight (12,868) loads of rubbish were hauled from the town and used in filling along the beach. It is the intention of this office to replace all wooden rubbish boxes with empty oil drums on cement platforms large enough to permit easy handling of the drums, and this will give a neater appearance.

Gravel, sand and stones that are washed down into the gutters and drains are used to fill old wells and latrines that are no longer in use or to have suitable covers to prevent mosquito breeding.

Property Inspections. Thirteen thousand five hundred and thirty-five (13,535) house to house inspections were made. The property owners comply willingly to all orders or suggestions made by the inspectors for any improvement of the sanitary condition of their property. Thus only 142 forms No. 5 and No. 6 were sent for the year and these were only in cases of recurring negligence.

Public Latrines. The six public latrines are used to capacity four of these being pit type. Three new pits for each were dug during the year. Two additional self cleaning type are planned for the coming year.

Dogs. The dog law which was put into effect this year has eliminated some of the stray dogs. During the year thirty six (no rabies reported) were captured and destroyed by this Service. During the year there were about eighty dogs licensed.

Water Supply. The water supply for Jeremie has been decreasing gradually for the past four or five years. Although the Public Works Department has made some effort to retain the spring, no remarkable results have as yet, been obtained.

Gutters and Drains. This Service has furnished three hundred bags of cement to the Public Works Department for repairs to drains and gutters, some of which were in a very unsightly and unsanitary condition. About three hundred feet of cement drains have been put in during the year, and six crossings repaired.

Meat Market. One half of the meat market is being repaired and rendered fly proof. The other half will be repaired as soon as funds are available.

Communal Funds. In addition to the regular monthly budgetary allotment a total of Gdes. 2,073.34 from the communal receipts have been received for local sanitary work.

Foreign Ships boarded. There was a total of three ships direct from foreign ports boarded during the year and granted free pratique.

Mosquito Breeding. Mosquito breeding within the town proper is very small. This is due principally to the location of the town, on the side of a mountain which affords excellent drainage.

The towns of Dame Marie, Corail and Pestel are the worst places in the district for malaria, but sufficient funds are not available to keep an inspector, one gang boss and laborers in these towns. The communes of Corail and Pestel do however manage to keep the streets in a reasonably good condition.

Property Inspectors. Between thousand five hundred and thirty-five (13,335) houses 30 house inspections were made. The property owners comply willingly to all orders or suggestions made by the inspectors for any improvement of the sanitary condition of their property. There only 122 forms No. 2 and No. 3 were sent for the year and these were only in cases of recurring negligence.

Public Latrines. The six public latrines are used to capacity four of these being pit types. Three new pits for each were dug during the year. Two additional self-cleaning type are planned for the coming year.

Dogs. The dog law which was put into effect this year has eliminated some of the stray dogs. During the year thirty six (36) dogs (no number reported) were captured and destroyed by this Service. During the year there were about eighty dogs licensed.

Water Supply. The water supply for Toronto has been decreasing gradually for the past four or five years. Although the Public Works Department has made some effort to retain the spring, no remarkable results have as yet been obtained.

Cutters and Drains. This Service has furnished three hundred pairs of cutters to the Public Works Department for cutting the drains and also some of which were in a very unsatisfactory and unsanitary condition. About three hundred feet of cement drains have been put in during the year, and six crossings repaired.

Meat Market. One half of the meat market is being repaired and renovated by the Public Works Department. The other half will be repaired as soon as funds are available.

Communal Funds. In addition to the regular monthly subscription of about a total of \$100,000 from the communal receipts have been received for local sanitary work.

Foreign Ships Berthed. There was a total of three ships berthed from foreign ports berthed during the year and granted free privileges.

Mosquito Breeding. Mosquito breeding within the town proper is very small. This is due principally to the location of the town, on the side of a mountain which affords excellent drainage.

The towns of Saint Marie, Corral and Passet are the worst places in the district for malaria, but sufficient funds are not available to keep an inspector, one gang boss and laborers in these towns. The command of Corral and Passet is however made to keep the streets in a reasonably good condition.

Recommendations.

1. Funds be made available for the completion of meat market.
Estimated cost Gdes. 2,000.00
2. Funds be made available for the construction of drains in places badly needed.
Estimated cost Gdes. 2,000.00
3. Securing of a motor truck for use in removal of garbage and street sweepings.

Plans for the Future. Replacing all wooden rubbish boxes with empty oil drums.

Construction of a garage.

Construction of two new latrines (self cleaning)

Completion of meat market.

Construction and repair of gutters and drains in places badly needed.

Completion of card index system for mosquito control.

Consolidation of Sanitation office with Hospital Office for economy,.

PETIT-GOAVE.

Personnel. The employees are classified as follows:

Public Health Officer (Lt. (MC) U.S.N)-----1
Assistant Public Health Officer (CPHM.USN)--1

	(Petit-Goave-----4
	(Grand Goave-----1
Inspectors	(Miragoane-----1
	(Anse-à-Veau-----1

	(Petit-Goave-----4
Section bosses	(Miragoane-----1
	(Grand Goave-----1
	(Anse-à-Veau-----1

	(Petit-Goave-----51
	(Grand-Goave-----6
Laborers	(Miragoane-----9
	(Anse-à-Veau-----5

Watchman-----1

Cook-----1

Chauffeurs-----2

Recommendations.

1. Funds be made available for the completion of most works.
Estimated cost \$2,000.00
2. Funds be made available for the construction of drains in places badly needed.
Estimated cost \$2,000.00
3. Securing of a motor truck for use in removal of garbage and street sweepings.

Plans for the future. Replacing all wooden rubbish boxes with empty oil drums.

Construction of a garage.

Construction of two new latrines (well cleaning).

Completion of most works.

Construction and repair of latrines and drains in places badly needed.

Completion of card index system for mosquito control.

Consolidation of Sanitation Office with Health Office for economy.

PERIT-GOAVE.

Personnel. The employees are classified as follows:

Public Health Officer (L. (M.C.) U.S.W.)---1
Assistant Public Health Officer (O.M. U.S.W.)---1

Inspectors
(Perit-Gove)---1
(Grand Gove)---1
(Miss Gove)---1
(Ann-Gove)---1

Section Bosses
(Perit-Gove)---1
(Miss Gove)---1
(Grand Gove)---1
(Ann-Gove)---1

Laborers
(Perit-Gove)---2
(Grand Gove)---2
(Miss Gove)---2
(Ann-Gove)---2
Watchmen---1
Cook---1
Charlton---2

Street Cleaning. A special effort was directed towards maintaining all the larger towns in the district in a clean and sanitary condition. Each of the four section bosses with his gang employed in Petit-Goave was required to keep a certain part of the town clean, weeded, and drains open. By this method it was found that quite a rivalry developed among them. There are no cement curbs and gutters in Petit-Goave, consequently, with such a large area to cover, the weeding task is quite a large one during the rainy season, which extends from May to October, inclusive. For removal of the rubbish and garbage two Dodge Graham one ton trucks, and one new large States cart drawn by a large native mule, have been used. The two trucks were received new in January in exchange for one of the same make, furnished in April 1926.

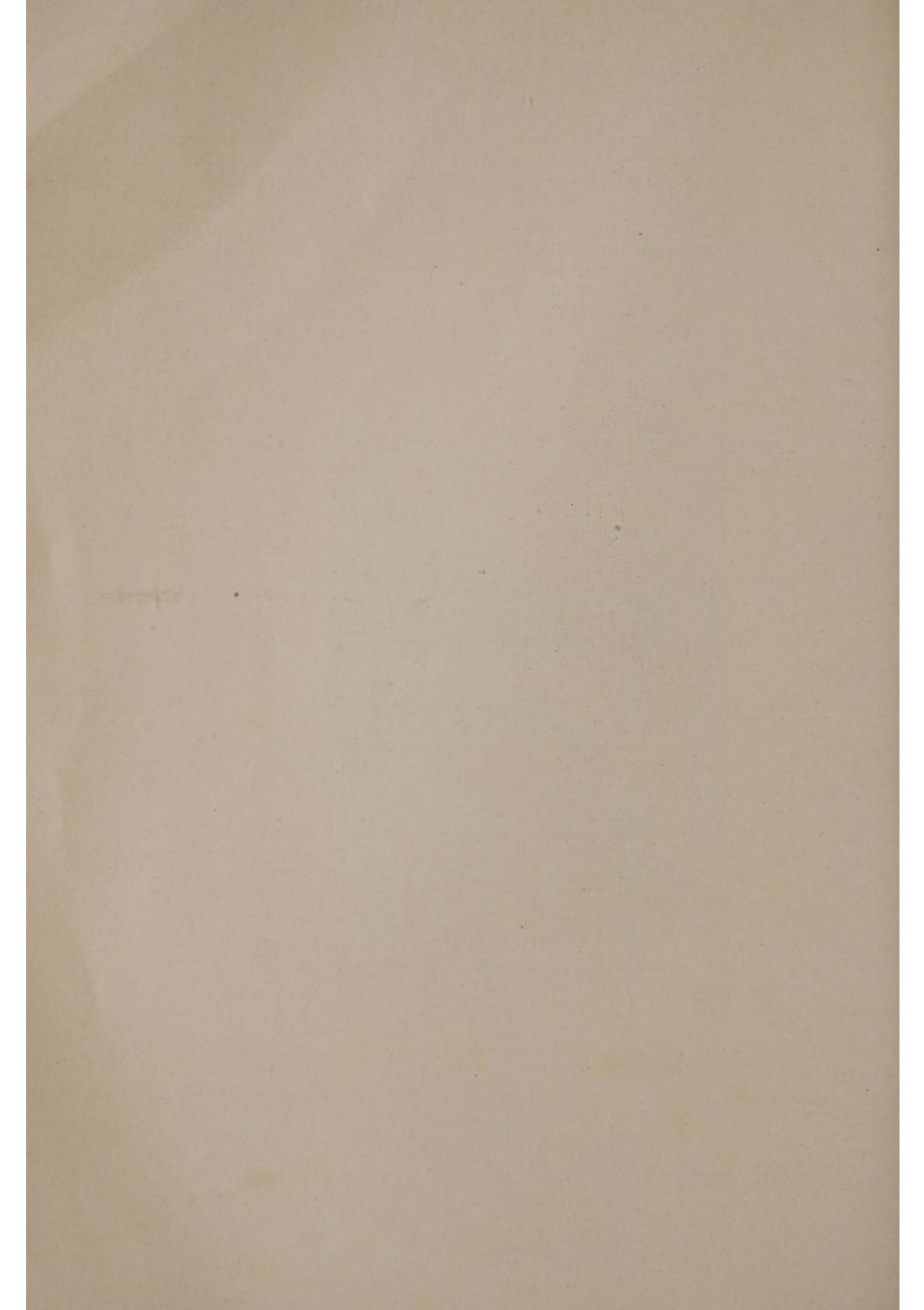
During the year 2,707 truck loads and 2,310 cart loads were hauled. Seventeen new garbage boxes were made, and many old ones repaired. Besides Petit-Goave, the towns of Grand-Goave and Miragoane each have a new States cart, received in October 1926. In these towns the carts facilitate the removal of rubbish.

Mosquito Control. The Public Health Officer's most important work and the most pressing need are eradicating the mosquito. There are large swampy areas located to the south of the town, and, as much money as could be spared, was spent in an effort towards filling and draining them. Unfortunately many of these places do not appear to have greater elevation than the sea, and many spots are believed to be even lower than the sea level. These swamps were attacked in several different places.

A ditch 806 feet long, and 5 feet wide, leading to the sea was staked and cut through a swamp located just south of the home for indigents. On either side of this ditch rubbish from the town was deposited.

In order to straighten the very circuitous and sluggish part of the stream that flows from the North down by the home for indigents, a new section 688 feet long, 4 feet wide and 1 1/2 to 2 feet deep was staked and cut. The new part is functioning nicely, as evidenced by the swift current. The abandoned section was filled with rubbish; and dumping garbage into this swamp has been continued since.

Further in the outskirts of Petit-Goave, beyond Usines Centrales to the left of the road leading to Miragoane, another large swampy area, which was covered with dense growth of shrubbery was tackled. The bushes were cut, and a new drainage canal 276 feet long and 5 feet wide was staked and cut, and the old deep and tortuous one was filled with the cut bushes and street sweepings. Prior to doing this work, mosquitoes met one in swarms when he attempted to enter the thickest. Since eradication of this particular nuisance, several of the more influential residents of Petit-Goave have volunteered the remark that in their opinion there have been fewer mosquitoes in this town than there were during former years.



We went to the outer limits of the town towards Miragoane and cut another small "jungle". It was noted that the greater part of the water in this place came from the stream that flowed alongside the main road. It was soon seen that to remedy this, it would be necessary to direct the stream to the seaward side of the road by the means of a culvert. At the request of the Public Health Officer two culverts were built, one to change the stream to the opposite side of the road, as mentioned above, and the other to drain any water from the swamp. The large hole, which the road bridge spanned, was filled with sand and gravel. This change not only aids materially in keeping the swamp dry; but it saved about 4,000.00 gourdes for the Public Work Services, as they had previously planned to replace the wooden bridge by a cement one.

At Anse-à-Veau, the large cement canal begun in April, 1926, was completed in November of the same year. This canal which extends from the main street to the sea, is 257 meters long with an average width and depth of 2 feet and 20 inches respectively. The stone and cement sides are from 12 to 18 inches thick, and the base has a 15 inch bed of rock, covered by a 3 inch coat of cement. Another canal with sloping sides and 72 meters long, and extending from the fountain by the new dispensary to unite with the large canal, was completed also. The remaining low places located on either side of the canals have been fairly all filled by the Service d'Hygiène with the aid of the Commune of Anse-à-Veau.

Laborers. This district is fortunate in being able to procure as many laborers as desired, although about 3,000 go to Cuba every year. In June, 2,922 laborers returned from the Cuban cane fields, and each one was examined for contagious and quarantinable diseases; but none were found.

The men are paid one Gourde and given a noon meal per day. It has been found by this system that the laborers are much better nourished than when they receive Gdes. 1.50 per day and no food. Another advantage is that of being able to get the men back to work promptly in the afternoon. The cost of the noon meal, including fuel, averages between 20 and 25 centimes for each man. One woman who receives the same rate of pay, cooks for the laborers. Thus it will be seen, that the men profit by this method and quite a monetary saving is realized by the Public Health Service also.

Public Latrines. During the prior fiscal year 1925-1926 six large seaside public latrines were built. These in conjunction with other older, and private ones, to which close attention is paid, effectively take care of the problem of night soil disposal.

Inspection Service. The inspections are made by the Public Health Officer, Assistant Public Health Officer, Chief Inspector and two inspectors. It has been found that the inspectors do much better

We went to the outer limits of the town towards Mithyana and met another small "Jungla". It was noted that the greater part of the water in this place came from the stream that flowed along the main road. It was seen that to remedy this, it would be necessary to direct the stream to the seaward side of the road by the means of a culvert. At the request of the Public Health Officer two culverts were built, one to change the stream to the opposite side of the road, as mentioned above, and the other to drain any water from the swamp. The large hole, which the road bridge spanned, was filled with sand and gravel. This change not only aids materially in keeping the swamp dry, but it saved about \$4,000.00 required for the Public Health Officer, as they had previously planned to replace the wooden bridge by a cement one.

At Anas-a-Von, the large cement canal began in April, 1925, was completed in November of the same year. This canal which extends from the main street to the sea, is 257 meters long with an average width and depth of 2 feet and 20 inches respectively. The stone and cement sides are from 12 to 18 inches thick, and the base has a 12 inch bed of rock, covered by a 3 inch coat of cement. Another canal with sloping sides and 72 meters long, and extending from the former by the new dispensary to unite with the large canal, was completed also. The remaining low places located on either side of the canal have been fairly all filled by the Service Engineers with the aid of the Germans of Anas-a-Von.

Laborers. This district is fortunate in being able to procure as many laborers as needed, although about 5,000 to 6,000 every year. In June, 1925 laborers returned from the German camp islands, and each one was examined for contagious and quarantinable diseases, and none were found.

The men are paid one Guilder and given a meal half per day. It has been found by this system that the laborers are much better nourished than when they receive 20c, 1.50 per day and no food. Another advantage is that of being able to get the men back to work promptly in the afternoon. The cost of the meal was 1, including fuel, was 25c between 20 and 25 centimes for each man. Two women who received the same rate of pay, 20c, for the same meal. This is still to be seen, that the men profit by this method and quite a monetary saving is realized by the Public Health Service also.

Public Insurances. During the present fiscal year 1925-1926 six large health public insurances were built. These in conjunction with other older, and private ones, to which of attention is paid, effectively take care of the problem of night soil disposal.

Inspection Service. The inspections are made by the Public Health Officer, assisted by Public Health Officer, Chief Inspector and two inspectors. It has been found that the inspectors do much better

work if checked upon frequently. The accomplishments of this service are listed below:

Number of properties inspected-----	22,708
Number of notices sent-----	1,061
Number of cases referred to court-----	39
Number of cases convicted-----	39

Markets. The open market place at Petit-Goave which is amply large, is located near the sea in about the center of the town. The site is ideal for good drainage.

There is a small house at Anse-à-Veau, and screened one at Miragoane for selling meats. The meat market at Petit-Goave is a large shed where fresh meat is sold from screened boxes. The city is sorely in need of a better meat market. With the aid of the Commune, it is planned to build during the current year a place that will be a credit to the town. The food is inspected several times daily, and the entire market is policed and cleaned by employees of the Service d'Hygiène. The market place at Grand-Goave is well located in every respect. The meat market constructed by this Service at Grand Goave during the prior year, in which meat is sold from screened boxes, fills a long felt need. This place is policed and cleaned by the employees of the Service d'Hygiène.

For many years the market place at Violet was held on the sides of the main road. Besides being dangerous to the lives and limbs of the huckstresses, the foods caught a great deal of dirt and animal filth. During the year the Public Health Officer was fortunate in discovering off the road in the outskirts of the town, a large site with abundance of shade for both marketers and animals, and, with the permission of the owner, had it cleaned and turned it over to the venders, whose appreciation of this change was evidenced by the almost immediate increase in the number attending. It is believed that the new market place compares quite favorably with any of the rural ones in Haiti.

Water Supply. The town of Petit-Goave has never had a satisfactory water supply. All water used is either obtained from wells, or from several springs located in the outskirts of the town. The principal spring, where probably the majority of the people obtain water for domestic purposes, has never had a cover protecting it from dirt and filth. During the month of May, 1927, a cement stone house was built around and over the spring. Leading from the spring and through the wall of the house is a two inch iron pipe, and from the lower end of this pipe, which is about six feet above the ground, the natives catch their water. The house not only prevents surface soil contamination, but direct human pollution also, as the door is kept locked at all times. A water supply system is being constructed for Petit-Goave at the present time. The water will come from a series of springs emanating from a hill near the foot of Mt. Tapion.

work is checked upon frequently. The accomplishments of this service are listed below:

Number of cases handled	30
Number of cases referred to court	30
Number of notices sent	1,021
Number of properties inspected	22,408

Markets. The open market place at Tzitz-Gorve which is usually busy, is located near the sea in about the center of the town. The area is ideal for such business.

There is a small house at Tzitz-Gorve, and surrounded one at Tzitz-Gorve for selling water. The most market at Tzitz-Gorve is a large shed where fresh meat is sold from numerous dealers. The city is mostly in need of a better meat market. With the aid of the German, it is planned to build during the current year a place that will be a credit to the town. The food is inspected several times daily, and the entire market is policed and cleaned by employees of the Service d'Hygiene. The market place at Tzitz-Gorve is well located in every respect. The most market conducted by this Service at Tzitz-Gorve during the year, in which meat is sold from numerous dealers, fills a large shed. This place is policed and cleaned by the employees of the Service d'Hygiene.

For many years the market place at Tzitz-Gorve has been one of the main roads. Besides selling bananas to the natives and animals of the hucksters, the people bought a great deal of fish and animal fish. During the year the Public Health Officer was fortunate in discovering off the road in the outskirts of the town, a large site with abundance of shade for both markets and animals, and, with the permission of the owner, had it cleaned and turned it over to the vendors, whose appreciation of this change was evidenced by the most immediate increase in the number attending. It is believed that the new market place compares quite favorably with any of the rural ones in Haiti.

Water Supply. The town of Tzitz-Gorve has never had a native factory water supply. All water used is either obtained from wells or from several springs located in the outskirts of the town. The principal spring, where probably the majority of the people obtain water for domestic purposes, has never had a cover protecting it from dirt and filth. During the month of May, 1927, a cement stone basin was built around and over the spring. Leading from the spring and through the wall of the house is a two inch iron pipe, and from the lower end of this pipe, which is about six feet above the ground, the natives catch their water. The house not only prevents surface soil contamination, but almost human pollution also, as the floor is kept locked at all times. A water supply system is being constructed for Tzitz-Gorve at the present time. The water will come from a series of springs emanating from a hill near the foot of Mt. Tapion.

This, when completed, will fill a long felt want, and the supply be abundant.

Dogs. These animals are rather numerous in this district. Two cases of canine rabies were noted during the year. One case of dog bite was treated with anti-rabic serum. No case of human rabies was seen during the past twelve months.

One hundred and thirty (130) dogs were destroyed in the district during the year.

Abattoir. The town of Petit-Goave has a good abattoir, and it probably compares quite favorably with any in Haiti. It is inspected frequently and it is maintained in a clean and sanitary condition at all times. No animal is permitted to be butchered until it has been first inspected by some responsible member of the Service d'Hygiène. Without a certificate the Magistrate's Office refuses to issue a permit to slaughter.

In this instance and in others, the Public Health Officer has found the officials of the town to be most cooperative at all times striving for the civic betterment.

Communal Funds. Five per cent of the commune receipts were regularly received during the year from the towns of Grand-Goave, Miragoane and Anse-à-Veau. Prior to November, the town of Petit-Goave received a flat rate of Gourdes 75.00 per month; but since then we have drawn the regular five per cent rate. The total amount of money received from each town for the year is listed as follows:

Petit-Goave-----	Gdes. 1,917.92
Grand-Goave-----	" 369.96
Miragoane-----	" 986.76
Anse-à-Veau-----	" 670.20

Foreign Ships boarded. Fourteen ships coming directly from foreign ports were boarded during the year; but no quarantinable diseases were detected. Two unprotected members of the crew of the M.S.S. Smiland arriving from Jamaica were vaccinated against smallpox by the Public Health Officer.

Other Accomplishments. The uncemented portion of yard within the compound was leveled and resurfaced with dirt.

The roof of the meat market at petit-Goave was repaired and painted during the year.

One side of the cement floor of the porch of the Office Building was renewed, and one of the brick pillars was rebuilt and others repaired.

the, when completed, will fill a long felt want, and the supply be abundant.

Dogs. These animals are rather numerous in this district. Two cases of canine rabies were noted during the year. One case of dog rabies was treated with anti-rabic serum. No case of human rabies was noted during the past twelve months.

One hundred and thirty (130) dogs were destroyed in the district during the year.

Quarantine. The town of Petit-Gouve has a good abattoir, and its sanitary conditions quite favorably with any in Haiti. It is inspected frequently and it is maintained in a clean and sanitary condition at all times. No animal is permitted to be butchered until it has been first inspected by some responsible member of the Service d'Hygiène. Without a certificate the Inspector's Office refuses to issue a permit to slaughter.

In this instance and in others, the Public Health Officer has found the officials of the town to be most cooperative at all times arriving for the civil government.

Communal Funds. Five per cent of the communal receipts were annually received during the year from the towns of Grand-Gouve, Petit-Gouve and Anse-à-Veau. Prior to November, the town of Petit-Gouve received a flat rate of \$5.00 per month; but since then we have drawn the regular five per cent rate. The total amount of money received from each town for the year is listed as follows:

Petit-Gouve	1,017.32
Grand-Gouve	388.98
Miragoane	388.75
Anse-à-Veau	170.20

Foreign Ships boarded. Fourteen ships coming directly from foreign ports were boarded during the year; but no quarantines were detected. Two unprotected members of the crew of the S.S. Smailand arriving from Jamaica were vaccinated against smallpox by the Public Health Officer.

Other Accomplishments. The unoccupied portion of yard within the compound was leveled and resurfaced with dirt.

The roof of the meat market at Petit-Gouve was repaired and painted during the year.

One side of the cement floor of the north of the Office Building was renewed, and one of the brick pillars was rebuilt and others repaired.

The outsides of the walls of the stone office building, which had never been completed, were rendered with cement.

Most of the wooden structures within the compound were given a fresh coat of green paint.

Besides the two new Dodge Graham trucks, one official Dodge touring car was received, for which garage was constructed.

Future Plans. The plans contemplated for the future may be outlined as follows:

1. Construction of a public latrine on the seaward of site of the market in Petit-Goave.
2. Ditching and filling in swamps about Petit-Goave, and one low place in the town in Miragoane.
3. Subsoil drainage of several swamps about Petit-Goave.
4. Construction of a meat market for Petit-Goave.
5. Extending the two stone and cement canals leading to the sea near town wharf in Petit-Goave.
6. Repair of drainage canal of abattoir.

PORT-DE-PAIX.

Personnel. The personnel of the sanitation division consist of the following:

- 1 Chief Pharmacist's Mate
- 1 Chief clerk
- 3 Sanitary inspectors
- 2 Chefs d'Equipe
- 38 Laborers.

Statistics. Number of mule carts-----7
Number of mules-----5
Gallons of mosquito oil used-----2080
Steamers boarded----- 45
Rainfall for the year----- 885 mm.
Number of dogs poisoned----- 100
Number of new latrines----- 110
Forms 5 & 6 sent----- 400
Properties Inspected-----50994
Properties inspected on demand-----5
Loads of rubbish-----11052
Total receipts from communes---Gdes. 3,605.06

The contents of the walls of the stone office building, which had
ever been completed, were removed with care.

Most of the wooden structures within the compound were given a
fresh coat of green paint.

Besides the two new buses, three trucks, one official Dodge van,
and one car were received, for which \$1,000 was authorized.

Future Plans. The plans contemplated for the future may be outlined
as follows:

1. Construction of a public library on the southeast side of the
camp in Petit-Groove.

2. Draining and filling in swamps about Petit-Groove, and one low
area in the town in Miraflores.

3. Subsidy drainage of several swamps about Petit-Groove.

4. Construction of a meat market for Petit-Groove.

5. Extending the two stone and cement canals leading to the
sea near town wharf in Petit-Groove.

6. Repair of drainage canal of station.

APPENDIX

Personnel. The personnel of the sanitation division consists of
the following:

1	Chief Pharmacist's Mate
1	Chief Clerk
3	Sanitary Inspectors
2	Chief Stenographers
36	Laborers

Statistics.	Number of milk cans	7
	Number of miles	5
	Gallons of mosquito oil used	2080
	Stenographers	45
	Rainfall for the year	885 mm.
	Number of dogs poisoned	100
	Number of new latrines	110
	Forms S & B sent	400
	Properties inspected	2024
	Properties inspected on demand	5
	Loads of rubbish	11052
	Total receipts from commerce--Cash.	2,605.06

Market. Market is held each day except Sunday. Meat, fish, bread, etc. are sold from trays which are covered; those failing to comply with the sanitary regulations are sent to the Juge de Paix. The entire market is very poor for a town of this size. The meat market needs new screens and the remainder of the market needs an awning and pavement. It is possible that these changes will be made during the next year.

Milk vendors, before they can sell, are required to report to the Communal building where an official gets the specific gravity of each container. Those having readings below the standard are sent to the Juge de Paix. Across the street from the Communal Building is the only place in town where milk is sold.

Abattoir. The abattoir is on the bord de mer in the east of the town. It is constructed entirely of cement. There are four compartments, each of which is so made that the refuse runs down into a main drain and this empties into the sea. One man is detailed here to look after the place.

Water Supply. The Trois Rivières supplies most of the drinking water for the town. There are numerous shallow wells, but most of them contain brackish water.

Two rivers, one on each side of town, furnish most of the drinking water. There are some wells but the water is brackish.

Mosquito Control. There is a large concrete drain in the west part of the town, running north into the sea, which carries off considerable water that formerly remained in the salines during the rainy season, thus reducing the mosquito breeding in this section.

In the east part of the town there is the Port-de-Paix river, running north into the sea. One side of this river has been staked, and at the present time the other side is being staked. This work will be completed in a very short time, thus reducing the mosquito breeding in the eastern section of the town.

Street Cleaning. This is accomplished with four mule carts. At the present time work is being carried on under somewhat of a difficulty owing to the recent death of two mules out of an original total of five. There are seven carts available, four of which are practically new.

The street cleaning at Saint-Louis is done at the expense of the Commune. From one to three men are hired each day to police the street and market, but this is very poorly done. One old cart is furnished by the Service d'Hygiène, but it is out of commission practically the entire time. A Chef d'Equipe with about eight laborers could keep the town in a very good condition.

Market. Market is held each day except Sunday. Meat, fish, bread, etc. are sold from stalls which are covered; those falling to the ground with the sanitary regulations are sent to the dump de la ville. The market is very poor for a town of this size. The most needed necessities are sold in the town. It is possible that these changes will be made during the next year.

Milk vendors. Before they can sell, are required to report to the Commune. The vendors are on the street from the Commune Building to the dump de la ville. Those having fresh milk are sent to the dump de la ville. Across the street from the Commune Building is the only place in town where milk is sold.

Abattoir. The abattoir is on the bank of the river in the east of the town. It is constructed entirely of concrete. There are four compartments, each of which is so made that the refuse runs into a main drain and this empties into the sea. One man is detailed here to look after the place.

Water Supply. The Trois Rivières supplies most of the drinking water for the town. There are numerous shallow wells, but most of them contain brackish water.

Two rivers, one on each side of town, furnish most of the drinking water. There are some wells but the water is brackish.

Municipal Control. There is a large concrete drain in the west part of the town, running north into the sea, which carries off considerable water that formerly remained in the salines during the rainy season, thus reducing the mosquito breeding in this section.

In the east part of the town there is the Fort-de-Faix river, running north into the sea. One side of this river has been stocked and at the present time the other side is being stocked. This work will be completed in a very short time, thus reducing the mosquito breeding in the eastern section of the town.

Street Cleaning. This is accomplished with four mule carts. At the present time work is being carried on under contract of a difficulty owing to the recent death of two mules out of an original total of five. There are seven carts available, four of which are practically new.

The street cleaning at Saint-John is done at the expense of the Commune. From one to three men are hired each day to police the street and market, but this is very poorly done. One of our men is furnished by the Service d'Hygiène, but it is out of commission practically the entire time. A Chief d'Équipe with about eight laborers could keep the town in a very good condition.

At Jean-Rabel streets are cleaned occasionally by men hired by the Commune for the one time. The streets need grading very badly for when it rains they are one large mud hole.

The streets at Anse-à-Foleur are cleaned by men hired by the Commune and are usually in fair condition.

Communal Funds. The total amount of money received from each town for the year is listed as follows:

Port-de-Paix-----	Gaes.	1,943.28
St. Louis-----	"	637.61
Jean Rabel-----	"	364.36
Anse-à-Foleur-----	"	160.54

Recommendations.

1. Renovation of meat market and general market at Port-de-Paix.

2. Saint Louis du Nord:

Rubbish boxes

Abattoir

Public Latrine

Chef d'Equipe and laborers to police the streets and markets.

3. Jean Rabel.

Public Latrine

Screened meat market

Chef d'Equipe and laborers to police the streets and markets.

Grading the streets.

4. Anse-à-Foleur:

Public latrine

Better drainage for the town

Chef d'Equipe and laborers to police the streets and market.

SAINT-MARC.

Inspection Service. Saint-Marc is divided into three sanitary districts in order to afford an efficient distribution of the personnel and control of the work in progress. One inspector is detailed to each district, while a fourth inspector has been placed in general supervision over all. By this arrangement it is possible to inspect every property within the town limits.

One inspector each for the towns of Verrettes and Petite Rivière are employed. They are also required to have supervision over the

At Jean-Jacques streets are cleaned occasionally by men hired by the Commune for the one time. The streets need grading very badly or when it rains they are one large mud hole.

The streets at Ann-A-Polent are cleaned by men hired by the Commune and are usually in fair condition.

Communal Funds. The total amount of money received from each town for the year is listed as follows:

Ann-A-Polent	180.54	"	1,943.38
Jean-Jacques	384.38	"	537.61
St. Louis	537.61	"	
Port-de-Paix	1,943.38	"	

Recommendations.

1. Renovation of meat market and General market at Port-de-Paix.

2. Saint Louis de Nord:

Rabbit boxes

Abattoir

Public latrine

Chief d'Exploitation and laborers to police the streets and markets.

3. Jean-Jacques.

Public latrine

Personnel meat market

Chief d'Exploitation and laborers to police the streets and markets.

Grading the streets.

4. Ann-A-Polent:

Public latrine

Better drainage for the town

Chief d'Exploitation and laborers to police the streets and markets.

SAINT-MARC.

Inspection Service. Saint-Marc is divided into three sanitary districts in order to afford an efficient distribution of the personnel and control of the work in progress. One inspector is detailed to each district, while a fourth inspector has been placed in general supervision over all. By this arrangement it is possible to inspect every property within the town limits.

One inspector each for the towns of Verrettes and Petite Rivière are employed. They are also required to have supervision over the

laborers at these places. The dresser at Dessalines acts in the capacity of an inspector.

Mosquito Control. This will continue to be one of the most important problems in sanitation. The numerous cane fields, rice fields and banana gardens within the city limits offer obstacles, which are difficult to overcome in order to eradicate anopheles breeding. It is necessary to keep up continuous vigilance of the numerous irrigation canals to keep them open, repaired, and free from vegetation. The only solution to the problem would be, if possible, to discontinue all farming within the city limits, and cement all street canals. Various drainage canals were opened during the year and the bottoms covered with gravel. This has been a big improvement in certain sections of the town. However, they are only temporary and require constant upkeep with laborers who should be kept on the streets of the town. All the bad water holes within the city limits were filled with gravel, including some open wells. One large Dodge truck has been kept continually in use for mosquito control work for the last nine months.

One thousand one hundred and seventy (1,170) linear meters of cement street canals were constructed during the past year. One inspector and five laborers are required to keep these canals open and clean during the rainy season.

A dirt canal 3 meters wide and 211 meters long was completed in the bed of the Petite Rivière at Saint-Marc and the lower part of the river was also cleaned. The construction of a permanent cement bed and walls for this river was suspended because of the lack of funds available.

One Graham Bros. truck was placed in use during the year for mosquito control. One thousand one hundred and sixty seven (1,167) loads of gravel were hauled.

Street Cleaning. Sixteen laborers distributed in three section gangs each supervised by a Chef d'Equipe were employed for keeping the streets clean. An additional force was added in September to cut weeds and grass. One Ford truck with two laborers was employed for handling refuse and garbage. During the year, 1,863 loads of refuse were hauled by this truck.

Market. Six laborers and one inspector were employed to keep the market place clean. The duties of the inspector were to supervise the methods of produce sale by market people where sanitary considerations were concerned. Also to see that all bread, cakes, fish, sweets of all varieties, etc., were kept in closed containers free from flies.

The construction of the first unit of a new covered market was started in August. This contains a new meat market. Additional units will be constructed when funds become available.

travels at these places. The answer at these places is the answer
in inspection.

Moody's Control. This will continue to be one of the most important
things in inspection. The numerous cases found, with funds and means
and within the city limits of the city, which are difficult to
solve in order to eradicate mosquito breeding. It is necessary to
keep the city limits of the numerous inspection canals to keep them
in, repaired, and free from vegetation. The only solution to the problem
is, if possible, to discontinue all farming within the city limits.
To prevent all street canals. Various drainage canals were opened during
year and the bottom covered with gravel. This has been a big improve-
ment in certain sections of the town. However, they are only temporary and
the constant upkeep with laborers who should be kept on the streets of
town. If the bad water holes within the city limits were filled with
oil, including some open wells. One large dog track has been kept con-
sistently in use for mosquito control work for the first nine months.

One thousand one hundred and seventy (1,170) laborers of constant
at canals were constructed during the past year. One inspector and
laborers are required to keep these canals open and clean during the
year.

A dirt canal 3 meters wide and 21 meters long was completed in the
of the Pacific River at Bismarck and the lower part of the river
also cleaned. The construction of a permanent canal and well
this river was suspended because of the lack of funds available.

One Graham Bros. truck was placed in working order for mosquito
work. One thousand one hundred and sixty seven (1,167) loads of gravel
hauled.

Street Cleaning. Sixteen laborers distributed in three sections of the
city supervised by a Chief of Police were employed for keeping the streets
clean. An additional force was added in September to cut weeds and grass.
Ford truck with two laborers was employed for handling refuse and for
work. During the year, 1,823 loads of refuse were hauled by this truck.

Market. Six laborers and one inspector were employed to keep the
at place clean. The duties of the inspector were to supervise the
loads of produce sold by market people where sanitary considerations were
involved. Also to see that all bread, cakes, fish, etc., of all varie-
ties, were kept in closed containers free from flies.

The construction of the first mile of a new covered market was started
August. This contains a new road market. Additional miles will be con-
structed when funds become available.

Dogs. During the year, eighty nine dogs were destroyed by automobile gas.

Abattoir. The abattoir is in fairly good condition. All animals were slaughtered in the presence of the market inspector.

Milk and Food Inspection. Frequent milk inspections were made. A close inspection of all meat sold for human consumption was made. All food stuff sold such as bread, cakes, and candies are required to be kept in covered containers free from flies.

<u>Courts.</u>	Number of forms 5 & 6 sent to property owners ---	1,897
	Number of forms 7 sent to property owners-----	351
	Number cancelled by this Service-----	0

Personnel. The district of St. Marc is immediately supervised by the Assistant Sanitary Officer, a Chief Pharmacist's Mate, U.S.Navy. The personnel consists of the following:

- 1 Assistant Sanitary Officer
- 1 Chief Clerk
- 6 Sanitary Inspectors
- 4 Chefs d'Equipe
- 2 Chauffeurs
- 35 Laborers.

The above number includes the three communes of Dessalines, Petite Riviere and Verrettes. The number of inspectors are adequate. However, due to the fact that a larger area of town is now being cared for, combined with mosquito control work the number of laborers for St. Marc should be increased to 40 laborers. The present number is 35.

Permanent Sanitary Improvements. During the year, 1,170 linear meters of cement street canals were constructed. A portion of the Petite Riviere was cemented, bed and banks.

Recommendations. A minimum number of 40 laborers is required to carry on the routine work necessary in St. Marc, and it is recommended that funds be allotted for this purpose.

A depot large enough to hold the present equipment and to include a garage for the motor equipment should be constructed.

Cement refuse boxes throughout St. Marc would be more economical than the present wooden boxes and would also add a great deal to the appearance of the town. It is recommended that funds be allotted for the construction of same.

A mechanical chlorinating apparatus is needed at the water reservoir, and installation of this apparatus is recommended for Saint-Marc.

For a more permanent mosquito control, cement street canals should be constructed. Additional funds are needed to carry on this work.

The present Ford Truck is very old and in constant repair. This will probably not last for many months and a new Graham truck is recommended to replace it.

Dogs. During the year, eighty nine dogs were destroyed by automobile

Abattoir. The abattoir is in fairly good condition. All animals were
inspected in the presence of the market inspector.

Milk and Food Inspection. Frequent milk inspections were made. A
sanitary inspection of all milk sold for human consumption was made. All food
and feed were inspected, and a number were required to be kept in
covered containers free from flies.

Boats. Number of boats 5 & 6 sent to property owner --- 1,897
Number of boats 7 sent to property owner --- 361
Number supplied by this office --- 0

Personnel. The district of St. Mary is indirectly supervised by the
Assistant Sanitary Officer, Chief Pharmacist's Office, U.S. Navy. The per-
sonnel consists of the following:

- 1 Assistant Sanitary Officer
- 1 Chief Clerk
- 6 Sanitary Inspectors
- 4 Chiefs of Police
- 3 Chemists
- 35 Laborers

The above number includes the three members of the Board of Health, the
Sanitary Officer, the Chief Clerk, the Sanitary Inspectors, the Chiefs of
Police, and the Laborers. The number of inspectors is inadequate. However, due to
the fact that a larger area of town is now being covered for, combined with the
increased work the number of laborers for St. Mary should be increased to
40 laborers. The present number is 35.

Permanent Sanitary Improvements. During the year, 1,170 linear meters
of cement street curbs were constructed. A portion of the Police Division
is completed, and the balance is in progress.

Recommendations. A minimum number of 40 laborers is required to carry
on the routine work necessary in St. Mary, and it is recommended that funds
be allotted for this purpose.

A depot large enough to hold the present equipment and to include a gar-
age for the motor equipment should be constructed.

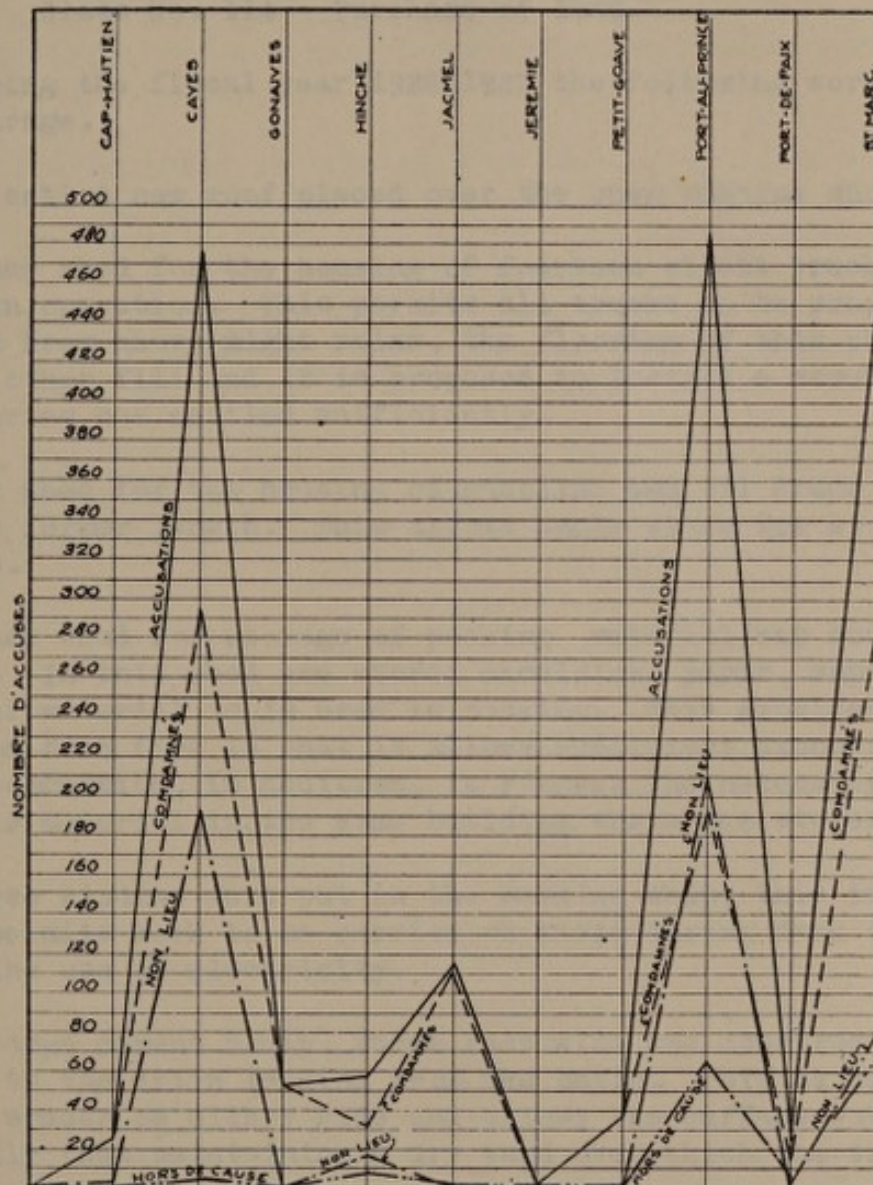
Current refuse boxes throughout St. Mary would be more economical than
the present wooden boxes and would also add a great deal to the appearance of
the town. It is recommended that funds be allotted for the construction of
mechanical churning apparatus is needed at the water reservoir.

An installation of this apparatus is recommended for Saint-Mary.

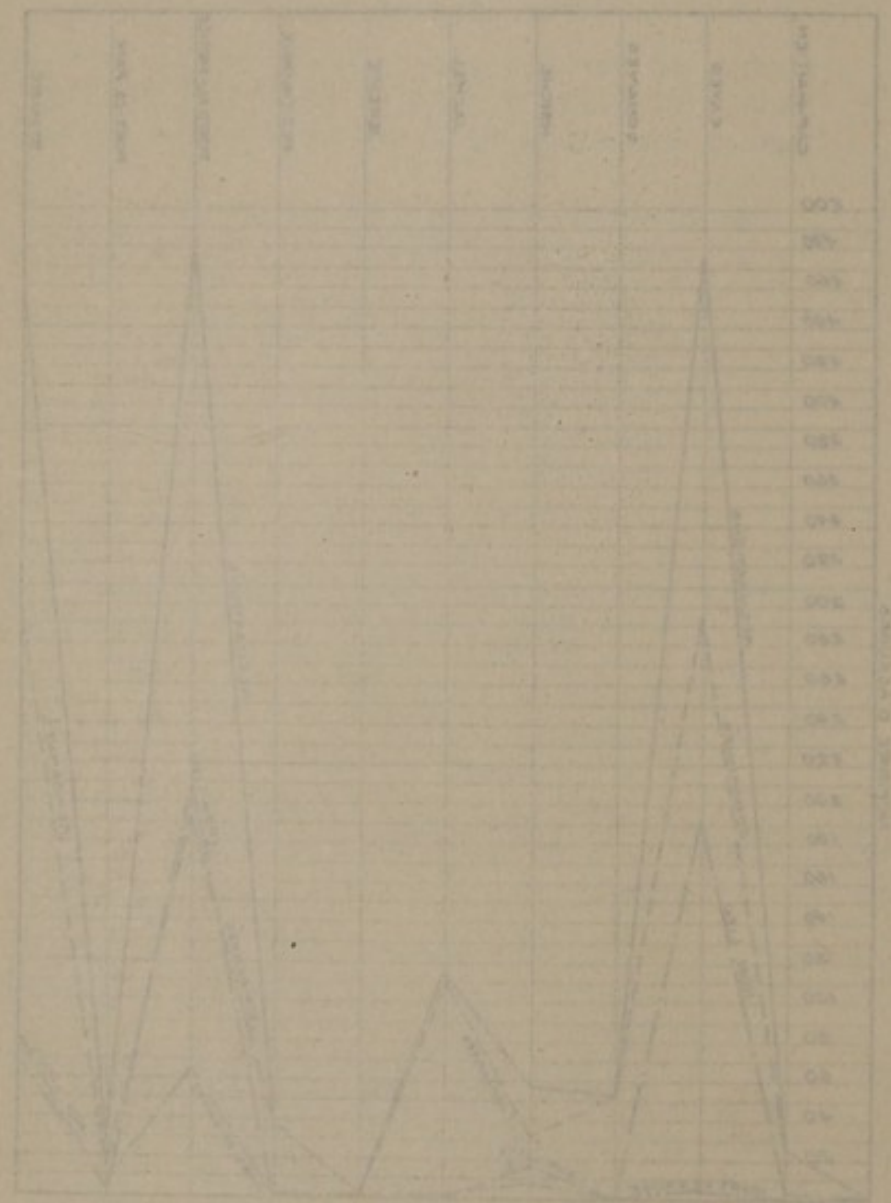
For a more permanent mechanical sewerage, cement street curbs should be
constructed. Additional funds are needed to carry on this work.

The present Ford truck is very old and in constant repair. This will
probably not last for many months and a new Graham truck is recommended to
replace it.

SERVICE D'HYGIENE
CONTRAVENTIONS POUR VIOLATION
DES REGLEMENTS SANITAIRES
1927



1957
 DEER HUNT TO SAVANNAH
 COMPARING FOUR VARIATIONS
 (See Table 1)



DIVISION OF FINANCE AND SUPPLIES.

In the Annual Report for the Fiscal Year 1925-1926 there appeared an Analysis of Expenditures, to this analysis has been added the following classes:

- Class No. 34 - Freight on Supplies and Equipment.
- Class No. 35 - Subscriptions to newspapers.
- Class No. 36 - Scholarships.
- Class No. 114 - Purchase of land.

During the fiscal year 1926-1927 the following work was performed at the Garage.

An entire new roof placed over the open machine shop.

A new shed for the housing of fourteen street trucks was completed and put in operation. This permits all trucks to be properly housed and protected from heavy night rains, the flooring of this shed is made from dirt and other fill and it is proposed to install a cement covering when this flooring has settled sufficiently.

The shed for the housing of gasoline and oil drums was extended to twice its former length. This allows ample space for storing gas and oil drums.

A new shed for storage of packing material was completed during the year. In this shed are stored excelsior, paper, empty boxes and such other material as is used in packing. This provides for proper protection from fire in that it allows sufficient exposure to insure against combustion, in addition, it removes the necessity of having to store this material in the same building where the stores are kept.

Three windows were put in the machine shop, this increased lighting now permits work to be carried on there during dark and rainy days without the use of electricity.

A large cement drain, three feet wide was constructed from the gas shed to the drain leading from the basin. This is slightly lower than the spaces on either side and allows the surface water to drain off rapidly thus maintaining a dry yard over which the trucks have to pass.

Many loads of gravel were placed in and about the garage yard during the year to level the numerous depressions where water gathered, several more loads are required before proper drainage can be obtained which will insure a perfectly dry yard at all times. The removal of the present stable at the Garage will necessitate considerable filling in to bring this section to a proper level with the rest of the yard.

DIVISION OF FINANCE AND SUPPLIES

In the Annual Report for the Fiscal Year 1935-1936 there appeared an analysis of expenditures, to this analysis has been added the following classes:

- Class No. 34 - Freight on Supplies and Equipment.
- Class No. 35 - Subscriptions to newspapers.
- Class No. 36 - Stationery.
- Class No. 37 - Purchase of land.

During the fiscal year 1935-1936 the following work was performed in the Garage.

An entire new roof placed over the open machine shop.

A new shed for the parking of fourteen street trucks was completed and put in operation. This permits all trucks to be properly housed and protected from heavy night rains, the flooring of this shed is made from dirt and other fill and it is proposed to install a cement covering when this flooring has settled sufficiently.

The shed for the housing of tractors and oil drums was extended to twice its former length. This allows ample space for storing gas and oil drums.

A new shed for storage of packing material was completed during the year. In this shed are stored excelsior, paper, empty boxes and much other material as is used in packing. This provides for proper protection from fire in that it allows sufficient exposure to insure against combustion, in addition, it removes the necessity of having to store this material in the same building where the stores are kept.

Three windows were put in the machine shop, this increased lighting now permits work to be carried on there during dark and rainy days without the use of electricity.

A large cement drain, three feet wide was constructed from the gas shed to the drain leading from the basin. This is slightly lower than the space on either side and allows the surface water to drain off rapidly thus maintaining a dry yard over which the trucks have to pass.

Many loads of gravel were placed in and about the garage yard during the year to level the numerous depressions where water gathered. Several more loads are required before proper drainage can be obtained which will insure a perfectly dry yard at all times. The removal of the present stable at the Garage will necessitate considerable filling in to bring this section to a proper level with the rest of the yard.

When this is completed, it is suggested that the present Depot be extended as far as the lower wall, at present the storage facilities of the Depot are not adequate. It is necessary to store closely many items which should properly be given space to protect them from deterioration. The suggested addition will allow for this and will provide for expansion which may arise during the next three years.

New equipment consisting of a battery-charger, electric vulcanizer, valve grinder and portable electric drill have been installed. This equipment will permit our own mechanics to produce better work with greater facility, and do repair work which previously had to be sent out to private garages.

The men employed as mechanics at the Garage have been with this Service since the opening of the garage, their work has always been far above the average, and, when it is considered that these men keep in constant repair a large fleet of trucks and official cars it can be readily appreciated that a high standard of efficiency has been reached and is being maintained by them. This Service is indeed fortunate in having at its disposal men of their calibre.

Nine new trucks were added to the Service during the past year, also five new official touring cars have been purchased. This new motor equipment has been placed as follows:

Trucks.

Hinche District-----	1
Gonaives "-----	2
St. Marc "-----	1
Petit-Goave "-----	2
Aux Cayes "-----	1
Port-au-Prince district-----	3

Touring Cars.

Cap-Haitien District-----	1
Port-au-Prince "-----	4

Every district has been outfitted with motor transportation except the districts of Port-de-Paix, Jeremie and Jacmel. It is contemplated to outfit these districts this coming year with motor transportation. This will require the purchase of three touring cars and three trucks.

During the year the Supply Table was revised and a new supply table issued to the Service.

When this is completed, it is suggested that the present depot be expanded as far as the lower wall, to present the storage facilities of the depot are not adequate. It is necessary to store a large number of which should properly be given credit to protect them from deterioration. The suggested addition will allow for this and will provide for expansion which may arise during the next three years.

Now equipment consisting of a battery-charger, electric vibrator, five grinder and portable electric drill have been installed. This equipment will permit our own mechanics to produce better work with greater facility, and do repair work which previously had to be sent out to private garages.

The men employed as mechanics at the garage have been with this Service since the opening of the garage. Their work has always been far above the average, and when it is considered that these men keep in constant repair a large fleet of trucks and official cars it can be readily appreciated that a high standard of efficiency has been reached and is being maintained by them. This Service is indeed fortunate in having at its disposal men of their calibre.

Nine new trucks were added to the Service during the past year. Also five new official touring cars have been purchased. This new motor equipment has been placed as follows:

Trucks.

1	Alameda District
2	Contra Costa
1	St. Mary
2	Potter-Cove
1	San Carlos
3	Port-in-Prince District

Touring Cars.

1	San-Helena District
4	Port-in-Prince

Every district has been outfitted with motor transportation except the districts of Port-Sa-Park, Toronto and Laramie. It is contemplated to outfit these districts this coming year with motor transportation. This will reduce the purchase of these touring cars and three trucks.

During the year the Supply Table was revised and a new Supply Table issued to the Service.

The following Budgetary Funds were voted for the fiscal year 1926-1927:

<u>Article No.</u>	<u>Gourdes.</u>
301 - Administration-----	135,000.00
302 - Supplies and equipment-----	949,574.17
310 - Medical School-----	75,480.00
311 - Sanitation & Quarantine-----	879,600.00
331 - Maintenance of Hospitals-----	<u>1,030,980.00</u>
Grand Total-----	3,070,634.17

Note: Received from Rockefeller Foundation
Expended during fiscal year 1926-27

* Includes anti-Communism

301 - Administration
310 - Medical School
311 - Sanitation & Quarantine
331 - Maintenance of Hospitals

Following is an analysis of expenditures in the case of each of the above Budgetary Funds.

The following Budgetary Funds were voted for the fiscal year 1927-1928:

<u>Article No.</u>	<u>Amount</u>
304 - Administration-----	135,000.00
305 - Supplies and equipment-----	249,874.17
310 - Medical School-----	75,480.00
311 - Sanitation & Garbage-----	879,600.00
321 - Maintenance of Hospitals-----	<u>1,030,980.00</u>
Grand Total-----	3,070,934.17

6	DISTRICONS	301 Gourdes	302 Gourdes	310 Gourdes	311 Gourdes	331 Gourdes	Total Gourdes
	Cap-Haitien				145,668.45	181,783.25	327,451.70
	Cayes				111,755.21	87,899.68	199,654.29
	Gonaives				43,706.06	48,396.26	92,102.32
	Hincho				20,882.71	63,241.23	84,123.94
	Jacmel				60,506.03	58,700.33	119,206.36
	Jeremie				43,375.79	36,900.00	80,275.79
	Petit-Goave				63,066.93	36,803.00	99,869.93
	Port-au-Prince	134,993.93	960,335.89	74,916.66	*430,704.30	*583,555.30	2,184,506.08
	Port-de-Paix				37,976.89	34,003.60	71,980.49
	Saint-Marc				47,935.61	45,610.70	93,546.31
	TOTAL	134,993.93	960,335.89	74,916.66	1,005,577.98	1,176,892.75	3,552,717.21

Note: Received from Rockefeller Foundation Gdos. 75,000.00
 Expended during Fiscal year 1926-27 33,410.00

* Includes asile Communal

- 301 - Administration
- 310 - Medical school
- 311 - Sanitation & quarantine
- 302 - Material, furniture & Miscellaneous supplies.
- 331 - Maintenance of Hospitals.

Following is an analysis of expenditures in the case of each of the above Budgetary Funds.

Analysis of Expenditures - Article 302
(1926-27)

Port-au-Prince District only.

<u>Class No.</u>	<u>Gourdes</u>	<u>Class No.</u>	<u>Gourdes.</u>
01	192,754.35	02	50,073.12
03	14,362.00	04	19,204.50
05	1,595.88	06	---
07	303.60	08	---
09	136,745.74	10	412.50
11	1,484.70	12	---
13	91.70	14	1,466.28
15	22,355.71	16	62,167.03
17	314.60	18	33,927.17
19	910.45	20	5,175.00
21	---	22	420.90
23	81,080.32	24	116.66
25	60.40	26	424.00
27	45.00	28	---
29	---	30	---
31	4,928.80	32	6,769.15
33	98,111.42	34	11,824.71
35	659.85	100	73,442.25
101	194.85	102	8,843.00
103	---	104	4,149.60
105	8,026.55	106	101,997.75
107	---	108	4,737.30
109	4,350.10	110	---
111	3,046.70	112	3,762.25
113	---	114	---

Total-----Gdes. 960,335.89

Material-----Gdes. 959,911.89

Rent----- 424.00

N.B. Amounts are in gourdes. One gourde is equivalent to : 0.20.

Analysis of Expenditures - Article 302
(1922-23)

Port-Arthur District only.

Class No.	Amount	Class No.	Amount
01	192,724.35	08	50,077.12
02	14,322.00	09	12,804.50
03	1,222.68	10	---
04	303.40	11	---
05	132,742.74	12	412.50
06	1,484.70	13	---
07	91.70	14	1,422.28
08	22,322.71	15	22,127.02
09	314.60	16	22,227.17
10	210.42	17	2,172.00
11	---	18	220.20
12	81,022.22	19	112.22
13	60.40	20	422.50
14	42.00	21	---
15	---	22	---
16	4,222.20	23	2,722.12
17	22,111.42	24	11,222.71
18	222.22	25	72,222.22
19	122.22	26	2,222.00
20	---	27	4,122.20
21	8,222.22	28	101,222.22
22	---	29	2,722.20
23	4,222.12	30	---
24	2,022.70	31	2,722.22
25	---	32	---
26	---	33	---
27	---	34	---
28	---	35	---
29	---	36	---
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81	---	88	---
82	---	89	---
83	---	90	---
84	---	91	---
85	---	92	---
86	---	93	---
87	---	94	---
88	---	95	---
89	---	96	---
90	---	97	---
91	---	98	---
92	---	99	---
93	---	100	---

Total-----\$20,322.22

Material-----\$20,322.22

Rest-----\$24.00

N.B. Amounts are in dollars. One cent is equivalent to 0.01.

Analysis of Expenditures - Article 311 (1926-27)

Districts	Personnel	01	02	03	04	05
Cap-Haitien	104,377.30					10.30
Bayes	95,257.60			4.00	43.00	11.00
Onoives	40,105.58					36.50
Linche	18,761.50					2.80
Acme	46,273.54				26.00	866.50
Aremie	34,943.20				28.75	529.70
Etiti-Goave	55,636.25		2.50		27.69	15.28
Port-au-Prince	396,648.71					27.00
Port-de-Paix	32,107.90					10.50
Saint-Marc	42,505.38			21.00		
Total	867,016.96		2.50	25.00	125.44	1,509.58

Districts	06	07	08	09	10	11
Cap-Haitien	35.00	240.00		8,874.56	82.00	
Bayes				3,911.36		
Onoives		273.05		346.55		
Linche		423.67				
Acme		6,928.00		10.25	18.00	
Aremie		3,155.00			13.15	
Etiti-Goave	3,379.15	206.90	21.20		193.10	
Port-au-Prince	446.50	2,836.89		6.75		108.10
Port-de-Paix		2,797.00		37.80		
Saint-Marc		36.65		171.08		
Total	3,860.65	16,897.16	21.20	13,358.35	311.25	108.10

Districts	12	13	14	15	16	17
Cap-Haitien			3,371.01			
Bayes						
Onoives			18.75	138.25	4.00	
Linche						37.00
Acme		3.50	161.10	1.50	9.00	
Aremie		9.00	44.45			
Etiti-Goave		55.00	106.75	328.00	27.00	
Port-au-Prince					322.00	
Port-de-Paix				139.93		
Saint-Marc						
Total		67.50	3,702.06	607.68	362.00	37.00

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Analysis of Expenditures - Article XII (1926-27)

Article	Personal	01	02	03	04	05
Station	104,377.50			4.00	45.00	10.30
as	98,887.50					11.00
alves	60,185.50					36.50
che	10,781.50					2.50
nel	48,778.50				36.00	888.50
onds	31,943.50				28.75	583.10
lt-Grove	50,438.50		2.50		27.60	15.35
l-m-Prince	395,413.71					27.00
l-de-Paix	38,107.50					10.50
nt-Maro	48,508.38			31.00		
Total	887,016.98		2.50	32.00	125.45	1,503.88

Article	06	07	08	09	10	11
Station	35.00	240.00		8,874.88	88.00	
as		273.58		2,911.36		
alves		423.87		248.58		
che		6,988.00		10.35	18.00	
nel		2,155.00			13.15	
onds	2,373.15	808.00	21.30		193.10	
lt-Grove	448.50	2,836.88		8.75		108.10
l-m-Prince		2,737.00		37.80		
l-de-Paix		26.88		171.08		
nt-Maro						
Total	3,860.65	16,897.16	21.30	13,388.38	311.35	108.10

Article	12	13	14	15	16	17
Station			2,371.01			
as			18.75	138.25	4.00	
alves						37.00
che						
nel	3.50		161.10	1.50	2.00	
onds	2.00		44.45			
lt-Grove	22.00		108.75	328.00	27.00	
l-m-Prince				132.93	382.00	
l-de-Paix						
nt-Maro						
Total	67.50	2,502.06	607.68	368.00	368.00	37.00

Analysis of Expenditures - Article 311 (Cont'd).

Districts	18	19	20	21	22	23
-Haitien	245.00	15,299.10	8.15		260.50	
es	235.75	5,201.35				69.70
aives	79.30	274.95	637.50	541.02	2.00	292.40
che	25.00	781.24	120.00			
mel	176.38	434.60	1,005.75		1,832.71	462.20
emie	81.75	423.00			571.25	267.19
it-Goave	515.56	876.00	181.25		15.10	
t-au-Prince	633.50	26,881.35	1,172.00	30.00	462.20	24.40
t-de-Paix	117.00	1,322.94	50.00		179.30	
nt-Marc	66.40	97.85	4,310.15		3.75	31.35
Total	2,175.64	51,592.38	7,484.80	571.02	3,326.81	1,147.24

Districts	24	25	26	27	28	29
-Haitien				6,880.75	5,550.00	
es	4,732.80	814.00	1,200.00			
aives		377.46	300.00		85.50	55.50
che	139.00		95.00	237.50		
mel				572.00		110.00
emie	1,775.35	4.00	900.00			
it-Goave		10.50	360.00	768.10	27.40	
t-au-Prince		57.80			456.00	15.00
t-de-Paix			390.00	20.00	279.52	75.00
nt-Marc			550.00		35.50	
Total	6,647.15	1,263.76	3,795.00	8,438.35	6,433.92	255.50

Districts	30	31	32	33	34	35
-Haitien		84.00		432.73	67.05	
es		114.55			151.10	
aives					69.00	
che		60.00				
mel		15.00				
emie		135.00			210.00	
it-Goave		30.00			25.00	
t-au-Prince						93.00
t-de-Paix						
nt-Marc					1.50	
Total		438.55		432.73	523.65	93.00

Analysis of Expenditures - Article 311 (Cont'd)

Category	18	19	20	21	22	23
Material	245.00	15,222.10	8.15		260.20	88.70
Travel	232.75	2,201.35		241.02	2.00	292.40
Postage	70.30	274.92	237.20			
Telephone	25.00	781.24	122.00			
Printing	176.30	434.40	1,002.75		1,222.71	462.20
Supplies	81.75	422.00			271.22	227.12
Repairs	212.22	275.00	121.22		12.10	
Insurance	622.20	22,221.25	1,122.00	20.00	422.20	24.10
Interest	117.00	1,322.24	20.00		172.20	
Other	22.40	27.22	4,212.12		2.72	21.22
Total	2,172.24	21,222.22	7,222.22	241.02	2,222.22	1,122.22

Category	24	25	26	27	28	29
Material	4,722.20	212.00	1,222.00	2,222.22	2,222.22	2,222.22
Travel	122.00	277.22	200.00	237.20		22.20
Postage			22.00	272.00		112.00
Telephone	1,722.22	4.00	200.00	222.10		
Printing		10.20	222.00		27.40	22.00
Supplies	27.20		222.00	20.00	272.22	22.00
Repairs			222.00		22.20	
Total	6,447.12	1,222.22	2,722.00	2,422.22	2,422.22	222.22

Category	30	31	32	33	34	35
Material		24.22		422.22	24.22	
Travel		112.22			122.12	
Postage		20.00			22.00	
Telephone		12.20			212.00	
Printing		122.00			22.00	
Supplies		20.00				22.00
Repairs					1.22	
Total		122.22		422.22	222.22	22.00

Analysis of Expenditures - Article 311 (Contd).

districts	100	101	102	103	104	105	106
-Haitien						33.50	
es		9.00					
aives						68.75	
che							175.00
mel							375.00
emie							280.00
it-Goave							
t-au-Prince					423.10		60.00
t-de-Paix							
nt-Marc			105.00				
Total		9.00	105.00		423.10	102.25	890.00

districts	107	108	109	110	111	112	113 ' 114
-Haitien	10.00	7.50					
es							
aives							
che						25.00	
mel			825.00				
emie							
it-Goave		259.20					
t-au-Prince							
t-de-Paix			450.00				
nt-Marc							
Total	10.00	266.70	1,275.00			25.00	

districts	Total	Personnel	Material	Rents	
-Haitien	145,668.45	104,377.30	41,291.15		
es	111,755.21	95,257.60	15,297.61	1,200.00	
aives	43,706.06	40,105.58	3,300.48	300.00	
che	20,882.71	18,761.50	2,026.21	95.00	
mel	60,506.03	46,673.54	13,832.49		
emie	43,375.79	34,943.20	7,532.59	900.00	
it-Goave	63,066.93	55,636.25	7,070.68	360.00	
t-au-Prince	430,704.30	396,648.71	34,055.59		
t-de-Paix	37,976.89	32,107.90	5,478.99	390.00	
nt-Marc	47,935.61	42,505.38	4,880.23	550.00	
Total	1,705,577.98	867,016.96	134,766.02	3,795.00	

Analysis of Expenditures - Article 311 (Contd.)

Items	100	101	102	103	104	105	106
Station		2.00				33.20	
Post						86.75	
Travel							175.00
Food							375.00
Accommodation							240.00
Medical							60.00
Other							
Total	2.00	2.00	105.00		423.10	102.25	890.00

Items	107	108	109	110	111	112	113
Station	10.00	7.50					
Post							
Travel							
Food							
Accommodation							
Medical							
Other							
Total	10.00	222.70	1,275.00			22.00	

Items	Total	Personnel	Material	Rent
Station	145,668.45	104,377.30	41,291.15	
Post	111,785.21	95,257.50	15,297.61	1,300.00
Travel	43,706.06	40,105.89	3,300.46	300.00
Food	20,982.71	18,761.20	2,021.21	25.00
Accommodation	60,508.03	46,273.54	13,632.49	
Medical	43,375.79	34,063.20	7,832.59	300.00
Other	63,066.93	55,636.25	7,070.68	360.00
Station	430,704.20	396,648.71	34,055.59	
Post	37,976.69	32,107.90	5,478.99	300.00
Travel	47,935.61	42,808.38	4,680.23	250.00
Total	1,008,577.38	867,016.96	134,766.05	3,735.00

Analysis of Expenditures - Article 331.

Districts	Personnel	01	02	03	04
Cap-Haitien	118,482.23	640.50	27.50	18.25	
Cayes	40,438.22			28.00	
Gonaives	27,361.30	31.00	529.03	15.00	23.00
Hinche	40,881.93		1,467.00	65.60	9.00
Jacmel	34,629.00	20.00	8.00	8.00	1.50
Jeremie	23,128.50	171.80	274.05		
Petit-Goave	20,759.17	0.80	62.90	56.00	31.80
Port-au-Prince	361,507.84	537.45	39.50	819.54	413.45
Port-de-Paix	21,566.22		96.00		12.00
Saint-Marc	28,138.75	44.50	9.00	52.50	15.00
Total	716,893.14	1,446.05	2,512.98	1,062.89	505.75

Districts	05	06	07	08	09
Cap-Haitien	166.40	46,539.63	112.20	1,354.50	
Cayes	11.60	23,041.30	1,537.57	501.40	180.80
Gonaives	33.85	13,345.29	110.01	529.55	168.85
Hinche	289.28	10,290.71	127.00	9.00	151.87
Jacmel	28.00	16,695.70	94.50	2,185.00	64.32
Jeremie	145.10	9,702.75		322.50	
Petit-Goave	55.10	10,045.70	487.73	272.70	5.50
Port-au-Prince	1,291.00	94,359.58	2,033.60	5,407.05	
Port-de-Paix		5,162.16		765.85	30.00
Saint-Marc	62.25	9,726.79	71.15	361.20	209.28
Total	2,082.58	238,909.61	4,573.76	11,708.75	810.62

Districts	10	11	12	13	14
Cap-Haitien	1,584.75	5,925.05	30.65	68.50	529.73
Cayes	313.50			4.50	
Gonaives	496.05	238.50		95.25	8.00
Hinche	1,104.00			211.84	585.81
Jacmel	1,001.00	261.40		138.15	2.50
Jeremie	663.21			20.90	63.25
Petit-Goave	509.30			8.00	198.44
Port-au-Prince	4,930.75	10,694.05	51.00	5,016.03	2,055.51
Port-de-Paix	1,436.31	23.25	170.00		
Saint-Marc	604.75		87.00	155.09	
Total	12,643.62	15,142.25	238.65	5,718.26	4,243.24

Summary of Expenditures - Article XII.

Article	Personal	01	02	03	04
Station	118,483.23	449.80	27.20	12.25	
Gas	40,438.22			29.00	
Travel	27,361.30	31.00	223.08	18.00	28.00
Phone	40,881.22		1,487.00	28.00	2.00
Mail	24,223.00	20.00	2.00	2.00	1.25
Supplies	23,128.20	171.80	274.08		
Light-Grove	20,789.17	0.80	22.90	28.00	21.00
St. Louis-Prince	241,207.84	237.42	29.20	219.24	413.48
St. Louis-Park	21,266.22		28.00	12.00	12.00
St. Louis	28,128.78	44.20	2.00	22.20	12.00
Total	718,932.14	1,442.02	2,212.28	1,082.22	202.72

Article	05	06	07	08	09
Station	122.40		112.20	48,222.22	
Gas	11.20		1,227.27	22,041.30	120.80
Travel	23.22		119.01	13,242.22	122.22
Phone	222.22		127.00	10,222.22	121.27
Mail	22.00		24.20	12,222.70	24.22
Supplies	122.10		2,202.72	2,202.72	
Light-Grove	22.10		427.72	12,042.70	2.20
St. Louis-Prince	1,221.00		2,222.22	24,222.22	2,207.22
St. Louis-Park	2,122.12			2,122.12	20.00
St. Louis	22.22		71.12	2,222.72	202.22
Total	2,022.22		4,222.72	222,202.22	210.22

Article	10	11	12	13	14
Station	1,222.72	2,222.22	20.22	20.20	222.72
Gas	212.20			2.20	
Travel	422.02	222.20		22.22	2.00
Phone	1,102.00			211.22	202.22
Mail	1,001.00	221.40		122.12	2.20
Supplies	222.22			20.20	22.22
Light-Grove	202.20			2.00	122.22
St. Louis-Prince	4,222.72	10,222.02	21.00	2,012.22	2,022.22
St. Louis-Park	1,222.22	22.22	120.00		
St. Louis	202.72		27.00	122.00	
Total	12,222.22	12,222.22	222.22	2,712.22	2,222.22

Analysis of Expenditures - Article 331 (Cont'd).

Districts	15	16	17	18	19
Cap-Haitien				4,091.40	2,175.06
Cayes				1,701.90	9,881.92
Gonaives				365.25	1,806.96
Hinche	330.30			1,040.38	2,585.04
Jacmel				1,485.60	1,322.66
Jeremie				300.60	636.65
Petit Goave	412.50		48.80	776.86	1,179.15
Port-au-Prince				1,960.44	27,861.43
Port-de-Paix	104.00			62.00	2,787.06
Saint-Marc				259.65	1,875.80
Total	1,346.80		48.80	12,044.08	52,131.73

Districts	20	21	22	23	24
Cap-Haitien	3.55		15.00		
Cayes	152.16			1.50	988.39
Gonaives	1,993.92		4.50	247.50	213.50
Hinche	345.00		119.37		1,080.00
Jacmel	6.00		19.00		
Jeremie	856.32		64.10	77.00	53.00
Petit-Goave	630.20		3.50	11.00	
Port-au-Prince			632.90		60.00
Port-de-Paix			808.40		
Saint-Marc	206.45		5.50	77.00	1,122.10
Total	4,193.40		1,672.27	414.00	3,516.99

Districts	25	26	27	28	29
Cap-Haitien	70.00	782.50	260.00		
Cayes	5,050.60	1,825.75	792.20		
Gonaives					10.00
Hinche	6.00	705.00	90.00		
Jacmel			714.00		
Jeremie	9.00		75.00		
Petit-Goave	0.75	394.00	496.50	5.00	
Port-au-Prince		3,854.40	165.00		
Port-de-Paix	32.00	500.00	45.00		
Saint-Marc		480.00			
Total	5,168.35	8,541.65	2,637.70	5.00	10.00

Articles	25	26	27	28	29
Int-Mare	22.00	480.00	48.00		
Tr-de-Paix	32.00	500.00	48.00		
Tr-en-Prince		2,854.40	162.00		
Als-Gouve	0.75	304.00	492.50	5.00	
Tamie	2.00		75.00		
Imai			714.00		
ache	2.00	708.00	90.00		
salves					
Yes	2,020.80	1,522.75	722.20		
o-Ballion	70.00	782.50	220.00		
Total	5,168.45	8,241.65	2,637.70	5.00	10.00

Analysis of Expenditures - Article 331 (Cont'd.)

Districts	30	31	32	33	34
Cap-Haitien	317.00	14.00		385.55	
Cayes		59.00			69.70
Gonaives	118.20	44.50			32.50
Hinche	50.00	20.00			
Jacmel					
Jeremie				223.02	18.25
Petit-Goave	8.50				
Port-au-Prince		1,866.25		1,598.01	
Port-de-Paix		42.00			
Saint-Marc					38.91
Total	485.20	2,045.75		2,206.58	159.36

Districts	35	100	101	102	103
Cap-Haitien			68.50	36.00	
Cayes		127.00	39.00	200.00	
Gonaives		12.00		130.00	
Hinche		71.25	50.00	105.55	
Jacmel				16.00	
Jeremie				95.00	
Petit-Goave			3.00	115.00	
Port-au-Prince		195.00	1,976.50	261.25	538.55
Port-de-Paix			286.35	75.00	
Saint-Marc		124.15	332.26	1,542.64	
Total		529.40	2,755.61	2,576.44	538.55

Districts	104	105	106	107	108
Cap-Haitien		85.00			
Cayes			946.07		
Gonaives		14.00	342.50		
Hinche		140.75	600.00	125.00	
Jacmel					
Jeremie					
Petit-Goave			225.00		
Port-au-Prince	387.65	583.00			
Port-de-Paix					
Saint-Marc			9.00		
Total	387.65	822.75	2,122.57	125.00	

Analysis of Expenditures - Article 331 (Cont'd.)

Article	30	31	32	33	34
Art-Merc		48.00			38.01
Art-to-Paix		1,888.88		1,888.01	
Art-an-Prince					
Art-Gouve					
Remise					
Amel					
Monie					
Salves	53.00	20.00		833.08	18.38
Art-Merc	317.00	14.00		888.88	88.70
Total	465.80	2,048.88		2,306.88	189.38

Article	35	100	101	102	103
Art-Merc		134.18	338.28	1,848.88	
Art-to-Paix		198.00	1,978.80	881.88	
Art-an-Prince					
Art-Gouve					
Remise					
Amel					
Monie					
Salves		17.88	80.00	108.88	
Art-Merc		127.00	88.80	800.00	
Total		529.40	2,425.81	2,876.44	888.88

Article	104	105	106	107	108
Art-Merc		828.78	2,128.87		
Art-to-Paix					
Art-an-Prince					
Art-Gouve					
Remise					
Amel					
Monie					
Salves		14.00	348.80		
Art-Merc		88.00	948.07		
Total	887.88	828.78	2,128.87	128.00	

Analysis of Expenditures - Article 331 (Cont'd).

Districts	102	110	111	112	113
Cap-Haitien					
Cayes				7.00	
Gonaives					
Hinche	74.855			10.00	
Jacmel					
Jeremie					
Petit-Goave	8.60				
Port-au-Prince					
Port-de-Paix					
Saint-Marc					
Total	83.15			17.00	

Districts	114	Total	Personnel	Material	Rents
Cap-Haitien		181,783.25	118,482.23	62,518.52	782.50
Cayes		87,899.08	40,438.22	45,635.11	1,825.75
Gonaives		48,320.01	27,361.30	20,958.71	
Hinche		63,241.23	40,881.93	21,654.30	705.00
Jacmel		58,700.33	34,629.00	24,071.33	
Jeremie		36,900.00	23,128.50	13,771.50	
Petit-Goave		36,803.00	20,759.17	15,648.93	394.00
Port-au-Prince		531,916.73	361,507.84	166,554.49	3,854.40
Port-de-Paix		34,003.60	21,566.22	11,937.38	500.00
Saint-Marc		45,610.70	28,133.73	16,991.97	480.00
Total		1,125,177.93	716,893.14	399,742.24	8,541.65

Total Budgetary Funds-----3,352,831.17
Total Deposits-----235,585.30

Grand Total 3,352,831.75

Total Expenditures-----3,352,717.21
Balance of deposits trans. to next year-----11,932.15
Reverted to treasury-----502.41

Grand Total 3,365,215.75

Analysis of Expenditures - (Article 331 (Cont'd))

Article	103	110	111	112	113
Int-Marco					
rt-de-Paix					
rt-an-Prince					
St-Gosse	8.60				
Remis					
Compt					
Reche	74.25			10.00	
Salves				7.00	
Yes					
D-Hallen					
Total	82.15			17.00	

Article	114	Total	Personnel	Material	Source
Int-Marco	48,610.73	58,150.73	18,150.73	18,001.97	480.00
rt-de-Paix	31,003.60	31,288.23	21,288.23	11,937.28	500.00
rt-an-Prince	521,218.73	321,207.84	182,224.40	138,983.44	2,224.40
St-Gosse	38,803.00	30,780.17	15,448.98	15,331.19	304.00
Remis	38,900.00	23,120.70	13,771.50	13,771.50	
Compt	58,700.33	34,822.00	24,071.33	21,624.80	708.00
Reche	63,241.28	40,861.93	29,988.71	20,873.22	
Salves	48,320.01	27,321.30	18,232.22	15,482.33	1,822.75
Yes	87,897.08	40,438.22	23,418.82	23,418.82	782.50
D-Hallen	181,783.25	118,482.33	62,218.82	62,218.82	
Total	1,125,177.93	718,228.18	389,742.24	389,742.24	8,221.65

It will be noted that the total amount expended in each Budgetary Fund was considerably more than the amount voted which is explained by the following table of amounts deposited by the various districts.

Table of Deposits 1926-27

Districts	301 Gourdes	302 Gourdes	310 Gourdes	311 Gourdes	331 Gourdes	Total Gourdes
Cap-Haitien				16,818.79	28,202.25	45,021.04
Cayes				15,963.54	2,842.25	18,805.79
Gonaives				4,053.19	5,162.71	9,215.90
Hinche				2,882.71	2,341.23	5,223.94
Jacmel				4,014.36	2,417.00	6,431.36
Jeremie				2,093.34	230.00	2,323.34
Petit-Goave				4,333.60	1,328.00	5,661.60
Port-au-Prince		10,761.72		70,744.46	98,385.02	179,891.20
Port-de-Paix				7,104.89	1,388.21	8,493.10
Saint-Marc				7,835.61	5,681.70	13,517.31
Total		10,761.72		135,844.49	147,978.37	294,584.58

Recapitulation

Gourdes.

Total Budgetary Funds-----3,070,634.17

Total Deposits-----294,584.58

Grand Total

3,365,218.75

Total Expenditures-----3,352,717.21

Balance of deposits trans. to next year---- 11,932.13

Reverted to treasury-----569.41

Grand Total

3,365,218.75

It will be noted that the total amount expended in each Budgetary Fund was considerably more than the amount voted which is explained by the following table of amounts deposited by the various districts.

Table of Deposits 1924-25

District	301 Counses	302 Counses	310 Counses	311 Counses	312 Counses	Total Counses
Cap-Haitien				12,812.73	24,202.25	12,821.01
Cayes				12,923.24	2,942.22	12,805.72
Genalves				4,022.12	2,122.71	2,212.90
Hinche				2,842.71	2,241.22	2,225.94
Jacmel				4,014.32	2,417.00	2,421.32
Jeremie				2,022.24	2,220.00	2,222.24
Petit-Goave				2,222.20	1,222.00	2,222.20
Port-au-Prince	10,721.72			70,744.42	22,222.22	172,222.22
Port-de-Paix				7,102.22	1,222.21	2,222.10
Saint-Marc				7,222.21	2,221.70	12,217.21
Total	10,721.72			122,222.22	122,222.22	244,222.22

Recapitulation

Total Budgetary Funds	3,070,224.14
Total Deposits	222,222.22
Grand Total	3,292,212.72
Total Expenditures	3,292,212.72
Balance of deposits from the next year	11,222.12
Reverted to treasury	222.11
Grand Total	3,292,212.72

The following table is based on the total amount of funds expended from article 331 (Maintenance of Hospitals) of the Budget and the value of equipment and supplies received from the Supply Depot on Requisitions.

	Daily average of patients.	Subsistence per patient per day	Maintenance per patient per day from article 331.	Received from Supply Depot on Requisitions	Total maintenance per patient per day including salaries of personnel.
DISTRICTS		Gourdes	Gourdes	Gourdes	Gourdes
Cap-Haitien	163	0.81	1.06	60,895.52	4.08
Cayes	78	0.82	1.67	41,454.17	4.61
Gonaives	51	1.12	0.78	36,281.03	4.54
Hinche	25	1.25	2.45	34,435.13	10.58
Jacmel	52	0.93	1.27	33,711.96	4.87
Jeremie	24	1.18	1.57	14,672.48	5.98
Petit-Goave	59	0.49	0.74	34,453.93	3.31
Port-au-Prince	282	0.97	1.65	127,309.58	6.40
Port-de-Paix	20	0.90	1.55	20,361.69	7.45
Saint-Marc	26	1.09	1.84	5,875.77	5.43

The following table is based on the total amount of funds expended from article 331 (Maintenance of Hospitals) of the Budget and the value of equipment and supplies received from the Supply Depot on Hospitaliers.

DISTRICTS	To equipment and supplies	For maintenance of equipment	For hospital equipment	For hospital equipment not included in the above	For hospital equipment not included in the above	For hospital equipment not included in the above
Saint-Mary	25	1.00	1.34	5,625.77	5.43	
Port-de-Paix	20	0.20	1.25	27,361.63	7.45	
Port-au-Prince	282	0.27	1.22	127,303.28	2.40	
Port-Gouave	29	0.49	0.74	24,422.03	2.31	
Jeremie	24	1.12	1.27	14,872.48	2.26	
Les Cayes	22	0.22	1.27	23,711.06	4.87	
Windward	22	1.22	2.42	24,422.12	10.26	
Gonaives	21	1.12	0.78	26,261.02	4.24	
Cayes	78	0.22	1.27	41,422.17	4.21	
Cap-Haitien	123	0.21	1.02	66,625.22	4.08	

EXPLANATORY NOTES: Amounts are in gourdes. One gourde is equivalent to \$.20.

(a) Sisters; Nurses; certain employees and indigents are also subsisted at each hospital but the average number of patients is used in computing the subsistence per diem.

(b) The high cost of maintenance for Hinche Hospital is due to initial outfit issued to that Hospital which was opened for patients on 23 November 1926.

(c) The maintenance of the Training School for Nurses and Public Health Laboratory are included in the maintenance of the Port-au-Prince Hospital also part salaries for certain Haitian Doctors who are studying abroad.

(d) High cost of subsistence for a low daily average of patients is at times due to several factors, namely - cost of transportation; poor market facilities; high cost of ice and fuel; also lack of proper supervision as to waste and issue of foods prior to preparation.

(e) The same applies to Medical Supplies and other material obtained from the Supply Depot on requisition. Strict observance of issues and their actual use would result in greater economy.

(f) Administrators of all hospitals are urged to enforce stricter economy. In this respect the above figures are of interest and value.

A comparison of the Budgets 1925 to 1926 and 1926 to 1927 is shown in the following table:

	<u>1925-26</u>	<u>1926-27</u>
Administration		
Supplies furniture, etc. Gdes. (	549,000.00	135,000.00
Medical School		75,480.00
Sanitation and Quarantine	828,000.00	879,600.00
Hospitals	<u>873,000.00</u>	<u>1,030,980.00</u>
Total	2,250,000.00	3,070,634.17

A comparison of the Supplemental Credits voted in 1925-1926 and 1926-1927 is shown in the following table:

	<u>1925-26</u>	<u>1926-27</u>
Hospitals	0.00	152,694.17

EXPLANATORY NOTES: Amounts are in pounds. One pound is equivalent to \$2.

(a) Sisters; Nurses; certain employees and attendants are also employed at each hospital but the average number of patients is used in computing the expenditure per item.

(b) The high cost of maintenance for Epping Hospital is due to the fact that it is the only hospital which was opened for patients on 22 November 1926.

(c) The maintenance of the Training School for Nurses and Public Health Laboratory are included in the maintenance of the Port-of-Spain Hospital also part salaries for certain Hospital Doctors who are working aboard.

(d) High cost of expenditure for a low daily average of patients is at times due to several factors, namely - cost of transportation; poor market facilities; high cost of ice and fuel; also lack of proper supervision as to waste and issue of food prior to preparation.

(e) The same applies to Medical Supplies and other material obtained from the Supply Depot on requisition. Strict observance of issues and their actual use would result in greater economy.

(f) Administrators of all hospitals are urged to enforce strict economy. In this respect the above figures are of interest and value.

A comparison of the Budgets 1926 to 1928 and 1926 to 1927 is shown in the following table:

	1926-27	1927-28
Hospitals	873,000.00	873,000.00
Sanitation and Quarantine	828,000.00	828,000.00
Medical School	75,400.00	75,400.00
Supplies Furniture, etc.	948,234.14	948,234.14
Administration	125,000.00	125,000.00
Total	2,829,000.00	2,829,000.00

A comparison of the Supplemental Credits voted in 1926-1927 and 1927-1928 is shown in the following table:

	1926-27	1927-28
Hospitals	125,000.00	125,000.00

Extraordinary Credits 1925-26

Credit No.	Name	Amount- Gourdes	Balance 9-30-26	Balance 9-30-27	Expended
086-	Permanent Sanitary Improvements	500,000.00	264,145.01	5,199.92	253,945.09
088-	X-Ray Apparatus	15,000.00	4,005.60	0.00	4,005.60
089-	Medical & Surgical Supplies	300,000.00	29,188.90	0.00	29,188.90
092-	Purchase of land for Insane Hosp. Quarantine Station & Aid. Cayes Hosp.	140,000.00	118,127.00	784,655.95	33,471.05
094-	Rural Dispensaries (2)	45,000.00	10,071.21	0.00	10,071.21
095-	Plumbing, Haitian General Hospital	51,000.00	51,000.00	14,451.57	36,548.43
097-	Additions to Hospital, St. Marc	50,000.00	47,324.05	0.00	47,324.05
096-	New ward Haitian General Hospital	48,000.00	48,000.00	0.00	48,000.00
098-	Hosp. and land at Petit-Goave	75,000.00	60,149.41	1,543.24	58,606.17
099-	Combined building at Hinche Hosp. Material and Supplies for Medical	5,000.00	5,000.00	0.00	5,000.00
120-	School	50,000.00	48,977.37	9,843.57	39,133.80
127-	Construction of new Med. School	300,000.00	296,170.98	0.00	296,170.98
128-	Improvements to Haitian Gen. Hosp.	156,000.00	156,000.00	2,310.09	153,689.91
129-	Improvements to Hinche Hospital Operating rooms at St. Marc,	26,500.00	26,500.00	8,627.62	17,872.38
130-	Gonaives and Cayes	100,000.00	100,000.00	35,342.73	64,657.62
131-	Additions to Hosp. at Port-de-Paix	55,000.00	55,000.00	16,079.06	38,920.94
132-	Repairs, Jacmel Hospital	9,000.00	9,000.00	0.00	9,000.00
133-	Repairs, painting, dispensary, basin & shower at Jeremie Hospital	33,000.00	33,000.00	2,735.63	30,264.37
134-	Rural Dispensaries	144,000.00	144,000.00	35,413.29	108,586.71
135-	Additions to Sup. Depot & Garage	26,500.00	25,120.00	0.00	25,120.00
139-	Purchase of land for Rural Disp. Improvements to Hospitals at	10,600.00	6,176.05	1,941.52	4,234.53
140-	St. Marc and Petit-Goave	74,000.00	74,000.00	74,000.00	0.00
141-	Payment of Customs duties	25,000.00	24,096.12	0.00	24,096.12

This sum has been reverted to the Treasury on August 22, 1927.

Expenditures for the year 1927-28

Item No.	Name	Balance 1-1-27	Balance 1-1-28	Expenditures
1	Payment of Customs duties	24,000.00	24,000.00	24,000.00
2	St. Mary and Petit-Goave	74,000.00	74,000.00	0.00
3	Improvements to Hospital at	10,000.00	10,000.00	0.00
4	Purchase of land for Rural Disp.	1,000.00	1,000.00	1,000.00
5	Additions to Supp. Depot & Garage	25,500.00	25,500.00	0.00
6	Rural Dispensaries	141,000.00	141,000.00	0.00
7	Shower at Jérémie Hospital	23,000.00	23,000.00	23,000.00
8	Repairs, Jacmel Hospital	9,000.00	9,000.00	0.00
9	Additions to Hosp. at Port-au-Prince	55,000.00	55,000.00	0.00
10	Convales and Caves	100,000.00	100,000.00	0.00
11	Operating rooms at St. Mary	28,500.00	28,500.00	0.00
12	Improvements to Hincus Hospital	28,500.00	28,500.00	0.00
13	Improvements to Haitian Gen. Hosp.	125,000.00	125,000.00	0.00
14	Construction of new Med. School	300,000.00	300,000.00	0.00
15	School	50,000.00	50,000.00	0.00
16	Material and Supplies for Medical	50,000.00	50,000.00	0.00
17	Combined building at Hincus Hosp.	5,000.00	5,000.00	0.00
18	Hosp. and land at Petit-Goave	75,000.00	75,000.00	0.00
19	New ward Haitian General Hospital	28,000.00	28,000.00	0.00
20	Additions to Hospital, St. Mary	50,000.00	50,000.00	0.00
21	Printing, Haitian General Hospital	51,000.00	51,000.00	0.00
22	Rural Dispensaries (2)	15,000.00	15,000.00	0.00
23	Quarantine Station & 4th Caves Hosp.	150,000.00	150,000.00	0.00
24	Purchase of land for Hincus Hosp.	10,000.00	10,000.00	0.00
25	Medical & Surgical Supplies	300,000.00	300,000.00	0.00
26	St. Mary Hospital	15,000.00	15,000.00	0.00
27	St. Mary Hospital	15,000.00	15,000.00	0.00
28	St. Mary Hospital	15,000.00	15,000.00	0.00
29	St. Mary Hospital	15,000.00	15,000.00	0.00
30	St. Mary Hospital	15,000.00	15,000.00	0.00
31	St. Mary Hospital	15,000.00	15,000.00	0.00
32	St. Mary Hospital	15,000.00	15,000.00	0.00
33	St. Mary Hospital	15,000.00	15,000.00	0.00
34	St. Mary Hospital	15,000.00	15,000.00	0.00
35	St. Mary Hospital	15,000.00	15,000.00	0.00
36	St. Mary Hospital	15,000.00	15,000.00	0.00
37	St. Mary Hospital	15,000.00	15,000.00	0.00
38	St. Mary Hospital	15,000.00	15,000.00	0.00
39	St. Mary Hospital	15,000.00	15,000.00	0.00
40	St. Mary Hospital	15,000.00	15,000.00	0.00
41	St. Mary Hospital	15,000.00	15,000.00	0.00
42	St. Mary Hospital	15,000.00	15,000.00	0.00
43	St. Mary Hospital	15,000.00	15,000.00	0.00
44	St. Mary Hospital	15,000.00	15,000.00	0.00
45	St. Mary Hospital	15,000.00	15,000.00	0.00
46	St. Mary Hospital	15,000.00	15,000.00	0.00
47	St. Mary Hospital	15,000.00	15,000.00	0.00
48	St. Mary Hospital	15,000.00	15,000.00	0.00
49	St. Mary Hospital	15,000.00	15,000.00	0.00
50	St. Mary Hospital	15,000.00	15,000.00	0.00

The sum has been reported to the Treasury on August 22, 1927.

Extraordinary Credits 1926-27

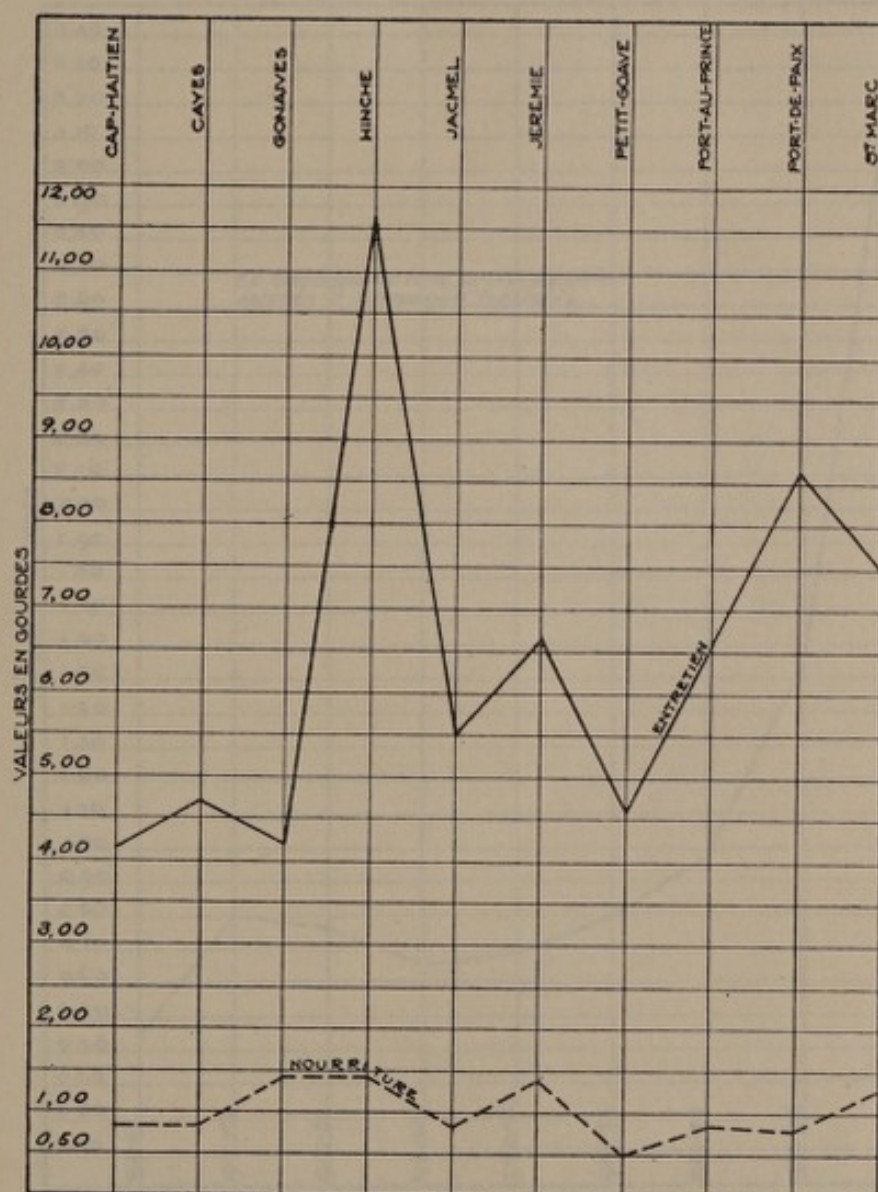
edit No.	Name	Amount Gourdes	Balance 9-30-27	Expended
71-	Completion of Hospital St. Marc and Petit Goave	9,600.00	473.89	9,126.11
72-	Improvements Haitian General Hospital	33,500.00	0.00	33,500.00
73-	Repairs of Hospital Building, St. Marc	2,000.00	0.00	2,000.00
74-	Fencing of Quarantine Station and Insane Properties	3,500.00	0.00	3,500.00

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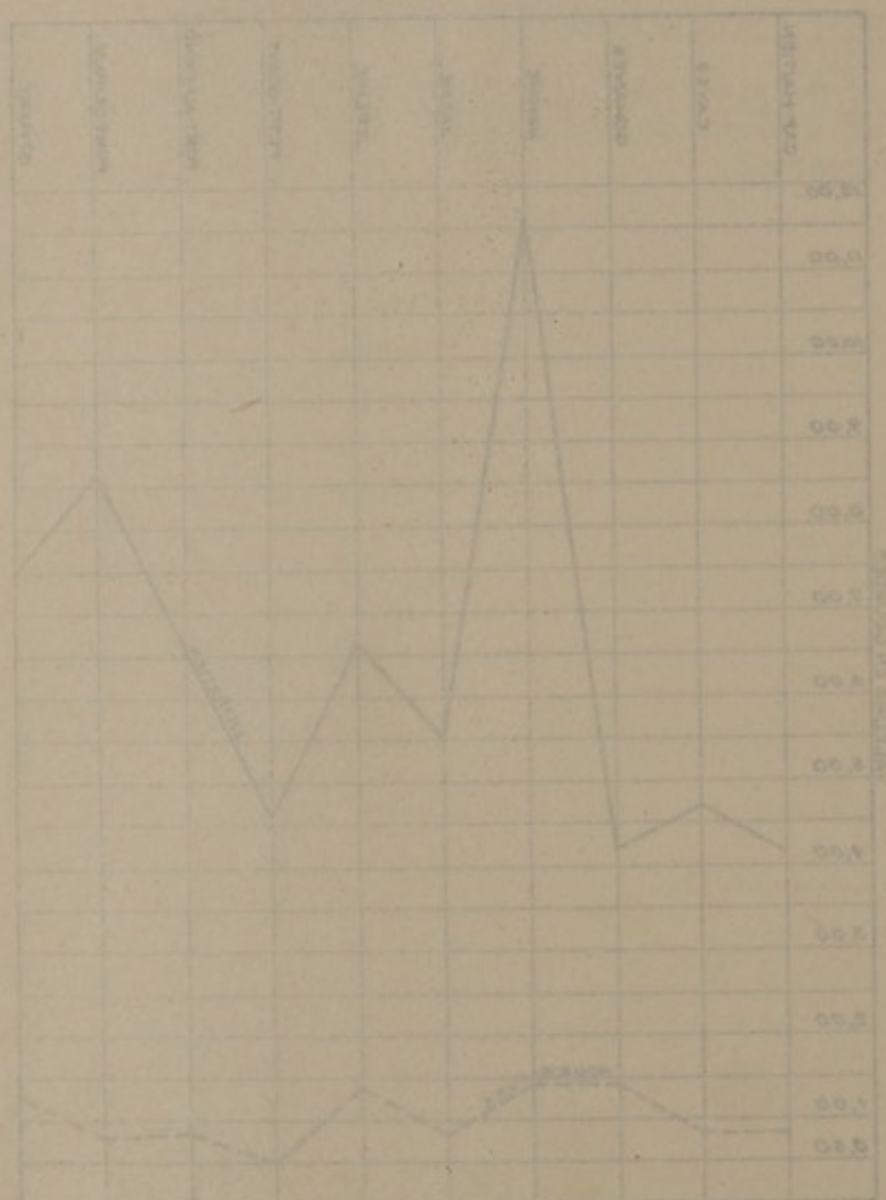
Expenditures for 1926-27

Item No.	Name	Amount	Balance	Expended
1	Completion of Hospital St. Mary's	2,500.00	475.87	2,124.13
2	Improvements Hospital St. Mary's	33,200.00	0.00	33,200.00
3	Repairs of Hospital Building St. Mary's	2,000.00	0.00	2,000.00
4	Building of new building St. Mary's	2,500.00	0.00	2,500.00

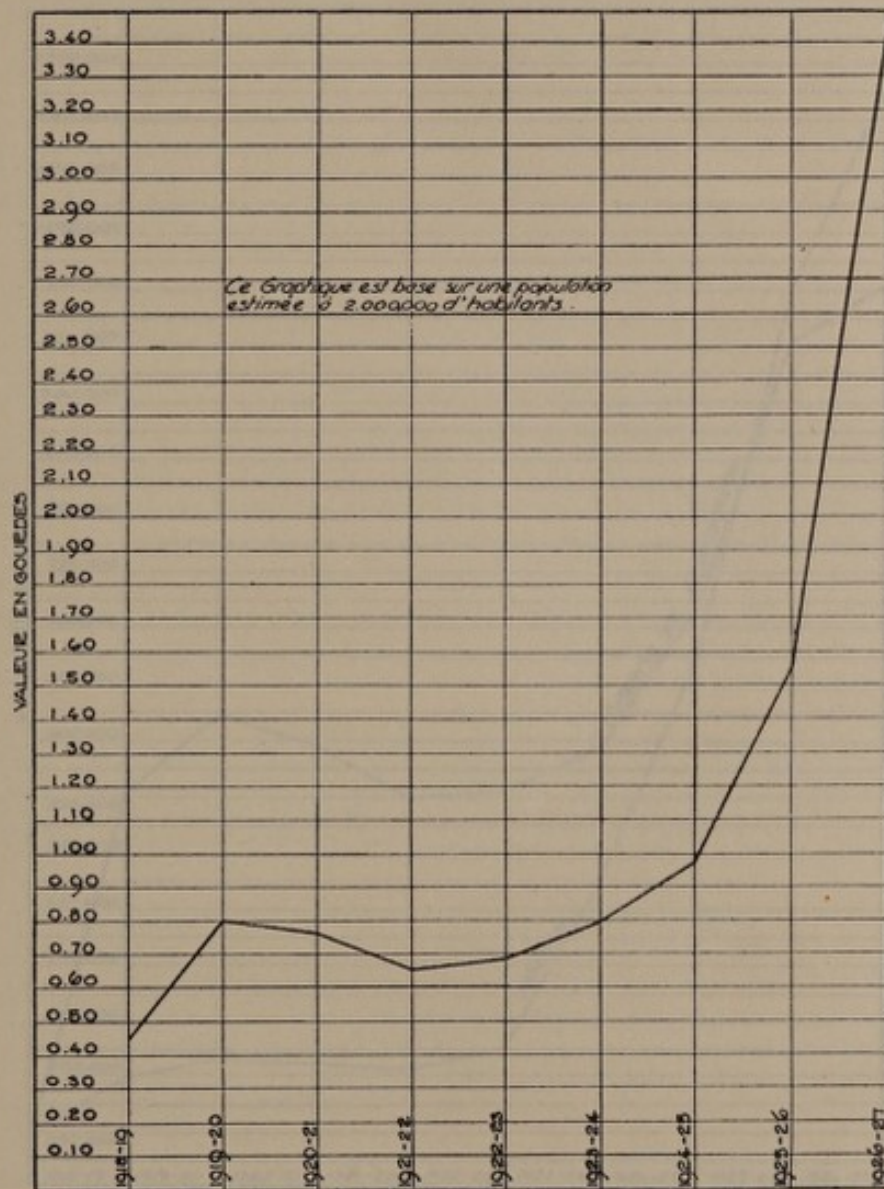
SERVICE D'HYGIENE
HOPITAUX
FRAIS D'ENTRETIEN & DE NOURRITURE
1926-1927



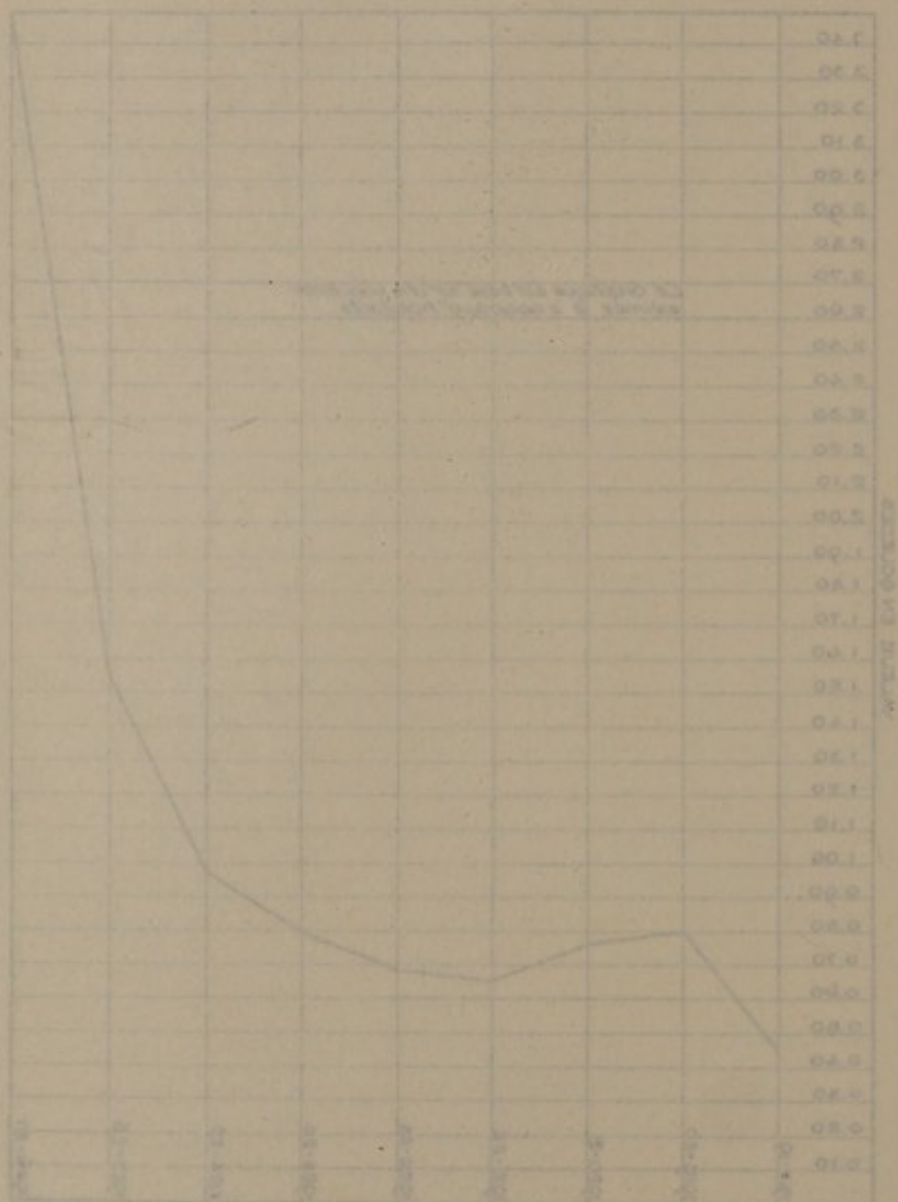
FARM DIVERSITY & DEVELOPMENT
 1950-1955



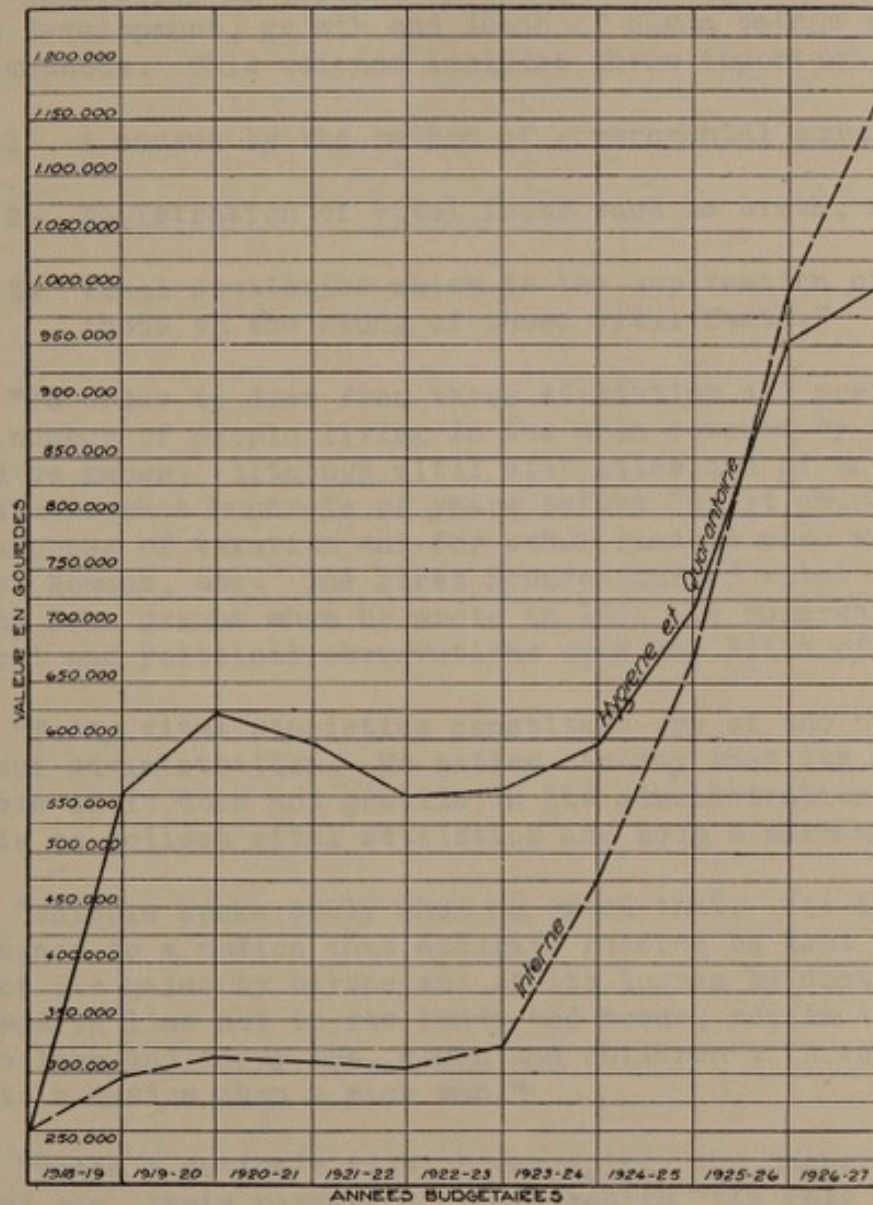
SERVICE D'HYGIENE
DEPENSES PAR PERSONNE
1918 - 1927



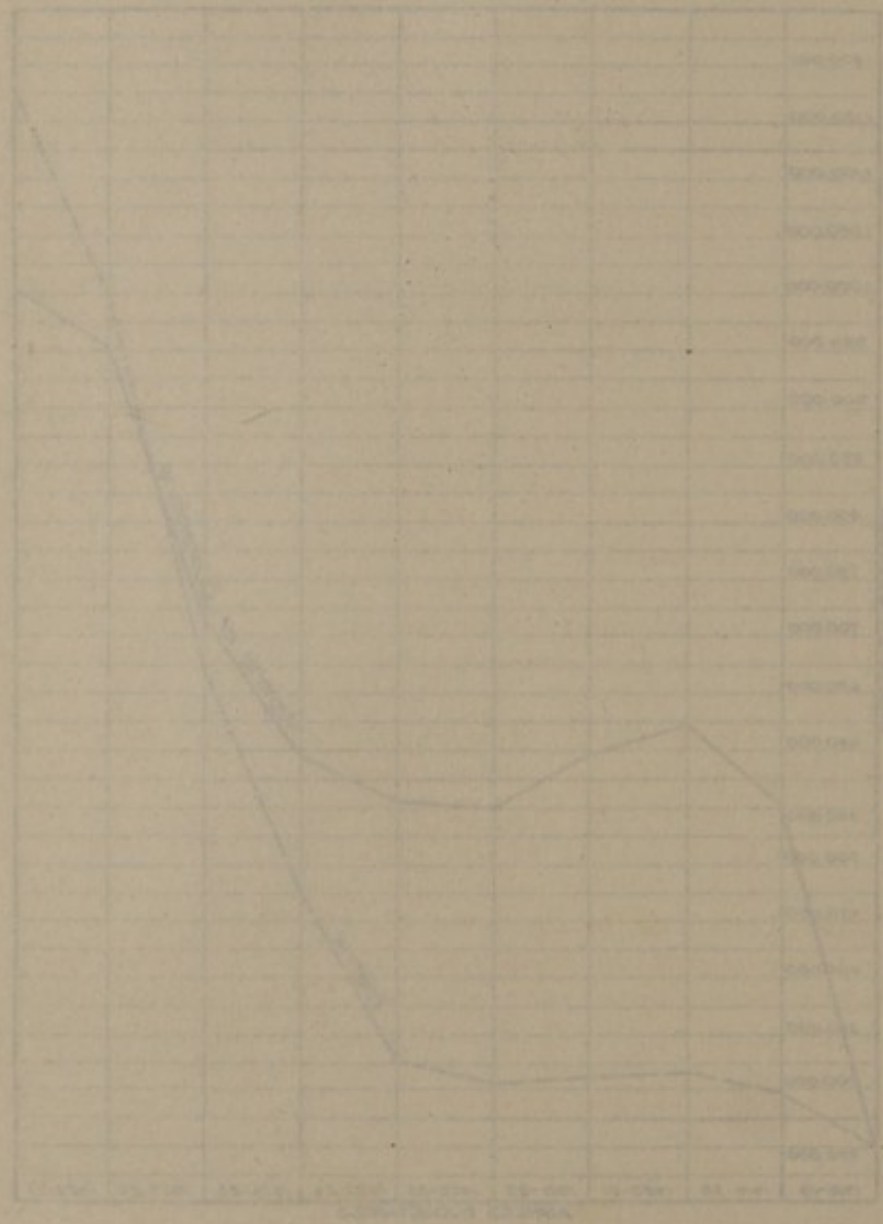
DEPT. OF AGRICULTURE BUREAU OF PLANT INDUSTRY WASHINGTON, D. C.



SERVICE D'HYGIENE
 DEPENSES
 POUR HYGIENE & INTERNEMENT
 1918-1927



1934-1935
 DEPT. OF AGRICULTURE
 BUREAU OF ENTOMOLOGY
 REPORT OF THE ENTOMOLOGICAL SURVEY OF THE UNITED STATES



VITAL STATISTICS.

Value of Vital Statistics and Presentation of
some by the Public Health Service.
July-December 1926.

"Demography as defined by Whipple is the science of human generation, of the development, growth and death of human beings as studied by statistical methods. This science includes three important divisions: to wit:

1. A census by the method of governmental enumeration.
2. Registration of vital facts such as birth, sickness and death.
3. Vital statistics which is the application of statistical methods to the study of these vital facts."

"In order to draw from these statistics all possible information, the exact number of people living in the area covered by these statistics should be known. Although vital statistics are of modern creation, history states that hundreds of years before Christ enumerations of people for purposes of taxation and for other reasons were made by the Egyptians, Greeks, Romans, etc. The first foundations of vital statistics were laid by John Graunt when he wrote in 1662 his remarkable book entitled "Natural and Political observations upon the Bills of Mortality".

"Today vital statistics constitute one of the activities of a Government administration. No nation can say that its administration is complete if it does not provide in its administration for a service whose duty is to collect vital statistics and keep a permanent record of same."

"Whipple spoke truly when he stated that: "It is of the greatest importance to a nation that accurate records be kept of its vital capital, of its gains by births and of its losses by deaths, for a nation's true wealth lies not in its lands and herds, nor in its dollars, but in its healthy and happy men, women and children". A well man is worth more to a nation than a sick man."

"Hence a nation's vital bookkeeping, the number of people, their age and sex, their parentage, their health, the rate of births and deaths are matters of great moment."

"The registration of births and deaths is of the utmost importance for all members of a community. Not only are they necessary for the studies of diseases and preventive measures, but also in all questions relating to heredity, legitimacy, ownership and identity."

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Value of Vital Statistics and Presentation of
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July-December 1932.

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"The registration of birth and death is of the utmost importance for all members of a community. Not only are they necessary for the studies of disease and preventive measures, but also in all questions relating to heredity, legitimacy, citizenship and identity."

"In a civilized country a human being should not be allowed to die and be buried without these facts being recorded."

"The late Mr. Gompers, the great American Labor leader said: "The registration of births and deaths is the basis for vital statistics, it is the necessary foundation for modern health services, hence indispensable for safeguarding the life of the children as well as that of the other members of a community in case of appearance of preventable diseases. x x x x x. "

"The main objects of the registration of births and deaths have been summarized in the three following points by the American Medical Association: First, it provides for a legal record for the protection of the citizens' rights, especially the weak classes, women and children; second, it provides for data on the incidence of diseases which is absolutely necessary for the Public Health Services to render an efficient service; third it supplies information regarding the character and movement of the population."

"How do we find the situation in Haiti? When has a census been made? According to the information collected, Emperor Dessalines attempted to make a census in 1804 which, according to Th. Madicu Fils, gave 825,000 inhabitants. But since that time no attempt to take an accurate census of the population of Haiti has been made (A. Firmin). During Dartiguenave's administration, several methods were tried to effect a reasonable estimate. But on what could these figures be based? The population of Haiti is estimated, if this may be called an estimate at from 2,000,000 to 2,500,000 inhabitants. An estimate, in order to have some value, should be based on some tangible facts. According to my opinion this estimate may be more properly called "a rough guess".

"Therefore the vital statistics as collected in Haiti can only serve to stimulate the Government towards greater efforts."

"There exist actually in Haiti some laws on registration of births, deaths and marriages. These laws are not of a compulsory character, hence, without any value. They provide for a tax of two gourdes for reporting a birth or a death, although the notoriously indigent people are not subject to this tax. This law has been a complete failure as it can be readily seen from the following figures."

"In 1923, 67,784 births were reported; 62,976 in 1924; 75,505 in 1925; and 59,272 in 1926. Guessing that the population of Haiti is 2,500,000 people, we have respectively an annual rate per 1,000 of 27.11; 25.19; 30.20; and 23.62. The great discrepancy that appears in these figures speaks for their inaccuracy. The figures for the death are still worse. In 1923, 10,030 deaths were reported; 15,403 in 1924; 16,295 in 1925; and 15,439 in 1926 with an annual rate per thousand of 6.41; 6.16; 6.77; and 6.17 respectively."

"It could be reasonably thought that the actual death rate is about 30 per thousand and that of births is a little higher."

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"In 1923, 67,784 births were reported; 62,976 in 1924; 75,605 in 1925; and 59,872 in 1926. Assuming that the population of Haiti is 2,500,000 people, we have respectively an annual rate per 1,000 of 27.11; 25.19; 30.23; and 23.52. The great discrepancy that appears in these figures speaks for their inaccuracy. The figures for the death are still worse. In 1923, 10,030 deaths were reported; 15,405 in 1924; 16,395 in 1925; and 18,439 in 1926 with an annual rate per thousand of 4.41; 6.16; 6.57; and 7.37 respectively."

"It could be reasonably thought that the actual death rate is about 30 per thousand and that of births is a little higher."

"But, how could Haiti improve her method of collecting vital statistics? Although we agree that the Republic could probably not defray the expenses of a complete and accurate census of the whole country, nevertheless a partial census of certain areas, for instance the larger towns could be made. With a census thus made, several communes could undoubtedly introduce, in compliance with the modern method, some decrees which would easily be enforced while rendering compulsory the reporting of all births and deaths. These decrees should contain penal dispositions which the *Officiers d'Etat Civil* would be obliged to enforce under penalty. It should be realized that the registration of births and deaths is the duty of the State as well as of its citizens; and should not be the playground for politics and favoritism."

"In this connection attention is called on the importance of keeping in a safe place all data collected. If these model changes could be introduced even in Port-au-Prince, this would be a big step forward."

"In looking over the important causes of deaths, much will be found lacking. The numerical inaccuracy of these statistics has already been discussed."

"The principal imperfection from a medical standpoint is the great number of ill defined causes of deaths reported. The reason is because many people die without the presence of a doctor. This is a very hard problem for the Government to solve. Let us consider for a while the actual distribution of the doctors in Haiti. There are 133 doctors in the Republic. Of this number eighty are located in the Port-au-Prince district of whom 78 are in the city proper, or 60 per cent of the total number. We find 9 in Cap-Haitien, 11 in Aux Cayes, 5 in Gonaives, 2 in Hinche, 8 in Jacmel, 4 in Jeremie, 9 in Petit-Goave, 4 in Port-de-Paix and 6 in Saint-Marc. If the population is 2,500,000 inhabitants we have one doctor to every 18,000 people. It is generally admitted that the proportion in well organized communities is one doctor to every thousand people."

"Draw now your own conclusions. It may be stated that in the larger centers of population there are the proper number of doctors, but the population of the numerous rural sections have no other medical assistance than that offered to them by the Public Health Service through the dispensaries and rural clinics which the Government has just created. This problem is a purely economic one. When the rural people will be able to furnish the practitioners with a clientele and to properly pay their services, we believe that a new distribution will take place. I dare say however that this will not be an accomplished fact before years to come."

"In the present condition, it would be useless to give consideration to the question of obtaining in the rural sections the real causes of deaths, but the exact number of deaths occurring in these localities could be known. In the cities we believe that the situation could be improved. This will mean a closer cooperation on the part of the Haitian Medical profession."

"In all questions pertaining to vital statistics the responsibility of the individual physician is great. The question of impressing its various members to consider this question should be given first place by the Medical Society of Haiti."

"In this connection we must state that the Government, by ratifying the Pan American Sanitary Code, has assumed certain obligations, amongst others that of introducing a better method for collecting statistics of births, deaths and infectious diseases."

"In July 1926, the Director General of the Public Health Service introduced in the various hospitals a new system of records. Many interesting figures are taken from these reports. For instance we see that during the last six months of the year, 4,125 patients have been treated in the various hospitals with a total number of 115,956 sick-days and 34,418 outpatients have been treated in the various hospital dispensaries. These patients have received 104,169 consultations and treatments."

"In the morbidity reports, we find 110 cases of malaria in hospitals with 1,033 sickdays; 3,491 cases have been treated in the hospital dispensaries and have received 4,293 consultations; 68 patients with pulmonary tuberculosis spent 2,234 days in the hospitals; 1,940 patients with treponematoses spent 67,999 days in the hospitals and 15,925 others have been treated in the hospital dispensaries. We also find 99 patients with injuries due to automobile accidents, etc."

"Eight hundred and fifty nine operations have been performed. Of this number 725 have been cured, 110 improved, 4 unimproved and 20 died."

"The statistics of deaths in the various hospitals show 358 deaths. Of this number 34 were aged less than one year, 7 between 1 and 5 years; 6 between 6 and 9 years; 31 between 10 and 19 years; 64 between 20 and 29 years; 46 between 30 and 39 years; 31 between 40 and 49 years; 25 between 50 and 59 years; 32 between 60 and 79 years; 9 between 80 and 100 years; and 70 of unknown age."

"One hundred and eighty two, or the half, died from infectious diseases. Tuberculosis is first in the list of causes of deaths with 81 deaths. Treponematoses and syphilis come second with 52, the diseases of the digestive apparatus, except cancer, are third with 34, the diseases of the respiratory organs, except tuberculosis, are fourth with 29 deaths, and the diseases of the circulatory system come last with 16."

"Twelve persons died of malaria, 6 of cancer and 4 of automobile accidents."

E. Peterson,
Lieut-Commander (MC) U.S.Navy."

"In all questions pertaining to vital statistics the responsibility of the individual physician is great. The question of increasing the number of members to consider this question should be given first place by the Medical Society of Haiti."

"In this connection we must state that the Government, by ratifying the Pan American Sanitary Code, has assumed certain obligations, among others that of introducing a better method for collecting statistics of births, deaths and infectious diseases."

"In July 1925, the Director General of the Public Health Service introduced in the various hospitals a new system of records. Many interesting figures are taken from these reports. For instance we see that during the last six months of the year, 4,125 patients have been treated in the various hospitals with a total number of 115,228 sick-days and 36,418 outpatient-days. These patients have received 104,189 consultations and treatments."

"In the morbidity reports, we find 110 cases of malaria in hospitals with 1,035 sick-days; 3,491 cases have been treated in the hospital dispensaries and have received 4,795 consultations; 68 patients with pulmonary tuberculosis spent 8,324 days in the hospital; 1,942 patients with treponematosis spent 67,099 days in the hospital and 15,922 others have been treated in the hospital dispensary. We also find 99 patients with injuries due to automobile accidents, etc."

"Eight hundred and fifty nine operations have been performed. Of this number 725 have been cured, 110 improved, 4 unimproved and 20 died."

"The statistics of deaths in the various hospitals show 553 deaths. Of this number 34 were aged less than one year, 7 between 1 and 5 years; 6 between 6 and 9 years; 21 between 10 and 19 years; 66 between 20 and 29 years; 46 between 30 and 39 years; 31 between 40 and 49 years; 25 between 50 and 59 years; 32 between 60 and 79 years; 9 between 80 and 100 years; and 70 of unknown age."

"One hundred and eighty two, or the half, died from infectious diseases. Tuberculosis is first in the list of causes of death with 61 deaths. Treponematosis and syphilis come second with 28, the diseases of the digestive apparatus, except cancer, are third with 24, the diseases of the respiratory organs, except tuberculosis, are fourth with 22 deaths, and the diseases of the circulatory system come last with 15."

"Twelve persons died of malaria, 6 of cancer and 4 of automobile accidents."

E. PETERSEN
Lieut-Commander (MC) U.S. Navy."

Births reported in Haiti for the Year 1926.

RICTS.		Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept	Oct.	Nov.	Dec.	Total
Haitian	M	287	482	98	358	245	309	245	221	310	414	54	277	3 300
	F	272	486	96	340	256	299	219	185	283	443	72	314	3265
s	M	182	205	131	179	173	316	411	210	256	327	256	65	2711
	F	177	213	153	181	175	284	393	182	256	335	238	84	2671
ives	M	298	513	132	337	198	244	215	182	253	348	236	292	3248
	F	274	554	151	371	195	222	218	203	211	396	222	286	3303
he	M	57	154	65	197	185	66	162	65	105	124	22	17	1169
	F	67	111	66	239	108	79	181	57	93	144	24	7	1176
el	M	368	486	368	268	191	167	327	327	148	90	286	336	3360
	F	374	510	380	287	213	166	277	277	123	70	272	343	3292
mie	M	243	132	84	188	199	139	139	103	212	176	269	107	1991
	F	247	155	110	178	197	107	123	94	172	170	254	102	1909
t-Goave	M	385	455	247	364	186	210	271	209	224	333	319	235	3438
	F	385	427	269	306	224	161	252	247	187	370	343	214	3385
-au-Prince	M	503	1177	375	592	501	479	348	337	473	458	498	516	6257
	F	543	1110	379	594	423	429	409	318	452	497	510	591	6255
-de-Paix	M	215	131	69	209	210	212	291	196	209	292	154	163	2351
	F	171	126	77	209	224	238	285	217	208	281	173	141	2350
t-Marc	M	8	31	20	296	320	260	196	123	87	140	126	330	1937
	F	12	35	22	327	280	201	199	129	106	156	128	309	1904
Total	M	2546	3766	1587	2988	2358	2402	2605	1973	2277	2702	2280	2338	29762
	F	2522	3727	1703	3062	2295	2186	2556	1909	2091	2862	2236	2391	29510
nd Total		5068	7493	3290	6020	4653	4588	5161	3882	4368	5564	4456	4729	59272

an estimated population of 2,500,000 the annual birth rate per 1,000 is 23.62

an estimated population of 2,500,000 the annual birth rate per 1,000 is 23.62

Births reported in Haiti for the year 1925.

Total		Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Total	M	2846	3786	1987	2968	2358	2402	2605	1973	2277	2702	2380	2328	2975
	F	2822	3727	1703	3042	2398	2188	2556	1909	2091	2662	2232	2291	2921
Total		5668	7513	3690	6010	4756	4590	5161	3882	4368	5364	4612	4619	5896
Haiti	M	215	181	63	209	212	221	196	209	208	208	181	171	2281
	F	171	128	77	209	224	238	208	208	208	208	171	171	2281
Haiti		386	309	140	418	436	459	402	417	416	416	352	342	4562
St. Louis	M	203	117	378	532	501	478	478	478	478	478	478	478	5321
	F	243	110	378	532	501	478	478	478	478	478	478	478	5321
St. Louis		446	227	756	1034	1002	956	956	956	956	956	956	956	10642
St. Louis - Foreign	M	385	452	247	354	186	210	271	208	224	233	219	228	3438
	F	382	427	269	308	181	224	224	224	224	224	224	214	3382
St. Louis - Foreign		767	880	516	662	367	434	495	432	448	457	443	442	6820
St. Louis - Native	M	203	117	378	532	501	478	478	478	478	478	478	478	5321
	F	243	110	378	532	501	478	478	478	478	478	478	478	5321
St. Louis - Native		446	227	756	1034	1002	956	956	956	956	956	956	956	10642
St. Louis - Total	M	203	117	378	532	501	478	478	478	478	478	478	478	5321
	F	243	110	378	532	501	478	478	478	478	478	478	478	5321
St. Louis - Total		446	227	756	1034	1002	956	956	956	956	956	956	956	10642

An estimated population of 2,500,000 the annual birth rate per 1,000 is 23.62

Deaths reported in Haiti for the year 1926.

DISTRICTS		Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept	Oct.	Nov.	Dec.	Total
Haïtien	M	196	140	166	143	109	145	141	100	103	95	130	126	1584
	F	191	149	151	161	131	172	140	103	113	87	134	130	1662
Port-au-Prince	M	48	32	50	41	33	44	33	51	36	49	37	48	502
	F	40	56	46	44	48	48	67	48	48	67	43	42	597
Gonaïves	M	62	86	73	74	60	73	87	78	61	85	77	73	886
	F	55	94	82	81	73	78	84	90	63	72	80	61	913
Cap-Haïtien	M	18	13	20	26	17	25	31	32	29	24	14	33	282
	F	16	16	27	12	10	14	26	32	23	34	11	27	248
Saint-Marc	M	48	58	42	38	29	38	34	34	28	32	35	35	451
	F	55	39	32	33	33	37	32	32	41	21	36	48	439
Saint-Louis	M	22	25	23	14	20	22	14	15	24	15	21	16	231
	F	19	26	16	14	18	12	17	18	31	25	22	21	239
Saint-Goave	M	53	64	70	54	50	43	47	46	44	80	63	69	683
	F	50	66	85	44	54	44	44	43	53	80	74	63	700
Port-au-Prince	M	139	117	153	136	142	126	132	140	97	155	155	150	1642
	F	138	127	148	153	134	131	176	130	136	155	143	164	1735
Saint-Pierre-de-Paix	M	72	76	49	65	58	56	55	64	54	67	65	62	743
	F	70	84	66	68	70	67	82	71	61	71	77	65	852
Saint-Marc	M	6	9	18	42	22	53	86	57	71	51	61	69	518
	F	8	10	14	32	28	49	86	65	46	45	59	60	502
Total	M	664	620	664	633	540	625	650	617	517	653	658	681	7552
	F	642	667	667	642	599	652	754	632	615	657	679	681	7603
Grand Total		1306	1287	1331	1275	1139	1277	1404	1249	1162	1310	1337	1362	15439

an estimated population of 2,500,000 the annual death rate per 1,000 is 6.17

Deaths reported in Haiti for the year 1932.

Age	Sex	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Infants	M	186	110	166	143	109	145	147	100	103	65	180	136	1308
	F	191	149	151	151	131	112	140	103	113	67	136	130	1363
Children	M	40	32	60	41	32	44	33	81	36	49	27	40	302
	F	40	26	48	44	46	46	67	40	38	67	43	42	307
Adults	M	62	66	73	74	69	73	67	79	61	63	77	73	666
	F	55	94	62	61	73	76	64	90	63	73	60	61	613
Total	M	18	13	20	26	14	25	31	32	29	24	14	23	202
	F	16	16	27	18	10	14	26	36	23	34	11	24	246
Total	M	40	66	42	36	29	36	34	34	28	33	30	32	457
	F	22	30	32	33	37	32	36	36	41	21	26	46	450
Total	M	22	22	23	14	20	22	14	18	24	12	21	16	221
	F	19	26	16	14	16	12	17	16	21	22	22	21	226
Total	M	23	64	70	64	50	62	47	46	42	60	62	62	663
	F	20	66	62	44	51	44	44	45	32	60	74	62	700
Total	M	139	114	153	126	142	126	122	140	97	152	152	150	1512
	F	136	127	146	123	124	121	126	120	126	122	122	120	1422
Total	M	72	76	49	62	56	56	52	64	56	67	62	62	742
	F	70	64	66	63	70	67	62	71	61	71	77	66	622
Total	M	8	9	16	42	22	23	26	27	42	21	21	20	220
	F	8	10	14	32	26	49	26	22	46	42	20	20	202
Total	M	624	620	664	633	540	622	626	617	612	612	626	621	7222
	F	642	667	667	642	599	662	724	632	612	626	626	621	7222
Total		1306	1287	1321	1275	1132	1277	1404	1249	1224	1238	1252	1242	14440

An estimated population of 2,500,000 the annual death rate per 1,000 is 8.15

Causes of Deaths - Year 1926.

		<u>Male</u>	<u>Female</u>	<u>Total</u>
I. EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES.				
1a	Typhoid Fever	15	24	39
5	Malaria	328	383	711
7	Measles	14	15	29
9	Whooping cough	10	10	20
11b	Influenza	16	15	31
15	Cholera nostras	4	4	8
16a	Dysentery (amoebic)	6	3	9
16b	Dysentery (bacillary)	8	10	18
16c	Dysentery	113	98	211
20	Leprosy	2		2
25	Chicken pox		1	1
28	Rabies	2	1	3
29	Tetanus	18	8	26
31	Tuberculosis of lungs	221	263	484
31	Tuberculosis of larynx	1	2	3
33	Tuberculosis of intestine	1		1
33	Tuberculosis of peritoneum	1		1
38e	Syphilis (treponematoses)	142	140	282
41	Septicemia	12	7	19
II. GENERAL DISEASES NOT INCLUDED IN CLASS I.				
43	Cancer of tongue	2		2
44	Cancer of stomach	1		1
44	Cancer of oesophagus	1		1
44	Cancer of liver	1		1
45	Cancer of intestine	1		1
46	Cancer of uterus		1	1
47	Cancer of breast		2	2
49	Cancer	8	10	18
50	Tumor	1	3	4
51	Acute rheumatic fever	12	9	21
52	Chronic rheumatism	19	21	40
56	Rickets	1	2	3
57	Diabetes		1	1
58a	Pernicious anemia	2	3	5
58b	Anemia	5	4	9
61	Tetany	1		1
66	Alcoholism	2		2
69	Hemophilia	1		1
69	Autointoxication	1		1
III. DISEASES OF THE NERVOUS SYSTEM & OF THE ORGANS OF SPECIAL SENSE				
71	Meningitis	3	1	4
72	Locomotor Ataxia	1		1

Cases of Deaths - Year 1926:

Male Female Total

I. EPIDEMIC, INFECTIVE AND INFECTIOUS DISEASES.

41	Septicemia	12	7	19
42	Syphilis (treponematosis)	12	140	152
43	Tuberculosis of pericardium	1		1
44	Tuberculosis of intestine	1		1
45	Tuberculosis of larynx	1	2	3
46	Tuberculosis of lungs	221	223	444
47	Tetanus	14	0	14
48	Rabies	2	1	3
49	Chicken pox		1	1
50	Dysentery	2		2
51	Dysentery (bacillary)	113	20	133
52	Dysentery (amoebic)	6	10	16
53	Cholera nostras	4	3	7
54	Influenza	16	18	34
55	Whooping cough	10	10	20
56	Measles	14	13	27
57	Malaria	328	383	711
58	Typhoid fever	12	24	36

II. GENERAL DISEASES NOT INCLUDED IN CLASS I.

59	Anticoagulation	1		1
60	Hemophilia	1		1
61	Alcoholism	2		2
62	Tetany	1		1
63	Anemia	2	4	6
64	Parasiticus anemia	2	2	4
65	Diabetes	1	1	2
66	Rickets	1	2	3
67	Chronic rheumatism	12	21	33
68	Acute rheumatic fever	12	9	21
69	Tumor	1	3	4
70	Cancer	4	10	14
71	Cancer of breast		2	2
72	Cancer of uterus		1	1
73	Cancer of intestine	1		1
74	Cancer of liver	1		1
75	Cancer of esophagus	1		1
76	Cancer of stomach	1		1
77	Cancer of tongue	2		2

III. DISEASES OF THE NERVOUS SYSTEM & OF THE ORGANS OF SPECIAL SENSES

78	Locomotor Ataxia	1		1
79	Meningitis	2	1	3

		<u>Male</u>	<u>Female</u>	<u>Total.</u>
73	Myelitis		1	1
74a	Cerebral Hemorrhage	14	15	29
74a	Cerebral congestion	8	7	15
74a	Apoplexy	8	5	13
75	Paralysis	5	3	8
75a	Hemiplegia)	5		5
75b	Paraplegia	1		1
76	Dementia paralytic	1		1
77	Dementia		1	1
78	Epilepsy)	2	2	4
80	Infantile convulsions	3	2	5
80	Eclampsia		1	1
82	Neuritis	4	4	8
84	Paralysis agitans		1	1
86a	Otitis	1	1	2
86b	Mastoiditis	1		1

IV. DISEASES OF THE CIRCULATORY SYSTEM.

87	Pericarditis	1		1
88	Endocarditis, acute	3	5	8
88	Myocarditis, acute	4	6	10
89	Angina pectoris	3	3	6
90	Cardiac insufficiency	4	6	10
90	Cardiac degenerescence		1	1
90	Myocarditis, chronic	1		1
90	Cardiopathy	17	23	40
90	Valvular lesion		2	2
91a	Aneurysm	2	1	3
91b	Arteriosclerosis	3	1	4
92	Embolism	1		1
93	Hemorrhoids		1	1
94	Lymphangitis		1	1

V. DISEASES OF THE RESPIRATORY SYSTEM.

98	Laryngitis	2	1	3
99a	Bronchitis, acute	12	13	25
99b	Bronchitis, chronic	3	1	4
99c	Bronchitis	5	6	11
100a	Bronchopneumonia	35	25	60
101a	Pneumonia, lobar	7	3	10
101b	Pneumonia	19	30	49
102	Pleurisy	13	7	20
103	Congestion of lung	2	2	4
104	Gangrene of lung	1		1
105	Asthmatic bronchitis	7	6	13
106	Pulmonary emphysema		2)	2
107c	Hemoptysis	1	1	1
107c	Pulmonary hemorrhage	1		1

	Male	Female	Total
Myelitis	1	1	2
Cerebral hemorrhage	14	15	29
Cerebral congestion	6	7	13
Apoplexy	6	5	11
Paralysis	5	3	8
Hemiplegia	3		3
Paraplegia	1		1
Dementia paralytica	1		1
Dementia		1	1
Epilepsy	2	2	4
Infantile convulsions	2	2	4
Eclampsia		1	1
Neuritis	4	4	8
Paralysis agitans	1	1	2
Otitis	1	1	2
Neuritis	1		1

IV. DISEASES OF THE CIRCULATORY SYSTEM.

Pericarditis	1		1
Endocarditis, acute	3	5	8
Myocarditis, acute	4	6	10
Angina pectoris	3	3	6
Coronary insufficiency	4	6	10
Coronary degeneration	1	1	2
Myocarditis, chronic	1		1
Cardiopathy	14	23	37
Valvular lesion		2	2
Aneurysm	2	1	3
Atherosclerosis	3	1	4
Embolism	1		1
Hemorrhoids		1	1
Lymphangitis		1	1

V. DISEASES OF THE RESPIRATORY SYSTEM.

Laryngitis	2	1	3
Bronchitis, acute	12	13	25
Bronchitis, chronic	5	1	6
Bronchitis	5	6	11
Bronchopneumonia	25	22	47
Pneumonia, local	7	3	10
Pneumonia	12	20	32
Pleurisy	12	7	19
Congestion of lung	2	2	4
Edema of lung	1		1
Asthmatic bronchitis	7	6	13
Primary emphysema		2	2
Hemoptysis	1	1	2
Pulmonary hemorrhage	1		1

	<u>Male</u>	<u>Female</u>	<u>Total</u>
VI. DISEASES OF THE DIGESTIVE SYSTEM.			
109 Angina of tonsil	1		1
109b Tonsillitis	2	2	4
110 Ulcer of oesophagus	1		1
111a Ulcer of stomach	3	1	4
112 Gastritis, chronic	6	7	13
113 Enteritis	20	47	67
114 Enteritis	96	94	190
114 Gastro enteritis	14	14	28
115 Ancylostomiasis	4		4
116 Diseases due to intestinal parasites		4	4
116c Hematodes	4	2	6
116f Intestinal parasites	100	83	183
117 Appendicitis	1		1
118a Hernia, strangulated	1		1
118 Intestinal obstruction	6	3	9
118a Hernia	10		10
119 Rectovaginal fistula		1	1
119b Hemorrhage of intestine	6	1	7
122a Cirrhosis of liver, alcoholic	1		1
122b Hepatitis	1	1	2
122b Atrophic cirrhosis of liver	1	1	2
122b Cirrhosis of liver	20	1	21
124 Hepatitis	2		2
124 Suppurative hepatitis	3		3
124 Hepatic congestion		1	1
124 Icterus	2		2
126 Peritonitis, acute	5	3	8
VII. NON VENEREAL DISEASES OF THE GENITO URINARY SYSTEM AND ANNEXA.			
128 Acute nephritis	31	27	58
129 Chronic nephritis	22	27	49
129 Uremia	3	1	4
131 Hemoglobinuric fever		1	1
131 Renal insufficiency	1		1
131 Pyelonephritis	2		2
133 Retention of urine	3	1	4
133 Cystitis	2		2
134 Urinary fistula	2		2
134b Urinary infiltration	1		1
137 Cyst of ovary		3	3
138 Salpingitis		1	1
139 Tumor of uterus		1	1
139 Fibroma of uterus		9	9
140 Hemorrhage of uterus (non puerperal)		2	2
141 Metrovaginitis		1	1
VIII. THE PUERPERAL STATE.			
144 Puerperal hemorrhage		3	3

	<u>Male</u>	<u>Female</u>	<u>Total.</u>
145 Difficult labor		28	28
146 Puerperal infection		14	14
148 Eclampsia gravidarum		1	1
148 Puerperal eclampsia		12	12
148 Puerperal albuminuria		1	1
148 Following child birth		4	4

IX. DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.

151 Gangrene of foot	2	1	3
153 Abscess of arm	5	2	7

X. DISEASES OF THE BONES AND OF THE ORGANS OF LOCOMOTION.

157 Arthritis	2		2
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XI. MALFORMATION.

159 Congenital hydrocephalus	1		1
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XII. EARLY INFANCY.

160 Congenital debility	9	12	21
161 Premature birth	1	2	3
163 Lack of care	10	14	24

XIII. OLD AGE.

164 Senility	174	199	373
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XIV. EXTERNAL CAUSES.

168 Suicide by hanging		1	1
179 Suicide by firearms	1		1
174 Suicide		1	1
177 Accidental poisoning	1	1	2
179 Burn, accidental	7	7	14
180 Accidental mechanical suffocation	1		1
182 Accidental drowning	9	1	10
183 Traumatism by firearms	3		3
184 Traumatism by cutting instrument		1	1
188c Traumatism by automobile	4	1	5
189 Kick		1	1
192b Misery	7	8	15
195 Lighting	1		1
197 Homicide by firearms	1		1
198 Homicide by cutting instrument		2	2
201 Fracture of skull	1	2	3
202 Wounds	2	1	3

XV. ILL DEFINED DISEASES.

205b Unknown causes	5,753	5,985	11,768
	7,552	7,087	15,439

DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.			
145	Difficult labor	23	23
146	Prophyl. infection	14	14
147	Scalpitis (scutiger)	1	1
148	Scalpitis (scutiger)	12	12
149	Scalpitis (scutiger)	1	1
150	Scalpitis (scutiger)	2	2
IX. DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.			
151	Carcinoma of foot	1	1
152	Abscess of ear	2	2
X. DISEASES OF THE JAWS AND OF THE ORGANS OF LOCOMOTION.			
153	Arthritis	2	2
XI. MALFORMATION.			
154	Congenital hydrocephalus	1	1
XII. EARLY DEATH.			
155	Congenital debility	2	2
156	Premature birth	1	1
157	Lack of care	10	10
XIII. OLD AGE.			
158	Senility	174	199
XIV. EXTERNAL CAUSES.			
159	Suicide by hanging	1	1
160	Suicide by fire	1	1
161	Suicide	1	1
162	Accidental poisoning	1	1
163	Burn, accidental	2	2
164	Accidental mechanical suffocation	1	1
165	Accidental drowning	1	1
166	Transfusion by fire	3	3
167	Transfusion by cutting instrument	1	1
168	Transfusion by automobile	4	4
169	Kick	7	8
170	Missery	1	1
171	Lightning	1	1
172	Homicide by fire	2	2
173	Homicide by cutting instrument	2	2
174	Fracture of skull	1	1
175	Tumors	2	2
XV. ALL PERIOD DISEASES.			
176	Unknown cause	2,723	2,723
177		7,807	11,723
178		12,430	12,430

[illegible]

[illegible]

at. No.	CAUSE OF DEATH.	Sex	Total death	under 1 yr. 1 to 5	6 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 79	80 to 100	Age unknown
11a	Pneumonia, lobar	M				1	2						2
		F	2			1			1				
12	Pleurisy	M	1						1				
		F											
13	Congestion of lung	M	3										3
		F											
14	Gangrene of lung	M	1				1						
		F											
15	Asthma	M	4				1		1	1			1
		F											
VI. DISEASES OF THE DIGESTIVE SYSTEM			34	13	2		1	5	4	2	1		7
		M	19	5	1		1	4	2	1			5
		F	15	8	1			1	2		1		2
1a	Ulcer of stomach	M	1				1						
		F											
2	Gastritis	M	1										1
		F											
3	Enteritis	M	5	5									
		F	8	8									
4	Enteritis	M	4					1		1			2
		F											
6	Helminthiasis	M											
		F	1	1									
8a	Hernia	M	1					1					
		F											
8a	Hernia, strangulated	M	1					1					
		F											
8b	Volvulus	M											
		F	1						1				
8b	Intestinal obstruction	M	3	1					1				1
		F	1										1
9a	Proctitis	M	1						1				
		F											
9a	Rectovaginal fistula	M											
		F	1					1					
9b	Intestinal autointoxication	M											
		F	1										1
2b	Cirrhosis of liver	M	1										1
		F	2						1		1		
4	Hepatitis	M	1					1					
		F											
VII. NON VENEREAL DISEASES OF THE GENITOURINARY SYSTEM AND ANNEKA			18			1	1	6	2	1	4		3
		M	7			1		1	2		3		
		F	11				1	5		1	1		3
		M	2					1	1				
		F	2					1		1			
	Acute nephritis	M	2					1	1				
		F	2					1		1			

CAUSE OF DEATH.		VI. DISEASES OF THE DIGESTIVE SYSTEM		VII. NON VENEREAL DISEASES OF THE GENITOURINARY SYSTEM AND UTERUS		Acute nephritis	
Male	Female	Male	Female	Male	Female	Male	Female
Pharyngitis, lobar	1	1	1	1	1	1	1
Pleurisy	1	1	1	1	1	1	1
Congestion of lungs	1	1	1	1	1	1	1
Gangrene of lungs	1	1	1	1	1	1	1
Asthma	1	1	1	1	1	1	1
Upper of stomach	1	1	1	1	1	1	1
Gastritis	1	1	1	1	1	1	1
Enteritis	1	1	1	1	1	1	1
Enteritis	1	1	1	1	1	1	1
Enteritis	1	1	1	1	1	1	1
Relapsing fever	1	1	1	1	1	1	1
Hernia	1	1	1	1	1	1	1
Hernia, strangulated	1	1	1	1	1	1	1
Volvulus	1	1	1	1	1	1	1
Intestinal obstruction	1	1	1	1	1	1	1
Proctitis	1	1	1	1	1	1	1
Rectovaginal fistula	1	1	1	1	1	1	1
Intestinal autoinfection	1	1	1	1	1	1	1
Cirrhosis of liver	1	1	1	1	1	1	1
Hepatitis	1	1	1	1	1	1	1
Acute nephritis	1	1	1	1	1	1	1

No.	CAUSE OF DEATH		Total Deaths	Under 1 yr.	1 to 5	6 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 79	80 to 100	Age unknown
29	Chronic nephritis	M F	3 3				1					2 1		2
34b	Fistula of urethra	M F	2 1							1		1		1
37	Cyst of ovary	M F	3					1	2					
39	Fibroma of uterus	M F	1						1					
41b	Ovaritis	M F	1						1					
VIII.	THE PUERPERAL STATE	M F	6 6					2	1	1				2
44	Puerperal hemorrhage	M F	1						1					
46	Puerperal septicemia	M F	2					2		1				
48	Puerperal eclampsia	M F	2											2
IX.	DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE	M F	1 1											1 1
55	Osteitis	M F	1 1											1 1
XI.	MALFORMATIONS	M F	1 1	1 1										
59	Hydrocephalus	M F	1 1	1 1										
XII.	EARLY INFANCY	M F	10 8	9 7	1 1									
60b	Congenital debility	M F	2 2	1 2	1									
61	Premature birth	M F	6 2	6 2										
XIII.	OLD AGE	M F	8 6									2 2	4 2	2 2
64	Senility	M F	6 2									2 2	2 2	2 2

nt. o.	CAUSE OF DEATH.	Total Death	under 1 yr.										Age unknown
			under 1 yr.	1 to 5	5 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	80 to 100	
	XIV. EXTERNAL CAUSES	M 10 F 5			1 1	3 2	1 1	3 2		3 2	2 1		2 1
74	Suicide by fire	M 1 F 1				1							
79	Accidental burn	M 1 F 1						1		1			
83	Traumatism by firearms	M 3 F 3				2	1						
88c	Automobile accident	M 4 F 4			1					2			1
89	Kick	M 1 F 1									1		
92b	Misery	M 1 F 1											1
97	Homicide by firearms	M 1 F 1						1					
202	Meningeal hemorrhage (traumatic)	M 1 F 1						1					
202	Contusion	M 1 F 1									1		
	XV. ILL DEFINED DISEASES	M 11 F 8				1	3	2		3	1		1
		M 8 F 3				1	3	2		2	1		1
		M 8 F 3				1	3	2		2	1		1

1	Secondary syphilis	12	325					41					154
2	Syphilis (treponematosis)	1944	67759					18025					43711
3	Primary syphilis	13	2152					189					109
4	Soft chancre	7	447					72					298
5	Gonorrheal urethritis	72	1871					807					3252
6	"	3	3					3					3
7	"	3	33					18					33
8	"	3	3					15					30
9	"	2	21					5					18
10	Gonorrheal ophthalmia	56	323					254					3059
11	Leucorrhea	2	31					3					3
12	Piliariasis	3	146					71					24

II. GENERAL DISEASES NOT INCLUDED IN CHART I.

1	Cancer of tongue	0	0					1					1
2	Cancer of liver	3	46					1					1

Small dispensaries and rural clinics are not included.

Post-De-File District is not included.

CAUSE OF DEATH.		Total		Male		Female	
		No.	%	No.	%	No.	%
IV. ALL DEFINED DISEASES							
1	Contusion	1	100	1	100		
2	Meningeal hemorrhage (traumatic)	1	100	1	100		
3	Hemiplegia by laceration	1	100	1	100		
4	Misery	1	100	1	100		
5	Kick	1	100	1	100		
6	Automobile accident	1	100	1	100		
7	Tramplation by lightning	1	100	1	100		
8	Accidental burn	1	100	1	100		
9	Suicide by fire	1	100	1	100		
XIV. EXTERNAL CAUSES							
10		1	100	1	100		
11		1	100	1	100		
12		1	100	1	100		
13		1	100	1	100		
14		1	100	1	100		
15		1	100	1	100		
16		1	100	1	100		
17		1	100	1	100		
18		1	100	1	100		
19		1	100	1	100		
20		1	100	1	100		
21		1	100	1	100		
22		1	100	1	100		
23		1	100	1	100		
24		1	100	1	100		
25		1	100	1	100		
26		1	100	1	100		
27		1	100	1	100		
28		1	100	1	100		
29		1	100	1	100		
30		1	100	1	100		
31		1	100	1	100		
32		1	100	1	100		
33		1	100	1	100		
34		1	100	1	100		
35		1	100	1	100		
36		1	100	1	100		
37		1	100	1	100		
38		1	100	1	100		
39		1	100	1	100		
40		1	100	1	100		
41		1	100	1	100		
42		1	100	1	100		
43		1	100	1	100		
44		1	100	1	100		
45		1	100	1	100		
46		1	100	1	100		
47		1	100	1	100		
48		1	100	1	100		
49		1	100	1	100		
50		1	100	1	100		
51		1	100	1	100		
52		1	100	1	100		
53		1	100	1	100		
54		1	100	1	100		
55		1	100	1	100		
56		1	100	1	100		
57		1	100	1	100		
58		1	100	1	100		
59		1	100	1	100		
60		1	100	1	100		
61		1	100	1	100		
62		1	100	1	100		
63		1	100	1	100		

Morbidity statistics for Public Health Hospitals
including inpatients and Hospital dispensaries outpatients (7)
July-December 1926.

t. No.	Disease.	No. of Interns	No. of sickdays	No. of Outpatients	No. Cons. & Treatments
I. EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES.					
	Typhoid Fever	39	726	13	19
	Malaria	110	1033	3491	4293
	Malarial cachexia	13	316	0	0
	Measles	1	8	5	10
	Whooping cough	1	8	38	41
	Diphtheria	5	25	4	19
a	Bronchitis due to grippe	2	29	13	20
b	Grippe	6	112	323	485
3	Mumps	0	0	17	19
3a	Dysentery, amebic	17	137	28	50
3b	Dysentery, bacillary	3	18	0	0
3c	Dysentery	8	92	85	88
0	Leprosy	15	695	3	11
2	Acute poliomyelitis	0	0	2	24
5a	Roseola	0	0	1	1
3	Rabies	1	2	0	0
9	Tetanus	15	94	2	2
0	Mycoses	1	4	4	7
0	Mycoses (actinomycoses)	0	0	3	3
0	Mycoses (mycetoma)	0	0	1	1
1	Pulmonary tuberculosis	68	2234	89	154
3	Tuberculosis of intestine	4	109	0	0
4	" " vertebral column	0	0	3	9
5	Tuberculosis of joints	1	8	4	12
6b	Tuberculosis of bones	3	45	11	14
6c	Tuberculosis of lymphatic system	4	185	103	124
6d	Tuberculosis of genitourinary system	2	96	3	4
8a	Primary syphilis	45	1147	171	580
8b	Secondary syphilis	12	323	44	154
8c	Syphilis (treponematoses)	1944	67999	15925	48716
8d	Hereditary syphilis	19	2189	109	169
9	Soft chancre	7	447	72	998
10a	Conococcic urethritis	72	1371	807	3252
10a	" metritis	0	0	3	3
10a	" orchitis	6	93	18	32
10a	" vaginitis	0	0	13	30
10a	" arthrititis	2	21	5	18
10b	Gonorrheal ophthalmia	34	323	268	2069
11	Septicemia	2	11	0	0
12	Filariasis	6	146	71	84
II. GENERAL DISEASES NOT INCLUDED IN CLASS I.					
13	Cancer of tongue	0	0	1	1
14	Cancer of liver	3	46	1	1

(7) Rural dispensaries and rural clinics are not included.
Port-de-Paix District is not included.

Morbidity statistics for Public Health Hospitals
including inpatients and hospital day-patients (2)
July-December 1922.

Disease.	No. of Inpatients	No. of Outpatients	No. of Deaths
1. EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES.			
Typhoid fever	39	722	13
Salmonella	110	1022	2
Infantile scrofula	12	212	0
Scarlet fever	1	2	0
Whooping cough	1	2	0
Diphtheria	2	22	0
Bronchitis due to diphtheria	2	22	0
Croup	2	112	0
Rubella	0	0	0
Dysentery, bacillary	12	122	0
Dysentery, amoebic	2	12	0
Dysentery, bacillary	2	22	0
Dysentery	12	222	0
Leptospirosis	0	0	0
Acute poliomyelitis	0	0	0
Hepatitis	1	2	0
Hepatitis	12	22	0
Tetanus	1	2	0
Hypertension	0	0	0
Hypertension (arteriosclerosis)	0	0	0
Hypertension (hypertension)	0	0	0
Alimentary tuberculosis	2	222	0
Tuberculosis of intestine	2	102	0
" " vertebral column	1	2	0
Tuberculosis of joints	2	22	0
Tuberculosis of bones	2	22	0
Tuberculosis of lymphatic system	2	122	0
Tuberculosis of genitourinary system	2	122	0
Primary syphilis	12	222	0
Secondary syphilis	1244	2222	0
Syphilis (tertiary)	12	222	0
Neurosyphilis	12	222	0
Gonorrhea	12	222	0
Gonorrhea urethritis	12	222	0
" " urethritis	12	222	0
" " orchitis	12	222	0
" " vaginitis	12	222	0
" " proctitis	12	222	0
Gonorrhea ophthalmia	12	222	0
Syphilis	12	222	0
Warts	12	222	0
II. GENERAL DISEASES NOT INCLUDED IN CLASS I.			
Cancer of tongue	0	0	0
Cancer of liver	2	22	0

Small dysenteriae and rural clinics are not included.
Port-Be-Be District is not included.

Int. No.	Disease	No. of Interns	No. of sickdays	No. of Outpatients	No. Cons. & Treatments
44	Cancer of stomach	0	0	1	1
46	Cancer of uterus	3	23	3	5
47	Cancer of breast	7	150	3	17
48	Cancer of face	1	21	0	0
48	Cancer of skin	0	0	1	1
49	Cancer	5	139	4	4
49	Sarcoma	0	0	1	4
49	Cancer of bones	1	29	0	0
49	Cancer of eye	0	0	2	8
49	Sarcoma of eye	3	36	0	0
49	Cancer of lymphatic gland	0	0	1	1
50	Benign tumors	21	411	51	92
51	Acute rheumatic fever	33	607	637	1021
52	Chronic rheumatism	24	886	641	837
56	Rickets	1	5	7	4
57	Diabetes	2	56	4	5
58a	Pernicious anemia	1	4	0	0
58b	Anemia	7	115	287	409
60a	Exophthalmic goiter	0	0	1	1
60b	Goiter	1	19	18	42
61	Tetany	1	9	2	2
62	Lymphatism	0	0	3	16
63	Addison's disease	0	0	1	1
64	Hypertrophy of spleen	1	16	0	0
64	Splenocephaly	0	0	2	2
65	Lymphadenia	1	10	1	4
66	Alcoholism	11	14	17	23
69	Auto-intoxication	2	23	11	17

III. DISEASES OF THE NERVOUS SYSTEM AND OF THE ORGANS OF SPECIAL SENSE.

71	Meningitis	3	7	0	0
72	Progressive locomotor ataxia	2	13	1	1
73	Sclerosis	0	0	1	1
73	Lateral sclerosis	1	49	0	0
73	Compression of medulla	1	38	0	0
73	Myelitis	2	207	0	0
74a	Cerebral hemorrhage	7	176	6	6
75a	Hemiplegia	18	460	2	4
75b	Paraplegia	9	173	10	19
76	General paralysis	3	40	0	0
77	Dementia precox	2	255	0	0
77	Other forms of mental alienation	10	330	0	0
78	Epilepsy	17	1045	62	109
79	Eclampsia (non puerperal)	3	12	0	0
80	Infantile convulsions	1	1	8	12
81	Chorea	0	0	1	8
82a	Hysteria	2	7	14	21
82a	Hemicrania	0	0	13	16

t. I.	Disease	No. of	No. of	No. of	No cons. &
		Interns	sickdays	outpatients	Treatments
8a	Neuralgia	1	16	125	237
8b	Neuritis	0	0	3	9
	Aphasia	0	0	1	1
	Encephalopathy	0	0	1	2
	Vertigo	0	0	1	2
	Acquired hydrocephalus	0	0	1	1
	Hiccough	0	0	1	1
	Neurasthenia	0	0	9	15
	Cerebral tumor	0	0	1	1
	Other diseases of the nervous system	3	26	2	2
8a	Conjunctivitis	2	23	503	918
8a	Cataract	47	1845	42	238
8a	Atrophy of optic nerve	2	11	36	42
8a	Glaucoma	1	47	4	5
8a	Keratitis	17	185	58	1715
8a	Iritis	1	15	199	1823
8a	Ophthalmia	7	744	1	1
8a	Panophthalmitis	1	29	0	0
8a	New growth of conjunctiva	0	0	4	20
8b	Conjunctivitis (follicular)	0	0	17	170
8c	Trachoma	0	0	31	221
8i	Tumor of eye	1	27	0	0
8e	Other diseases of the eye & annexa	39	583	272	2180
8a	Diseases of the eye	4	18	611	6724
8b	Diseases of the mastoid process	5	44	2	3

VI. DISEASES OF THE CIRCULATORY SYSTEM.

8	Pericarditis	0	0	1	1
8	Myocarditis, acute	5	88	0	0
8	Angina pectoris	2	116	9	10
9	Arythmia	0	0	2	2
9	Mitral insufficiency	19	401	2130	10
9	Aortic insufficiency	0	0	5	19
9	Tricuspid insufficiency	1	25	2	2
9	Aortic stricture	0	0	1	1
9	Chronic myocarditis	3	223	11	12
9	Chronic valvular lesion	3	63	68	148
9	Mitral stricture	2	76	2	6
9	Other diseases of the heart	7	110	26	37
9	Aneurysm	2	12	2	2
9	Arteriosclerosis	1	16	7	11
9	Aortitis	5	100	1	1
9	Hemorrhoids	11	394	20	40
9	Varicocele	1	2	2	2
9	Varix	3	60	4	12
9	Lymphangitis	1	12	19	25
9	Adenitis	1	5	57	233
9	Suppurative adenitis	5	76	10	39
9	Other diseases of the lymph. system	2	22	29	94
9	Hemorrhage without specified cause	3	42	5	12

	<u>Disease.</u>	<u>No. of Interns</u>	<u>No. of Sickdays</u>	<u>No. of Outpatients</u>	<u>No. cons. & Treatments</u>
V. DISEASES OF THE RESPIRATORY SYSTEM.					
	Diseases of nasal fossa	1	2	13	21
	Coryza	0	0	44	107
	Other diseases of the nasal fossae and thier annexa	7	60	84	530
	Laryngitis	2	15	28	45
a	Bronchitis, acute	6	91	152	174
b	Bronchitis, chronic	18	427	36	69
c	Bronchitis, - 5 y.	0	0	40	46
d	Bronchitis, (5 y. and over	0	0	37	67
	Broncho pneumonia	9	92	0	0
a	Pneumonia, lobar	1	5	0	0
1	Pneumonia, unspecified	21	179	3	3
2	Pleurisy	5	134	6	11
3	Thoracic fistula	2	22	0	0
3	Pulmonary congestion	1	1	0	0
4	Gangrene of lung	1	1	0	0
5	Asthma	9	81	136	218
7	Other diseases of the respiratory system	0	0	105	127
VI. DISEASES OF THE DIGESTIVE SYSTEM.					
8	Diseases of the teeth	0	0	558	683
8	Other diseases of mouth & annexa	17	305	418	543
9	Tonsillitis	52	76	197	549
9	Pharyngitis	0	0	18	39
9	Catarrhal angina	0	0	6	6
9	Angina	0	0	84	820
9	Diseases of pharynx & tonsils	26	162	47	270
	Ulcer of the stomach	1	6	0	0
	Other diseases of the stomach	17	137	717	849
	Diarrhea & enteritis (2. y.)	19	262	334	460
	Diarrhea & enteritis (2 y. & over)	35	877	145	188
	Ancylostomiasis	13	1124	659	779
11	Taeniasis	0	0	1	1
12	Infection by ascaris lumbricoides	31	550	1138	1384
12	Intestinal parasites not specified	0	0	267	362
	Appendicitis	4	31	5	5
1	Hernia	45	1325	102	143
1	Intestinal obstruction	3	22	0	0
1a	Fistula in ano	2	20	3	4
1a	Fissure of anus	1	14	3	4
1a	Fecal abscess	1	12	1	2
1a	Rectovaginal fistula	4	36	1	1
1b	Constipation	1	4	203	406
1b	Prolapse of rectur	6	115	4	5
1b	Other diseases of the intestine	10	99	18	32
2a	Alcoholic cirrhosis of liver	10	217	8	9
2b	Cirrhosis of liver	8	439	5	25
2	Biliary calculus	0	0	2	2

Disease	No. of Interns	No. of Sickdays	No. of Outpatients	No. cons. & Treatments
Hepatitis	6	132	28	50
Other diseases of the liver	3	74	38	75
Peritonitis	1	2	0	0
VII. NONVENEREAL DISEASES OF THE GENITOURINARY SYSTEM & ANNEXA.				
Acute nephritis	14	183	35	43
Chronic nephritis	25	712	60	93
Pyelitis	1	32	2	2
Hematuria	0	0	1	1
Nephroptosis	0	0	1	2
Renal calculus	1	10	1	1
Diseases of the bladder	61	236	21	26
4a Stricture of urethra	31	735	23	100
4b Other diseases of the urethra	24	529	7	14
5 Diseases of the prostate	5	65	3	6
6 Hydrocele	20	331	50	68
6 Nonvenereal diseases of the male genital organs	29	412	118	361
37 Cyst of ovary	3	209	0	0
38 Salpingitis	14	253	5	6
39 Fibroma of uterus	12	191	20	47
40 Non puerperal uterine hemorrhage	3	26	21	39
41a Metritis	22	517	161	476
41b Other diseases of the female geni- tal organs	14	353	261	412
42 Abscess of breast	0	0	11	66
42 Mammitis	2	17	13	32
VIII. THE PUERPERAL STATE.				
43a Normal delivery	53	1069	0	0
43b Abortion	13	131	2	2
43b Rupture of sac (tubal pregnancy)	1	16	0	0
43c Pregnancy	29	530	116	142
43c Other accidents of pregnancy	3	20	7	7
44 Retention of placenta	2	9	0	0
44 Puerperal hemorrhage	1	18	1	1
45 Rupture of perineum	0	0	2	2
45 Other accidents of labor	7	56	0	0
46 Puerperal septicemia	4	40	0	0
49 Puerperal insanity	1	12	0	0
50 Abscess of the breast	3	18	12	96
IX. DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.				
151 Gangrene	2	34	0	0
152 Furuncle	2	16	111	318
153 Abscess	93	2083	848	3359
154b Itch	2	26	256	321
155 Other dis. of the skin & annexa	13	421	859	2028

nt. o.	Disease.	No. of Interns	No. of Sickdays	No. of Outpatients	No. Cons. & Treatments
X. DISEASES OF THE BONES AND OF THE ORGANS OF LOCOMOTION.					
56	Diseases of bones (except tuberculosis)	7	149	46	125
57	Diseases of joints	1	2	235	776
58	Other diseases of the bones & of the organs of locomotion	10	264	65	94
XI. MALFORMATIONS.					
59	Congenital malformations	4	309	12	17
XII. EARLY INFANCY					
60a	Nurslings discharged from Hospital without disease	53	863	0	0
60b	Congenital debility	3	58	17	26
XIII. OLD AGE					
64	Senility	26	1632	12	30
XIV. EXTERNAL CAUSES.					
76	Bite of scorpion	0	0	2	2
77	Acute accidental poisoning	2	2	8	8
79	Accidental burns	19	236	89	284
81	Absorption of poisonous gas	1	1	0	0
83	Traumatism by firearms	5	43	3	13
84	Traumatism by cutting inst.	46	340	422	992
85	Traumatism by fall	75	893	728	1634
87	Traumatism by machines	4	94	10	23
88c	Traumatism by automobile	36	1411	13	39
88f	Traumatism by other vehicles	2	8	0	0
88g	Traumatism by landslide	12	296	40	83
89	Dog bites	0	0	113	658
89	Injuries by other animals	2	62	28	142
92a	Fatigue	5	36	0	0
97	Wounds by firearms	3	36	0	0
98	Wounds by cutting instruments	0	0	2	33
99	Bite of human being	0	0	3	24
01a	Luxation	8	109	27	63
01b	Sprain	0	0	6	7
01c	Fracture	39	1638	36	103
02	Other external violence	3	143	411	1455
XV. ILL DEFINED DISEASES.					
05	Ill defined or not specified diseases	18	215	610	1100
		4125	115956	37458	104169

10. Disease. 11. No. of Injuries. 12. No. of Patients. 13. No. of Deaths. 14. No. of Discharges.

X. DISEASES OF THE BONES AND OF THE ORGANS OF LOCOMOTION.

15	Diseases of bones (except tubercular)	142	142	142	142
16	Diseases of joints	1	1	1	1
17	Other diseases of the bones & of the organs of locomotion	10	10	10	10
18	Congenital malformations	4	4	4	4
19	Congenital debility	3	3	3	3
20	Senility	1	1	1	1

XIV. EXTERNAL CAUSES.

21	Rise of scorpion	0	0	0	0
22	Acute accidental poisoning	2	2	2	2
23	Accidental burns	19	19	19	19
24	Accidental burns	1	1	1	1
25	Accidental poisoning	5	5	5	5
26	Transmission by fire	46	46	46	46
27	Transmission by cutting inst.	75	75	75	75
28	Transmission by fall	4	4	4	4
29	Transmission by machines	141	141	141	141
30	Transmission by automobile	2	2	2	2
31	Transmission by other vehicles	12	12	12	12
32	Transmission by laceration	0	0	0	0
33	Dog bites	2	2	2	2
34	Injuries by other animals	36	36	36	36
35	Fatigue	0	0	0	0
36	Wounds by firearms	0	0	0	0
37	Wounds by cutting instruments	0	0	0	0
38	Rise of human being	0	0	0	0
39	Luxation	109	109	109	109
40	Sprain	0	0	0	0
41	Fracture	143	143	143	143
42	Other external violence	3	3	3	3

XV. ALL DEFINED DISEASES.

43	All defined or not specified disease	1100	1100	1100	1100
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URGICAL OPERATIONS, PUBLIC HEALTH HOSPITALS - JULY-DECEMBER 1926.

CASE OR CONDITION	NAME OR CHARACTER OF OPERATION	Number	RESULTS					ANESTHESIC			
			Cured	Died	Improved	Unimproved	Ether	Chlor.	Local	None	
EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES											
Diphtheria	Tracheotomy	4	4				4				
Tuberculosis of bone	Amputation	1	1				1				
Tuberculosis of gland	Excision	4	4				4				
Tertiary syphilis	Amputation	2	1		1		2				
Treponematoses	Resection	1			1		1				
GENERAL DISEASES NOT INCLUDED IN CLASS I.											
Cancer of liver	Laparotomy	2		2			2				
Cancer of cecum	Laparotomy	1			1		1				
Cancer of uterus	Amputation	2			2		2				
Cancer of uterus	Hysterectomy	1			1		1				
Cancer of breast	Amputation	1			1		1				
Sarcoma of femur	Amputation	1		1			1				
Cancer of pancreas	Laparotomy	1		1			1				
Cancer of thorax	Excision	1			1		1				
Adenofibroma(breast)	Enucleation	1	1				1				
Cyst - mesentery	Laparotomy	1	1				1				
Epulis	Resection	1	1						1		
Cyst	Enucleation	18	18				15		3		
Papilloma of skin	Excision	1	1						1		
Lipoma	Enucleation	14	14				12		2		
Goiter	Thyroidectomy	2	1	1			2				
DISEASES OF THE NERVOUS SYSTEM AND OF THE ORGANS OF SPECIAL SENSE											
Cataract	Cataractomy	64	2		60	2	2		62		
Staphyloma	Enucleation	2	2				2				
Diseases of the eye		25	25				3		22		
Mastoiditis	Mastoidectomy	3	2	1							
DISEASES OF THE CIRCULATORY SYSTEM.											
Hemorrhoids	Hemorrhoidectomy	6	6				6				
DISEASES OF THE RESPIRATORY SYSTEM.											
Polyp of nose	Excision	6	6				1		5		
Maxillary sinusitis	Drainage	3	3				3				
DISEASES OF THE DIGESTIVE SYSTEM.											
Hypertrophy, tonsils	Tonsillectomy	92	92				52		40		
Adenoid growth	Adenoidectomy	2	1		1				2		
Appendicitis	Appendicectomy	5	5				5				
Abscess, appendicular	Laparotomy	1	1				1				
a Hernia	Herniotomy	118	117	2	1		117		3		
a Hernia, strangulated	Herniotomy	1	1				1				
b Intest. occlusion	Laparotomy	1	1				1				
a Fistula in ano		5	5				3		2		
b Cirrhosis of liver	Paracentesis, abd.	26			26				10	16	

DISEASE OR CONDITION	NAME OR CHARACTER OF OPERATION	RESULTS					ANESTHETIC			
		Number	Cured	Died	Improved	Unimproved	Ether	Chlor.	Local	None
VII. NONVENEREAL DISEASES OF THE GENITOURINARY SYSTEM AND ANNEXA.										
131 Rupture of urethra	Nephrectomy	1	1				1			
1340 Stricture of urethra	Uretrotomy	11	7	1	2		7		4	
136 Phimosis	Circumcision	41	41				7		34	
136 Disease of testicle	Castration	19	18	1			19			
136 Hydrocele		92	90	1	1		82		10	
137 Cyst of ovary	Laparotomy	2	2				2			
138 Salpingitis	Salpingectomy	14	11	2	1		14			
139 Fibroma of uterus	Hysterectomy	37	35	2			37			
141a Metritis	Curettage	9	8	1			9			
141b Prolapse of uterus	Hysteropexy	3	3				3			
141b Atresy of vagina	Repair	1	1				1			
VIII. THE PUERPERAL STATE										
144 Retention of placenta	Manual extraction	1	1				1			
145 Dystocia	Cesarian	2	2				2			
IX. DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE										
151 Gangrene of extremities	Amputation		4			1	3		1	1
153 Abscess	Incision	117	112		4	1	11		95	11
155 Keloid	Excision	2	1		1		1		1	
X. DISEASES OF THE BONES AND OF THE ORGANS OF LOCOMOTION.										
156 Necrosis of bones	Resection, curettage	2	2				2			
156 Osteomyelitis	Curettage	8	7		1		6		2	
156 Exostosis	Amputation	1	1				1			
XI. MALFORMATIONS										
159 Syndidactylism	Separation of fingers	2	1		1		2			
XIV. EXTERNAL CAUSES										
201a Luxation	Reduction	2	2				1		1	
201c Fracture, simple	Reduction & Fixation	23	22		1		14		1	8
201c Fracture, compound	Plastering	3	3				3			
202 Laceration	Amputation	4	4				4			
202 Laceration, finger	Amputation	1	1				1			
202 Wound	Suture	20	19		1		4	1	1	14
202 Foreign body	Extraction	8	8				3		4	1
202 Traumatic hemorrhage	Transfusion	1		1						1
202 Traumatic meningeal hemorrhage	Craniotomy	1		1			1			
202 Eventration	Laparotomy	1	1				1			
202 Rupture, intestinal	Laparotomy	3	1	2			3			

Statistics of Public Health Hospitals (f) July-December 1926.

	Cap Haitien	Cayes	Gonaïves	Hinche	Jacmel	Jeremie	Petit- Goave	Port-au- Prince	St. Marc	Total.
Number of admissions	744	142	217	151	196	101	151	2246	183	4131
Number of discharges	563	80	159	127	148	74	93	1828	148	3220
Number of deaths (X)	57	10	16	5	7	6	14	222	9	346
Number of patients carried over to next year	124	52	42	19	41	21	44	196	26	565
TOTAL	744	142	217	151	196	101	151	2246	183	4131

Number of sickdays
each month

	2480	1144	1493	452	1735	841	1489	8989	708	19331
January	3862	1205	1427	736	1597	746	1606	9597	736	21512
February	3858	1244	1384	528	1669	704	1326	7491	753	18957
March	3780	1230	1443	660	1624	791	1307	6177	846	19858
April	3301	1226	1396	728	1397	786	1269	7275	873	18251
May	3493	1229	1511	660	1503	806	1334	6791	720	18047
TOTAL	20774	7278	8654	3764	9525	4674	8331	48320	4636	115956

Number of Hospital patients (f)	3053	2930	2531	2628	7952	1440	2813	9265	4846	37458
Number of consultations treatments given outpatients (f)	20554	10138	2531	6029	9835	7491	4693	35130	7768	104169

Port-de-Paix district is not included.

12 deaths at Port-de-Paix Hospital are not included.

(f) Rural dispensaries and rural clinics are not included.

Morbidity Statistics for Rural Clinics.

July December 1926.

<u>Int. No.</u>	<u>Disease</u>	<u>No. of patients.</u>
I. EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES.		
1a	Typhoid fever	6
5a	Malaria	13658
7	Measles	35
9	Whooping cough	64
11	Grippe	113
13	Mumps	10
16a	Dysentery (amebic)	14
16b	Dysentery (bacillary)	34
16c	Dysentery	69
20	Leprosy	1
21	Erysipelas	1
22	Acute Poliomyelitis	2
25	Dengue	62
31	Pulmonary tuberculosis	95
34	Tuberculosis of vertebral column	21
35	Tuberculosis of joints	2
36c	Tuberculosis of the lymphatic system	33
38e	Syphilis (Treponematoses)	83403
39	Soft chancre	152
40a	Gonorrhea	859
40b	Gonococcal conjunctivitis	47
42	Filariasis	26
II. GENERAL DISEASES NOT INCLUDED IN CLASS I.		
46	Cancer of uterus	1
47	Cancer of breast	4
48	Cancer of face	1
49	Sarcoma of maxillary bone	1
49	Cancer of pelvis	1
49	Fibrosarcoma	1
50	Lipoma	8
50	Cyst	8
51	Rheumatism of joint	120
52	Chronic rheumatism	6484
54	Pellagra	4
56	Rickets	2
57	Diabetes	2
58b	Anemia	112
60b	Gout	39
64	Hypertrophy of spleen	3
65a	Leukemia	3
66	Alcoholism	2
69	Hemophilia	1

Monthly Statement for Rural Clinics.

July December 1924.

Int. No.	Disease	No. of Patients
I. EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES.		
1a	Typhoid fever	6
2a	Malaria	13523
7	Measles	25
9	Whooping cough	24
11	Orlpe	113
12	Wings	10
13	Dysentery (amoebic)	14
13b	Dysentery (bacterial)	24
13c	Dysentery	29
20	Leptos	1
21	Erysipelas	1
22	Acute Poliovitis	2
23	Diphtheria	22
24	Primary tuberculosis	25
25	Tuberculosis of vertebral column	21
26	Tuberculosis of joints	2
26c	Tuberculosis of the lymphatic system	23
26d	Syphilis (treponematosis)	23403
29	Soft chancre	122
30a	Gonorrhea	222
40b	Gonorrhea conjunctivitis	47
42	Relapsing	22
II. GENERAL DISEASES NOT INCLUDED IN CLASS I.		
43	Cancer of uterus	1
44	Cancer of breast	4
45	Cancer of lung	1
46	Cancer of esophagus	1
47	Cancer of rectum	1
48	Cancer of pelvis	1
49	Typhoid	1
50	Cyst	8
51	Hemiplegia of joint	120
52	Chronic rheumatism	2284
53	Polio	4
54	Epilepsy	2
55	Diphtheria	2
56	Acute	112
57	Cancer	29
58	Hypertrophy of spleen	3
59	Leukemia	3
60	Alcoholism	2
61	Homophilia	1

Int. No.	Disease.	No. of Patients
III. DISEASES OF THE NERVOUS SYSTEM & OF THE ORGANS OF SPECIAL SENSE.		
71	Meningitis	1
74	Apoplexy	11
75a	Hemiplegia)	9
75b	Paraplegia	3
77	Dementia	1
78	Epilepsy	55
82	Neuralgia	501
84	Paralysis agitans	2
85b	Conjunctivitis, follicular	1555
85c	Trachoma	64
85e	Cataract	106
85e	Keratitis	4
85e	Other diseases of the eye	45
85e	Glaucoma	2
85e	Pterygium	1
85e	Amaurosis	7
86a	Otitis media	134
86a	Otitis externa	426
86b	Mastoiditis	1
IV. DISEASES OF THE CIRCULATORY SYSTEM.		
89	Angina Pectoris	1
90	Chronic myocarditis	27
90	Chronic endocarditis	88
9bb	Arterio-sclerosis	10
93	Hemorrhoids	44
93	Varicocele	5
94	Lymphangitis	5
V. DISEASES OF THE RESPIRATORY SYSTEM.		
97a	Coryza	93
98	Laryngitis	1
99a	Acute bronchitis	469
99b	Chronic bronchitis	302
100	Broncho Pneumonia	6
102	Pleurisy	6
105	Asthma	198
106	Pulmonary emphysema	1
VI. DISEASES OF THE DIGESTIVE SYSTEM.		
108a	Gingivitis	70
108a	Dental caries	1078
108b	Parotiditis	3
109	Tonsillitis	156
109	Vincent's angina	44
109	Pharyngitis	6
112	Gastritis	353
112	Hypochlorhydria	2873
112	Indigestion	11
113	Enteritis	162
114	Intestinal colic	79

Int. No.	Disease.	No. of Patients
III. DISEASES OF THE NERVOUS SYSTEM & OF THE ORGANS OF SPECIAL SENSE.		
71	Meningitis	1
74	Apoplexy	11
75a	Hemiplegia	3
75b	Paraplegia	3
77	Dementia	1
78	Epilepsy	25
82	Narcolepsy	201
84	Paralysis agitans	2
85b	Conjunctivitis, follicular	1255
85c	Trachoma	64
85e	Cataract	108
85e	Keratitis	4
85e	Other diseases of the eye	45
85e	Glaucoma	2
85e	Pterygium	1
85e	Amblyopia	7
86a	Otitis media	134
86a	Otitis externa	432
86b	Mastoiditis	1
IV. DISEASES OF THE CIRCULATORY SYSTEM.		
89	Angina pectoris	1
90	Chronic myocarditis	27
90	Chronic endocarditis	88
90b	Arterio-sclerosis	10
93	Hemorrhoids	44
93	Varicose	5
94	Lymphangitis	5
V. DISEASES OF THE RESPIRATORY SYSTEM.		
97a	Coryza	93
98	Laryngitis	1
99a	Acute bronchitis	439
99b	Chronic bronchitis	303
100	Broncho pneumonia	6
102	Pleurisy	2
105	Asthma	198
108	Pulmonary emphysema	1
VI. DISEASES OF THE DIGESTIVE SYSTEM.		
109a	Gingivitis	70
109a	Dental caries	1078
109b	Parotiditis	3
109	Tonsillitis	156
109	Vincent's angina	44
109	Pharyngitis	6
112	Gastritis	253
112	Hypochlorhydria	2873
112	Indigestion	11
113	Enteritis	162
114	Intestinal colic	73

<u>Int. No.</u>	<u>Disease</u>	<u>No. of Patients.</u>
114	Enteritis	890
115	Ancylostomiasis	9085
116a	Castodes	1
116f	Diseases due to intestinal paratites	9403
118a	Hernia	158
119a	Fistula in ano	6
119b	Constipation	1565
120b	Cirrhosis of liver	1
123	Biliary calculi	1
124	Hepatitis	46
124	Angiocholitis	19
VII. NON VENERAL DISEASES OF THE GENITOURINARY SYSTEM & ANNEXA.		
128	Acute nephritis	4
129	Chronic nephritis	37
132	Calculi of the urinary passages	1
133	Cystitis	11
134a	Stricture of urethra	4
134b	Fistula of urethra	1
136	Orchitis	2
136	Phimosis	5
136	Hydrocele	35
138	Salpingitis	4
139	Fibroma of uterus	23
141a	Metritis	46
141b	Dysmenorrhea	54
141b	Amenorrhea	13
142	Mastitis	15
VIII. THE PUERPERAL STATE.		
146	Puerperal septicemia	2
150	Puerperal fissure of nipple	1
IX. DISEASES OF THE SKIN & OF THE CELLULAR TISSUE.		
152	Furuncle	33
153	Abscess	501
154b	Itch	988
155	Eczema	132
155	Tinea	105
155	Impetigo	264
155	Dermatitis	14
X. DISEASES OF THE BONES & OR THE ORGANS OF LOCOMOTION.		
156	Osteoperiostitis	10
158	Hydrarthrosis	3
XI. MALFORMATIONS.		
159	Meningocele	1
159	Hernia, congenital	1
XII. EARLY INFANCY.		
160b	Congenital debility	12

Int. No.	Disease	No. of Patients
114	Enteritis	290
115	Ancylostomiasis	9082
116	Cystodes	1
117	Diseases due to intestinal parasites	9403
118	Hernia	128
119	Flatula in ano	6
120	Constipation	1862
121	Cirrhosis of liver	1
122	Biliary calculi	1
123	Hepatitis	46
124	Alcoholitis	19
VII. NON VENERAL DISEASES OF THE GENITOURINARY SYSTEM & UTERUS.		
125	Acute nephritis	4
126	Chronic nephritis	27
127	Calculi of the urinary passages	1
128	Cystitis	31
129	Stricture of urethra	4
130	Proctitis of urethra	1
131	Oorchitis	2
132	Prostatitis	2
133	Hydrocele	22
134	Symphilitis	4
135	Fibrosis of uterus	23
136	Metritis	46
137	Dysmenorrhea	24
138	Amenorrhea	13
139	Mastitis	12
VIII. THE THERMAL STATE.		
140	Parapertal suppuration	2
141	Parapertal tissue of nipple	1
IX. DISEASES OF THE SKIN & OF THE CELLULAR TISSUE.		
142	Paronychia	23
143	Abscess	201
144	Itch	200
145	Warts	132
146	Tinea	102
147	Impetigo	264
148	Dermatitis	14
X. DISEASES OF THE BONES & OF THE ORGANS OF LOCOMOTION.		
149	Osteomyelitis	10
150	Hydrarthrosis	2
XI. MALFORMATIONS.		
151	Meningocele	1
152	Hernia, congenital	1
XII. EARLY INFANCY.		
153	Congenital debility	12

<u>Int.No.</u>	<u>Disease</u>	<u>No.of patients</u>
XIII. OLD AGE.		
164	Senility	62
XIV. EXTERNAL CAUSES.		
176	Bite of scorpion	2
177	Accidental burn	107
184	Incised wound	232
185	Traumatism by fall	86
188	Traumatism by machines	3
188c	Traumatism by automobiles	12
188g	Traumatism by landslide	5
189	Dog bites	10
189	Kick	3
198	Wounds by cutting instruments	1
201a	Luxation	1
201b	Luxation	16
201c	Fracture	22
202	Foreign body	17
202	Others	113
XV. ILL DEFINED DISEASES.		
205	Ill defined diseases	6629
TOTAL.		<u>135340</u>

DISTRICTS.

Cap-Haitien-----	15,486
Cayes-----	9,933
Gonaives-----	6,702
Hinche-----	6,255
Jacmel-----	43,265
Jeremie-----	1,630
Petit-Goave-----	5,355
Port-au-Prince-----	34,639
Port-de-Paix-----	7,124
Saint-Marc-----	<u>4,951</u>

TOTAL.....135,340.

Inf. No.	Disease	No. of patients
XIII. OLD AGE.		
164	Scotility	22
XIV. EXTERNAL CAUSES.		
175	Bite of scorpion	2
177	Accidental burn	107
184	Inclosed wound	222
185	Transmission by fall	66
188	Transmission by machines	2
189	Transmission by automobiles	12
189	Transmission by handbills	2
189	Dog bites	10
189	Kick	2
189	Wounds by cutting instruments	1
201a	Luxation	1
201b	Luxation	15
201c	Fracture	22
202	Foreign body	14
202	Others	112
XV. ILL DEFINED DISEASES.		
202	Ill defined diseases	6222
TOTAL.		12220

DISTRICTS.

Cap-Haitien	12,486
Cayes	2,222
Gonaives	2,702
Haiti	2,222
Leogane	42,222
Port-au-Prince	1,222
Port-de-Paix	2,222
Port-au-Prince	2,222
TOTAL.....	122,220

ACCOMPLISHMENTS DURING THE YEAR.

SANITATION.

Port-au-Prince.

- (a) Rezoning of city with card index system for purpose of property inspections.
- (b) 350,116 property inspections in Port-au-Prince -
106,172 property inspections in rural communes of the District.
- (c) 16,903 notices sent to remove nuisances and make sanitary improvements, 97 per cent of these complied with.
- (d) Extensive drainage in south west portion of city by means of one third section of 32 inch cement pipes, rock canals and subsoil tile drainage.
- (e) 36,615 truck loads of refuse hauled and used as filling along the shore line.
- (f) 15,670 gallons of oil used in mosquito control.
- (g) Tile machine installed for making subsoil drainage tiles.
- (h) Iron market renovated. Meat stalls screened. Concrete tables constructed for meat stalls. Electric pumps installed for water closets at Iron Market and Marché Cathédrale.
- (i) Installation of two metal carts for night soil removal.
- (j) 4,000 persons (mostly school children) innoculated against typhoid fever.
- (k) Dog catching truck installed. Gas chamber for killing dogs installed. 2,962 dogs killed.
- (l) Parc Communal constructed.
- (m) 728 rats trapped and examined for rodent plague.
- (n) 481 foreign ships boarded.
- (o) Asile Communal; Building painted, women's isolation ward enlarged; new ceiling constructed; cement drains extended.
- (p) Installation of chlorinator at Turgeau spring.

ACCOMPLISHMENTS DURING THE YEAR.

SAINT-PIERRE.

Port-au-Prince.

- (m) Resurvey of city with card index system for purpose of property inspections.
- (n) 350,116 property inspections in Port-au-Prince - 106,172 property inspections in rural communes of the District.
- (o) 16,303 notices sent to remove nuisances and make sanitary improvements, 97 per cent of these complied with.
- (d) Extensive drainage in south west portion of city by means of one third section of 32 inch cement pipes, rock canals and subsoil tile drainage.
- (e) 36,615 truck loads of refuse hauled and used as filling along the shore line.
- (f) 12,670 gallons of oil used in mosquito control.
- (g) This machine installed for making subsoil drainage tiles.
- (h) Iron market renovated. Meat stalls screened. Concrete tables constructed for meat stalls. Electric pump installed for water closets at Iron Market and Marché Cathédrale.
- (i) Installation of two metal cages for night soil removal.
- (j) 4,000 persons (mostly school children) inoculated against typhoid fever.
- (k) Dog catching truck installed. Gas chamber for killing dogs installed. 3,362 dogs killed.
- (l) Parc Communal constructed.
- (m) 728 rats trapped and examined for rodent plague.
- (n) 481 foreign ships boarded.
- (o) Asile Communal; Building painted, women's isolation ward enlarged; new ceiling constructed; cement drains extended.
- (p) Installation of chlorinator at Targeon spring.

Cap-Haitien.

- (a) 22,023 cart and truck loads of rubbish used to fill swamps and low marshy places in and around the town.
- (b) 18,025 property inspections made and 4,542 notices sent to remove nuisances.
- (c) Concrete walks constructed around market. Painting and repairing of market.
- (d) 1,987 rats trapped.
- (e) Dog pound constructed. 35 dogs killed.
- (f) Swamp at Fort-Liberté drained.

Cayes.

- (a) 10,019 property inspections.
- (b) 86 new latrines built.
- (c) Sanitary Service established in Les Anglais, Chardonnières, Coteaux, Damassins, Roche à Bateau, Port-salut and St. Jean.
- (d) 970 truck loads of gravel hauled for filling low places.
- (e) 2,594 truck loads of garbage removed from town.
- (f) 31 dogs killed.
- (g) 2,434 vaccinations against smallpox.
- (h) Concrete canal built to replace Renaud River bed (in mosquito control work).

Gonaives.

- (a) Canal along Avenue des Dattes narrowed and straightened.
- (b) 25 acre swamp drained.
- (c) Meat market rescreened.
- (d) 7,246 properties inspected and 699 notices sent.
- (e) 4,033 truck loads rubbish removed from town.

Hinche.

- (a) Surface drainage ditches constructed at Maissade.
- (b) 114 dogs killed.
- (c) Dyke built to protect pump house during floods.
- (d) One public latrine built.
- (e) 3,047 property inspections and 1,712 notices sent.
- (f) 2 concrete culverts built to span surface drainage ditches.

Jacmel.

- (a) 22,953 property inspections and 2,543 notices sent.
- (b) 8,387 mule cart loads of rubbish hauled from town.
- (c) New meat and fish tables constructed for the market.
- (d) New water supply installed for market.
- (e) Cement floors at market repaired.
- (f) 705 vaccinations against smallpox. 67 inoculations against typhoid.

Jeremie.

- (a) 13,535 property inspections and 142 notices sent.
- (b) 12,863 mule cart loads of rubbish hauled from town.
- (c) 36 dogs killed.
- (d) 300 feet cement drains constructed.
- (e) Repairs and screening at meat market.

Petit-Gouve.

- (a) 2,707 truck loads and 2,310 cart loads of rubbish hauled from town.
- (b) 22,708 properties inspected and 1,061 notices sent.

Minche.

- (a) Surface drainage ditches constructed at Kolsan.
- (b) 114 dogs killed.
- (c) Dike built to protect pump house during floods.
- (d) One public latrine built.
- (e) 3,047 property inspections and 1,712 notices sent.
- (f) 2 concrete culverts built to span surface drainage ditches.

Tacmai.

- (a) 22,953 property inspections and 2,543 notices sent.
- (b) 2,387 rifle cart loads of rubbish hauled from town.
- (c) New meat and fish tables constructed for the market.
- (d) New water supply installed for market.
- (e) Cement floors at market repaired.
- (f) 702 vaccinations against smallpox. 67 inoculations against typhoid.

Jeremie.

- (a) 13,535 property inspections and 142 notices sent.
- (b) 12,802 rifle cart loads of rubbish hauled from town.
- (c) 36 dogs killed.
- (d) 300 feet cement drains constructed.
- (e) Repairs and sawing at meat market.

Petit-Croix.

- (a) 2,707 truck loads and 2,310 cart loads of rubbish hauled from town.
- (b) 22,708 properties inspected and 1,041 notices sent.

- (c) 800 feet of ditch dug from swamp in town to sea.
- (d) 688 feet of stream in town straightened and staked to increase flow.
- (e) 276 feet of drainage canal dug to drain swamp on road to Miragoane.
- (f) 2 cement culverts on Miragoane road to direct stream to seaward side of road.
- (g) 329 meters of cement canal constructed at Anse-à-Veau.
- (h) Cement house built to cover principal well and piping installed to prevent contamination.
- (i) 130 dogs killed.
- (j) Roof of meat market, repaired and painted.

Port-de-Paix.

- (a) 50,994 property inspections and 400 notices sent.
- (b) 11,052 cart loads of rubbish hauled from town.
- (c) 2,082 gallons oil used in mosquito control work.
- (d) 100 dogs killed.
- (e) 110 new latrines constructed.
- (f) Part of Port-de-Paix river running thru town staked.

Saint-Marc.

- (a) 32,711 property inspections and 1,897 notices sent.
- (b) 1,167 truck loads of gravel hauled in mosquito control work and 1,863 truck loads of refuse hauled from town.
- (c) 1,170 meters cement gutters constructed.
- (d) 211 meters of dirt canal dug in bed of Petite Rivière.
- (e) One unit of new covered market constructed.
- (f) 89 dogs killed.

- (c) 800 feet of ditch dug from swamp in town to road.
- (d) 828 feet of stream in town straightened and added to in-
crease flow.
- (e) 876 feet of drainage canal dug to drain swamp on road to
Michigan.
- (f) 8 canal cut across on Michigan road to direct stream to
east side of road.
- (g) 322 meters of concrete canal constructed at Anne-A-Yuan.
- (h) Concrete house built to house principal wife and young in-
tended to prevent contamination.
- (i) 130 dogs killed.
- (j) Roof of meat market, repaired and painted.

Port-de-Paix.

- (a) 30,924 property inspections and 400 notices sent.
- (b) 11,022 cart loads of rubbish hauled from town.
- (c) 2,022 gallons oil used in mosquito control work.
- (d) 100 dogs killed.
- (e) 110 new latrines constructed.
- (f) Part of Port-de-Paix river running thru town staked.

Saint-Marc.

- (a) 32,711 property inspections and 1,827 notices sent.
- (b) 1,167 truck loads of refuse hauled in mosquito control
work and 1,022 truck loads of refuse hauled from town.
- (c) 1,170 meters concrete gutters constructed.
- (d) 211 meters of dirt canal dug in bed of Petite Riviere.
- (e) One unit of new covered market constructed.
- (f) 66 dogs killed.

HOSPITALS.

Port-au-Prince.

- (a) Private ward screened and additional toilet installed.
- (b) Operating room screened. New sterilizer installed.
- (c) Cement floors constructed in wards I and II.
- (d) Syphon toilets constructed for wards I, II, III, IV, and dispensary.
- (e) Building containing two medical wards (male) and one medical ward (female) constructed. This building includes morgue, pathological museum and clinic room.
- (f) Administration building constructed. This building includes private consultation rooms in addition to administrative offices.
- (g) New kitchen 90 per cent completed.
- (h) Building containing depot, pharmacy and dental office constructed.
- (i) Internal changes in dispensary building so that ground floor contains all dispensary activities and entire upper floor all laboratory activities.
- (j) System of minimum routine laboratory work on all admitted cases instituted. System of history and physical examination on all admitted cases as used at Massachusetts General Hospital instituted.
- (k) Training of laboratory technicians instituted.
- (l) Wednesday morning clinical conference instituted.
- (m) Daily free neosalvarsan instituted.
- (n) Total patients admitted-----3,592
Births-----214
Outpatients treated (hospital)-----98,686
Rural clinic patients treated-----56,158
Major operations performed-----826
Minor operations performed-----1,787
Rural clinics held-----585
- (p) Rural dispensaries constructed at Cabaret, Léogane, Croix-dos-Bouquets.

Port-au-Prince.

- (a) Private ward screened and additional toilet installed.
- (b) Operating room screened. New sterilizer installed.
- (c) General floors constructed in wards I and II.
- (d) Syphon toilets constructed for wards I, II, III, IV, and dispensary.
- (e) Building containing two medical wards (male) and one medical ward (female) constructed. This building includes morgue, pathological museum and clinic room.
- (f) Administration building constructed. This building includes private consultation rooms in addition to administrative offices.
- (g) New kitchen 80 per cent completed.
- (h) Building containing depot, pharmacy and dental office constructed.
- (i) Internal changes in dispensary building so that ground floor contains all dispensary activities and entire upper floor all laboratory activities.
- (j) System of minimum routine laboratory work on all admitted cases instituted. System of history and physical examination on all admitted cases as used at Massachusetts General Hospital instituted.
- (k) Training of laboratory technicians instituted.
- (l) Wednesday morning clinical conference instituted.
- (m) Daily free noonday meal instituted.
- (n) Total patients admitted-----15,732
Births-----214
Outpatients treated (Hospital)-----22,866
Rural clinic patients treated-----25,156
Major operations performed-----686
Minor operations performed-----1,787
Rural clinics held-----363
- (p) Rural dispensary constructed at Cap-Haïtien, Cap-Haïtien, Cap-Haïtien.

Medical School.

- (a) New building constructed and partially equipped.
- (b) Seven members of faculty granted one year's leave of absence to pursue studies under Rockefeller Foundation Fellowships in United States, Canada and France.

Cap-Haitien.

- (a) Total admissions----- 1,850
 Outpatients treated (hospital)-----17,274
 Patients treated rural clinics-----53,238
 Major operations performed----- 267
 Minor operations performed----- 442
- (b) Operating room screened.
- (c) Mess hall for men's ward constructed.
- (d) Sodding of lawns completed.
- (e) Rural dispensaries constructed at Le Trou, Vallières and Fort-Liberté.

Cayes.

- (a) Total admissions----- 202
 Outpatients treated (hospital)----- 7,394
 Outpatients treated (rural clinics)--46,978
 Major operations----- 10
 Minor operations----- 84
- (b) Rural clinics opened at Arniquet, Les Anglais, Chardonnières, Coteaux, Damassins, Roche à Bateau, Carpentier and Port-à-Navette.
- (c) Bath room and latrine constructed for hospital patients.
- (d) Shower bath for nurses constructed.
- (e) Septic tank for dispensary constructed.

Gonaives.

- a) Total admissions----- 405
 Outpatients treated (hospital)----- 7,880
 Outpatients treated (rural clinics)--40,933
 Major operations----- 105
 Minor operations----- 281

Medical School.

- (a) New building constructed and partially equipped.
 (b) Seven members of faculty granted one year's leave of absence to pursue studies under Rockefeller Foundation Fellowship in United States, Canada and France.

Top-Hatman.

- (a) Total admissions-----1,880
 Outpatients treated (hospital)-----1,232
 Outpatients treated (rural clinics)-----2,238
 Major operations performed-----287
 Minor operations performed-----442

- (b) Operating room screened.
 (c) Nurse hall for men's ward constructed.
 (d) Redding of lawn completed.
 (e) Rural dispensaries constructed at La Teon, Vallidoro and Port-Arthur.

Gayton.

- (a) Total admissions-----202
 Outpatients treated (hospital)-----1,104
 Outpatients treated (rural clinics)-----48,278
 Major operations-----10
 Minor operations-----64

- (b) Rural clinics opened at Mandeville, La. 1931, Grandmaitre, Coeur d'Alene, Idaho 1932, Grandmaitre and Port-Arthur, Nevada.
 (c) Bath room and latrine constructed for hospital patients.
 (d) Shower bath for nurses constructed.
 (e) Septic tank for dispensary constructed.

Conover.

- (a) Total admissions-----402
 Outpatients treated (hospital)-----2,230
 Outpatients treated (rural clinics)-----40,932
 Major operations-----102
 Minor operations-----281

- (b) Operating room and dispensary constructed.
- (c) Rural dispensary constructed at Marmelade.
- (d) Installation of modern laboratory and operating room equipment.
- (e) Electric lighting installed.
- (f) Independent water system installed.

Hinche.

- (a) Total Admissions----- 318
Outpatients treated (hospital)-----14,417
Outpatients treated (rural clinics)---33,598
Major operations----- 27
Minor operations----- 391
- (b) Servants quarters, morgue and carpenter shop built.
- (c) Woven wire fence surrounding hospital built.
- (d) Palm trees planted in front of hospital.
- (e) Procurement of land in Thomonde, Lascahobas, and Maissade for rural dispensary sites.
- (f) Rear porch built for sisters home.
- (g) Pump house stack replaced.
- (h) Roof, east wing hospital replaced.

Jacmel.

- (a) Total admissions----- 213
Outpatients treated (hospital)-----21,580
Outpatients treated (rural clinics)---113,743
Major operations----- 9
Minor operations----- 170
- (b) Rural dispensary constructed at Saltrou.
- (c) Land procured for rural dispensary at Cote-de-Fer.
- (d) New latrine constructed at hospital.
- (e) Additions to water line to hospital.

- (b) Operating room and dispensary constructed.
- (c) Rural dispensary constructed at Gamba.
- (d) Installation of modern laboratory and operating room equipment.
- (e) Electric lighting installed.
- (f) Independent water system installed.

Income.

- (a) Total admissions----- 318
Outpatients treated (hospital)----- 14,417
Outpatients treated (rural clinics)----- 33,228
Major operations----- 27
Minor operations----- 391
- (b) Servants quarters, morgue and carpenter shop built.
- (c) Woven wire fence surrounding hospital built.
- (d) Palm trees planted in front of hospital.
- (e) Procurement of land in Thonoma, Bassechobou, and Kalsaba for rural dispensary sites.
- (f) Rest porch built for sisters' home.
- (g) Pump house stack replaced.
- (h) Roof, east wing hospital replaced.

Expenditures.

- (a) Total admissions----- 213
Outpatients treated (hospital)----- 21,280
Outpatients treated (rural clinics)----- 113,743
Major operations----- 9
Minor operations----- 170
- (b) Rural dispensary constructed at Gaitton.
- (c) Land procured for rural dispensary at Cote-de-Por.
- (d) New latrine constructed at hospital.
- (e) Addition to water line to hospital.

- (f) Series of concrete walks built at hospital.
- (g) New entrance gate of concrete and wood.
- (h) New roof and ceiling for main ward building.
- (i) Additional flower beds at Hospital grounds.
- (j) Repairs at Rural dispensaries at Fond Melon and Peredo.
- (k) Motor boat received for rural clinic trips.
- (l) X-ray outfit installed.

Jeremie.

- (a) Total admissions----- 126
 Outpatients treated (hospital)-----15,004
 Outpatients treated (rural clinics)-- 4,762
 Major operations----- 16
 Minor operations----- 114
- (b) New dispensary building constructed.
- (c) Main hospital buildings painted; wards ceiled.
- (d) New water line to hospital.
- (e) Shower bath for sisters installed.
- (f) Rural dispensaries built at Marfranc and Moron.

Petit-Goave.

- (a) Total admissions----- 198
 Outpatients treated (hospital)-----23,674
 Outpatients treated (rural clinics)--32,342
 Major operations----- 2
 Minor operations----- 89
- (b) Brick stove and cement kitchen of hospital repaired.
- (c) Hospital ward constructed.
- (d) Dispensary, two depots, shower baths and toilets completed.
- (e) Water pump installed for hospital. Well enlarged.
- (f) Shade trees, shrubs, flowers planted in hospital grounds.

- (f) X-ray outfit installed.
- (k) Motor boat received for rural clinic station.
- (j) Repairs at rural dispensaries at Penn Mason and Peredo.
- (i) Additional flower beds at Hospital grounds.
- (h) New roof and ceiling for main ward building.
- (g) New entrance gate of concrete and wood.
- (f) Series of concrete walks built at Hospital.

Summary.

- (a) Total admissions-----136
- Outpatients treated (Hospital)-----15,004
- Outpatients treated (rural clinics)-----4,763
- Major operations-----16
- Minor operations-----114
- (b) New dispensary building constructed.
- (c) Main Hospital building painted; wards refitted.
- (d) New water line to Hospital.
- (e) Shower bath for station installed.
- (f) Rural dispensaries built at Kaituma and Moken.

Notes-Contd.

- (a) Total admissions-----136
- Outpatients treated (Hospital)-----15,004
- Outpatients treated (rural clinics)-----4,763
- Major operations-----16
- Minor operations-----114
- (b) Brick stove and cement kitchen at Hospital repaired.
- (c) Hospital ward constructed.
- (d) Dispensary, two depots, shower baths and toilets completed.
- (e) Water pump installed for Hospital. Well enlarged.
- (f) Shade trees, shrubs, flowers planted in Hospital grounds.

- (g) Land purchased to enlarge hospital grounds.
- (h) 650 feet of stone and gravel walks constructed on hospital grounds.
- (i) Rural dispensaries constructed at Grand-Goave, Miragoane, St. Michel, Petit-Trou, l'Asile and Baradères.

Port-de-Paix.

(a) Total admissions-----	284
Outpatients treated (hospital)-----	10,994
Outpatients treated (rural clinics)---	34,219
Major operations-----	24
Minor operations-----	169

(b) Main hospital building constructed.

(c) Operating room constructed.

Saint-Marc.

(a) Total admissions-----	320
Outpatients treated (Hospital and rural clinics)-----	39,847
Major operations-----	16
Minor operations-----	149

(b) Mens ward constructed.

(c) Operating room constructed.

(d) Dispensary building painted.

(e) Water line installed for dispensary.

(f) Rural dispensaries constructed at Mont-Rouis, and Carrefour Grosse Chaudière.

- (c) Land purchased to enlarge hospital grounds.
 (d) 850 feet of stone and gravel walks constructed on hospital grounds.
 (e) Rural dispensary constructed at Grand-Gravel, 11200 sq. ft., St. Michel, Petit-Trou, L'Anse and Grand-Gravel.

Port-de-Paix.

(a)	Total admissions	234
	Outpatients treated (hospital)	10,244
	Outpatients treated (rural clinics)	21,219
	Major operations	24
	Minor operations	169

- (b) Main hospital building constructed.
 (c) Operating room constructed.

Saint-Marc.

(a)	Total admissions	320
	Outpatients treated (hospital and rural clinics)	32,847
	Major operations	14
	Minor operations	149

- (b) Mens ward constructed.
 (c) Operating room constructed.
 (d) Dispensary building painted.
 (e) Water line installed for dispensary.
 (f) Rural dispensary constructed at Port-Vieux, and Carrefour, Grande-Chaudière.

PLANS FOR THE FUTURE.

Division of Sanitation. As in the past two years efforts in sanitation proper have been confined entirely to intensive work within areas that contain the larger centers of population and such rural sections that border upon these centers. This policy will be continued and additional rural sections will be added for sanitary improvements as funds may become available.

Twenty five additional rural dispensaries are required to relieve congestion during clinic days at the larger clinic centers.

Additional funds for increased personnel, for the upkeep and maintenance of permanent sanitary improvements. Nurses (native) for instruction in Public Health work are required for each district.

Port-au-Prince.

That two additional one and one half ton trucks be furnished for street cleaning and garbage service.

That this service purchase a suitable truck and undertake to transport meat from the abattoir to the various markets.

That a law be enacted forbidding any person or persons to handle night soil unless possessed with equipment approved by the Service d'Hygiène and making it an offense for any individual to hire any person not so properly equipped.

That the Commune of Pétion-Ville be encouraged to revise their tax assessments and increase their earning power in other directions with a view towards making them more or less financially independent in matters of sanitation and care of streets.

That additional public markets for Port-au-Prince be considered as proper state obligation on the same basis with the water supply, sewage system and surface drainage.

That Public Health Nurses (native) be added to the personnel of this sanitation district.

Cap-Haïtien.

Provision for adequate water supply.

PLANS FOR THE FUTURE.

Division of Sanitation. In the past two years efforts in sanitation proper have been confined entirely to intensive work within areas that contain the larger centers of population and such rural locations that border upon these centers. This policy will be continued and additional rural sections will be added for sanitary improvements as funds may become available.

Twenty five additional rural dispensaries are required to relieve congestion during clinic days at the larger clinic centers.

Additional funds for increased personnel, for the agency and maintenance of permanent sanitary improvements, houses (native) for inspection in public health work are required for each district.

Port-au-Prince.

That two additional one and one half ton trucks be furnished for street cleaning and garbage service.

That this service purchase a suitable truck and undertake to transport meat from the abattoir to the various markets.

That a law be enacted forbidding any person or persons to have his night soil refuse possessed with equipment approved by the Service d'Hygiene and making it an offense for any individual to hire any person not so properly equipped.

That the Commune of Port-au-Prince be encouraged to revise their tax assessments and increase their revenue power in order to finance with a view towards making their own or have financially independent in matters of sanitation and care of streets.

That additional public markets for Port-au-Prince be considered as proper state obligation on the same basis with the water supply, sewage system and surface drainage.

That Public Health Nurses (native) be added to the personnel of this sanitation district.

Cap-Haitien.

revised for adequate water supply.

Aux Cayes.

Continuation of drainage of swamp land.

River or flood control especially in Aux Cayes, St. Jean and Roche à Bateau.

Cement curbs and gutters for all drainage streets.

Changing course of and filling Renaud River.

More private latrine building.

Gonaïves.

Construction of a dispensary building at La Brande.

A new sanitary abattoir.

A sanitary meat market.

Finish concreting remaining portion of the canal along Rue Louverture.

Narrowing canal along Rue des Dattes.

Raising level of canal in front of Gendarmerie Barracks.

Hinche.

Draining of large lagoon and filling in same.

Construction of public latrines in all towns.

Provide each market with a simple but suitable abattoir.

Jacmel

Construct cement gutters where urgently required.

Construct public latrines near the public market.

Drainage of the swamp east of town.

That a survey be made with a view to obtaining a better water supply at Grand Gosier.

San Carlos.

Continuation of drainage of swamp land.
 River or flood control especially in San Carlos, St. John and
 Roche & Bessy.
 Cement curbs and gutters for all drainage streets.
 Changing course of and filling Grand River.
 More private latrine building.

San Carlos.

Construction of a dispensary building at La Grande.
 A new sanitary latrine.
 A sanitary meat market.
 Finish concreting remaining portion of the canal along the
 Lower part.
 Narrowing canal along Rio San Carlos.
 Raising level of canal in front of Government Barracks.

San Carlos.

Drainage of large lagoon and filling in same.
 Construction of public latrine in all towns.
 Provide each market with a simple but suitable latrine.

San Carlos.

Construct cement gutters where urgently required.
 Construct public latrines near the public market.
 Drainage of the swamp east of town.
 Have a survey be made with a view to obtaining a better water
 supply at Grand Goaler.

That the springs at Bodaris and Cote-de-Fer be capped with cement.

That the swamp at Marigot be drained and filled in.

Jeremie.

Erection of a dispensary at Roseaux.

Completion of the meat market.

Replacing all wooden rubbish boxes with empty oil drums.

Construction of two new latrines.

Construction and repair of gutters and drains.

Completion of card index system for mosquito control.

Petit-Goave.

Construction of a public latrine on the seaward side of the market in Petit-Goave.

Ditching and filling in swamps about Petit-Goave, and one low place in the town of Miragoane.

Subsoil drainage of several swamps about Petit-Goave.

Construction of a meat market for Petit-Goave.

Extending the two stone and cement canals leading to the sea near town wharf in Petit-Goave.

Repair of drainage canal of abattoir.

Port-de-Paix.

Standard rural dispensary at St. Louis du Nord.

Renovation of meat market and general market at Port-de-Paix.

Saint-Louis du Nord:

Rubbish bodes.

Abattoir.

Public Latrine.

That the springs at Bodoris and Gots-de-Nor be covered with cement.
That the swamp at Marigot be drained and filled in.

Jeremie.

Erection of a dispensary at Meseaux.
Completion of the meat market.
Replanning all wooden rubbish boxes with empty oil drums.
Construction of two new latrines.
Construction and repair of gutters and drains.
Completion of card index system for medical control.

Petit-Croix.

Construction of a public latrine on the seaward side of the
market in Petit-Croix.
Ditching and filling in swamps about Petit-Croix, and one low
place in the town of Miracour.
Subsoil drainage of several swamps about Petit-Croix.
Construction of a meat market for Petit-Croix.
Extending the two stone and cement canals leading to the sea
near town wharf in Petit-Croix.
Repair of drainage canal of Abattoir.

Port-de-Paix.

Standard rural dispensary at St. Louis du Nord.
Renovation of meat market and general market at Port-de-Paix.
Saint-Louis du Nord:
Rubbish boxes.
Abattoir.
Public latrine.

Jean Rabel:

Public latrine
Screened meat market.
Grading the streets.

Anse-à-Foleur:

Public latrine.
Better drainage for the town.

Saint-Marc.

Cement refuse boxes throughout Saint-Marc.

Installation of a mechanical chlorinating apparatus at the water reservoir.

Construction of cement street canals.

Construction of dispensary buildings at Luly, Petite Rivière and Verrettes.

Division of Quarantine. Recommendation has been made for the erection of a quarantine station on the land acquired for that purpose. Thereby meeting the requirements of the Pan American Sanitary Code.

Division of Hospital activities. Eighty six per cent of the items recommended in the 1924 programme have been completed and are actually existing and in full operation today. Several Extraordinary Credits have balances left to complete the remaining part of the three year programme.

There is urgent need for a hospital for mental cases (200 beds) at Port-au-Prince, also a 25 beds Hospital for Lepers.

Additions to the Hospitals at Port-au-Prince, Cap-Haitien, and Gonaïves are necessary as well as additional land to enlarge the hospitals at Port-au-Prince, Petit-Goave and Saint-Marc.

Improvements in Hospitals.

Haitian General Hospital, Port-au-Prince.

Installation of toilets for maternity, the sisters' home and the nurses' home.

The tiling of the floor of the sisters' home.

Public Health
Sewerage and Water
Grading the streets.

Public Health
Sewerage and Water
Grading the streets.

Saint-Marc.

Cement refuse boxes throughout Saint-Marc.
Installation of a mechanical chlorinating apparatus at the water
reservoir.

Construction of cement street canals.

Construction of dispensary buildings at Imy, Petite Rivière and
Verrettes.

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There is urgent need for a hospital for mental cases (200 beds) at
Port-au-Prince, also a 25 beds hospital for leprosy.

Additions to the Hospital at Port-au-Prince, Cap-Haitien, and
Gonaïves are necessary as well as additional land to enlarge the hos-
pitals at Port-au-Prince, Petite-Goave and Saint-Marc.

Improvements in Hospitals.

Haitian General Hospital, Port-au-Prince.

Installation of toilets for maternity, the sisters' home and
the nurses' home.

The tilting of the floor of the sisters' home.

The tiling of the floors of all the rooms in the operating Building.

The installation of a delivery room which will also serve as an emergency additional operating room in the old hospital laboratory at the end of ward one.

The installation of a room for private obstetrical case in the remaining room at end of ward one.

Enlargement of delivery room in the maternity building and installation of the old sterilizing outfit from the operating room there.

The remodeling of the old kitchen to serve as linen storage, mending and pressing room.

The remodeling of sisters' old store room to serve as the Chaplain's office.

The construction of an additional dormitory on the second floor of the nurses' home capable of taking care of twenty additional pupil nurses.

The construction of two toilets in connection with this addition.

The construction of an additional room, wash room and toilet on the second story of the sisters' home, to be supported by pillars with pantry and veranda beneath.

The construction of a new morgue, dissecting room, a pathological museum near the Medical School and open on the street. The remodeling of the present morgue, etc. into a children's ward with a toilet.

The enlargement of the chapel into cross shape as contemplated when chapel was built.

The rebuilding of fence around hospital grounds.

Cup-Haitien.

Repairs to roof of operating building.

Repairs to roof of main building.

Painting Hospital.

Screening of kitchen.

Construction of incinerator.

The wiring of the floors of all the rooms in the operating building.

The installation of a delivery room which will also serve as an emergency additional operating room in the old hospital laboratory at the end of ward one.

The installation of a room for private obstetrical cases in the remaining room at end of ward one.

Enlargement of delivery room in the maternity building and installation of the old operating unit from the operating room there.

The remodeling of the old kitchen to serve as linen storage, washing and pressing room.

The remodeling of stairs, old store room to serve as the Chaplain's office.

The construction of an additional delivery room on the second floor of the nurses' home capable of taking care of twenty additional pupil nurses.

The construction of two toilets in connection with this addition.

The construction of an additional room, wash room and toilet on the second story of the nurses' home, to be supported by pillars with pantry and veranda beneath.

The construction of a new morgue, dissecting room, a pathological museum near the Medical School and open on the street. The remodeling of the present morgue, etc. into a children's ward with a toilet.

The enlargement of the chapel into cross shape as contemplated when chapel was built.

The rebuilding of fence around hospital grounds.

Cap-Hall.

Repairs to roof of operating building.

Repairs to roof of main building.

Painting Hospital.

Remodeling of kitchen.

Construction of incinerator.

Aux Cayes.

Construction of an operating room, another double ward building similar to the present one, also a maternity and contagious ward, garage; stable and new office in Hospital Building.

Gonaives.

Construction of a new men's ward is urgently needed.

A new wall and gate in front of the hospital extending to include new land acquired adjacent to present hospital property.

Construction of new mess hall and galley.

A park in front of Hospital.

Jacmel.

Erection of a flag pole at the Hospital.

Jeremie.

The erection of a chapel out of funds originally donated to the Hospital for that purpose.

The installation of a Delco and Frigidaire unit at the Hospital, to supply adequate lighting and refrigeration, thus enabling more laboratory work to be done, and supply adequate light for the operating room at night as well as the rest of the Hospital.

Construction of a garage.

Consolidation of sanitation office with Hospital office for economy.

Petit-Goave.

Construction of the middle section and the operating room for the new Hospital.

Installation of water supply system in Hospital.

Construction of a stone wall around two third of the hospital property.

Finish filling and leveling the hospital grounds with dirt.

Box Caves.

Construction of an operating room, another double ward building similar to the present one, also a maternity and convalescent ward, storage stable and new office in Hospital Building.

Commissaries.

Construction of a new man's ward is urgently needed. A new wall and gate in front of the Hospital extending to include new land acquired adjacent to present hospital property. Construction of new men's hall and library. A park in front of Hospital.

General.

Erection of a flag pole at the Hospital.

General.

The erection of a chapel out of funds originally donated to the Hospital for that purpose.

The installation of a voice and light system and at the Hospital to supply adequate lighting and ventilation, thus enabling more laboratory work to be done, and supply adequate light for the operating room at night as well as the rest of the Hospital.

Construction of a garage.

Consolidation of examination office with Hospital office for economy.

Public Grounds.

Construction of the middle section and the operating room for the new Hospital.

Installation of water supply system in Hospital.

Construction of a stone wall around two thirds of the Hospital property.

Finish filling and leveling the Hospital grounds with dirt.

Planting of more shade trees, shrubbery and flowers in the Hospital grounds.

Purchasing the remaining land lying between the Hospital property and the main street.

Saint-Marc.

Construction of a depot large enough to hold the present equipment and to include a garage for the motor equipment.

Wiring of Hospital and installation of a Delco system.

Construction of kitchen.

Storeroom for provisions and hospital accessories.

Incinerator, small size for dressings, fomites, etc.

Sisters quarters and toilet.

Hospital wall.

Piping of running water into new wards and laboratories.

Construction of a cement tank in order that water will be available at all times.

Cement walks and driveways.

Animal coop and runway.

Isolation ward with enclosure.

Division of Medical Education. With the completion of the Medical School and its dedication on 3 October 1927, it has been found expedient to request a new morgue and refrigerating plant for dissecting and autopsy work in connection with instruction of students.

Planting of more shade trees, shrubbery and flowers in the hospital grounds.
Purchasing the remaining land lying between the Hospital property and the main street.

General Notes:

Construction of a deep well enough to hold the present equipment and to include a pump for the water supply.
Laying of Hospital and installation of a water system.
Construction of kitchen.
Storeroom for provisions and hospital necessities.
Incinerator, small also for dressings, linens, etc.
Staffs quarters and toilet.
Hospital walls.
Piping of running water into new wards and later hospital.
Construction of a cement tank in order that water will be available at all times.
Cement walks and driveways.
Animal coop and runways.
Isolation ward with enclosures.
Division of Medical Education. With the completion of the Medical School and the donation on 3 October 1937, it has been found expedient to request a new program and reorganize the plans for dissecting and shop work in connection with instruction of students.

THREE YEAR PROGRAM.

LIST OF CREDITS FOR THE DEVELOPMENT & OPERATION OF THE PUBLIC HEALTH SERVICE THROUGH FISCAL YEAR 1930-31 - EXTRAORDINARY CREDITS (GOURDES).

	1927-28	1928-29	1929-30	1930-31	TOTAL
Morgue, Haitian General Hospital, Port-au-Prince	70,000				70,000
purchase & instal. of refrigerating apparatus in Morgue		15,000			15,000
Improvement, Justinian Hospital, Cap-Haitien	60,000				60,000
Improvement to Pumping Station, Hinche Hospital	7,000				7,000
Quarters for Asst. Public Health Officer Hinche	15,000				15,000
25 rural dispensaries	162,500				162,500
General improvements in sanitation	167,500	403,800	403,800	403,800	1,378,900
Hosp. (200 beds) for patients with mental diseases, Port-au-Prince		280,000			280,000
Lazaretto (Lepers) 25 beds, Port-au-Prince		70,000			70,000
Quarantine Station, Port-au-Prince.		190,000			190,000
Additions to Hospital, Cap-Haitien.	70,000				70,000
Improvements, Haitian General Hospital, Port-au-Prince	27,000				27,000
Purchase of land for rural dispensaries	20,000	30,000	30,000	30,000	110,000
Sisters quarters, Hospital Port-Marc.	23,000				23,000
Iron & Masonry fence, Haitian General Hospital		60,000			60,000
Masonry fence, Quarantine Station, Port-au-Prince		12,000			12,000
Purchase of land for enlargement Hosp. at Port-au-Prince Port-Goave and Saint Marc	75,000				75,000
Public Health Nurse, Scho-ship.	9,000				9,000
GRAND TOTAL GOURDES	706,000	1,060,000	433,800	433,800	2,634,400

REGULAR BUDGETARY CREDITS (Gourdes)

1928-29	1929-30	1930-31
4,018,200.00	3,966,000.00	3,936,000.00

THREE YEAR PROGRAM
LIST OF CREDITS FOR THE DEVELOPMENT & OPERATION OF THE PUBLIC HEALTH SERVICE
VICT THROUGH FISCAL YEAR 1950-51 - EXTRAORDINARY CREDITS (Continued)

	1947-48	1948-49	1949-50	1950-51	TOTAL
Cap-Haitien	60,000				60,000
Government to Pumping	7,000				7,000
Minche Hospital	15,000				15,000
Officers Minche	15,000				15,000
Rural dispensaries	162,500				162,500
General improvements in	167,500	403,800	403,800	403,800	1,378,000
Station		280,000			280,000
Central dispensary, Port-		70,000			70,000
Prinche		180,000			180,000
Station (Jeppet) 25 beds					
Prinche					
Station to Hospital	70,000				70,000
Improvements, Haitian Gen-	27,000				27,000
Hospital, Port-Prinche	20,000	30,000	30,000	30,000	110,000
Purchase of land for rural	23,000				23,000
dispensaries		60,000			60,000
General Hospital	12,000				12,000
Prinche	75,000				75,000
Purchase of land for enlar-					
geon at Port-Prinche	2,000				2,000
Corvee and Saint Marc					
Marie Health Nurse, Scho-					
le					
AND TOTAL CREDITS	706,000	1,060,000	433,800	433,800	2,633,400

REGULAR BUDGETARY CREDITS (Continued)

1947-48 1948-49 1949-50 1950-51

4,018,200.00 2,966,000.00 2,936,000.00

Item 1 and 2. Morgue - Haitian General Hospital, Port-au-prince. The reorganization of the Medical School and its affiliation with the Haitian General Hospital has brought to the front an acute need for a building devoted entirely to the study of pathology. The term "acute" is used advisably for the small building in which present activities of this important department occur is in evidence by its nauseating odor (especially in summer months) in the very heart of the hospital grounds. When erected in 1922 it stood quite apart from all other buildings. Now by its close proximity to three wards, the chapel and the main kitchen the present morgue, inadequate for the purpose of teaching pathology, is at times an actual menace. Therefore a new building has been designed to serve the triple purpose of a morgue, pathological laboratory, and pathological museum. The estimate of Gourdes 85,000.00 covers construction of building as well as purchase and installation of a modern refrigeration apparatus with a capacity for four cadavers. It is planned to place this building near the Medical School. Here, as a teaching unit, it will be in immediate contact with the School; as a morgue it will abolish for all time the depressing sights of funerals through the hospital grounds.

As stated above the need for this building is acute. One has only to walk through the center of the hospital grounds on any hot day to realize the urgency of this recommendation.

Item 3. Improvement of Justinien Hospital, Cap-Haitien. Funds to the extent designated are absolutely necessary at once to prevent further deterioration of the operating room unit and the administration building at Cap-Haitien. One year ago bad leaks in roof and cracking walls began to occur in these two structures, but because of lack of funds, repairs have not been possible. Leaky roofs can be endured for a time without grave danger to patients in any place outside of an operating room. There a drop of roof water or speck of ceiling dust contaminating a sterile field may mean the very life of the patient. In the evaluation of our whole program this item stands second to none.

Item 4. Improvement of pumping plant, Hinche Hospital. The Hospital pumping plant provides water for the entire reservation at Hinche. To meet eventualities there should be installed as a reserve element a gasoline driven pumping unit. In this respect the following comment by the Engineer in Chief is quoted:

"I believe that it will be more advisable to install, in a separate building which would be small, a gasoline driven pumping unit, with its own suction piping to the suction well, and with its discharge piping connected to the present pump main a short distance away from the present pump house. This will retain the present additional pumping installation, and will very materially reduce inconvenience and possible lack of water during the reconstruction period. The estimated cost of the additional pump unit and building hereinabove recommended is Gdes. 7,000.00."

Item 1 and 2. Hospital General Hospital, Fort-...
reorganization of the Medical School and its affiliation with the
Hospital General Hospital has brought to the front an acute need for a
building devoted entirely to the study of pathology. The term "pathology"
used exclusively for the small building in which present activities
this important department occur is in evidence by its name.
on (especially in summer months) in the very heart of the hospital
units. When erected in 1923 it stood apart from all other build-
ings. Now by its close proximity to these wards, the school and the
in kitchen the present movement, independent for the purpose of teaching
theory, is at times an actual handicap. Therefore a new building has
been assigned to serve the triple purpose of a morgue, pathological in-
ternary, and pathological museum. The cost of building is \$200,000.
The construction of building is well as purchase and installation
a modern refrigeration apparatus with a capacity for four cadavers.
is planned to place this building near the Medical School. Here, as
teaching unit, it will be in immediate contact with the School; as
morgue it will abolish for all time the deplorable state of affairs
through the hospital grounds.

As stated above the need for this building is acute. One has
to walk through the center of the hospital grounds on any hot day
to realize the urgency of this recommendation.

Item 3. Improvement of Hospital General Hospital, Fort-...
The extent suggested are absolutely necessary as one can observe
their deterioration of the operating room unit and the administration
building at Fort-Hall. One year ago had been in need and awaiting
the began to occur in these two structures, but because of lack of
funds, repairs have not been possible. Lack of funds can be overcome for
time without grave danger to patients in any place outside of an
operating room. There a drop of water or splash of ceiling water
constituting a sterile field may mean the very life of the patient.
The evaluation of our whole program this item stands second to none.

Item 4. Improvement of existing plant, Lincoln Hospital. The
capital planning plant provides a plan for the entire reconstruction of
the hospital. To meet eventualities there should be installed as a reserve
power a gasoline driven pumping unit. In this respect the following
statement by the Engineer in Chief is quoted:

"I believe that it will be more advisable to install, in a sep-
arate building which would be small, a gasoline driven pumping unit, with
a own suction piping to the water well, and also for discharge pi-
ping connected to the present pump main a short distance away from the
existing house. This will reduce the pressure additional pumping
as it is, and will very materially reduce inconvenience and possible
loss of water during the reconstruction period. The estimated cost of
a additional pump unit and building heretofore recommended is \$200,000."

Item 5. Quarters for Assistant Public Health Officer, Hinche. The need for this is urgent. Prior to this year there has been one house in the town of Hinche that could be and was rented by the Assistant Public Health Officer. Three months ago the owner refused to renew the lease and moved back into the house. As a result the officer has been compelled to live in one of the private rooms of the Hospital. We ask for our personnel at Hinche no more nor less than is accorded the representatives of sister services, all of whom occupy quarters and pay rent to the Haitian Government for same.

Item 6. Twenty five Rural Dispensaries. Among all the activities of this Service the results of the rural clinic movement stand second to none. Today 105 country clinics are in operation, 36 of which are held in standard dispensary buildings. Of the latter 6 more are under construction. As rapidly as funds will permit we shall continue the development of the Rural clinic system, the importance of which for Haiti needs no comment by this Office.

Item 7. Permanent Sanitary Improvements. For this aspect of Public Health work huge sums, relatively speaking, will be necessary for years to come. The first cost is necessarily high but its value to a community cannot be disputed. The splendid results in mosquito extermination attained at Fort-Liberté where the mouth of river Marion was moved one mile; the reclamation of Cap-Haitien, Cayes, Petit-Goave and Gonaives from their nearby swamps; the practical extermination of anopheles from the Port-au-Prince shore line are all brilliant examples of what it is hoped can be continued by degrees in every community.

Item 8 and 9. Hospital for patients with mental disease. Lazaretto (Lepers). It should be noted that the sum requested for these projects has been the subject of a recommendation by this office for many years. Last year the first steps toward solving the long standing problem were taken when an ample plot of land near the Naval Radio Station was purchased and fenced. At present (October 17, 1927) there are being housed in the old barracks at Pont Beudet 100 patients with mental disease and in various prisons of the Republic - 40. Total 140. In the interest of future economy and proper hospitalization of these unfortunates it is hoped that the construction of a hospital will not be delayed after water is available at site procured - 8 months hence.

With the sum designated an institution of 200 bed capacity to be constructed along the lines of the Asile Communal and a small leprosarium (25) beds have been planned.

Item 10. Quarantine Station. The three year program of 1924 recommended a special credit in 1927 for the erection of a Quarantine Station. Ample land (adjoining the Navy yard) for this institution is now in our possession. It is our belief that a station properly designed can be used for a double purpose. Quarantine detention and Orphanage (200 beds). When required for the former purpose, the children could easily be transferred temporarily to various city hospitals. Thus

Item 5. Quarters for Assistant Public Health Officer, Hinchey. The need for this is urgent. Prior to this year there has been one house in the town of Hinchey that would be and was rented by the Assistant Public Health Officer. Three months ago the owner refused to renew the lease and moved back into the house. As a result the Officer has been compelled to live in one of the private rooms of the Hospital. We ask for our personnel at Hinchey no more than is accorded the representatives of other services, all of whom occupy quarters and pay rent to the Haitian Government for same.

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Item 7. Permanent Sanitary Improvements. For this aspect of the Health work huge sums, relatively speaking, will be necessary for years to come. The first cost is necessarily high but the value to community cannot be disputed. The splendid results in mosquito extermination attained at Port-au-Prince where the mouth of river Marion was moved one mile; the rectification of Cap-Haitien, Cayes, Petit-Goave and Gonives from their nearby swamps; the practical extermination of mosquitoes from the Port-au-Prince shore line are all brilliant examples of what it is hoped can be continued by degrees in every community.

Item 8 and 9. Hospital for patients with mental disease. Last year (1934). It should be noted that this was requested for these projects has been the subject of a recommendation by this office for many years. Last year the first steps toward solving the long standing problem were taken when an ample plot of land near the Naval Radio Station was purchased and fenced. At present (October 15, 1935) there are being housed in the old barracks at Port-au-Prince 100 patients with mental disease and in various prisons of the Republic - 40. Total 140. In the interest of future economy and proper hospitalization of these unfortunate it is hoped that the construction of a hospital will not be delayed after water is available at site procured - 8 months hence.

With the sum designated in institution of 200 beds a priority to be constructed along the lines of the Asile Communal and a small laboratory (25 beds) have been planned.

Item 10. Quarantine Station. The three year program of 1934 recommended a special credit in 1935 for the erection of a quarantine station. Ample land (adjoining the Navy yard) for this institution is now in our possession. It is our belief that a station properly designed can be used for a double purpose. Quarantine Station and Orphanage (200 beds). When repaired for the former purpose, the children could easily be transferred temporarily to various city hospitals. Thus

ould Haiti's obligations to the Pan American Sanitary Code be met; our present sense of insecurity from a quarantine station standpoint disbelled and homeless orphans raised to the same level of care now provided for delinquent children.

Item II. Additions to Hospital - Gonaives. A new ward building to replace the present dilapidated structure bearing the name of "Mens Ward". Ward building of the same size and type as the new ward building at Saint Marc with the exception that the private rooms in the ward building at Saint Marc are to be omitted in the proposed ward building at Gonaives. Estimated cost of new ward 47,000.00 Gourdes. New kitchen, a mess hall and storeroom 23,000.00 Gourdes. Total 70,000.00 Gourdes.

Item 12. Improvements of certain buildings - Haitian General Hospital, Port-au-Prince. (a) Tiling of the floor of all rooms in operating room building. To date only one room is tiled, leaving six to be modernized. 4,000.00 Gourdes.

(b) Construction of two quiet rooms at west end of ward one Gdes. 2,500.00.

(c) Enlargement of delivery room in Maternity building and installation of old sterilizing outfit from the operating room - Gdes. 1,000.00.

(d) Remodeling of old kitchen to serve as a linen storage, mending and pressing room - 2,000.00 Gourdes.

(e) Construction of an additional dormitory on second floor of nurses home to provide for 20 additional pupil nurses. The construction of two toilets in connection with this addition - 10,000.00 gdes.

At each session of the School in the past two years lack of dormitory space has compelled a marked curtailment of enrollment.

(f) The construction of an additional bed room, washroom and toilet on the second story of the Sisters home - 7,500.00 Gourdes. The need for these is urgent as we cannot increase the number of sisters required at this hospital until space is provided. In this connection attention is invited to the fact that, despite the tremendous expansion of the Haitian General Hospital in the past seven years, the number of sisters on duty remains the same as it was in 1920 - a total of 14. They have borne their added burdens with loyalty and without complaint. By the above means I hope we can express a measure of our gratitude and appreciation.

Item 13. Purchase of land for Rural Dispensaries. Our experience to date in securing sites for these buildings indicates the necessity for sum asked. This will provide land for approximately 15 standard clinic buildings - the remaining 10 to be erected on plots presented by the Government or, without cost, by Communes.

and will be obligated to the San Antonio Hospital to be met. Our
 present source of income from a hospital station is about \$100,000
 and hospital expenses related to the level of care now provided
 to delinquent children.

Item 11. Addition to Hospital - Convalescent. A new ward building
 replaces the present delinquent convalescent ward of 20 beds.
 The building of the same size and type as the new ward building
 is being built with the exception that the private rooms in the ward building
 at San Antonio are to be omitted in the proposed ward building as
 it is estimated that of new ward 40,000.00. New kitchen, new
 hall and storeroom 25,000.00. Total 65,000.00.

Item 12. Improvement of existing building - Kitchen. (a) The floor of all rooms is
 being room building. To date only one room is tiled, leaving six to be
 tiled. 4,000.00. Total 4,000.00.

(b) Construction of two quiet rooms at west end of ward one plan.
 200.00.

(c) Enlargement of delivery room in Maternity building and
 division of old sterilizing outfit from the operating room - about 1,000.00.

(d) Remodeling of old kitchen to serve as a linen storage, laundry
 pressing room - 2,500.00. Total 2,500.00.

(e) Construction of an additional dormitory on second floor of
 main house to provide for 20 additional pupils. The construction
 of two toilets in connection with this addition - 10,000.00. Total 10,000.00.

At each session of the Board in the past two years lack of dormitory space has compelled a marked curtailment of enrollment.

(f) The construction of an additional bed room, washroom and
 toilet on the second story of the Sisters home - 7,500.00. Total 7,500.00.
 For those in urgent need we cannot increase the number of students
 admitted at this hospital until space is provided. In this connection
 attention is invited to the fact that, despite the tremendous expansion of
 the National General Hospital in the past seven years, the number of students
 on duty remains the same as it was in 1920 - a total of 14. They
 have borne their added burdens with loyalty and without complaint. By
 no means I hope we can express a measure of our gratitude and
 appreciation.

Item 13. Purchase of land for Rural Dispensaries. Our experience
 to date in securing sites for these buildings indicates the necessity for
 an action. This will provide land for approximately 15 standard clinics
 buildings - the remaining 10 to be erected on plots presented by the Government or, without cost, by Government.

Item 14. Sisters quarters, Hospital St. Marc. The small house occupied by the Sisters was erected many years ago and for a long time constituted what was called a "hospital". This building is now in such state of disrepair that it is poor economy to spend further sums on it. The amount requested will provide a modest home long and patiently awaited by these deserving sisters.

Item 15. Iron and masonry fence to surround grounds of Haitian General Hospital. This is a project to continue the plan of beautifying Haiti's Medical Education Center. The present old wall is in process of rapid deterioration - awaiting the time when a modern fence similar to that recently installed at New Medical School section of the grounds can be erected. Our plan for the year 1928-29 contemplates a new fence only for the front (west) wall of the hospital, the remaining portions to be erected upon the acquisition of certain additional properties surrounding the hospital grounds. (See item 17).

Item 16. Masonry fence, Quarantine Station site, Port-au-Prince. To inclose the Quarantine Station site at Bizoton in a manner similar to that of the adjoining Navy Yard property, it is necessary to erect on the south and east boundaries a fence two meters high made of concrete block on a masonry foundation. The only finish to this wall will be a cornice on the top of same.

Item 17. Purchase of land for enlarging Hospitals at (a) Port-au-Prince, (b) Petit-Goave and (c) Saint-Marc. (a) Adjoining the Haitian General Hospital, Port-au-Prince on the East and North sides are properties of varying sizes that for the future development and appearance of this institution should be acquired within the next three years. The majority of these properties already belong to the Government but are occupied by squatters.

(b) and (c). At Petit-Goave and Saint-Marc the same reasons for expansion exist. In their cases, however, the sites desired are much smaller and privately owned.

It is believed that all of these private properties can be secured for reasonable amounts and without the necessity of condemnation proceedings.

Item 18. Public Health Nurses Scholarship. In our opinion the activities of this Service have progressed to the stage of entering upon a Public Health Nurse program. Follow up work in the homes of selected hospital and dispensary cases, infant welfare and aids to School physicians and dentists are the important phases of such a nurse's work. We therefore recommend that the sum of 9,000.00 gourdes be allotted for the establishment of this scholarship - the studies to be pursued in the

United States. Thus will the cause of education of Haitian nurses receive encouragement and stimulus similar to that provided recently by the Government for Dentistry and certain aspects of Service Technique Work.

K. C. Melhorn,
Commander (MC) U. S. Navy,
Director General,
Public Health Service of Haiti.

of States. This will be the case of education of Russian nurses
and encourage them to return to their country recently
the Government for assistance and certain aspects of service Tech-
nical work.

K. G. Kefauver
Commander (MC) U. S. Navy
Director General
Public Health Service of Haiti.

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REPUBLIC OF HAITI

ANNUAL REPORT

OF THE

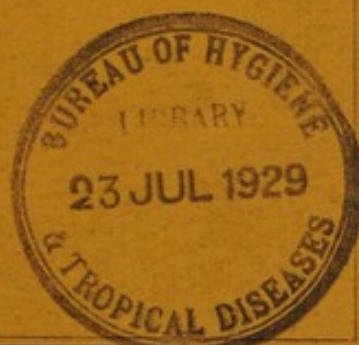
Director General of the Public
Health Service

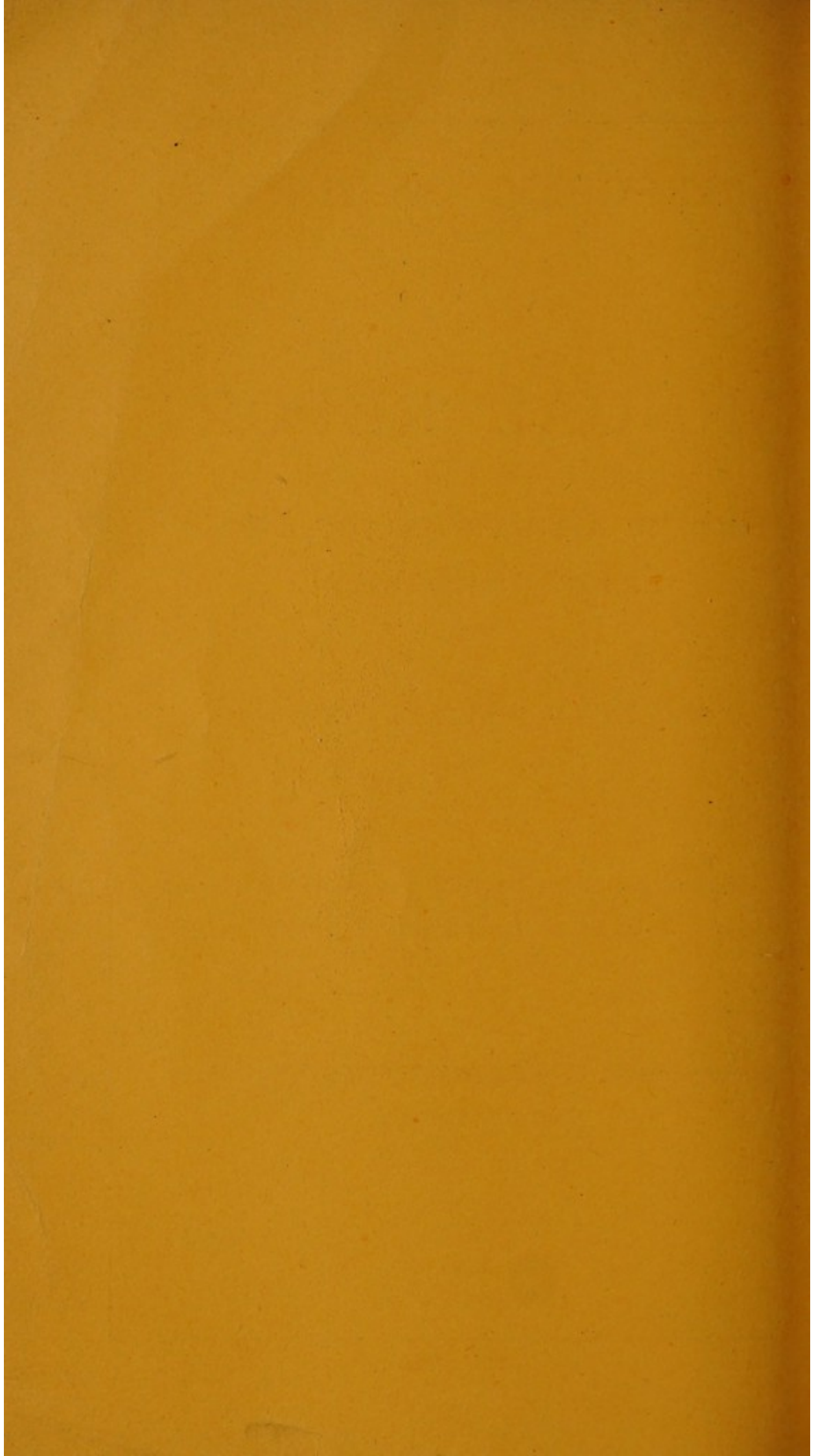
FOR THE FISCAL YEAR 1927-1928

Submitted to the Secretary of State for the
Interior of the Republic of Haiti

Commander K. C. MELHORN, (MC) U. S. Navy
Director General.

Port-au-Prince,
December, 1928.





REPUBLIC OF HAITI

ANNUAL REPORT

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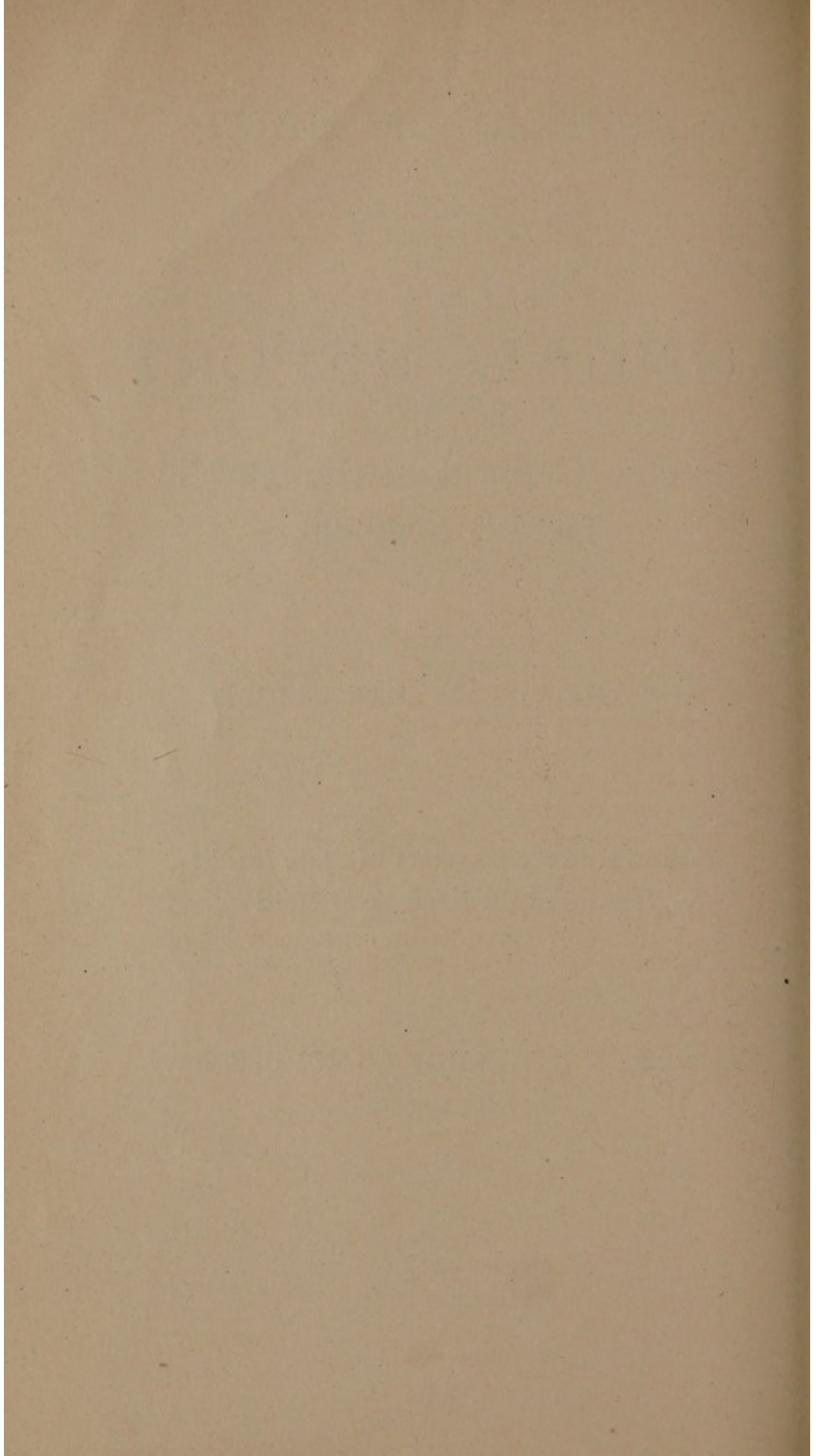
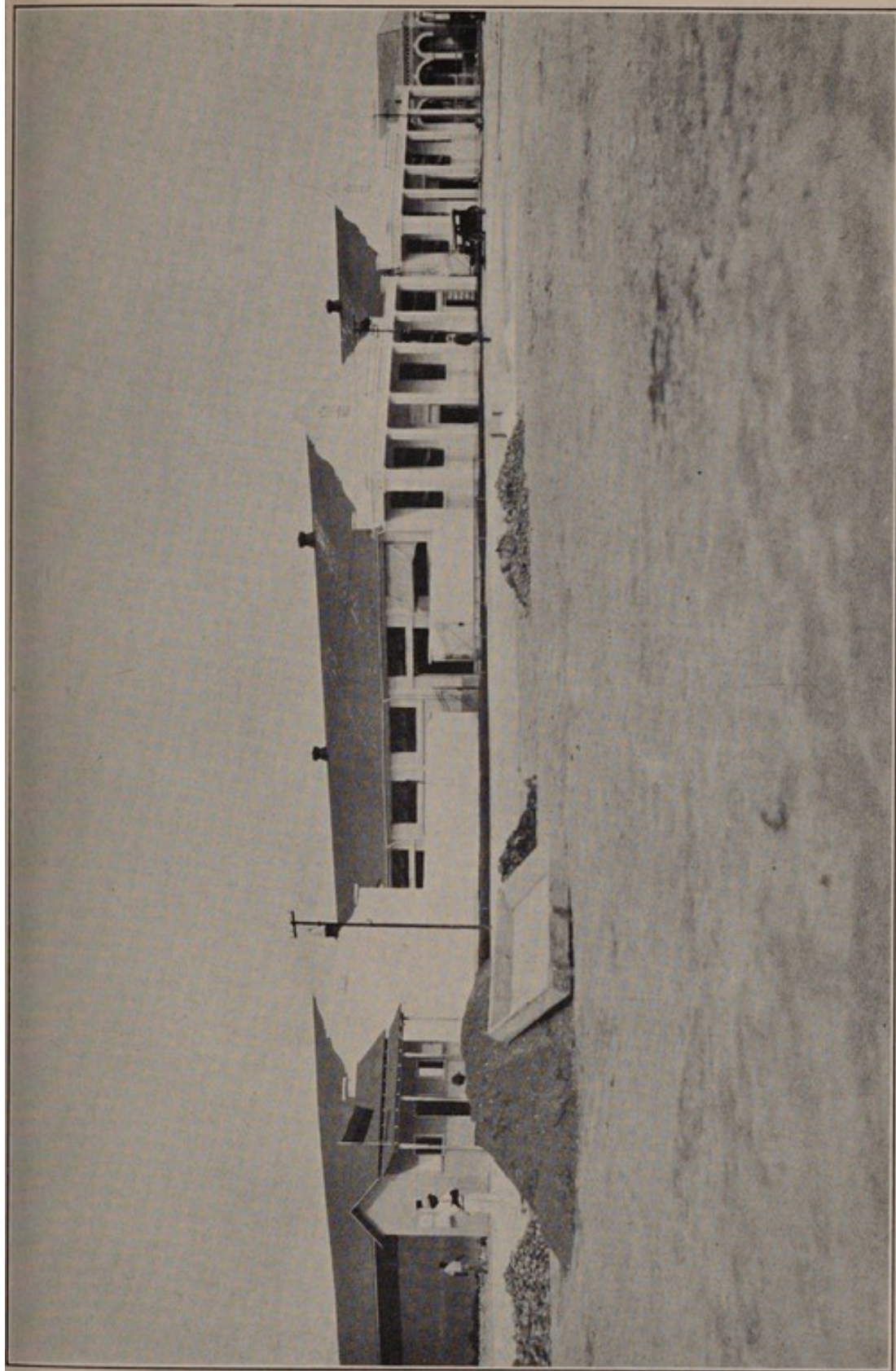


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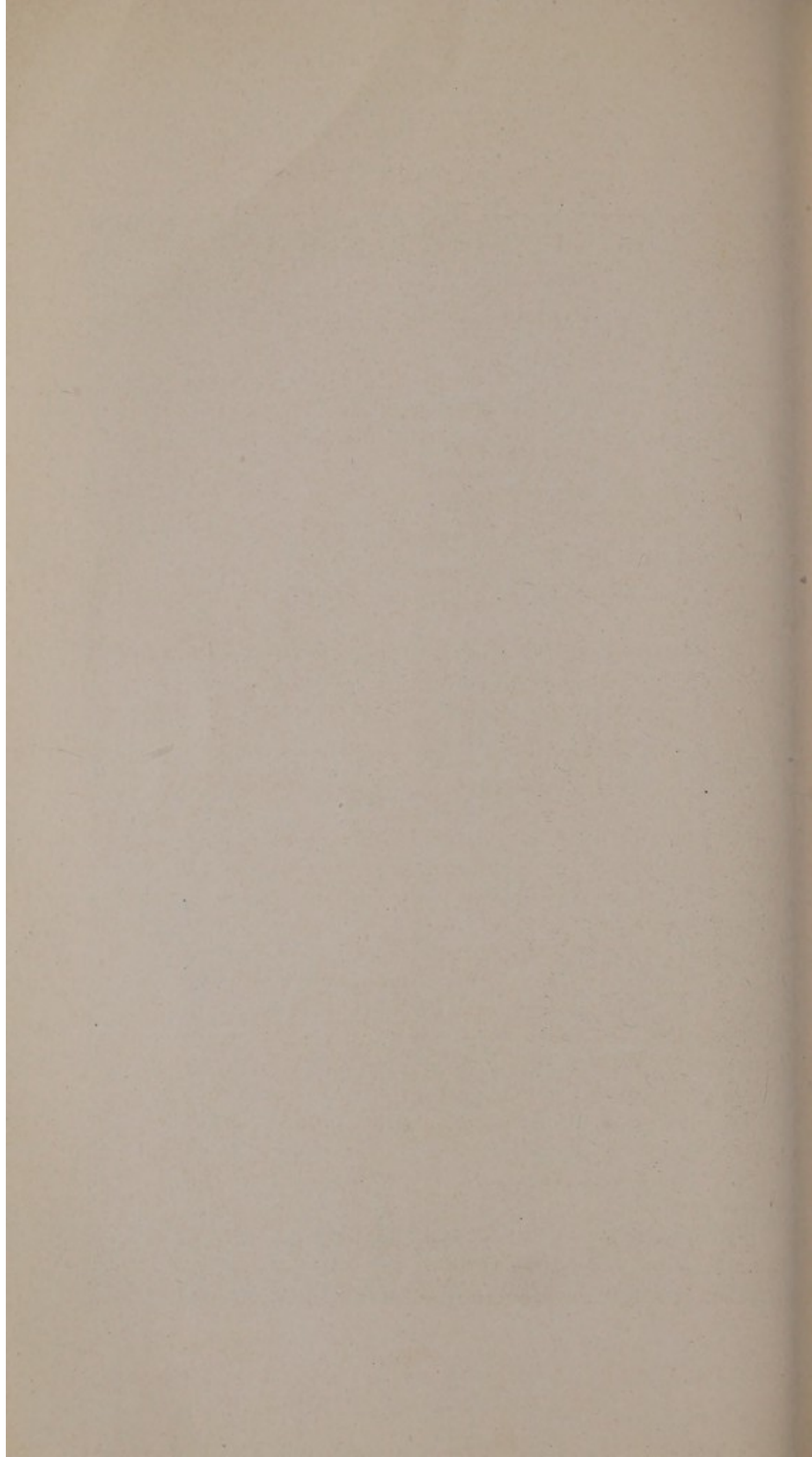
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New Supply Depot, National Public Health Service.



ANNUAL REPORT OF THE DIRECTOR GENERAL OF THE PUBLIC HEALTH SERVICE OF HAITI

For the Fiscal Year 1927-1928

Office of the Director General,
Port-au-Prince, Haiti,
January 10, 1929.

From: Director General.

To: The Secretary of State for the Interior of the Republic
of Haiti.

Subject: Annual Report for the Fiscal Year 1927-28.

1. Forwarded herewith is the Annual Report of the Public Health Service of Haiti for the Fiscal Year 1927-1928 together with available vital and morbidity statistics for the Calendar year 1927.

GENERAL REMARKS

With unprecedented floods in the North during November, an alarming epidemic of Meningitis near Cap-Haitien last April and the devastating hurricane of August 10th on the Southern peninsula, the year has been an eventful one indeed. Each disaster brought its train of problems that taxed the resources of the Service in different ways. With what measure of success they were solved is for the public to judge. The decision of the Government that this Office take complete charge of the 500,000.00 gourdes voted for rehabilitation measures (see pages 127-134); the requests of the American Red Cross and Central Relief Committee of Port-au-Prince that the Public Health Service supervise and control the expenditure of \$32,000.00 in rebuilding homes (see pages 127-134); all are actions that speak for themselves.

The losses of life, property, roads and trails incurred in storms and floods, the disturbance of the country's economic and foreign relations by the epidemic, unfortunate as they were, nevertheless

have served the useful purpose of bringing forward into the glare of publicity the magnitude of tasks that lie ahead.

General Education. The greatest problem of all is the illiteracy in rural districts. Because of it there confronts one at every turn a wall of superstition and ignorance. Where men and women can neither read nor write, Public Health and public spirit are most difficult to obtain. Much is being accomplished in broadening the field of general education and it is gratifying indeed to witness the eagerness with which pupils everywhere are becoming interested in the cardinal principals of hygiene and sanitation. That our rapidly expanding program of systematic medical examination of children, talks, lectures, demonstrations, and movies in the schools is a step in the right direction is evidenced by the constantly increasing demands for more of each. As a means of reaching the homes finer agents than the schools do not exist and every factor that will improve them must be continued with all possible speed.

Treponematoses and Malaria. For years these two diseases, so widely prevalent in Haiti, have been serious handicaps in the economic development of the Nation. In overcoming them the importance of a countrywide system of rural clinics, so ably instituted by my predecessor, Captain C. S. Butler, (M.C.) U.S. Navy, is obvious to all. Their results have been and continue to be splendid. So successfully has the campaign against treponematoses been waged that the human wrecks of a few years ago, so frequently seen everywhere, are fast becoming a rarity. Only in those locations difficult for doctors and their assistants to reach does one now find numerous cases of primary and secondary lesions.

Malaria however is another story. Though the response to sanitary improvements effected in the larger towns and cities is very gratifying, the situation as regards Malaria in rural districts continues to be a major problem. Eradication of this disease to the extent that it will be no longer a serious menace to economic development awaits two factors, i.e the extension of mosquito control measures and the widespread use of quinine. The first will occur just as rapidly and no faster than plantations and gardens can be properly cultivated, irrigated and drained and just as fast and no faster than the people themselves can be enlightened in regards to prophylactic measures and possess the

means and ability to live accordingly. Only by years of organized and well financed effort can this level of attainment be guaranteed.

Cost of Quinine. In the meantime however the Government can effect a tremendous advance in improving the health and efficiency of its people, if it will control the sale of quinine. From the standpoints of health and economics in Haiti no more important research has ever been undertaken or more successfully accomplished than the Malaria Survey of the Country during the past year by Doctor Paul W. Wilson. His report is astounding in its disclosure of the tremendous profit made in the sale of quinine. To abolish forever this most serious menace to health and to place quinine within the reach of all, a Division of Quinine Administration, similar to those in Italy, Greece, Jamaica and certain areas of the United States is being organized by this Office.

Medical Education. The wisdom of the Government in effecting in 1926 the complete reorganization of the Medical School and gaining the splendid aid of the Rockefeller Foundation is evidencing daily its soundness. By that crowning success the Medical School became a unit second to none in the National Public Health Service - an enviable liaison that exists in few other countries. Not only does it provide constant opportunity for instilling Public Health into the minds and hearts of students but a minimizing of expenditures is possible as never before. This close union has meant in no way a stinting of funds. On the contrary by avoidance of duplication our allotments now permit of developments heretofore impossible. The fact that every resource and facility of the Service are not only available, but in actual use for teaching and research purposes is an advantage possessed by few nations. Its importance to tropical medicine is evidenced by the numerous requests for data being received from individuals and organizations in foreign lands.

The manner in which the Haitian personnel at the Medical School and on the Hospital staffs are taking hold of the work is indeed gratifying. The splendid response of the physicians who returned recently from their Rockefeller Foundation Fellowship courses in the United States and Europe; the complete reorganization and equipment of the Dental School under the skillful and enthusiastic guidance of Dr. J. Thébaud, who in September com-

pleted a year's postgraduate work at Northwestern University, Chicago, Illinois; the able and efficient manner in which Mr. R. Séjourné effected a new curriculum for the school of Pharmacy; the prompt assistance of Headquarters, American Red Cross in filling vacancies in the staff of the Training School for Nurses - all are an earnest of the future.

From the standpoints of organization and administration the following two developments are deemed the most important events of the year:

(a). Within the past three months there has been instituted by the Administrator of the Haitian General Hospital of Port-au-Prince, Dr. L. W. Johnson, a system of rotating service in his office. Selected members of the Haitian staff are being detailed as Assistant Administrators for a period of one to two months - thus providing an opportunity for the doctors to come into intimate contact with the responsibilities of the office and at the same time give us a close insight into the capabilities of each man. The system has met with an enthusiastic response on the part of all concerned and it is planned to effect a similar development in every department and every division of the entire service as rapidly as conditions permit.

(b). Medical Inspections of Schools. Under the energetic leadership of Dr. R. Charmant, medical examination of pupils and sanitary inspections of school buildings in the district of Port-au-Prince are progressing at a gratifying rate. They will be extended to other sections of the country as rapidly as funds permit. That this development must grow and become one of the major activities of the Public Health Service is evidenced by the findings (See pages 67-70). Its importance is obvious to all. "The greatness of any nation, its freedom from poverty and crime, its aspirations and ideals are the direct quotient of the care of its children. Racial progress marches upon the feet of healthy and instructed children." (Herbert Hoover).

Rural Clinics. Their continued success is evidenced by the following figures: Total consultations and treatments in 1926-27 - 673,389; in 1927-28 - 866,673. These clinics now number 139 and are scattered over the entire Republic. Depending upon accessibility, they are held weekly, biweekly and monthly. The following data regarding total mileage covered in this work during the year, are interesting:

By automobile	73,770	miles
By horse	11,610	"
By motor boat	4,992	"
By aeroplane	1,000	"
Total	91,372	"

As an instance of their popularity 1,056 treatments were given recently in one day at Limbé. As long as they continue to function on a high level of efficiency the country will possess an agent that ranks second to none in the hearts of its people.

Opportunities for Research Work. Because of the vast amount of clinical material and excellent facilities for study (see page 55) no finer opportunity for research workers in the field of Tropical Medicine exists than that presented in Haiti. That this is rapidly becoming recognized is evidenced by the frequent inquiries for data. Outstanding investigations of the year were: The Malaria and Filariasis Survey by Dr. Paul W. Wilson, Spinal Fluid Studies in Yaws by Dr. R. P. Parsons, the Pathology of Yaws by Dr. R. M. Choisser, the Diagnosis and Prevalence of Amoebiasis by Doctors H. L. Williams and O. Wildman and C. Ph. M. Lee F. Curtis, the Medical Examination of School Children by Dr. R. Charmant, and the History of Medicine in Haiti by Dr. Rulx Léon.

Epidemics. Cerebro-spinal fever in epidemic form made its first appearance in Haiti last March. The area involved was confined to the mountain districts extending from Cerca-La-Source to Acul-du-Nord. Early in February reports of a "Peculiar disease with mental symptoms and a high and sudden death rate" were received. Investigation of each report failed to reveal the malady (it is now known that on advice of the Bocors (*) patients were concealed on approach of Public Health Officers) until March 21st, when, with the assistance of police authorities, a definite case was located at Grande-Rivière du Nord and the diagnosis immediately established. Additional doctors, nurses, sisters, ambulances and supplies of serum were concentrated on the situation and by May 1st the epidemic features of the disease disappeared. Total number of patients treated was 87. Of these 16 died, a mortality rate of 18.3 per cent. In this connection I cannot speak too highly of the devotion to duty displayed by the

(*) Créole term for witch doctors.

Doctors, Sisters and Nurses of the Justinian Hospital at Cap-Haitien. When suddenly confronted with the care of these difficult and trying cases they stood to their tasks with total disregard of their own welfare and with all the ardor of their high calling.

As a result of the heavy rains in the North during November and the deluge in the South immediately following the hurricane of August 10th malaria rates mounted in many places notably Limbé, Gros Morne, Petit Trou, Baradères, St. Louis du Sud and Aquin.

The Year's Greatest Problem. The hurricane of August 10th which swept across the central section of the southern peninsula proved to be the most disastrous storm experienced in fifty years. While accurate statistics regarding loss of life are impossible to obtain, a conservative estimate places the number killed by falling buildings, flying debris and drowning at one hundred. Hundreds of wooden buildings and thatched cailles were demolished; thousands of gardens wholly destroyed or badly damaged and many sections of streets, roads and trails completely washed away or rendered impassible by tons of rocks, trees and dirt.

Elsewhere in this report (See pages 127-134) is a detailed account of the relief and rehabilitation measures instituted. The combined activities of the Public Health Service, the Department of Public Works and the Service Technique resulted in the distribution of medical and sanitation supplies to the amount of Gourdes 73,686.14 (\$14,737.33); of rations 535,126 (costing Gourdes 80,268.85 or \$16,053.77); in the construction and repair of 197 kilometers of roads and trails and the replanting of 3,650.04 acres of land. Gratifying indeed is it to record that with the exception of an increased incidence of Malaria, epidemics and famine have not occurred.

Sanitation. The outstanding event of the year in this division was the completion of the chlorination units for the seven water supplies of Port-au-Prince. This together with the continued antityphoid vaccination program has resulted in an astounding reduction in the incidence of Typhoid Fever in the capitol city - i. e. but seven cases with two deaths as compared with 232 cases and 52 deaths the year before. For the four years preceding the period of this report the average number of deaths per year from this disease in Port-au-Prince was 38.7. This is an accomplish-

ment that speaks for itself and will be effected in every town and city in Haiti as funds are provided. Plans for the next two years include chlorinators for Cap-Haitien, Gonaives, Saint-Marc, Petit-Goave, Jérémie, Miragoane, Anse-à-Veau, Cayes and Jacmel.

Extensive draining of swamps at Gonaives, Gros Morne, Limbé, Cap-Haitien, Petit-Goave, Cayes Dame-Marie (money allotted) and Port-au-Prince (Sulphur springs) and Portail Léogane) constitute major works of the year.

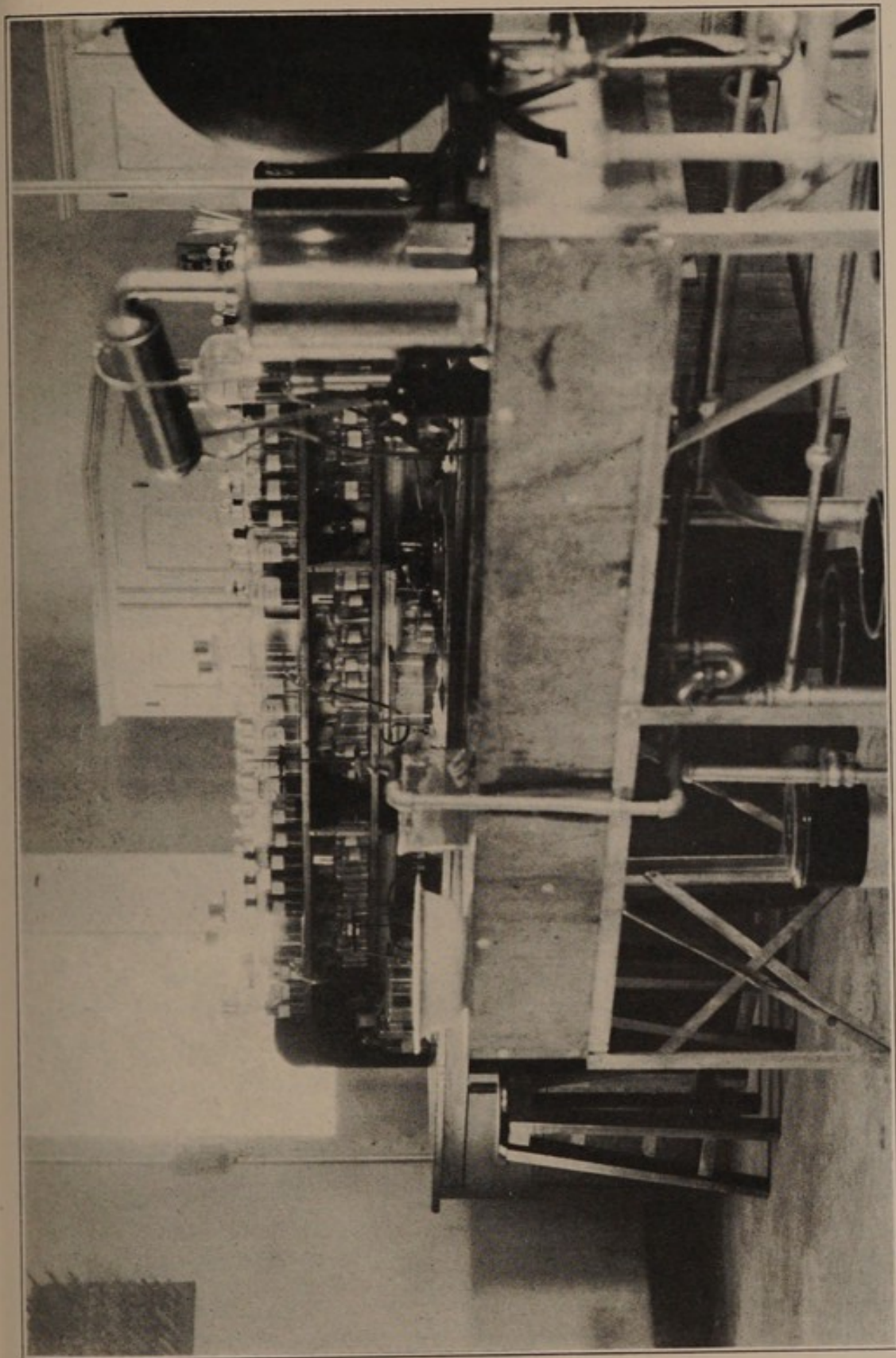
Economics. During the fiscal year 1927-28 this Service expended for all purposes a total of Gdes. 3,983,509.60 (\$796,701.92) (*) a per capita of 1.99 gourdes (\$0.40). Of this total the National Government contributed Gourdes 3,701,265.22 (\$740,253.22), a per capita of 1.85 gourdes (\$0.37). When it is considered that of the total expenditures by the State 8.9 per cent was for the Public Health, an earnest of the future is at hand.

(*) A total of Gourdes 760,241.58 (\$152,048.31) less than for the fiscal year 1926-27.

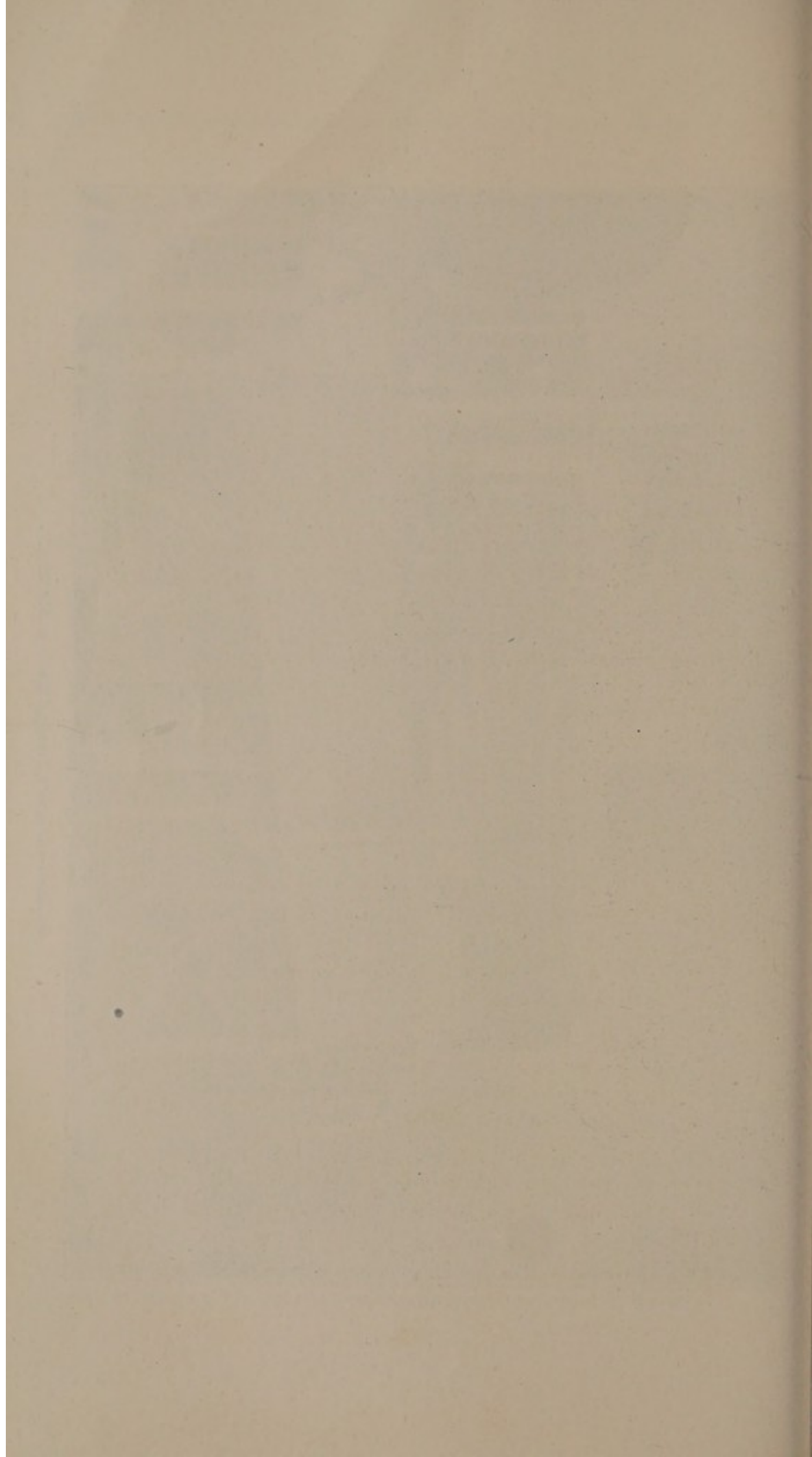
DIVISION OF EDUCATION

National School of Medicine, Dentistry and Pharmacy. The period of this report has seen considerable activity in the installation of apparatus in the laboratories in the new medical school building. The laboratories are now in good working order and there remain but a few minor items of equipment which were received late. The department of dentistry has been completely fitted out and is in full operation.

The only departments which are at present working under a handicap are those of pathology and anatomy. Soon after the reorganization of the Medical School it was realized that the amount of space provided for laboratories was insufficient, and that the morgue was inadequate and not well situated at the Haitian General Hospital. To provide for these two needs it was decided to ask the Government for a special credit of Gourdes 47,500.00 to construct a building to house the morgue, dissecting and surgical anatomy laboratories. This building is nearing completion and should be ready for occupancy by January 1st. It is located immediately back of the new Medical School building and is of easy access to both school and hospital. In addition to dissecting rooms and morgue this building will have a museum for storage and exhibition of pathological specimens; the morgue proper will be in the form of an amphitheatre seating seventy five, and to be separated from the museum by a sliding steel screen, so that the two rooms may be thrown together for medical or other scientific meetings. A combined moving picture projector and stereopticon will be installed which may be used for demonstration in either morgue, or morgue and museum combined. There will also be an office, shower bath and lavatory, also a laboratory for the preparation of gross specimens and the routine laboratory work done at the time of autopsy. To one side of the main entrance is the mortuary from which funerals may be held if it is so desired. The refrigeration plant will have a capacity of six bodies and is, of course, of prime necessity. This plant will also be of considerable benefit to those relatives who may wish to store the remains of a deceased member of the family waiting transportation to another country for burial.



Students' laboratory, National School of Medicine.



The Library at the Medical School at present consists of 1,185 volumes under 311 titles, 11 medical journals, and 92 pamphlets which are received gratis regularly as they are published. A recent order for additional reference and text books amounting to approximately \$1,000.00 has been placed with a publishing house in Paris. (This order as well as all other orders for Medical School equipment are being paid for from the Rockefeller Foundation fund of \$30,000.00 described in the Annual Report of last year). The library is open to all licensed doctors, dentists and pharmacists in Haiti. Books are loaned for limited periods to all those holding library cards which may be obtained from the Dean of the Medical School.

The eight doctors who had finished their year's study abroad under the Rockefeller Foundation returned in July. They are at present on active duty as teachers in the faculty of the Medical School, and those who have taken work in clinical subjects are also on the staff of the Haitian General Hospital. These men will probably return for a second year of study abroad beginning next summer or fall.

Dr. J. Thébaud, who received the Government fellowship in Dentistry returned in September and is head of the department of Dentistry.

In addition three additional fellowships in the basic premedical sciences have been offered by the Rockefeller Foundation, and they have been awarded as follows: Dr. Maurice Ethéart in Physics, Dr. John Francis in Biology, and Dr. René Salomon in Chemistry. These doctors left in July for a year's study in Washington, D. C. They will become members of the faculty of the Medical School next fall.

Dr. Dominique, dean, had an extended trip in the United States and Canada visiting the principal Medical Schools, and he reports a most profitable trip. This was also financed by the Rockefeller Foundation.

For description of courses, regulations, requirements for admission, roster of faculty and students, reference should be made to Catalogue of the National School of Medecine, Dentistry and Pharmacy.

The following doctors who graduated last July from Medical School have been employed by the Service d'Hygiène at the localities indicated:

Dr. Sténon Rey.....	Port-au-Prince
Dr. Frank Madiou.....	Aux-Cayes
Dr. Lhérisson Cayemitte.....	Port-au-Prince
Dr. Musset Hilton.....	Cap-Haïtien
Dr. Martelly Séide.....	Cap-Haïtien
Dr. Charles Brutus.....	Gonaïves
Dr. Félix Nérette.....	Jacmel
Dr. Jean Baptiste Durand.....	Petit-Goave
Dr. André Sam.....	Port-de-Paix
Dr. François Chérubin.....	Saint-Marc
Dr. Appolos Garnier.....	Hinche

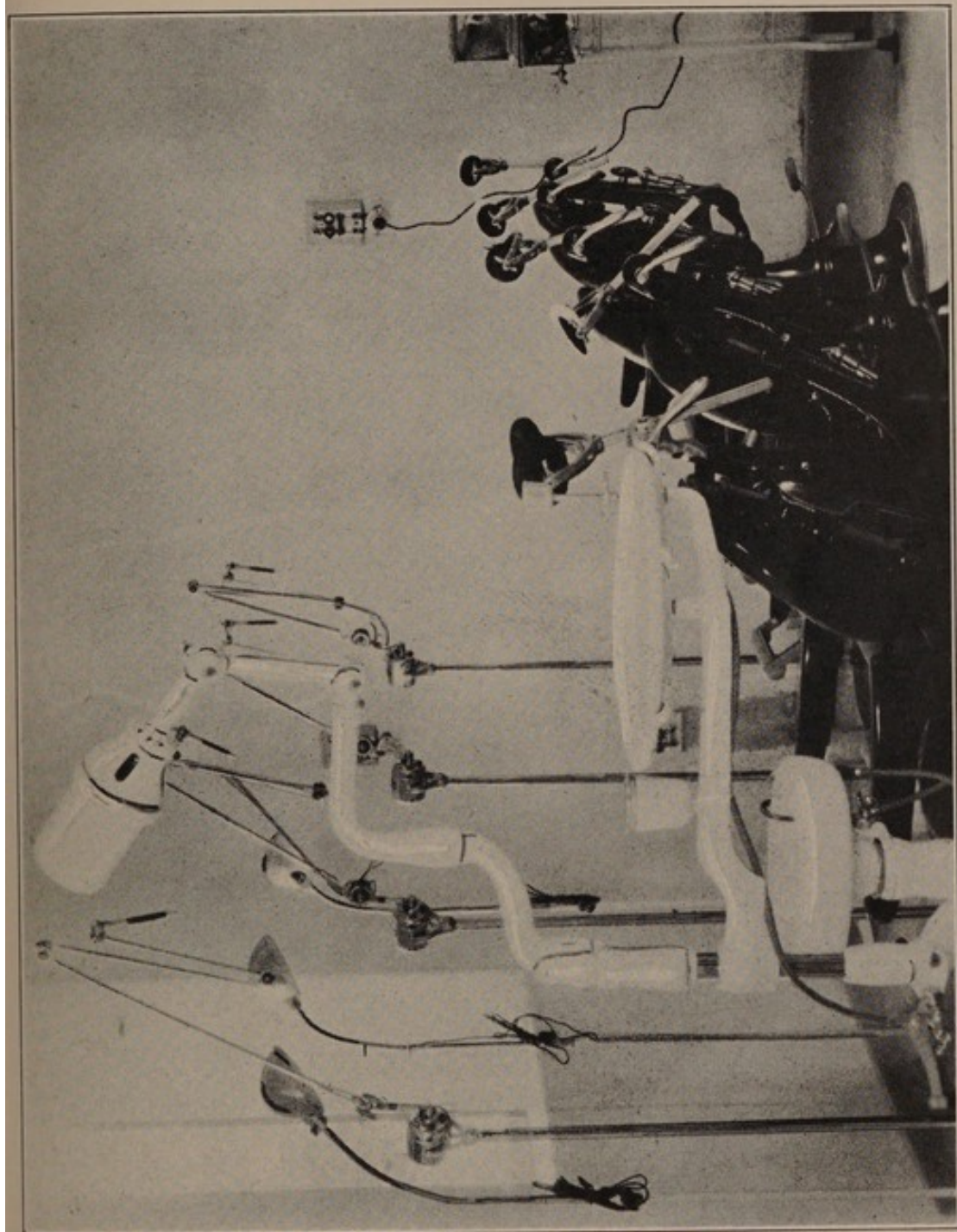
Clinical Conferences. Every Wednesday morning, from 11 o'clock to noon, October 1st. to July 15th, a clinical conference is held in the clinic room of the Haitian General Hospital. All internes, third and fourth year medical students, all hospital doctors and members of the faculty of the medical school attend this clinic and all doctors who may be in Port-au-Prince are invited to attend.

At this weekly clinic those cases are shown which are of special interest and particularly those whose symptoms and physical findings present a difficult diagnostic problem. The clinic is open to general discussion and has proved to be a most profitable hour to the doctors and students attending, and certainly in many cases, has been of great value to the patient. The most interesting cases have been written up and it is the intention to publish the findings in the Bulletin of The Haitian Medical Society.

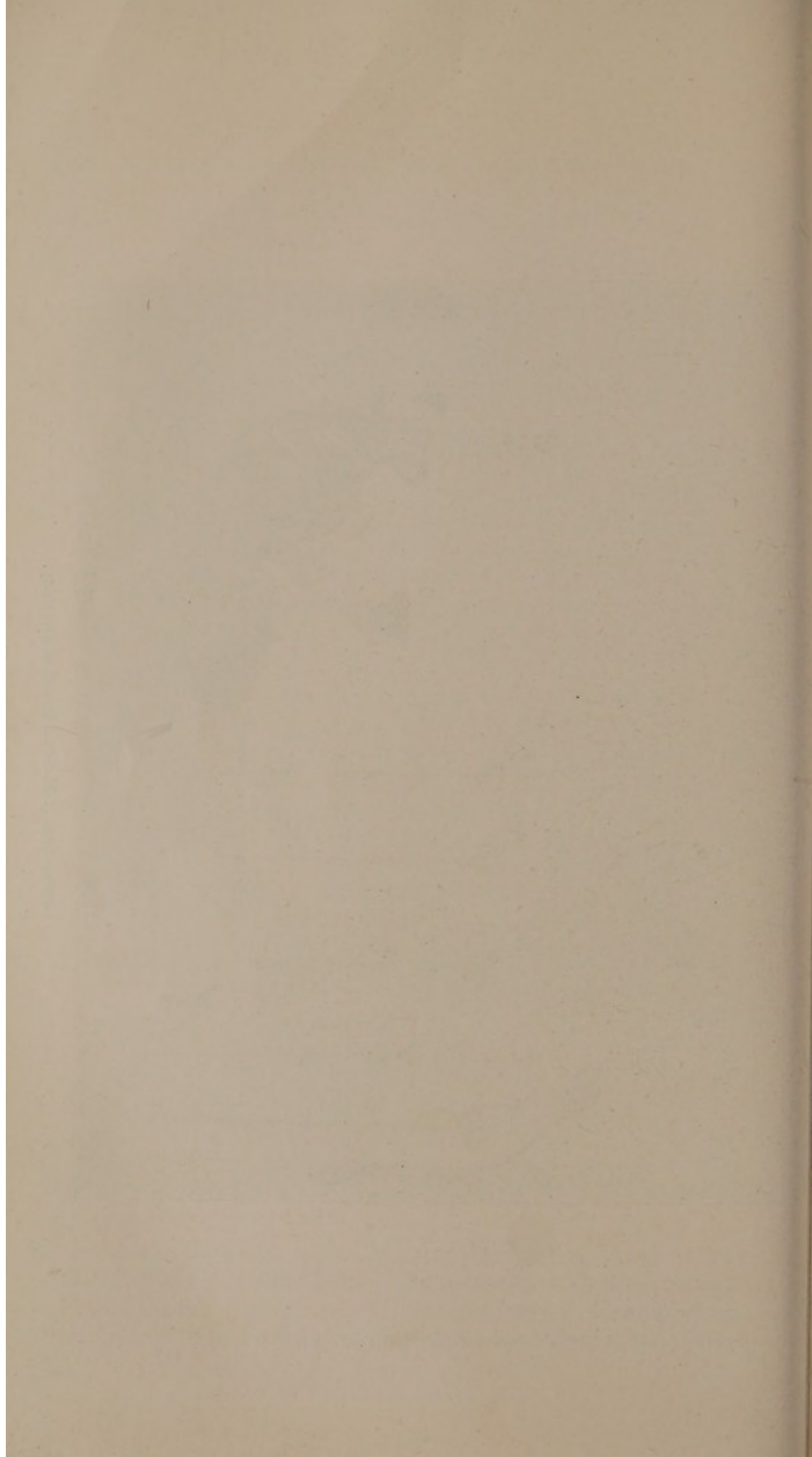
Where a clinic case has later died in the hospital the autopsy findings are given at a later meeting and of course it can be readily appreciated that such information is of inestimable value. (In this connection it should be stated that it is rare indeed that relatives have objected to the performance of an autopsy on the deceased).

It is believed that these conferences will become more interesting as time goes on and more of the profession avail themselves of the opportunity of attending this clinic and of contributing to the discussion of cases.

Medical Congress. The second annual Medical Congress was held last May in the library of the National Medical School. The program is given below. The purpose of these meetings is to give all physicians and dentists in the Republic the oppor-



Dental clinic at National School of Dentistry.



tunity to come together and discuss their individual problems and profit by the experience of their confrères. Aside from the value received from such an exchange of views and the stimulation to further and better work there is of course the social advantage of such a meeting which allows men working in the same line of endeavor to get better acquainted. While this meeting is really a national meeting of the Haitian Medical Society yet it is not limited to members only, and all practising physicians and dentists are invited to attend. The meeting for 1929 will be held in the new anatomy building of the Medical School in April or May.

Program of the Second Medical Congress

First day — Medical School.

Opening Address by the President of the Society—Dr. L. Hudicourt.
Address of the President of the Republic, His Excellency President Louis Borno.

Section of Tropical Fevers.

Classification of the tropical fevers — By the President of the Section — Dr. L. Hudicourt.
Malaria and its complications — Dr. L. Jourdan.
Paramalarial fevers — Dr. E. Ledan.
Report of a Malaria and Microfilaria Survey on 11,000 laborers and 2,007 children — Dr. P. W. Wilson.
The recent Cerebro-spinal fever epidemic in the North — Dr. O. Wildman.

Afternoon:

Parasitological demonstration at the Laboratory of Pathology.
Presentation of Medical cases at the Clinic Room, Haitian General Hospital.

Second Day —

Section of Cardiovascular Diseases.

When heart disease simulates the acute surgical abdomen — by the President of the Section — Dr. K. C. Melhorn.
Treatment of some of the important and common cardiac diseases — Dr. W. J. Riddick.
Pathology of Coronary Occlusion — Dr. R. M. Choisser.

Section of Treponematosis.

Spinal Fluid in Tropical syphilis — by the President of the Section — Dr. R. P. Parsons.
Some Observations on tartar emetic — Dr. C. Valmé.
Yaws in Haiti — Dr. A. Carries.

Afternoon:

Presentation of gross pathological equipment at the Pathological Museum.
Placing the œsophagus bougie at the clinic room of Throat diseases.

Evening:

Moving picture of public health activities at Ciné-Variétés 8:00 p.m.

Third Day —

Section of Surgery.

Surgical sequelae of sub-total hysterectomy. Means of avoiding them — by the President of the Section — Dr. P. Salomon.

Treatment of certain fractures with demonstration of special splint — Dr. L. H. Williams.

Remote complications of the curetage of uterus — Dr. J. Buteau.

Section of Specialties.

Observations on cataract in Haiti — by the President of the Section — Dr. E. C. Ebert.

Inspection of the sanitary activities under the direction of Mr. Wm. C. Van Norden.

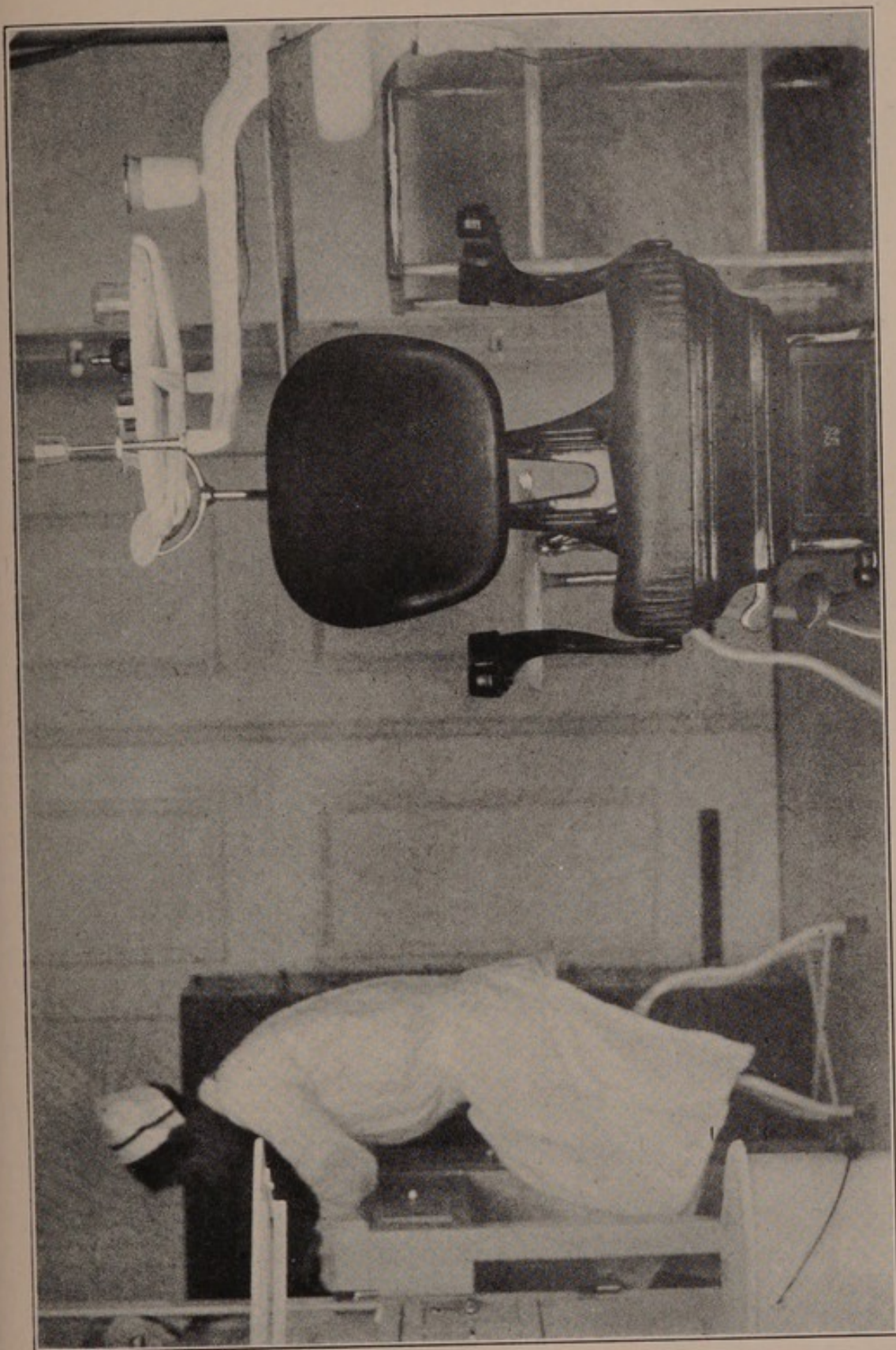
Reception to the members of the congress and their families — by Dr. and Mrs. K. C. Melhorn.

Evening:

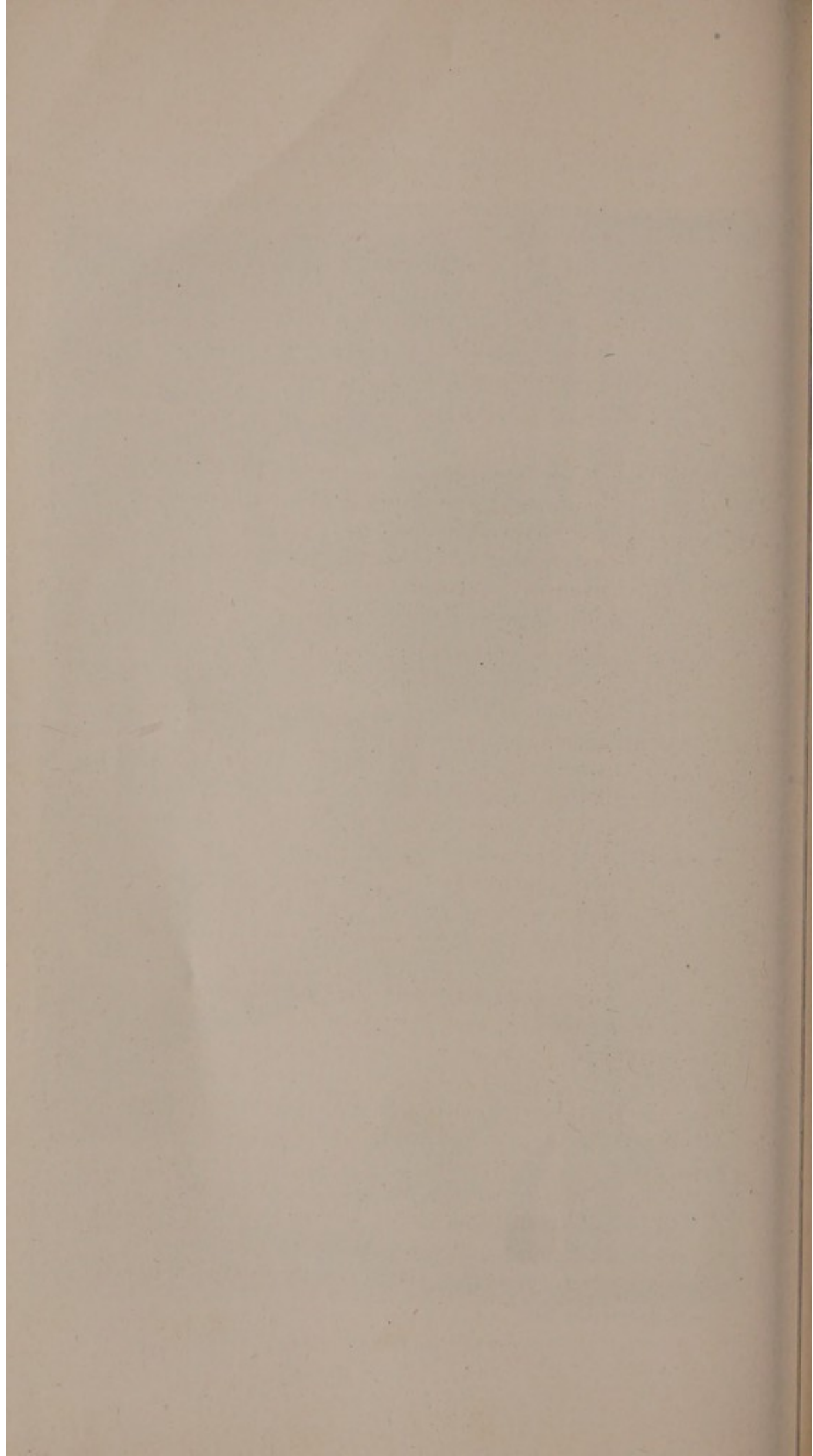
Banquet — 8:00.

Research Work. During the period covered by this report the following research work has been started: the Effect of Tartar Emetic in Ulcerations due to Elephantiasis, a Study of the Spinal Fluid findings in Yaws and Syphilis, a comparison of the Blood Findings as done by the Kahn and Meinecke methods in 1,100 cases at Haitian General Hospital, a Survey of the Incidence of Amœbic Dysentery at Cap-Haitien, a Survey of the Malaria incidence in the rural population together with a comparison of the parasite rate as found by thick blood smear with the spleen rate as an index of the incidence of malaria in a given locality, and Autopsy findings on cases who have died in our hospitals. This last piece of work has given us some rather startling surprises and opens up a whole field for further research which should be followed through. At present there is neither money nor personnel available to carry through the accurate and highly specialized work which should be carried on. It can be readily appreciated that with the large amount of routine work that falls to the lot of every doctor in the Service d'Hygiène there is no time left for research work except as it can be done in connection with the daily routine.

Libraries. Up until the present every hospital in the Service d'Hygiène has had a medical library (english) consisting of texts in General Surgery, General Medicine, Tropical Medicine, Genito-Urinary Diseases, Pharmacology, and Laboratory manuals. Recently an order has been placed with a French publishing house, and in the near future every hospital will have a medical library covering the above subjects in French.



Private dental clinic, National School of Dentistry.



The library at the Medical School is of course the largest and is described above in the section on the National School of Medicine, Pharmacy and Dentistry.

In addition there is a library in the office of the Director General of 668 volumes and 40 medical journals under the supervision of a librarian, and books from this collection are loaned for limited periods to those doctors of the Service d'Hygiène who may ask for books or journals.

Training School for Nurses. (For detailed report see pages 20-22.)

School of Midwifery. (See catalog of Medical School for regulations governing course of instruction for midwives). This school is run in conjunction with the National Medical School and the Nurses Training School of the Haitian General Hospital. The course given is both theoretical and practical, and there is abundant clinical material in the maternity wards of the Hospital.

School Inspection. Until recently the work of the Public Health Service in the private and public schools has been largely confined to vaccination of pupils, and surveys of groups of school children in different sections of the country to determine the incidence of intestinal parasites, malaria and yaws. From studies thus far made it is concluded that in the smaller towns and the rural communities malaria and yaws are the outstanding causes of inattendance at school.

During the period covered by this report 14,329 school children have been vaccinated against smallpox in the Republic and 2,698 school children in Port-au-Prince were vaccinated against typhoid fever.

From a survey of 2,007 school children in groups of from 30 to 150 from different rural districts from all the departments it was found that 50.52 per cent showed malarial parasites in the one blood examination. While this survey is far from being complete yet it shows in no uncertain way the high prevalence of malaria in the rural districts which are the most densely populated.

We have already started the work of inspection of school buildings and in this connection reference should be made to report of the Sanitary Officer of Port-au-Prince (pages 62-111) The facts there presented speak for themselves and need no comment at this time.

Beginning in October, 1928, two doctors giving their entire time, one doctor working half time, the public health nurse as she may be needed and one full time clerk will be employed in the work of inspection of schools, teachers and pupils. Every pupil in the schools of Port-au-Prince will have a complete physical examination as outlined in the following and reports of physical ailments or deformities will be made on the forms as shown below to the child's parents. Both the inspection of schools and school children will be extended to the provinces as funds and personnel become available.

REPUBLIC OF HAITI,
NATIONAL PUBLIC HEALTH SERVICE

District of.....

Date.....

School.....

Name.....	Sight.....
Address.....	Hearing.....
Place of birth.....	Mouth.....
Sex.....	Nose.....
Color.....	Throat.....
Age.....	Skin.....
Height.....	Digestion.....
Weight, actual.....	Heart.....
Weight, normal.....	Lung.....
Nervous system.....	Anemia.....
Bony system.....	Temperature.....
Posture.....	Pulse.....
Utterance.....	Unsufficient feeding.....
Specimen of feces.....	Specimens of sputum.....
Hemoglobin.....	Nurse.....
Parent present.....	Doctor.....

REPUBLIC OF HAITI
NATIONAL PUBLIC HEALTH SERVICE

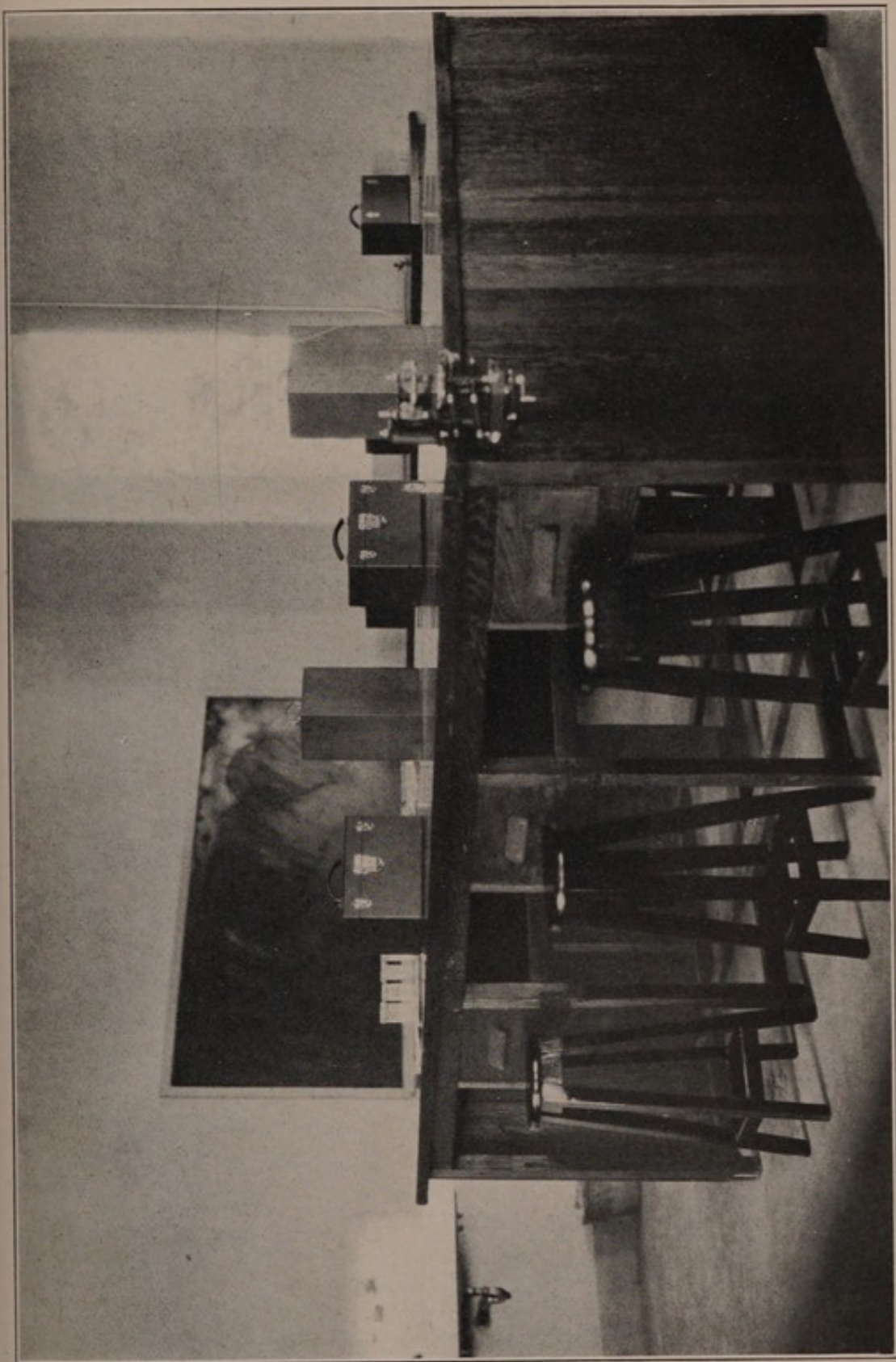
District of.....

Date.....

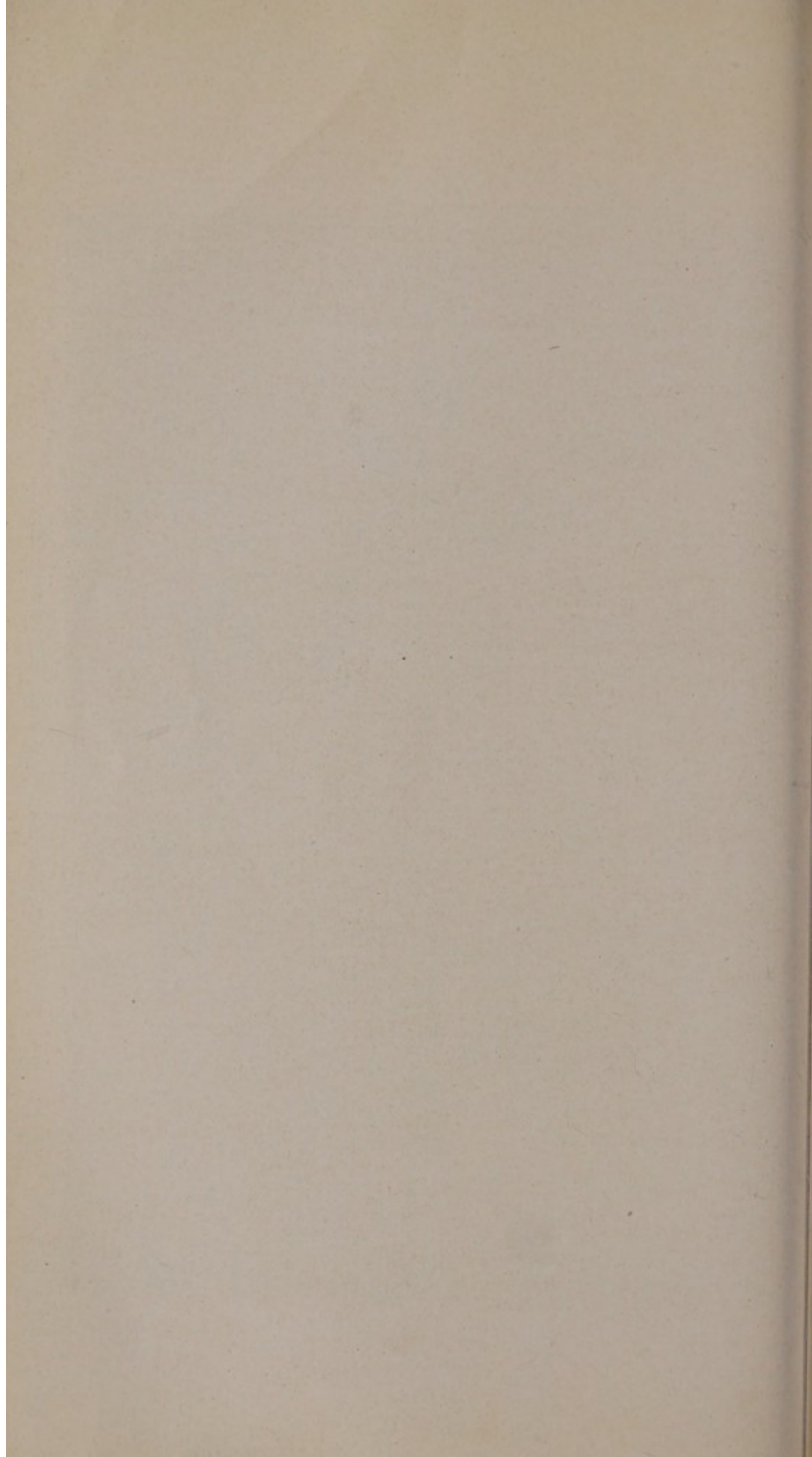
To: Mr.....

The Medical examination of your child (name) made at the School (name of school) on (date) revealed thattreatment is useful, necessary

We advise you to bring this matter to the attention of your family physician."



Pathological laboratory, National School of Medicine.



In connection with the school inspection this same unit will give lectures and short talks on hygiene and sanitation in the different schools, and when thought advisable the lectures will be given in the evening and will be illustrated with moving pictures. The course of lectures given by members of the Medical School Faculty at the summer session of the Agricultural School in July and August at Damien was quite successful. This is only the beginning and it is hoped that in the near future all schools may have the advantage of receiving skilled instruction in modern hygiene and sanitation.

Radio. Short talks on some subject of sanitation or hygiene are given over the radio in creole twice a month on Saturday morning.

Movies. In conjunction with the Service Technique there is being instituted a campaign of educational propaganda among the rural population by means of a portable moving picture projector. Films are shown which show the cause, symptoms, prevention and cure of some of the more common diseases, for example hookworm, and other films will be purchased in the near future. These films are explained in creole to the audience and it is believed they will be of great educational value.

DIVISION OF HOSPITALS, DISPENSARIES AND RURAL CLINICS

This division of the Public Health Service consists of ten hospitals situated in the largest cities and towns throughout Haiti and 139 rural clinics. Each year there have been improvements in personnel, equipment, buildings, grounds, etc. until today they will compare favorably with any modern institutions of similar sizes.

The location and bed capacity of the hospitals are as follows:

1927-28	
Port-au-Prince	306
Cap-Haïtien	212
Cayes	100
Gonaïves	75
Hinche	80
Jacmel	75
Jérémie	40
Petit-Goâve	30
Port-de-Paix	44
Saint-Marc	60
Total bed capacity	1022

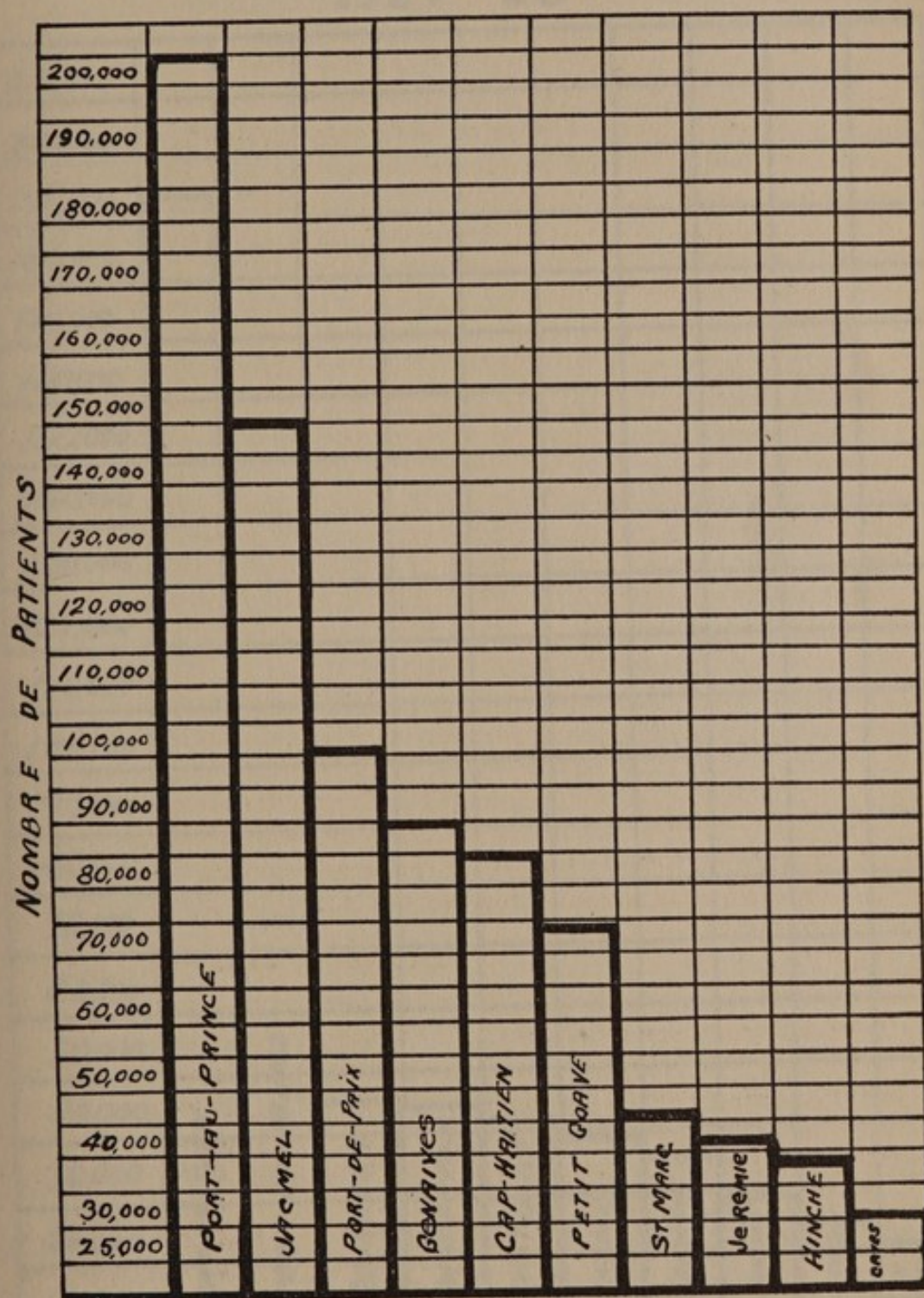
During the year all hospitals have been filled to capacity and in several instances unavoidable overcrowding has occurred.

From these hospitals all the medical activities of the districts are controlled. Comparing years 1925-26, 1926-27, and 1927-28, the following data are of interest:

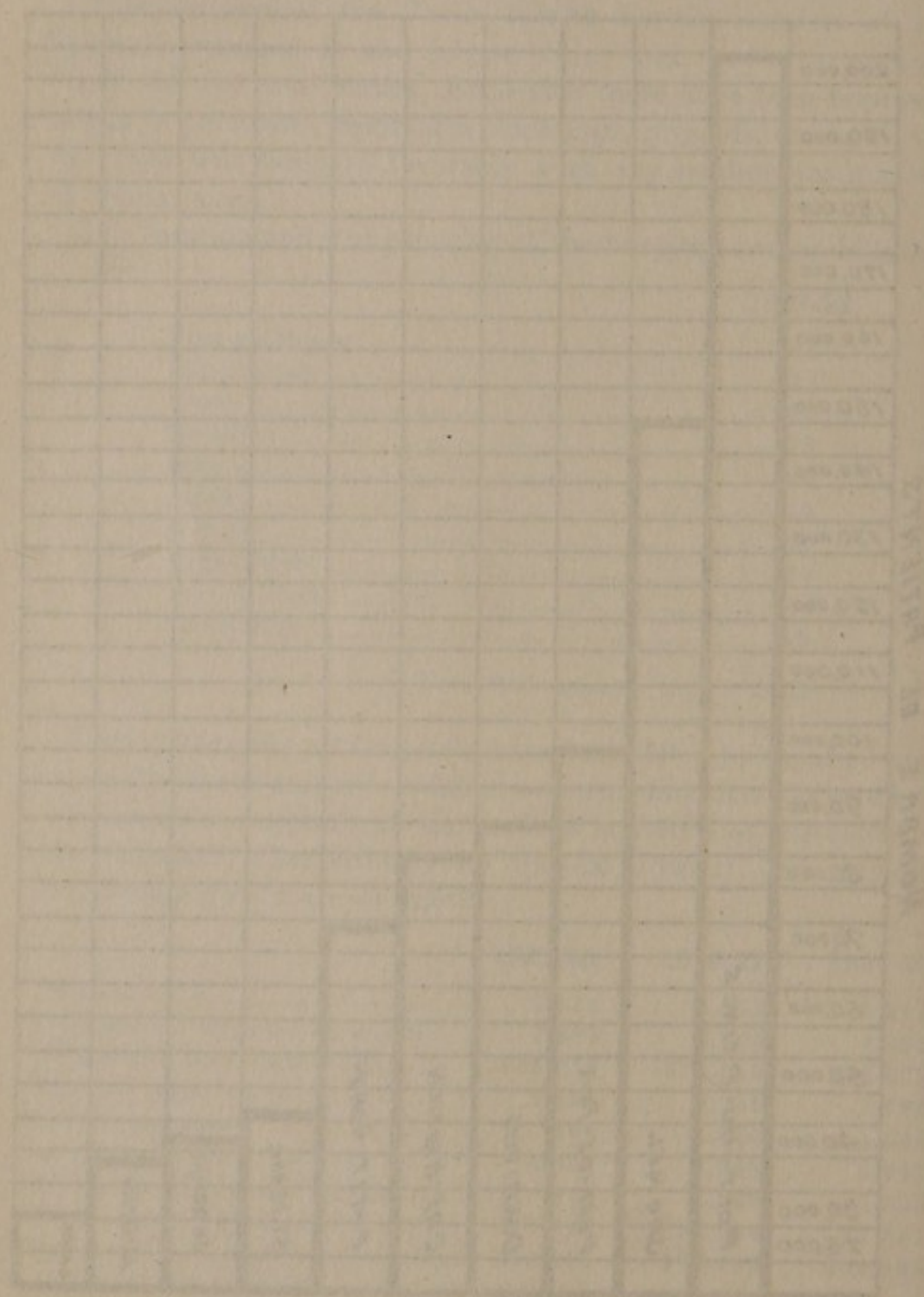
	1925-26	1926-27	1927-28
Admissions.....	8,624	7,651	8,844
Discharges, exclusive of deaths...	7,604	6,304	8,098
Outpatients, incl. rural clinics.....	446,235	673,389	866,673
Number rural clinics.....	1,921	2,759	3,738
Major operations.....	994	1,410	1,586
Minor operations.....	6,091	3,746	4,742
X-ray examinations.....	750	1,326	1,636
Wassermann tests.....	9,733	11,234	11,661
Injections for treponematosi.....	229,481	378,749	550,946

These figures speak for themselves. Of particular interest are the number of injections for treponematosi: 321,445 more than year 1925-26 and 172,197 more than the year 1926-27. Econ-

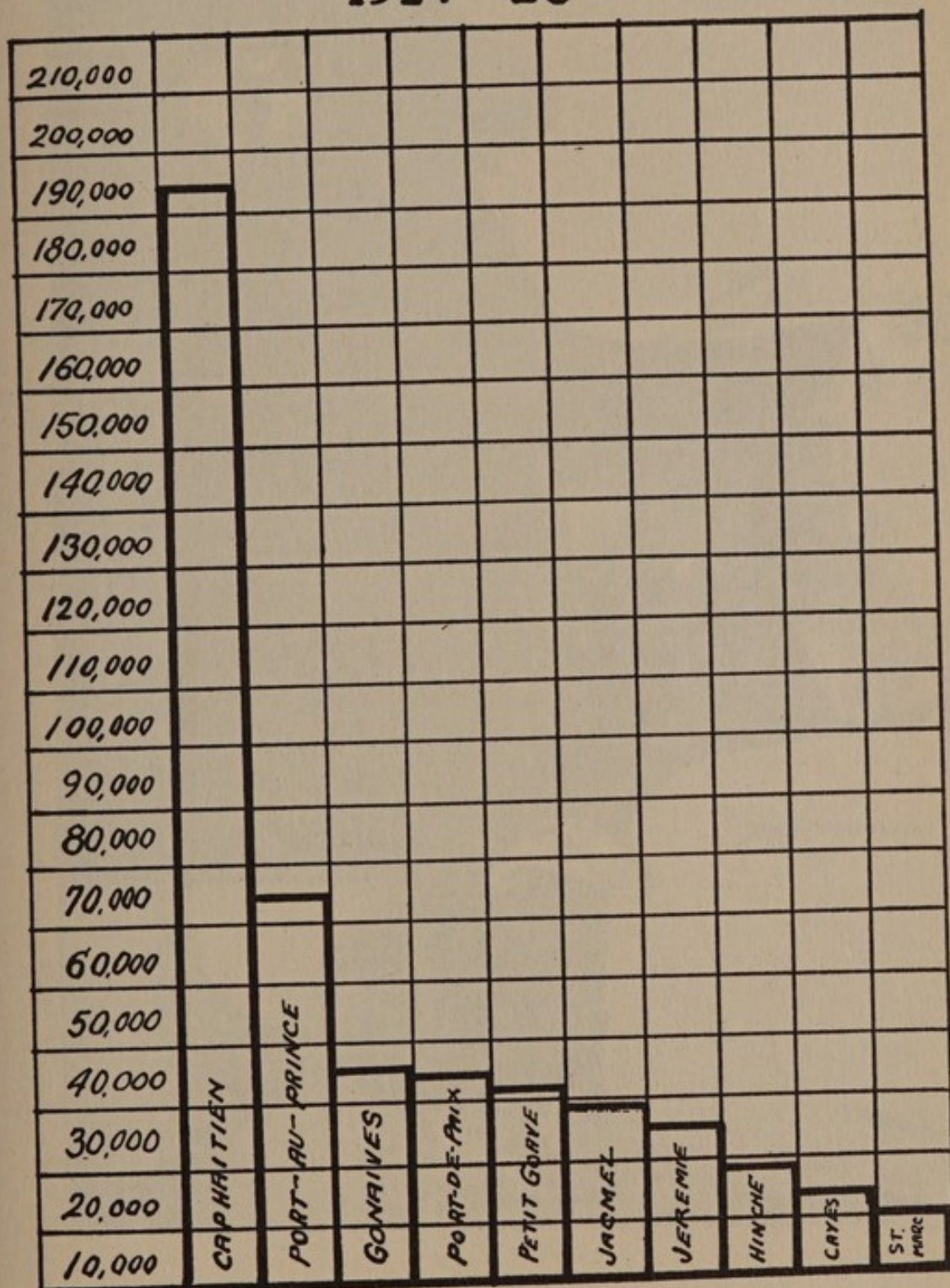
SERVICE D'HYGIENE
NOMBRE DE PATIENTS YCOMPRIS
LES CLINIQUES RURALES
1927 - 28

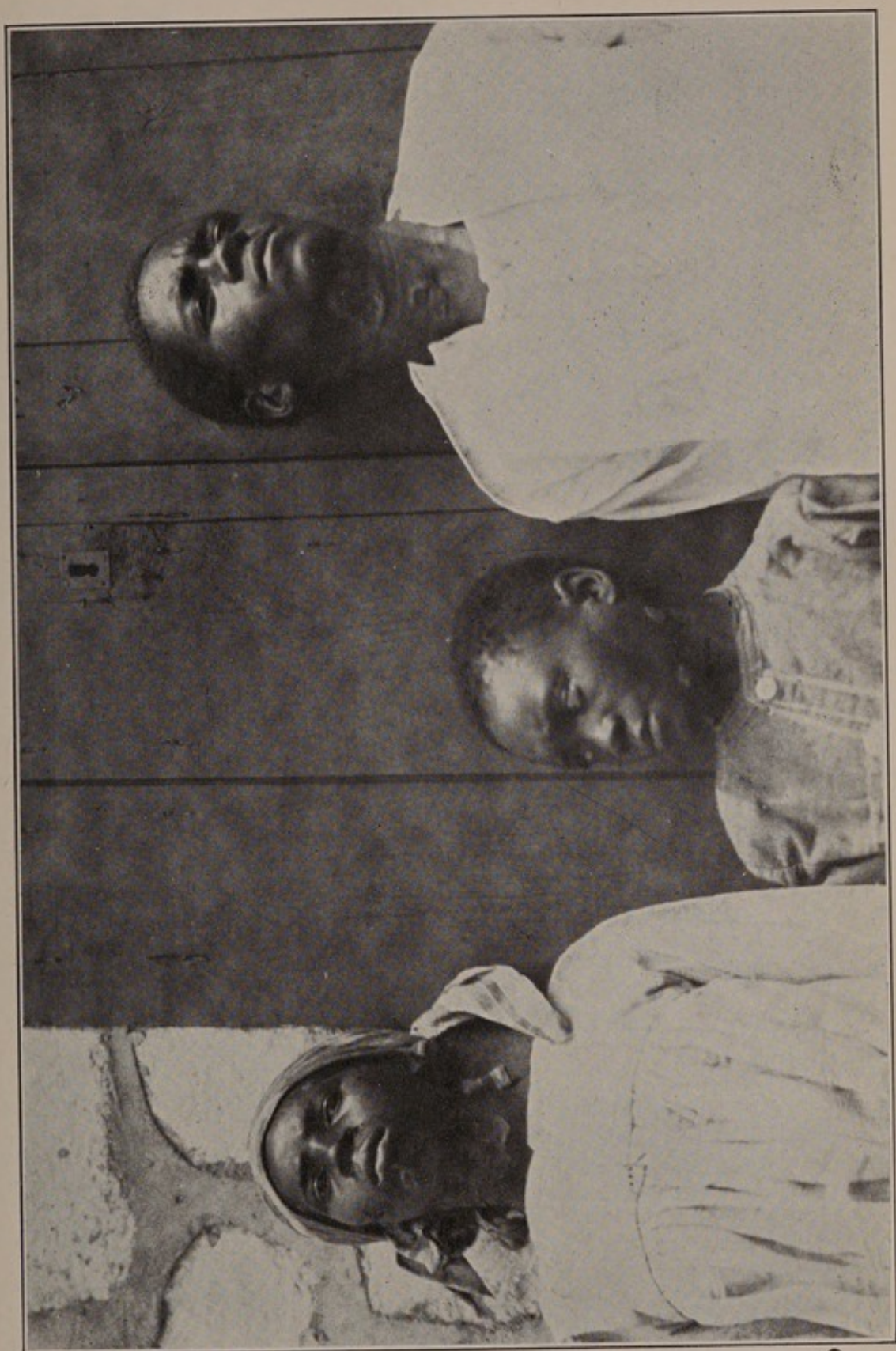


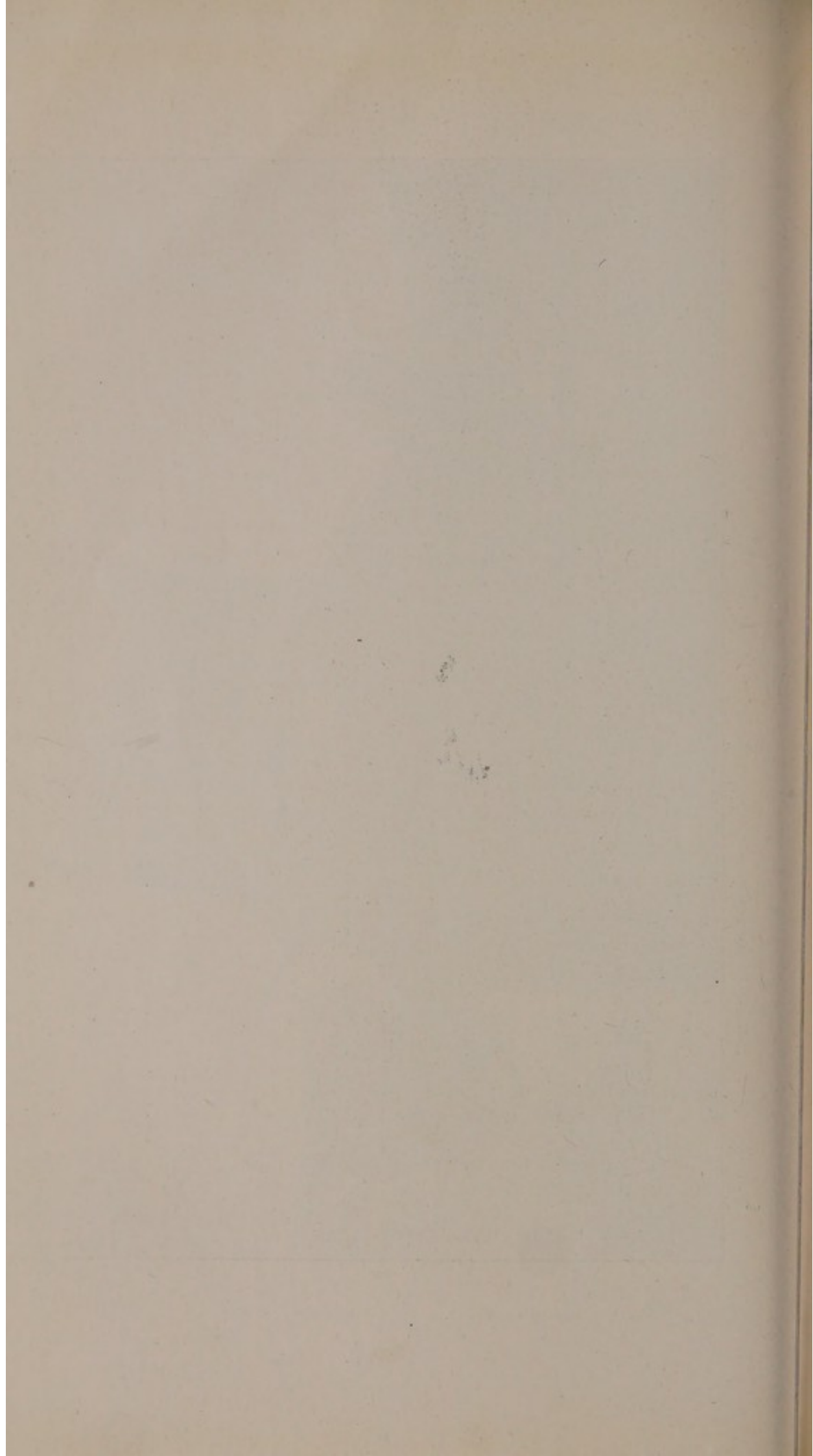
SERVICE D'HYGIENE
 NOMBRE DE PATIENTS YCOMPRIS
 LES CLINIQUES RURALES
 1927-28



SERVICE D'HYGIENE INJECTIONS CONTRE LE TREPOMEN 1927 - 28

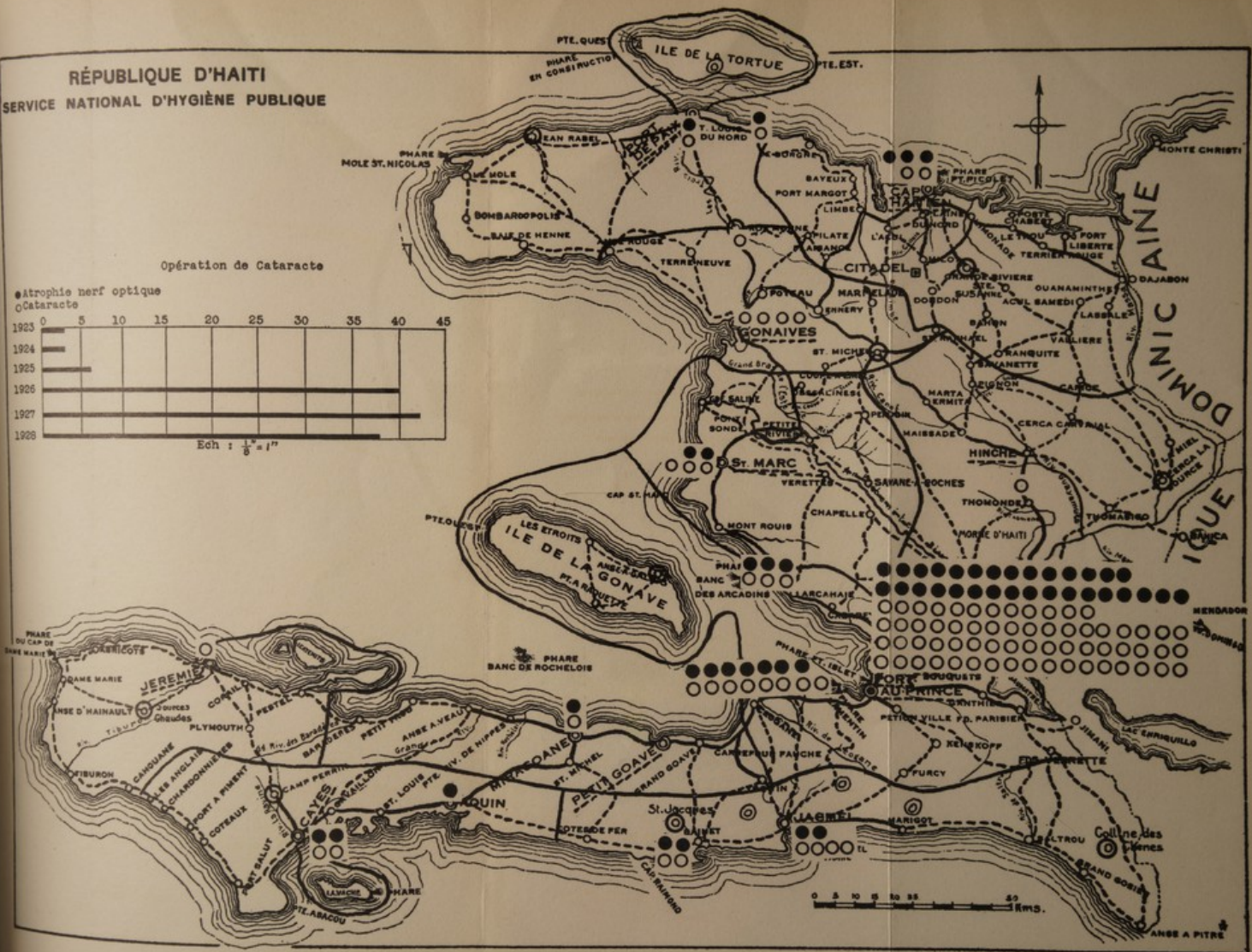
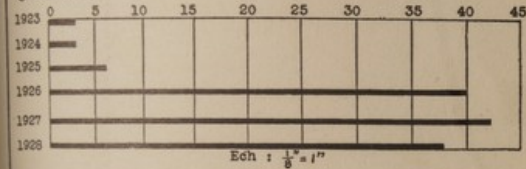




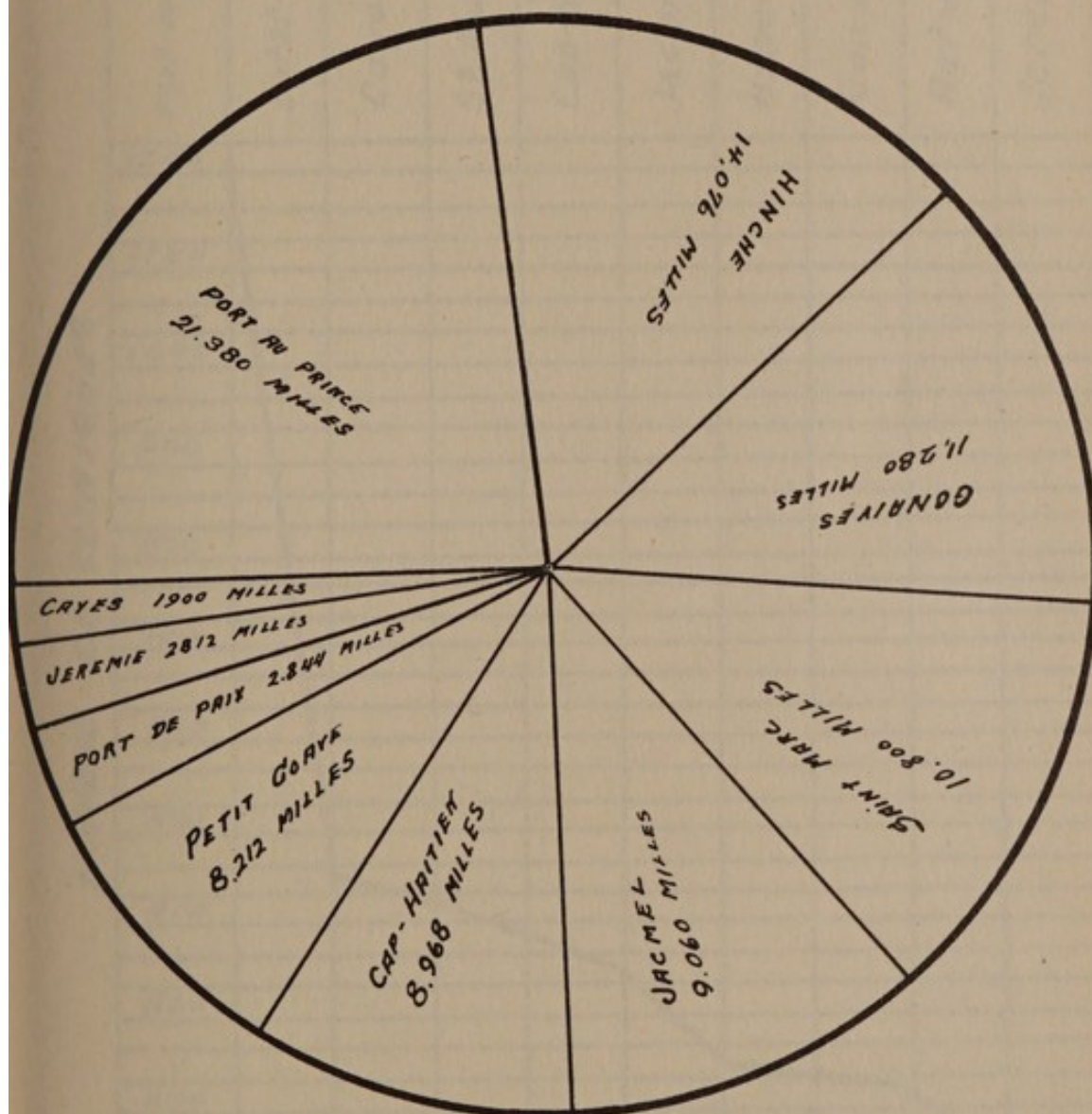


SERVICE NATIONAL D'HYGIÈNE PUBLIQUE

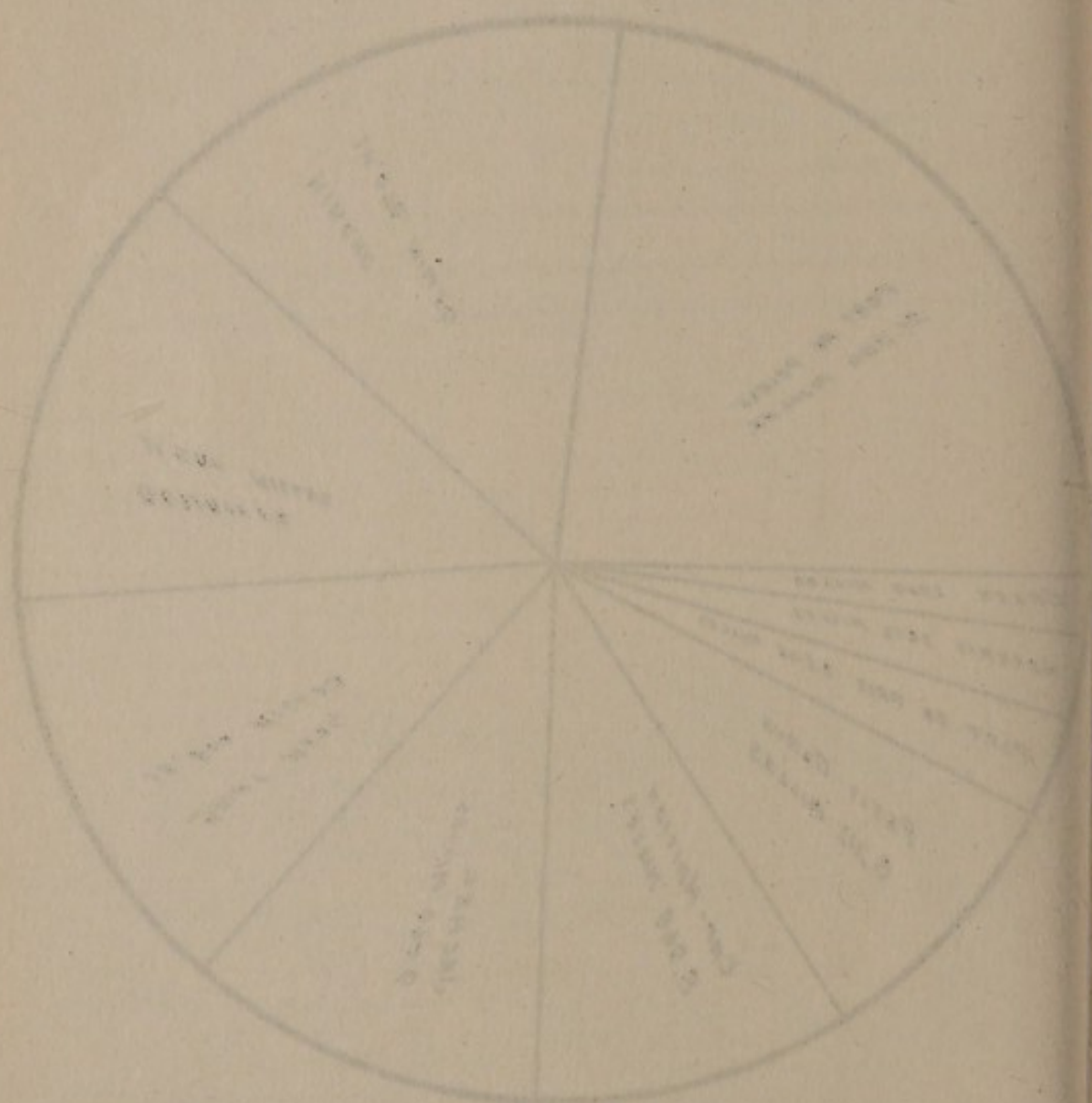
- Atrophie nerf optique
- Cataracte



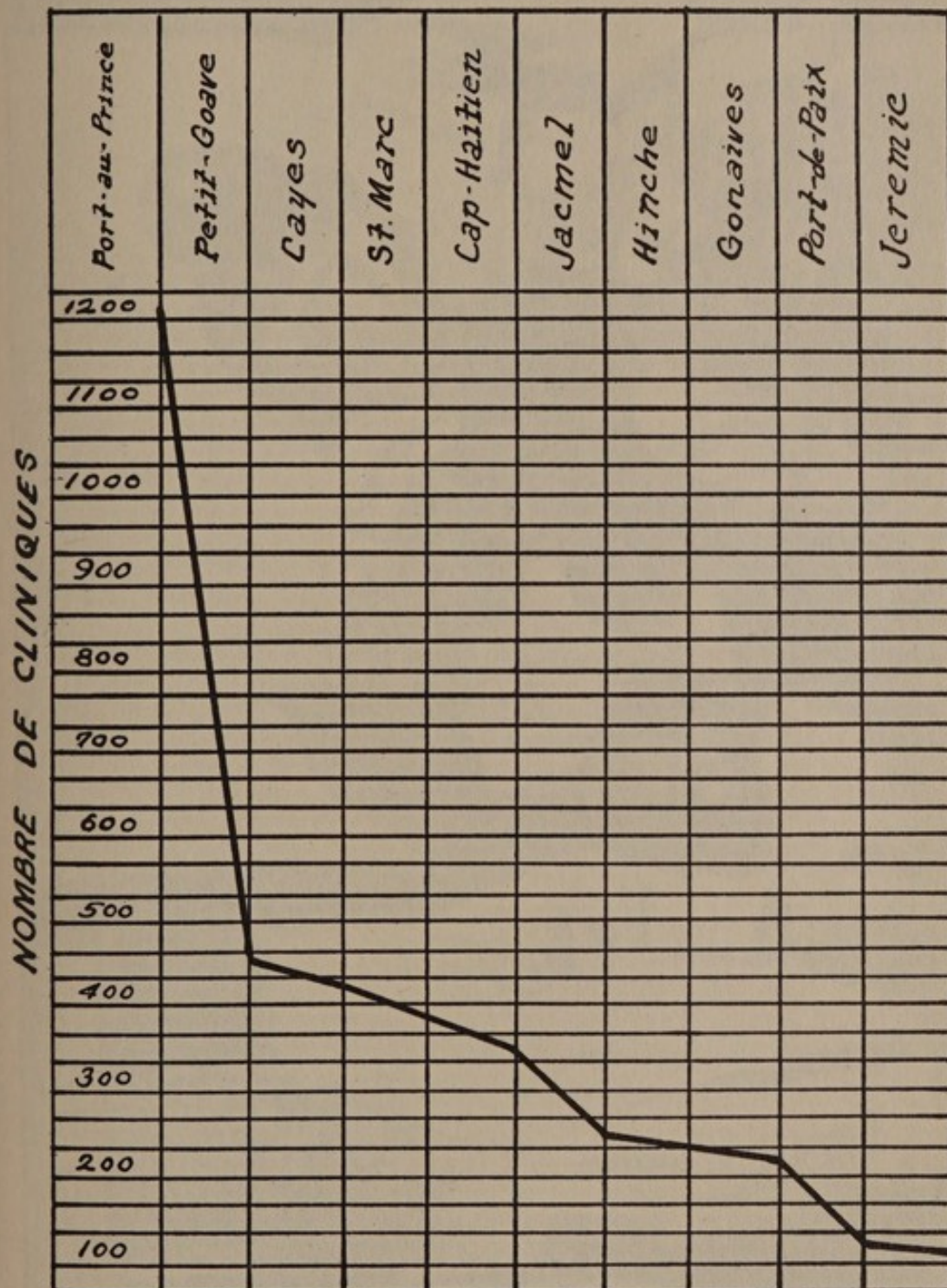
SERVICED'HYGIENE
DISTANCES PAR COURUES EN AUTO, AVION, CHALOUPE & ACHEVAL
POUR VISITER LES CLINIQUES
1927 - 1928

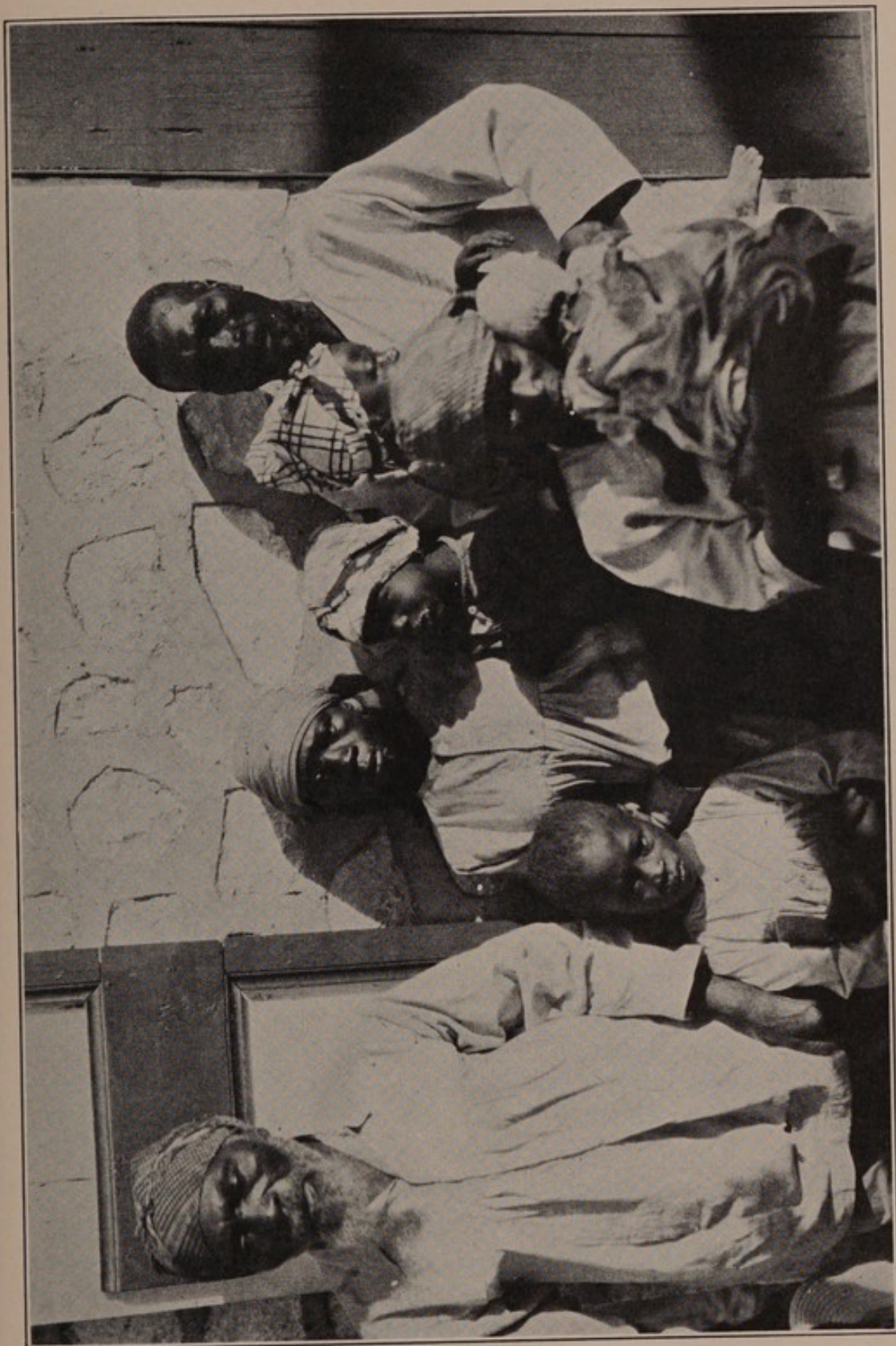


DISTANCES PAR COURUS EN AUTO, AVEC CHAQUE VEHICULE
 POUR VISITER LES CLIMATS
 1932-1933
 SERVICES HIER

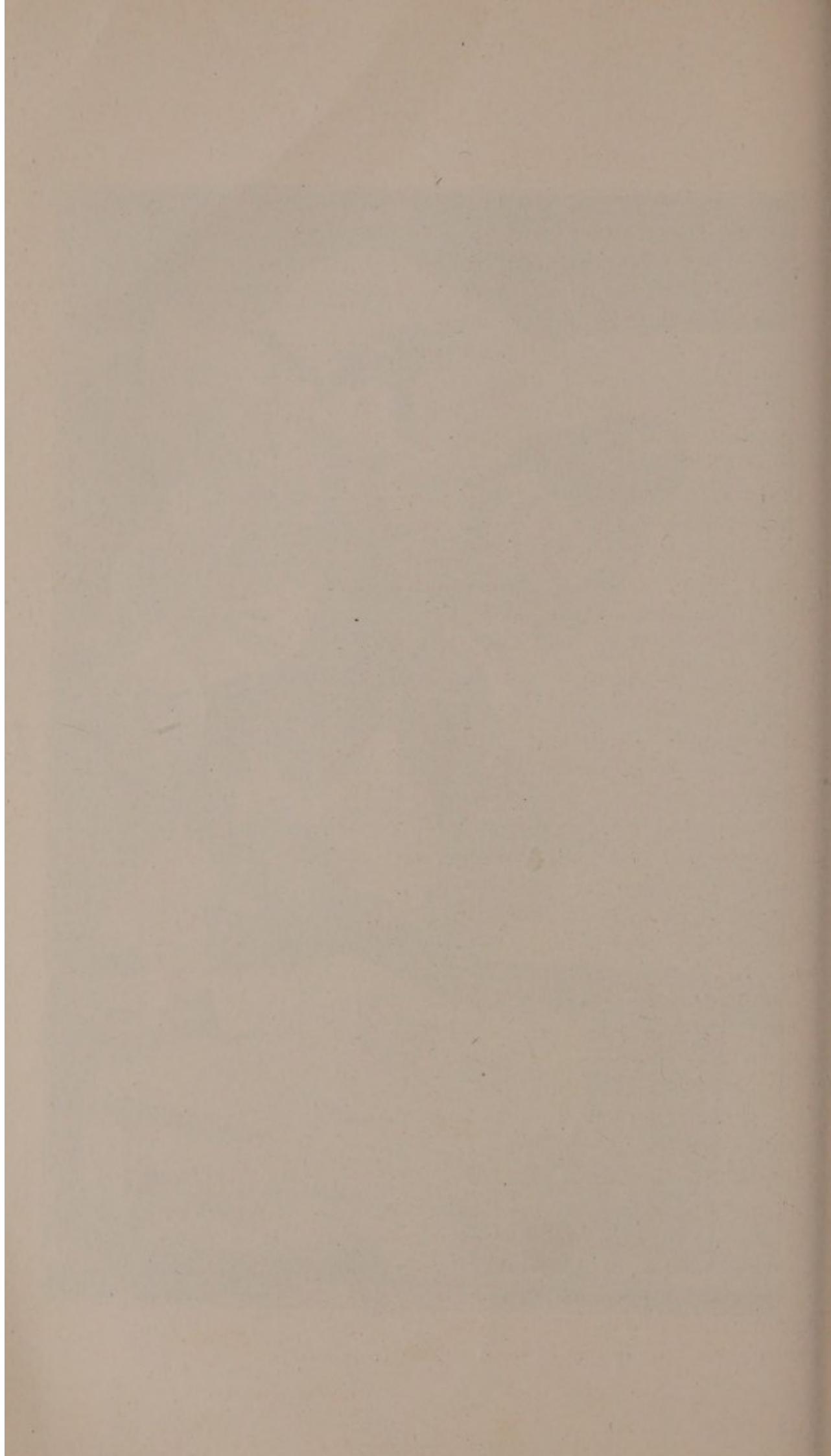


SERVICE D'HYGIENE
NOMBRE DE CLINIQUES RURALES
PAR DISTRICT
1927-1928





Yaws.



mically no activity has done more for Haiti than this wholesale administration of drugs against yaws and syphilis. It is believed that the time has come when Haiti is drawing substantial dividends from this investment. The figures for major operations are also impressive: 592 more than the year 1925-26 and 176 more than the year 1926-27. This demonstrates the increasing popularity of the Surgeon. The field for surgery in Haiti is fertile and was practically untouched until a few years ago. The increasing popularity of the rural clinic is shown from the following figures 420,438 more patients were treated in 1927-28 than 1925-26, and 193,284 more than in 1926-27.

X-Ray Equipment. At the present time only three of the hospitals, (Port-au-Prince, Cap-Haitien and Jacmel) are equipped with X-ray machines. It is our hope to supply more of the hospitals with X-ray machines during the coming year and to more highly develop this important department.

Operating Facilities. Operating facilities in nearly all the hospitals during the year have been improved. Changes in the buildings, such as adding of windows, to afford better light, tiling of floors and walls and enlarging floor space.

The hospitals at Port-au-Prince and Cap-Haitien have well developed eye, ear, nose and throat departments. During the year a Haitian physician specialized in these branches was added to the staff of the hospital at Cap-Haitien. Operation for cataract is becoming more popular and it is a pleasure to note the gratitude of these poor unfortunates who have been blind for years and have suddenly regained their sight. During the year the Chief of the eye, ear, nose and throat department at the Haitian General Hospital has made periodic visits to the various hospitals to hold clinics. These clinics have become popular and it is intended during the coming year to hold them more frequently. The attached map will show the scope of work done throughout Haiti in this line.

Rural Clinics. No activity of the Public Health Service has done more to popularize this service and to gain the confidence of the Haitian people than the rural clinics. It is through these agencies that we are able to take modern medicine to the homes of the Haitian peasants. No activity of this service has done more to check the onslaught of Haiti's great scourges, treponematoses, malaria and intestinal parasites. No activity has done

more to banish superstition and put into ill repute the "Papa Loi" (witch doctor). It is believed that the time is not far distant when the "Papa Loi" will exist only as a memory. Numerous times has the writer while holding a clinic in a remote section seen patients brought in, unable to work, thin, emaciated, wretched and miserable, incapacitated with yaws, possibly intestinal parasites and malaria. After a few weeks treatment, he walks to the clinic, all lesions of yaws disappeared, looks and feels a new man. This patient had probably been treated by the "Papa Loi" or witch doctor.

Today there are established one hundred and thirty nine clinics throughout Haiti—fifty nine are held in our Standard Rural dispensary building and eighty in rented or donated buildings. In addition to these, clinics are held daily, weekly, biweekly or monthly, depending upon the requirements and accessibility. At many of the standard rural dispensaries there are dressers or "infirmiers" trained in the diagnosis and treatment of the common diseases of Haiti. At these dispensaries clinics are held daily except Sundays and holidays and visited weekly or biweekly by the Public Health Officer.

To alleviate conditions caused by the severe hurricane that visited the southern peninsula of Haiti August 10 and 11 this Service promptly sent to the stricken area a relief party taking with it food and medical aid. Sanitary squads were immediately dispatched to the devastated towns and villages as well as the country districts. It is very gratifying to state that no epidemic or unusual sickness occurred as the result of this hurricane.

PORT-AU-PRINCE

Haitian General Hospital.

Personnel. Commander L. W. Johnson relieved Lt. Comdr. W. H. Michael as administrator on July 1st, 1928. The Navy Medical Corps personnel are distributed among various duties as follows:

Comdr. L. W. Johnson, Administrator.

Lt. Comdr. W. H. Michael, Chief of the Surgical Service and in charge of the out-patient department of the hospital.

Lt. Comdr. P. W. Wilson, Medical Consultant (Private consultation).

Lt. Comdr. M. S. Mathis, in charge of Urological Service and District Rural Clinics.

Lt. Comdr. R. M. Choisser, in charge of Public Health Laboratory, Hospital Laboratory and Pathology

Lt. Comdr. E. C. Ebert, Chief of the Eye, Ear, Nose and Throat Department.

Lt. Comdr. R. P. Parsons returned to the United States in June this year.

Lt. Geo. C. Thomas assistant to Dr. Choisser in the laboratories returned to the United States in December, 1927.

The U. S. Navy Hospital Corps personnel are distributed as follows:

Chief Pharmacist's Mate C. F. Johnson, Assistant to Administrator and Receiving and Disbursing Officer for the Hospital.

Pharmacist's Mate 1st class E. A. Kracke, in charge of Public Health and Hospital Laboratories under Dr. Choisser, in charge of the X-ray and photographic services of the hospital.

The Haitian Doctors attached to the hospital are assigned to duty as follows:

Dr. J. Dominique, Chief of the Obstetric service.

Dr. Paul Salomon, Surgical service.

Dr. L. Hudicourt, Chief of the Medical service.

Dr. R. Léon, Assistant, Obstetrical service.

Dr. L. Hyppolite, Assistant, Medical service.

Dr. M. Bourand, Assistant, Surgical service.

Dr. M. Civil, Assistant to Director of Laboratories.

Dr. J. Perrier, Assistant to Director of Laboratories.

Dr. N. Camille, Assistant to Director of Laboratories.

Dr. E. Pétrus, Assistant to Director of Laboratories.

Dr. M. Lafleur, Assistant to Director of Laboratories.

Dr. B. Hyson, Assistant, Medical service.

Dr. V. Pierre Noel, Assistant to Director of Laboratories.

Dr. L. Moïse, Assistant, Surgical service.

Dr. J. Buteau, Gynecological service.

Dr. J. Francis, Assistant to Director of Laboratories.

Dr. L. Jourdan, Assistant, Medical service.

During the year doctors René Jeanty and Vanès Bellevue, were transferred to other stations.

At the end of the year there were the following Red Cross Nurses attached to the hospital:

Agnes H. Von Kurowsky, Directress of Nurses.

Maria M. Berens, Instructress of probationers.

Cora A. Brouillet, Supervisor.

Mary F. Malley, Supervisor.

Resigned:

Theodora C. Legros, (left for the States) January 5, 1928. Length of service, one year and seventeen months.

Eva E. Lanoue, (left for the States) March 21, 1928. Length of service, seven months.

Haitian Graduate Nurses

Total no. of graduates.....	79
Graduated during fiscal year..	10
Married during fiscal year.....	2
Died during fiscal year.....	1
Registered for private duty.....	15
Employed by Service d'Hygiène.....	39
Haitian General Hospital.....	14
Justinian Hospital.....	10
Hospital, Hinche.....	4
Hospital, Port-de-Paix.....	2
Hospital, Gonaives.....	3
Hospital Petit-Goave.....	1
Hospital St. Marc.....	1
Hospital, Jérémie.....	1
Hospital, Aux Cayes.....	1
Hospice Communal, Port-au-Prince.....	1
Public Health Department, Port-au-Prince.....	2
Employed by Gendarmerie d'Haiti.....	2
Employed by Brigade Field Hospital.....	1

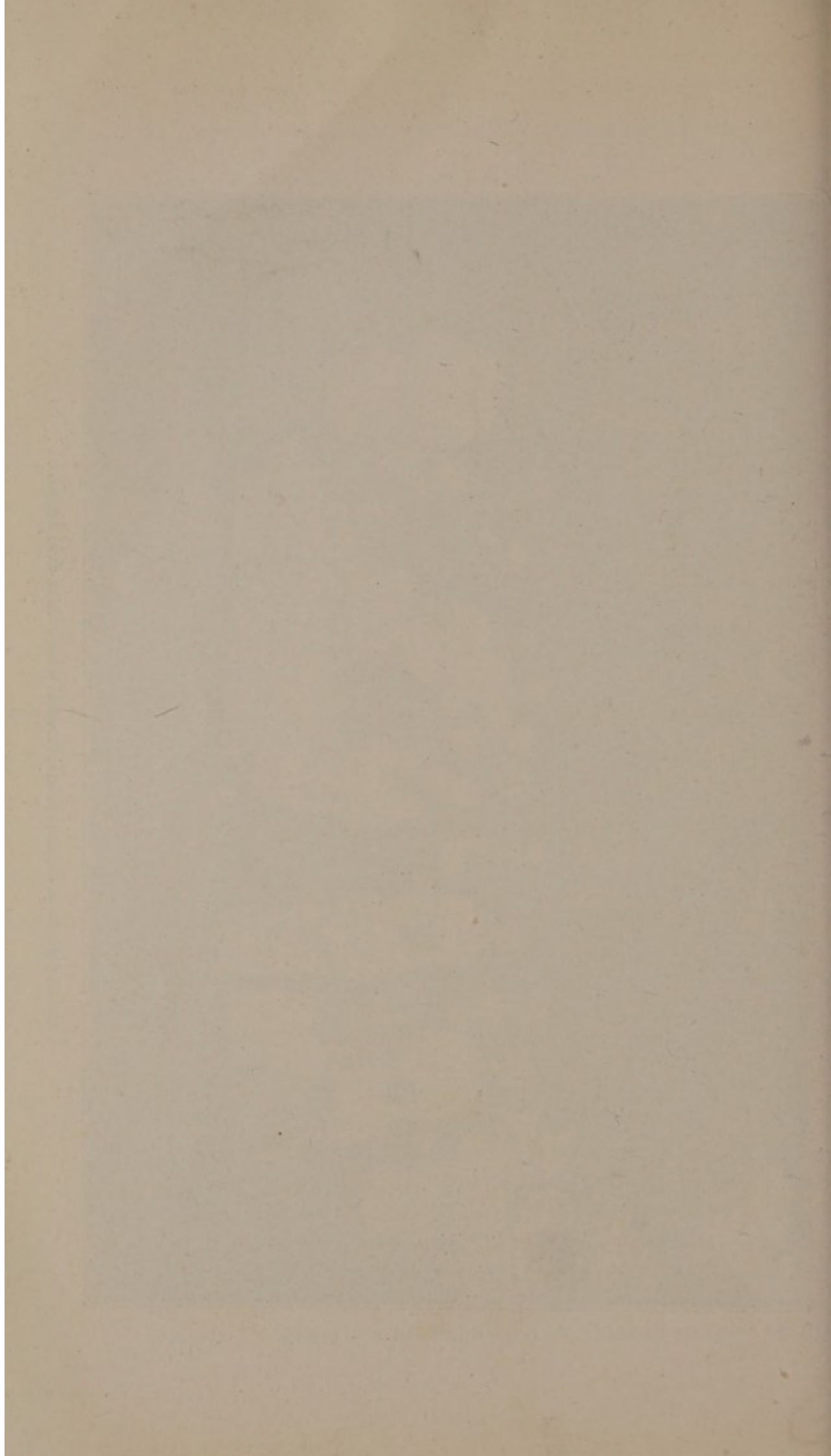
Four of the graduate nurses took up the course in Midwifery at the School of Medicine, and finished their year of practical work in the maternity ward, September 30th. One of the graduates was offered a permanent position in charge of the obstetrical service, beginning October 1st and accepted it.

Graduate nurses have been placed in the following new departments: 1 — X-ray department, 2 — Public Health Laboratory, 3 — Schools (for smallpox vaccination and typhoid inoculation.)

Besides these there have been seven new positions opened for nurses by the Service d'Hygiène as follows: two in the Justinien Hospital, Cap-Haitien, one at the Hospital at Hinche, one in the Jérémie Hospital, one at the Gonaives dispensary, one in the



Cataract patients at Haitian General Hospital whose vision were restored.



operating room at Cayes, and one doing infant welfare work under the supervision of the Health Officer of Port-au-Prince. All of these positions have been filled with this year's and last year's graduates.

It is with deep regret that we report the death of one of the graduate nurses February 21st, 1928. Miss Clemence Guerrier (class 1924) served as head nurse at the Haitian General Hospital from graduation until she was taken ill in December, 1927 with acute bronchitis. After an illness of two months, a diagnosis of Pulmonary tuberculosis was made, and her death occurred a few weeks later.

Pupil Nurses

Application received during fiscal year.....	36
Pupils entered.....	21
Dismissed or resigned.....	7
Under instruction at present date.....	27
Probationers accepted for October 1st.....	8

Class Work

1st. Year:

Anatomy and Physiology.....	8 hours	(Haitian doctor)
Ethics and Hygiene.....	8 hours	(American nurses)
Massage.....	6 hours	(American nurses)
Bandaging.....	10 hours	(American nurses)
Dietetics.....	6 hours	(Sister graduate nurse)
Materia medica.....	8 hours	(Haitian doctor)
Surgical nursing.....	8 hours	(American nurses)

In addition to the above, the students have 138 hours of practical nursing during their first year, including the three months of probation.

2nd Year:

Gynecology.....	8 hours	Haitian doctors
Obstetrics, practical & demons.	8 hours	
General medicine.....	8 hours	
Surgery.....	4 hours	
Ear, eye, nose & throat.....	4 hours	
Pediatrics.....	8 hours	

The elective course in English has been dropped from the curriculum. It was found that the pupil nurses made practically no use of the little they learned and it is impossible to give them a thorough grounding in the language, without neglecting their other courses.

The course in eye, ear, nose and throat was added this year, and the course in gynecology was separated from that in obstetrics.

The passing mark for examinations was raised to 70 per cent last fall, and it is hoped that the standard of marks during the past year will be maintained during the coming year, so that we will be able to raise the passing mark to the usual 75 per cent.

In order to avoid overcrowding of class work into the fall semester, a spring term was inaugurated, and class work was carried through until June. The spring classes are made as light as possible as the weather begins to get very warm in April, and the pupils are rather fatigued after their day's work.

The graduating exercises were held March 15th and eight nurses, and two sisters received their diplomas.

It is with gratification that we report that the entire graduating class is now in the employ of the National Public Health Service: four in hospitals in the provinces, three at the Haitian General Hospital and one in the office of the Public Health Officer, Port-au-Prince.

The two sisters, who graduated this year, and the sister who is a graduate of a Canadian Hospital, were put on a regular graduate nurses salary basis, beginning April 1st and given full charge of their respective wards.

Finances. From October 1927, up to April 1928 inclusive all expenses for Hospital and Training School of Nurses were carried under Article 331. The lowest month was 40,952.85 gourdes in January and the highest was 49,209.70 gourdes in April 1928, with a monthly average of 44,561.94 gourdes covering a period of seven months.

From May until September inclusive our expenditures were carried on Article 331 for the hospital, and 331-I for training and school of nurses.

Hospital — Lowest month — G. 34,126.22 in June 1928
— Highest month — G. 45,833.36 in July 1928

Average monthly expenditures
during the period of 5 months G. 39,130.13

Training School — Lowest month — G. 4,592.25 in July 1928
— Highest month — G. 10,299.22 in Sept. 1928

Average monthly expenditures
during the period of 5 months G. 6,598.33

The allotment in November 1927 was Gourdes 41,348.33 to cover expenses for Hospital and Training School for Nurses. The allotment for October 1928 was G. 39,833.00, for Hospital and G. 6,000.00 for the Training School giving a total of G. 45,833.00. These expenditures do not include medical supplies, gasoline and oil which are furnished by the Supply Officer of the Service d'Hygiène.

The monthly average of collections for private consultations and the private ward during the year was Gdes. 4,005.97.

Buildings. The changes and improvements made on the buildings of the hospital are as follows:

Private ward: A soil pipe line was laid from modern toilets to Rue St. Honoré by hospital personnel and a sanitary sewer tap was made by the Public Works Department. A wash-stand was installed and shutters were repaired.

Operating room: The floors in the operating room have been filled in and tiled. The passage way between the operating room and the entrance between wards 1 and 2 was torn out and replaced by a cement runway. The operating room was painted after the tile floor had been laid.

Wards 1 & 2: One close stool has been repaired and painted for ward 1. The roof was repaired on ward 2.

Wards 3 & 4: The roofs were repaired on wards 3 and 4. The old toilet in ward 4 was destroyed.

New kitchen: This building was completed during the year and the ground was paved between the two wings.

An obstetrical ward was installed for private cases in the old laboratory at the end of ward 1.

An additional room, wash room and toilet were constructed on the second floor of the sisters home with a pantry and veranda underneath.

Dispensary. As a comparison with the previous year's work the number of consultations held in the dispensary was found to be 102,619 during the fiscal year ended September 1928, while there were 98,686 consultations in the corresponding year ending September 30, 1927.

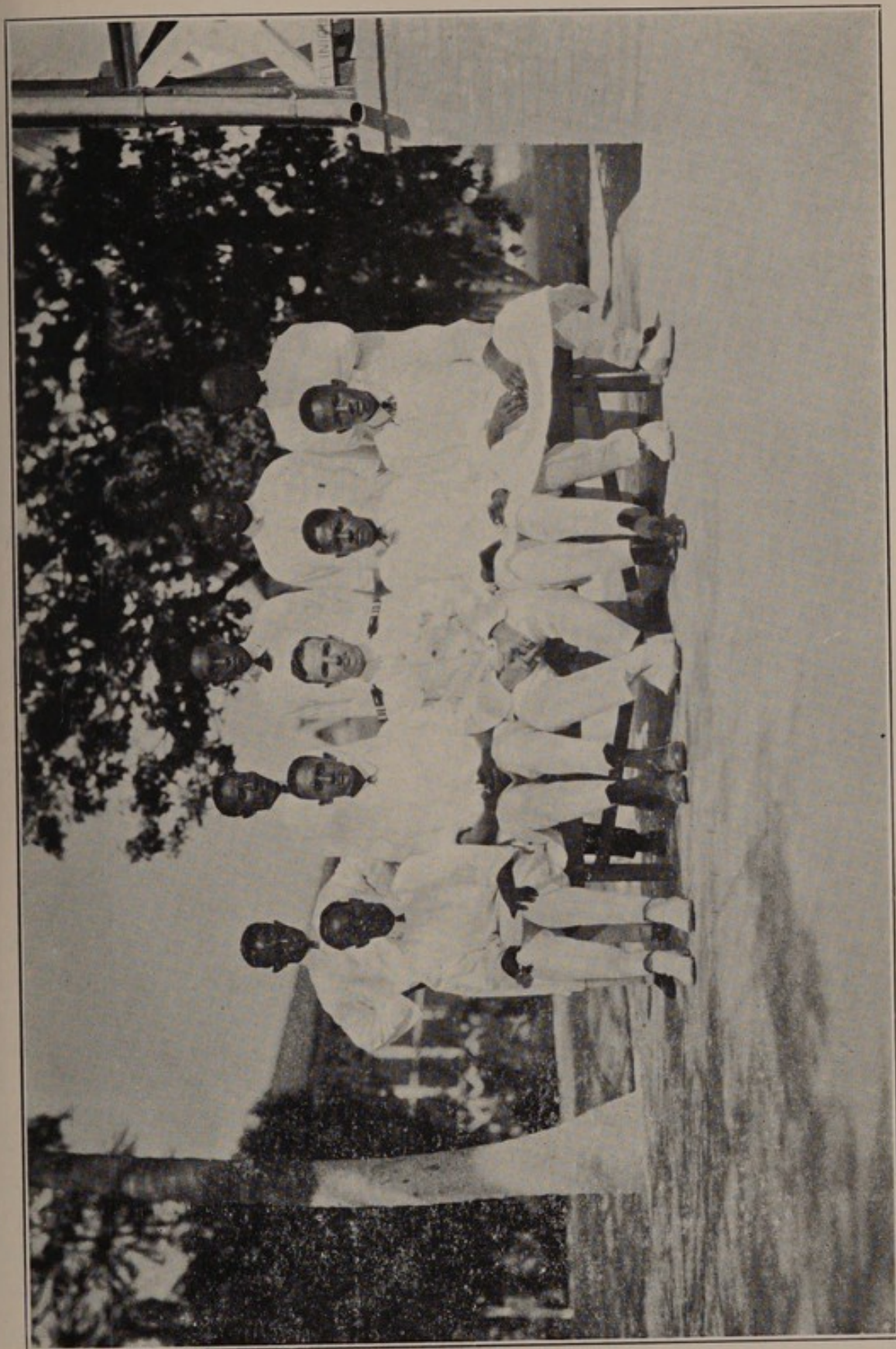
Rural Clinics. In connection with the dispensary service two doctors or one doctor and an intern, one pharmacist and one assistant hold rural clinics throughout the district. Transportation is furnished by the Sanitary Garage.

Approximately 19,050 miles were covered by automobile in visiting rural clinics and approximately 350 miles by horse during the fiscal year. The clinic that is held once a month on La Gonave Island is now under the supervision of the Public Health Officer of Port-au-Prince.

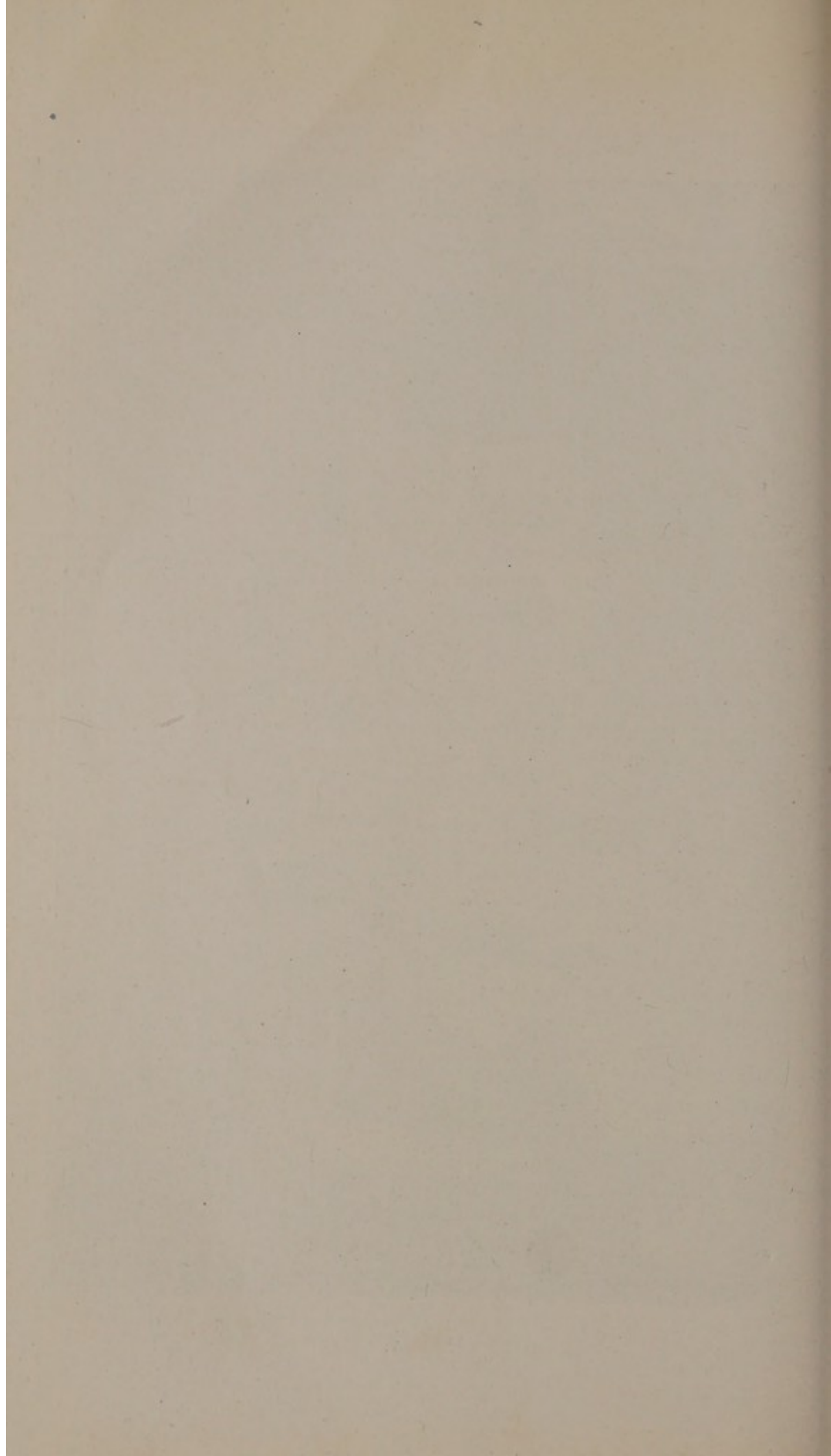
Clinics are held once a week in the towns of Léogane, Trouin, Arcahaie, Cabaret, Gressier, Carrefour, Thomazeau, Dumay, Pétionville, Croix-des-Bouquets and Kenskoff. Once a month a clinic is held at Trou Coucou by the dresser from Kenskoff. Standard Rural Dispensaries were constructed during the year at the towns of Gressier, Cornillon and Kenskoff.

Statistics.

Hospital and out-patient department	1926-27	1927-28
Average number of patients per day.....	280.7	270.1
Total number of admissions.....	3,592.0	4,032.0
Total number of births.....	214.0	316.0
Total number of outpatients (Hosp. Dispens. only).	98,686.0	118,507.0
Daily average of outpatients.....	256.0	325.0
Total number of discharges, cured.....	2,793.0	3,403.0
Total number of discharges, improved.....	516.0	415.0
Total number of deaths.....	440.0	457.0
Total number of autopsies performed.....	208	382
Total number of major operations.....	826	986
Total number of minor operations.....	1,787	1,818
Total number of neosalvarsan injections.....	8,983	18,587
Total number of mercury injections.....	2,742	1,879
Total number of sulpharsphenamine injections.....	367	1,100
Total number of bismuth injections.....	22,937	11,836
Total number of chaulmestrol injections.....	759	639
Total number of X-ray examinations.....	997	1,380
Total number of vaccinations.....		731
Dental Department.		
Total number of treatments.....	1,987	4,066
Total number of extractions.....	1,150	3,010
Rural Clinic Service.		
Total number of consultations and treatments.....	56,158	79,007
Total number of clinics held.....	585	706
Average number of consultations and treatments per month.....	4,586.1	6,584.0
Average number of consultations and treatments per clinic.....	94.07	110.4
Total number of bismuth injections.....	36,995	34,129
Total number of dressings.....	10,038	16,631
Total number of minor operations.....	323	462
Total number of dental treatments.....	134	447



Laboratory staff at General Hospital, Port au Prince, Haïti.



Buildings. No new buildings are required for the year.

Personnel. There is a need for the services of a specialist in X-ray.

Equipment. (Needed).

1. Modernized X-ray machine, an urgent need.
2. High frequency electric machine for the treatment of superficial malignancy.
3. Horse-drawn or motor propelled lawn mower.

CAP-HAITIEN.

Medical Activities. The medical activities of this district are centered in the Justinien Hospital at Cap-Haitien. From this center twenty-one rural clinics are supplied with necessary medicines and material for surgical dressings.

The personnel of the hospital consists of one Lieutenant Commander (MC) U. S. Navy who serves in the capacity of Public Health Officer of the district and as Administrator of the Hospital; of a Chief Pharmacist's mate, U. S. Navy, and one Pharmacist's mate U. S. Navy, both commissioned in the Public Health Service; five commissioned Haitian doctors; one Haitian pharmacist; one Haitian dentist; ten French nursing sisters; nine Haitian nurses and fifty nine employees. Two Haitian doctors were added to the staff during the year. One Haitian nurse was also added to the nurse contingent.

The Hospital Justinien, with a capacity of 212 beds, is well equipped for the care of patients. The eye, ear, nose and throat department was renovated and re-equipped with instruments during the year. A Haitian doctor trained in this speciality was attached to the staff in August of 1928.

The laboratory of the hospital is in charge of a Chief Pharmacist's mate, U. S. Navy commissioned as an assistant Public Health Officer. The work of the laboratory for the year has been of high order. Five thousand five hundred and thirty four Kahn tests were made with a percentage of 33.7 positives. This low percentage of positives is due to the fact that a great many of these tests were done on people under treatment and after finishing a course of treatment.

The diagnostic aid furnished during the epidemic of cerebrospinal fever which occurred during the spring and summer of 1928, was of inestimable value in making the diagnoses of this disease.

Special investigations carried out by the laboratory during the year included further malaria surveys and faeces examinations in the study of amoebiosis. The usual vaccinations against smallpox and typhoid fever were performed.

The total admissions were 1988; major operations, 353; minor operations, 823; X-ray examinations, 243; laboratory examinations including smears, sputum and urinalysis, 8252; fluoroscopic examination, 12; Kahn tests 5534.

There were given 10,136 intravenous injections of neo-salvarsan; 3535 intramuscularly injections of bismosol at the hospital and 180,536 at rural clinics. Consultations at hospital numbered 13,279; rural clinic consultations were 71,795 in number. 68,373 dressings were applied at hospital and 186,836 at rural clinics. Dental treatments amounted to 2,694 at hospital and 1,014 at rural clinics. Vaccination against smallpox 4,107; antityphoid vaccination was given to 2,257 persons.

Operations. The 353 major operations were not attended by undue mortality. This is accounted for by the preoperative and post operative care as well as antishock measures always kept in readiness during operations.

The operations covered a wide range of surgical procedures. Emphasis was placed upon performing each operation with all the skill and care possible under the circumstances.

The opportunity for teaching surgery to the Haitian doctors assisting was not neglected. The members of the staff were taken as surgical assistants for a period of three months in rotation. This will be continued. As they show aptitude they will be allowed and encouraged to undertake major surgical procedures.

In this year's work there occurred 8 operations for appendicitis; 29 for inguinal hernia; 16 for hydrocele; 6 operations for fracture of femur; 33 hysterectomies for myoma of uterus and 2 for cancer of cervix; 6 for retroversion of uterus and cystocele; 4 for goitre; 5 for mastoiditis; 1 for dermoid cyst of ovary; 2 for cataract; 17 for stricture and fistula of urethra; 4 for enucleation of eye; 92 tonsillectomies; cancer of breast 3; prostatectomy 1; chronic inflammatory pelvic disease 14; perineoplasty 3.

Local anesthesia was used in all hernia operations whenever possible. Spinal anesthesia was used extensively in operations about male urethra and with no unfavorable reaction.

In April of 1928 there occurred an epidemic of cerebro-spinal meningitis in this district. Eighty seven cases were admitted to hospital during the spring and summer with a mortality of 16 or 18.3 per cent. Sporadic cases tend to occur. (Our experience with the epidemic cases makes their detection more easy). The work of the French nursing sisters and those Haitian nurses in contact with cerebro-spinal cases was splendid and worthy of commendation. Some work on amœbiasis demonstrated it to be quite prevalent among the natives of this district. The acute form was demonstrated in only 5.81 per cent. Familiarity with the fixation and staining method of James would undoubtedly have demonstrated a higher percentage of acute amœbiasis.

The construction and improvements during the year were as follows:

- (a) Operating building roof repaired, building repainted inside and out.
- (b) Roofs of laboratory buildings, surgical ward building, kitchen, main building repaired. These buildings were all repainted inside and out.
- (c) The laundry was moved from its position in front of main building to the garden in the rear. The present site is a great improvement.
- (d) Sodding of lawns continued. They now present a pleasing appearance. Hibiscus plants set out in front of main building, laboratory and along side of wall about kitchen. These give color and distinctiveness to the grounds.

The water supply of the hospital is inadequate. Flush toilets are badly needed but cannot possibly be installed with present inadequate water supply.

Improvements and new construction needed during the coming year:

- (a) Obstetrical ward.
- (b) Provision for adequate water supply.
- (c) Flush toilets.
- (d) Paving drive way and walks of grounds.
- (e) Tiling operating building.
- (f) Better provision for care of insane.

The problem of tuberculosis is the same. The habit of the

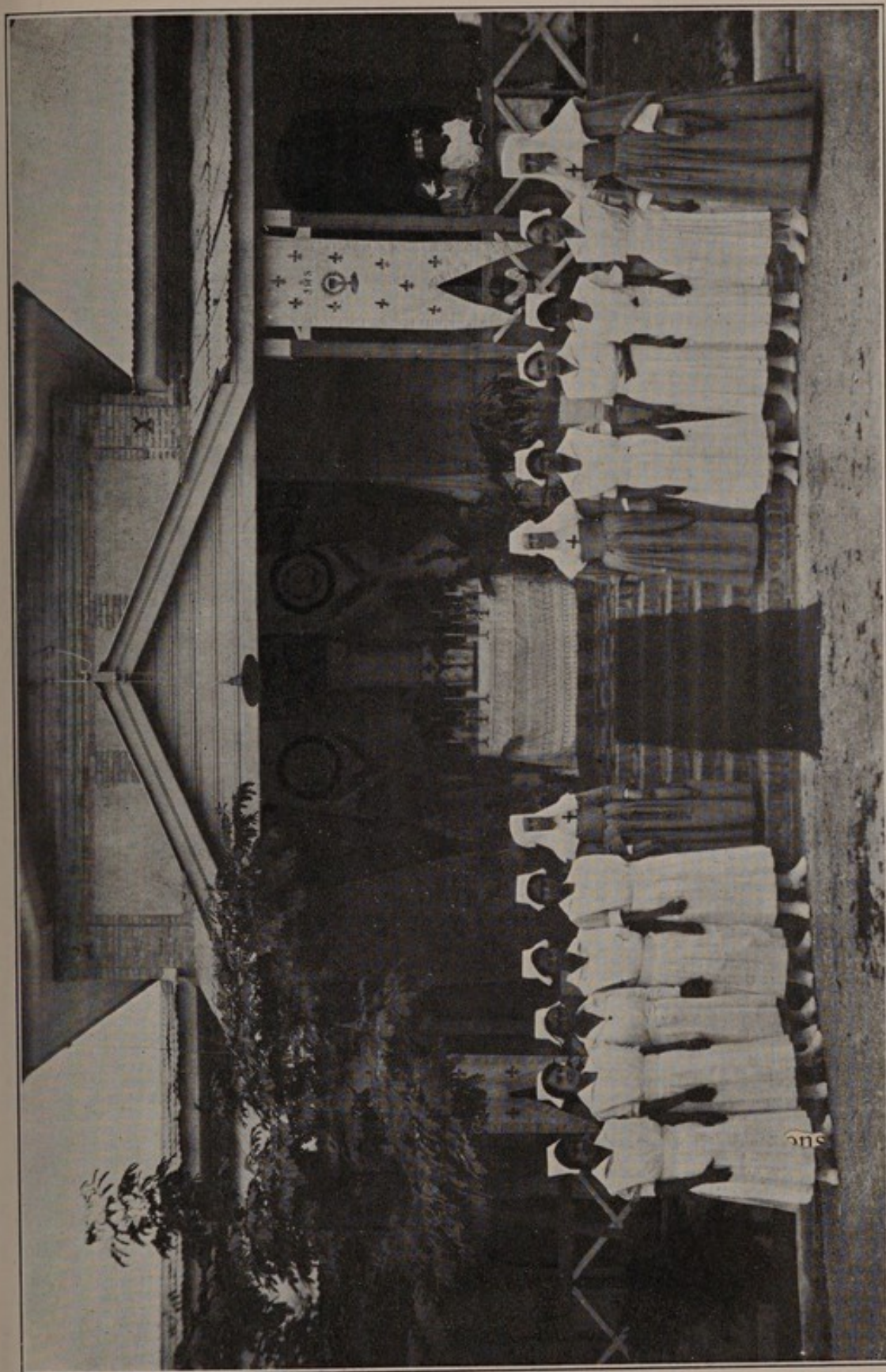
natives of sleeping with all windows and doors tightly closed is pernicious but cannot now be obviated owing to universal custom of immemorial usage among these people. Bone tuberculosis is rarely seen. It is believed a sanatorium established in some high, dry section of the country will be of great benefit in the campaign against tuberculosis. Education as to proper food and hygiene is progressing but slowly owing to the low average intelligence of the native population.

Rural Clinics. The rural clinics are the sheet anchor of our work. Through their agency the people are acquainted with the ability of the Service d'Hygiène to help them. The visible evidence of healed sores as well as improvement in health, after receiving treatment at the clinics for their intestinal parasites, yaws and malaria has a lasting effect. It becomes easy after such demonstrations to persuade them to come to the hospital for necessary operations and other treatment.

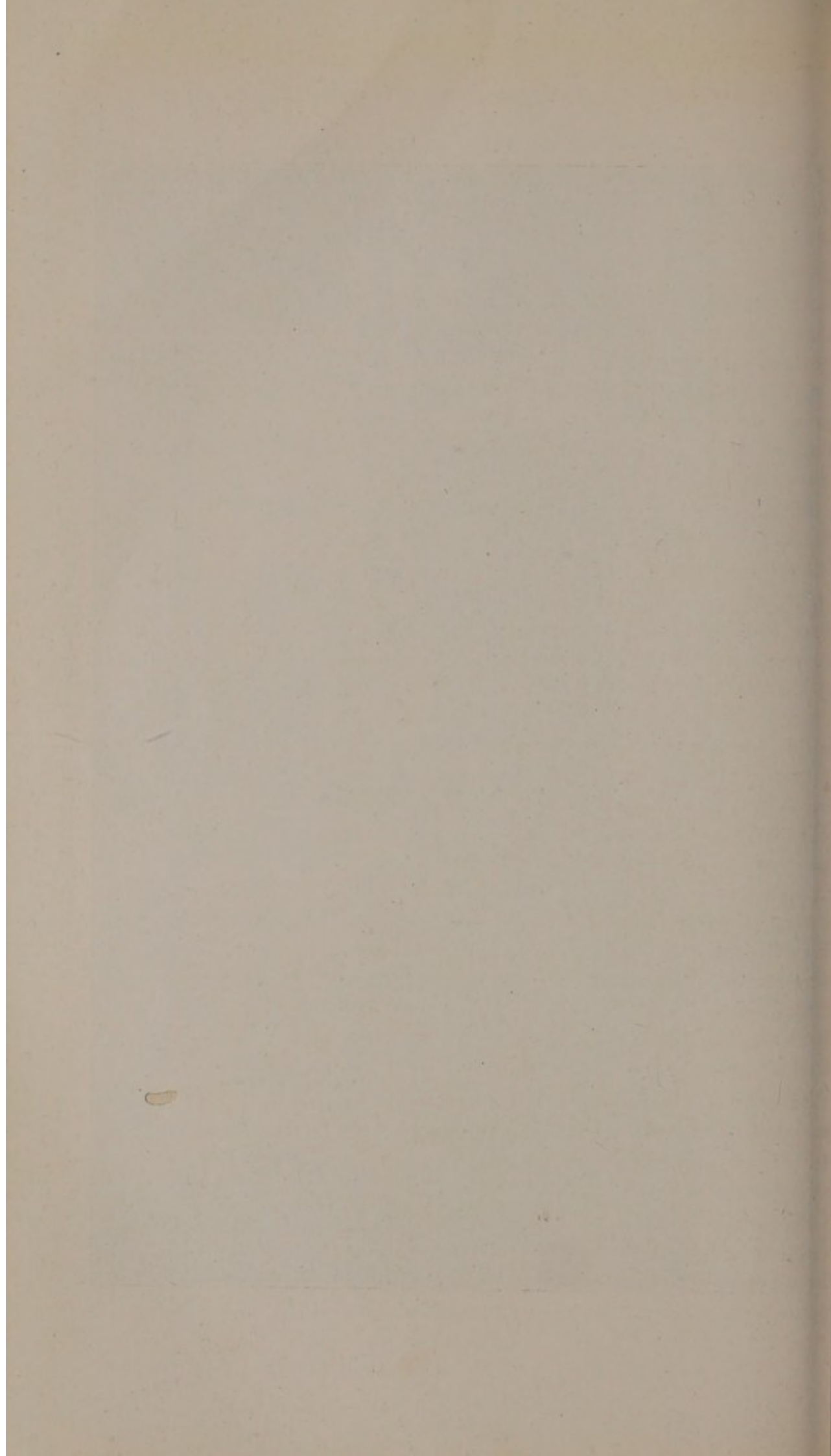
The following clinics were visited monthly: Le Borgne, Acul-du-Nord, Fort Liberte, Grande Rivière, Limonade, Le Trou, Pilate, Plaine-du-Nord, Plaisance, Port Margot, Quartier Morin, Sainte Suzanne, Ouanaminthe, Vallières. Limbé clinic is visited weekly. It is the largest in attendance. The peak was reached in September 1928 when 1,056 people were seen and treated in one day. An additional clinic was instituted in July 1928 at Acul Samedi. This clinic has proved well worth while and involves no additional travel. It does require another doctor to go on the trip. Vallières is visited the same day. All the clinics could be increased in attendance by weekly visits of medical officers. This is still impracticable owing to insufficient transportation and personnel for this large district. Clinics at Dondon, Bahun, Ranquette, Milot and La Victoire are held monthly by a Haitian medical officer stationed at Grande Rivière where he holds daily clinics when not elsewhere on duty.

Clinic buildings were constructed and furnished during the year at Plaisance and Limbé. Ground for clinic buildings was secured at Ouanaminthe and Limonade. Each clinic is in charge of a native nurse trained in first aid at the Justinien Hospital. They do very well.

The majority of the patients seen were suffering from treponematoses. The other prevalent diseases were intestinal parasitic infections and malaria.



Nurses' quarters, Haitian General Hospital.



Lieutenant Commander O. Wildman was succeeded as Officer in charge of rural clinics by Lieutenant Commander E. A. M. Gendreau (MC) U. S. Navy, September 1, 1928. The work of Dr. Wildman was of very high order.

CAYES.

Admissions. During the year two hundred and twenty one (221) persons were admitted to the hospital mostly for medical treatment. The daily average of patients was 48,833.

Discharged from Treatment. One hundred and fifty five (155) were discharged as cured or whose condition was ameliorated. Twenty three (23) whose condition was unchanged and thirty seven (37) who died.

Births. No births have occurred during the past year. It has not been the policy to admit these cases due to lack of accommodations.

Outpatients Department. During the year in the hospital three thousand one hundred and thirty four (3,134) persons had a consultation with a doctor and twenty thousand two hundred and sixty five (20,265) had dressings done without consultation. Thirty two thousand eight hundred and ninety three (32,893) people were treated in the clinics. This makes a total of fifty six thousand two hundred and ninety two (52,292) consultations and dressings for the year. It will be noted that there was a decrease of four thousand two hundred and sixty (4,260) consultations given in the hospital but there was an increase of six thousand six hundred and fifty nine (6,659) in dressings done, thus giving a total increase in consultations and dressings of two thousand three hundred and ninety nine (2,399). In 1926, thirty six thousand six hundred and four (36,604) people were treated in rural clinics, in 1927 thirty two thousand eight hundred and ninety three (32,893), giving a decrease of three thousand, seven hundred and eleven (3,711).

Surgical Operations. During the year 13 major operations and seventy minor operations were performed, giving a total of 83. Many people in this district are badly in need of surgical treatment.

Salvarsan Treatment. During the year one thousand, one hundred and eight (1,108) neoarsphenamine and two thousand three hundred and seventy two (2,372) sulpharsphenamine treatments were given at the Hospital Dispensary.

Mercury Treatment. Eighty three (83) intramuscular treatments were given in October, November and December. Beginning January bismuth was substituted for mercury.

Bismuth Treatment. Two thousand, one hundred and twenty seven (2,127) injections of bismuth were given in the hospital and twenty thousand, one hundred and sixty (20,160) in the rural clinics.

Dental Treatments. No dental work is done at the hospital except the extraction of teeth which is done by the sisters or doctors. During the year eighty two (82) persons had teeth extracted at the hospital.

Rural Clinics. At the beginning of the year there were clinics in the following places: Camp-Perrin, Chantal, Leduc, Aquin, St. Louis, Cavaillon, Vieux Bourg, Port Salut, St. Jean, Arniquet, Maniche, Les Anglais, Chardonnières, Port à Piment, Desmassins, Coteaux, Roche à Bateaux, Carpentier and Port à Nanette. During the year, clinics at Leduc and Vieux Bourg were discontinued due to small attendance. Clinics at Carpentier, Roche à Bateaux, Coteaux, Damassins, Port à Piment, Chardonnières and Les Anglais were discontinued temporarily on September 15th because of the resignation of Sanitary Inspector Hugues Gentilon. These clinics will be resumed in the near future. Clinics are held in each of these places every fifteen days except Camp-Perrin which is held once every week.

Approximate mileage covered in visiting rural clinics:

Automobile.....	4,788 miles
Horse.....	4,596 "
Motor boat.....	none

Average number of patients treated in clinics and cost per each clinic during the year:

Clinic	Total No. of patients	Total cost for year Gdes.	Cost per patient Gdes.	
Camp-Perrin	4125	3,427.95	0.831	
Leduc	777	822.47	1.058	9 months period
Chantal	1292	1,235.44	0.956	
Aquin	1575	1,511.95	0.959	
St. Louis du Sud	1845	1,759.97	0.953	
Cavaillon	1254	1,831.84	1.460	
Port Salut	2469	1,254.66	0.508	
Arniquet	4468	1,362.13	0.304	
St. Jean	2874	1,022.73	0.376	

Port à Nanette	3606	1,002.67	0.278	11 months period
Les Anglais	973	867.18	0.891	
Chardonnières	577	679.76	1.178	
Port à Piment	1847	1,890.97	1.023	
Damassins	853	687.88	0.806	
Coteaux	680	717.45	1.055	
Roche à Bateaux	1157	887.38	0.766	
Carpentier	1172	768.44	0.655	
Maniche	1002	632.81	0.631	

Average cost per patient for drugs in clinics:

Clinic	Total No. of patients	Total cost for drugs Gdes.	Cost per patient Gdes.	
Camp Perrin	4125	1,092.38	0.264	
Leduc	777	164.74	0.212	9 months period
Chantal	1292	474.30	0.367	
Aquin	1575	446.95	0.283	
St. Louis du Sud	1845	592.40	0.324	
Cavaillon	1254	522.27	0.416	
Port Salut	2469	633.63	0.256	
Arniquet	4468	810.68	0.181	
St. Jean	2874	489.03	0.170	
Port à Nanette	3606	556.50	0.154	11 months period
Les Anglais	973	474.80	0.493	
Chardonnières	577	290.72	0.503	
Port à Piment	1847	706.46	0.382	
Damassins	853	263.65	0.308	
Coteaux	680	293.57	0.431	
Roche à Bateaux	1157	349.02	0.301	
Carpentier	1172	212.38	0.181	
Maniche	1002	240.49	0.248	

Supplies. The supplies of medicines and hospital equipment have been adequate during the year.

Foodstuffs. The ordinary vegetables produced in the country and used by the hospital in large quantities are constantly increasing in price. Following the hurricane of August 10, there was an acute shortage of all food. Large areas of the country were inundated causing destruction of all crops. Prices of food immediately rose to higher levels than for many years. Free distribution of food was carried out at Aquin, St. Louis and Changieux. As soon as supply of food was available in local stores free distribution was discontinued. Up to the end of the year food was issued to Travaux Publics and Service Technique for sale to employees of those Services.

New Construction. During the year Garage and Stable, an Operating room and a linen room were constructed; the laundry house was completed.

- Future Plans.**
1. Construction of contagious ward.
 2. Construction of private and pay wards.
 3. Construction of maternity ward.
 4. Change site of gates near Dispensary.
 5. Build roads in Hospital grounds.
 6. Put more partitions in over Dispensary, rooms to be used for private patients and present private rooms to be used for Office and library.
 7. Repair of kitchen.

Personnel. The employees carried on the hospital payrolls are as follows:

- 1 Public Health Officer
- 1 Haitian Physician (Public Health Officer 4 c.)
- 1 Clerk (also makes clinics and sanitary inspections in Port Salut Section)
- 1 Chief Mechanic
- 8 Sisters
- 1 Carpenter
- 2 Laundress
- 4 Ward Attendants
- 2 Cooks
- 2 Servants
- 1 Dresser
- 1 Laboratory technician
- 1 Nurse, graduated.

GONAIVES.

Personnel. The personnel of the Hospital is as follows:

- 1 Medical Officer, U. S. Navy
- 1 Haitian Commissioned physician
- 3 Graduate Haitian nurses
- 5 Sisters
- 3 Dressers
- 1 Technician
- 2 Cooks
- 2 Laundresses
- 3 Servants
- 1 Laborer





Statistics.

Daily average of patients.....	54.43
Total number of admissions.....	462
Total number of consultations (outpatients).....	9,258
Daily average consultations (outpatients).....	25.36
Number of sick days.....	19,870
Discharged dead.....	33
Total major operations.....	121
Total minor operations.....	519
Total dressings (outpatients).....	12,952
Laboratory:	
Blood smears.....	91
Blood count.....	1
Positive malaria smears.....	21
Feces.....	6
Sputum.....	2
Urine.....	411

Rural Clinics.

Place	No. Clinics	Total Patients	Average per Clinic	Bismosol Injections
Ennery	40	2,416	60.40	1,752
Gros Morne	44	17,485	397.38	8,780
La Brande	30	2,906	96.86	1,944
Marmelade	51	43,138	845.84	20,825
St. Michel	46	19,178	416.91	5,789
St. Raphael	3	107	35.66	67
Terre Neuve	8	1,822	227.75	960
Total	222	87,052	392.12	40,117

Approximate mileage covered in visiting rural clinics:

Automobile	19,920 miles
Horse	360
Motor boat	0

Christmas was celebrated again for the patients by the erection of a tree and the distribution of gifts. The latter were boxes furnished by the Haitian Chapter of the American Red Cross and were very much appreciated by the internes..

No new building has been done on the hospital compound. Improvements have been effected in the drainage systems of the new dispensary building and the women's ward. The sterilizers have been commissioned but the regular use of the autoclave cannot be relied upon, due to the inadequacy of the water system.

A quantity of old obsolete furniture was surveyed, and the beds were replaced by twenty new iron hospital beds with mattresses and pillows.

The new dispensary has already outgrown its capacity and will need to be supplemented by a new and more conveniently located operating unit when the old clinic building (which is still in use) is destroyed.

The following buildings and lands are seriously needed:

1. Men's isolation ward.
2. Women's isolation ward.
3. A wall, with main and side entrances about the hospital ground.
4. A supplementary operating unit, with a twenty bed surgical ward. The bed capacity of this hospital has become insufficient for this district especially for male patients. Every bed available for male patients is always occupied and many cases are unable to be hospitalized due to insufficient beds.
5. An adequate water supply unit for the entire hospital area.
6. Plot of land in front of hospital now occupied by adobe shacks, to give the hospital a more pleasant and artistic frontage.

A new men's ward and new messing unit, both buildings very badly needed, have been approved and work on their construction will commence early in the new fiscal year.

Rural Clinics. Rural clinic work has taken a great stride forward during the year as the following figures will show:

Year	Total Clinics	Total Consultations	Grand Average per clinic
1926-27	202	40,630	201
1927-28	222	87,052	392

A new monthly clinic has been established in the isolated commune of Terre-Neuve, with excellent cooperation of communal officials, the clergy and the Gendarmerie. This clinic serves an extensive mountain region hitherto scarcely touched by clinic work, and also to some extent the great arid plain between the mountains and Anse-Rouge.

Plans have also been completed for the establishment of a

bi-monthly clinic at St. Raphael, 15 miles beyond St. Michel on the northern Plateau. This clinic will begin service during the present month.

A dispensary building at La Brande is badly needed as well as year-round auto highway to this village. It lies behind the Morne Belle Lance, about 4 miles from the main highway to Gros Morne. The communal road is in constant need of repairs and is actually impassable to autos about one third of the year. Whenever the clinics are held week after week the attendance climbs to two or three hundred, a very gratifying figure for this commune. But after two or three clinics have been missed it becomes necessary to build up the attendance from practically nothing again. The clinics are held in a mud-hut, small, unlighted and unventilated with no furniture or equipment of any kind — a building which has been graciously loaned to us by the church authorities. It is essential that an adequate building be constructed here as soon as land is available.

Vaccination and inoculation record. During the year all schools of Gonaives, Gros Morne, St. Raphael and Petite Rivière Bayonnais were inspected and 1,360 children were vaccinated. In addition the following non-immunes were vaccinated:

Marmelade	100
Petite Rivière Bayonnais	52
St. Michel	200
Terre Neuve	235
Total number non immunes vaccinated during the year	1,947
Total school children completing course of antityphoid	398
Total courses of antirabic serum given	2

Epidemics. Epidemics of cerebro-spinal fever were reported and investigated in the following places: St. Raphael, where one case was found, brought to hospital and diagnosis confirmed. Pol, no case. Ennery, no case. Gros Morne, no case.

Malaria reached epidemic proportion in Gros Morne, the result of stagnant lake near town formed where the "Trois Rivières" changed its course.

HINCHE.

Personnel. The personnel of the Hinche Hospital consists of the following:

- 1 Medical Officer, U. S. N.
- 2 Haitian doctors
- 1 Office clerk
- 2 Ward attendants
- 4 Dressers
- 4 Graduate nurses
- 1 Chauffeur (pump operator)
- 2 Cooks
- 1 Baker
- 1 Laundress
- 1 Carpenter
- 3 Sisters

Hospital Activities.

Daily average of patients	50.34
Total admissions during the year	678
Total outpatients for the year.....	15,854
Daily average of outpatients	43.43
Discharged dead	17
Daily average of deaths	0.0465
Total major operations	42
Total minor operations	261
Total doses of neosalvarsan	5,047
Total doses of sulpharsphenamine	2,307
Total doses of bismosol	20,061
Total doses of mercury injections	392

Whenever the condition of the roads permitted weekly clinics were made in Mirebalais, Lascahobas, Juan de Verde, Thomonde and Maissade. During the rainy season some of the unbridged streams are impassable at times and it is noted that the number of patients is less than usual for several weeks following these enforced absences of the doctors.

Number of places where clinics were held	5
Number of clinics held in all places	230
Average number of patients per clinic	98.37
Average number of patients per month	1,885.50
Total cases for the year	22,626

The laboratory is very well equipped for a Hospital of this size. The laboratory work done during the year is as follows:

Urinalysis	516
Feces	37
Blood smears	1,062
Positive for malaria	519
Positive for filaria	2
Kahn tests	151
Sputum	2
Throat culture (Diphtheria)	1
Spinal fluid	3

(a) Vaccination of school children in this District is one of the most difficult Public Health problems encountered principally because of irregular attendance. As will be noted below only 52.69 per cent of the pupils registered could be seen, and only 65.28 per cent of the ones vaccinated could be found later to check up on the result of their vaccination.

Pupils registered in schools inspected	1,374
Pupils seen at inspections	724
Total vaccinations indicated and performed ...	723
Total positive reactions	180
Total immune reactions	1
Reactions not controlled (absence of pupils) ...	251
Percentage of takes	24.8%

(b) It might be added, while on the subject of school children that a malarial survey was made on the school children in this district with the following results:

Number of children examined	560
Positive for malaria	57 %
Palpable spleen	22.6%
Estivo-autumnal	90.3%
Quartan	8.3%
Benign tertian	1.3%

This survey was made on children from six to twenty years of age. The result of this survey was quite surprising as it ran from 12 per cent positive in some schools to 100 per cent in others.

JACMEL.

The following table gives a comparison of this year with that of the preceding fiscal year in respect to certain hospital activities:

	Year Ending 30 Sept. 1927	Year Ending 30 Sept. 1928
Total number patients treated at Hospital.....	21,580	44,631
Total number of patients treated.....	213	271
Total number of deaths.....	21	25
Average daily number of inpatients.....	51.512	74.246
Average daily number of deaths.....	0.057	0.068
Total number of major operations.....	9	7
Total number of minor operations.....	170	192
Total number of injections neosalvarsan.....	317	540
Total number of injections sulpharsphenamine...	1,079	1,314
Total number of injections bismusol.....	9,947	9,862
Total number of injections mercury.....	33	20
Autopsies performed	1	1

Rural Clinics. As reported last year, rural clinics have been held at places in the mountains capable of being reached within three hours by horseback. Viz:

- (a) Cap Rouge—Chapelle Ste Anne and Chapelle Mohiga
- (b) Montagne La Voute—Chapelle La Croix
- (c) Coq Chante
- (d) Bas Coq Chante
- (e) Grande Rivière
- (f) Ravine Normande

In addition to these, rural clinics have been held in conjunction with our inspection trips to:

- (a) Anse à Pitre
- (b) Grand Gosier
- (c) La Vallée
- (d) Fond Melon
- (e) Bainet
- (f) Cotes de Fer
- (g) Bas Gandou
- (h) Les Orangers
- (i) Amazone
- (j) Jamais Vu

At Anse à Pitre, we pay the Gendarme Hospital Corpsman to carry on the treatment between our monthly clinics.

Following is a comparison of the clinics attendance for this year and last year:

	Year Ending 30 Sept. 1927	Year Ending 30 Sept. 1928
Average number of cases per clinic.....	190.95	176.06
Average number of cases per month.....	1,161.66	1,173.75
Total number of cases for year.....	13,940	14,085

A total of eighty clinics were held in seventeen different localities.

Rural Dispensaries.—Permanent rural dispensaries have been administering to the sick daily at:

- (a) Fond Melon
- (b) Peredo
- (c) La Vallée
- (d) Bainet
- (e) Colline des Chenes
- (f) Saltrou.

The following numbers have been treated at these various dispensaries:

Dispensary	Monthly Average	Total for Year
Colline des Chenes (8 months).....	963.62	7,709
La Vallée.....	2,271.41	27,257
Bainet (11 months).....	810.36	8,914
Fond Melon.....	1,775.50	21,306
Peredo (11 months).....	1,856.27	20,425
Saltrou.....	2,972.08	35,675
Total for year.....		121,286

The dispensary which was to be built by the Commune at Cotes-de-Fer was never constructed.

As the land that we had obtained for this dispensary was near the river and was inundated during a flood in August 1928, a new piece of land on higher ground was selected, surveyed and the Process Verbal for it executed.

The construction of the dispensary is to be done not by the Commune but by the Travaux Publics under an appropriation by the Service d'Hygiène.

The dresser for this dispensary has been trained, and is awaiting completion of the building.

In the District of Jacmel these rural dispensaries are not used as a place for holding of rural clinics upon the visit of a doctor but as means of carrying treatment to the people in remote districts in the absence of a doctor.

Due to storms, the dispensary at Colline des Chenes was closed during July, August and September owing to the lack of supplies.

All dispensary buildings are in moderately good condition.

Total number of patients treated in all activities for the year was: 180,273.

In a review of the former annual sanitary reports from this District the following is noted:

Year	Number treated in all activities
1922	3,425
1923	4,932
1924	20,023
1925	58,931
1926	91,681
1927	135,536
1928	180,273

Total number of patients treated in each activity was:

Inpatients at Hospital.....	271
Outpatients at Hospital.....	44,631
Rural clinics.....	14,085
Rural dispensaries.....	121,286

Treponematosi in all its various aspects continues to be the most prevalent disease.

Due to this prevalence of pian, it is frequently necessary to give anti yaws treatment in cases of simple wounds in order to make them heal.

The usual specifics Vis-Neoarsphenamine, Sulpharsphenamine, Bismusol, and K. I. have constituted the treatment.

The cases as usual generally show marked improvement but the condition frequently returns when treatment is discontinued.

Malaria has also shown its usual prevalence. Blood smears, examined at Port-au-Prince, from school children in outlying sections showed 100 per cent positives.

Intestinal parasites also heavily infest the population.

Cases of unusual interest occurring at the hospital were:

- a. Eeysipelas involving one half of the body resulting in recovery.
- b. Pus appendix — operated and recovered.
- c. An infectious case of unknown origin with peritoneal symptoms and abscess of the elbow — recovered.
- d. Gangrene of hand forearm following compound fracture — amputation and recovery.
- e. Bullet wound of liver with biliary fistula, recovered and fistula healed.
- f. Tetanus case — treated with antitetanic serum — recovered.
- g. Three lobar pneumonias — 2 recoveries and one death.
- h. Automobile accident compound fracture of leg and thigh with mutilation died before operation.
- i. Large peroneal abscess — recovered.
- j. Malignant Malaria — 2 cases — 1 recovery, 1 death.

Laboratory.—The laboratory is only equipped for the examination of blood smears, urine, sputum and feces.

A total of 971 laboratory examinations were made of which:

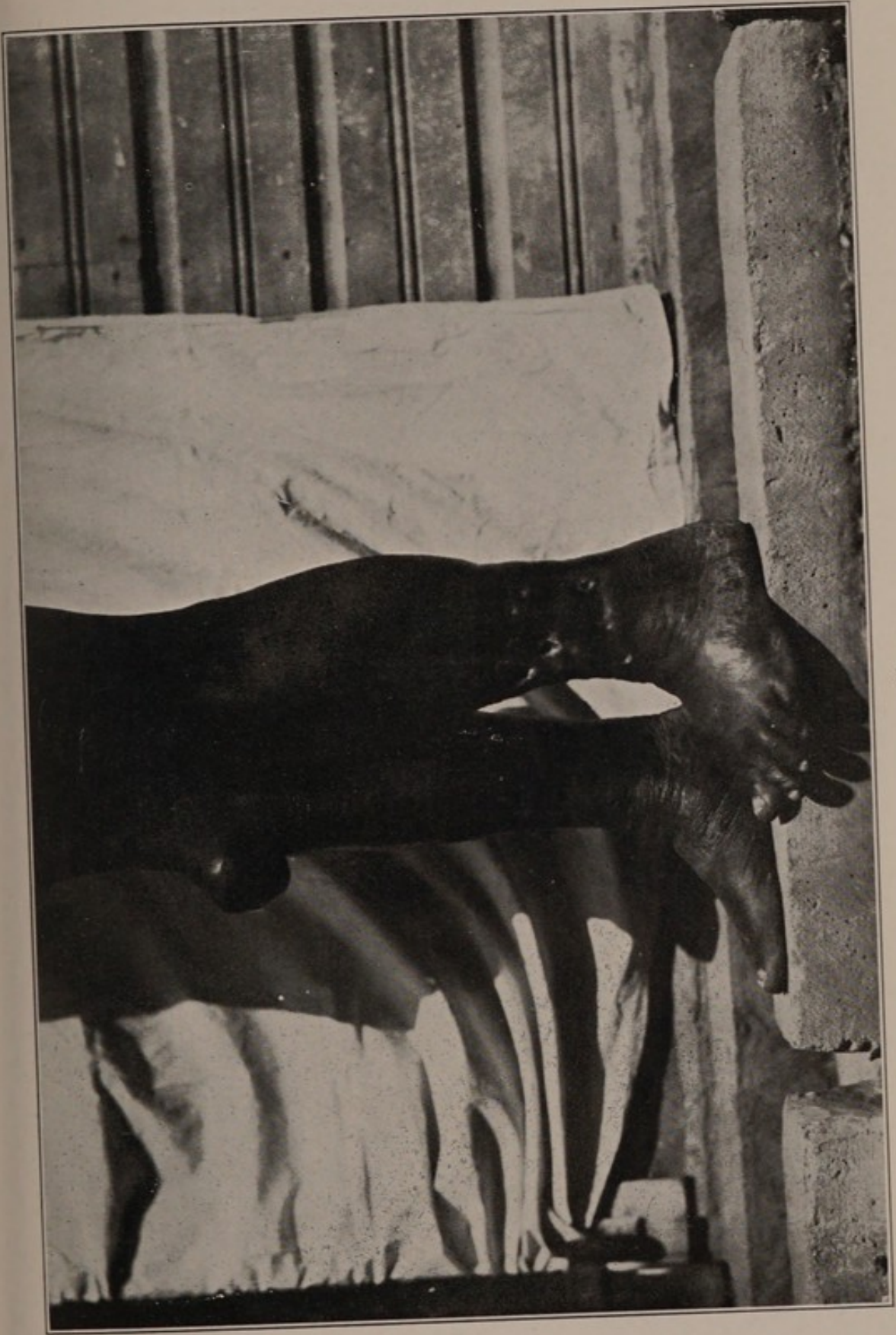
317 were blood for malaria, 105 or 30.19 per cent were positive.
 222 fecal material
 267 Urine
 65 Sputum.

Vaccinations.

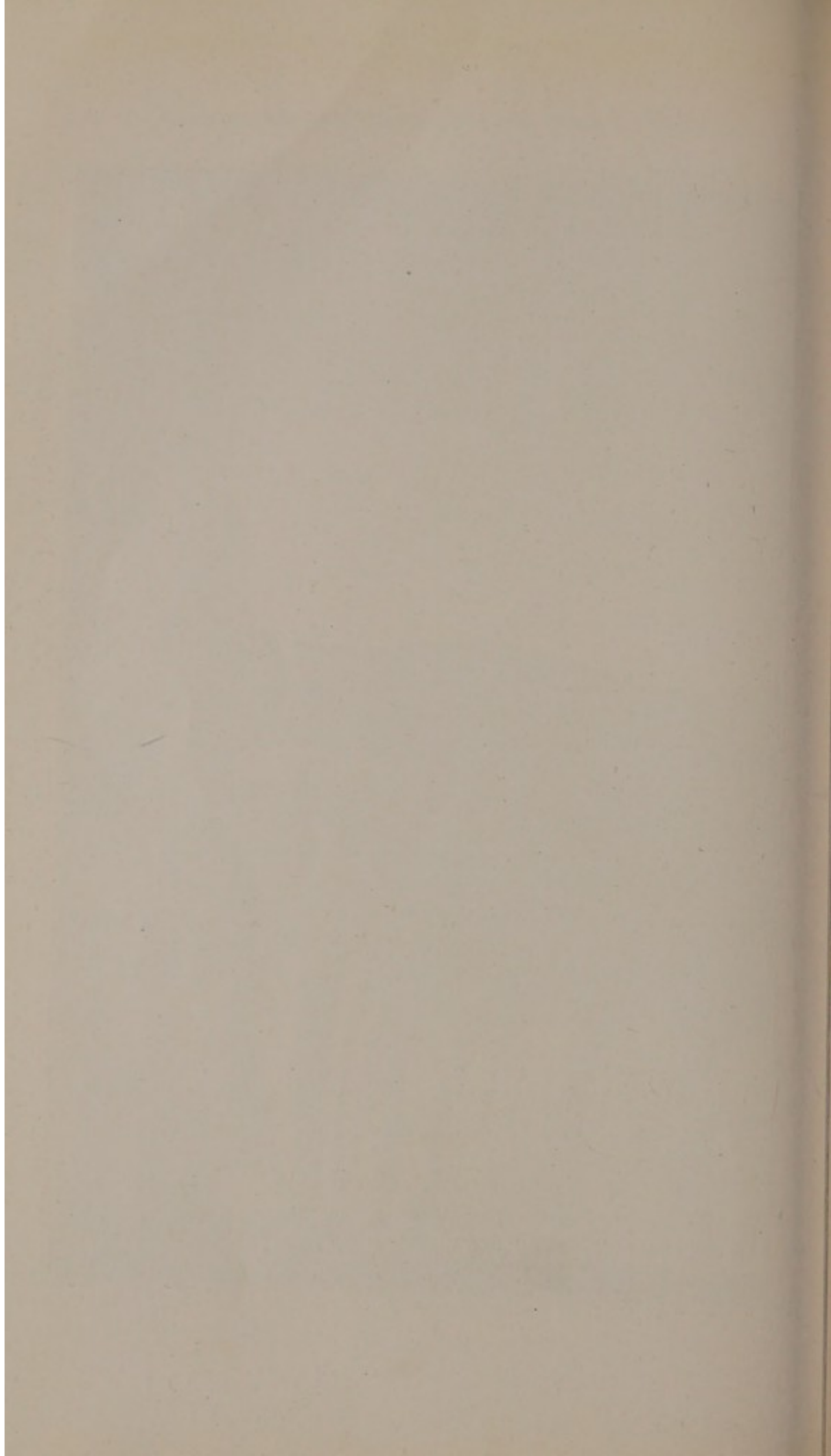
Cowpox (exclusive of school children).....	144
Cowpox, school children.....	720
Total.....	864
Anti-typhoid.....	43

• We have explained the value of anti-typhoid vaccination at the schools, but have not had many applicants for this preventative.

The flood in Jacmel in April caused a few to apply for anti-typhoid vaccination.



Yaws.



School Inspection. A total of 1,588 school children were inspected at the various schools.

Of these: 29 had small pox..... 1,08 per cent
839 had been vaccinated previously 52 per cent
720 were vaccinated..... 45 per cent
3 completed anti-typhoid inoculations.

There were no epidemics among the school children.

An epidemic of measles was reported at La Vallée among the children in the Brothers School but upon investigation it proved to be scabies.

School inspections were carried further afield this year than last.

Construction.—The following improvements were made at the hospital.

- (a) Two new cement walks were laid.
- (b) All old cement walks were resurfaced with cement.
- (c) A new bassin with spouting to catch rain water was constructed.
- (d) A new ornamental gateway and barricade was begun.
- (e) Numerous new flower beds were laid out and new hedges planted.
- (f) The drive between the public wards and the private building was repaired and rearranged.
- (g) New electric lights were installed on the galleries of the private building and dispensary, and in the laboratory.
- (h) The floor of the Peredo dispensary was repaired.
- (i) A developing room for the new X-ray was completed.
- (j) An autopsy table was built.

Personnel.—The hospital personnel consists of:

- 1 Medical Officer, U. S. N.
- 1 Priest
- 1 Haitian doctor
- 6 Sisters
- 2 Haitian dressers
- 6 Infirmiers
- 1 Laboratory technician
- 8 Laundresses
- 1 Coachman
- 2 Messengers
- 4 Gardners
- 1 Janitor
- 3 Cooks.

The nursing remains the same as reported last year.

The Haitian doctor is working willingly and conscientiously.

The Haitian dressers are more efficient in their handling of the sick than they were last year.

The laboratory technician is fairly reliable.

The infirmiers continue to do good work.

Two of the infirmiers died during the year.

A new infirmier has been trained for the new dispensary to be built at Cotes-de-Fer.

A former Gendarme hospital corpsman was appointed to take over the Bainet dispensary following the death of the infirmière there.

Miscellaneous.—A Dodge touring car was received during the year and has been of great assistance.

A Dodge one ton motor truck was received and has proven of value not only in sanitation work but also in hauling supplies and occasionally patients to the hospital.

The motor boat has had many vicissitudes during the year but has been a great assistance in reaching the outlying districts.

The preparation of a report on the coffee crop was added to the duties of the Public Health Officer and the report was forwarded after a horseback tour lasting ten days.

Funds.—During the year the expenses of the hospital and the six rural dispensaries which are open every day of the month except Sundays under direct charge of dressers, were as follows:

	Gdes.
1. Salaries of the personnel at the Hospital.....	1,875.00
2. Salaries of the dressers at the rural dispensaries	600.00
3. Salaries of the sisters.....	450.00
4. Salaries of the domestics.....	210.00
5. Provisions at hospital per month.....	1,500.00
6. Ice at hospital per month.....	38.75
7. Bread at hospital per month.....	71.30
8. Rental of land for rural dispensaries.....	18.00
9. Purchase of coffins (3).....	51.00
Total.....	4,814.05
Expenses for the permanent establishment for each mo.....	4,814.07
Allotment.....	4,700.00
Deficit.....	114.05

It will thus be seen that the monthly allotment was not only insufficient to meet the fixed charges but contained nothing for

expenses of the rural clinics and inspection trips, viz-expense of embarking and debarking from motor boat, meals or provisions, lodging and horse hire.

The deficit in the expenses of the permanent establishment and all the expenses of the rural clinics and inspection trips have been paid from money made by the Public Health Officer in private consultations.

In addition to this all expenses for the repairs and new construction at the hospital (with the exception of the touk and spouting for the collection of rain water) and rural dispensaries, and minor repairs to motor boat have been paid out of the same funds.

The funds from these private consultations which were received and deposited to Article 331 amount to G. 6,778.50

Still outstanding 1,190.00

Total G. 7,968.50

Recommendations.—That a dentist be added to the staff. That the hospital allotment be increased.

JEREMIE.

Personnel.—The personnel of the Jérémie Hospital consists of the following:

- 1 Medical Officer, U. S. N.
- 1 Pharmacist's mate 1st class
- 1 Commissioned Haitian doctor
- 1 Office clerk
- 1 Graduate nurse
- 1 Ward attendants
- 1 Laboratory technician
- 1 Dresser
- 2 Cooks
- 1 Laundress
- 1 Servant
- 3 Sisters.

Activities of Hospital.

Daily average of patients for the year.....	23.67
Total admissions during the year.....	131
Total number of outpatients for the year.....	20,493
Daily average of outpatients for the year.....	56.15
Discharged dead.....	4
Daily average death.....	0.0109
Number of autopsies.....	1

Total major operations.....	5
Total minor operations.....	251
Total doses of neosalvarsan.....	531
Total doses of sulpharsphenamine.....	2,494
Total doses of bismosol.....	19,237
Total number of dressings.....	10,830

Laboratory.—The laboratory is reasonably well equipped. It is expected that Kahn precipitation test will be started in the near future.

Urinalysis	168
Blood smears	270
Positive for malaria	45
Feces	179
Sputum	21
Widal reactions	6
Cultures, for B. Diphtheriae	6
Smears, miscellaneous	25

Examination of School Children.—Two hundred and sixty four school children were examined in the town of Jérémie, and six were vaccinated against small pox; 1,632 children were immunized against typhoid.

Special activities.—Four thousand nine hundred and seventy (4,970) persons were immunized against typhoid; exclusive of school children.

Food.—Gourdes 9,975.00 from allotment Hospital No. 331 were spent for food during the year. Daily average per patient — Gdes. 1.15.

Buildings and Grounds.—During the year the following were affected: Medical store-room constructed on second floor, main building. Two large rooms on second floor partitioned off; one into three private rooms with a connecting waiting room. One into two sleeping quarters and dining room for the sisters. Partitions of upper floor completed. Wards and second floor of main building painted. Woodcock on out buildings painted. Grading of road in front of hospital and erecting of house for electric plant about 85 per cent completed.

Rural Clinics.

Number of places where rural clinics were held	9
Number of clinics held in all places	109
Total number of patients	22,561
Average attendance at each clinic	207
Total doses of bismosol	16,973
Total number of dressings	8,731

Approximate mileage covered in visiting rural clinics:

Automobile	1,180 miles
Horse	536 "
Motor boat	1,996 "

Recommendations.

1. Hospital grounds fenced.
2. Construction of shower bath for patients.
3. Construction of laundry room.
4. Remodeling of mess hall.
5. Remodeling of kitchen.

PETIT-GOAVE.

Personnel. The employees are classified as follows:

- 1 Medical Officer, U. S. N.
- 1 Chief Pharmacist's mate, U. S. N.
- 1 Commissioned Haitian physician at Petit-Goave
- 1 Commissioned Haitian physician at Anse-à-Veau
- 1 Graduate nurse
- 3 Ward attendants
- 1 Technician
- 3 Clerks
- 1 Pharmacist
- 1 Cook
- 2 Maids
- 2 Laundresses
- 1 Janitress, Disp. Anse-à-Veau.

Hospital Proper. The work accomplished during the year is shown below:

Additional shelves for medical stores and a large cabinet for non-expendable articles were built in the depot for medical supplies.

The repainting of hospital furniture and buildings was continued during the year.

The drug counter and shelves in the drug room of the dispensary were given an "acid proof" dressing. The top of the laboratory desk, made in the Prison, was given the same dressing also.

The shelves and a stand for the kitchen sink for the laboratory were made. The laboratory was also equipped with a drum on a stand to serve as reservoir for water.

The construction of the central section and the operating room

building of the Hospital was completed by the Public Works Service during the year.

The construction and painting of a depot, and a large laundry shed with a cement floor, were completed by the Public Works Service.

One medicine cabinet was made and shipped to Baradères for use in the dispensary of that town.

Statistics.

Average number patients daily	41
Total admissions for the year	348
Total discharged for the year	216
Total discharged dead	44
Total number of outpatients treated	21,695
Average no. outpatients per month	1,807
Total dressings	11,227
Total number of autopsies	1
Total number major operations	3
Total number minor operations	138
Total number embalmed	6
Total number of urinalysis	501
Total number sputa examined	125
Total number of blood smears	276
Total number of bimosol injections	3,715
Total number neosalvarsan injectons	6,009
Total number sulpharsphenamine injections	1,089

Hospital Water Supply. For the greater part of the year the hospital was supplied with well water, forced by a hand pump through lines leading to the ward, kitchen and shower bath. Recently, the pump was removed, and these lines were connected with the city's water supply system. It is hoped to have complete water supply and sewerage system installed during the next year.

Hospital Grounds. A seawall 340 feet long with an average height of $5\frac{3}{4}$, and 28 inches thick, with a stone foundation of 2 feet deep was constructed during the year.

Many flowers, shrubs, various varieties of trees, including the palm, peach mango, and cocoanut, were planted in the hospital grounds.

All of the native houses located on the two pieces of land purchased on each side of the entrance to the Hospital were demolished. The debris was removed and filling and leveling

the ground, planting of trees, and flowering shrubs, were accomplished during the year.

One culvert was made of tiles 2 feet in diameter under the entrance that leads from "Rue Républicaine" to the Hospital property. An inclined gravel driveway, extending from the culvert to the Dispensary was made also.

Fifty-four subsurface drainage tiles, 2 feet in diameter were made and laid in the deep broad ravine that divided one portion of the Hospital property. These tiles have been covered with dirt, which was used for filling the ravine. This ravine which emptied into the sea, was 40 feet wide and about 4 feet deep, and has been practically filled with dirt. So we now have a section of lawn where there was once a ravine.

Vaccination. During the year a total of 2,044 school children were examined in this District. Of this number 986 were vaccinated against smallpox, with 496 positive reactions. A total of 781 children completed the typhoid inoculations. The total number of schools visited at which examinations were made was 38.

Rural Clinics. The rural clinics continue to be popular with the country people, as evidenced by the increasing numbers attending.

Rural clinics are held at the following places: Grand Goave, St. Michel, Miragoane, Petite-Rivière, Violet, Anse-à-Veau, l'Azile, Petit-Trou, Baradères, and Grand-Boucan.

Standard rural dispensaries were constructed by the Public Works Service at the following places: Violet and Petite Rivière.

A site has been selected and surveyed at Grand Boucan. The construction of the dispensary will begin at an early date.

Total number patients treated.....	47,883
Average number patients per month.....	3,990
Average number patients per clinic.....	133
Total number of dressings.....	5,451
Total number bismosol injections.....	30,462
Total number clinics held.....	446
Total number places where clinics were held.....	10

Future Plans. 1. Construction of ward II for the Hospital.

2. Installation of complete water supply and sewerage systems in the hospital.

3. Finish filling and leveling the Hospital grounds with dirt.

4. Planting of more shade trees, shrubs, and flowers in the Hospital grounds.
5. Purchasing the remaining land lying between the Hospital property and the Rue Republicaine.
6. Complete the closing of the Hospital property with woven and barbed wire fencing.

PORT DE PAIX.

Personnel.—The Hospital personnel consists of the following:

- 1 Doctor
- 1 Assistant
- 1 Chief Clerk
- 2 Sisters
- 2 Nurses
- 4 Servants
- 3 Cooks
- 1 Gang boss
- 6 Laborers
- 4 Dressers, rural clinics
- 2 Dressers for hospital.

The bed capacity of the Hospital is 44. The male ward contains 20 beds, the female ward contains 20 and the private ward 4. Lights are furnished by a Delco Plant. The water supply is furnished by a spring located near the Hospital. The water is distributed by means of a gasoline pump which functions satisfactorily. The out buildings of the hospital are adequate, except the kitchen which will be renovated during the coming year. Certain repairs will also be made to the operating room by the Public Works Service.

The Hospital and the operating room equipment is adequate. No additional personnel is needed.

A special clinic for eye diseases was held during the month of September by the specialist attached to Haitian General Hospital, Port-au-Prince. The attendance was very large. It is recommended that this clinic be held periodically at least over a month!

Statistics for the year.—

Total admissions.....	356
Average daily inpatients.....	2,333
Total number of consultations.....	12,030
Died.....	17
Discharged cured.....	270

Major operations.....	15
Minor operations.....	202
Total neosalvarsan injections.....	660
Total sulpharsphenamine injections.....	30
Total bismosol injections.....	7,596
Total dental treatments.....	350
No. of places rural clinics held.....	7
No. rural clinics held.....	130
Number of patients at clinics.....	92,745
Number of dressings by dressers.....	22,876
Number of vaccinations.....	266
Laboratory examinations:	
Urinalysis.....	69
Feces.....	17
Sputum.....	18
Positive for Malaria.....	68
Blood counts.....	9

Rural Clinics.—Clinics are held every Saturday at St. Louis du Nord by the Public Health Officer or his assistant. It is 30 minutes from Port-de-Paix by automobile. During the year a rural dispensary was erected there by the Public Works Service. A dresser is stationed at that place, he gives injections and makes daily dressings.

Anse-à-Foleur is two hours ride on a horse from St. Louis du Nord. Clinics are held monthly in the old Gendarmerie Barracks. In August 1928 a dresser was employed at that place.

Bonneau is a small town located between St. Louis du Nord and Anse-à-Foleur. Clinics are held once a month, the same day as Anse-à-Foleur. Each week the dresser at Anse-à-Foleur visits Bonneau for purpose of making injections and dressings.

Bassin Bleu is on the road from Port-de-Paix to Gros-Morne and is distant from Port-de-Paix of 24 kilometers. The clinics are held in the Priest's house once each month.

Jean-Rabel is 48 kilometers from Port-de-Paix. It takes 3 hours by automobile. Although the road is in a bad condition, it is passable for automobiles the year around, except during the rainy season. Clinics are held once a month in a standard rural dispensary. A dresser stationed there gives the injections and makes daily dressings.

Ile de la Tortue.—Clinics are held at Ile de la Tortue once a month in the Priest's house at Palmiste. A dresser and the Priest at that place give injections and make dressings three times a week.

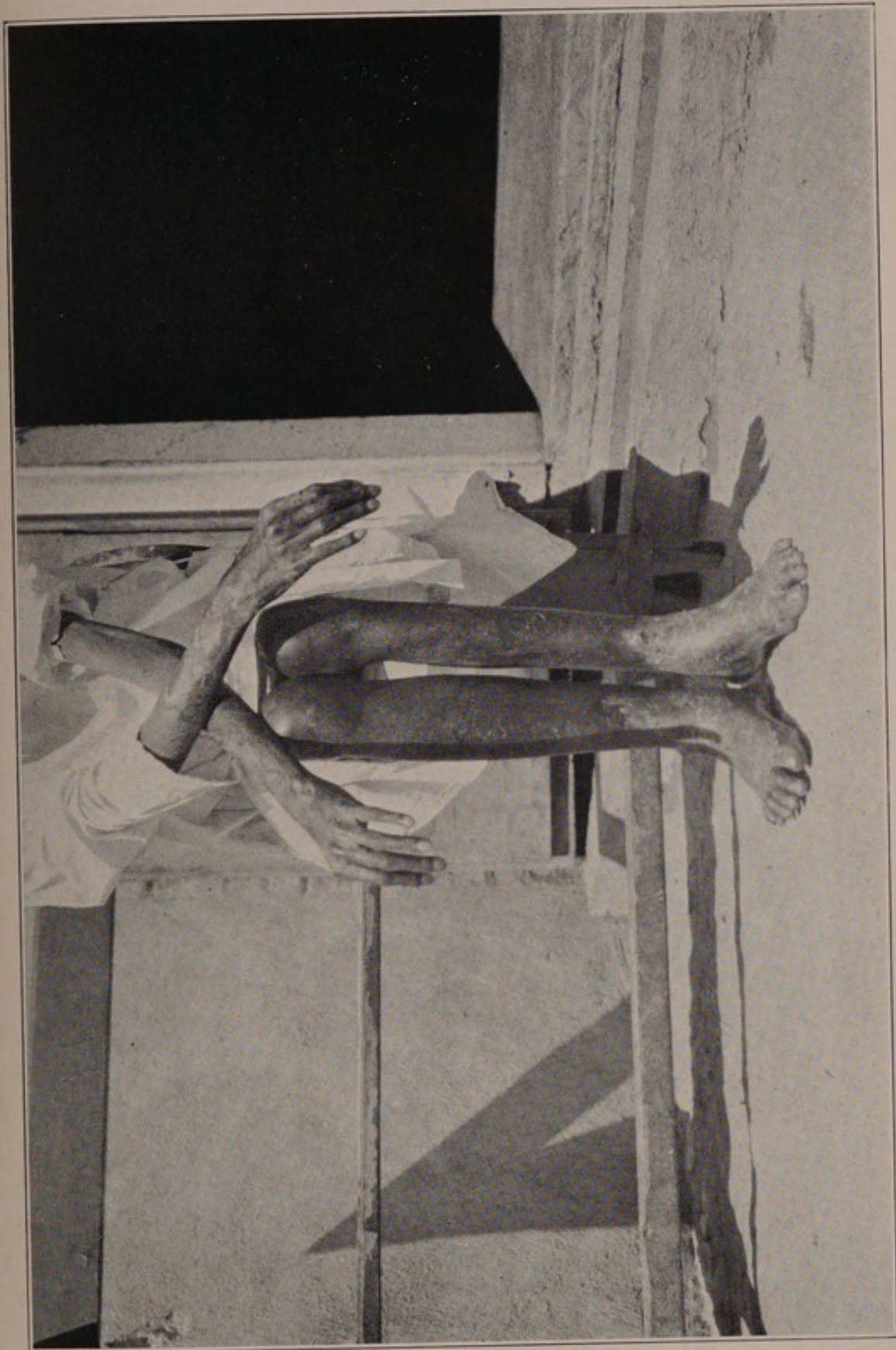
No epidemics have occurred during the past year. Many cases of Malaria, treponematosiis and helminthiasis have been reported.

Recommendations.—Construction of a rural dispensary at Anse-à-Fleur.

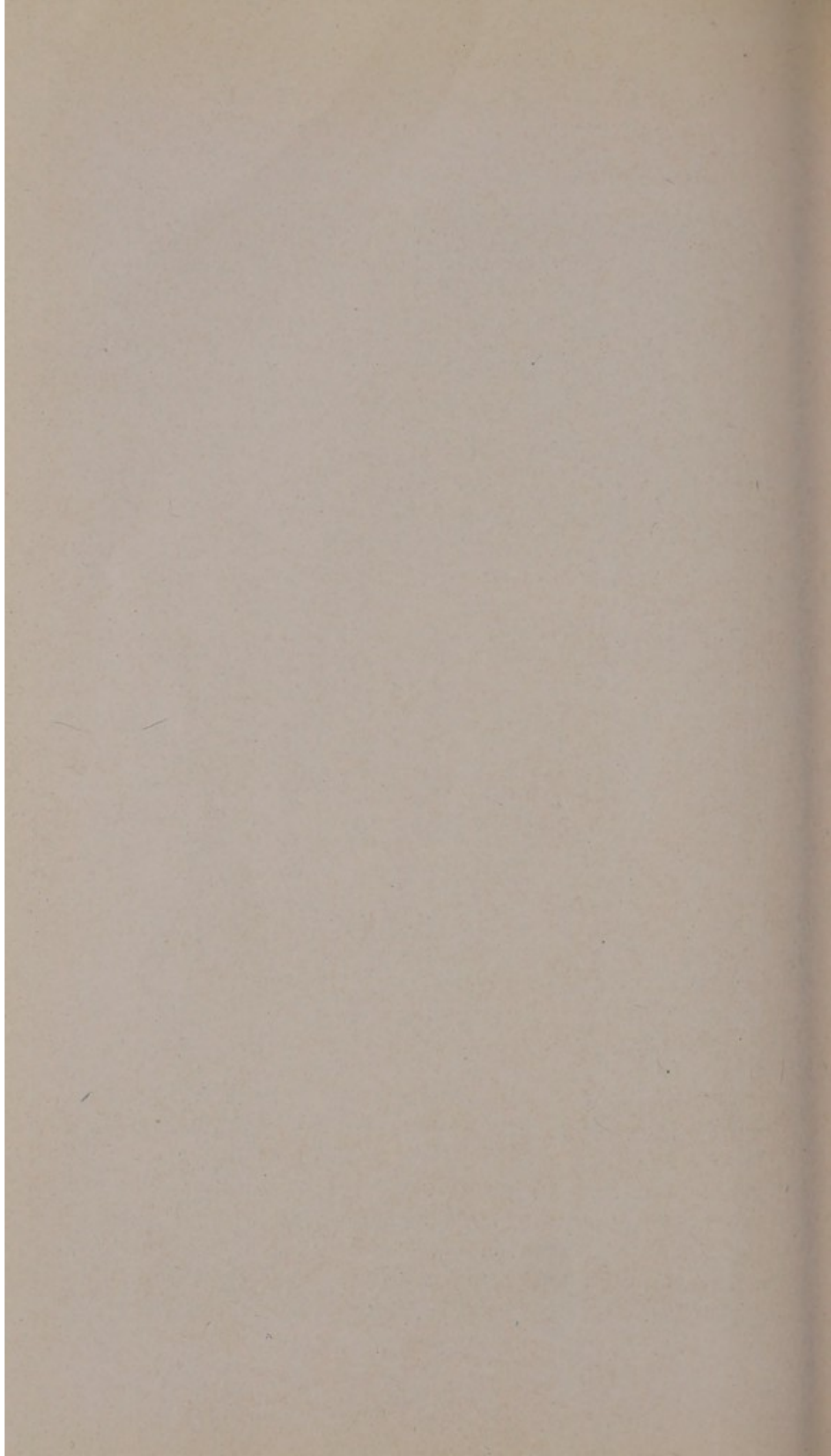
SAINT MARC.—

The Hospital at the present time has a capacity of sixty beds. During the year the following buildings were completed and improvements made.

1. Addition to the main ward building.
2. Latrines constructed.
3. Set of shower bathes constructed.
4. Additional window opened in the operating room.
5. Operating room screened.
6. Cement drains were constructed around the Hospital and dispensary buildings.
7. Cement sidewalks were constructed around the Hospital and dispensary buildings.
8. Flower beds were constructed and flowers planted in the Hospital grounds.
9. Twenty five royal palm trees were planted.
10. Dispensary building was painted.
11. The treatment rooms in the dispensary building were rearranged.
12. The sanitation and hospital offices were combined thereby eliminating one clerk.
13. All office, hospital and dispensary furniture was painted.
14. Doors and windows of the sisters quarters were screened with wire, thereby permitting them protection against any one unlawfully entering their quarters.
15. Doors were placed on the garage.
16. Dispensary buildings at Mont Rouis and Carrefour Grosse Chaudière were completed.
17. About two hundred truck loads of dirt and gravel were hauled into the hospital grounds filling the low places, thereby giving better drainage.



Pellagra.



Personnel.—The personnel consists at the present time of the following:

- 1 Medical Officer, U. S. Navy
- 2 Commissioned Haitian physicians
- 3 French sisters
- 1 Graduate nurse
- 2 Nurses, practical
- 1 Pharmacist assistant
- 5 Dressers
- 2 Cooks
- 4 Laborers
- 4 Laundresses
- 1 Assistant clerk.

The present staff is adequate to carry on the routine work at this time.

A statistical summary of the more important features of the past year's work and a comparison with the previous year's work is as follows:

	1926-27	1927-28
Number of outpatient consultations.....	39,847	46,227
Admissions.....	320	445
Major operations.....	16	43
Minor operations.....	149	337
Deaths.....	28	30
Bismosol, neosalvarsan and sulpharsphenamine injections.....	26,499	18,167
Dental extractions.....	407	191

Both major and minor operations are being performed in this hospital. Very few insane, indigents or incurables were admitted during the year, and these only remained long enough until arrangements could be made for their proper care outside. The custom still prevails among a portion of the poorer class to bring their sick to the hospital when death is imminent for the purpose of obtaining burial at Communal expense. They are usually brought to the hospital to die and only when it is nearly certain that they are about to do so. At least 5 per cent of the deaths recorded during the past year were of this character.

Permanent Construction.

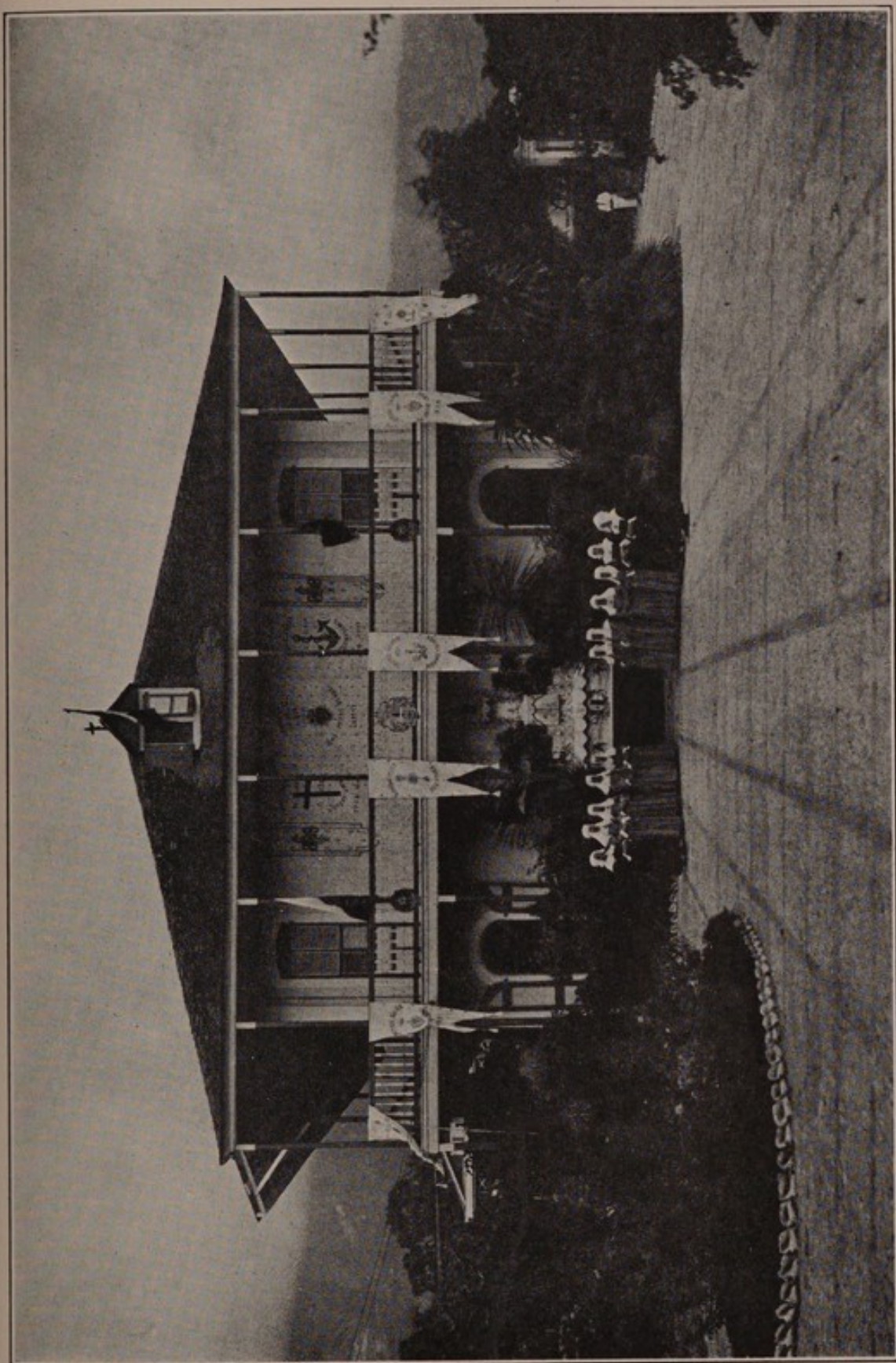
1. Addition to main ward building.
2. Latrines.
3. Shower bath.
4. Additional window in operating room.
5. Cement drains and sidewalks around building.

Land.—The property known as the Thoby property adjoining the Hospital grounds has been purchased by the State for the use of Hospital St. Nicolas. The deed is being prepared for the Rempart property, said property having been purchased by the State for the use of Hospital Saint-Nicolas.

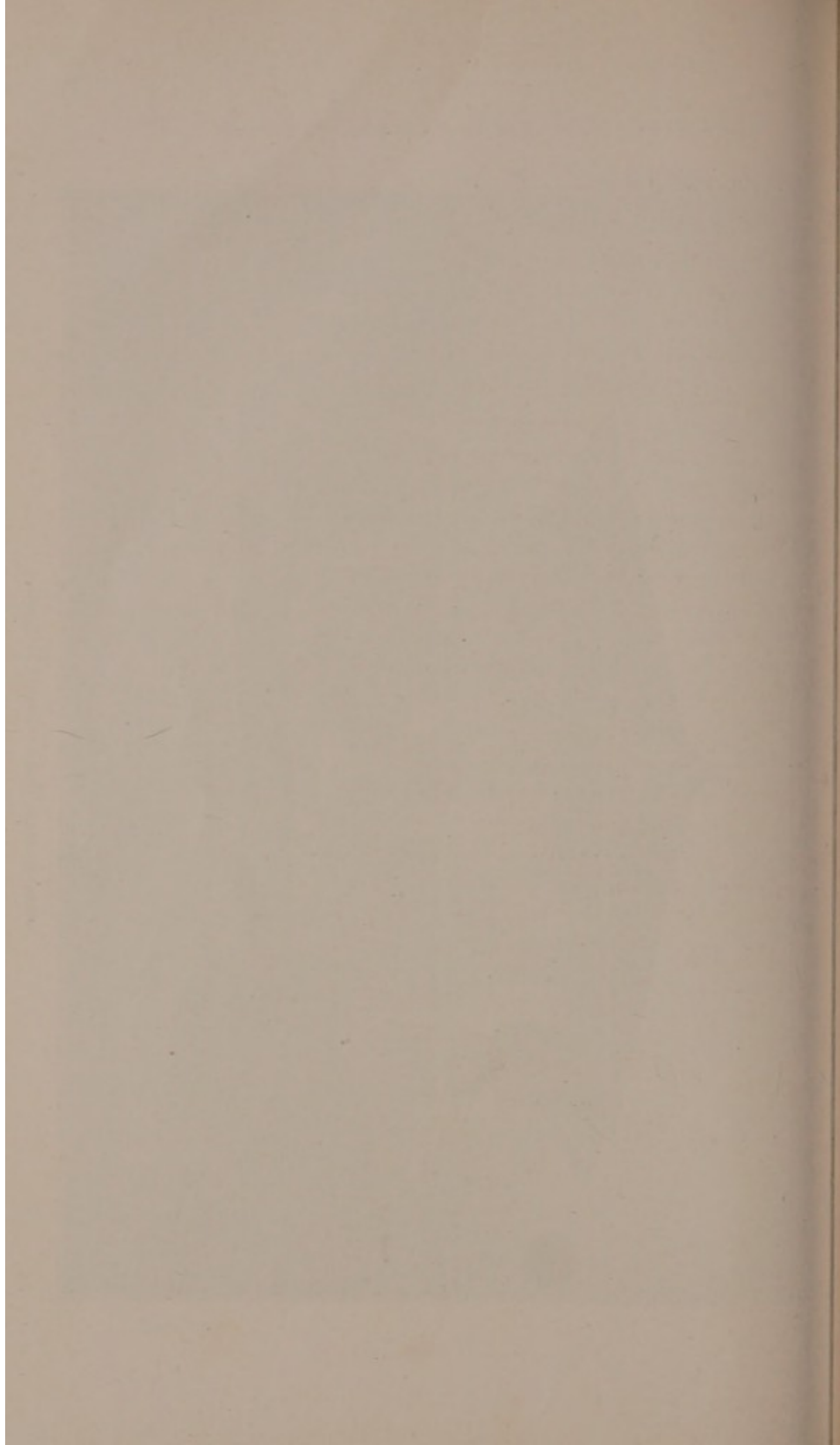
Important Diseases.—No diseases reached epidemic proportions during the year. A few cases of typhoid fever were reported. No smallpox was observed. Very few cases of malaria were observed in St. Marc. Amoebic dysentery was not common but appeared here and there. No cases of bacillary dysentery were seen at the Hospital. Pulmonary tuberculosis appears to be very prevalent. Venereal diseases are very prevalent. Intestinal disorders including parasites, and venereal diseases are still among the major diseases treated. These conditions can only be improved by better social and hygienic environments. More obstetrical cases are being cared for in the Hospital. Measles and whooping cough were infrequent and only scattered throughout the district. Treponematoses remains about the same. The people seem to have realized the beneficial results obtained from the injections of Bismusol and they do not object to the intermuscular injections of drug, as they formerly did.

Rural Clinics.—There are standard rural dispensary buildings at Carrefour Grösse Chaudière and Mont-Rouis. A standard rural dispensary building is being erected at Saintard. The Director General Service d'Hygiène has requested the Public Works Service to erect a standard rural dispensary building at Verrettes. Procès-Verbal d'arpentage has been made of the site for a standard rural dispensary building at Petite Rivière. The number of patients attending the clinics have increased during the year.

Inspection and vaccination of school children.—Routine inspections at regular intervals were conducted throughout the year. All unprotected school children were vaccinated against smallpox. Antityphoid vaccine was administered to the children that were willing to take it. One thousand eight hundred and ninety nine non immune school children were vaccinated against smallpox, 1,283 non immune school children received anti-typhoid vaccine.



Sisters' quarters, Haitian General Hospital.



Recommendations.—

1. That a chapel be erected.
2. That sisters quarters be erected.
3. That an isolation ward be erected.
4. That a new ward for women be erected.
5. Kitchen for the sisters be erected.
6. Incinerator small size for dressings, fomites, etc.
7. Animal coop and runway.
8. Standard rural dispensary buildings at Petite Rivière, Pont Sondé, and Dessalines.
9. At the present time a plant for the manufacture of artificial ice is being erected in St. Marc, upon its completion a refrigerator should be installed in the Hospital.
10. Construction of a tank for the storage of water, in order that water may be available at all times and discontinue the use of gasoline drums in various parts of the Hospital, as water reservoirs.
11. Store room for provisions and hospital accessories.
12. That proper arrangements shall be made with the Commune of St. Marc to close the street between the Hospital grounds and the Gendarmerie.
13. That a wall be constructed along Rue Pinchinat and Rue Pétion enclosing the property which has recently been purchased by the State for the use of Hospital St. Nicolas.
14. Erection of a morgue.

DIVISION OF HOSPITALS	Cap-Haïtien										TOTAL
	Cayes	Gonaïves	Hiéche	Jacmel	Jérémie	Petit-Goâve	Port-au-Prince	Port-de-Paix	St. Marc		
Admissions for all causes...	1,958	221	462	678	223	131	361	4,039	356	415	8,844
Discharges, excl. deaths.....	1,724	178	387	629	197	110	326	3,871	295	381	8,098
Deaths	163	37	33	17	25	4	37	484	17	30	847
Outpatients, including rural clinics.....	85,054	33,287	96,310	38,452	149,355	42,396	69,338	204,800	101,456	46,225	866,673
No. of rural clinics.....	343	429	222	235	242	109	449	1,208	130	371	3,738
Major operations	353	12	121	42	7	5	2	986	15	43	1,586
Minor operations	823	70	519	261	192	251	132	1,928	202	364	4,742
X-ray examinations	243	0	0	0	13	0	0	1,380	0	0	1,636
Wasserman test\$	5,436	170	0	77	0	0	0	5,977	1	0	11,661
Injections for treponema- tosis, neosalvarsan, sal- varsan, bismuth											
DIVISION OF SANITATION											
Properties inspected	38,729	9,994	11,799	2,425	27,857	12,590	27,431	606,807	67,386	116,246	921,364
Notifications sent (viola- tions San. Regulations)...	7,480	3,704	879	1,237	1,632	48	776	37,713	167	2,430	56,066
DIVISION OF QUARANTINE											
Foreign ships inspected.....	119	72	17	0	76	12	10	503	65	10	884

DIVISION OF LABORATORIES

The laboratories of the Public Health Service are divided into three separate units as follows: The Public Health Laboratory of Port-au-Prince, the laboratories of the National School of Medicine and the unit laboratories of the various Hospitals in outlying districts. These laboratories are under the supervision of one director, a medical officer of the U. S. Navy with central officers at Port-au-Prince.

Universal equipment is used throughout this service and standard methods are employed in making all examinations. The main laboratory supply depot is located at Port-au-Prince where requisitions are submitted and supplies issued at regular intervals.

The Public Health Laboratory of Port-au-Prince is the largest of the Service. It is located inside the hospital grounds and occupies the entire top floor of the main dispensary building. Specimens for examination are submitted here, not only from the General Hospital, but also from all of the services throughout the island where facilities for special tests are not available.

One section of this laboratory is set aside for research purposes alone and during the past year some interesting work has been done particularly with malaria, yaws, and intestinal parasites. Another section is devoted to the use of the Haitian General Hospital where all specimens from the operating room, free dispensary and wards are received and examined daily. The remaining part of the laboratory is subdivided into the section of serology blood chemistry and hematology, section of bacteriology and the section of histology and pathology. A special place in the department of hematology is used exclusively for the routine examination of malaria smears.

The personnel of the laboratory consists of one U. S. Naval Medical Officer who acts as director of the combined laboratories of the Service d'Hygiène, one Pharmacist's mate 1st Cl. U. S. N., one Haitian doctor, one Haitian interne, a recent graduate of the National School of Medicine, one Haitian graduate nurse, seven Haitian technicians and one secretary. The technicians have all been specially trained in their respective duties and are assigned to individual departments, as follows: two for the diagnosis of

malaria and filaria, one for serology, one for bacteriology, one for pathology and two for the routine examinations of specimens received daily from the hospital. Special analyses such as stomach contents, blood chemistry, etc. are done by the Pharmacist's mate.

The laboratory is completely equipped with modern standard apparatus of the latest design. All equipment, so far as possible, is electrically heated or controlled and includes such pieces as two large iron pedestal type centrifuges, an electric autoclave, one incubator, one paraffin oven, one drying plate for micro-sections, one water bath, two electric stills, a large electric ice-box, and an electric drying oven for glassware. The laboratory is supplied with artificial gas from a Tirril gas machine which feeds twenty four burners located conveniently on the various laboratory working tables. High test gasoline is used in this machine and a very satisfactory flame is produced at the burner.

The experimental animals used by the laboratory for diagnostic and research purpose are housed in two specially concrete constructed animal pens located near by on the hospital grounds. It is well stocked with rabbits and guinea pigs and is cared for by a special assistant who devotes his entire time to this work.

The pathological department of the laboratory has charge of all post mortem examinations of patients who die in the hospital and those brought in by the police from the outside. The rules of the hospital require a necropsy on all fatal cases and this is performed, and a diagnosis submitted to the office of the Administrator of the Hospital before a certificate of death is signed. By using this method as a routine 100 per cent post mortem examinations are made at this institution on all fatal cases. Our average at the present time is between 40 and 45 necropsies per month. Complete examinations are done on each body and careful protocols giving brief case histories, gross findings, anatomical diagnosis and cause of death are made and filed in the library of the laboratory. At the time of each necropsy, bacteriological specimens and numerous tissues for sectioning are taken and the results of such findings are incorporated in the protocols before final filing. In the preparation of the protocols special printed forms are used in order that all examinations will be uniform and also to avoid omissions which so frequently occur unless a definite routine is followed.

The tissues taken at necropsies are placed at once in 10 per cent formalin solution of Zenkers fluid and at the completion of the post mortem, turned over to the laboratory assistant in pathology for making paraffin sections. In cases where a rapid diagnosis is required, frozen sections are made and the tissue diagnosed the same day it is received. Aside from the usual sections made from necropsy tissue, this department receives biopsy specimens from the operating room of the hospital and also from all of the Service d'Hygiène hospitals of the island. As a result of this more than a hundred sections are cut, stained and diagnosed each month.

The present morgue is located at the far end of the south ward and is housed in a room 20 x 30 feet. It has a cement floor with a central drain. It contains an instrument locker, three iron autopsy tables, a large corner sink, overhead water supply and a four leaf electric ceiling fan. In close proximity to the morgue is another room 30 x 40 feet which is used as a pathological museum. The walls are lined with closed cabinets which contain at present over two hundred specimens displayed in standard museum jars and preserved in Kaiserling solution. The specimen are arranged, so far as possible, according to the tissue or organ involved. While this museum was started less than two years ago it is now most complete as regards variety. It is used for instructions purposes with the students of the medical school and is quite satisfactory at present as the pathology of practically every fatal disease of importance in Haiti is here displayed.

These two buildings have long since served their purpose as the material received daily far exceeds the facilities for proper care. This fact was clearly recognized by the Director General and as a result the Government appropriated the sum of \$ 22,000.00 for the erection of a separate pathological building. The new building is located just posterior the new medical school and is fast nearing completion. It contains a special room for dissection, one for the study of surgical anatomy, a pathological museum, autopsy room, laboratory and mortuary. The autopsy room is in the shape of an amphitheater with a seating capacity of eighty. It will be equipped with a revolving pedestal type autopsy table, side sinks, an electric cadaver box of six body capacity, and modern projection and moving picture apparatus.

In the department of serology the Kahn test is used as a routine. This we find gives splendid results both from a diagnostic standpoint and also as a guide in the treatment of treponematosiis. Our records show that an approximate average of 450 tests monthly have been run during the past two years and we have yet to find any grave drawbacks with this method. About a year ago we experimented with the modified Mienicke Turbidity Reaction, but discontinued its use as we found it not so sensitive as the Kahn. The test is much simpler to perform than the Kahn and requires less skill and apparatus, however we concluded from a series of 1000 tests using the Kahn as a standard, that the Mienicke Reaction failed in many cases to detect the weak positives. The two tests however ran almost parallel with the so called 3 and 4 plus cases.

In the department of malaria the thick film method is used exclusively with most gratifying results. We find this technique, not only to be less laborious but the results are far more accurate than those obtained from thin smears. Our routine is to examine every patient for malaria who is admitted to the hospital and to reexamine the following day all those who are negative on the first test. The technique employed is to take a large drop of blood from the ear on one end of a clean slide. With the corner of another slide, spread this out over an area the size of a dime and allow to dry thoroughly, about 30 minutes in the air. Twenty five slides are now numbered and bound together with elastic, interposing a piece of card board between each. The ends of the slides having the blood are immersed in a rectangular staining dish containing dilute 1-15 Azur II Eosin, Grubler, for 30 minutes. At the end of this time they are removed from the stain, immersed in distilled water to remove the excess stain and allowed to dry in the air without blotting.

In the examination of feces for intestinal parasites two wet preparations are made, one on each end of the same slide. A drop of Lugols solution is added to one end cover glasses applied to both. All specimens that show amoebae either vegetative or cyst forms are then stained with iron hematoxylin according to the method of James of the Herrick Clinic of Panama. The final diagnosis of amoebae is not given until the fixed stained permanent preparations are examined. This final check while somewhat time consuming is well worth while as we find it

valuable in diagnosing the exact species of amœbae present.

The major portion of the work of the department of bacteriology consists of the daily bacteriological analysis of the sources of water and the ice supply of Port-au-Prince. This work was begun over two years ago and interesting and valuable information regarding potability and the degree of contamination of the various sources has been obtained. The water supply of Port-au-Prince is derived from nine separate springs located on the hills about the city. Daily bacteriological analyses over a long period showed gross contamination of the entire system. As a result of this information automatic chlorinators were installed for each series of springs. These have been most satisfactory as daily analysis has shown a practically sterile water supply ever since. In the year previous to chlorination of the city water supply 30 cases of typhoid were admitted to the Haitian General Hospital with 8 deaths. In the year following chlorination of the water system 8 cases of typhoid were admitted with only 3 deaths. This remarkable decrease could not be entirely attributed to the chlorination of the water supply, as hundreds of people throughout the city received prophylactic typhoid vaccine during the year. A pure water supply however undoubtedly played no minor part in the decrease of this disease in Port-au-Prince. The Department of bacteriology also has charge of the routine culture work for the hospital preparation of autogenous vaccines and the various examinations of smears from transudates and exudates. Widal reaction and blood sedimentation time determinations are done by the department of serology.

The laboratories of the National School of Medicine are located on the top floor of the new medical school building and consist of the following: laboratory of bacteriology and general microscopy, laboratory of chemistry and physiological chemistry, laboratory of pharmacology and physiology and the laboratory of histology and pathology. These laboratories occupy practically the entire top floor of the building, using four large separate rooms. The fifth room of the top floor is at present the school library, but will later house an additional pathological museum. All of these laboratories are completely and thoroughly equipped with modern standard apparatus, glassware and reagents and represents an expenditure of approximately \$18,000.00. This purchase was made from a fund of \$30,000.00 which was

donated to the Medical School by the Rockefeller Foundation. All apparatus employed is of electrical design and includes such pieces as autoclaves, stills, centrifuges, inspicators, incubators, electric ice box, paraffin ovens, drying ovens, hot plates, microtomes for paraffin and frozen sections, thirty two microscopes, kymographs and many other smaller pieces of less importance. These laboratories are all fitted with spacious working desks and tables especially designed for the use of the students. Artificial gas is furnished to all departments by means of a large Tirril gas machine of 72 burners capacity.

The student laboratories, together with the various courses of instruction given therein, are under the direct supervision, with one exception, of Haitian doctors. This is the laboratory of Chemistry which is in charge of a Haitian chemist. The doctors in charge are graduates of the National School of Medicine and have had special training in their respective subjects. The pathologist, bacteriologist and physiologist have recently returned from a years post graduate work in the United States, where such courses were financed and directed by the Rockefeller Foundation. The graduate work in pathology was given by Doctor Mallory at the Boston City Hospital, that of bacteriology at Yale, and the physiology by Professor Carlson of the University of Chicago. The chemist in charge of the chemical laboratory is a graduate in chemistry from the University of Paris.

Aside from the General Hospital at Port-au-Prince, the Service d'Hygiène maintains nine other hospitals throughout the island. These hospitals are located in the more important towns and vary in size in accordance to the population of the districts served. At each hospital a laboratory is installed which varies in completeness with the size of the hospital. The largest hospitals are at Cap-Haitien and Aux Cayes and these institutions boast of the largest laboratories.

The laboratories are under the direction of Haitian technicians who in some instances have received special courses of instruction at the Public Health Laboratory of Port-au-Prince. The courses have in the past been of six weeks duration and of the more intensive type. In the courses of instruction which will begin again January 1, 1929, an additional four weeks study will be required.

It is the present plan to reorganize all of the laboratories of the

outlying districts and to require a minimum amount of laboratory work to be done on each patient admitted to the hospital. For this work special technicians will be sent to the Public Health Laboratory of Port-au-Prince for the ten weeks courses which will be given regularly by the Director of the laboratories of the Service d'Hygiène for the purpose of stimulating interest in this important line of work and also to give helpful criticism where same is required. In the Hospital at Port-au-Prince, every patient admitted receives a minimum amount of laboratory work as follows, a routine examination of urine and feces, a Kahn test, a white blood count, hemoglobin estimation and a malaria smear. Other tests of a special nature are later made when necessary. It will be required in the near future that all hospitals throughout the service adopt a similar routine.

Summary of work accomplished by the Public Health Laboratory in 1928;

Total number of white blood count and diff.	6,892
" " " smears malaria	5,733
" " " coagulation time	92
" " " blood sedimentation & time	
" " " determ.	58
" " " blood type	3
" " " blood chemistry	160
" " " blood culture	44
" " " Kahn tests	5,847
" " " Mienicke tests	527
" " " Widal's	26
" " " Spinal fluid	88
" " " Urine examinations	3,717
" " " Urine cultures	28
" " " Feces examinations	2,754
" " " Feces cultures	63
" " " Sputa examinations	625
" " " Water analyses	538
" " " Ice analyses	320
" " " Milk examinations	3
" " " Gastric contents analyses	5
" " " Phenosulphonephthalein	5
" " " Examinations for leprosy	9
" " " Rabies in dogs	15
" " " Rat autopsies	105
" " " Necropsies	412
" " " Micro sections diagnosed	863
" " " Pathological specimens for museum ...	98
" " " Miscellaneous examinations	73

DIVISION OF SANITATION

PORT AU PRINCE.

Personnel. The personnel of this Sanitation Division numbers six hundred and six and consists of the following:

- 1 Chief Pharmacist, U.S.N. Public Health Officer
- 1 ChPHM, U.S.N. Asst. Public Health Officer
- 1 Haitian Doctor
- 1 Chief Clerk
- 1 Graduate nurse
- 2 Messengers
- 2 Chief Sanitary Inspectors
- 33 Sanitary Inspectors
- 12 Rural Sanitary Inspectors
- 16 Chauffeurs
- 5 Watchmen
- 2 Mechanics
- 44 Chefs d'Equipe (including rural).
- 484 Laborers (including rural).

The above are employed as follows:

Administrative (3)

- 1 Public Health Officer
- 1 Assistant Public Health Officer
- 1 Commissioned Physician, 2nd class.

Office (4)

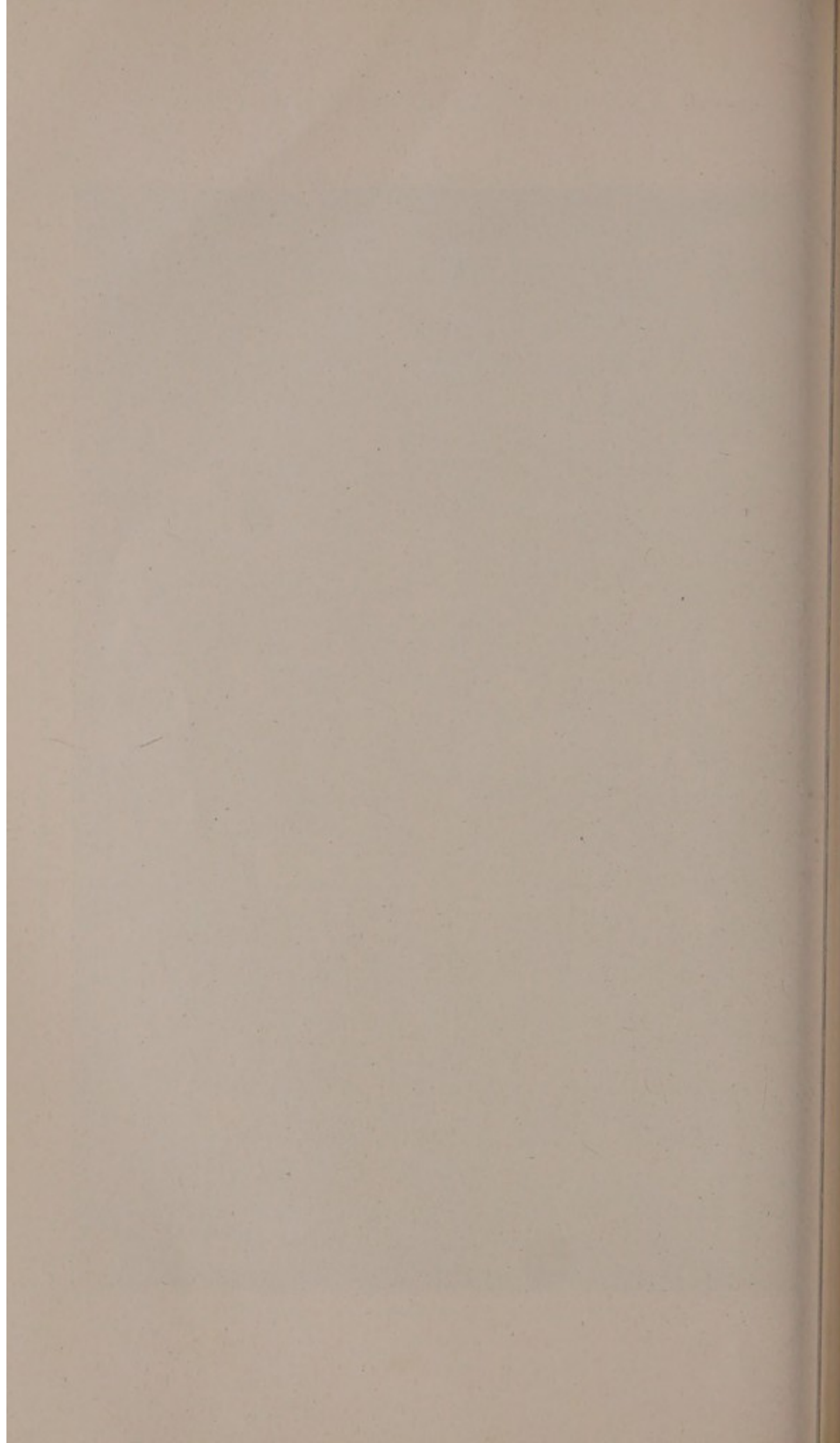
- 1 Chief Clerk
- 1 Clerk
- 2 Messengers

Inspection Service (35)

- 1 Acting Chief Sanitary Inspector
- 1 Acting Assistant Chief Sanitary Inspector
- 3 Sanitary Inspectors (Controllers).
- 17 Sanitary Inspectors
- 1 Nurse (Infant welfare division)
- 1 Sanitary Inspector (abattoir)
- 3 Sanitary Inspectors (markets)
- 1 Sanitary Inspector (dumps and water front)
- 1 Sanitary Inspector (Planning division)
- 1 Sanitary Inspector (Quarantine lookout)
- 1 Mechanic (Quarantine boat)
- 1 Chief Sanitary Inspector (Superint. Street Cleaning Dept).
- 3 Sanitary Inspectors (Asst. to Superintendent).



Swamp at Martissant, Port au Prince.



Abattoir:	8 laborers
Markets:	2 Chefs d'Equipe
	47 Laborers
Dumps:	11 Laborers
Palace & Sidewalks:	17 Laborers
Sewer Gang:	2 Chefs d'Equipe
	16 Laborers
Trucks:	16 Chauffeurs
	33 Laborers
Oil Spray Gang:	1 Chef d'Equipe
	18 Laborers
Boat Quarantine:	1 Mechanic
	1 Laborer
Ditches:	9 Chefs d'Equipe
	72 Laborers
	1 Chef d'Equipe
Nightsoil Removal:	3 Drivers
	9 Laborers.
Special filling gangs:	4 Chefs d'Equipe
	33 Laborers
Public Latrines:	3 Watchmen
Shore Line Control Gang:	1 Chef d'Equipe
	8 Laborers
Street Cleaning:	21 Chefs d'Equipe
	178 Laborers.

Rural Districts.

	1 Chief Sanitary Inspector
	3 Suburban Sanitary Inspectors.
	1 Sanitary Inspector
Léogane:	1 Chef d'Equipe
	1 Laborers.
	1 Sanitary Inspector
Arcahaie:	1 Chef d'Equipe
	9 Laborers.
	1 Sanitary Inspector
Pétionville:	1 Chef d'Equipe
	5 Laborers.
	1 Sanitary Inspector
Croix-des-Bouquets:	1 Chef d'Equipe (paid by the Commune)
	13 Laborers (10 paid by the Commune)
Cabaret:	1 Sanitary Inspector
Thomazeau:	1 Sanitary Inspector
	5 Laborers (paid by the commune)
Gressier:	1 Sanitary Inspector
	2 Laborers.
Gazeau	1 Sanitary Inspector
Croix-des-Missions:	1 Sanitary Inspector
	1 Laborer
Carrefour:	1 Sanitary Inspector
	1 Laborer
Pont Beudet:	1 Sanitary Inspector
Grand-Bois:	1 Sanitary Inspector

New Projects. Below are listed some of the more important projects accomplished during the last fiscal year followed by a discussion of each.

Construction of stables and storerooms at Fort St. Clair.

Construction of pier at Fort St. Clair for disposal of nightsoil.

Construction of Public bathing pools and Bath houses at

Sulphur springs and draining swamp.

Survey of Public school buildings.

Public Health Nurse.

New Office building.

Draining and filling swampy area at Portail Léogane and Martissant (See "Mosquito Control.")

Draining and filling swampy area back of Electric Light Plant. (See "Mosquito Control").

New Stables and Store Rooms. On May 1st the new Depot at Fort St. Clair was placed in commission. Previous to that time this district was dependent on the Sanitary Garage for the housing of mules, horses and night soil carts and for space to manufacture and store cement tile. Drums of oil, oil spray apparatus, cement, paint, etc. were stored in outbuildings back of our office accessible only through a long narrow passageway.

The new construction was planned and built entirely by this local service and consists of one building fifty feet long by twenty feet wide and one building one hundred feet long by eighteen feet wide.

The fifty foot building is divided into four rooms of equal size, one utilized as an office for the time keeper and Director of Street Cleaning service and the others as storerooms and work shop.

The hundred foot building has seven stables, houses the night soil carts, has elevated cement platform for oil drums and a small room for harness and oil spray apparatus.

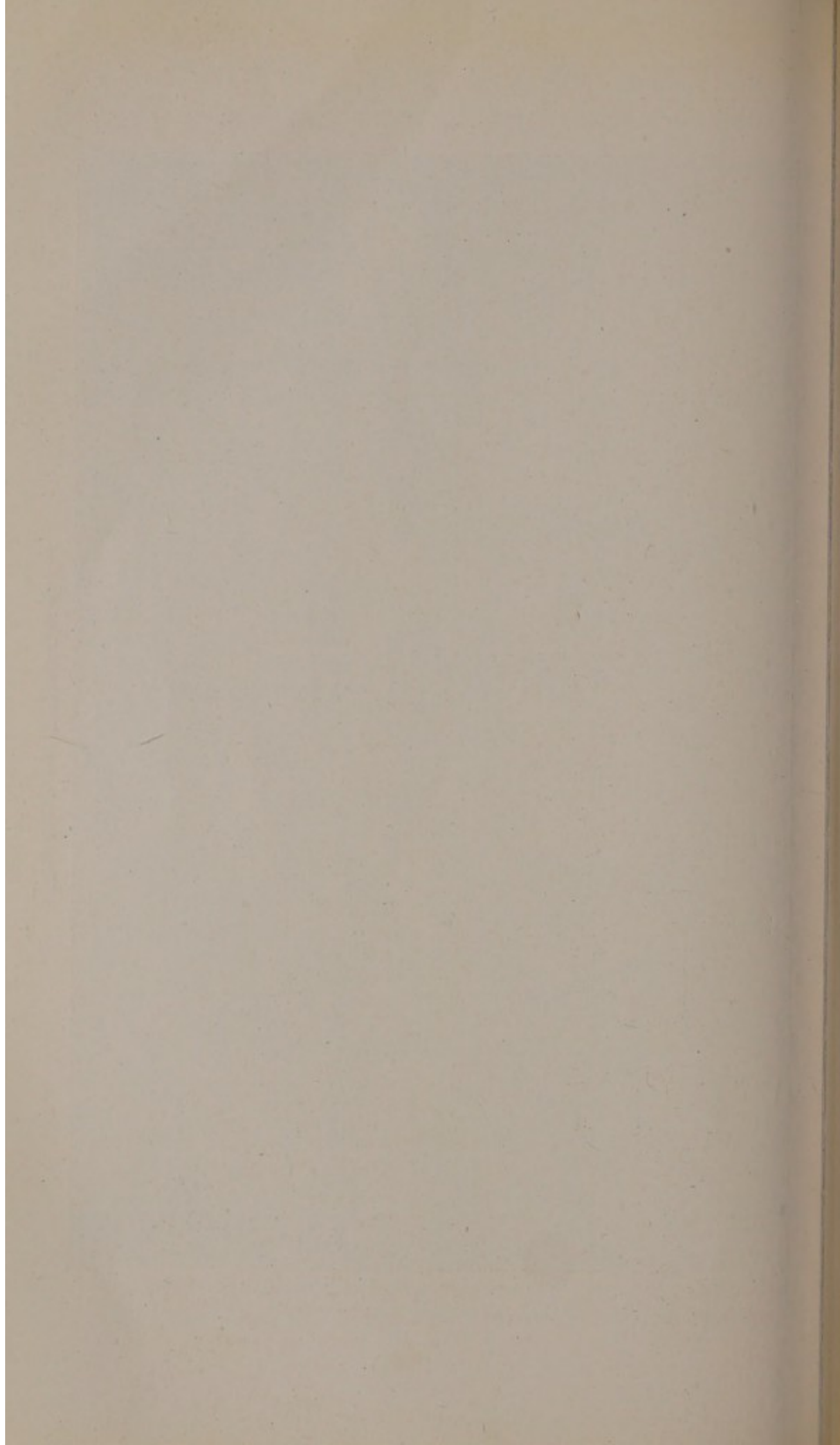
Construction is of faced cement building blocks and property is enclosed with "cyclone" non-climable galvanized 7 foot fence with iron posts set in cement.

The commissioning of this new depot and stables fulfills a long felt need.

New Pier at Fort St. Clair. On February 3, work was commenced on construction of a break water pier at Fort St. Clair and completed March 28. This pier was constructed for use in



New bassins at Sulphur Springs.



dumping nightsoil. Previously there was no suitable place where the heavy carts could get near enough to the water, particularly at low tide. Old mahogany ties and cocoa nuts were used for piles and conk shells and gravel for fill. A reinforced concrete curb was constructed across the entire width at the extreme end of the pier for carts to back against.

Construction of Public Bath Houses at Sulphur Springs and Draining Swamp. Improvements at Sulphur Springs were commenced on June 8th and completed on 27 September. These springs are located on the main highway to St. Marc about twelve miles from Port-au-Prince on land acquired last year by the Service d'Hygiène from the State.

The work consisted of constructing two concrete bathing pools and dressing rooms, and draining and filling the large swampy area adjacent to the road.

There are two units, one for women and one men. Each unit consists of an 8 feet by 5 feet dressing room and an 8 feet by 8 feet by 3 feet 5 inch bathing pool, so constructed as to receive the water at the bottom and overflow at the top. Flow is constant and sufficient to cause a complete change of water every two hours.

Water for each pool is supplied by separate spring, through 2½ inch galvanized iron pipe fitted with strainer on receiving end which is fixed at about one foot below water level. Pipes were painted inside and out with red lead and heavily tarred as anti-rust measure.

Both springs supplying pools are circular in shape, one having diameter of about 6 feet and 10 feet in depth and the other 20 feet diameter and 15 feet deep. Walls of concrete blocks 5 feet 8 inches high from ground level, without roof, surround each unit.

Units are approached from the road by a concrete side walk and a small foot bridge across main ditch.

The swamp adjacent to the road had an area of about one acre and contained hundreds of sulphur springs. Being within the alluvion of the sea it was at times effected by the tide. There were places where a pole could be inserted in muck to depth of 12 to 15 feet without effort, and of a size where an automobile leaving the road might easily have been submerged. This area is now drained by an open longitudinal ditch, four feet wide,

stobbed on either side, which eventually empties into the sea, and subsurface laterals of rock canals and cement tile. A steep bank nearby furnished ample fill of lime stone gravel and red clay and piling and stakes for stobbing were cut from the property.

A well gravelled parking space to accomodate at least 30 automobiles is immediately adjacent to the road. The interest and enthusiasm shown by the native population of these improvements is far beyond our expectations. The therapeutic value of these springs has long been recognized by the Haitian people.

Heretofore, those choosing to do so were compelled to undress and bathe in the full view of a much travelled road. This limited the use of the springs almost entirely to the lower classes. Today an average of twelve to fifteen private automobiles visit the springs daily and frequently groups of 20 to 30 persons hire large buses for the purpose of bathing and picnicking at the springs. Many walk to and from a distance of 12 miles from Port-au-Prince for the sole purpose of bathing there.

Following is a report of analysis of the water that supplies the two pools.

Laboratory Report No. 130.

	Parts per million
Total solids.....	14362
Hydrogen sulfide.....	1093
Permanent Hardness as CaSO_4	1197
Temporary Hardness as HCO_3	750
Chlorides as NaCl	12500
Sulfates as SO_4	728

This water was again analyzed for Hydrogen sulfide at the spring itself with the following results.

Laboratory Report No. 139.

Hydrogen sulfide.....	1155
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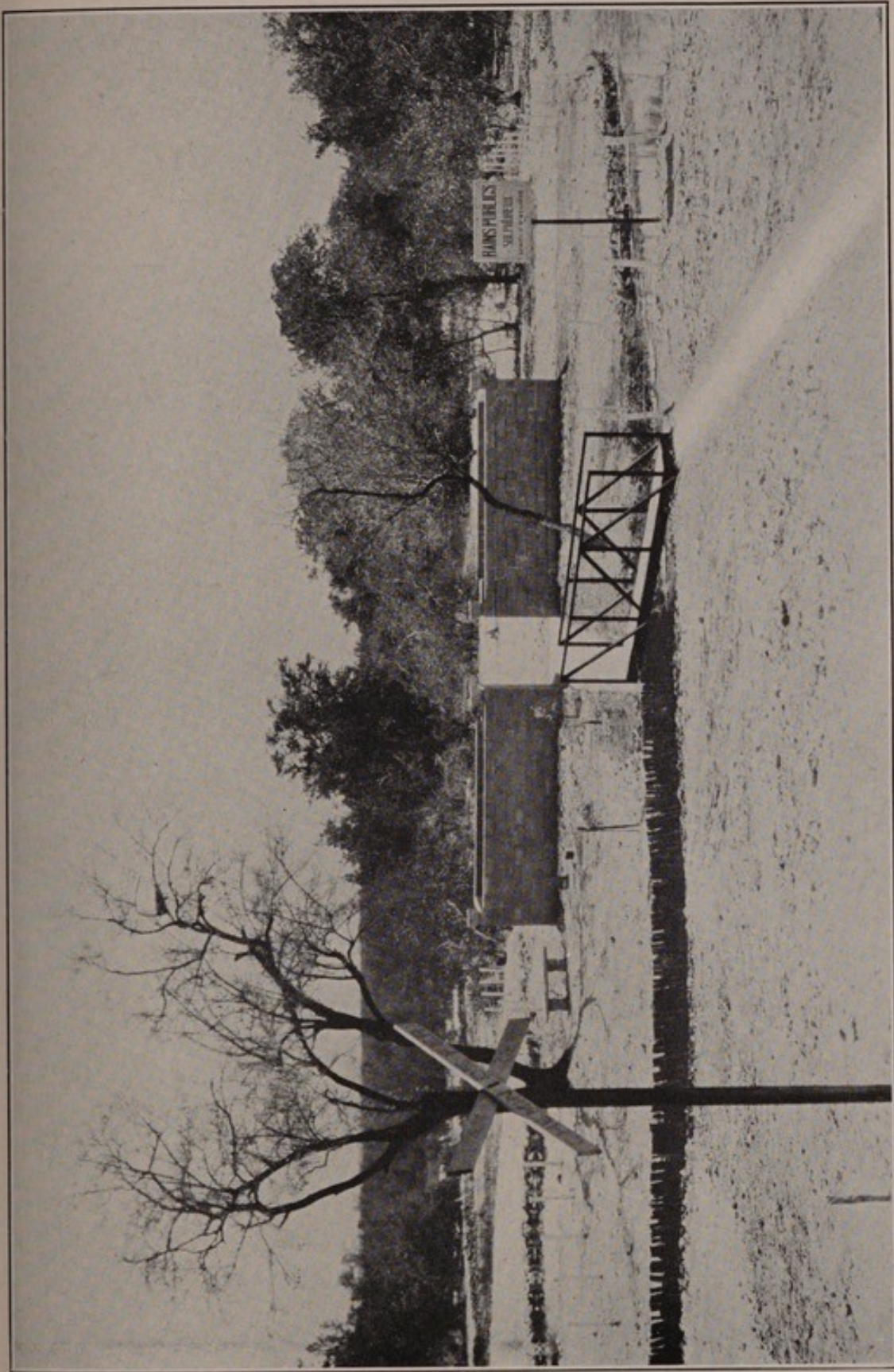
Note: On January 23, 1927, Dr. Beebe submitted bottled specimens of the same waters which were analyzed for Hydrogen sulfide, with the following results:

Laboratory report No. 832.

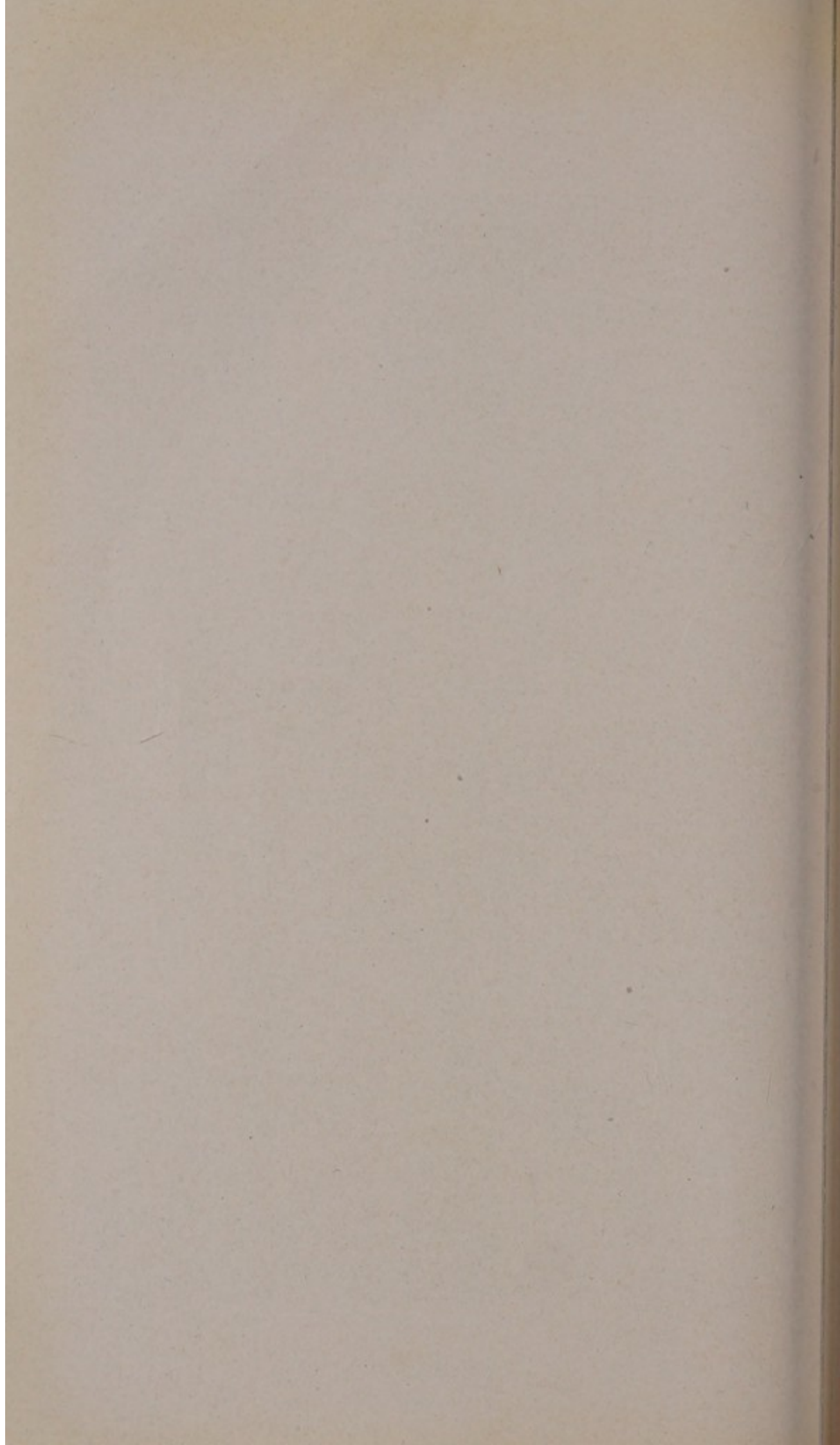
Hyd ogen sulfide.....	27
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This indicates that Hydrogen sulfide decomposes rapidly upon exposure to air with the deposition of sulphur. Any attempt at bottling this water for its Hydrogen sulfide content would have to be undertaken with due precaution to avoid this decomposition.

Mosquito larvae have never been found in any part of the swamps fed by the sulphur springs but very near by in a more



New bassins at Sulphur Springs.



or less constant shallow pool of brackish water *Aedes sollicitans* were found breeding in profusion.

Larvae transferred from this pool to water from the Sulphur Springs quickly died. This pool was later drained into the large ditch.

Survey of Public School Buildings. During the year this department made a survey of Public School buildings with a view towards using the data upon which to base future recommendations. The unsatisfactory conditions from a public health standpoint existing in the public schools is well known and has been much discussed in our service.

Of the seventy two schools in Port-au-Prince forty seven are known as "National Schools". Only thirteen of these buildings are owned by the State. The remaining thirty four are private homes rented and utilized as schools, without, in most instances, any alterations. Some few are ideal for such use, but a large majority are entirely unsuitable for one or more of the following reasons:

1. Size and number of rooms necessitating overcrowding.
2. Poor lighting facilities.
3. Inadequate toilet facilities.
4. Having no yard, or none suitable for recreation.

In accordance with an old and still existing custom, a portion of these rented buildings are generally reserved as living quarters for the principal of the school and family. As a rule this type of home is provided with a pit latrine divided into two single seat compartments. Often one of these compartments is reserved for the family of the principal and the other compartment left for children of both sexes.

Following is a report of a representative school in a private home rented for that purpose:

Name of school.....	
Location.....	
Enrollment.....	218
Average attendance.....	188
Number of teachers.....	5
1st & 2nd rooms.....	26 x 13
have four doors, 88 pupils (average attendance)	
3rd room.....	10 x 8
one door, 1 window, 30 pupils (average attendance)	
Porch, west side of house, 70 pupils (average attendance)	

The house is not large enough for a school and the yard being small, without fence, no recess is allowed. The latrine has

two single seat compartments, one reserved for teachers, the other for children of both sexes. The entire upper floor is used as quarters for principal and family.

Public Health Nurse. On the first of April one Haitian graduate nurse was added to the personnel of this district. She is the first of her profession to enter the field of Public Health Nursing in Haiti.

As the size of this district would require a rather large corps of nurses to properly pursue any one of the many phases of Public Health nursing, this initial move is more or less in the way of an experiment. It remains to be determined along what lines Public Health nurses can best be utilized to fulfill the needs of this particular community, and then to train a corps of graduate nurses along those lines. This will require funds which at the present time are not available.

For the first five months the entire time of this nurse was devoted to infant welfare work (*).

Her activities are confined to a prescribed area that she is capable of covering once every two weeks. Her work consists of an initial visit to every home in the district and subsequent visits to families having children under three years of age. As the prime object of her work is to deal with children apparently in good health, she carries no medicaments and does not prescribe. Sick children are referred to their family doctor, and in case of none, to the various clinics at the Haitian General Hospital. More frequent visits are made to families having sick children to advise proper care and to ascertain if a doctor is in attendance.

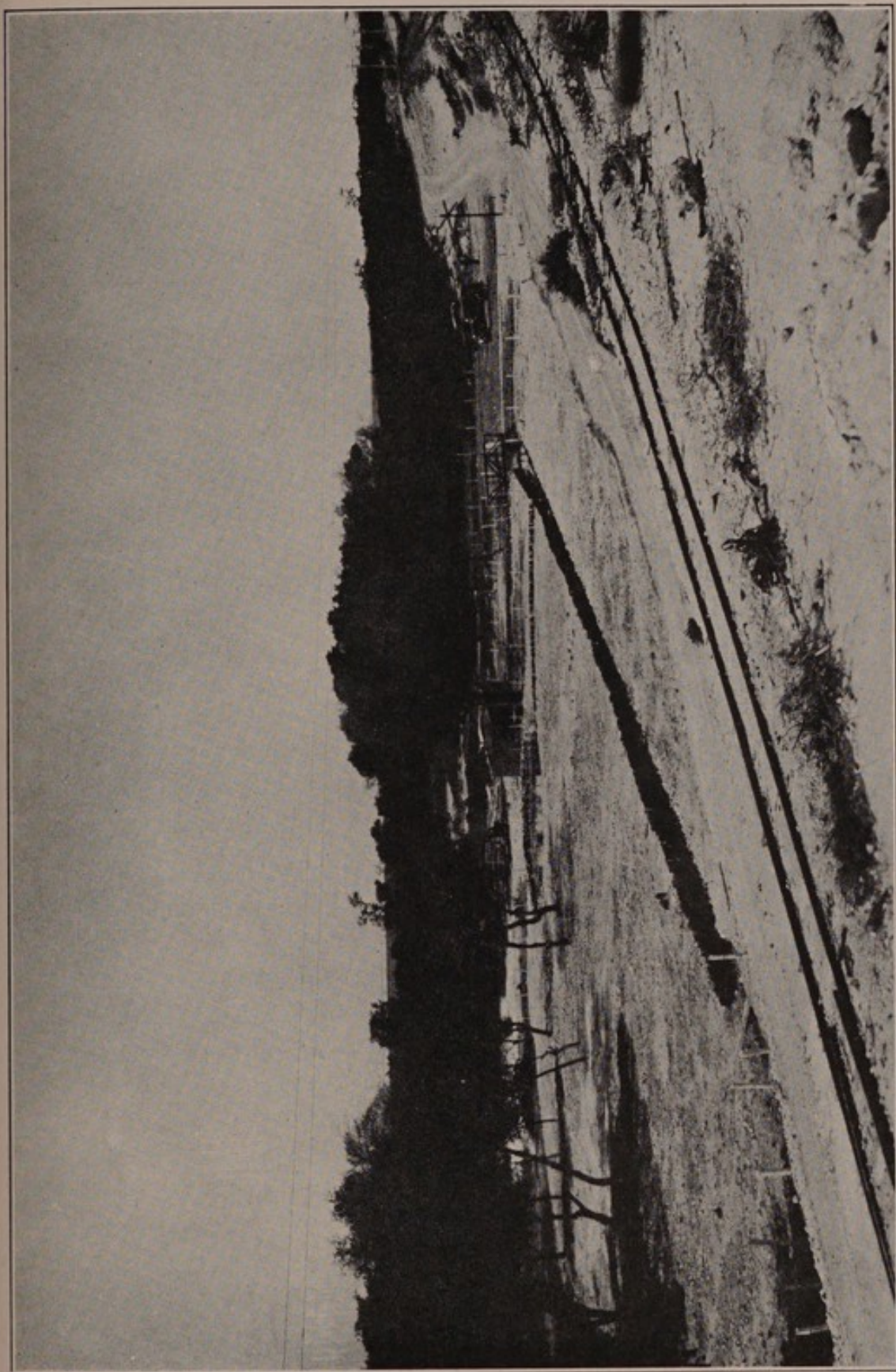
Mothers are invited to bring their babies to the office every Friday afternoon, where they are weighed, card indexed and seen by a doctor. The local Red Cross Chapter very kindly offered the use of one of their rooms for this purpose until we move into our new office building.

The gratifying results from the first months work in one small district of Port-au-Prince is best illustrated by the following extracts from the weekly reports submitted by the nurse.

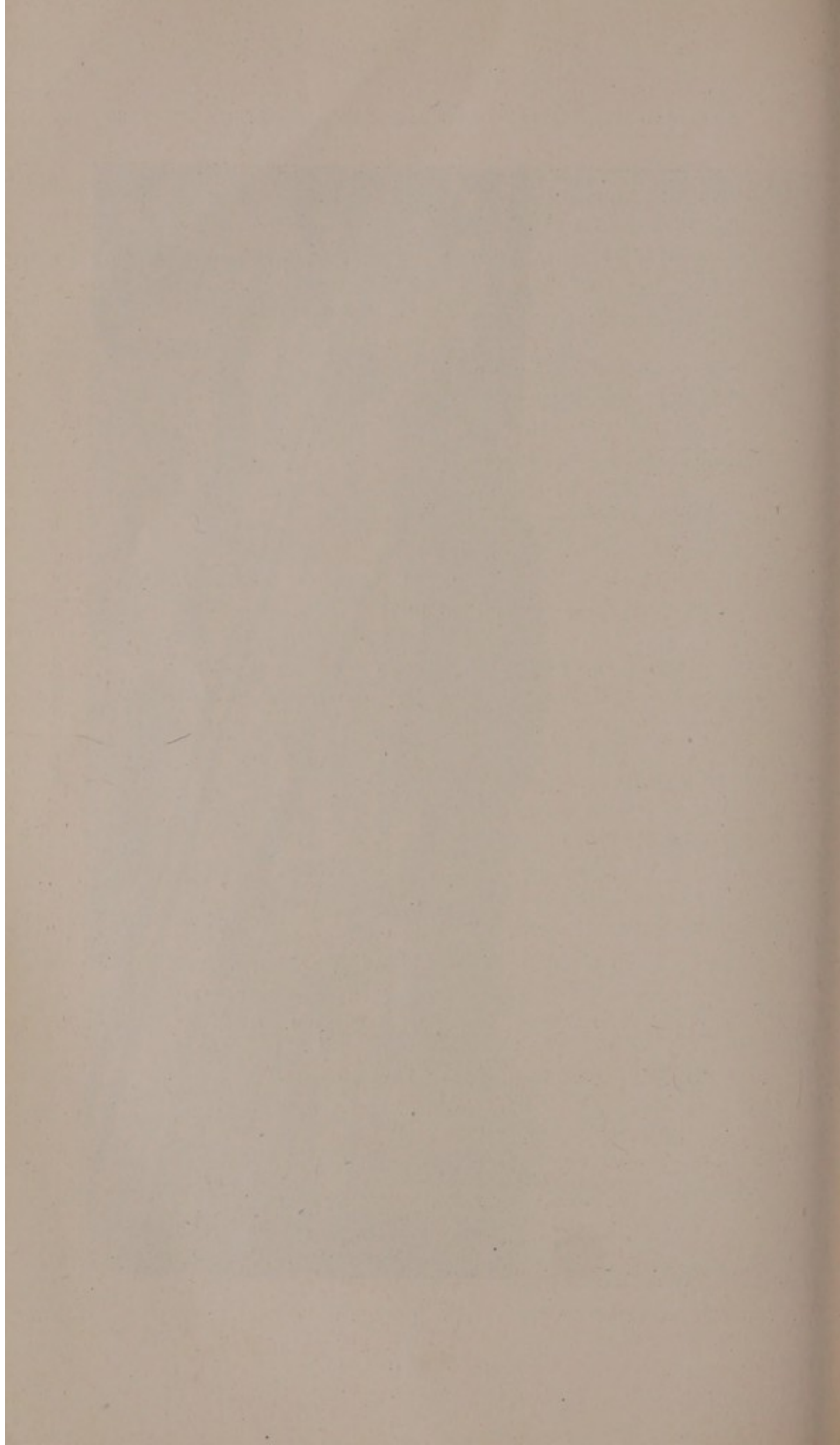
April 2nd to 7th inclusive.

"I have visited three sections of the 9th district and saw one hundred and fifty children. In a greater part

*At the writing of this report the nurse is assisting the doctors in the examination of school children.



Sulphur Springs.



of these sections the most simple laws of hygiene seem totally unknown. Parents are entirely ignorant of the necessity of regular habits for their babies. I have talked to them about the benefit of the daily bath, regularity of feeding, and proper food. Noted some cases of whooping cough; skin eruptions and a few eye diseases. Noted at St. Martin street a new born baby, ten days old, whose mother seems in very bad condition with daily fever and a bad cough. No doctor. Mother refused to go to Hospital. Advised grandmother to bottle feed the baby while mother is ill. In spite of the poor hygienic conditions the babies generally seem quite well.

April 9th to 14th inclusive.

I have visited the last five sections of the 9th district and saw about 200 children under three years of age. Noted at Petion street one case of intestinal fever. Child is under physicians care. Noted some cases of whooping cough and few eye diseases. Advised parents of children with eye disease to take them to the eye clinic of the Haitian General Hospital. The sick mother at St. Martin street has had Dr. Périgord's care and seems better. She was suffering with malaria and a cold.

April 16th to 21st inclusive.

I have visited five sections of the 9th district during the week and saw about 200 children. Nearly all seem in good health. I talk to the mothers daily regarding the benefits of the daily bath and regularity in feeding.

Some of the cases of skin eruption seen the first week are nearly well, having had daily baths with good soap according to my advice. Noted at Marion street a baby ten months old suffering with diarrhea and bad cough. Advised mother to take the baby to Haitian General Hospital.

April 23rd to 28th inclusive.

During the week I have visited five sections of the ninth district and have seen more than 200 children under three years of age in the district outlined for me. There are several babies whose mothers never seem to be home and whom I have failed to meet. I note

considerable improvement in several homes on my second visits and evidence that my advice is being carried out. The little sick baby of Marion street is much improved, having received medicine from the Haitian General Hospital. Parents seem to understand now that the Service d'Hygiène cares very much about their babies health and they listen more intently to what I have to say".

New Office Building. On account of expansion in the way of new undertakings and increased personnel during the past year and a further increase contemplated for the ensuing year, this district has outgrown its present office space. The public building near the Cathedral, recently vacated by the Service Hydraulique, has been secured and extensive repairs and alterations undertaken. At the time of writing this report the building is about ready for occupancy.

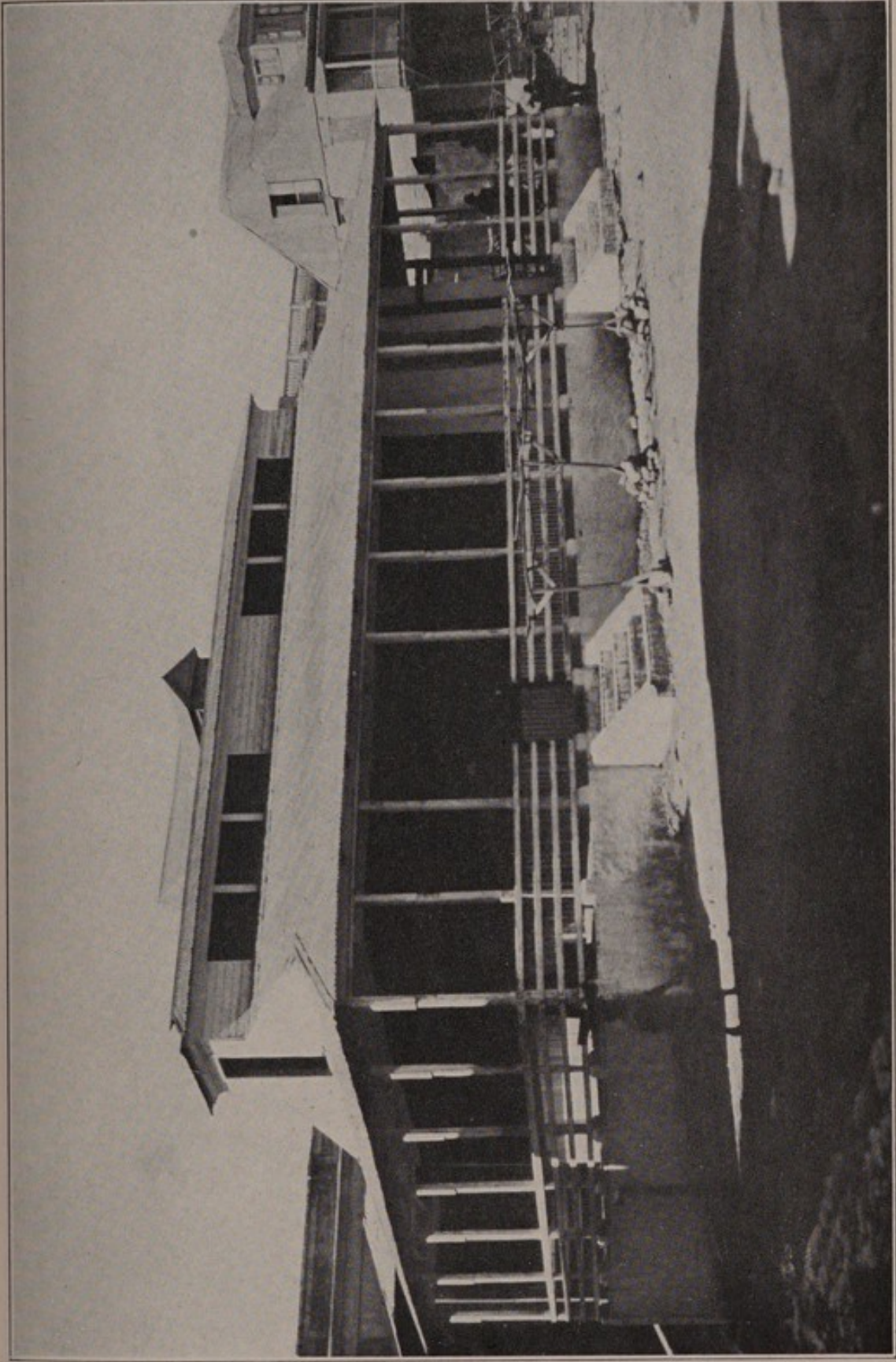
This building affords ample space for office personnel, sanitary inspectors, Public Health nurse and the three new Haitian doctors to join us 1st October.

In addition there will be a laboratory for identification of mosquitoes, photographic dark room and room to be used for Infant Welfare Work.

Property Inspection Service. The period covered by this report is the first entire year that the new system of handling property inspection work in Port-au-Prince has been used. This system was inaugurated the previous year and described in detail in last year's annual report.

Following is a table of property inspections made each month in the city of Port-au-Prince proper covering three year period with same number of inspectors.

	Fiscal Year:		
	1925-26	1926-27	1927-28
October	11,811	16,493	35,835
November	10,642	15,812	35,481
December	13,696	22,215	37,496
January	11,357	22,919	32,599
February	11,688	26,535	34,176
March	13,163	34,376	38,842
April	15,892	33,909	33,813
May	13,420	36,722	36,016
June	14,808	35,653	35,785
July	17,481	35,792	39,191
August	16,484	34,182	36,403
September	16,514	35,708	37,921
Total	166,956	350,116	433,108



Market at Jeremie.



Note: The above figures do not include inspections made by Chief Inspectors and Controllers in controlling the work of inspectors, nor do they include 173,567 property inspections made in the rural communes of this district.

A total of 23,816 notices to abate nuisances and make sanitary improvements were sent to property owners and tenants in Port-au-Prince, and 13,997 similar notices to property owners in the rural districts. In Port-au-Prince it was necessary to cite 604 cases to the courts for non compliance. Of the cases cited 28 were cancelled by this office and 97 cancelled by the judge.

Two hundred and three were condemned to execute the work and fines imposed and no action was taken on the 276 remaining cases. By these figures it will be noted that we received about fifty four percent support in our court cases.

Sanitary inspectors are trained with a view of directing their attention particularly to mosquito breeding, care of the latrine, disposal of wastes, general cleanliness and proper drainage. An idea of the nature of the sanitary improvements that have been accomplished through the efforts of these men is shown by the following partial tabulation of the more important notices sent out in Port-au-Prince during the year and which were complied with:

Type of work ordered.	No. of orders
Construct latrine.....	598
Repair latrine.....	3,269
Clean latrine.....	1,151
Construct canal.....	243
Repair canal.....	1,169
Clean Canal.....	248
Repair leaking faucets and pipes.....	561
Clean yard.....	1,412
Use lime or other deodorant in latrine.....	257
Fill and grade yard.....	216
Construct new stable.....	6
Repair stable.....	83
Fence property to prevent nuisances.....	78
Make mosquito proof cover for water tank.....	47
Remove pigs from city limits.....	124

Mosquito Control. Much has been accomplished during the past year in filling and draining the swampy areas in the south west portion of the city along the shore line. Work in this

section has been continuous for several years in an attempt to drain and fill swamps within the anopheline flight distance of the city.

The swampy area back of the Electric Light Plant, formerly a net work of poorly graded open ditches has been drained with subsurface tile and filled with refuse. A deep ditch was dug from the upper part of the property to the sea, graded with rocks on which two rows of six inch tile were laid and covered with gravel and refuse. Many laterals of four inch tile laid in the same manner and covered with gravel and refuse has rendered the swamp entirely dry. This property has an area of about two acres and is adjacent to the boys reform school which has an average of 300 inmates. Malaria rate amongst these boys has always been high, 135.7 per thousand for last year probably being comparatively low.

Work was commenced 3 January of filling and draining an area in the Southwestern part of town known as "Portail Léogane" and completed latter part of February. The unusually heavy rainfall at the beginning of the fiscal year caused many springs to occur in that section and anopheline larvae were found breeding in the door yards of many dwellings. This section is quite thickly populated and a partial survey made at that time indicated that a large percentage were or had recently suffered with malaria. Work consisted of ditching and draining with subsurface tile and filling and grading the yards with gravel. Two long ditches connection with surface drains in Martissant were left open to drain storm water. These ditches are dry except the day or so following a heavy rain.

A small bridge was constructed for this service by Travaux Publics over the Bois de Chene near its mouth at Martissant. This bridge was completed in March and made it possible to begin the work of filling in the section of Martissant with city refuse to supplement the extensive cement surface drainage accomplished there a year and a half ago and described in last year's annual report.

In the portion of the Martissant swamp that borders on "Portail Léogane" rice and sweet potatoes were grown extensively together with a more or less constant crop of anopheline mosquitoes. Instructions and warnings to the people failed to stop the practice of damming the water in the rice and potatoes

fields. Therefore it was necessary for this service to level the embankment and establish drainage and today there are no rice paddies within a mile of the city proper.

A total of 39,046 truck loads (one and one half ton trucks) of refuse was hauled during the year and utilized for filling in the areas described above.

Fourteen thousand six hundred sixty four gallons of crude oil and one thousand nine hundred seventy six gallons of kerosene were used during the year in this district in mosquito control work. The kerosene is used to dilute to spray consistency the old crank case oil obtained from various garages without cost.

Some experimental work in use of Paris Green as a larvicide was done. It was determined that for our work in and near the city the use of oil has the advantage. When mosquito control can be extended to the swamps and rice paddies in the rural sections Paris Green will undoubtedly be the accepted larvicide.

Control of the breeding of domestic mosquitoes is a very discouraging problem. Water is stored in some form of container on practically every property. Of the notices sent out last year in Port-au-Prince 7,595 or 31.8 per cent were offenders against the mosquito breeding regulation. The following table, however, shows a gradual improvement in that regard, particularly when it is realized that there was considerable rainfall during the last several months.

Month.	No. properties inspected	Properties on which mosquito larvae found	Percent of properties inspected having larvae	Receptacles found containing larvae
October	35,835	958	2.7	1,204
November	35,481	761	2.1	954
December	37,946	614	1.6	749
January	32,599	490	1.5	577
February	34,176	569	1.7	698
March	38,842	813	2.1	997
April	33,813	590	1.4	715
May	36,016	657	1.8	809
June	35,785	505	1.4	616
July	39,191	449	1.1	539
August	36,403	521	1.4	658
September	37,021	566	1.5	680

Communicable Diseases. There has been no unusual occurrence of communicable diseases in this district during the past year and it is believed that health conditions have been better than any previous year.

Seven cases of typhoid were reported, two of which gave positive Widal reaction, as compared with two hundred and thirty cases the year before with fifty two deaths.

This gratifying reduction in the incidence of typhoid here is undoubtedly due to the thousands of anti typhoid inoculations during fiscal year 1926-27 and the chlorination of the water supply in Port-au-Prince and Pétionville.

There were a total of 509 cases of malaria reported, 411 of which were reported from the Haitian General Hospital, 76 from the Brigade Hospital, and 32 from the Garde Hospital.

Sixty one cases of dengue fever occurred amongst the American colony during the first two months of the fiscal year.

Fourteen cases of chicken pox occurred in the National Penitentiary in January and February and none since.

Other cases reported were two measles, one leprosy and three spinal meningitis..

Night Soil Removal. The new equipment purchased latter part of fiscal year 1926-27 made it possible for us to extend our night soil service to include private families. Two hundred twenty three private and thirty eight public latrines were cleaned.

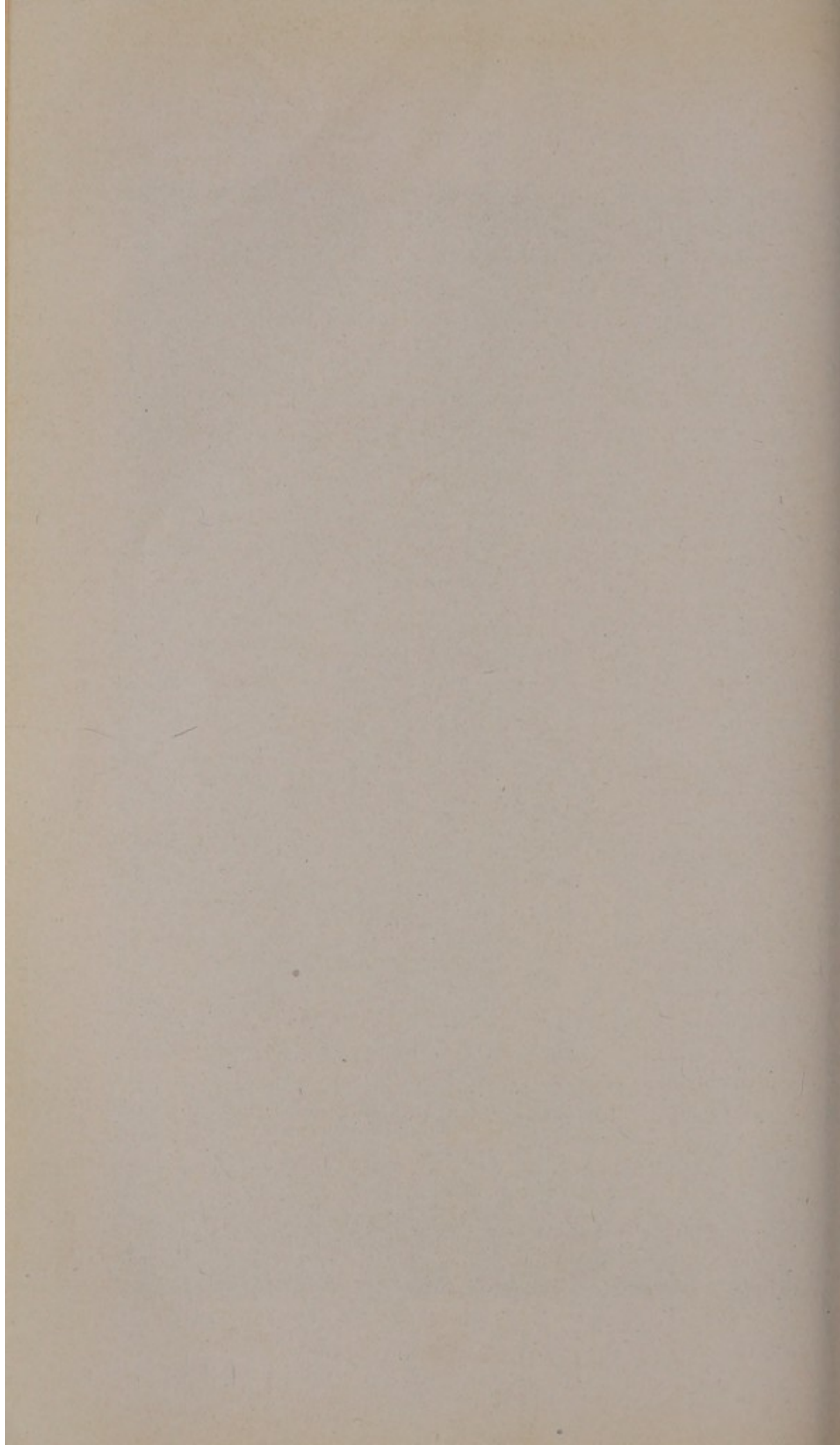
Dogs. A total of 1,830 stray dogs were captured, 1,670 of which were destroyed and 210 returned to owners. There were 42 reports received of persons bitten by dogs and the animals held at the pound for observation. Seven dogs and two cats were positive for rabies by laboratory examination.

The results obtained from two years of our dog campaign will be realized by reference to the following table.

	No. persons bitten by dogs	No. dogs positive for rabies	Persons recommended to receive Pasteur Treatment	No. stray dogs des- troyed
Six months period, July 1st to December				
30, 1926	—	19	57	480
Fiscal year 1926-27	75	14	15	2,962
Fiscal year 1927-28	42	7 pl. 2 cats	11	1,670



Market at Saint Marc.



There was no dog campaign during the first half of the six months period mentioned in the above table which accounts for the large number of persons recommended to receive the expensive Pasteur treatment in comparison to the number of rabid dogs. At that time there was no special equipment or trained force to capture animals known to have bitten people and no proper place to keep and observe such animals if captured. Since the construction of the pound and securing the dog truck two years ago only those bitten by dogs known to be rabid or impossible to identify or capture are recommended to receive treatment.

During the last two years no known case of Rabies in a human has occurred in this district as compared with three cases the year previous.

Rats. A total of 436 rats were trapped throughout the year and laboratory examinations were negative for rodent plague.

Quarantine Service. Five hundred and twelve foreign ships were boarded during the year, an increase of thirty one over the previous year. No quarantinable diseases were found and no vessel was denied permission to dock.

Island of La Gonave. In May this year all Medical and Sanitary activities of this Island were transferred to the jurisdiction of the Public Health Officer of Port-au-Prince.

During the year a new dispensary (rented) was opened at Petite Anse, near the southeastern point of the Island. This makes a total of five dispensaries, 3 standard and two rented buildings. These dispensaries are located in the more thickly settled parts and deemed sufficient to take care of the entire population of the Island. Five dressers are employed, one at each dispensary, who in addition to their daily clinic work are being instructed to carry out simple sanitary measures, especially along the line of mosquito control.

An increase of attendance at clinics has been gradual throughout the year, and at this writing it is safe to state that this increase amounts to 100 per cent, over the fiscal year 1926-27. Clinics with an attendance of 300 persons and over are not uncommon, whereas, a year ago, an attendance of one hundred persons was considered a good clinic. This large attendance is attributed to the fact that the people are well informed as to the date the Assistant Public Health Officer makes his visit and, also that

neoarsphenamine and sulpharsphenamine have largely replaced bismosol.

It has been gratifying to note the apparent cures effected or alleviation of old yaws cases through the use of neoarsphenamine.

The Assistant Public Health Officer visits the Island monthly on the second Wednesday and returns to Port-au-Prince on the following Saturday.

Approximate mileage by aeroplane, horse and motor boat is as follows:

Aeroplane	1,000 miles
Horse	800 "
Motor boat	180 "

Finance.

Budgetary Allotments:

October 1, 1927, balance on hand	3,356.83
Received during the year	393,815.00
Total	397,171.83
Expended	397,171.83
September 30, 1928, balance on hand	000,000.00

Communal Funds, Port au Prince.

October 1, 1927, balance on hand	0,000.00
Received during the year	19,999.88
Expended	19,999.88
September 30, 1928, balance on hand	0,000.00

Communal Funds, Léogane.

October 1, 1927, balance on hand	0,000.00
Received during the year	2,578.63
Expended	2,578.63
September 30, balance on hand	0,000.00

Communal Funds, Arcahaie.

October 1, 1927, balance on hand	0,000.00
Received during the year	3,882.59
Expended	3,882.59
September 30, 1928, balance on hand	0,000.00

Communal Funds, Croix des Bouquets.

October 1, 1927, balance on hand	0,000.00
Received during the year	2,350.00
Expended	2,350.00
September 30, 1928, balance on hand	0,000.00

Communal Funds, Thomazeau.

October 1, 1927, balance on hand	000.00
Received during the year	931.69
Expended	931.69
September 30, 1928, balance on hand	000.00

Extraordinary Credit.

October 1, 1927, balance on hand	00,000.00
Received during the year	24,500.00
Expended	20,791.13
September 30, 1928, balance on hand	3,708.87

Special Service Funds.

October 1, 1927, balance on hand	00,000.00
Received during the year	12,569.62
Expended	12,569.62
September 30, 1928, balance on hand	00,000.00

CAP-HAITIEN.

The sanitation of the Cap Haitien district is in charge of a naval Medical Officer, a Lieutenant Commander (MC) U. S. N. The office occupies a room in Government building at 17th and A streets Cap-Haitien. The personnel of this service consists of the sanitation officer, a Chief inspector, four sanitary inspectors for Cap-Haitien, a milk inspector, a meat inspector, a chief clerk, an assistant clerk, a chief mechanic in charge of garage, an assistant mechanic, five chauffeurs, two carpenters, a blacksmith, fifteen chiefs of labor gangs and 106 other employees.

The towns of Quartier Morin, Ouanaminthe, Plaisance, Grande Rivière, Limonade, Le Trou, Limbé, Le Borgne, Dondon, Pilate, Plaine du Nord, Acul du Nord, Sainte Suzanne, each have sanitary inspectors and a sanitary force of four or five men.

The inspectors have given a good account of themselves, but have to be supervised and spurred on to accomplish real improvements.

There was no recurrence of the mosquito breeding in the salt marshes south of Cap-Haitien such as occurred last summer. The tide gates put in during the winter and the drainage canals dug there proved effective in preventing this annoying occurrence. Malaria is rarely seen in Cap-Haitien now and the few patients treated at the Justinien Hospital contract the disease outside the town.

The filling in of low marshy ground about Cap-Haitien was continued during the year. Twelve thousand seven hundred and forty two (12,742) cart and truck loads of rubbish from street boxes were dumped here. The oiling and closing of abandoned wells was continued. The system of house to house inspection was continued. A total of 28,816 properties were inspected during the year and 13,375 notices were sent to property owners that their premises were unsanitary.

The cooperation of the Justice of the Peace in enforcing the law has been good. The number of accusations for violations of sanitary regulations during the year was 13,069. The number of condemnations was 78. Number of no actions taken 106. Number of cases dismissed by the Judge was 28 and the number of charges withdrawn by the Service d'Hygiène — 0.

The paving of street around market was completed during the year. The market is greatly improved over the condition it was

in two years ago. The arrangements for water closets, etc. are still in need of improvement. Screened meat boxes instead of screened stalls have proved much more effective.

Rats continue prevalent. A total of 2,686 were trapped during the year.

All milk entering the town for sale is inspected for water dilution. It is heavily contaminated.

The catching and killing of dogs was continued; 103 were killed; 110 were licensed and 50 vaccinated against rabies. No rabies was encountered although four people were treated because of bites by dogs suspicious of having rabies.

The abattoir is inspected daily. During the year the following animals were inspected before and after being killed Cattle 2,559; hogs 539; sheep 122; goats 78.

The system of public latrines is apparently adequate as little faecal material is found in the streets but they are fearful fly breeders and require cleaning out.

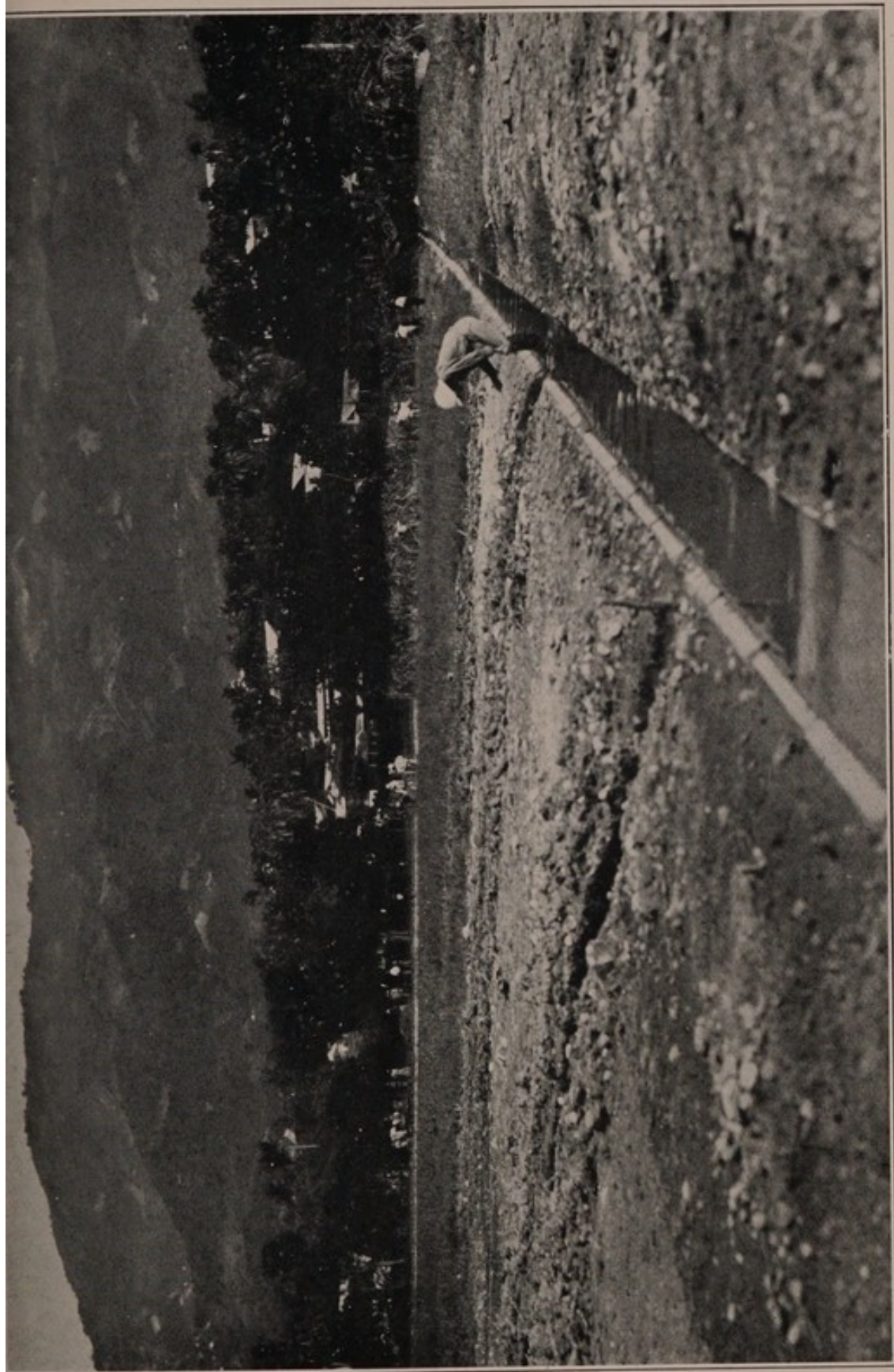
This aspect of sanitation is an anachronism here. Along with the torrential rains washing solutions of faeces over the ground and the shallow surface wells, necessarily in use because of a woefully inadequate water supply, only the native resistance of the inhabitants keeps down epidemics of dysentery.

When an adequate water supply is afforded the town of Cap-Haitien municipal flush toilets should be installed in place of the pit latrines now in use.

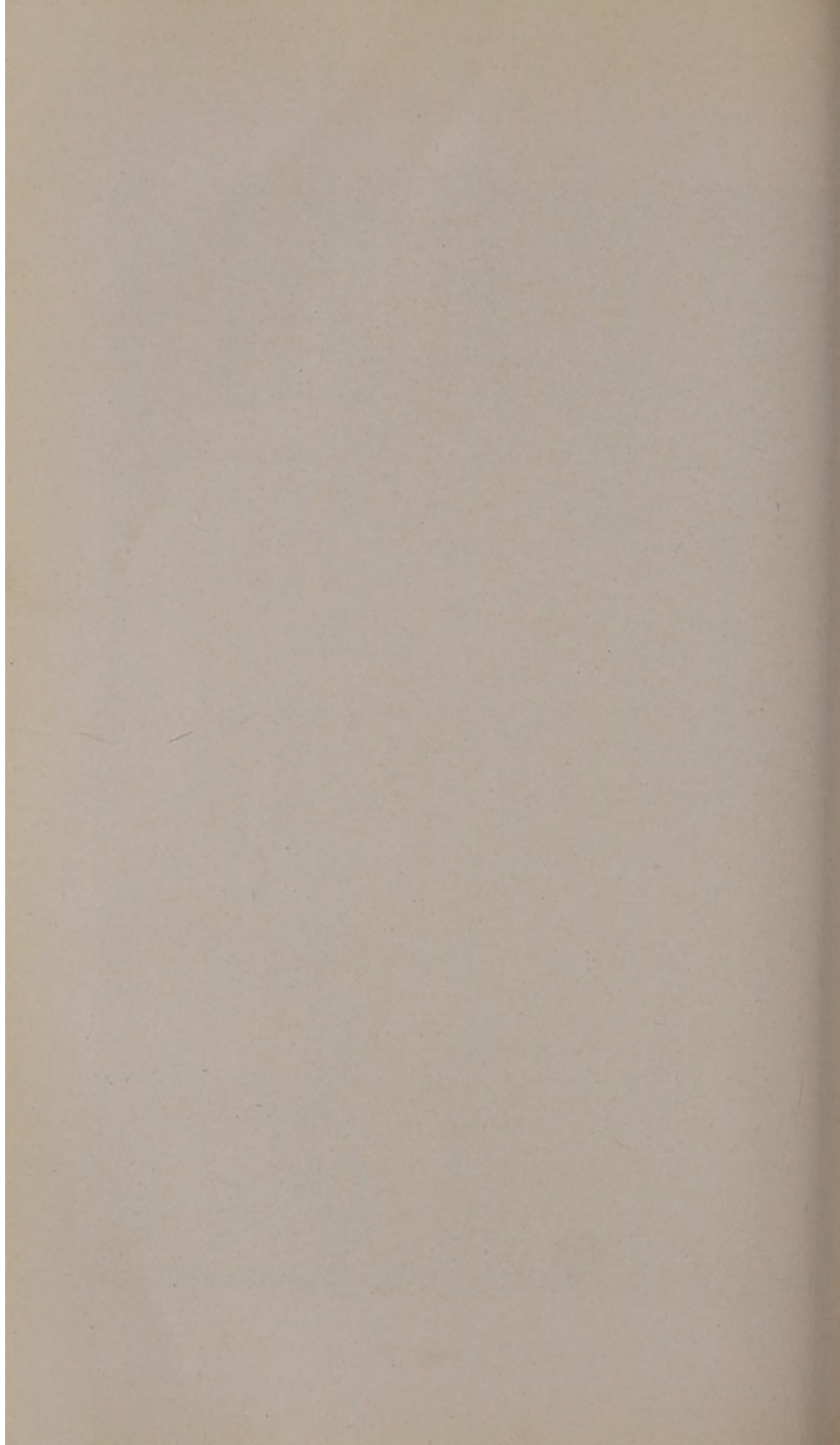
Rural Sanitation. Rural sanitation was given considerable impetus during the year. The towns were frequently inspected by both the Officer in charge of sanitation and the Public Health Officer.

The several native sanitary inspectors were stimulated to greater efforts and given material assistance where it was needed. The cooperation and supervision of the gendarme officer stationed in the several towns proved of great value. Native sanitary inspectors after being trained at Cape Haitien were installed during the year at Limonade, Dondon, Plaisance, Quartier Morin, Plaine du Nord, Pilate, Acul du Nord and Sainte Suzanne. The inspectors at Le Borgne and Ouanaminthe have been changed. During the year 10,224 properties were inspected and 2,694 notices sent to property owners.

The Fort Liberté swamp drainage project continues to be the



Ditch at Martissant, Port au Prince, Haiti.



outstanding piece of sanitation engineering of the district. The malaria index there in 1928 was only 11 per cent, whereas before the swamp was drained it was 80 per cent.

The malaria breeding places about Quartier Morin, Limonade and Limbé were filled and proper drainage provided. The Limbé work is extensive and requires the cooperation of the Department Engineer before completion. The above mentioned work was done on money appropriated as an extraordinary credit for the purpose. Rural sanitation as well as rural clinics are vitally important. It is a source of gratification that improvement can be reported each year.

CAYES.

The sanitary condition of this district is being steadily improved. The work in Aux Cayes continues to be major sanitary project of the district. In Cavaillon, St. Louis and Aquin street cleaning and ditching have been carried on. Work was discontinued in Port-à-Piment in April and in Chardonnières in May due to lack of communal allocation.

The number of employees carried on the sanitation payrolls are as follows:

1	Assistant Public Health Officer	
1	Commissioned physician (Port doctor)	
1	Chief Sanitary inspector (also acts as chief clerk & interpreter)	
2	Sanitary inspectors (House — Aux Cayes)	
1	Sanitary Inspector (Market — Aux Cayes)	
1	Sanitary inspector (Street, Aux Cayes)	
1	Sanitary inspector for Port-à-Piment section (also makes clinics in seven towns of this section).	
7	Chefs d'Equipe (Aux Cayes)	
1	Chef d'Equipe (Cavaillon)	
1	Chef d'Equipe (St. Louis)	
1	Chef d'Equipe (Aquin)	
1	Chef d'Equipe (Port à Piment) discontinued in April	
1	Chef d'Equipe (Chardonnières) Discontinued in May.	
	Street cleaners, approximately 55 (Aux Cayes)	
"	"	6 (Cavaillon)
"	"	6 (St. Louis)
"	"	9 (Aquin)
"	"	5 (Port à Piment) Discontinued
in Apr.	"	
"	"	3 (Chardonnières) Discontinued
in May	"	

Laborers, average number	55	(Aux Cayes)	
"	"	"	6 (Cavaillon)
"	"	"	6 (St. Louis)
"	"	"	3 (Aquin)
"	"	"	3 (Port à Piment) Discontinued in April
"	"	"	5 (Chardonnières) Discontinued in May
3 Chauffeurs for Camions.			

The sanitary inspection of Aux Cayes is made by two inspectors trained at Port-au-Prince, under the direction of the Chief Sanitary Inspector. During the past year ten thousand and forty five (10,045) houses and properties were inspected and three thousand, three hundred and ninety six forms 5 and 6 were sent out. Sixty five (65) new latrines were built and two hundred and forty four (244) repaired in Cayes. In the outlying towns twenty eight (28) new latrines were built. Aux Cayes now has latrines on all inhabited properties in the town proper and a large number in the adjacent sections. Efforts are now being extended to have latrines on all inhabited properties of each town in the district. Cavaillon, St. Louis and Aquin have been inspected every one to two weeks by the Public Health Officer, his Assistant or the Chief Sanitary Inspector and directions given for work done. The Road Foreman of the Travaux Publics in this section has worked with the Sanitary Service in seeing that the work was done. Sanitary inspections were made in Les Anglais, Chardonnières, Coteaux, Damassins and Roche à Bateaux every two weeks and Port à Piment twice every week by a Sanitary Inspector stationed in Port à Piment who also makes clinics in each of these towns every two weeks. Port Salut and St. Jean are inspected every two weeks by a hospital clerk who was trained for an inspector in Aux Cayes. The Public Health Officer, his Assistant or the Chief Sanitary Inspector makes an inspection in each of these places once a month. All of these named places are reached by horse back which requires three and four days at a time. As a result inspections are not made as frequently as they should be. Five hundred and seventy (570) loads of gravel were dumped in the hospital grounds and three thousand, four hundred and eighty two (3,482) dumped in the Renaud River and in low places. Six thousand, three hundred and eighty five (6,385) barrels of sea sand hauled on mules were used in

filling swampy areas in "Quartier de la Savane" where it is impossible to reach by truck.

Violations of Sanitary Regulations.

Accusations.....	311
Condemned.....	233
No action taken.....	75
Charges withdrawn, by Service d'Hygiène.....	3

Street Cleaning. As in past year all street sweeping has been done by women aided by a few men with wheelbarrows. It is impossible to obtain men to do this work. The women however appear to be as good if not better workers than the men and are willing to work for seven gourdes a week. The present number employed are considered sufficient for the needs of the town at present.

Garbage Collection and Disposal. In Aux Cayes garbage was collected by one Ford Truck and one Gh. B. truck. During the year there were two thousand four hundred and twenty nine (2,429) Ford truck loads and two thousand three hundred and six (2,306) Dodge truck loads of garbage removed from the town. In Cavaillon, St. Louis, Aquin and Port à Piment wheel barrows were replaced by mule carts owned by the Service. Four thousand, two hundred and ninety one (4,291) loads of garbage have been used in filling swamp land around the towns.

Laborers. The labor problem continues to be a very acute one. It is impossible to employ any but old men and young boys under twenty. The former are too old and the latter too young to perform a good day's labor. An improvement was noticed though from the last three months when they have stopped the emigration to the Cuban sugar fields.

Public Latrines. Three public latrines are in use in this district; two at Aux Cayes and one at St. Louis du Sud. The public latrine at the market in Aux Cayes was rebuilt during the year because of the sinking of the foundation which had been built on top of an old reservoir.

Markets. The iron market of Aux Cayes is in good condition. The meat market has been rescreened. Some new concrete meat blocks have been constructed. As soon as this work is completed all meat will be sold in the screened portion of the market. The hurricane of August 10, partially destroyed the meat markets at

St. Louis and Aquin. To date no funds have been available for repair of them.

Water Supply. The water supply of Cayes is plentiful. Due to lack of laboratory facilities the quality has not been regularly checked. In Aquin, St. Louis, Cavaillon, Laurent and Torbeck water is obtained from drilled wells by means of hand pumps. All of the other places get their water from rivers or springs.

Dogs Killed. During the year about 30 dogs were captured and disposed of by the Gendarmerie d'Haiti. Fourteen people who had been bitten were given antirabic treatment in the hospital. Only six heads could be obtained and all of these were found positive. Several conferences have been held with communal authorities relative to improving the present system of dog control. As soon as proper equipment for catching and detaining animals is secured an intensive campaign will be inaugurated.

Abattoir. The abattoir at Aux Cayes needs some repairs. Money has been promised for these.

Epidemics. No epidemics have been reported during the year.

Vaccination. During the year 335 children were vaccinated against smallpox. From this number only 52 primary reactions were obtained. This low percentage is attributed to two factors, namely: old vaccine, and inability to keep the vaccine properly chilled on long trips into the country.

Prostitution. This district, especially Aux Cayes, has its full quota of prostitutes. They are scattered all over, there not being any segregated places, licensed houses or other control.

Mosquito Control. The filling of the Renaud River, draining of swamps and oiling have been continued throughout the year. Most of the water holes produced by the construction of curbs and gutters and the concrete drain were filled up. Eleven private properties in the low sections of the town were filled with fatra, sea sand and gravel and part or total expenses was reimbursed to the Service for work done.

Communal Funds. During the year the Service d'Hygiène received funds from the following:

Aux Cayes.....	3,126.18	gourdes
Cavaillon.....	3,000.00	"
St. Louis.....	2,250.00	"
Aquin.....	1,792.82	"
Port à Piment.....	750.00	"
Chardonnières.....	500.00	"

In addition Gdes. 768.00 were received for the work done on private properties in Aux Cayes. Making a total of Gdes. 12,-187.90. This was all used in street cleaning and ditching in each of the Commune.

Office. On December 30th, 1927 the Service d'Hygiène moved its Office to the Administration building of the Hospital.

Foreign and Coastwise Boats. During the year 72 boats were inspected at this port. No quarantinable diseases were encountered.

Charities, Welfare and Relief. No organizations of this kind are known to be in existence.

New Constructions. Work has been continued on installation of curbs and gutters.

Future Plans. Plans for the future may be outlined as follows:

1. Continuation of drainage of swamp land.
2. Cement curbs and gutters for all drainage streets.
3. More private latrine building.
4. Mosquito survey of Cayes, St. Louis and Aquin.
5. Extension of mosquito control in Cayes, and also in St. Louis and Aquin if funds are made available.
6. Improvement of animal control.

GONAIVES.

Personnel. The personnel of the sanitation division of this district consists of the following:

- 1 Chief Pharmacist's mate, U.S.Navy
- 1 Clerk
- 3 Inspectors
- 7 Chefs d'Equipe
- 2 Chauffeurs
- 1 Messenger
- 68 Laborers.

Cleaning, Filling and Inspecting. The main streets are swept and cleaned twice daily. Back streets once daily. Side streets twice weekly. Five equipes are detailed to this work. One equipe has charge of canal and gutter work down town and one is detailed to cleaning the drainage canals from swamps.

Two principal dumping grounds have been in use during the year. The Osler swamp during dry weather and the tidal flat during wet weather. When neither area can be reached by camions the low area in the desert south of town is used as a dump for fatras.

House to house inspections are made bi-monthly. People committing or maintaining nuisances are ordered to clean up and if the order is not obeyed they are sent to the Juge de Paix. This Service has had excellent cooperation from the Juge de Paix Tribunal during the year.

Grand Canal: The grand canal on Rue Louverture has been completed by the Travaux Publics. This is an excellent canal of stone and concrete—4- $\frac{1}{2}$ feet wide, and 2- $\frac{1}{2}$ feet deep on the sides with a double ramp to center 6 inches deeper running through the entire length of Rue Louverture, a distance of a little over half a mile. The work involved the making of a V-shaped bottom for the old canal on Rue du Cimetière, and the rebuilding of the bridge at the junction of Louverture-Cimetière and Dattes, with the coordination of all drainage systems of this section. The bridge is now covered with removable tops for purposes of effective cleaning.

Old Canal: The old drainage canal from the Usine Electrique to the sea was rendered obsolete by the new canal on Rue Louverture and became both an unsightly and unsanitary nuisance. The canal was filled and a large area of tidal swamp where it emptied was built above sea level. The following works were involved:

1. 800 feet of old canal filled.
2. 2 acres of tidal swamp built above sea level.
3. 4 culverts wrecked and street grade restored.
4. 30 feet culvert rebuilt on Rue Quai Alexandre.
5. 200 feet culvert rebuilt on Rue St. Charles.

Regular monthly inspections of swamps areas have been made by the Public Health Officer and Assistant Public Health Officer. These inspections have revealed the presence of several

large swamps requiring attention. The following detailed work has been done.

Jacques swamp: Area thoroughly cleaned. 1,625 feet of deep drainage canal built linking the three swamps with area No.3. 300 feet of seepage canals built in swamps.

Area No. 2. Bayard Swamp: This large swamp was ditched by the owner to provide drainage. A temporary canal $\frac{3}{4}$ mile long was dug by our gang, uniting the area with the canals in Area No. 7, at the same time penetrating one swamp of area No. 5. This canal will have to be widened, deepened and straightened during the coming year.

Area No. 3. Area thoroughly cleaned. 770 feet seepage canals built in swamps. Old canal linking this area to the grand Canal des Dattes was thoroughly cleaned.

Area No. 4. MacGuffie swamp: Swamp has been cleaned six times. All canals have been cleaned monthly. One small area of $\frac{1}{2}$ acre has been tiled and filled. A group of nearly 100 copious springs have been tiled directly into the grand Canal des Dattes. 800 feet of the canal in this area have been re-picketed with 7 feet stakes, to prevent slides.

Area No. 5. Richards Swamp: The large swamp has been thoroughly cleaned and linked up with the canal drainage system. The smaller swamp is still isolated. It is kept oiled to prevent mosquito breeding.

Area No. 6. Duill swamp: An old rambling canal leads from this swamp and eventually tumbles into the Osler swamp. The smaller area has no drainage. A canal has been started which will cut a straight line when completed through the lesser area directly into the larger swamp.

Area No. 7. Osler Swamp: The pool and main canal to this area have been cleaned monthly. The tiling of two large springs has been replaced by a wide staked canal, since which time this part of the swamp has been dry. 260 feet of deep canal picketed with 7 feet stakes have been built in this swamp. Five acres have been completely filled in with fatras.

Area No. 8. Old swamp district. The canal through this area has been thoroughly cleaned six times. This area gives very little trouble from mosquito breeding except during rainy season.

Area No. 9. Old swamp district. Canal has been cleaned twice.

This area is gradually drying up. There is no trouble from mosquito breeding except during the rainy weather.

Area No. 10. Mangrove swamp. This is a large flat mangrove swamp $\frac{1}{2}$ mile north of the city. A deep straight canal with subsidiary gridiron canals and perhaps the cutting of the vegetation will be required to drain it. No work has been done on this swamp during the period covered by this report, except periodic oiling.

Area No. 11. Mangrove swamp. This area covers several hundred acres north of town on the sea shore. It is practically at sea level. The large canals through areas No. 9 and 9 empty into it keeping it continually flooded. It is well stocked with fish which probably accounts for the fact that it has given very little trouble with mosquito breeding. No definite plans have been made to drain this area as it would involve engineering problems too extensive to be handled by our small force of workmen.

Area No. 12. Tidal swamp. This area covers 20 acres on the sea front immediately north west of town. About 3 acres were built above tide water this year, thus reclaiming about half of the total area. Seven acres had been reclaimed during previous years.

Area No. 13. Desert. Three low spots in the desert adjacent to the city, totalling about 5 acres. They serve as a dump during exceedingly wet weather when neither No. 7 or No. 12 can be reached by camion. Normally they are dry, but after torrential rains they retain water long enough to breed mosquitoes.

Area No. 14. Salines. There are several miles of salines and mangrove swamps lying on the sea cost south of town. They are practically on sea level and after heavy rains they remain as standing lakes for many days. These, however, have not been a mosquito hazard as there are few people living close to them. They are being gradually taken over by the salt makers who are slowly building there pans both inward toward the desert and southwest away from town.

Rainfall. Rainfall has been considerably heavy in Gonaives during the past five months. Mosquito control has been a problem of serious proportions, in spite of this, however, there has been very little malaria in the city of Gonaives.

Street Sprinkler. A street sprinkler — 400 gallons capacity — was built by Travaux Publics. It was used with partial success

until the advent of the rainy season. The pump is impractical, and it is necessary to fill it by hand using prison labor when available. One of our camions hauls it when in use. It is very clumsy and cumbersome and must be operated with the motor in second gear most of time. It is not possible, without putting one camion on this detail entirely, to make any visible effect on the dusty streets of this city.

Markets. During the year 12,000 feet of stone pavement were laid on the east side of Central Market, making an excellent addition to the pavement already there. This work cost a total of 3,784.00 gourdes which figure does not include oil or repairs to the camion used. The commune appropriated 600.00 gourdes which paid for half the rock. The remainder of the rock was hauled from the desert (1 mile). This sand and rock was quarried from public land at no cost except labor. Dirt excavated was used for filling low places. The labor was all furnished by the Service d'Hygiène, the lines for the grade being made by the Assistant Public Health Officer with a spirit level. The work required 60 toises of rock and 1,800 barrels of sand. A camion with chauffeur and two laborers hauled material five days a week for 13 weeks using 260 gallons of gasoline. Three masons and 6 laborers worked six days a week for 13 weeks in actually laying down the pavement. The commune has appropriated 2,000.00 gourdes to continue the work of paving of this market during the coming year.

The meat market located at a corner of this square is very sad excuse for such an institution. Some repairs and changes will be effected in its equipment during the coming year.

The fish market on the sea shore was entirely inundated during the hurricane of September 15th and one latrine was carried away by high seas.

The markets are swept and cleaned daily. The abattoir is located on the sea shore in connection with the fish market. A serious need of the city is a new sanitary combination abattoir and meat market to be located in connection with the fish market rather than in the regular market. This cannot be done until a sufficient water supply is available in this section.

Nuisances. Dogs: In February a drive was made on stray dogs. Thirty five dogs were caught and killed. In April the dog catching unit from Port-au-Prince spent a week in Gonaives.

Ninety eight dogs were caught and impounded, 60 of which were killed. As a result of this campaign 233 dog licenses were issued by the Commune.

Pigs: Two drives were made on the hog nuisance during the year. In the spring all stray hogs were caught and placed in the communal pound. In July a number of hog proprietors were taken before the Juge de Paix and fined for maintaining live stock nuisances.

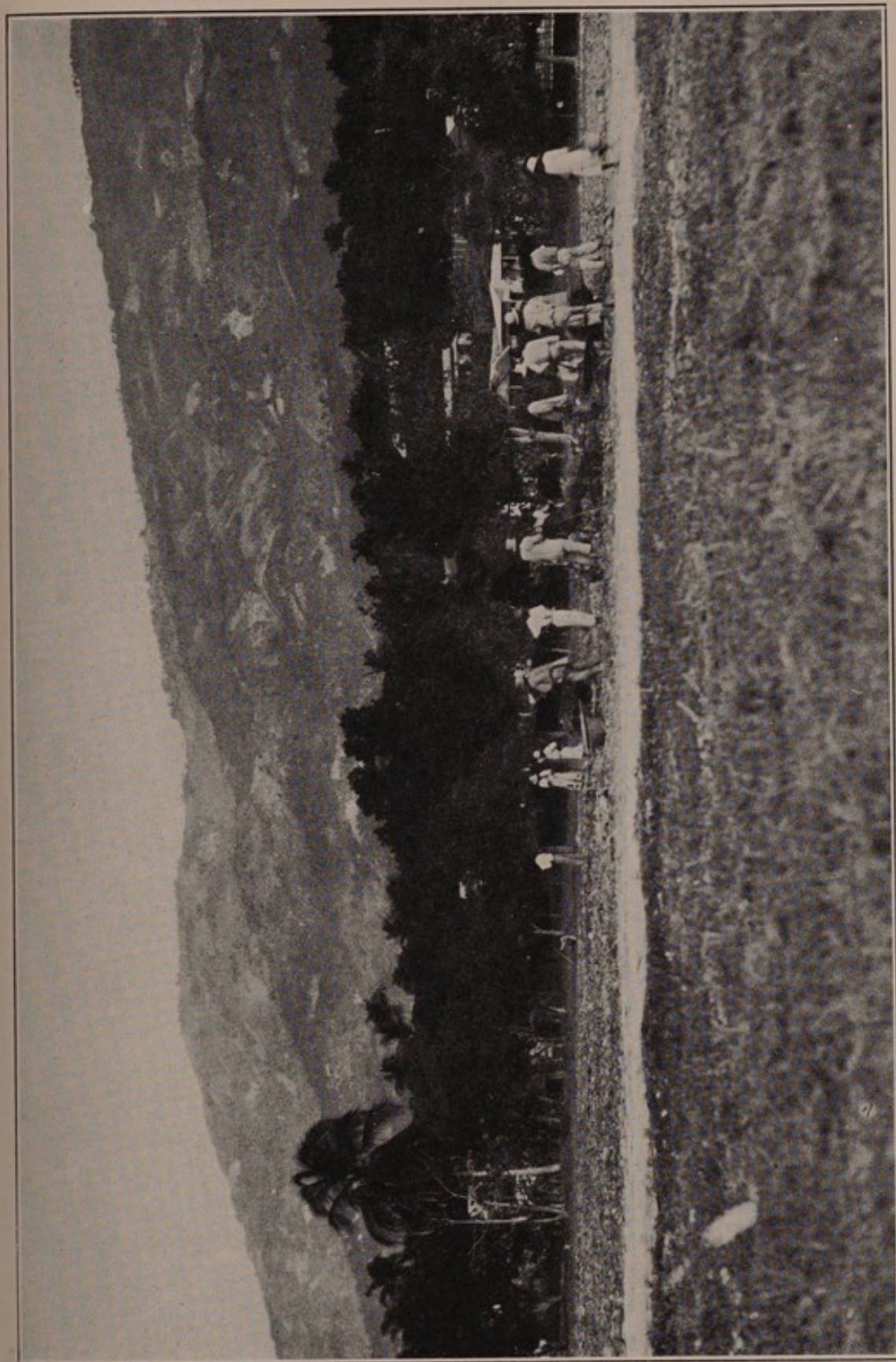
Latrines. There are few public latrines in Gonaives and a very low ratio of private latrines. As a result it has been necessary to issue many notices for the cleaning and building of private latrines, and to send several house holders to the Juge de Paix for maintaining nuisances. Two private latrines were ordered closed. Latrines of the sisters' school, Juge de Paix and post office have been cleaned by Service d'Hygiène. A new 7 foot pit latrine was constructed for the Juge de Paix tribunal. One latrine at the fish market was destroyed by the hurricane of September 15th and will have to be replaced by Service d'Hygiène.

Prostitution. Prostitution is controlled by police regulations. Recognized prostitutes are required to submit to weekly inspection and those found diseased are confined for treatment.

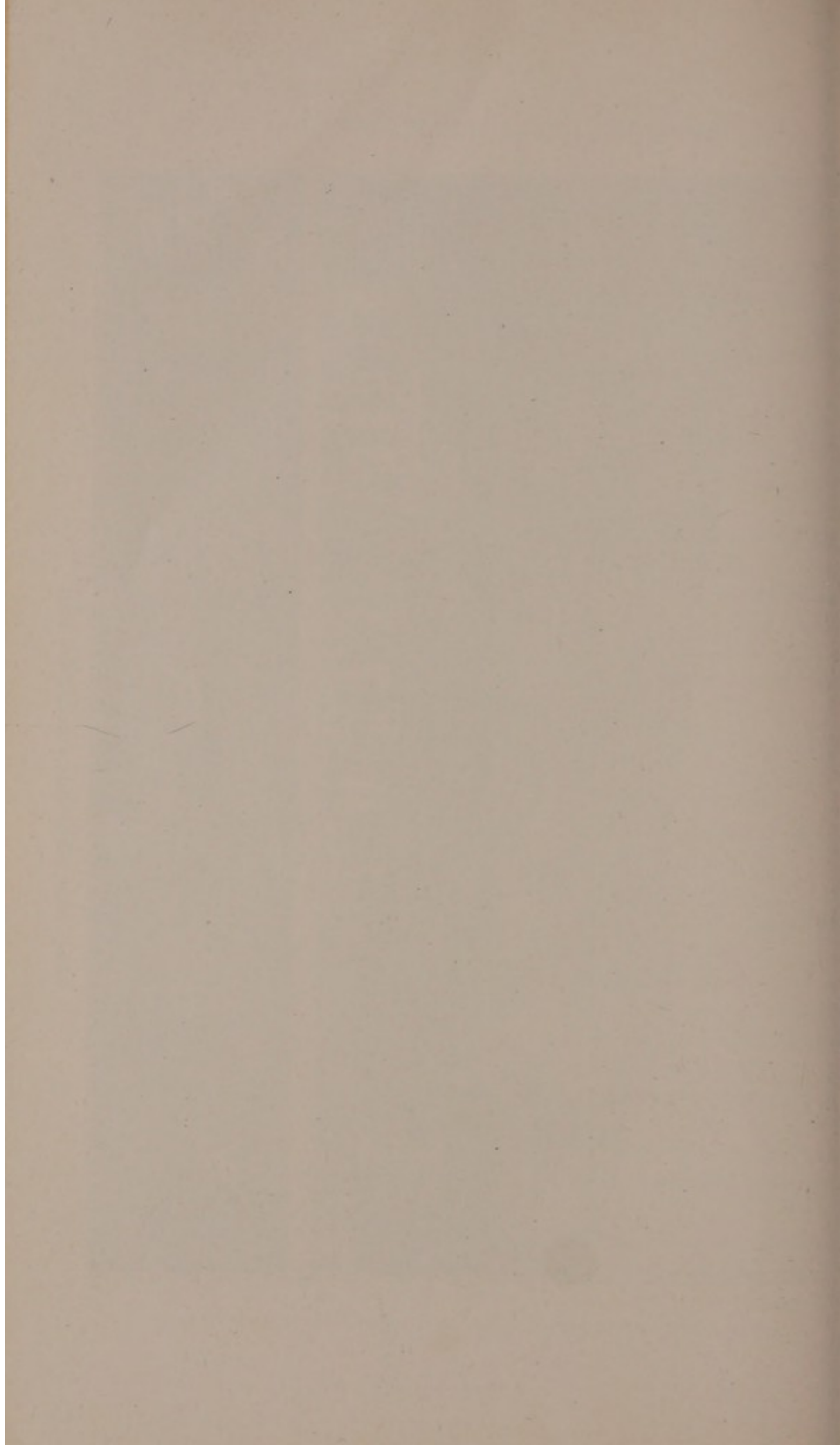
Transportation. In July a Chevrolet touring car was received. For about six weeks while the Public Health Officer was in the South and shortly after his return this touring car carried on all transportation in the district. The Dodge touring car has been overhauled twice during the year at the central garage.

Both camions have been overhauled twice during the year at the central garage. One camion has been kept on the trash route constantly. The other camion does all the outside work such as hauling building material and supplies of various sorts. During the year it has made an average of 2 trips a month to such places as Gros-Morne, Ennery, Plaisance, Marmelade, Petite Rivière Bayonnais, and La Brande. This truck was loaned two days to the election board. When not on outside work it is also used on the trash work.

During the past three months the practice has been followed of devoting Monday a.m. to the work of cleaning and overhauling all cars. The Assistant Public Health Officer has charge of this service as well as of issuing gasoline and other supplies.



Filling swamp at Martissant, Port au Prince, Haiti.



Garage Depot. The garage and depot facilities have been considerably enlarged and changed during the year. The old stable has been roofed over to serve as a garage for service cars. A corner of this has been made into a gasoline depot and another corner rebuilt for a tool depot. A shed has been constructed at the residence of the Public Health Officer to shelter the Dodge car from the weather. A runway has been built at the home of the Assistant Public Health Officer for washing and cleaning and repairing cars. An outdoor depot has also been located there for storing building materials, pickets and mosquito oil. These arrangements save a rental outlay for depot purposes. The district is in need of a good serviceable combination depot and garage, located on the hospital ground.

Outside Sanitation. During the year sanitary inspections have been made at the following villages: Ennery, Gros Morne, La Brande, Marmelade, Petite Rivière Bayonnais, St. Michel, St. Raphael. The Public Health Officer has also made two inspections at Port de Paix.

The Bassins at Sources Chaudes have been cleaned, cemented up and tiled. This work was done by the Gendarmerie with the cooperation of the commune of Terre Neuve.

Gros Morne swamp: In November 1927, Trois Rivière, which passed back of the village of Gros Morne under a high bluff, changed its course cutting a shorter and deeper channel. This was the result of the river trying to locate a straight course. A study of the topography of the valley shows that the channel has been changing frequently in past years. This time, however, it permanently left an old S-shaped course of 2,000 meters length, cutting an entirely new channel half the length of the old one.

The result was a lake of considerable proportion, fed only by groups of springs rising along the old river channel. The old bed dried toward the city for 500 meters to the first group of springs. The lake had a small outlet below the city, which became repeatedly clogged with deposit left by the river Mancelle. Thus the old river bed became a stagnant lake, and by the month of May 1928, it presented a serious problem from a sanitary viewpoint. The edges and shallow flats became choked with vegetation, and mosquitoes, both *Culex* and *Anopheline*, bred profusely.

Malaria took on epidemic proportions in Gros Morne, and

the malaria cases treated in the clinic there jumped from only a few cases monthly prior to May 1928 to 42 cases in May; 92 in June; 145 in July; 235 in August; and 533 in September. "La Fièvre" (the fever) came to be feared by the populace as a plague or a scourge. The entire community was in the grip of a deadly fear of the disease. The Magistrat, in making his report of vital statistics for the month of August report 48 deaths and lumped them all together as caused by "Malaria and complications."

In May and June the Commune expended 600.00 gourdes in an abortive attempt to turn the river back through its old channel. Practically no impression was made, however, and the lake continued to stagnate until September, when a flood flushed out the old channel, carrying the mosquitoes and larvae with it. There was an immediate drop in the malaria incidence at the clinic; but two weeks after the September flood the malaria treatments again reached a high figure.

In July the Service d'Hygiène commenced oiling the lake weekly, and in August twice weekly. This however, did not stem the tide of malaria as the vegetation in and about the lake on September 6th, no mosquito breeding was observed in open water. On September 5th a house to house inspection in the village disclosed the fact that 198 people were (or thought they were) suffering with malaria.

On September 20th and 27th, a gang of laborers was transported by camion to Gros Morne where they cooperated with other gangs furnished by the commune in cleaning the lake of its vegetation. The opening was cleaned and deepened and the water level of the lake was lowered several inches.

On September 20th the Departmental Engineer made an inspection for the purpose of recommending permanent construction that would drain the lake. His recommendations were approved and an emergency credit of Gourdes 3,000.00 was allowed. A hurried survey was made, and on the 27th Travaux Publics commenced the work of draining the swamp.

The plans for permanent construction consist of four engineering measures, as follows:

1. A canal from the lower end of the lake to the new channel of Trois Rivières.
2. A dyke immediately below this canal, to prevent Rivière

Mancelle from changing its course in flood and filling the drainage canal.

3. A dyke at the upper end of the old river bed, to keep Trois Rivières from flooding over into the lake again.
4. Cutting away the bluff between the village and the lake and reducing the lake in breadth to a canal merely large enough to carry off the spring water.

It is believed that these measures will be effective, and that the mosquito menace at Gros Morne will soon be under control.

	Gdes.
Courts. Notices to property owners to clean.....	826
Complied with.....	777
Accusations for failure to comply.....	49
Condemned.....	47
No action taken.....	1
Charges withdrawn by Service d'Hygiène.....	1
Trash. Number of loads hauled by camions.....	2,868
Number of loads hauled by hand carts.....	12,370
Ships boarded. Number of ships arriving from foreign ports boarded for inspection.....	17
Communal Funds. Received from Commune of Gonaives	3,122.00

Plans for the Future.

1. A combination office storeroom-depot--garage to be located on hospital property.
2. A new sanitary abattoir.
3. A new sanitary meat market.
4. Completion of pavement in central market.
5. Completion of swamp drainage project.
6. Completion of reclamation of tidal area.
7. Covering canal along Rue Louverture.
8. Concrete drainage canals on several streets.
9. Grading and canal on Rue St Simon.
10. Erection of several public latrines.

HINCHE.

Personnel. The personnel of the sanitation division consists of the following:

- 1 Pharmacist's Mate, 1 cl.
- 1 Sanitary Inspector
- 3 Chefs d'Equipe
- 1 Chauffeur (automobile)
- 33 Laborers (average)

Sanitation activities. One sanitary inspector is employed who makes weekly inspections of Hinche, Maissade and Thomonde. He also supervises the oiling of breeding places in these towns. During the year thirty five barrels of mosquito oil were used for the control of breeding places.

In the towns of Hinche, Thomonde, Lascahobas and Mirebalais rubbish boxes (and rubbish barrels) are provided at convenient places. These are emptied in Hinche by a truck and in the other towns by wheelbarrows and the material is being used to fill low places which during the rainy season are breeding places for mosquitoes. Only seventy nine loads of rubbish were hauled by truck as we had a truck for less than two months. Prior to this the rubbish was hauled in wheelbarrows. In Hinche a Chef d'Equipe and about six laborers are employed to clean the market and streets.

A traveling sanitary unit, composed of a Chef d'Equipe and about twenty five laborers, is used in all the larger towns in the District. This works out very nicely in the dry season but during the rainy season the weeds and grass grow faster than they can be cut.

No cases of canine or human rabies have been encountered during the year and only forty five dogs were poisoned.

The water supply of the Hospital is from the Hinquitte river. This is pumped into a ten thousand gallon reservoir by a steam pump and an auxiliary gasoline pump. Four sets of Gendarmerie officers Quarters are supplied by this installation. There is a dyke to protect the pumphouse during high water and it seems to answer the purpose very well. There is also an infiltration gallery but it is not a success. The water supply is ample during the rainy season but during the dry season the water is very low and at times water had to be hauled to run the Hospital.

We are unable to give rainfall as all data have been lost.

The campaign inaugurated by the Public Health Officer two years ago to have every property in every town provided with a latrine is being continued. Quite a few new private latrines have been constructed during the past year.

Other sanitary activites in the District are shown in the following tabulation:

Sanitary Inspectors' inspections	2,422
New latrines built by property owners	248
Public latrines built	2
Notices of work to be done	1,348
Number of persons brought to court for violation of sanitary regulations	41
Number of convictions	40
Number no action taken	23
Number cases dismissed	8
Number cases cancelled by Service d'Hygiène	0

There appears to be no means of acquiring accurate knowledge as to the status of prostitution in this District. It is known to exist but no census can be procured.

During the year the communes of the District contributed to sanitation by way of the usual 5% of communal funds to the following extent:

Hinche	735.37
Mirebalais	1,243.91
Lascahobas	459.54
Maissade	556.06
Gdes.	2,994.88

The approximate mileage covered in visiting rural clinics is as follows:

Automobile	13,776
Horse	300
Motor boat	None

Latrine built for the dispensary at Lascahobas.

Latrine built for the dispensary at Thomonde.

Two miles of Hinquitte river cleaned during dry season to prevent mosquito breeding.

Two hundred and fifty meters of drainage ditches dug in Thomonde.

Plans for the future.

1. Build a small abattoir for Hinche.
2. The Service Technique here has a new Martin ditching machine, pulled by a Ford tractor, and their superintendent has offered to help us put down some more drainage ditches for the town.
3. The building of new public latrines.

JACMEL.

Inspections. Regular inspections of the towns in this district including their market places and water supply have been made by the Public Health Officer and the Assistant Public Health Officer.

Mosquito Control. Inspections in Jacmel have shown:

- a) Anopheline mosquitoes in three different localities.
- b) Culex mosquitoes in 985 different localities.
- c) Aedes Aegypti mosquitoes none.

Corrective measures were taken for their destruction.

The large swamp on the outskirts of Jacmel continues to be as before a breeding place for mosquitoes.

We had hoped to utilize our new motor truck as a means of gradually filling in the five main sink holes with city refuse but this was negated by the Director General.

The swamp in front of the caserne at Marigot has been filled in with stones and brush by the Commune.

The commune at Marigot has also done road work on the main street which has eliminated smaller holes.

At Anse-à-Pitre and Cotes de Fer the crab holes still harbor mosquitoes.

During the year 22 barrels of oil were used in the control of mosquito breeding.

Due to lack of funds no gutter work was done.

Night Soil disposal, Garbage disposal etc.

Number of mule carts in use.....	2
Number of loads hauled.....	6073
Number of motor trucks.....	1
Number of loads hauled.....	1335
Number of laborers used in street cleaning.....	77
Number of public latrines.....	1

With the exception of two localities, as reported last year, night soil is disposed of in private latrines.

The two localities without proper latrine facilities are Les Raquettes and along the beach front (Rue Ste Anne).

The public market is also without latrine facilities for the country people who sell there.

The same method of garbage disposal is used as reported last year.

House to house inspection. The same zone and card system is used in Jacmel as in the previous year.

During the year a resident sanitary inspector with two laborers were installed at Bainet.

As we receive no communal funds from any of the other communes, we have no permanent sanitary service there.

Jacmel: Number of inspections made.....	25,513
Number of forms 5 sent.....	202
Number of forms 6 sent.....	1,328
Number of forms 7 sent.....	107
Number of convictions.....	100
Number no action taken.....	0
Number of cases dismissed.....	2
Number cancelled by Service d'Hygiène.....	0
Bainet: Number of inspections made.....	1,266
Number of forms 5 sent.....	18
Number of forms 6 sent.....	38
Number of forms 7 sent	2
Number of convictions.....	2

Rat Extermination. As all ships anchor off shore there is little opportunity for the invasion of foreign rats.

Market and milk Inspections. The matter of communal funds for the screening of the meat and fish sections of the public market was called to the attention of the new district commander.

A chef d'équipe is utilized as an inspector in the public market where he is on duty during market hours. The chief inspector inspects also the market twice daily in addition to the unexpected inspections made by the Public Health Officer and Assistant Public Health Officer. Each day after market hours the market is scrubbed down with brooms and water and the meat and fish tables are scrapped in addition. Milk inspections are made daily by the street and outside inspector. All beefs are inspected prior to slaughtering. The abattoir is inspected daily by the Chief Inspector and at intervals by the Public Health Officer and Assistant Public Health Officer. A laborer is detailed there for cleaning purposes.

Personnel. The personnel of the sanitation division consists of the following:

- 1 Pharmacist's Mate, 1 cl. USN.
- 1 Chief Inspector
- 5 Sanitary inspectors
- 2 Chefs d'Equipe
- 75 Laborers
- 1 Mechanic (for motor boat)
- 1 Chauffeur (for Dodge truck)

Bainet: 1 Sanitary inspector
2 Laborers.

Funds. The Following funds have been received during the year in Article 311.

a) Service d'Hygiène (G. 4,500 per month).....	54,000.00
b) Commune Jacmel (5%).....	2,725.40
c) Removal of refuse.....	565.00
d) Sale of two horses surveyed.....	150.00
e) Commune of Bainet (5% & 100.00 per month)	992.64
Gdes.	58,433.04

No funds were received from Jacmel during August and September as the Commission had spent all communal funds.

Heretofore the commune of Jacmel gave to the Service d'Hygiène in addition to the 5 per cent the sum of Gdes. 1,000.00 each year. During 1927 and 1928 this additional Gdes. 1,000.00 have not been granted.

The commune of Bainet has given us 5% and Gdes. 100.00 per month from their funds with which we have established a permanent sanitary service there consisting of an inspector and two laborers.

Water Supply. The water supply at Anse à Pitre is from the nearby Pedernales River and is good.

At Grand Gozier water is obtained from two springs on the beach which the citizens have encased in sunken barrels. The water is brackish. The old well is partially filled in with refuse and the walls are badly broken. It is doubtful if it is worth repairing .

At Saltrou the water is from wells and from a river at some distance from town. The well water is brackish and the river water often becomes stale before a new supply is obtained.

At Bodarie there are two springs which supply good water except during the dry season.

At Marigot, Bainet and Mayette the water supply is from nearby rivers and is good.

At Cotes de Fer the water supply comes from several new springs bordering the new course of the river and is wholesome.

At Jacmel, there was a shortage of water due to a robbing of the supply by cultivators for their fields.

On 8 May 1928 the watermain was badly broken in a number of places and the city of Jacmel was without the usual water supply for a number of days before the main could be repaired. At present the water supply is both adequate and good. The

water supply at the hospital has been increased by the addition of a tank and spouting to collect rain water.

Cyclone. On 10 August 1928 a heavy wind storm with torrential rains swept this coast. The worst damage occurred in the western end of this district where the rivers overflowed and ruined gardens and houses. Aid was rendered.

Foreign Ships boarded. During the year 79 ships were boarded from foreign ports.

Dogs. There has been no destruction of dogs during the year.

Construction. A spring at Cotes de Fer was encased in cement in an endeavor to prevent contamination with sea water. The cyclone and deluge in August destroyed it .

A sewer outlet was constructed with the assistance of the Travaux Publics at the junction of the Rue Ste. Anne and Grand Rue.

Recommendations.

Construct cement gutters.

Construct public latrines at Rue Ste. Anne and at Les Raquettes.

Drainage of swamp near Jacmel.

Survey by engineer for better water supply at Grand Gosier and Saltrou.

JEREMIE.

Personnel. The personnel of the sanitation division consists of the following:

- 1 Medical officer, U. S. Navy
- 1 Pharmacist's mate 1 cl.
- 1 Commissioned Haitian doctor.
- 1 Chief Sanitary Inspector
- 3 Sanitary Inspectors
- 1 Mechanic (motor boat)
- 1 Chauffeur
- 4 Chiefs of gangs.
- 1 Office boy
- 41 Laborers.

Statistics.

Number of properties inspected.....	12,576
Number of people notified to correct unsanitary conditions.....	43
Number of mule carts in use.....	4
Number of trucks in use.....	1
Number of carloads of rubbish hauled.....	12,367
Number of truckloads of rubbish hauled.....	362

Routine Inspection and rubbish removal. The regular routine cleaning of streets is accomplished each morning; after which the personnel employed is used to clean drains and gutters, and other non-routine work.

The town is divided into three inspection areas; of which a section is inspected daily.

The rubbish removed from the town is used to fill in the shore line and also the site for the proposed abattoir.

The wooden rubbish boxes have nearly all been replaced with empty oil drums, which will be placed on cement platforms.

Five public latrines are in use.

Violations of Sanitary Regulations.

Accusations.....	5
Condemned.....	5
No action taken.....	None
Charges withdrawn by Service d'Hygiène.....	"

Dogs. No case of rabies has been reported during the year.

Rainfall. The rainfall in this district has been about average.

Water Supply. The water supply of Jeremie is very inadequate, and steps should be taken to remedy this condition as soon as possible.

Gutters and Drains. The gutters and drains are in need of extensive repair and replacements. The greater majority of gutters are constructed of cobble stones, and will be replaced with cement drains after the rainy season.

Meat Market. The meat market was repaired and is now in active use and in a serviceable condition.

Communal Funds. A total of gourdes 4,037.63 were received from the Commune during the fiscal year 1927-28.

Mosquito Breeding and Control. In the town of Jeremie no larvae of the anopheles mosquito were found. The larvae of others were found in 536 places. Oil sprays are used to destroy these breeding places.

The town of Dame Marie which is heavily infested with malaria, but it is hoped that this condition will be ameliorated soon as the Public Health Service has turned over to the Public Works sufficient money to drain a number of swampy areas.

Epidemics. There were no epidemics in the period covered by this report. A few cases of typhoid fever and two cases of diphtheria were reported, but these diseases never assumed epidemic proportions.

Recommendations.

1. One 1 or 1-1/2 ton truck urgently needed.
2. Boat house for housing of motor boat.
3. Construction of new abattoir to replace one destroyed by hurricane.

PETIT GOAVE.

Personnel. The personnel of the sanitation division consists of the following:

1 Public Health Officer (Lt. MC, U. S. N.)	
1 Assistant Public Health Officer (Ch. Ph. M.)	
Inspectors	Petit-Goave..... 4
	Grand Goave..... 1
	Miragoane..... 1
	Anse-à-Veau..... 1
	Baradères..... 1
Section Bosses	Petit-Goave..... 3
	Grand-Goave..... 1
	Miragoane..... 1
	Anse-à-Veau..... 1
Laborers	Petit-Goave..... 51
	Grand-Goave..... 5
	Miragoane..... 6
	Anse-à-Veau..... 4
	Baradères..... 3
1 Cook	
3 Chauffeurs	
1 Watchman.	

Street Cleaning. The two Dodge Graham 1 ton trucks and the one large mule cart, purchased in the United States, were used in Petit-Goave for removal of rubbish. These are believed to be sufficient for the work. Grand Goave and Miragoane each has a large cart, received in October 1926, and both are in good state of repair.

In April 1928 the town of Baradères was provided with a street cleaning gang, and one inspector. The inspector, who is an ex-Gendarmerie hospital corpsman, holds clinics and does dressings in that town also. A marked improvement has been noted in the cleanliness of the town of Baradères since placing an inspector there.

On account of the absence of cement curbs and gutters in Petit Goave, the expense of keeping the town clean is greater, due to the fact that much of the street gangs' time is used in cleaning the drains of grass and weeds, consequently we have to employ more laborers in Petit-Goave during the rainy season. To abate this nuisance the Director General of the Public Health Service has transferred to the Public Works Service the sum of Gdes. 12,000.00 for the construction of cement curbs and gutters on the section of Rue Republican (main street), extending from the near market to the Post Office.

Each of the towns of Petit-Goave, Grand-Goave, Miragoane and Baradères was provided during the year with empty mosquito oil drums for use as rubbish receptacles.

The three new carts in the District were repainted, and the two Dodge Graham trucks were sent to Port-au-Prince and overhauled during the year.

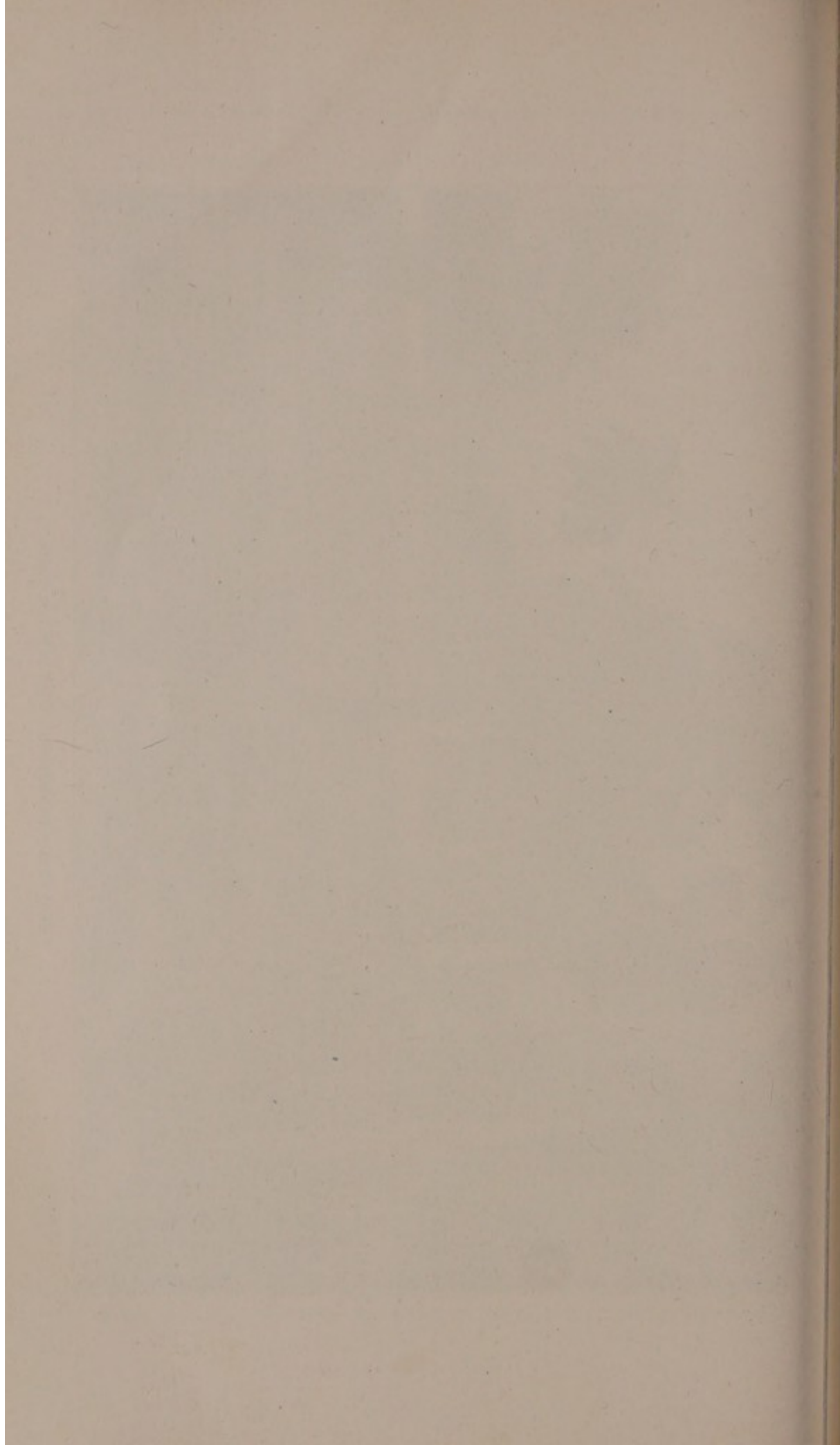
During the past twelve months 2,879 truck loads and 2,798 cart loads of rubbish were hauled. Some new garbage boxes were made and the broken ones were repaired.

Since the installation of the water supply system in Petit-Goave, we have had to double our vigilance to keep the drains clean and open and the waste water from the homes moving.

Mosquito Control. On account of the topography of the much of the land near Petit-Goave, the control of the mosquito breeding continues to be a major problem, and for complete eradication of this pest, the expenditure of much money will be necessary. It would seem that if some of the high mountains could be torn down and dumped into the swamps, that the leveling up would



Filling swamp at Martissant, Port au Prince, Haiti.



help in more than one way. Unfortunately the level of the swamps does not permit of good drainage into the sea. In fact, in some places, the marshes appear to be below sea level.

Practically all of the rubbish removed from the town was dumped into the swamps. On account of the rapid decay of this material where there is much water, frequent refilling of low places has been necessary.

The grubbing of stumps and sprouts in the swamps located at l'Acul was completed, a large portion of those remaining in the marsh lying beyond Usines Centrales were removed and dumped into water holes nearby.

A shed for the tile machine was built, and 4,535 tiles for use in the swamps and low places were made.

In the swamps located in Mayoro section, in the outskirts of the town of Petit-Goave ditches totalling about 1,500 linear feet were cut. In the swamps belonging to Mr. Montes Auguste, located just beyond Usines Centrales a ditch 200½ feet long, 2 feet wide, and 1½ feet deep was cut. Through the adjoining property, belonging to Mr. Joseph Jerome, another ditch of the same depth and width, and 573 feet long was made.

Three new ditches were cut and one of them partly staked in the low place located near the road between the Home for Indigents and Usines Centrales.

A new ditch was cut to straighten the short circuitous lower end of the small stream that flows from a spring located on the property just beyond and adjoining that of J. B. Vital & Co.

The lower end of the large ditch beside the road at l'Acul was staked.

Laborers. Laborers continue to be plentiful in this section. In fact we are unable to supply all the demands for work. In May last, 3,490 laborers returning from the Cuban cane fields were examined by the Public Health Officer for contagious and quarantinable diseases; but none were found.

The men in Petit-Goave are paid Gde. 1.00 per day and given a noon meal. By this method it is believed the men are much better nourished than when they are paid Gdes. 1.50 per day and no food.

Latrine and Night Soil Disposal. One large seaside latrine for use of the market people and the natives living nearby was built near the town wharf. Special effort has been directed

towards seeing that the private pit latrines are kept in good condition by their owners. Some people have private seaside latrines, others living by the sea use the public ones built by the Public Health Service. The public latrine located near the town wharf at Anse-à-Veau was repaired.

Inspection Service. Inspections are made by the Public Health Officer, Assistant Public Health Officer, the Chief and two other inspectors. The accomplishments for the year are given as follows:

Number of properties inspected.....	23,559
Number of notices sent.....	719
Number of cases referred to court.....	31
Number of cases convicted.....	31

Markets. The town of Petit-Goave has a large open general market place located near the sea in about the center of the town, and is well situated for good drainage.

The general market place at Miragoane has been much too small for a long time to accomodate the sellers, consequently, on market days, they spread over nearly the entire town, hindering traffic on the main and side streets. The huckstresses lives and limbs are not only continually endangered; but their foods catch a great deal of dirt and animal filth also. With this in mind, the Public Health Officer in December 1927, requested the commune of Miragoane to change the market place from the town's plaza, where it is now located, to an amply large space situated on the North side of the town near the sea. At a meeting held at which the Prefet, the Communal Adviser, a representative of the Service d'Hygiène, and members of the Communal Commission were present, the change recommended was unanimously approved. Since then an effort has been made to fill the large water hole occupying much of this space; but a great deal of work remains to be done. During his recent visit to Miragoane, the proposed new market place was brought to the attention of the Director General of the Public Health Service, and he approved the project to the extent of volunteering to send two dump trucks with which to finish filling the water hole and raising the level of the place.

The towns of Miragoane and Anse-à-Veau have fairly satisfactory meat market. The meat market at Petit-Goave consists

of a large shed, where meat is sold from, screened boxes. It is sold in a similar way at Grand-Goave. These are cleaned and policed by employees of the Service d'Hygiène.

The need of a better meat market was brought to the attention of the Communal Commission of Petit-Goave with the result that the members included in the next annual budget the expenditures of Gdes. 2,000.00 with which they have requested the Public Health Officer to construct a new meat market.

The general market places at Grand-Goave, Anse-à-Veau, Petite Rivière, Petit Trou and Baradères are all amply large, and well located.

Water Supply. Excepting the lack of a chlorinator, Petit-Goave has finally gotten a quite satisfactory water supply system. The water main is fed by a series of spring located in a ravine

Both Miragoane and Anse-à-Veau have water supply systems, the former comes from a river and latter from springs, on a level above the town.

Dogs. No case of human or canine rabies was seen during the year. Seven cases have been treated for dog bites. The numerous dogs continue to be a nuisance as well as a menace. Fifty nine dogs were killed during the year.

Abattoir. Petit-Goave, Miragoane and Anse-à-Veau, each has a good abattoir.

The abattoir at Petit-Goave, is probably as good as any in Haiti. The only objection is its close proximity to the new Public Health Hospital.

This fact was brought to the attention of the Communal Commission, and the members were requested to transfer the present abattoir with its site to the Hospital property in exchange for another building to be erected with a park communal. This they readily consented to do. A quite satisfactory spot has been selected just behind the Gendarmerie for this purpose, and it is hoped to make this change during the coming year.

Communal Funds. Five per cent of the Commune receipts were received regularly during the year from each of the towns of Petit-Goave, Grand Goave, Miragoane and Anse-à-Veau. The total amount paid by each commune during the year was as follows:

	Monthly Average	Total
Petit-Goave .....Gdes.	184.64	2,215.79
Grand-Goave	40.68	488.25
Miragoane	90.37	1,084.53
Anse-à-Veau	47.75	573.00

Foreign Ships Boarded. The ships coming directly from foreign ports were boarded during the year, and no quarantinable diseases were found on any of them.

Other Accomplishments. A pile driver for use in constructing sea side latrines was made.

To prevent further gulying of the market place by rains, a stone wall about three feet high was constructed on its two lower sides, after which much dirt was deposited on its inside to bring its level to that of the enclosure. On the seaward side of this wall an inclined runway, composed of masonry, for use of natives and animals was built.

The extension to the sea of the two stone and cement canals, located near the town wharf was completed.

The roofs and most of the exterior of the buildings about the Bureau were given a fresh coat of green paint.

The drainage canals leading from the abattoir to sea, and the gradients to that building were repaired during the year.

Future Plans. The construction of a meat market at Petit-Goave. Preparation of a new general market place for the town of Miragoane. The continuation of the ditching and filling in swamps located in the outskirts of Petit-Goave.

Construction of additional public seaside latrines for Petit-Goave and Miragoane.

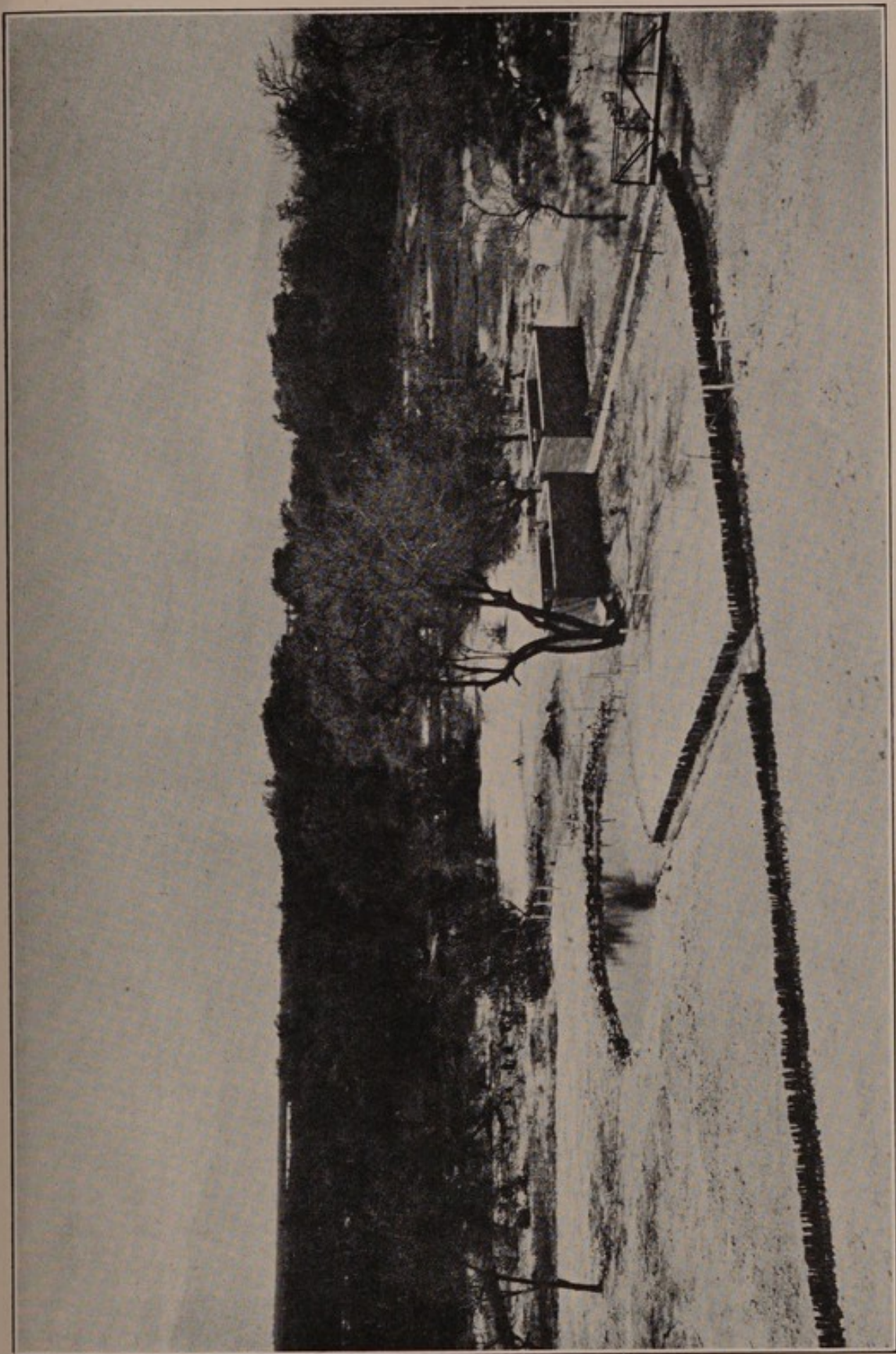
Repair of the two large drainage canals, located on the North side of the market place in Petit-Goave.

Changing the course of the large drainage canal on the south side of the market place at Petit-Goave.

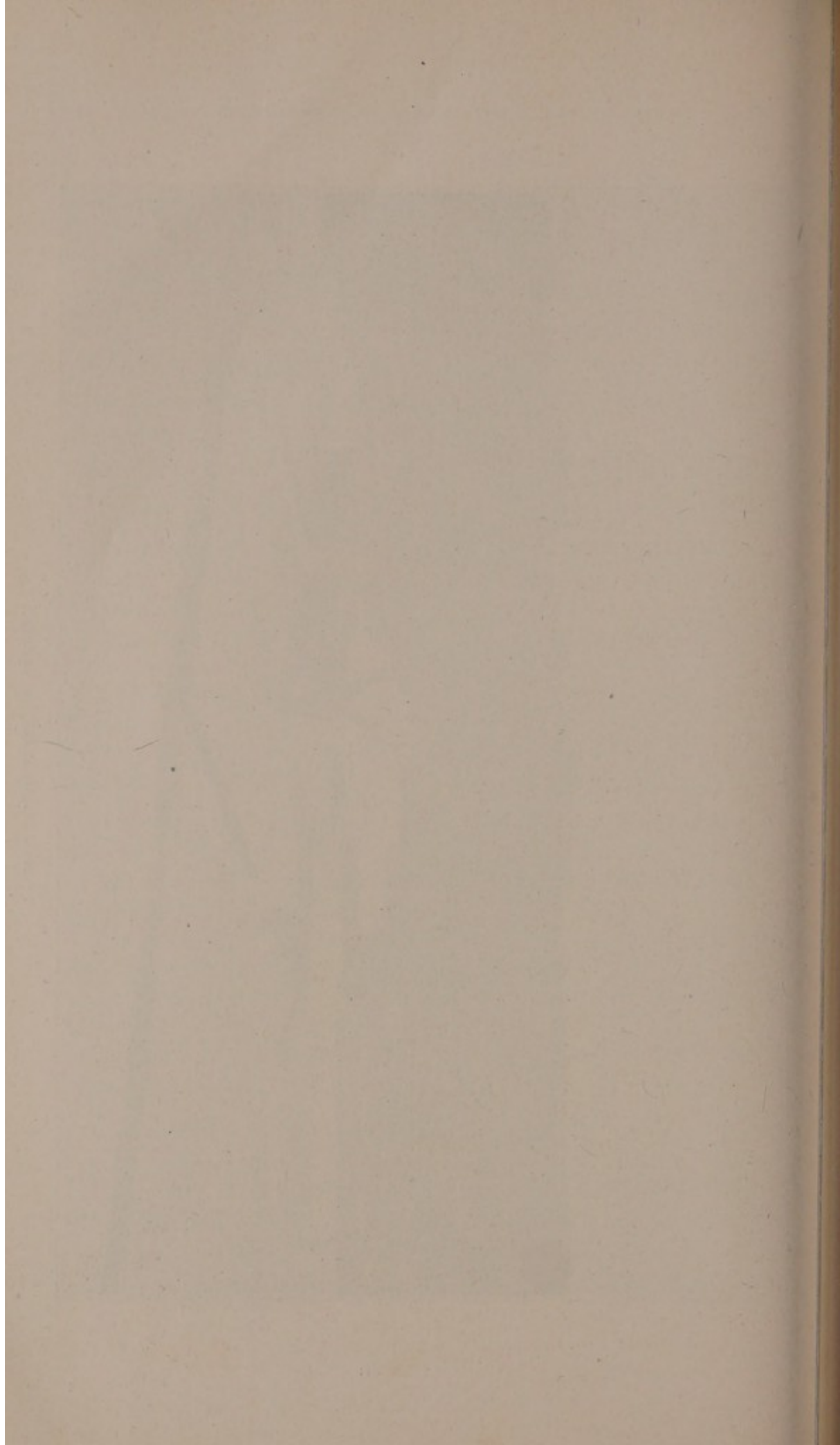
PORT DE PAIX.

Personnel. The personnel of the sanitation division consists of the following:

- 1 Doctor
- 1 Chief Clerk
- 3 Sanitary Inspectors
- 2 Gang bosses
- 35 Laborers.



New bassins at Sulphur Springs.



Statistics :

Number of mule carts.....	6
Number of mules.....	3
Gallons of oil used.....	1,250
Steamers boarded.....	65
Number of dogs killed.....	150
Number of new latrines.....	140
Forms 5 and 6 sent.....	161
Properties inspected.....	67,484
Properties inspected on demand.....	1
Loads of rubbish.....	14,422
Total receipts from communes.....G.	8,840.96

Courts.

Citations	6
Condemnations	1
No action taken	5
Cancelled by the Service.....	0

Market is held each day except Sunday. Meat, Fish and bread are sold from screened trays, vendors who violate the sanitary regulations are sent to the Juge de Paix.

The abattoir is on the bord de mer in the east side of the city. There are four compartments. A man is specially detailed here to look after the place. This construction will be improved during the year.

Milk before delivery to the population is controlled by the Commune. Vendors whose milk shows readings below the normal density are sent to the Juge de Paix. The milk is sold within the yard of the city hall.

Water is supplied by an artesian well situated in front of the Church and also by the Trois Rivières river. There are numerous small wells in the city, but most of them furnish salt water.

On the west side of the city there is a large canal that carries to the sea the waste water that formerly was stagnant, during the rainy season, in the place called "La Saline". During the last year this place has been filled in, as a result mosquito breeding has been considerably reduced. On the east side is the Port-de-Paix river. During the last year both sides about the mouth of this river have been staked.

The Sanitary service is housed in a Government building.

Street Cleaning. Thirty five laborers are employed by the sanitary service for street cleaning. All the streets are swept daily. Rubbish is removed by 6 mule carts.

Communal receipts.....Gdes. 4,336.26

Recommendations. Erection of a new meat market.
Improvement of the abattoir.

St. Louis du Nord. Market is held twice a week, Wednesday and Saturday. Sanitary conditions in this section are bad, this is largely due to the small number of latrines.

Water is supplied to the city by the River St. Louis running on the west side of the city and also by river Bar running on the east side. There are numerous wells, but all of them contain brackish water.

The street cleaning at St. Louis is done at the expense of the Commune. Two or three men are employed for this work. However there is much to be desired.

Communal receipts (5%).....Gdes. 2,396.22

Recommendations. Construction of an abattoir.
Construction of public latrines.

Jean Rabel. Market is held twice a week, Wednesday and Saturday. It is well attended. Water is supplied to the population by the Jean Rabel river. There are no public latrines. Streets are cleaned twice a week.

Communal receipts (5%).....Gdes. 1,190.63

Recommendations. Public Latrines.
Improvements to the market.

Anse-à-Foleur. Market is held twice a week, Tuesday and Friday. There are no public latrines. Water is supplied to the population by Ste. Anne River. Streets are cleaned by men hired by the Commune.

Communal receipts (5%).....Gdes. 757.00

Recommendations. Public latrines.

Approximate number of miles covered for visiting rural clinics each month:

Automobile	200 miles
Horse	23 "
Motor boat	14 "

This Service has received good cooperation from the District Commander and other Officials.

SAINT-MARC.

Inspection Service. Saint Marc is divided into three sanitary districts in order to afford an efficient distribution of the

personnel and control of the work in progress. Three inspectors are employed. Each month they alternate in each sanitary district, thereby enabling them to check up on the work done the previous month by the inspector who had the district. The fourth inspector, who formerly had general supervision over all these inspections, has been eliminated. By this arrangement it is possible to inspect every property within the town limits.

Each inspector when employed is required to fill an application. This application is written in the presence of the Public Health Officer, so that he may determine the man's ability to read and write. If the man possesses a presentable appearance and is found satisfactory he is then required to give two weeks service without pay, in order that we can further have a check on his work before employing him. If accepted, he is required to buy his own uniforms and begins to work as a Chef d'Equipe. He is then advanced to the more important positions as vacancies arise. In this manner the men are trained in all varieties of work and there is always one or more available for any emergency which may arise.

One inspector is employed for the town of Verrettes. He is required to have supervision over the laborers in this town. The dresser at Dessalines acts in the capacity of an inspector and has supervision over the laborers in this town. The Magistrat of the Commune of Petite Rivière de l'Artibonite employs his own inspector and laborers, to look after the sanitary condition of this town.

Mosquito Breeding Control. This will continue to be one of the most important problems in sanitation. The numerous cane fields, rice fields and banana gardens within the city limits offer obstacles, which are difficult to overcome, in order to eradicate anopheles breeding, it is necessary to keep constant supervision over the numerous irrigation canals to keep them open, repaired and free from vegetation. The only solution to the problems would be, if possible, to discontinue all farming within the city limits and cement all irrigation canals. Various dirt canals have been opened during the year and this has made a big improvement in certain parts of the town, but this is only temporary and they require constant upkeep, by the laborers who should be working on the streets of the town. The three inspectors are constantly going over the town looking for mosquito breeding

places and eliminating them, also spraying oil on all stagnant water found instructing the owners of properties as to the proper methods to be taken to eliminate the mosquito breeding places that are found. We have been successfully in convincing some of the property owners that not only is the sanitary condition of the town improved, but that over a period of years, it is more economical to have cement canals than dirt canals, for irrigation purposes. They have cooperated with the Service d'Hygiène and have built the cement canals, thereby eliminating several bad mosquito breeding places.

Eleven cuts were made in Grande Rivière thereby giving it as straight a course as possible, eliminating many stagnant pools. The old river bed is being used as a dumping place for fatras.

In February, an estimated made by Travaux Publics for 3,953 meters of cement canal for Gourdes 31,524.00 was forwarded to the Director General, Service d'Hygiène. In March, the Director General approved Gourdes 15,264.00 for 1,816 linear meters of cement canals to the Service d'Hygiène, St. Marc. By eliminating all over head expenses we have constructed 2,757 linear meters of cement street canals, and have a balance of Gourdes 3,141.55. During August, September and October, by strict economy, with the money appropriated to Article 311-R, we have been able to construct 425 linear meters of cement canal around Place Philippe Guerrier, St. Marc, and 472 linear meters of cement canal and curbing on Rue Geffrard, St. Marc.

About one hundred truck loads of loose rocks have been removed from the streets and used to fill in various low places, thereby preventing stagnant pools of water. The mouths of Petite Rivière St. Marc and Grande Rivière St. Marc were filled with rock and gravel.

Market. The market is swept and fatras removed daily. All bread, cakes, fish, sweets of all varieties are kept in closed containers free from flies.

A new meat market, which has the doors and windows screened, and one unit of a covered market with cement floors has been completed during the year. These accomplishments have placed St. Marc in an enviable position indeed and indicate a public spirit that might well be emulated by other communes.

Abattoir. The abattoir is in a fairly good sanitary condition.

Night Soil Disposal. This disposal was made by private individuals under supervision of a Sanitary inspector.

Dogs. One hundred and eleven dogs were impounded and 43 were destroyed by gas.

Milk and Food Inspection. Frequent milk inspections were made. A close inspection of all meats sold for human consumption was made. All food stuffs sold such as bread, cakes and candies are required to be kept in covered containers free from flies.

Water Supply. Several inspections of the water supply of St. Marc were made during the year. There has been no change made in regards to purifying the water.

Street Cleaning. Forty laborers, three chefs d'équipe and one chief chef d'équipe are employed in the town of St. Marc. Each chef d'équipe is responsible for his section. The streets are cleaned daily. The canals are cleaned every other day.

Collection of Garbage. Have continued to have the fatras cans on the different streets in convenient places for the residents of St. Marc to deposit their fatras; a Dodge truck collects the fatras and sweepings from the streets daily and deposits the fatras into the old river bed of Grande Rivière St. Marc; 7,211 loads of fatras, sand and gravel were hauled during the year.

Sanitary Depot. The building which was used in conjunction with Travaux Publics as a sanitary depot was destroyed by fire May 27, 1928. Since the destruction of this building the garage on the Hospital grounds have been used as a sanitary depot.

Transportation. A Dodge touring car is assigned to this district. A new Chevrolet touring car was assigned to this district during the year. These cars are used to transport the physicians and dressers to the rural clinics. The average mileage made in going to rural clinics is 900 miles per month. Three trucks are assigned to this district, a Graham Brothers truck, which is used for general hauling, a Dodge Brothers truck used for collecting fatras, a Ford truck which is kept in reserve and used when one of the other trucks is laid up for repairs.

The district owns a horse which is used in the wet season by the physicians making the rural clinics between Petite-Rivière

and Verrettes a distance of twelve miles. It also is used to make the clinics at Savanne à Roches, Perodin and La Chapelle, a distance of about eighty miles.

Personnel situation. The district of St. Marc is immediately supervised by an Assistant Sanitary Officer, a Chief Pharmacist's mate, U. S. N., under the direction of the Public Health Officer. The personnel consists of the following:

- 1 Assistant Sanitary Officer
- 1 Chief clerk
- 4 Sanitary Inspectors
- 4 Chefs d'équipe
- 2 Chauffeurs
- 46 Laborers.

The above number includes the two communes of Dessalines and Verrettes. The Magistrat of the Commune of Petite Rivière is employing his own sanitary inspector and laborers to keep this Commune clean.

Permanent Sanitary improvements. During the year 3,454 linear meters of cement canals and curbing were constructed in Saint-Marc.

Eleven cuts were made in the Grande Rivière, straightening the course of this river.

A new meat market and one unit of a covered market was completed.

Dessalines. The sanitary force of this town consists of three laborers. The dresser stationed here acts also as a Sanitary Inspector. The sanitary conditions of this town are considered good.

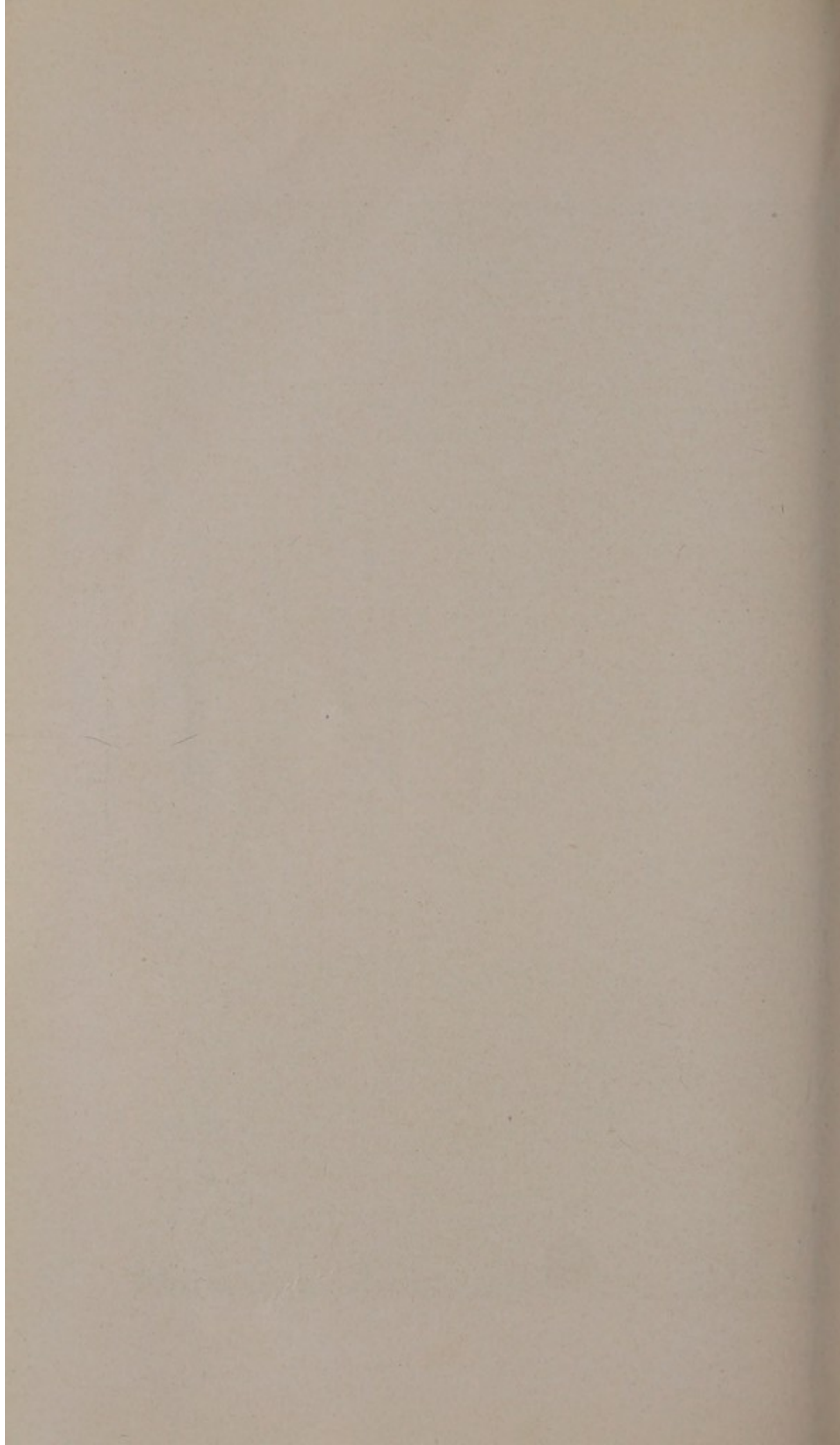
Verrettes. The sanitary force of this town consists of one sanitary Inspector and three laborers. Their work consists of keeping the market clean and canals open. The sanitary conditions of this town are considered fairly good.

Grande Saline. This town is without sanitary personnel and the sanitary conditions are very poor. It would cause a large expenditure of funds to bring about any improvement of the conditions existing in this commune.

Recommendations. A depot should be constructed large enough to hold the present equipment and to include a garage for the motor equipment.



Old bassin at Sulphur Springs.



Erection of the second unit of the market, this to include a fish market.

A mechanical chlorinating apparatus is needed at the water reservoir, installation of this apparatus is recommended for St. Marc.

That the construction of cement street canals be continued.

That Petite Rivière St. Marc be graded and cemented from above Rue Liberté to the sea.

As soon as the ice plant is completed that a refrigerator be placed in the meat market.

DIVISION OF SUPPLIES

The supplies used by the National Public Health Service of Haiti comprise a wide variety of items ranging from drugs to crude oil. These supplies are purchased through a central purchasing agent located in New York. This purchasing agent is the official representative of the Haitian Government and has a fund deposited to his credit in a New York Bank. This allows the agent to pay, in New York, all bills against the Haitian Government, thus enabling him to take advantage of the customary discounts allowed.

Of the total credit voted each year for the purchase of supplies for the Public Health Service, over fifty percent is expended for the procurement of drugs. Taking into consideration that the other fifty percent must provide for the purchase of laboratory and hospital supplies, surgical instruments and appliances, surgical dressings, hospital and nursing appliances, dispensary and laboratory equipment, bedding and linen, stationery, sanitation and quarantine supplies and equipment, motor units, accessories, spare parts, gasoline, oil, freight, insurance and other miscellaneous expenses, it may be seen that the cost of medicines used in the alleviation of diseases is a tremendous one.

In order that the supply officer may plan his purchases along business like lines and in such manner as will assure of having supplies always available in amounts sufficient to meet demands, each district submits annually an estimate of its requirements for the ensuing year. These estimates are forwarded to the Office of the Director General in Port-au-Prince. There they are combined, calculated and compared. After taking into consideration the various factors concerned, such as cost, increase and decrease of prices, past issues, etc., a program of purchase is drawn up. This program is divided into three parts covering orders for supplies sufficient to last for four months. Special items, such as vaccines, medicines which deteriorate rapidly, and X-Ray films are ordered monthly. The average length of time between date of order and receipt of goods is about six to eight weeks.

Requisitions for supplies from all districts except two are submitted every months. The two excepted districts submit requisitions

tions monthly. As requisitions are filled, they are shipped to the districts via trucks, sailboats and steamboats, depending entirely on which is the most available, surest and cheapest.

The touring cars, trucks, and motor launches owned by the Public Health Service are used for official inspections and work, for removing trash from districts, for hauling supplies and for making clinics. The upkeep of these units presents a problem not met with in countries having good roads. No district boasts of smooth highways, and all districts have rugged mountain roads that tear and pound motor cars to pieces in short time. However, the hill clinics must go on, and to keep the cars in order necessitates heavy expenditures for tires, tubes, gasoline spare parts and repairs. It is considered that transportation ranks second in the way of expenditures from the credit covering supplies.

No purchases are made directly in the United States if the items can be obtained from local dealers or agents. While the products of Haiti are few in number, as pertains to Supplies used by the Public Health Service, such products are always purchased locally when needed. All motor units, accessories, spare parts, gasoline, lubricating oil, etc. are purchased locally.

The experience gained through the practical working of the yearly estimate of requirements has proven of great value. It has promoted an intelligent system of purchase along business-like lines, assuring having on hand at all times items in sufficient quantities to meet the demands as estimated by districts. While the sudden and enormous demand for supplies brought on by hurricane in August, tended to disrupt this system, it is felt that the results obtained over the period of the preceding ten months enabled the depot to be in condition to meet this unusual and unforeseen demand.

During the latter part of the fiscal year, the new Supply Depot was opened. This Depot is situated in the east end of the new Magasin de l'Etat on Rue des Césars. It has 5,700 square feet of storage space, allowing 500 pounds to the square foot. Shelving for drugs and Supply table items were constructed. Also, an office was erected in the northeast corner of the Depot. Electrical installation has been put in for connecting the refrigeration unit. At the present time, the new Depot has no fresh water supply. It is hoped that this will be remedied shortly. Also, the road in the rear of the Depot is in extremely bad condition. Since

this is the main entrance to the Depot it will be seen that its early reconstruction is important.

The former Supply Depot is now being used as the machine shop at the Garage. This building is slowly being equipped to perform all mechanical work on cars and trucks. It contains ample space for work benches, lathes, drills and other equipment required in machine shops. Further it provides space for proper and adequate storage of tires, tubes and spare parts.

Electric connections have been installed in this building in accordance with a plan made to take care of future requirements and extensions.

The annex to this building, formally used for storing bulk supplies, is now being used as a carpenter and paint shop. It is well lighted and permits work to be carried on under cover which was formally done in the open.

The stables have been done away with since the removal of the animals previously kept there. This additional space is being used for storage of lumber and for assembling of wheelbarrows, manufacture of trash cans and similar other work.

A new gasoline pump has replaced the old one. This new pump is of the visible type, five gallon capacity.

During the year, 108 batteries were charged, 91 tires vulcanized, and 840 tubes repaired. From this it may be seen that the battery charger and vulcanizing machine have well repaid their initial cost.

The following shows, in the main, the work done at the garage during the year :

Motors completely overhauled.....	97
Motors partially overhauled.....	228
Trucks completely overhauled and repaired.....	37
Truck bodies and cabs manufactured.....	12
Paint jobs on cars, including trucks.....	27
Trash cans manufactured.....	318
Number of cars and trucks greased.....	1,567

Minor repairs, adjustment of carburetors, timers, distributors, tire changes, etc. are not included in above.

The total issue of gasoline, oils and cup grease was as follows :

Gasoline.....	Gal. 34,692
Transmission Oil.....	350
Motor Oil.....	1,068
Cup grease.....	Lbs. 2,500

The cities of Port-de-Paix, Jeremie and Jacmel were provided with motor transportation during the year. Every district is now

furnished with motor units. A new motor hearse was purchased for the General Hospital. The motor boat at Jérémie had a new engine installed.

The following table shows issues and costs of some important items used by the Public Health Service during the period covered by the Annual Report:

Item	Quantity Issued.	Cost in Gourdes.
SERUMS — VACCINES		
Cowpox vaccine	24,060 points	6,115.00
Tetanus antitoxin	4,489,500 units	6,296.70
Antityphoid vaccine	28,820 cc.	8,276.70
Antirabic vaccine	1,050 doses	5,164.50
Diphtheria antitoxin	851,000 units	1,154.50
Antimeningococcic serum	9,570 cc.	4,073.63
Antidyenteric serum	2,200 cc.	5,632.00
MEDICINES:		
Quinine sulphate	7,473,680 grains	40,087.25
Neoarsphenamine	23,000 tubes 0.6 gm.	35,928.50
Sulpharsphenamine	29,250 tubes 0.3 gm.	19,926.20
Potassium Iodide	42,584,614 grains	103,260.49
Hydrargyri Unguentum	1,728 1 lb jars	11,024.64
Sodii Potassii Bism. Tartrate	882,720 grains	6,436.50
Chenopodium	746 ¼ lb. bot. ...	3,782.22
Magnesium sulphate	15,650 lbs.	30,361.00
Castor oil	4,694 1 lb. bott. ...	8,026.74
Cascara Sagrada	101,100 tablets	748.14
Vegetable cathartic pills	126,000	907.20
SURGICAL DRESSINGS:		
Cotton	6,137 1 lb. rolls....	10,923.86
Gauze	7,207 25 yd rolls...	43,097.86
Gauze bandages	87,696	20,681.64
Muslin, 50 yd bolts	165 bolts.....	5,775.00
Ligature, catgut, plain, asstd.	717 tubes.....	717.00
Ligature, catgut, chromic,	tubes.....	3,500.00
assorted	3,491 tubes.....	400.00
Ligature, silk, assorted	396 tubes.....	979.81
Ligature, silkwormgut, asstd.	3,108	880.88
SANITATION.		
Brooms, street	1,144	144.05
Brushes, scrubbing	215	372.50
Buckets, galvanized iron.....	149	593.45
Forks	83	628.00
Hoes	314	1,085.28
Manchettes	536 gall.....	2,707.25
Green paint	325 lbs.....	167.50
Paris green	100	1,409.52
Sanitary rolls	4,200	663.94
Picks	178	1,019.85
Rakes	195	1,531.75
Shovels	275	3,150.00
Oil spray pumps.....	72	4,632.00
Wheelbarrows	240 55 gallons drums	
Crude Oil (Mosquito control)	800	42,104.00
Creosote, crude	716 gallons.....	2,227.80

Item.

Cost in gourdes. Quantity Issued.

It is estimated that during the ensuing year six trucks and five touring cars will need replacing. Also, four dump trucks are needed in this service.

It is of interest to note that, of the total purchases made against credit 302, "Supplies and Equipment", over $33 \frac{1}{3}$ per centum were made from local merchants. But for the fact that drugs, hospital and laboratory supplies in large amounts cannot be obtained locally, this amount would have been greater.

DIVISION OF FINANCE

A uniform system of accounting to cover all expenditures and reimbursements to expenditures was adopted and placed into effect on May 1, 1928 by all the Treaty Services.

The system is practically identical with the classification system used by this Service during the last four years. In the new system expenditures are classified by functions and objects (4 major functions and 14 major objects). Under each major function or object there appears a list of elements upon which the function or object is based, the system is condensed yet sufficiently exhaustive to meet all requirements of this Service.

In addition to the above it is now required to transmit daily all Public Vouchers (Bordereaux) with substantiating bills that may have been issued. This permits of daily entries on the new Kardex system; these combined systems have clearly demonstrated their worth since adoption by imparting daily the total expenditures balances and credits, for each district. It eliminates much of the old hustle incident to these reports arriving at the end of each month and facilitates the compilation of monthly financial reports at an earlier date than heretofore.

Administrative Accomplishments and Recommendations. Vital statistics are increasing in volume each year, likewise the requests from foreign countries for statistics are becoming more frequent and voluminous in character. A statistical section with a Kardex system was created in the Central Office for the compilation of all vital statistics. To date two calendar years have been compiled and it is the intention to compile all old records dating back to 1919 as time permits. A new filing system was placed into effect in the finance and correspondence sections. Due to the employment of a qualified librarian the library of the Public Health Service was inventoried, reclassified and carded. Also a regular library system was instituted as regards loan of books and their return. The library of the National School of Medicine and Pharmacy and Dentistry was placed into operation and a Haitian employee instructed in its proper functioning by the librarian of the Public Health Service.

EXPENDITURES OF BUDGETARY FUNDS — FISCAL YEAR 1927-28

DISTRICTS	301 Gourdes	302 Gourdes	310 Gourdes	311 Gourdes	331 Gourdes	Total Gourdes
Cap Haïtien.....	139,139.79	199,731.21	338,871.00
Cayes.....	106,013.25	75,384.25	181,397.50
Gonaïves.....	43,413.87	47,434.98	90,848.85
Hinche.....	18,460.23	68,891.55	87,351.78
Jacmel.....	58,432.84	63,178.50	121,611.34
Jérémie.....	41,799.15	38,695.51	80,494.66
Petit-Goâve.....	60,761.53	44,483.00	105,244.53
Port-au-Prince.....	139,966.82	989,676.23	159,903.09	440,870.23	* 587,126.96	2,317,543.33
Port-de-Paix.....	36,922.90	36,919.87	73,842.77
Saint-Marc.....	47,900.99	49,445.00	97,355.99
TOTAL.....	139,966.82	989,676.23	159,903.09	993,714.78	1,211,300.83	3,494,561.75

Note: Funds from Rockefeller Foundation available from last year Gds. 41.590.00
 Expended during Fiscal year 1927-28 " 40.278.81

* Includes Asile Communal

301 — Administration
 310 — Medical School
 311 — Sanitation & Quarantine

302 — Material, furniture & Miscellaneous
 supplies

331 — Maintenance of Hospitals

Following is an analysis of expenditures in the case of each of the above Budgetary Funds.

TOTAL OF BUDGETARY FUNDS VOTED FOR 1927-28

Article No. 301—Administration	Gdes.	140,000.00	
" " 302—Supplies & Equipment	"	971,330.00	
" " 310—Medical School	"	119,900.00	
" " 311—Sanitation & Quarantine	"	895,730.00	
" " 331—Maintenance of Hospitals	"	1,040,980.00	
Grand Total	"	<u>3,167,940.00</u>	

Article No. 301

Allotment.....	Gdes	140,000.00	
Expenditures...	"	139,966.82	
Balance.....	Gdes	<u>33.18</u>	(reverted to treasury)

Article No. 302

Allotment.....	Gdes	971,330.00	
Deposits.....	"	18,359.92	989,689.92
Expenditures...	"		<u>989,676.23</u>
Balance.....	Gdes		<u>13.69</u> (reverted to treasury)

Article No. 310

Allotment.....	Gdes	119,900.00	
Deposits.....	"	41,879.25	161,779.75
Expenditures...	"		
Art. 310.....	"	148,044.29	
Art. 310 X	"	11,858.80	159,903.09
Balance.....	Gdes		<u>1,876.66</u> (transferred to next year)

Article No. 311

Allotment.....	Gdes	895,730.00	
Deposits.....	"	105,616.45	1,001,346.45
Expenditures...	"		<u>993,714.78</u>
Balance.....	Gdes		<u>7,631.67</u> (transferred to next year)

Article No. 331

Allotment.....	Gdes	1,040,980.00	
Deposits.....	"	171,989.40	1,212,969.40
Expenditures...	"	1,125,423.34	
" P. H. O.....	"	5,000.00	
" 331-1.....	"	32,991.67	
" 331-X.....	"	47,885.82	1,211,300.83
Balance.....	Gdes		<u>1,668.57</u> (transferred to next year)

ANALYSIS OF EXPENDITURES 1927-28

Port au Prince District only

ARTICLE 301

Class No.	Gourdes
A-1.....	90,935.00
A-2.....	49,031.82
Total.....	Gourdes 139,966.82

ARTICLE 302

A-1.....	3,041.50
A-2.....	
A-2-A.....	156,365.13
A-2-B.....	2,363.75
A-2-C.....	391,641.42
A-2-D.....	1,604.80
A-2-E.....	3,161.15
A-3.....	206,379.38
A-4.....	3,720.35
A-5.....	212.00
A-6.....	12,253.35
P-1.....	207,074.42
P-2.....	
P-3.....	
R.....	1,858.98
Total.....	Gourdes 989,676.23

ARTICLE 310

A-1.....	103,444.76
A-2-A.....	4,007.96
A-2-C.....	7,642.32
A-3.....	1,500.00
A-4.....	100.00
A-6.....	7,629.20
P-1.....	21,118.38
R.....	100.00
Total.....	Gourdes 159,903.09

DISTRICTS	A-2	A-6	C-4	P-1	P-2	P-3	R
Cap Haitien.....	82.00	5,595.35	1,021.20	1,605.50	650.00	44,439.44	2,710.50
Cayes.....	.....	1,868.30	547.50	10.40	137.60	24,612.68	5,447.04
Gonaives.....	.....	1,013.32	295.15	321.33	75.95	14,075.95	297.75
Hinche.....	.....	3,109.57	2,004.65	57.00	563.75	13,882.06	906.89
Jacmel.....	46,586.49	1,654.70	1,835.00	.....	612.00	17,940.80	1,272.00
Jeremie.....	37,098.30	168.20	1,155.70	643.40	213.55	9,468.65	633.00
Petit-Goave.....	25,976.17	1,350.43	472.20	120.25	240.40	14,000.65	836.26
Port au Prince.....	26,086.42	7,416.88	5,356.35	2,807.25	1,326.25	94,867.07	3,910.25
" P. H. O.	334,785.28	6.25	.....	.....	.....	.....	234.75
" Tr. School.....	4,675.00	1,269.40	487.10	.....	217.25	3,673.15	875.00
" As. Comm.....	15,634.43	167.20	340.75	1,226.80	.....	27,890.55	631.10
Port de Paix.....	13,383.00	604.87	642.10	18.00	194.20	5,282.79	50.80
Saint-Marc.....	25,303.48	312.55	610.10	183.25	179.40	13,698.36	141.55
Total.....	32,716.76	.....	.....	.....	.....	.....	.....
	747,383.79	24,537.22	14,776.80	6,993.18	4,400.35	283,832.15	17,946.89

DISTRICTS	A-4	A-5	A-6	C-4	P-1	P-2	P-3	R
Cap Haitien.....	1,545.00	5,566.69	.....	1,389.46	.....	219.12	14,565.82
Cayes.....	2,205.50	3.00	.....	1,195.93	.....	2,447.71	2,016.42
Gonaives.....	438.00	.....	181.00	.....	220.50	610.67
Hinche.....	330.00	.....	.....	1,174.54	.....	100.25	176.35
Jacmel.....	185.00	.....	.....	500.80	.....	1,848.40	106.50
Jeremie.....	125.00	.....	23.30	.....	19.50	394.04
Petit-Goave.....	65.00	.....	.....	56.65	.....	721.30	533.44
Port au Prince.....	3,232.00	.....	6,349.30	4,712.99	.....	1,928.10	24,974.20
" P. H. O.	9,583.55	.....	69.00	.....	.....	15.00
" Tr. School.....	2,000.00	287.00	3,626.00	1,689.50	.....	.....	3,252.64
" As. Comm.....	2,065.20	.....	300.00	.....	456.55	1,287.17
Port de Paix.....	137.50	.....	1,526.70	.....	360.60	150.00	1,268.75	1,517.58
Saint-Marc.....	508.30	33.63	.....	416.20	.....	574.15	71.75
Total.....	137.50	10,070.80	19,618.97	9,975.30	12,069.97	150.00	9,804.33	49,521.58

ANALYSIS OF EXPENDITURES — ARTICLE 311 — FISCAL YEAR 1927-28

DISTRICTS	A-1	A-2	A-2-A	A-2-B	A-2-C	A-2-D	A-2-E	A-3
Cap Haitien	112,057.90	.....	5,689.05	7.50	.....	30.00	42.00	7,650.91
Cayes	97,489.53	.....	567.35	90.00	.....	.....	.....	3,343.57
Gonaives	38,579.76	.....	1,036.70	86.00	.....	.....	.....	2,030.85
Hinche	17,106.50	.....	6.25	2.00	.....	.....	.....	587.63
Jacmel	47,561.69	.....	2,981.50	668.00	.....	.....	91.30	6,553.71
Jeremie	34,493.40	200.00	1,223.60	391.60	.....	.....	.....	3,045.40
Petit-Goave	53,371.55	.....	1,023.69	66.80	.....	71.50	2,791.80	2,310.14
Port au Prince	390,183.17	443.95	1,629.17	125.00	.....	.....	841.50	14,892.22
Port de Paix	30,527.80	.....	1,034.00	.....	.....	.....	.....	3,506.80
Saint Marc	41,097.86	26.50	355.78	.....	.....	.....	.....	1,843.73
Total	862,469.16	670.45	15,547.09	1,436.90	.....	101.50	3,766.60	45,764.96

DISTRICTS	A-4	A-5	A-6	P-1	P-2	P-3	R
Cap Haitien	36.00	205.00	163.75	.....	576.14	12,681.54
Cayes	300.00	363.00	760.50	.....	1,515.78	1,583.52
Gonaives	225.00	.....	86.20	.....	373.88	995.48
Hinche	105.45	.....	.....	652.40
Jacmel	291.80	15.00	266.84	3.00
Jeremie	26.13	375.00	5.00	97.00	.....	30.00	1,912.02
Petit-Goave	30.00	.....	46.00	.....	773.15	276.90
Port au Prince	8,320.15	353.00	.....	4,316.70	19,765.37
Port de Paix	641.20	.....	175.00	1,038.10
Saint-Marc	5.00	527.57	.....	3,612.95	431.60
Total	26.13	966.00	8,898.15	3,072.47	15.00	11,640.44	39,339.93

It will be noted that the total amount expended in each Budgetary Fund was considerably more than the amount voted which is explained by the following table of amounts deposited by the various districts.

Table of Deposits 1927-28

DISTRICTS	301 Gourde	302 Gourdes	310	311 Gourdes	331 Gourdes	Total
Cap Haitien		9,539.79	42,531.21	52,071.00
Cayes		12,413.25	3,384.25	15,797.50
Gonaives		3,997.38	5,473.75	9,471.13
Hinche		2,994.86	3,891.55	6,886.41
Jacmel		4,432.84	6,778.50	11,211.34
Jeremie		4,494.52	581.00	5,075.52
Petit-Goave		4,361.53	2,483.00	6,844.53
Port-au-Prince	18,359.92	41,879.75	46,590.23	96,917.28	203,747.18
Port-de-Paix		8,841.06	3,693.86	12,534.92
Saint-Marc		7,950.99	6,255.00	14,205.99
Total	18,359.92	41,879.75	105,616.45	171,989.40	337,845.52

EXTRAORDINARY CREDITS 1926-27

Credit Nos.	Name	Amount Gourdes	Balances 9-30-27	Balances 9-30-28	Expended
1086	Perm. Sanit. Improvements.....	500,000.00	5,199.92	0.00	5,199.92
1095	Plumbing Haitian General Hospital.....	51,000.00	14,451.57	0.00	14,451.57
1098	Hospital and Land at Petit-Goave.....	75,000.00	1,543.24	0.00	1,543.24
1120	Mater & Supplies for Med. School.....	50,000.00	9,843.57	0.00	9,843.57
1128	Improvements to Haitian General Hospital.....	156,000.00	2,310.09	0.00	2,310.09
1129	Improvements to Hinche Hospital.....	26,500.00	8,627.62	0.00	8,627.62
1130	Operating Rooms at St. Marc, Gonaives & Cayes.....	100,000.00	35,342.38	0.00	18,710.65*
1131	Additions to Hospital at Port de Paix.....	55,000.00	16,079.06	0.00	10,013.21*
1133	Repairs, painting dispensary, basin & shower at Jeremie Hospital.....	9,000.00	2,735.63	0.00	2,735.63
1134	Rural Dispensaries.....	144,000.00	35,413.29	0.00	35,413.29
1159	Purchase of Land for Rural Dispensaries.....	10,600.00	1,941.52	0.00	50.00*
1160	Improvements to Hospitals at Saint-Marc & Petit-Goave.....	74,000.00	74,000.00	0.00	54,297.30*
1171	Completion of Hospitals St. Marc & Pt-Goave	9,600.00	473.89	0.00	473.89

* 1130 — 16,631.73 Reverted to Treasury
 * 1131 — 6,065.85 Reverted to Treasury
 * 1159 — 1,891.52 Reverted to Treasury
 * 1160 — 19,702.70 Reverted to Treasury

EXTRAORDINARY CREDITS 1927-28

Credit No.	Name	Amount	Balances 9-30-28	Expended
1219	Rural Dispensaries.....	162,500.00	96,171.43	66,328.57
1220	Morgue Medical School.....	70,000.00	58,075.27	11,924.73
1221	Improvements in Sanitation	167,500.00	60,222.42	107,277.58
1225	Rockefeller Foundation.....			
	Fellowship.....	22,800.00	22,360.00	440.00
1226	Morgue Haitian General Hospital	17,500.00	1,866.90	15,663.10
1227	Purchase of Land for Hospital			
	Port au Prince, Saint-Marc & Petit-Goave	50,000.00	35,813.00	14,187.00
1228	Permanent Sanitary Improvements	240,000.00	219,062.74	20,937.26
1229	Purchase of Land for Rural Dispensaries	20,000.00	18,532.00	1,468.00
1230	Tiling Floor, Hospital Justinien, Cap-Haitien	6,535.00	6,535.00	0.00
1231	Repair Floor, Haitian General Hospital	1,000.00	0.00	1,000.00
1233	Enlargement Morgue, Haitian General Hospital	30,000.00	30,000.00	0.00
1247	Enlargement Hospital at Gonaives	70,000.00	70,000.00	0.00
1263	Relief for Flood Sufferers	500,000.00	413,948.37	86,051.63

RECAPITULATION

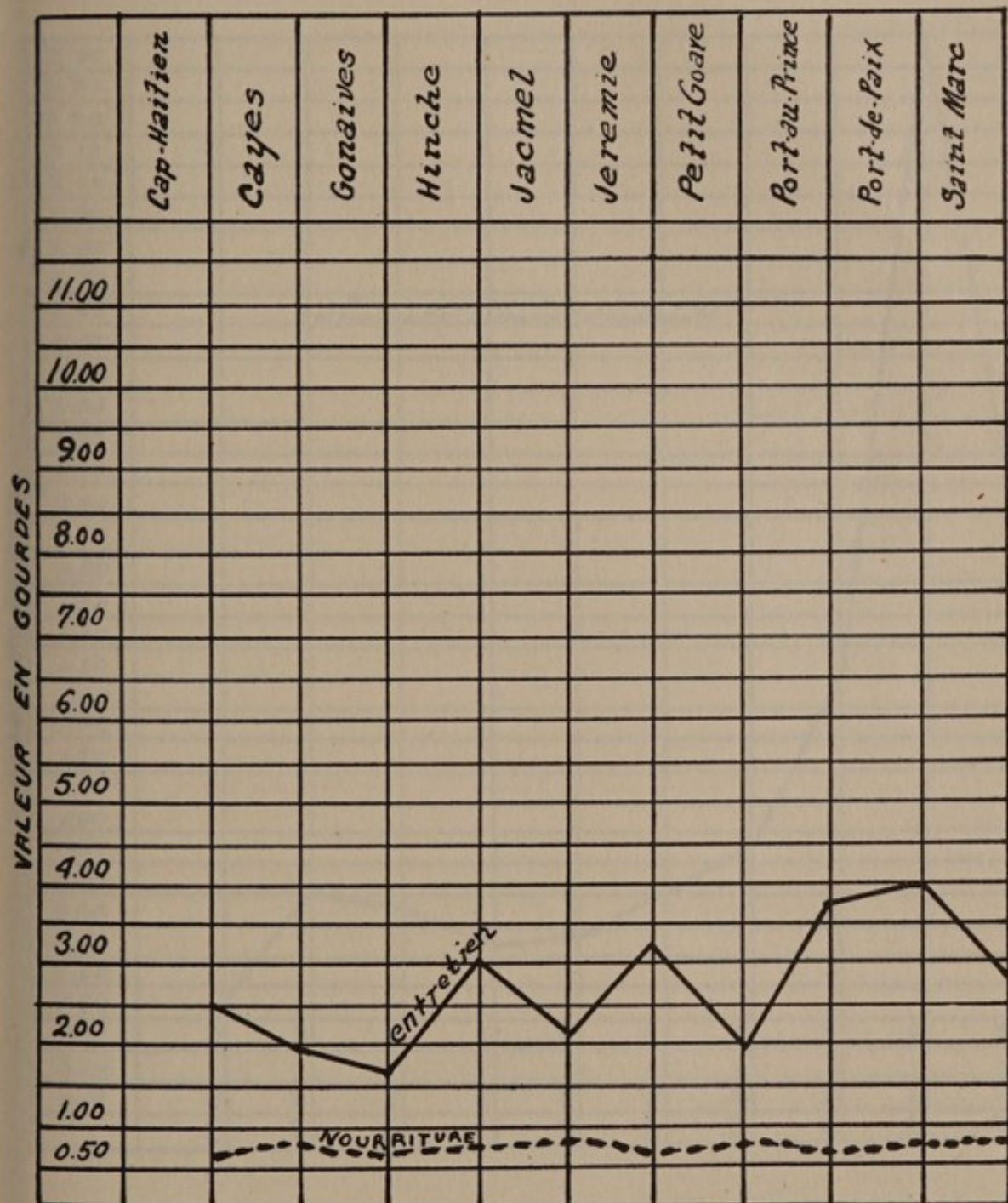
Total Budgetary Funds.....	G. 3,167,940.00
Total Deposits	
Carried over from last year.....	G. 52,751.93
Funds received from Communes "	" 134,689.40
Funds derived from treatment of patients etc.....	" 147,554.98
Reimbursements (Form 74).....	" 2,849.21
	G. 337,845.52
	G. 3,505,785.52
Total Expenditures.....	" 3,494,561.75
Balance of deposits transferred to next year.....	" 11,176.90
Reverted to treasury.....	" 46.87
	G. 3,505,785.52

**DAILY AVERAGE OF PATIENTS FOR FISCAL YEAR 1927-28
FOR THE ENTIRE REPUBLIC.**

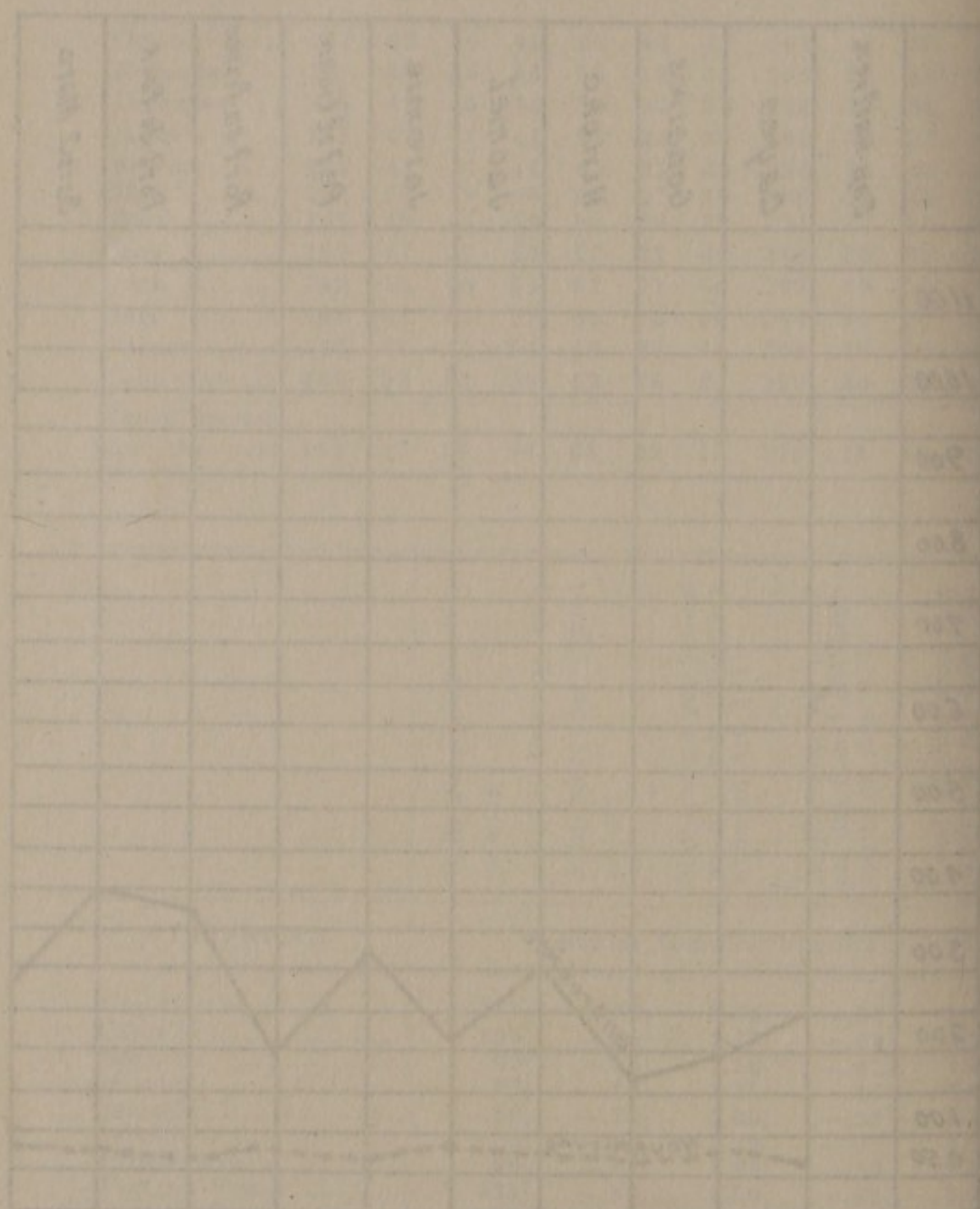
	Cap-Haitien	Cayes	Gonaives	Hinche	Jacmel	Jeremie	Petit-Goave	Port au Prince	Port de Paix	Saint-Marc	Total
October	143	42	56	42	61	18	27	301	19	35	744
November	131	42	53	53	52	18	21	298	15	31	714
December	144	47	49	53	51	26	24	256	17	30	697
January	131	47	47	43	54	24	30	269	12	31	688
February	143	45	47	46	62	25	33	284	23	33	741
March	156	53	49	46	63	27	36	286	12	42	770
April	161	49	51	50	59	29	39	281	32	43	794
May	157	47	57	56	57	29	46	240	30	38	757
June	149	51	58	54	61	21	53	258	30	39	774
July	168	61	63	57	61	25	57	256	30	37	815
August	177	49	61	54	58	26	59	260	30	39	813
September	165	53	61	50	52	28	63	256	30	39	797
Daily average for the year	151	49	54	50	58	25	41	270	23	36	757

	Daily average of patients	Subsistence per patient per day	Maintenance per patient per day from Budgetary Funds of Art. 331	Maintenance per patient per day from Reimburse- ments on Art. 331	Total Maintenance per patient per day from Art. 331
DISTRICTS		Gourdes	Gourdes	Gourdes	Gourdes
Cap Haitien	219	— .56	1.38	— .56	2.50
Cayes	105	— .65	1.23	— .09	1.97
Gonaives	69	— .56	1.10	— .22	1.88
Hinche	62	— .64	2.25	— .17	3.06
Jacmel	80	— .78	1.30	— .23	2.17
Jeremie	34	— .58	2.29	— .05	3.12
Petit-Goave	68	— .61	1.12	— .10	1.80
Port au Prince	431	— .58	2.50	— .62	3.73
Port de Paix	26	— .61	2.92	— .39	3.89
Saint-Marc	51	— .75	1.57	— .34	2.66

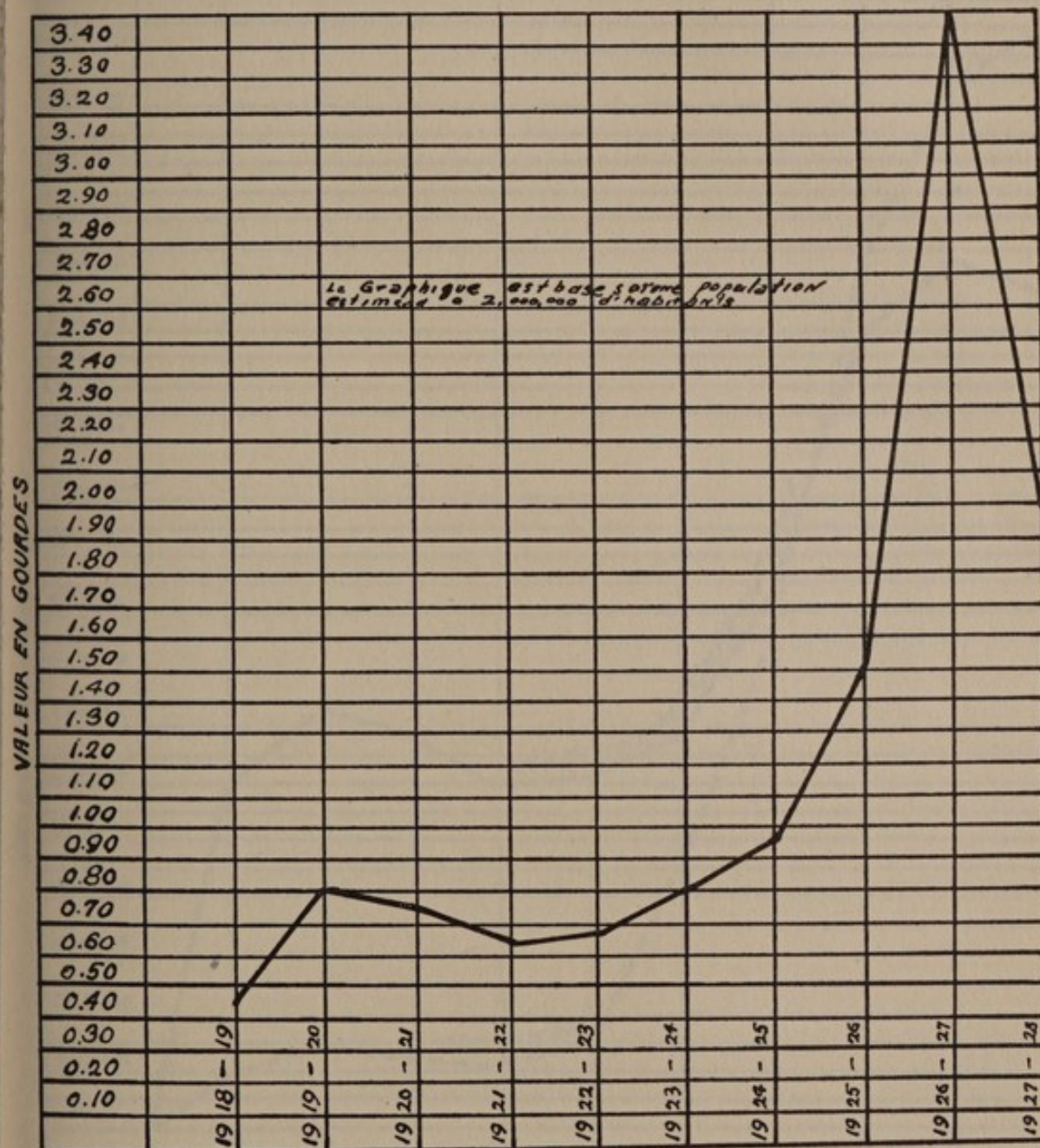
SERVICE D'HYGIENE
HOPITAUX
FRAIS D'ENTRETIEN & DE NOURRITURE (ART. 33)
1927-1928



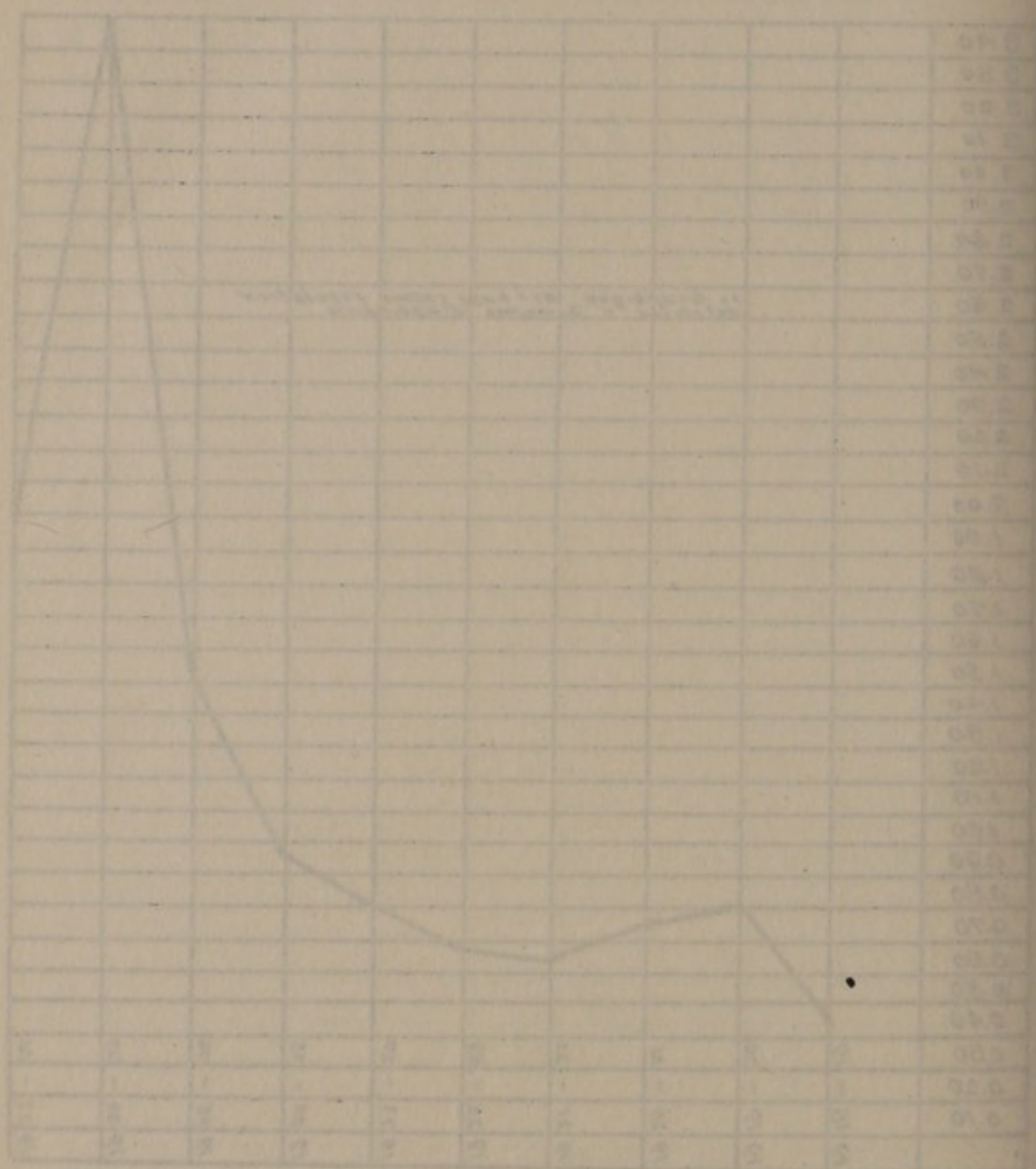
SERVICE D'HYGIENE
 HOPITAL AUX
 PRAIS D'ENTRETEN & DE NOURRITURE (1923-1928)



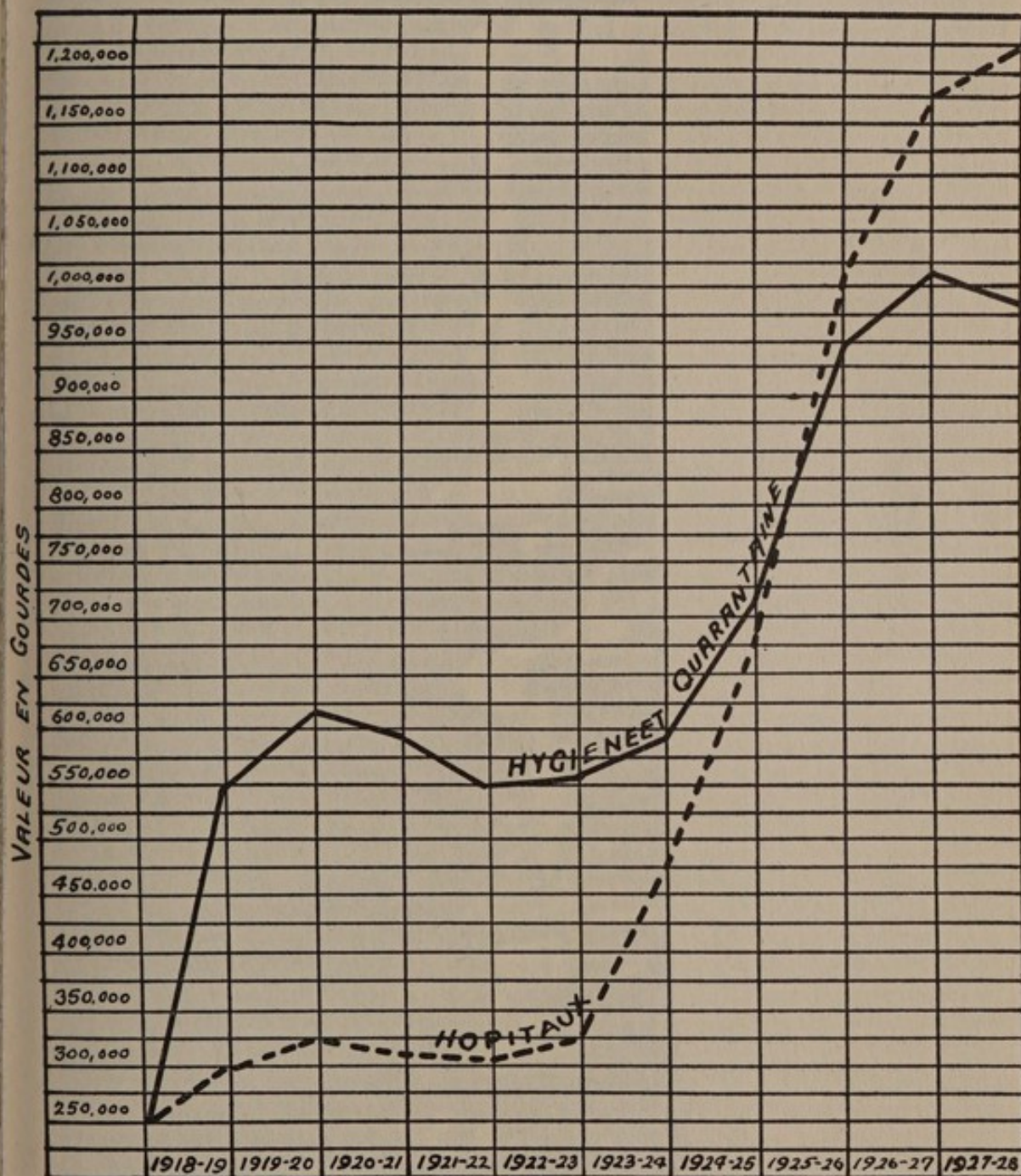
SERVICE D'HYGIENE
DEPENSES PAR PERSONNE
1918 - 1928



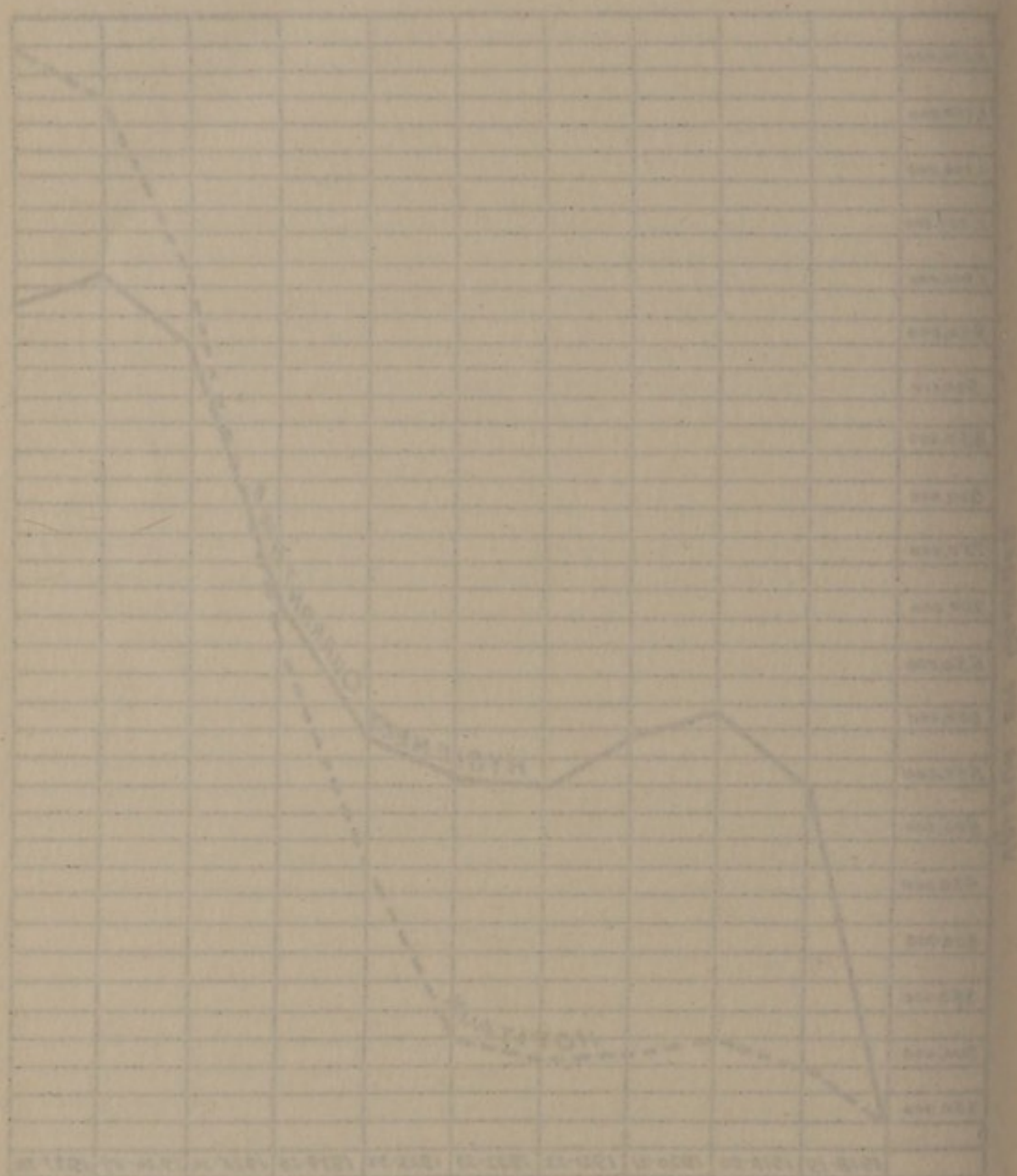
DEPENSES PAR PERSONNE SÉRIE D'HYGIÈNE 1918-1928

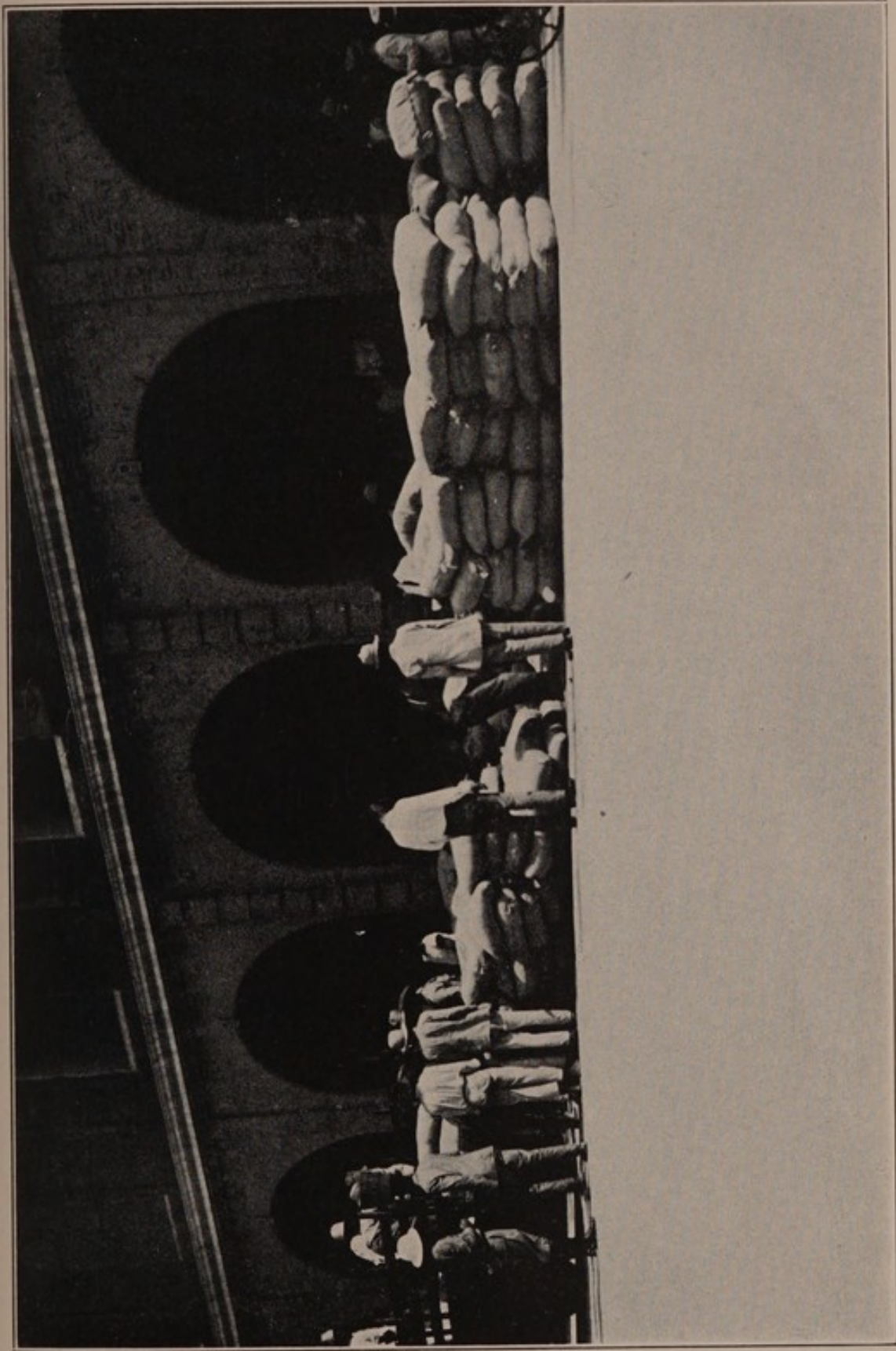


**SERVICE D' HYGIENE
DEPENSES
POUR HYGIENE-HOPITAUX
1918 - 28**

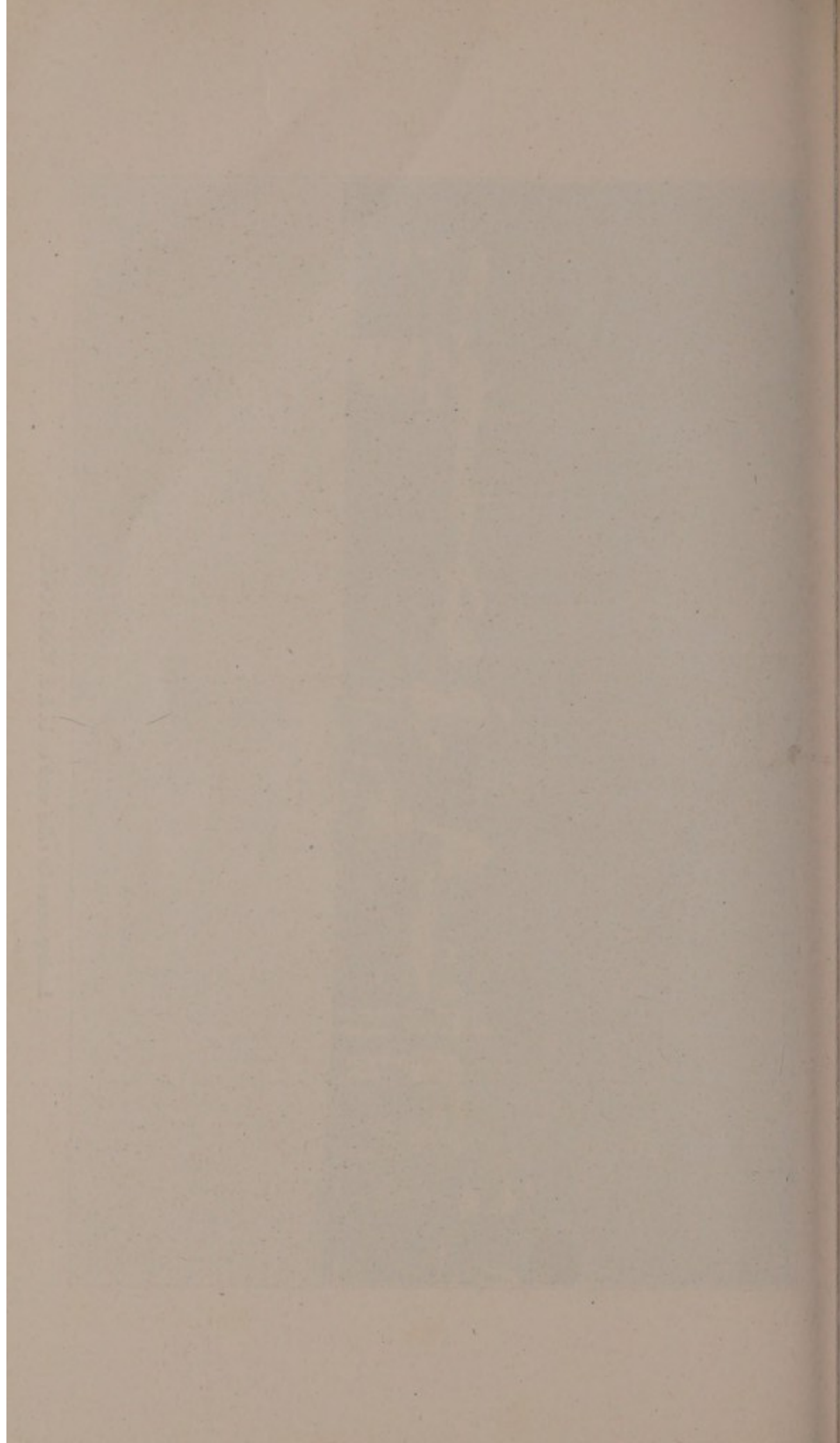


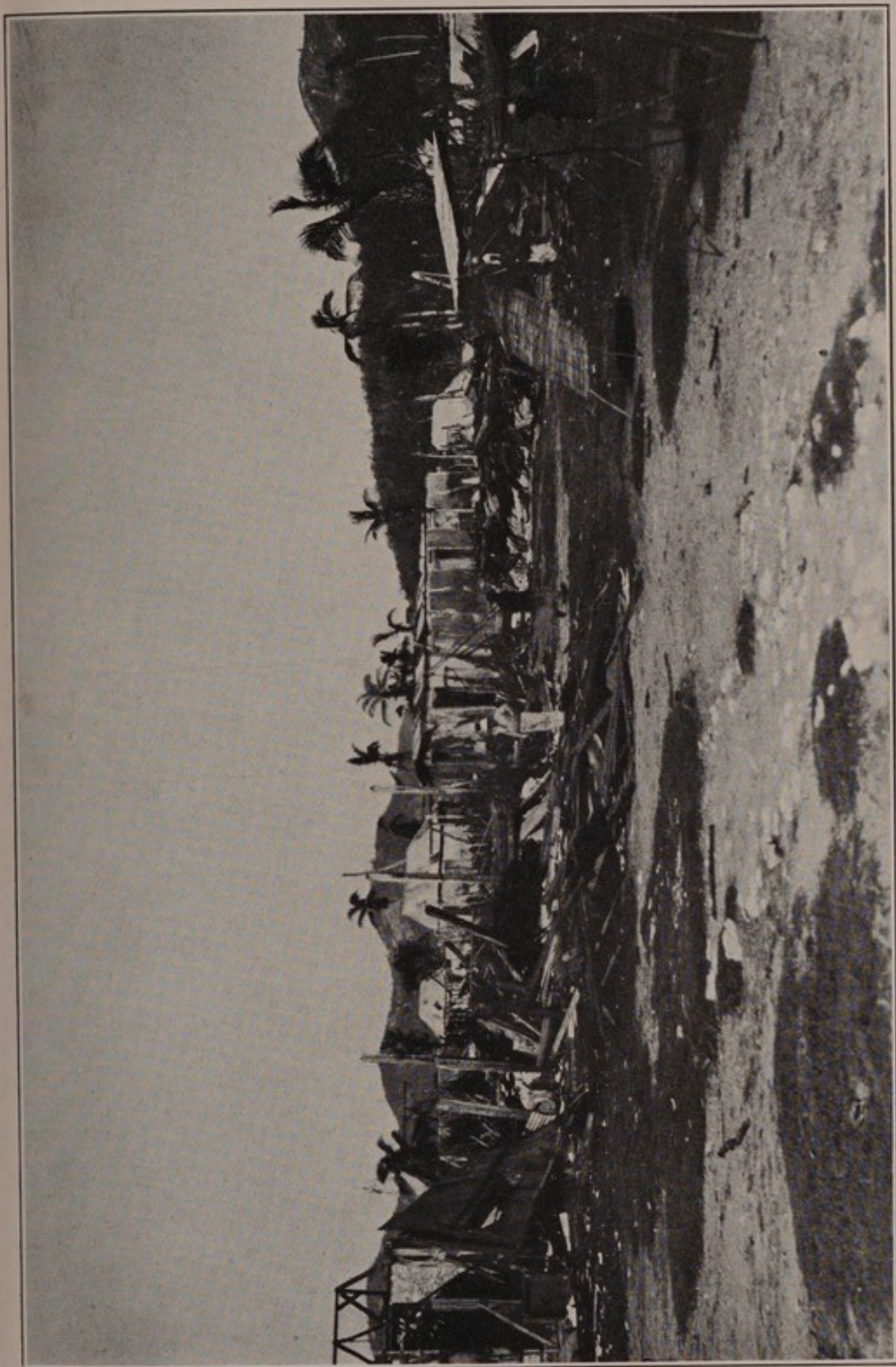
SERVICE D'HYGIENE
 DEPENSES
 POUR HYGIENE-HOPITALAUX
 1918-25



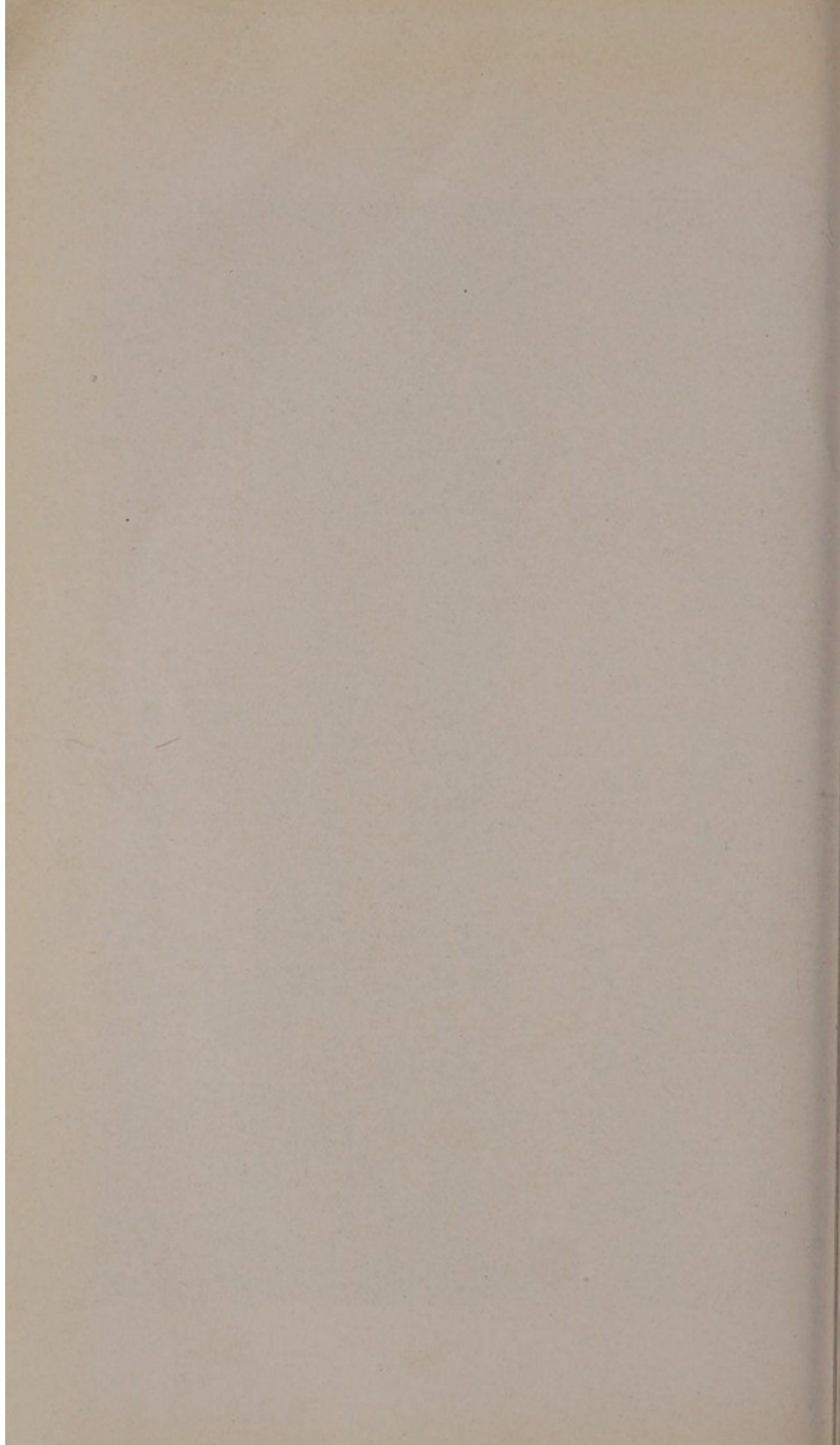


Loading stores for relief work on U. S. S. WOODCOCK.





St. Louis du Sud, August 10, 1928.



PLAN OF OPERATIONS FOR RELIEF IN AREAS DEVASTED BY THE HURRICANE OF AUGUST 10

Purchase, transportation, storage and distribution of all food supplies is vested in the Director General of the National Public Health Service. He will create and direct such organization as he finds necessary.

The Chief of the Gendarmerie d'Haiti is invited to appoint the necessary persons and give the necessary orders, to assist in the work allotted to the National Public Health Service. It is requested that decisions of those appointed by the Director of Public Health be adhered to, and any comments thereon or changes recommended by those of the Gendarmerie who assist, be passed through the Chief of the Gendarmerie who may then, if he wish, discuss the questions raised, with the Director of Public Health. Wherever transportation and personnel are available they should be employed to assist in transporting the stores to the centers set up by the Public Health Service.

The Department of Public Works is requested to decide upon and improve the trails necessary to re-establish communications in the affected areas, and to pay its workers in money wherever desired. The food stations established by the Public Health Service in the vicinity of those work gangs will sell food at known prices.

To begin this work One hundred and fifty thousand gourdes (G. 150,000) has been allotted to the Department of Public Works. This amount is allotted from the Five Hundred Thousand Gourdes appropriated by the Government of Haiti for general relief work. This Department will issue a weekly progress map.

The Service Technique d'Agriculture has been allotted, from the same credit, Fifty thousand gourdes to begin the work of purchasing and planting seed in the regions affected, and should, where possible, work in the vicinity where trails are being improved in order that cooperation may be better developed among the natives of the various districts. In the work of encouraging the replanting of gardens, seed will be furnished gratis for all ground which the natives are willing and desirous of planting.

Food may be furnished to persons who work in replanting under this plan of rehabilitation. It is left to the decision of those who administer this work, to decide the manner in which this food should be given, either by establishing a mess or by issuing Ration Tickets which may be exchanged for produce issued at the supply points maintained by the Public Health Service.

The Officials under the Treaty are hereby constituted a committee to cooperate with the President of Haiti and the Minister of the Interior, in the consideration of problems under the above plan.

It is highly desirable that the relief work above outlined should be concentrated so far as possible in those localities where the actual shortage of food crops is most serious, and where the marketing of produce is most prevented by the condition of the trails.

The President of Haiti has authorized this plan.

"To the Secretary of State of Interior,
Port-au-Prince.

Dear Mr. Secretary :

In reply to your letter of November 5 in which you request data regarding results of rehabilitation work, accomplished under credit X-1263 in areas affected by the hurricane of August 10th, I have to submit the following summaries :

a—PUBLIC HEALTH SERVICE :

Purchased, transported and issued a total of 535,126 rations at cost of Gdes. 80,268.85. Distributed sanitation supplies to the amount of Gdes. 13,686.12. Of interest in this connection is the fact that medical supplies distributed and amounting to Gdes. 60,000.00 were not the subject of an expenditure under this credit, they were paid for out of the regular budgetary funds.

b—DEPARTMENT OF PUBLIC WORKS: Work undertaken and accomplished.

Penetration: Trail Vieux-Bourg-l'Asile 14km. 800

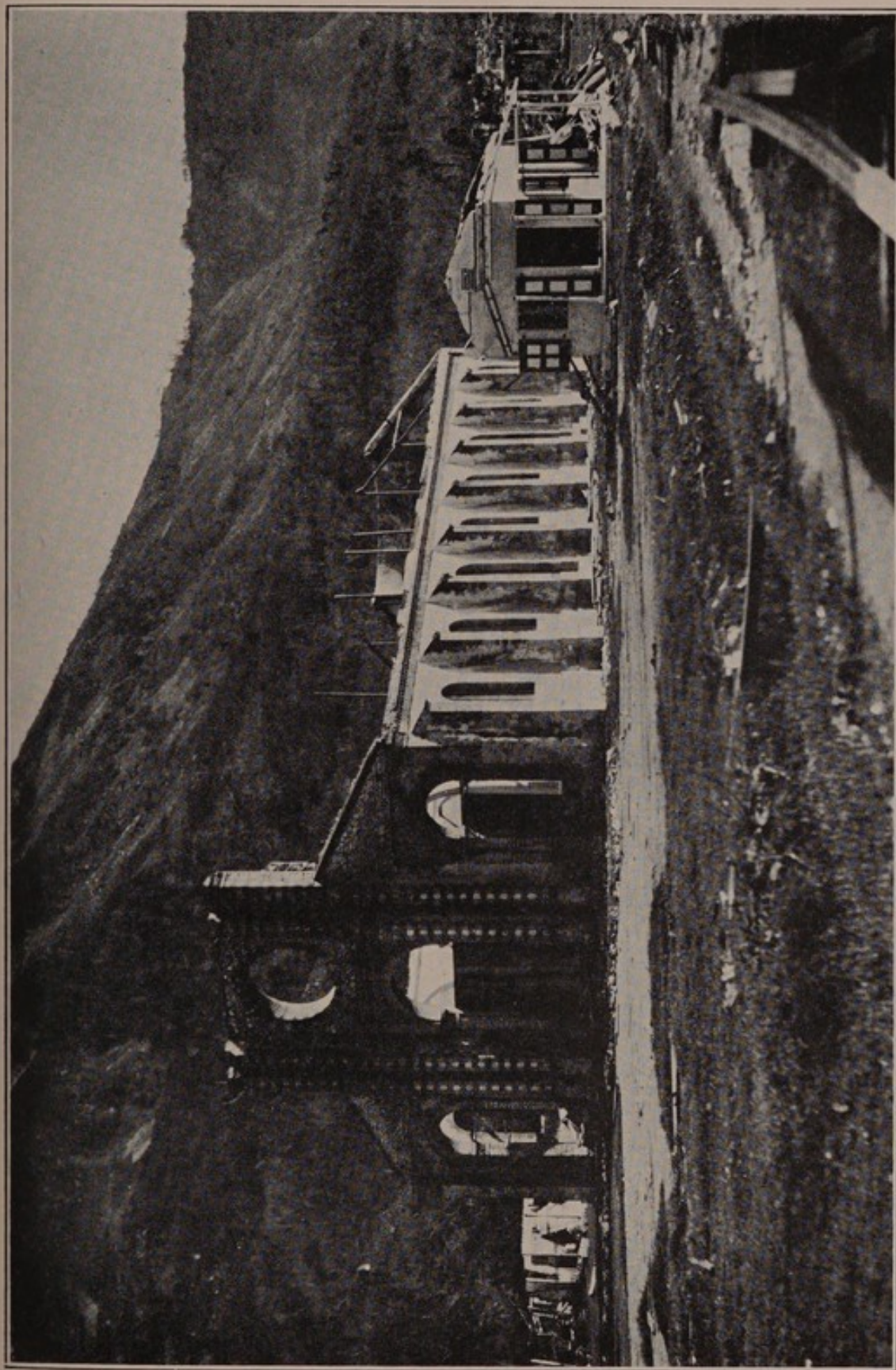
" L'Asile-Rousseau 12 km.

" Miragoane-Petite Rivière Nippes 15km.

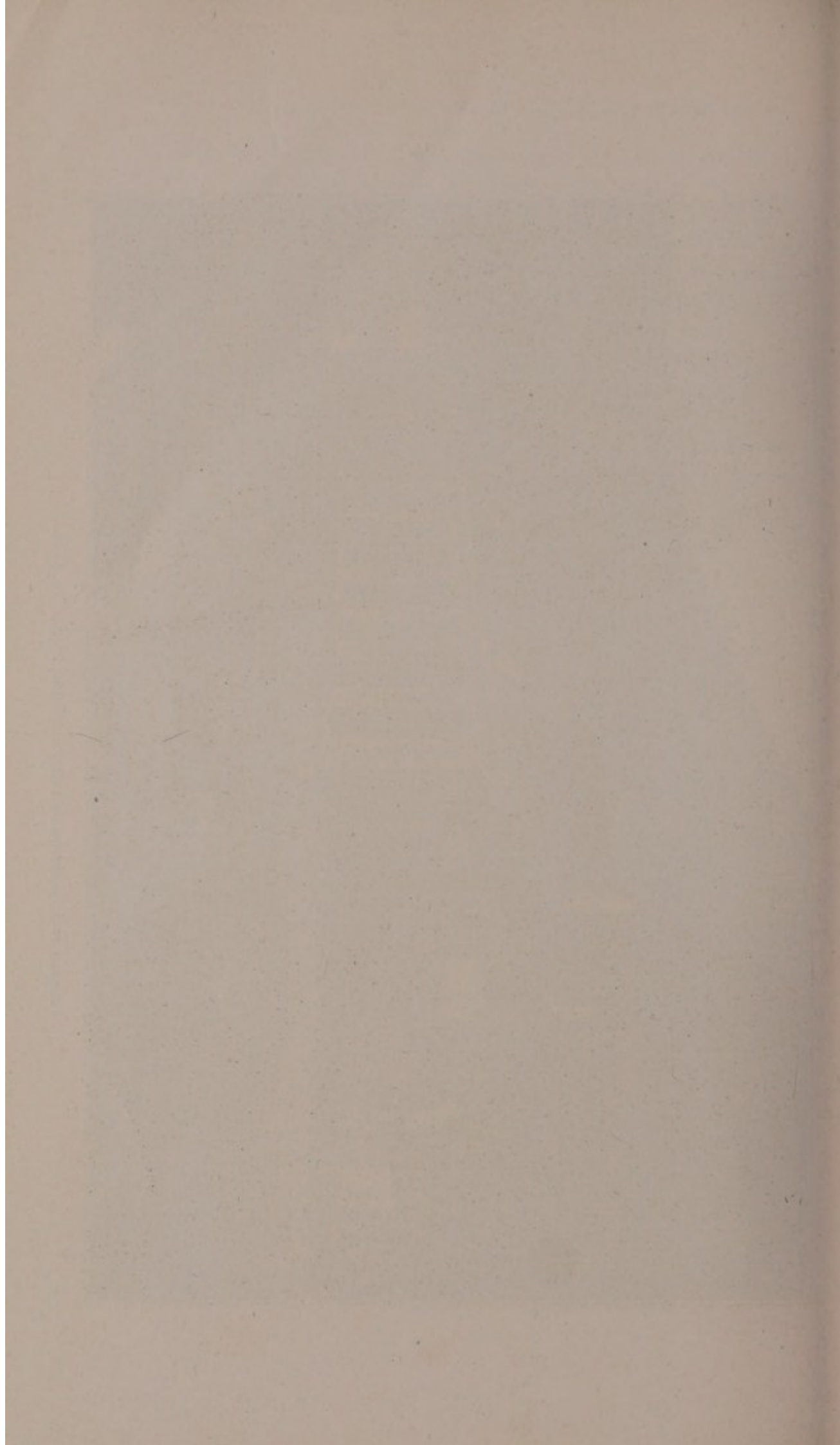
" Petit Trou de Nippes-Petit Trou 20km.

" Vieux Bourg-Cotes de Fer 20km.

" Jérémie-Marfranc-Moron 6km.

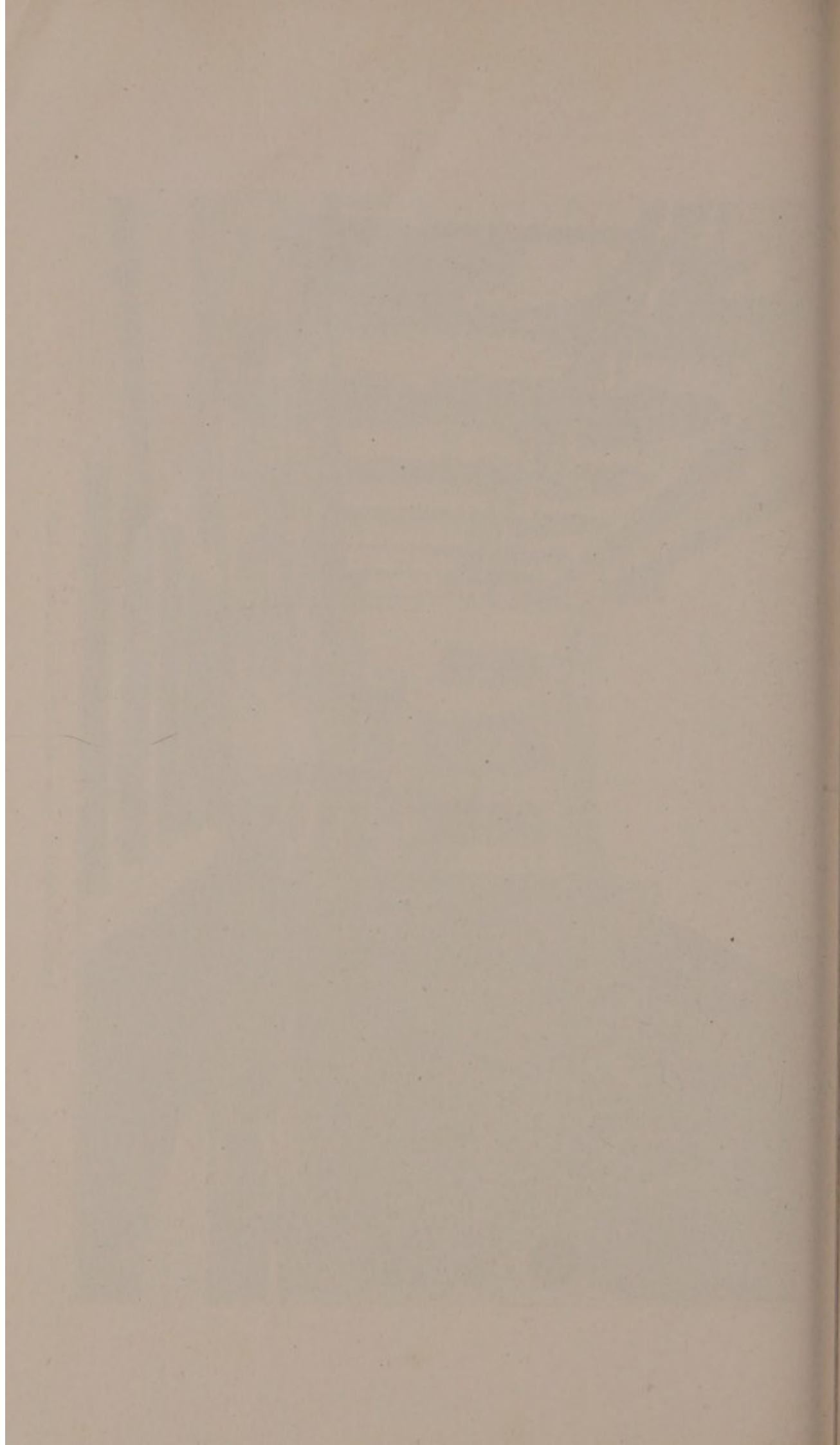


Church at St. Louis du Sud after hurricane, August 10, 1928.





Interior of church at Aquin after hurricane, August 10, 1928.



Work of penetration consisted of clearing away trees that had fallen, removing landslides and boulders and filling in holes eroded by water to provide passage for traffic.

Clearing: Trail Vieux Bourg-L'Asile 14km.

" Miragoane-Petite Rivière de Nippes 10km.

" Petite Rivière de Nippes-Petit Trou 19km.

" Vieux Bourg-Cotes de Fer 5km.

" L'Asile-Rousseau 12km.

Clearing includes cutting all trees, underbrush, weeds, etc. within the right of way.

Grading: Trail Vieux Bourg-L'Asile 13km500

" Miragoane-Petite Rivière 14km300

" Vieux Bourg-Cotes de Fer 2km.

" L'Asile-Rousseau.

Grading consists of constructing a cross section with suitable crown and ditches to provide for drainage. The varied nature of materials has presented easy grading in soft material and difficult grading in side hill cuts, necessitating blasting.

Surfacing: Trail Vieux-Bourg-L'Asile 6km.

" Miragoane-Petite Rivière Nippes 900m.

The necessity of gravel surfacing is recognized to provide a durable trail during wet seasons.

Miscellaneous: In addition to the above items of work, there has been accomplished the paving of five river crossing between Petite Rivière de Nippes and Anse à Veau.

The trails which are being constructed are 3 meters in width of wearing surface to provide for the passage of two loaded animals or one bull cart, with ditches on both sides to remove the water. The trails are about $\frac{1}{3}$ the width of the standard width of the national highways. The construction is being carried on with good alignment and ample drainage with a view that at some future date, when the trails may grow to vehicular roads, the work now being done will not be lost and will become a part of the wider vehicular roads.

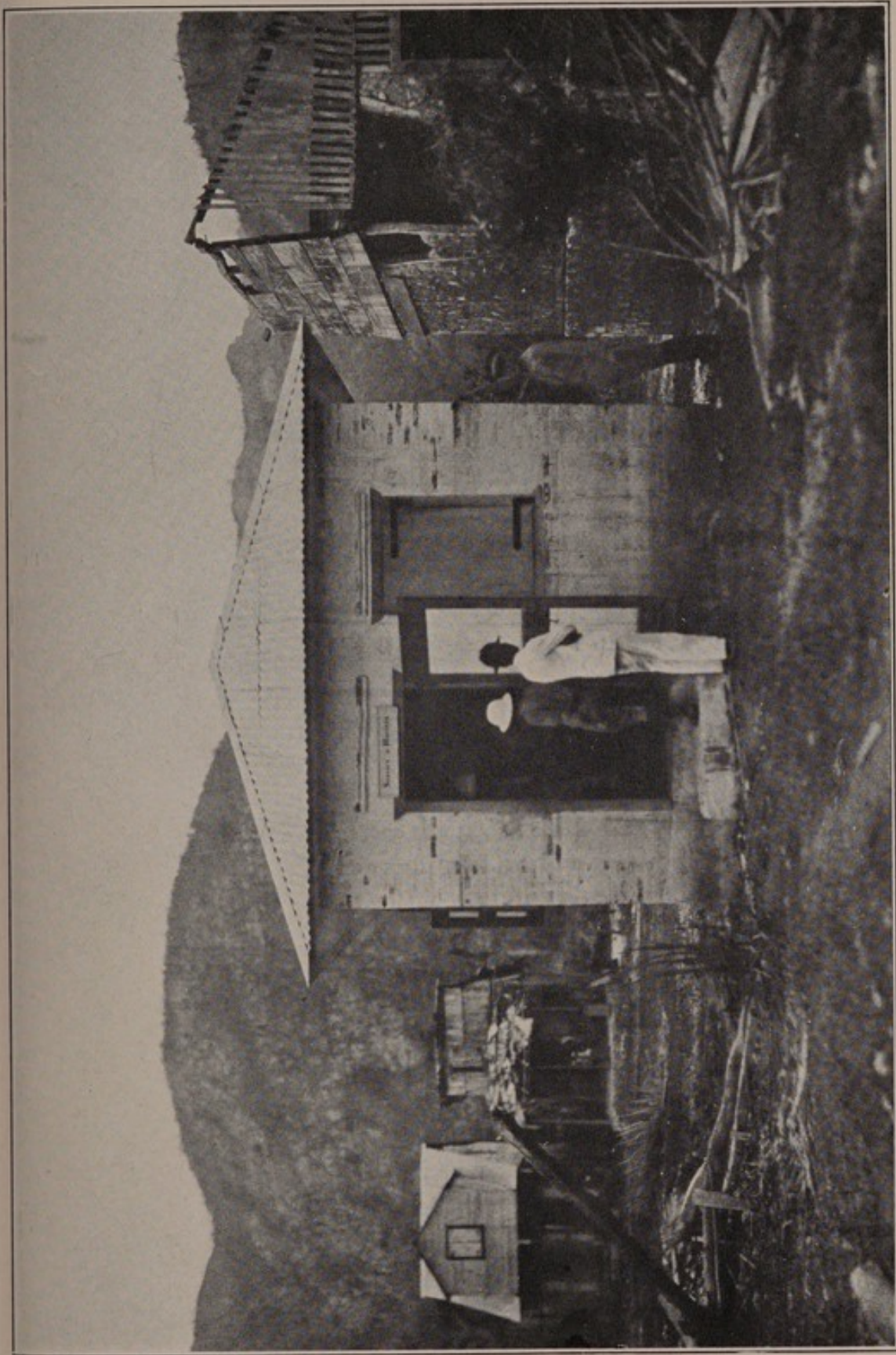
c—SERVICE TECHNIQUE:

Planted a total of 3,650.04 acres of land occupied by 2,143 families with an average of 1.7 acres per family. Supplied food to 11,667 workers and assisted in the reconstruction of 64 homes.

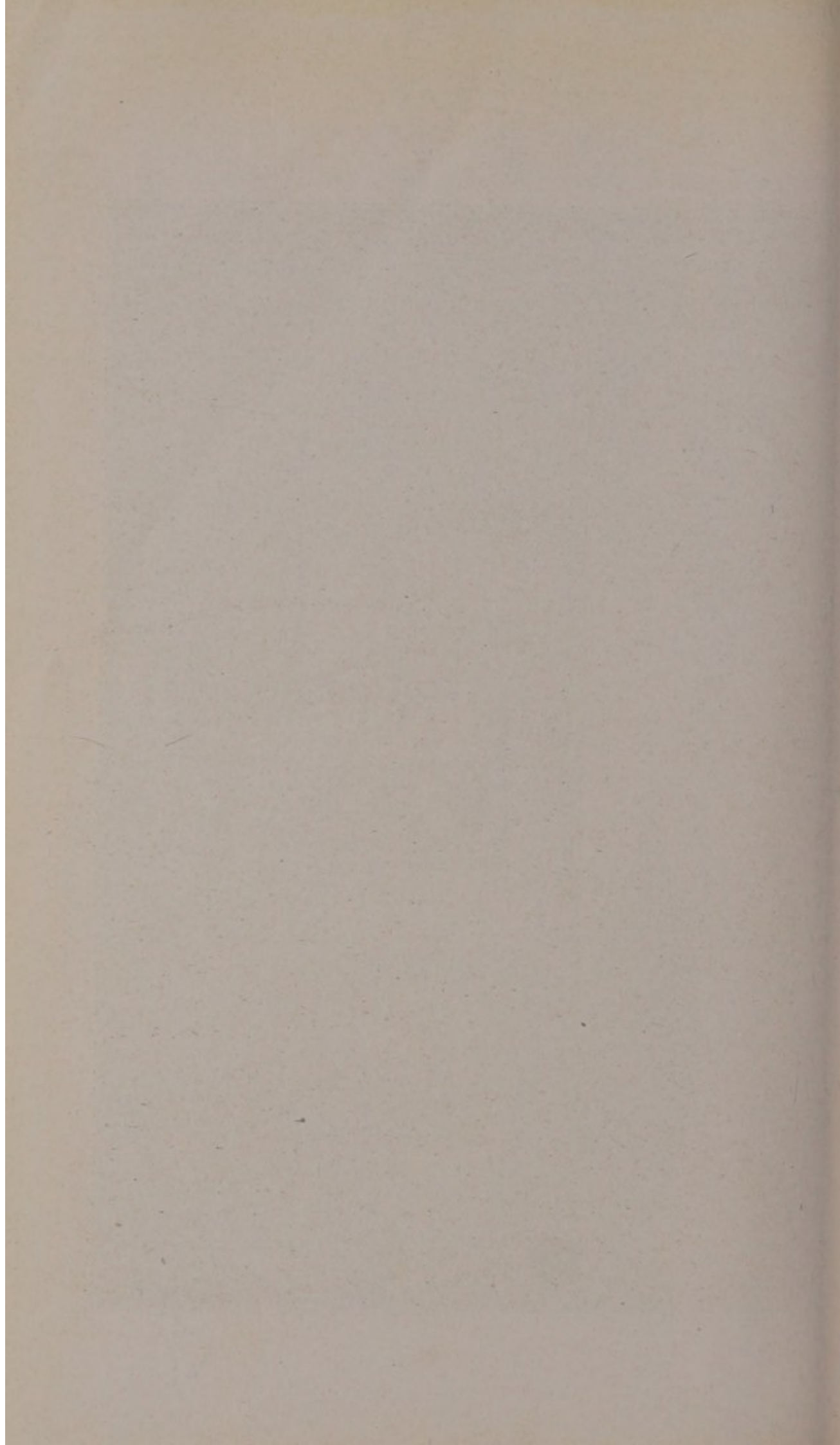
As all bills for the above work have not been presented for payment as yet, a complete financial statement on total cost of the rehabilitation work cannot be rendered at this time. It will be the subject of an additional report when the data are available. It is believed, however, that practically all of the credit (Gdes. 500,000.00) has been obligated.

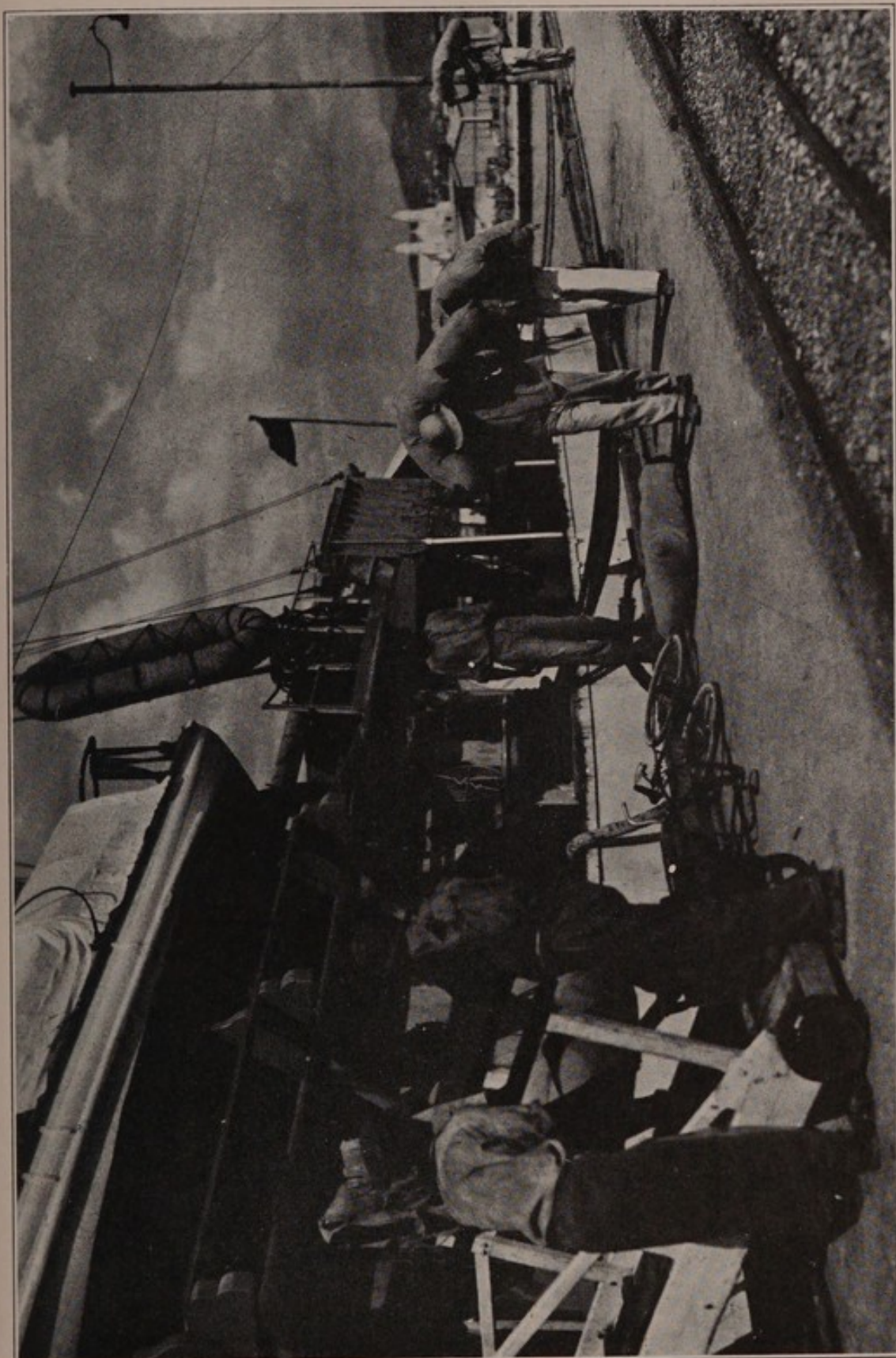
Yours very sincerely,

K. C. MELHORN,
Director General.

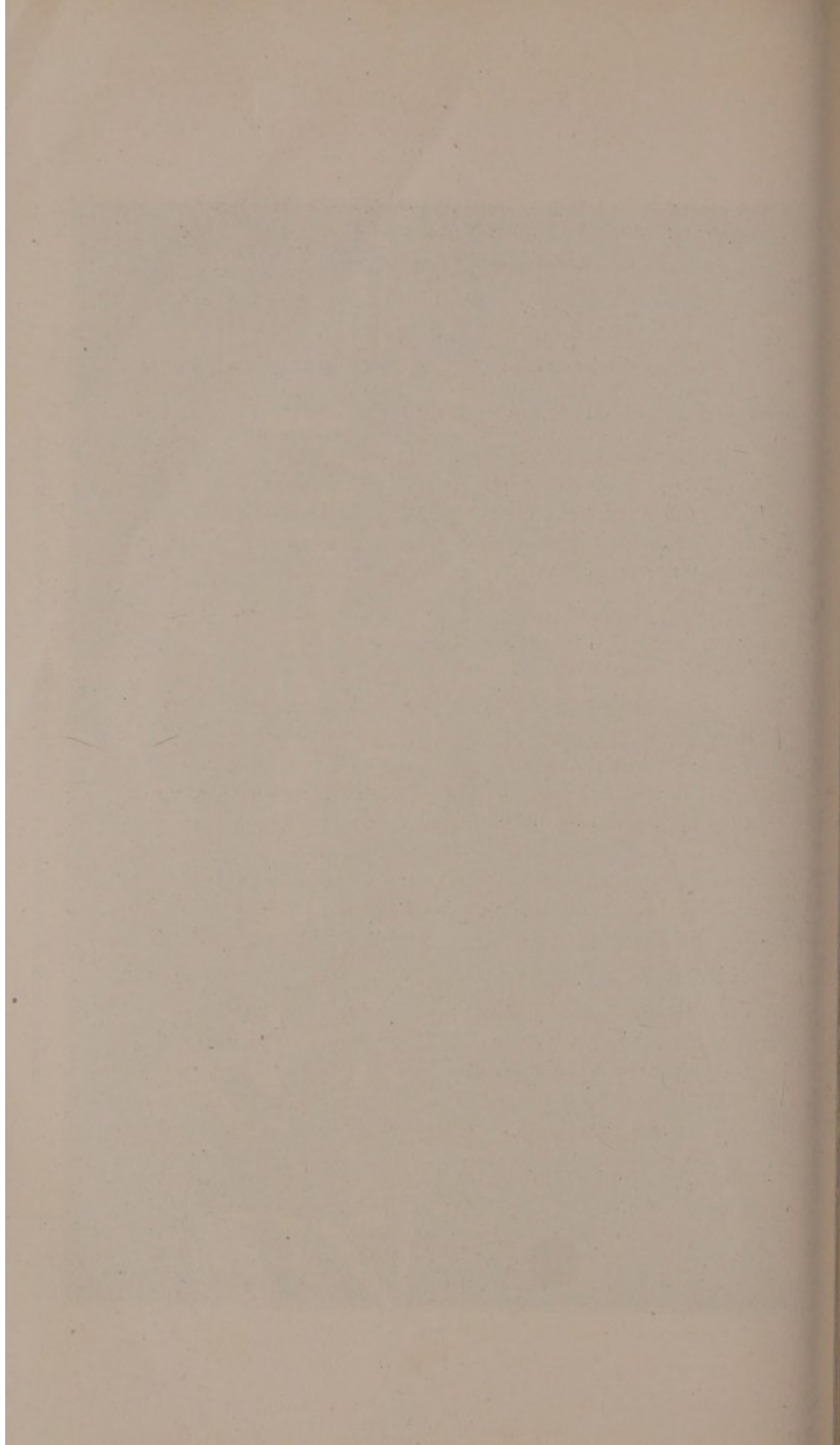


Dispensary at Baraderes, showing high water mark, August 10, 1928.





Loading foodstuffs on board U. S. S. WOODCOCK for relief work in storm area.



**PROGRAM OF THE REBUILDING OF HOMES IN
AREAS DEVASTATED BY THE HURRICANE
OF AUGUST 10, 1928**

From: Director General.
To: Commander W. J. Riddick (MC) U. S. N.
Director of Relief Organization in Devastated areas.

Subject: Rebuilding of homes in devastated areas.

1. For the sole purpose of assisting designated needy people in the devastated areas, to reconstruct homes that were demolished or damaged by the hurricane and floods of August 10 and 11, 1928, there have been transferred to this service within the past two days the following sums of money:

\$15,000.00 from Port-au-Prince Central Relief Committee
10,000.00 from American Red Cross.
\$25,000.00 in total.

2. With that end in view you will direct the Public Health Officers in the districts of Petit-Goave, Jérémie, Cayes and Jacmel to immediately confer with the districts representatives of the Gendarmerie d'Haiti, Public Works and Service Technique for the purpose of compiling a list of names of people to be aided. As soon as possible these lists will be forwarded to you, copies of same being retained in the files of the Public Health Officers. In this reconstruction of homes, preference is to be given to the needy who are aged, infirm and without relatives.

3 As it has been noted that homes in the country districts are being rebuilt far more rapidly than those in towns, for the present and until further orders, all reconstruction of homes with this money will be confined to the following towns and amounts:

District of Petit-Goave:

Petite Rivière de Nippes.....	1,500.00
Anse à Veau.....	1,500.00
Petit Trou de Nippes.....	3,000.00
Grand Boucan.....	1,000.00
Baradères.....	1,000.00
St. Michel du Sud (including Chalon).....	1,000.00
L'Asile.....	1,000.00

District of Jérémie:

Pestel.....	1,500.00
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St. Louis du Sud.....	6,000.00
Aquin.....	4,000.00
Vieux Bourg d'Aquin.....	1,000.00
District of Cayes:	
District of Jacmel:	
Cotes-de-Fer.....	1,500.00
Bainet.....	1,000.00
	\$25,000.00

If in the opinion of the Public Health Officers the above amounts are in excess of the actual needs, special reports and recommendations pertaining thereto will be submitted as soon as possible.

4. In acquiring information for this work, advantage should be taken of the experience already gained by the various sub-committees of the Central Relief Committee (see attached list). The final decision as to the homes to be rebuilt or repaired will rest with the Public Health Officer of the District.

District of Petit-Goave	—	Lieutenant Tatum
District of Jérémie	—	Lieutenant Pomeroy
District of Cayes	—	Lt. Comdr. Cook
District of Jacmel	—	Lieutenant Blackwood

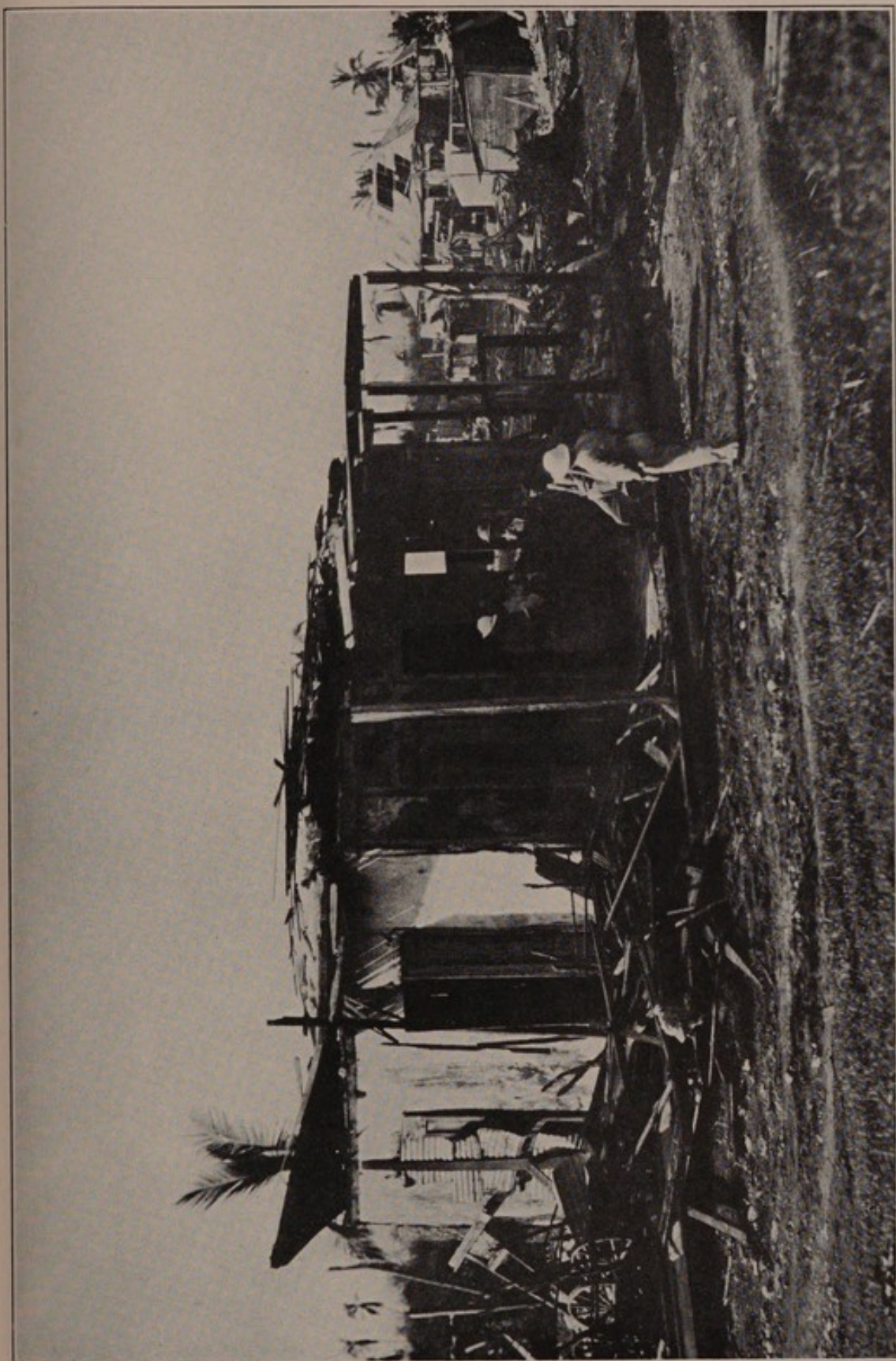
5. The homes are to be rebuilt under the immediate supervision of an Engineer of the Department of Public Works or his representative. To maintain normal business activities, building material (attached list of unit prices to be utilized as a guide) should so far as possible be purchased in the towns mentioned above.

6. Photographs showing the progress of rebuilding homes are to be submitted frequently and you are directed to send the Official photographer as necessary.

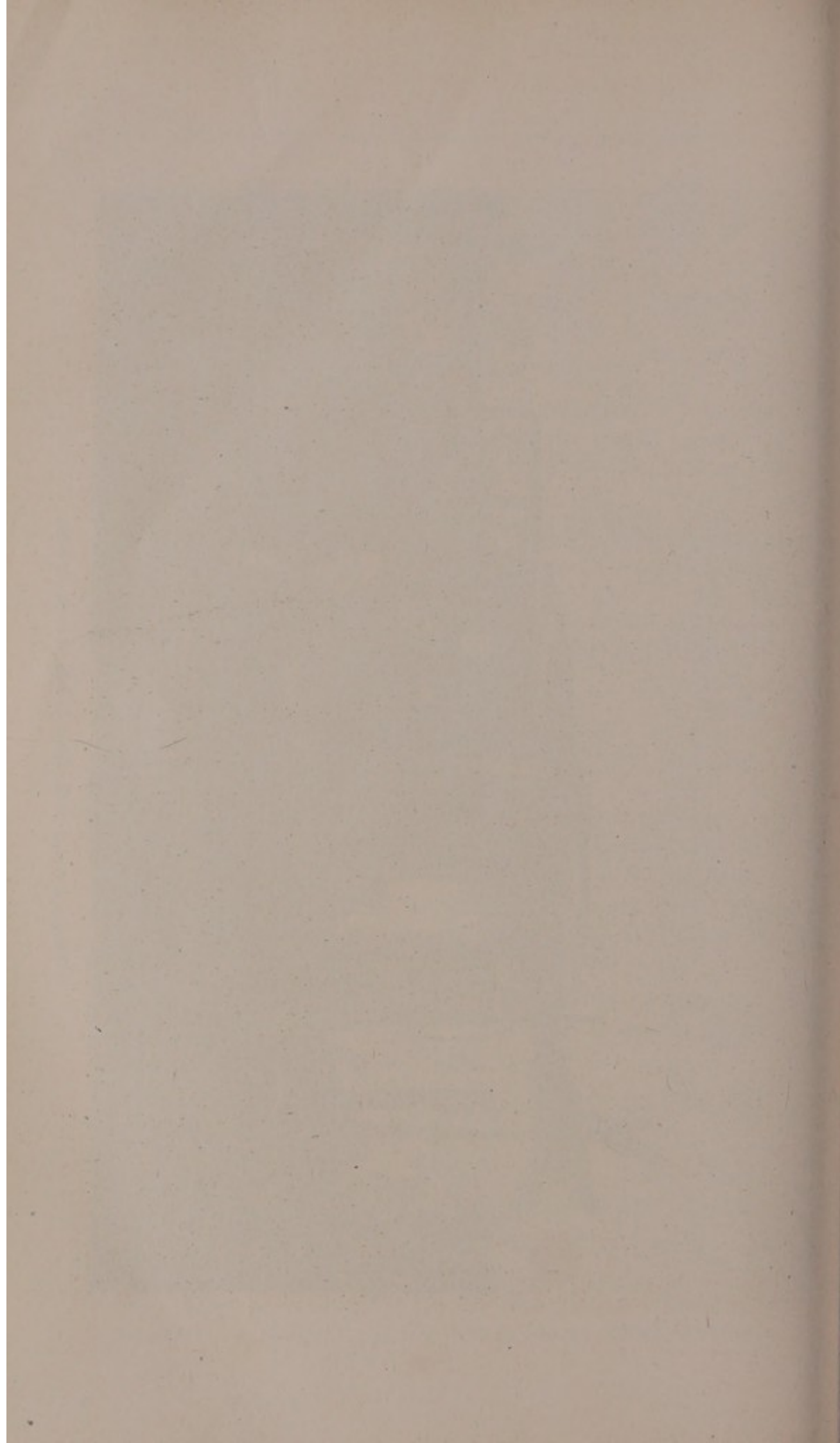
7. By-weekly reports on the subject matter will be submitted by Public Health Officers of above mentioned districts.

8. A strict accounting of all expenditures will be rendered to this office which in turn will forward same to the Haitian Chapter of the American Red Cross and Central Relief Committee.

9. Attention is invited to the fact that the sum total of money available for rebuilding homes is \$32,000.00 (Gdes. 160,000.00)

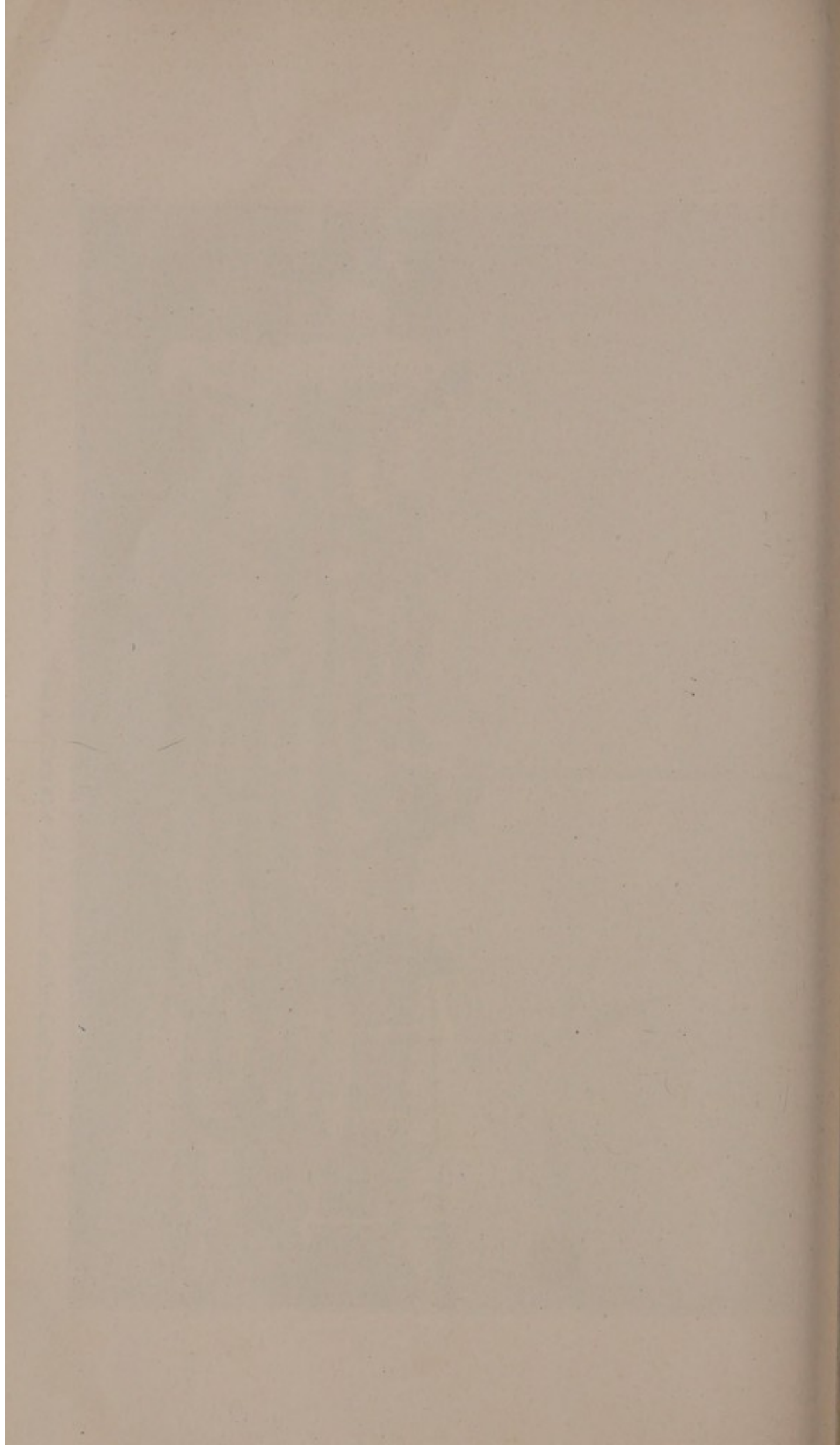


Telegraph station at St. Louis du Sud, August 10, 1928.





Loading foodstuffs on board U. S. S. WOODCOCK for relief work in storm area.



10. In expediting the accomplishment of this program you are assured of the same splendid cooperation of all Government Services that has pertained under the "Plans of Operations for Relief in Areas affected by the Storm of August 10, 1928" as promulgated September 6, 1928.

K. C. MELHORN.

Local Sub-Committees.

(List prepared by President Sub-committee of Cayes.)

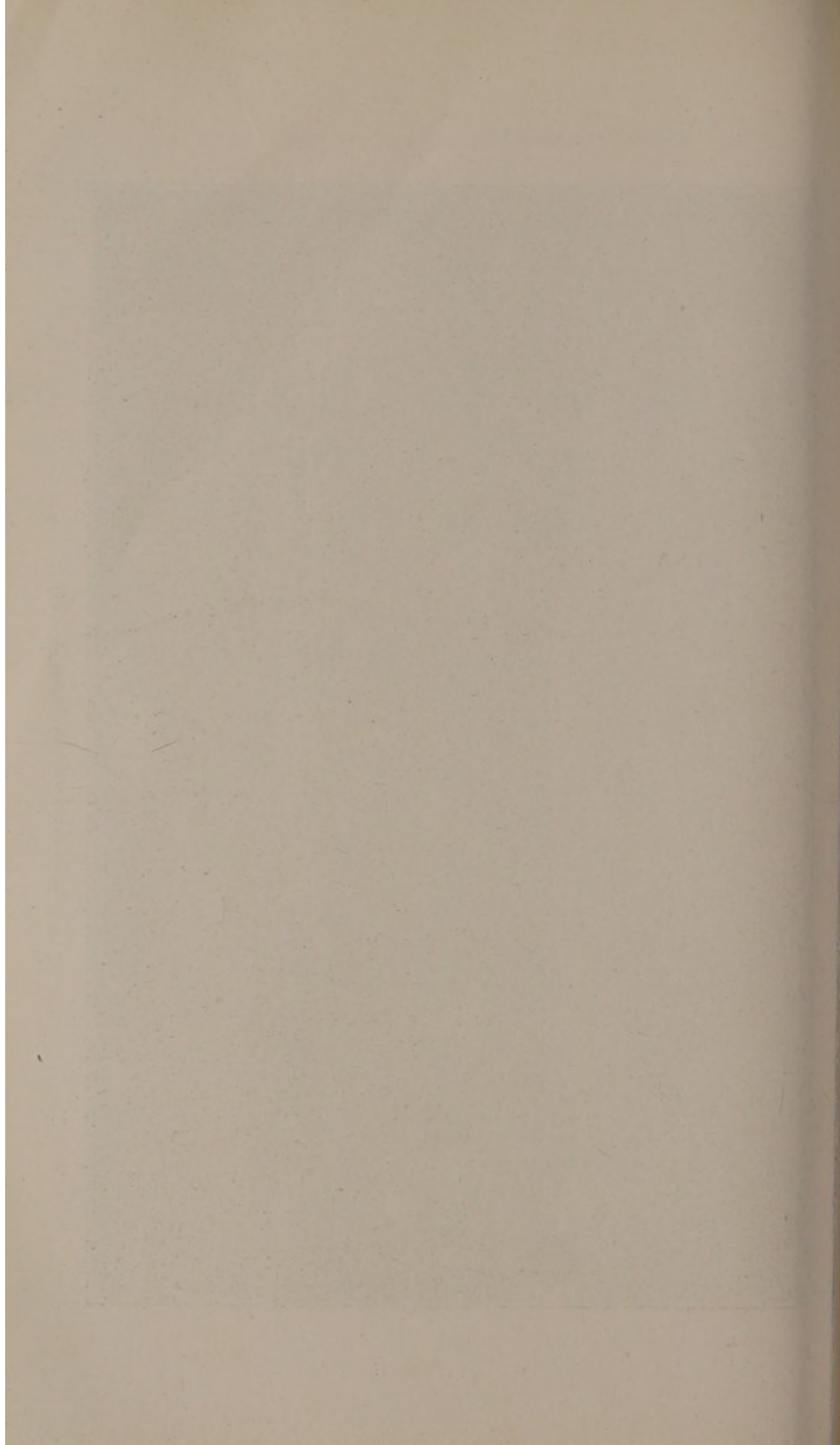
St. Louis	P. Coudrais, Administrator M. L. Henriquez, Magistrat M. Polycard.
Aquin	P. Le Nédic, priest. M. Marc Lelanne, Magistrat M. Simon Petit
Pte Rivière de Nippes ...	P. Le Net, Administrator (on leave) M. Etienne Fleuran, Magistrat M. Antoine Brasme.
Anse à Veau	Père Le Nel, Priest M. Marcel Baudin, Magistrat M. J. Dupont
Asile St. Joseph	Père F. Jan, Priest M. Altidor Laporte, Judge M. J. Dupont
Pt. Trou de Nippes	Père Texier, Priest M. Calixte fils, Magistrat M. Braste Banks.
Baradères	P. Ricordel, Priest M. Léon Tabuteau, Magistrat M. Braste Banks.
Pestel	P. Liétar, Priest M. Nathan Aleigaire, Magistrat M. Vilnor Antoine
Jacmel	The Priest M. Louis Vital M. Edmond Lauture Gendarmerie Officer
Aux Cayes	Bishop of Cayes Prefect of Cayes Manager, National Bank of Haiti Manager, Royal Bank of Canada.

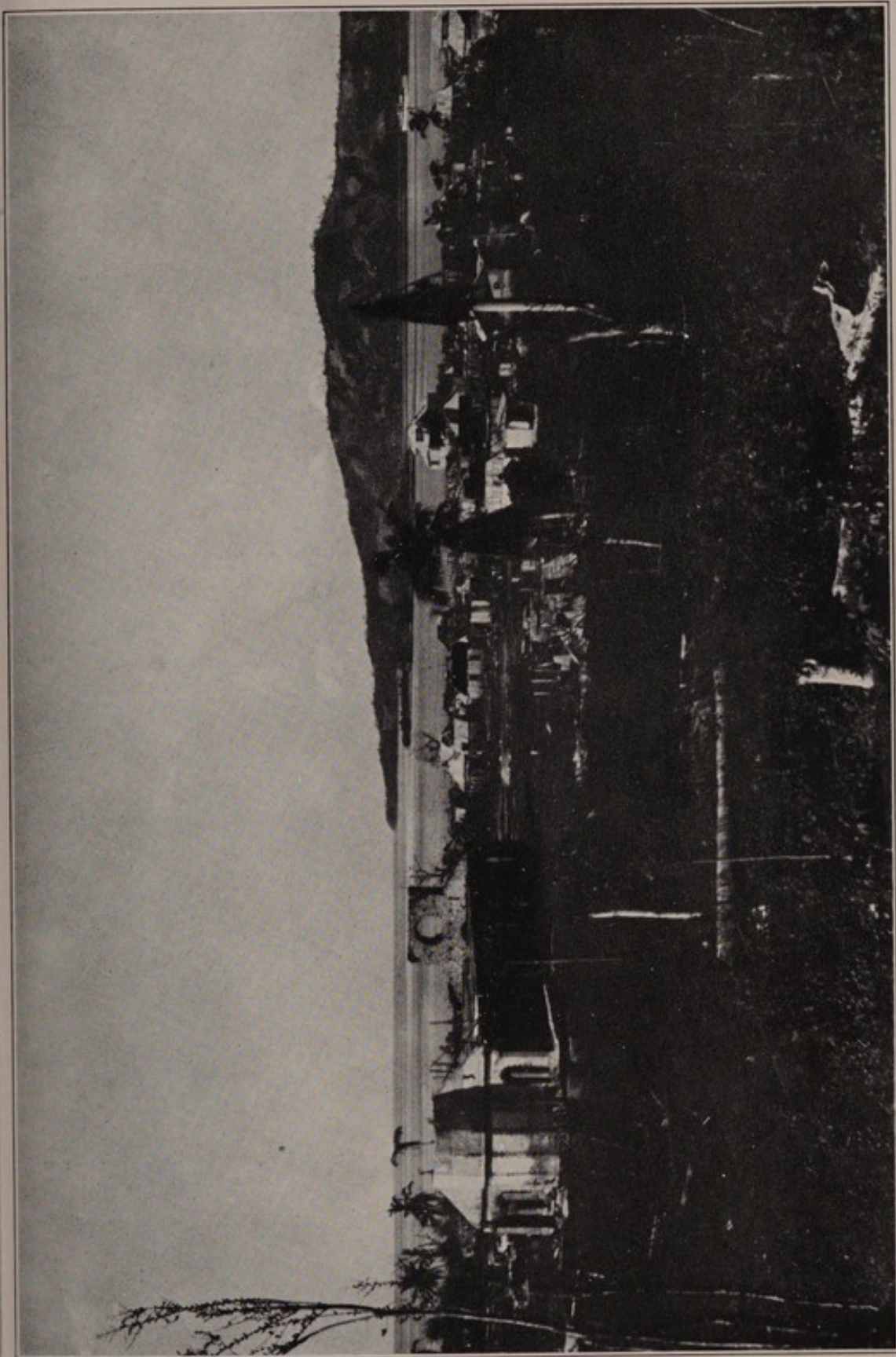
UNIT PRICE DATE — Supplied by the Department of Public Works.

Uprights	Gdes.	1.50
Rafters		0.50
Plates		2.00
Corrugated iron roofing, per sheet		3.50 x 25 — 87.50
425 board feet of boards		150.00
Hinges		45.00
Nails		15.00 (50 lbs)
Stone and lime, sufficient, for large caille		105.00

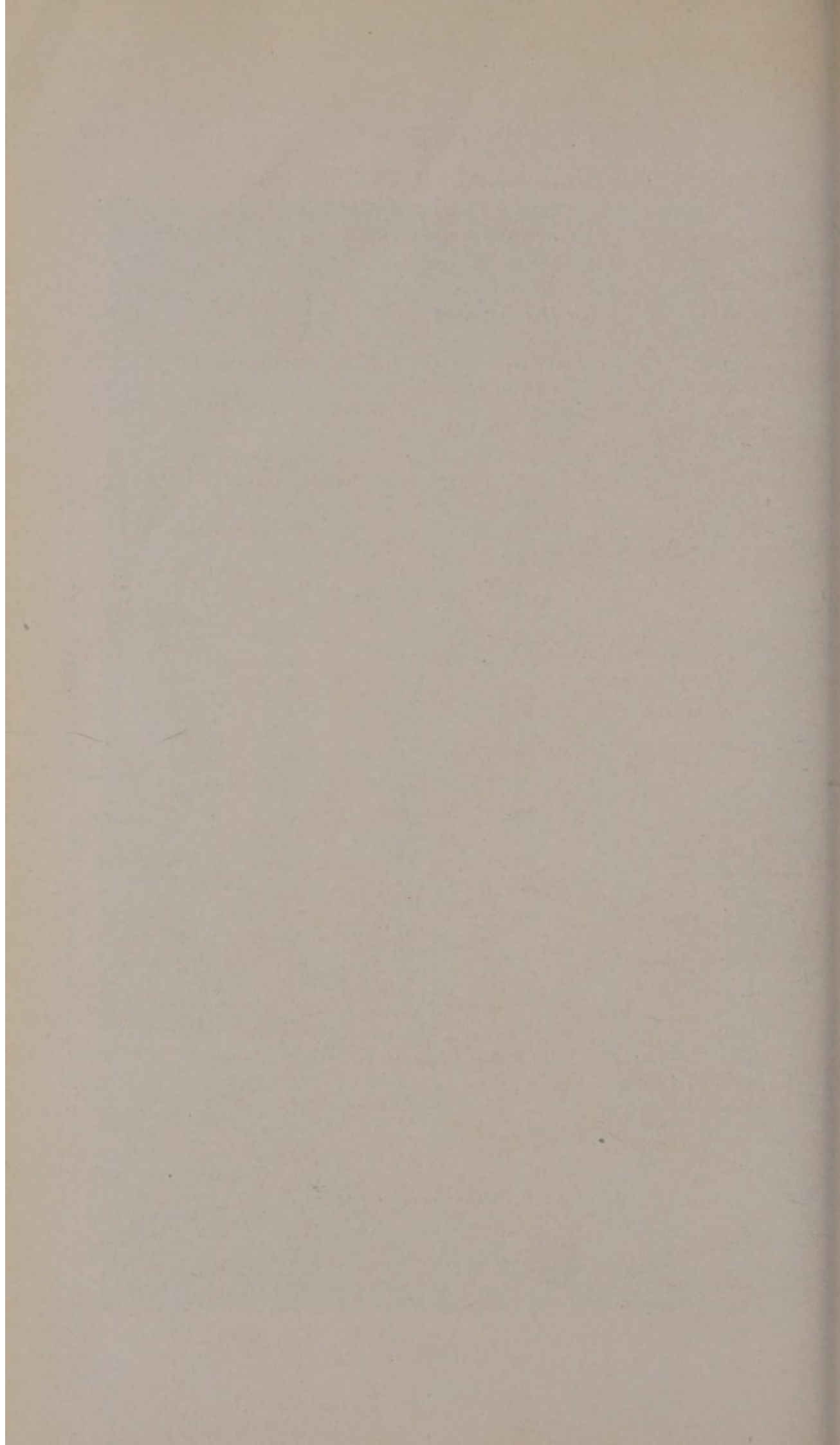


Aquin after hurricane, August 10, 1928.





General view of St. Louis du Sud after hurricane, August 10, 1928.



PUBLIC HEALTH EMPLOYEES**District of Port au Prince.****(a) Executive Office.**

Name	Date of Employment	Duty
Comdr. K. C. Melhorn (MC) USN.....	4-25-27	Director General, Public Health Service.
Comdr. W. J. Riddick (MC) USN.....	12-4-26	Executive Officer, Public Health Service.
Lieut. Comdr. P. W. Wilson (MC) USN.....	9-20-26	Officer in charge Division Education and Consultant in Medecine at Haitian General Hospital.
Ch. Ph. E. F. Aron, USN	8-16-27	Executive Assistant and Finance Officer.

(b) Supply Depot.

Ch. Ph. M. Birtwistle, USN.....	9-21-27	Supply Officer
Ch. Ph. M. O. Y. Kirkpatrick, USN.....	3-19-27	Asst. Supply Officer

(c) Medical School.

Dr. L. Dominique.....	10-1-26	Dean of Medical School
Dr. L. Hudicourt.....	10-1-26	Prof. of Medecine
Dr. P. Salomon.....	10-1-26	Prof. of Surgery
Dr. M. Civil.....	10-1-26	Prof. of Anatomy & Dissection
Dr. M. Camille.....	10-1-26	Prof. of Physiology
Dr. M. Lafleur.....	10-1-26	Prof. of Semiology & Histology
Dr. R. Léon.....	12-14-26	Comm. Physician 2nd cl.
Dr. M. Bourand.....	9-18-23	Comm. Physician 2nd cl.
Dr. J. Perrier.....	2-12-23	Comm. Physician 2nd cl.
Dr. L. Hyppolite.....	9-1-23	Comm. Physician 2nd cl.
Dr. E. Petrus.....	11-15-23	Comm. Physician 2nd cl.
Dr. J. Thébaud.....	10-1-27	Comm. Physician 2nd cl.
Dr. V. J. Pierre-Noel.....	1-11-27	Comm. Physician 6th cl.
Dr. E. Day.....	10-1-26	Prof. of Pharmacology
Ch. Ph. M. S. H. Reser, USN.....	8-21-27	Property and Accounting Officer.

(d) Haitian General Hospital.

Comdr. L. W. Johnson (MC) USN.....	6-13-28	Administrator Hait. Gen. Hosp.
Lieut. Cmdr. W. H. Michael (MC) USN.....	10-22-26	In charge of out-patient section and District Rural Clinics

Name	Date of Employment	Duty
Lieut. Comdr. R. M. Choisser (MC) USN...	3-15-26	Director of Laboratory
Lieut. Comdr. E. C. Ebert (MC) USN.....	11-13-26	Chief of Eye, Ear, Nose & Throat Department.
Lieut. Comdr. M. S. Mathis (MC) USN.....	4-9-26	Chief of Urological Section
Ch. Ph. M. C. F. Johnson, USN.....	7-8-27	Asst. to Adm. Hait. Gen. Hosp.
Ph. M. 1. cl. E. A. Kracke, USN.....	6-6-27	In charge of X-Ray & Asst to Direct. of Laboratory.
Dr. L. Moise.....	11-3-15	Comm. Physician 1st. cl.
Dr. J. Buteau.....	7-30-27	Comm. Physician 2nd. cl.
Dr. C. Valme.....	9-1-23	Comm. Physician 3rd. cl.
Dr. L. Jourdan.....	11-1-24	Comm. Physician 3rd. cl.
Dr. J. B. Saint-Cyr.....	7-26-26	Comm. Physician 4th cl.
Dr. S. Alcindor.....	10-1-27	Comm. Physician 6th cl.
Dr. E. S. Villard.....	10-1-27	Comm. Physician 6th cl.
Dr. J. Francis*.....	9-1-26	Comm. Physician 3rd. cl.
Dr. R. Salomon*		
Dr. M. Ethéart*		

* These Physicians are abroad under special instructions.

Miss A. H. von Kurowski	7-13-26	Directress of Training School for Haitian Nurses.
Miss C. A. Brouillet.....	3-29-28	Instructress
Miss M. M. Behrens.....	8-29-28	Instructress
Miss M. F. Malley.....	9-13-28	Instructress

(e) Public Health Office

Ch. Ph. W. C. Van Norden, USN.....	1-14-25	Public Health Officer
Ch. Ph. M. E. Fernquist, USN.....	7-8-27	Asst. Public Health Officer
Dr. M. Perigord.....	11-1-21	Comm. Physician 2nd. cl.
Dr. R. Charmant.....	10-1-27	Comm. Physician 2nd. cl.

District of Cap-Haitien

Lieut. Comdr. E. A. M. Gendreau (MC) USN.....	8-29-28	Public Health Officer
Lieut. Comdr. L. H. Williams (MC) USN.....	12-4-26	Administrator Justinien Hosp.

Date of
Employment

Ch. Ph. M. L. F. Curtis,
USN..... 12-22-25 Asst. Public Health Officer
Ph. M. 1. cl. U. D. Stroud,
USN..... 9-21-27 Asst to Adm. Justinien Hosp.
Dr. C. Fontus..... 9-22-22 Comm. Physician 4th cl.
Dr. P. Desmangles..... 1-16-25 Comm. Physician 4th cl.
Dr. Frank Madiou..... 7-1-27 Comm. Physician 6th cl.
Dr. L. St-Armand..... 10-1-26 Comm. Physician 6th cl.
Dr. C. Dorsainville..... 11-1-27 Non-Comm. Physician.

District of Cayes

Lieut. Comdr. S. S. Cook
(MC) USN..... 8-29-28 Public Health Officer
Ph. M. 1. cl. E. H. Hyde,
USN..... 9-20-26 Asst. Public Health Officer
Dr. A. Fethiere..... 1-2-26 Comm. Physician 4th cl.
Dr. E. Ledan..... 1-1-25 Comm. Physician 4th cl.

Reported

Name	Date of Employment	Place of Employment
Comdr. L. W. Johnson (MC) USN.....	6-13-28	Port au Prince
Dr. J. Thebaud.....	10-1-27	Port au Prince
Dr. S. Alcindor.....	10-1-27	Port au Prince
Dr. E. S. Villard.....	10-1-27	Port au Prince
Miss C. A. Brouillet A. R. C. N.	3-29-28	Port au Prince
Miss M. M. Behrens A. R. C. N.	8-29-28	Port au Prince
Miss M. T. Malley A. R. C. N.	9-13-28	Port au Prince
Dr. R. Charmant.....	10-1-27	Port au Prince
Lieut. Comdr. E. A. M. Gendreau (MC) USN.....	8-29-28	Cap Haitien
Lieut. Comdr. S. S. Cook (MC) USN.....	8-29-28	Cayes
Ph. M. 1. cl. G. B. Germany, USN.....	3-24-28	Jacmel
Ph. M. 1. cl. J. A. Thomas, USN.....	2-26-28	Jeremie
Lieut. C. D. Roop (MC) USN.....	7-25-28	Saint-Marc
Dr. A. Sam.....	7-27-28	Port de Paix.

Detached

Lieut. Comdr. O. Wildman,		
(MC) USN.....	3-16-26	8-31-28
Lieut. (jg) G. C. Thomas,		
(MC) USN.....	10-2-25	3-10-28
Lieut. B. M. Summers		
(MC) USN.....	1-21-25	11-2-27
Lieut. Comdr. R. P. Parsons		
(MC) USN.....	5-14-25	6-7-28
Dr. V. Mathurin.....	10-1-27	9-30-28
Lieut. (jg) C. D. Middlestadt		
(MC) USN.....	10-2-25	7-26-28
Dr. H. Lechaud.....	10-1-26	9-30-28
Dr. A. Leroy.....	11-15-27	7-31-28
Miss E. Lanoue,		
A. R. C. N.	8-21-27	3-28-28
Miss T. Legros		
A. R. C. N.	10-20-26	12-28-27
Ch. Ph. G. F. Lyon,		
USN.....	1-14-25	10-5-27
Ch. Ph. J. L. Inge,		
USN.....	10-13-24	11-2-27
Lieut. C. F. Hill		
(MC) USN.....	7-30-25	8-30-28
Lieut. (jg) H. W. Gillen,		
(MC) USN.....	10-2-25	11-2-27
Ph. M. 1. cl. J. M. Foster,		
USN.....	10-13-24	11-4-27
Dr. M. Etheart.....	7-1-24	10-4-27
Dr. L. Camille.....	10-1-26	3-9-28 (Died in France)
Ph. M. 1. cl. E. M. Custer,		
USN.....	12-3-26	2-13-28
Ph. M. 1. cl. T. C. Burks,		
USN.....	3-21-26	4-12-28
Ch. Ph. M. P. Angel,		
USN.....	9-14-25	10-11-27

District of Gonaives

Date of

Name	Employment	Duty
Lieut. J. B. Logue, (MC)		
USN	7-3-27	Public Health Officer
Ch. Ph. M. B. F. Dixon,		
USN	9-21-27	Asst. Public Health Officer
Dr. H. Desir	12-15-25	Comm. Physician 4th cl.

District of Hinche

Lieut. W. S. Bunkley (MC) USN	7-3-27	Public Health Officer
Ch. Ph. M. F. L. Stafford, USN	7-8-27	Asst. Public Health Officer
Dr. L. Torchon	2-1-26	Comm. Physician 4th cl.
Dr. V. Bellevue	10-1-25	Comm. Physician 5th cl.

District of Jacmel

Lieut. J. D. Blackwood (MC) USN	1-14-27	Public Health Officer
Ph. M. I. cl. G. B. Germany, USN	3-24-28	Asst. Public Health Officer
Dr. C. Carries	3-4-23	Comm. Physician 3rd cl.

District of Jeremie

Lieut. R. E. A. Pomeroy (MC) USN	11-2-27	Public Health Officer
Ph. M. I. cl. J. A. Thomas, USN	2-26-28	Asst. Public Health Officer
Dr. J. Papillon	11-1-25	Comm. Physician 5th cl.

District of Petit Goave

Lieut. C. R. Tatum (MC) USN	5-22-26	Public Health Officer
Ch. Ph. M. J. A. Herndon, USN	12-6-26	Asst. Public Health Officer
Dr. K. Saint-Louis.....	11-2-26	Non-Comm. Physician
Dr. D. Dejean	4-1-26	

District of Port de Paix

Dr. J. R. Jeanty	10-1-26	Public Health Officer Comm. Physician 5th cl.
Dr. A. Sam	7-27-28	Asst. Public Health Officer Comm. Physician 6th cl.

District of Saint Marc

Lieut. C. L. Roop (MC) USN	7-25-28	Public Health Officer
Ch. Ph. M. R. W. James, USN	9-21-27	Asst. Public Health Officer
Dr. D. Anglade	6-1-25	Comm. Physician 5th cl.

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	Executive Office	Cap-Haïtien	Cayes	Gonaïves	Hinche	Jacmel	Jérémie	Petit-Goâve	Public Health Office PORT-AU-PRINCE	Medical School PORT-AU-PRINCE	Haitian Gen. Hospital PORT-AU-PRINCE	Supply Depot and Garage PORT-AU-PRINCE	Port-de-Paix	Saint-Marc	Total
Med. Office of Navy	2	2	1	1	1	1	1	1	1	1	5			1	17
Chief Pharmacists	1								1			1			3
Ch. Ph. Mates. . . .				1				1	1	1	1	1			7
Ph. Mates lcl. . . .		2	1		1	1	1				1				7
Red Cross Nurses. .											3				3
Com. Physicians . .		4	2	1	2	1	1	1	1	15	10		2	1	41
Non-Com. Phys'ns .		1						1		3	1				6
Internes.										16					16
Dentists		1								1	1				3
Pharmacists. . . .		1						1		1	2				5
Ass. Pharmacists .					1						1				2
Graduate Nurses. .		9	1	2	3		1	1	2		15		2	1	27
Nurses		24		4			3	1			33	1		3	69
Technicians. . . .		3	1	1		1	1	1		3	4			1	16
Sisters		11	8	5	3	6	3	5	3		13		3	3	63
Chaplains.									1		1				2
Ward Attendants. .		25	4		3				6		11		1		50
Dressers.			1			10	3		6		13		4	5	47
Chief San. Inspect.		1	1			1	1	1	2						7
San. Inspectors. .		14	3	3		6	4	6	46				3	5	91
Chief Clerks		1	2						1		1	1	1	1	8
Ch. Accountants. .		1													1
Clerks		1	4	2	1	1	1	3	2	1	8	4	1	1	30

DIVISION OF PERSONNEL

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	Executive Office	Cap-Haïtien	Cayes	Gonaïves	Hinche	Jacmel	Jérémie	Petit-Goâve	Public Health Office PORT-AU-PRINCE	Medical School PORT-AU-PRINCE	Haitian Gen. Hospital PORT-AU-PRINCE	Supply Depot and Garage PORT-AU-PRINCE	Port-de-Paix	Saint-Marc	Total
Stenographers . . .	1														1
Librarians	1														1
Ch. Mechanics . . .		1	1									1			3
Ass. Mechanics . . .		1							2			1			4
App. Mechanics . . .												10			10
Mechanics		1			1	1	1		1			3			8
Chauffeurs			3	2	1	1	1	3	17		4	6			45
Watchmen		2				3			3		2	1			11
Section Bosses . . .		15	13	6	2	4	3	6	37		2		3	5	96
Laborers		125	149	60	64	69	40	66	423		34	9	39	55	1136
Cooks		5	3	2	2	2	2	2			6		2	2	28
Laundresses		6	2	2	1	6	1	3			15			4	40
Bakers		1									1				2
Plumbers		1									2				2
Carpenters		2	3		1		2	3			4	2			17
Painters							1				2	1			4
Masons		2	2	1			1		2		3				11
Blacksmiths							1					1			2
Messengers	1	1	1	1				1	2		1				8
Janitors	1						1	1		3	6				12
Servants		1	3	2		7	1	2			17		4		37
Total	10	275	205	95	94	120	75	110	559	29	239	43	65	91	2010

VITAL STATISTICS

The vital statistics in Haiti continue to show many discrepancies and will continue so until the present archaic laws governing registration of births, deaths and marriages are annulled and replaced by legislation whereby such registrations can be made free of any and all tax to the entire population - now only indigent persons register free of tax.

The percentage of receipts allowed Officers d'Etat Civil will cease upon the abolition of the present registration laws. It will therefore be advantageous to place these officers on the Government Payroll for a nominal salary, also the taxes derived by the Government from such registration will be lost. The loss, however, is insignificant compared to the importance of obtaining accurate statistics which are so vital in the proper functioning of the Public Health Service. The Public Health Service since its organization in 1919 has been and is still striving, to improve this deplorable situation.

Our continued efforts to have the Officers d'Etat Civil assist more vigorously (which they could readily do, taking into consideration their official status and function) have not been productive of results.

Since the majority of the 2,000,000 population live in the country districts and mountainous sections registration of vital statistics is practically nil. The city and town inhabitants are indifferent towards registration on account of the high tax taking into consideration their low earning capacity. The educated class are practically the only ones who consider that registration of births, deaths and marriages is of some personal import.

Yet vital statistics not only provide the Communes and National Government with accurate figures for their guidance in measures for protection from disease and for the promotion of health, but there are also definite economic advantages. Insurance organizations, manufacturing companies and other investment corporations do not accept health or property risks without knowledge of local health conditions as portrayed in vital statistics.

In summing up the situation in Haiti with regards to collecting vital statistics, this Service finds that -

1. No organization exists that is charged with the enforcement of the present law.
2. That the earning capacity of the people on a whole prohibits the imposition of a tax for such registration.
3. That a law without tax for registration of deaths, births and marriages should be enacted with a penalty for all violators.
4. That a sufficient number of Officers d'Etat Civil be appointed so that there may be registered in every section of the Republic (and submitted monthly on prescribed forms to this Service) every birth, death and marriage.

BIRTHS REPORTED IN HAITI FOR THE YEAR 1927

Districts	Jan.	Febr.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Cap-Haïtien.....M	121	322	86	179	206	189	170	77	151	409	42	220	2172
.....F	108	367	76	196	166	157	198	71	162	387	61	221	2170
Cayes.....M	156	247	168	175	251	278	183	196	265	133	257	87	2396
.....F	196	235	196	155	249	244	198	217	233	162	258	90	2433
Gonaïves.....M	154	122	116	231	176	135	149	184	195	448	309	360	2579
.....F	155	133	133	260	174	128	167	209	194	424	229	379	2585
Hinche.....M	65	144	73	149	109	102	59	68	128	94	97	87	1172
.....F	79	131	47	121	107	103	71	66	123	88	68	105	1109
Jacmel.....M	387	255	212	154	164	129	103	112	48	100	215	573	2452
.....F	414	273	255	161	175	136	105	78	53	121	216	567	2554
Jérémie.....M	115	169	176	220	119	158	151	120	153	172	289	256	2098
.....F	87	143	151	202	103	169	131	84	144	164	262	253	1893
Petit-Goave.....M	284	392	183	269	182	113	200	101	118	189	375	432	2838
.....F	351	372	196	256	169	113	153	129	123	175	486	384	2907
Port-au-Prince.....M	446	643	741	402	633	329	363	324	397	538	579	609	6004
.....F	501	726	765	421	618	389	378	335	410	502	606	583	6234
Port-de-Paix.....M	137	215	102	135	249	100	193	175	154	251	119	158	2078
.....F	132	209	106	121	216	194	169	213	150	239	125	161	2035
St. Marc.....M	222	228	253	372	282	192	197	109	86	100	179	189	2409
.....F	192	223	233	351	280	234	217	98	101	98	188	167	2382
Total.....M	2084	2737	2110	2286	2371	1815	1768	1466	1695	2434	2461	2971	26198
.....F	2215	2812	2158	2244	2257	1867	1787	1500	1693	2360	2499	2910	26302
Grand Total..	4299	5549	4268	4530	4628	3682	3555	2966	3388	4794	4960	5881	52500

With an estimated population of 2,000,000 the annual birth rate per 1,000 is $26\frac{1}{4}$.

DEATHS REPORTED IN HAITI FOR THE YEAR 1927

Districts	Jan.	Febr.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Cap-Haïtien.....	M. 187	65	58	81	77	76	62	191	35	70	86	75	1063
	F. 120	63	39	61	79	75	68	155	54	50	102	86	952
Cayes.....	M. 32	50	47	31	21	11	32	39	43	22	58	48	434
	F. 42	53	48	39	19	14	28	37	46	23	44	39	432
Gonaïves.....	M. 54	40	37	42	45	50	51	52	45	59	70	69	614
	F. 52	41	38	52	52	45	57	51	58	81	67	69	663
Hinche.....	M. 44	20	20	16	7	22	26	21	28	9	23	27	263
	F. 22	19	20	6	7	11	25	18	34	11	28	20	221
Jacmel.....	M. 37	25	21	14	8	17	18	16	13	16	45	38	268
	F. 26	21	16	15	19	11	13	14	16	29	40	39	259
Jérémie.....	M. 11	12	12	16	11	13	25	18	12	13	17	21	181
	F. 19	13	9	15	12	11	19	17	10	22	17	19	183
Petit-Goave.....	M. 72	65	49	52	30	36	60	41	65	66	63	54	653
	F. 69	63	63	47	41	37	49	44	66	89	87	75	730
Port-au-Prince.....	M. 160	126	120	119	131	121	137	113	164	162	177	129	1659
	F. 175	239	131	114	266	126	137	125	149	178	189	140	1960
Port-de-Paix.....	M. 67	59	38	37	44	44	33	47	64	48	55	54	590
	F. 66	56	42	30	49	51	42	50	44	51	52	45	578
St. Marc.....	M. 64	63	63	43	52	58	61	62	45	74	56	29	670
	F. 75	59	68	40	52	58	66	39	62	37	57	31	644
Total.....	M. 728	525	465	451	426	448	505	600	514	539	650	544	6395
	F. 666	627	474	419	596	439	504	550	539	571	683	563	6631
Grand Total.....	1394	1152	939	870	1022	887	1009	1150	1053	1110	1333	1107	13026

With an estimated population of 2,000,000 the annual death rate per 1,000 is 6.51.

**CAUSES OF DEATHS FOR THE WHOLE REPUBLIC.
YEAR 1927.**

1.—EPIDEMIC, ENDEMIC & INFECTIOUS DISEASES.

No. Int	Disease	Male	Female	Total
1a	Typhoid fever	10	27	37
5a	Malaria	557	539	1096
5a	Hemoglobinuric fever	1	0	1
5a	Malaria cachexia.....	1	0	1
9	Whooping cough.....	3	1	4
11a	Influenza	3	4	7
11b	Influenza	11	11	22
13	Mumps	0	1	1
15	Cholera	7	11	18
16a	Dysentery (amoebic).....	2	0	2
16b	Dysentery (bacillary).....	1	0	1
16c	Dysentery	30	43	73
20	Leprosy	3	0	3
22	Infantile Paralysis.....	1	0	1
27	Anthrax	1	0	1
29	Tetanus	14	16	30
30	Muguet	1	0	1
31	Tuberculosis of lungs.....	240	228	468
31	Tuberculous pneumonia.....	3	0	3
31	Phthisis	1	2	3
32	Tuberculous meningitis.....	1	0	1
33	Tuberculosis of Intestine.....	0	2	2
33	Tuberculous Peritonitis.....	2	2	4
34	Tuberculosis of vertebral column	1	0	1
36a	Tuberculosis of skin.....	0	2	2
36b	Tuberculosis of bones.....	1	0	1
36c	Glandular tuberculosis.....	1	0	1
36c	Tuberculous adenitis.....	2	0	2
37a	Miliary tuberculosis.....	2	0	2
38	Syphilis	133	129	262
41	Septicemia	8	8	16
42	Infectious fever.....	2	0	2
42	Treponematosis	73	63	137

11.—GENERAL DISEASES NON MENTIONED IN CLASS 1.

43	Cancer of tongue.....	3	1	4
44	Cancer of stomach.....	5	3	8
44	Cancer of liver.....	1	3	4
44	Cancer of throat.....	0	2	2
44	Cancer of pylorus.....	0	1	1
45	Cancer of rectum.....	0	1	1
45	Cancer of intestine.....	0	1	1

No. Int	Disease	Male	Female	Total
46	Cancer of uterus.....	0	8	8
47	Cancer of breast.....	0	6	6
48	Cancer of face.....	1	0	1
49	Cancer	7	0	7
49	Cancer of bladder.....	2	0	2
49	Cancer of kidney.....	0	1	1
50	Tumor	0	4	4
50	Fibroma of uterus.....	0	1	1
51	Rheumatism	1	3	4
52	Rheumatism, chronic.....	38	41	79
57	Diabetes mellitus.....	3	4	7
58a	Anemia pernicious.....	3	3	6
58b	Anemia, simple.....	0	5	5
60a	Basedow's disease.....	1	0	1
65a	Leukemia	1	1	2
66	Alcoholism	3	2	5
66	Intoxication, alcoholic.....	0	1	1
69	Infectious fever.....	1	1	2
69	Uricemia	0	1	1

III.—DISEASES OF THE NERVOUS SYSTEM AND OF THE ORGANS OF SPECIAL SENSE.

71	Meningitis	1	3	4
71a	Meningoencephalitis	1	0	1
71a	Cerebro-spinal meningitis.....	4	7	11
73	Tabes dorsalis.....	1	0	1
73	Myelitis	2	0	2
74a	Cerebral Hemorrhage.....	7	8	15
74a	Cerebral congestion.....	17	12	29
74a	Apoplexy	8	10	18
74b	Cerebral Embolism.....	1	2	3
74b	Cerebral Thrombosis.....	2	0	2
75a	Hemiplegia	1	0	1
75b	Paraplegia	2	0	2
75b	Paralysis	4	1	5
77	Dementia	0	2	2
78	Epilepsy	4	3	7
80	Infantile convulsions.....	3	4	7
82	Neuritis	3	2	5
84	Little's disease.....	1	0	1
84	Cerebral anemia.....	1	0	1
86a	Abscess, ear.....	1	0	1
86b	Mastoiditis	2	0	2

IV.—DISEASES OF THE CIRCULATORY SYSTEM.

87	Pericarditis	1	2	3
88	Myocarditis, acute.....	7	2	9

No. Int	Disease	Male	Female	Total
88	Myocarditis, chronic.....	0	4	4
88	Myocarditis	5	6	11
89	Angina pectoris.....	3	2	5
90	Valvular insufficiency.....	11	2	13
90	Asystole of heart.....	4	1	5
90	Cardiopathy	21	41	66
90	Mitral insufficiency.....	8	6	14
90	Aortic insufficiency.....	7	2	9
90	Dilatation of heart.....	4	0	4
90	Cardiac insufficiency.....	3	9	12
90	Mitral stricture.....	1	0	0
91a	Aneurysm	4	0	4
91b	Arterio sclerosis.....	4	2	6
91c	Aortitis	2	0	2
92	Cardiac embolism.....	1	0	1
93	Hemorrhoids	1	0	1
94	Cervical adenitis.....	0	1	1
94	Lymphangitis	0	1	1
95	Hemorrhage of umbilicus.....	0	1	1
95	Internal hemorrhage.....	1	1	2

V.—DISEASES OF THE RESPIRATORY SYSTEM.

98	Stricture of larynx.....	1	0	1
99a	Bronchitis, acute.....	18	15	33
99b	Bronchitis, chronic.....	2	2	4
99c	Bronchitis	7	4	11
99d	Bronchitis	2	5	7
100a	Broncho-pneumonia	23	11	34
100b	Capillary bronchitis acute.....	2	1	3
101a	Pleuropneumonia	2	0	2
101a	Pneumonia lobar.....	10	4	14
101b	Pneumonia	15	24	39
102	Pleurisy	5	2	7
103	Congestion of lung.....	8	4	12
104	Gangrene of lung.....	1	0	1
105	Asthma	4	10	14
107	Disease of the respiratory system	0	1	1

VI.—DISEASES OF THE DIGESTIVE SYSTEM.

111a	Ulcer of the stomach.....	4	2	6
111b	Ulcer of the duodenum.....	0	1	1
112	Dyspepsia	1	3	4
112	Gastritis, chronic.....	15	5	20
112	Gastritis, acute.....	1	0	1
112	Hematemesis	1	0	1
113	Athrepsia	3	3	6
113	Enterocolitis	2	4	6

Int	Disease	Male	Female	Total
3	Enteritis	28	28	56
4	Enteritis	33	33	66
4	Gastrointestinal Infection.....	72	61	133
4	Gastroenteritis	3	2	5
6	Diseases due to Intestinal Parasites.....	5	12	17
6f	Helminthiasis	18	15	33
6f	Intestinal parasites.....	13	13	26
7	Appendicitis, acute.....	1	0	1
8	Intestinal obstruction.....	3	1	4
18a	Hernia	3	0	3
18b	Invagination of intestine.....	2	0	2
18a	Hernia, strangulated.....	3	0	3
18b	Intestinal occlusion.....	2	13	15
19	Rectovaginal fistula.....	0	1	1
19	Constipation	5	2	7
19	Rectitis	0	1	1
19b	Intestinal hemorrhage.....	1	1	2
22a	Alcoholic cirrhosis of liver.....	5	4	7
22a	Hepatitis alcoholic.....	2	0	2
22b	Cirrhosis of liver.....	10	5	15
23	Hyperthrophic corrhosis of liver.....	5	1	6
23	Biliary calculi.....	0	1	1
24	Angiocolitis, acute.....	1	0	1
24	Congestion of liver.....	2	1	3
24	Hepatitis	7	5	12
24	Hepatitis, acute.....	5	3	8
24	Suppurative hepatitis.....	2	0	2
24	Icterus	3	1	4
126	Peritonitis	1	6	7
126	Peritonitis acute.....	0	2	2

VII.—NON VENEREAL DISEASES OF THE GENITO-URINARY SYSTEM AND ANNEXA.

128	Acute Nephritis.....	12	17	29
129	Bright's disease.....	4	2	6
129	Albuminuria	1	1	2
129	Nephritis	16	14	30
129	Chronic Nephritis.....	33	23	56
129	Uremia	8	3	11
131	Hemoglobinuria	2	0	2
133	Cystitis	0	1	1
133	Retention of urine.....	8	0	8
134b	Infiltration of urine.....	4	1	5
134b	Vesicovaginal fistula.....	0	1	1
134b	Fistula of urethra.....	2	0	2
136	Hematocele	1	0	1
137	Cyst of ovary.....	0	2	2

No. Int	Disease	Male	Female	Total
138	Salpingitis	0	2	2
139	Tumor of uterus.....	0	2	2
139	Fibroma of uterus.....	0	2	2
141	Metritis	0	1	1
141	Prolapsus of uterus.....	0	1	1

VIII.—THE PUERPERAL STATE.

143	Abortion	0	3	3
144	Puerperal hemorrhage.....	0	2	2
145	Accident of labor.....	0	18	18
146	Puerperal Infection.....	0	3	3
146	Puerperal Septicemia.....	0	6	6
148	Puerperal Eclampsia.....	0	2	2
149	Childbirth	0	3	3

IX.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.

151	Gangrene	3	1	4
151	Gangrene of foot.....	1	0	1
151	Gangrene of testicles.....	1	0	1
151	Gangrenous stomatitis.....	1	1	2
153	Phlegmon	2	2	4
153	Abscess	7	1	8
155	Ulcer	1	0	1

X.—DISEASES OF THE BONES AND OF THE ORGANS OF LOCOMOTION.

157	Arthritis, acute.....	0	1	1
158	Arthritis, chronic.....	1	0	1

XI.—MALFORMATIONS.

159	Congenital malformation.....	1	2	3
159a	Hydrocephalus, congenital.....	1	1	2

XII.—EARLY INFANCY.

160	Icterus	2	1	3
160	Congenital debility.....	6	7	13
161	Premature birth.....	11	10	21
162	Cyanosis	0	1	1
162	Asphyxia	0	1	1

XIII.—OLD AGE.

164	Senility	165	217	382
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XIV.—EXTERNAL CAUSE.

168	Suicide by hanging.....	3	1	4
170	Suicide by firearms.....	2	0	2

o. Int	Disease	Male	Female	Total
79	Burns	5	8	13
80	Accidental Suffocation.....	2	0	2
81	Accidental poisoning.....	3	1	4
82	Drowning	6	4	10
83	Traumatism by firearms.....	4	1	5
84	Traumatism by cutting Instru- ment	4	0	4
85	Traumatism by fall.....	0	1	1
88c	Traumatism by vehicle.....	4	4	8
18g	Traumatism by landslide.....	1	0	1
97	Homicide	1	0	1
98	Homicide by cutting Instru- ment	1	1	2
01	Fracture of skull.....	5	0	5
01	Fracture of leg (multiple).....	4	0	4
02	Concussion of brain.....	1	1	2
02	Traumatism	0	1	1
02	Contusions	1	0	1
02	Perforation of liver.....	0	1	1
02	Wounds	6	3	9
04	Sudden death.....	13	7	20
05	Operative shock.....	0	1	1
05a	Cardiac asthenia.....	0	1	1
05a	Fever, unknown cause.....	683	690	1373
05f	Unknown cause.....	3671	3924	7595
		<u>6395</u>	<u>6631</u>	<u>13026</u>

38c	Syphilis.....	M F	33 19	1	3	3	3	1	9	3		
40	Purulent ophthalmia.....	M F	1									
41	Septicemia.....	M F	2								1	
41	General septicemia.....	M F	1									1
41	Gas gangrene.....	M F	1					1				
42	Infectious fever.....	M F	40		2	3	10	7	9	9		
	II.—GENERAL DISEASES NOT IN- CLUDED IN CLASS I.....	M F	27 13		2	2	6	5	7	7	2	
43	Cancer of tongue.....	M F	1								1	
43	Cancer of throat.....	M F	2						2			
44	Cancer of leg.....	M F	1						1			
44	Cancer of liver.....	M F	1 2				2				1	
44	Cancer of stomach.....	M F	2								2	
45	Cancer of cecum.....	M F	1							1		
45	Cancer of duodenum.....	M F	2				2					

CAUSES OF DEATHS, PUBLIC HEALTH HOSPITALS—YEAR 1927
(Continued)

Int. No.	CAUSE OF DEATH	Total deaths	Under 1 year	1 to 5	6 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 79	80 to 100	Age unknown
46	Cancer of uterus.....	M 1 F 3						1	2		1		
47	Cancer of breast.....	M 1 F 1									1		
49	Cancer of epiglottis.....	M 1 F 1								1			
49	Cancer of bladder.....	M 3 F 3						1			2		
49	Cancer.....	M 1 F 1					1						
49	Sarcoma.....	M 1 F 1							1				
49	Sarcoma of uterus.....	M 1 F 1							1				
49	Lymphosarcoma.....	M 1 F 1						1					
50	Abdominal tumor.....	M 1 F 1				1							
50	Fibroma.....	M 1 F 1						1					

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CAUSES OF DEATHS, PUBLIC HEALTH HOSPITALS—YEAR 1927
(Continued)

Int. No.	CAUSE OF DEATH	Total deaths	Under 1 year	1 to 5	6 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 79	80 to 100	Age unknown
91	Arterio-sclerosis..... M..... F.....	1								1			
91a	Aneurysm of aorta..... M..... F.....	1									1		
93	Varicose ulcer of leg..... M..... F.....	1									1		
93	Tuberculosis of cavernous sinus..... M..... F.....	1				1							
94	Lymphadenitis..... M..... F.....	1								1			
98	V.—DISEASE OF THE RESPIRATORY SYSTEM..... M..... F.....	58 43 15	1 1 1	5 2 3		4 2 2	10 8 2	14 7 7	9 9 7	4 4 1	10 9 1		1 1
98	Stricture of larynx..... M..... F.....	1									1		
99a	Bronchitis..... M..... F.....	1 1	1		1								
99a	Acute bronchitis..... M..... F.....	1		1									
99b	Chronic Bronchitis..... M..... F.....	1						1					

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113	Enteritis.....	M F	1 1					1 1						
114	Diarrhea.....	M F	1 1						1					
114	Senile diarrhea.....	M F	1 										1	
114	Enteritis, acute.....	M F	1 											1
114e	Membranous enterocolitis.....	M F	1 										1	
116e	Ascariasis.....	M F	1 1				1 1							
116e	Intestinal worms.....	M F					1						1	
116f	Intestinal parasites.....	M F	1 				1							
117	Appendicitis.....	M F	1 						1					
117	Iliac phlegmon.....	M F								1				
118	Hernia.....	M F	1 										1	
118	Intestinal obstruction.....	M F	1 						1					
118	Inguinal hernia.....	M F	1 											1
118	Strangulated hernia.....	M F	1 2								1		1	
118b	Intestinal occlusion.....	M F	2 1							1				1

CAUSES OF DEATHS, PUBLIC HEALTH HOSPITALS—YEAR 1927

(Continued)

Int. No.	CAUSE OF DEATH	Total deaths	Under 1 year	1 to 5	6 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 79	80 to 100	Age unknown
119	Rectovaginal fistula..... M..... F.....	1					1						
119	Intestinal hemorrhage..... M..... F.....	1 1						1			1		
119	Rectitis..... M..... F.....	1					1						
119	Prolapsus of rectum..... M..... F.....	1									1		
119	Fistula in ano..... M..... F.....	1					1						
122	Cirrhosis of liver (non alcoholic)..... M..... F.....	5						2	2	2	1		
122a	Alcoholic hepatitis..... M..... F.....	1						1					
122b	Hypertrophic cirrhosis..... M..... F.....	2 1				1 1	1						
122b	Atrophic cirrhosis of liver..... M..... F.....	1									1		
122b	Cirrhosis..... M..... F.....	1 1				1						1	
124	Abscess of hypocondria..... M..... F.....	1					1						

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CAUSES OF DEATHS, PUBLIC HEALTH HOSPITALS—YEAR 1927

(Continued)

Int. No.	CAUSE OF DEATH	Total deaths	Under 1 year	1 to 5	6 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 79	80 to 100	Age unknown
134a	Stricture of urethra..... M..... F.....	2							1		1		
134a	Vesico-vaginal fistula..... M..... F.....	1					1						
134b	Infiltration of urine..... M..... F.....	1	1										
134b	Fistula of perineum..... M..... F.....	1								1			
136	Hematocele..... M..... F.....	1									1		
137	Cyst of ovary..... M..... F.....	1			1								
138	Salpingitis..... M..... F.....	2						2					
139	Tumor of uterus..... M..... F.....	1								1			
141	Prolapsus of uterus..... M..... F.....	1									1		
	VIII.—THE PUERPERAL STATE..... M..... F.....	9				1	6	1			1		
		9				1	6	1					

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CAUSES OF DEATHS, PUBLIC HEALTH HOSPITALS—YEAR 1927

(Continued)

Int. No.	CAUSE OF DEATH	Total deaths	Under 1 year	1 to 5	6 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 79	80 to 100	Age unknown
181	Poisoning..... M..... F.....	1	1										
183	Wound by firearm..... M..... F.....	2				1	1	1					
184	Wound by cutting instrument..... M..... F.....	1				1							
185	Traumatism by fall..... M..... F.....	1									1		
188	Automobile accident..... M..... F.....	3 2	1			1	1	1	1				
188	Traumatism by automobile..... M..... F.....	2					2						
192	Misery..... M..... F.....	2	1						1				
201c	Fracture of thigh..... M..... F.....	1					1						
201c	Fracture of femur..... M..... F.....	1								1			
291c	Fracture of skull..... M..... F.....	3				1		2					
201c	Fracture of leg, multiple..... M..... F.....	1						1					

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**MORBIDITY STATISTICS FOR PUBLIC HEALTH HOSPITALS
INCLUDING INPATIENTS AND HOSPITAL
DISPENSARIES OUTPATIENTS
Year 1927.**

No. Int.	Disease	No. of Interns	No. of sickdays	No. of Outpatients	No. Cons. & treatments
1. EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES.					
1a	Typhoid Fever.....	58	1244	23	60
1b	Paratyphoid Fever	1	15	0	0
5a	Malaria	331	3944	3613	5370
5b	Malarial cachexia.....	2	25	1	7
6	Small pox	1	18	0	0
7	Measles	1	10	11	17
9	Whooping cough	0	0	33	41
10	Diphtheria	4	18	0	0
10	Pseudo-membranous angina	0	0	1	1
11a	Bronchitis due to grippe	13	176	31	83
11b	Grippe	30	376	887	1978
13	Mumps	4	66	9	14
13	Parotitis	0	0	6	6
16a	Amoebic abcess of liver	2	31	0	0
16a	Dysentery, amoebic	31	383	44	44
16b	Dysentery, bacillary	1	26	19	35
16c	Dysentery	13	588	133	362
20	Leprosy	5	108	43	190
21	Erysipelas	2	32	3	3
22	Infantile paralysis.....	0	0	3	5
22	Poliomyelitis	1	21	2	3
24	Cerebro-spinal meningitis	1	1	0	0
25	Varicella	19	461	4	19
25c	Gangosa	1	26	0	2
27	Charbon	1	9	0	0
27	Anthrax	0	0	1	6
29	Tetanos	34	251	5	10
30	Aphthae	0	0	2	2
30	Erythrasma	0	0	2	2
30	Actinomycosis	0	0	23	503
30	Myocosis	0	0	11	19
30	Favus	0	0	1	7
30	Muguet	0	0	4	4
31	Tuberculosis	74	1516	115	200

No. Int.	Disease	Interns sickdays Outpatients treatments			
		No. of	No. of	No. of	No. Cons. &
31	Hemoptysis, tuberculous	0	0	2	2
31	Tuberculosis of axilla ...	1	64	0	0
32	Meningitis, tuberculous	1	3	0	0
33	Peritonitis, tuberculous .	7	193	1	3
33c	Adenophaty	0	0	2	2
34	Potts' disease	7	404	9	30
34	Tuberculosis of vertebra	1	9	0	0
35	Coxalgia	2	22	8	19
35	Tuberculous arthritis ...	1	3	0	0
35	Articular tuberculosis ...	0	0	1	2
36b	Cold abscess	1	113	2	4
36c	Scrofulosis	0	0	20	63
36b	Tuberculosis of bones ...	0	0	1	28
36b	Ossifluent abscess	0	0	1	3
36c	Tuberculosis of Lympha- tic System	0	0	35	67
36d	Tuberculosis of testicle	2	109	0	0
36e	Tuberculosis of glands	3	173	5	26
38	Specific paralysis	2	49	0	0
38	Chancre	2	50	0	0
38	Specific Ulcer	0	0	70	2489
38	Specific iritis	2	33	0	0
38	Chancre of face	0	0	1	1
38a	Primary syphilis	84	2187	772	3860
38b	Secondary syphilis	32	843	1064	4300
38c	Tertiary syphilis	520	28710	2184	21840
38d	Hereditary syphilis	36	1545	484	1556
38e	Syphilis	1084	47656	11766	52639
39	Soft chancre	28	580	266	1230
39	Chancroid of penis	0	0	3	5
39	Phadegenic chancre	0	0	4	22
39	Chancre of mouth.....	0	0	0	2
40	Gonococcus infection....	36	535	256	1165
40	Vaginitis	0	0	2	11
40	Gonococcic urethritis....	3	19	116	802
40	Balanoposthitis	0	0	3	5
40	Cystitis	0	0	1	3
40	Purulent ophthalmia	1	40	2	25
40	Gonorrheal arthritis	1	26	0	0
40	Urethritis	0	0	1	10
40	Gonococcic cystitis.....	0	0	0	4
40	Balanitis	0	0	0	2
40a	Blennorrhagia	11	227	54	145
40a	Bubo	2	37	2	2
40a	Gonorrhea	8	113	546	3007
40a	Orchitis	3	74	23	89

No. Int.	Disease	No. of Interns	No. of sickdays	No. of Outpatients	No. Cons. & treatments
40a	Gonococcic vaginitis.....	7	272	145	962
40a	" conjunctivitis	20	173	10	44
40a	" ophthalmia	2	30	2	15
40a	" infection of eyes	0	0	19	78
40a	Gonorrheal urethritis ...	4	104	0	0
41	Septicemia	2	44	0	0
42	Treponematosi s	1297	52934	11265	119130
42	Infectious disease	1	1	0	0
42	Filariasis	5	145	7	0
42	Vaccinia	0	0	5	9

11. GENERAL DISEASES NOT INCLUDED IN CLASS 1.

43	Cancer of tongue	3	70	1	1
43	Cancer of tonsils	1	45	0	0
44	Cancer of stomach	8	215	0	0
44	Cancer of liver	5	55	1	1
45	Cancer of rectum	2	17	0	0
45	Cancer of colon	1	3	0	0
46	Cancer of uterus	9	303	6	21
47	Cancer of breast	19	749	6	43
48	Cancer of skin	0	0	3	7
48	Cancer of thigh.....	4	372	0	0
48	Cancer of face	0	0	2	18
48	Epithelioma of face	0	0	1	3
49	Sarcomatosis	1	16	0	0
49	Cancer	1	28	5	16
49	Cancer of eyes	3	60	0	0
49	Cancer of bones	1	29	1	4
49	Cancer of loins	1	1	0	0
49	Osteosarcoma	0	0	1	10
49	Cancer of abdomen	1	14	1	3
49	Cancer of penis	8	351	0	0
49	Sarcoma	3	63	0	0
49	Uterine fibroma.....	3	7	8	8
50	Tumor of penis.....	3	38	0	0
50	Tumor of breast.....	2	62	0	0
50	Abdominal tumor.....	6	278	6	13
50	Benign tumor.....	2	27	13	61
50	Tumor of bones.....	2	49	0	0
50	Tumor of face.....	1	0	7	55
50	Osteoma	1	11	10	40
50	Neoplasm	2	82	0	0
50	Polypus of nose.....	3	22	5	11
50	Lipoma	13	237	36	132

No. Int.	Disease	No. of Interns	No. of sickdays	No. of Outpatients	No. Cons. & treatments.
50	Adenoma	4	83	3	10
50	Cyst	8	123	0	0
50	Epulis	1	12	1	2
50	Tumor of axilla.....	0	0	2	2
50	Tumor of testicle.....	1	2	0	0
50	Fatty tumor.....	3	8	2	2
50	Neurofibromatosis	1	73	0	0
50	Fibrous tumor.....	1	2	0	0
50	Tumor	0	0	6	10
50	Tumor of lips.....	0	0	1	1
50	Tumor of uterus.....	1	4	0	0
50	Tumor of hip.....	1	39	0	0
50	Polypus of larynx.....	1	8	0	0
50	Papilloma	0	0	3	7
50	Myoma	0	0	3	3
50	Sebaceous tumor.....	0	0	11	23
50	Angioma	0	0	5	21
50	Dermoid cyst.....	1	30	0	0
50	Tumor of thigh.....	1	17	1	7
50	Tumor of gum.....	1	7	0	0
50	Fibroma	0	0	2	3
50	Tumor of neck.....	0	0	4	8
50	Tumor of joint.....	1	34	5	7
51	Rheumatism	93	3155	1114	3296
51	Intercostal Rheumatism	0	0	5	67
52	Chronic Rheumatism.....	27	624	1422	3457
52	Chronic Arthritis.....	2	221	69	288
52	Rheumatism (Cerebro Spinal)	1	58	0	0
54	Pellagra	3	88	1	1
56	Rickets	1	1	5	12
57	Diabetes	2	48	12	41
58a	Pernicious anemia.....	11	147	508	1520
58b	Anemia	6	102	369	563
58b	Chlorosis	1	21	1	3
60a	Basedow's disease.....	1	0	0	0
60b	Goiter	9	170	61	136
62	Lymphatism	0	0	3	11
64	Splenomegalia	1	35	0	0
65a	Leukemia	7	103	2	2
65a	Lymphademia	3	113	1	3
66	Alcoholic intoxication...	3	7	1	3
66	Ethylism	29	84	10	27
66	Delirium Tremens.....	2	5	0	0
66	Alcoholism	6	116	2	2
67b	Stomatitis, mercurial....	0	6	0	1

No. Int.	Disease	No. of Interns	No. of sickdays	No. of Outpatients	No. Cons. & treatments
67	Intoxication mercurial...	2	11	0	0
68	Morphinism	1	4	0	0
69	Anaphylaxia	0	0	5	12
69	Autointoxication	2	8	94	95

III.—DISEASES OF NERVOUS SYSTEM & OF THE ORGANS OF SPECIAL SENSE

71	Meningitis	10	24	0	0
72	Tabes	2	22	6	42
72	Progressive locomotor ataxia	1	343	0	0
73	Myelitis	3	146	0	0
73	Bulbar paralysis.....	0	0	13	39
73	Amyotrophy	0	0	1	1
73	Ascending paralysis.....	0	0	1	2
74a	Cerebral apoplexy.....	1	1	0	0
74a	Apoplexy	1	17	0	0
74a	Cerebral hemorrhage.....	6	113	5	6
74a	Cerebral congestion.....	6	105	12	40
75a	Hemiplegia	20	1331	12	49
75b	Paraplegia	5	345	5	14
75b	Paralysis	2	22	1	3
75b	Facial paralysis.....	0	0	1	5
76	Paresia	0	0	0	1
77	Dementia precox.....	2	11	6	9
77	Other forms of mental alienation.....	8	717	4	8
77	Psychasthenia.....	0	0	1	1
78	Epylepsy.....	30	855	85	237
79	Eclampsia, non puerperal.....	1	1	0	0
80	Infantile convulsions.....	7	14	7	21
81	Chorea.....	3	69	0	0
82a	Hysteria.....	9	50	49	86
82a	Neuralgia.....	2	8	162	252
82	Migraine.....	0	0	36	81
82b	Sciatica	1	7	0	0
82	Tic douloureux.....	0	0	69	39
82	Neuritis.....	0	0	1	1
84	Little's disease.....	1	61	0	1
84	Paralysis agitans.....	2	55	0	0
84	Paralysis.....	3	128	0	0
84	Cerebral anemia.....	1	7	1	1
84	Neurosis.....	1	2	0	0
84	Vertigo.....	0	0	2	2

No. Int.	Disease	No. of Interns	No. of sickdays	No. of Outpatients	No. Cons. & treatments
84	Neurasthenia	0	0	16	30
84	Idiocy.....	0	0	1	2
84	Aphasia.....	0	0	1	4
84	Hiccough.....	0	0	1	4
84	Other disease of the..... nervous system.....	4	32	4	4
85a	Iridochoroiditis... ..	1	26	0	0
85a	Iritis.....	8	92	97	1559
85a	Pterygium.....	1	1	87	105
85a	Panophtalmitis.....	4	116	0	0
85a	Keratitis.....	25	1179	491	2537
85a	Staphyloma.....	3	37	0	0
85a	Atrophy of optic nerve...	3	134	32	112
85a	Conjunctivitis	29	1416	1670	6947
85a	Cataract	46	1811	183	679
85a	Dacryocistitis.....	6	182	19	149
85a	Neuralgia.....	5	35	0	0
85a	Choroiditis	0	0	32	109
85a	Glaucoma.....	0	0	13	27
85a	Ophthalmia	5	726	13	163
85	Disease of cornea.....	0	0	1	15
85	Inflammation of cornea..	1	17	0	0
85	Entropion.....	3	70	13	52
85	Abscess of eye.....	0	0	2	12
85	Tumor of eye.....	0	0	1	3
85	Dlepharo-conjunctivitis	0	0	9	19
85	Purulent Ophthalmia.....	2	91	0	0
85	Pannus	2	15	0	0
85	Contusion of eye.....	2	33	19	19
85	Ulcer of cornea.....	1	10	14	40
85b	Follicular conjunctivitis	0	0	107	769
85c	Trachoma.....	5	127	16	88
85d	Tumor of orbit.....	0	0	4	30
85e	Blepharitis.....	1	7	99	364
85e	Ectropion.....	1	10	1	3
85e	Foreign body, eye.....	0	0	6	8
85e	Scleritis.....	0	0	1	1
85e	Sclero-choroiditis.....	0	0	7	10
85e	Irido-choroiditis.....	0	0	1	1
85e	Amaurosis.....	0	0	8	21
85e	Optic neuritis.....	0	0	1	1
85e	Retinitis.....	0	0	2	14
86	Otitis.....	8	244	378	1601
86	Otitis media.....	0	0	451	2410
86	Otitis externa.....	0	0	388	2309
86	Mastoiditis	20	387	29	251

No. Int.	Disease	No. of Interns	No. of sickdays	No. of Outpatients	No. Cons. & treatments
86	Diseases of the ear.....	2	24	166	987
86	Abcess of ear.....	2	6	16	16
86	Deafness.....	0	0	3	3
86	Foreign body in ear.....	0	0	9	14
86	Otalgia	0	0	13	35

IV.—DISEASE OF THE CIRCULATORY SYSTEM.

87	Cardiac adhesion.....	1	99	0	0
87	Pericarditis.....	1	35	0	0
88	Myocarditis.....	4	249	1	1
88	Endocarditis	1	4	0	0
89	Angina pectoris.....	3	92	0	0
89	Cardiac angina.....	0	0	1	2
90	Aortic stricture.....	5	275	3	3
90	Mitral stricture.....	1	11	3	15
90	Cardiac insufficiency.....	5	90	21	73
90	Aortic insufficiency.....	9	159	5	15
90	Mitral insufficiency.....	19	619	11	26
90	Insufficiency of tricuspid valve.....	0	0	1	1
90	Asystole	3	86	0	0
90	Valvular disease of heart	0	0	1	10
90	Myocarditis chronic.....	0	366	8	15
90	Cardiopathy.....	0	0	2	5
90	Hypertrophy of heart....	0	0	1	5
90	Palpitation of heart.....	3	26	12	25
90	Chronic valvular disease of heart	0	0	66	192
90	Aortic stenosis.....	1	20	1	1
91a	Aneurysm.....	8	165	4	22
91b	Arteriosclerosis	0	255	9	29
91c	Aortitis	9	255	9	29
93	Hemorrhoids.....	26	421	66	250
93	Phlebitis.....	3	53	1	2
93	Varix.....	4	53	1	2
93	Varicose ulcer.....	3	179	0	0
93	Varicocele	1	10	5	7
94	Adenitis	0	0	36	273
94	Inguinal adenitis.....	16	430	236	1309
94	Suppurative adenitis.....	3	153	15	46
94	Cervical adenitis.....	1	56	44	146
94	Axillary adenitis.....	0	6	13	38
94	Lymphangitis	13	406	97	398
94	Ganglions	1	1	16	106
94	Cervical adenopathy.....	7	368	66	261

No. Int.	Disease	No. of Interns	No. of sickdays	No. of Outpatients	No. Cons. & treatments
94	Adeno-phlegmon.....	1	9	0	3
94	Abscess of axilla.....	0	0	2	5
94	Polyadenitis	0	0	9	19
94	Lymphadenitis	0	0	5	12
95	Epistaxis	2	9	48	127
95	Hemorrhage.....	1	3	0	0
96	Tachycardia	1	11	30	61

V.-DISEASES OF THE RESPIRATORY SYSTEM.

97	Sinusitis.....	1	11	16	30
97	Rhinitis	4	31	259	1864
97	Polypus of nasal fossae	3	25	0	0
97	Abscess of maxillary sinus.....	1	8	0	0
97	Abscess of nasal sinus...	3	65	32	214
97	Abscess of nose.....	0	0	2	5
97	Adenoids.....	0	0	2	2
97	Coryza.....	0	0	53	109
97	Other diseases of nasal fossae.....	0	0	2	4
97	Catarrh Nasopharyngeal	0	0	1	5
98	Laryngitis.....	0	0	12	61
98	Fistula of larynx.....	0	0	3	35
98	Laryngitis, acute.....	1	3	22	37
99a	Bronchitis, acute.....	16	235	148	340
99a	Tracheitis	0	0	4	8
99b	Bronchitis, chronic.....	9	105	61	155
99c	Bronchitis.....	27	540	467	1413
99d	Bronchitis	3	163	24	35
100	Broncho-pneumonia.....	28	345	41	11
100	Capillary bronchitis.....	1	10	0	2
101a	Pleuro-pneumonia.....	1	2	0	0
101a	Pneumonia, lobar.....	17	262	5	12
101b	Pneumonia.....	33	424	2	5
101b	Typhoid pneumonia.....	1	3	0	0
102	Pleurisy	7	73	6	16
102	Empyema.....	1	5	0	0
102	Fibrinous pleurisy.....	1	5	0	0
102	Pleuritic adhesion.....	0	0	1	4
102	Pleural fistula.....	0	0	1	14
102	Pleuritic effusion.....	2	83	0	0
102	Pneumococcal empyema..	1	14	0	0
102	Pulmonary congestion...	1	1	1	1
102	Gangrene of lung.....	1	3	0	0

No. Int.	Disease	No. of Interns	No. of sickdays	No. of Outpatients	No. Cons. & treatments
105	Asthma.....	24	711	323	956
105	Chronic bronchitis.....	0	0	22	68
106	Pulmonary emphysema..	0	0	1	3
107	Pleurodinia.....	0	0	3	7
107c	Hemoptysy.....	1	1	12	30
107c	Cough.....	0	0	251	362
107c	Other diseases of the respiratory system.....	2	73	0	0

VI. DISEASES OF THE DIGESTIVE SYSTEM.

108	Odontalgia	0	0	2	2
108	Pyorrhea alveolaris	1	7	5	7
108	Diseases of tooth and gum	1	2	134	250
108	Other diseases of the mouth and annexa	0	0	14	27
108	Gingivitis	1	8	40	160
108	Dental caries	2	19	2216	1136
108	Pyorrhea	2	14	19	29
108	Abscess (maxillary)	1	352	2	7
108	Tootache	0	0	7	7
108	Paroditis, chronic	0	0	1	4
108	Stomatitis	8	135	31	109
108a	Fistula of maxillary	0	0	10	110
108a	Abscess of gum	3	31	18	29
109	Angina	1	34	14	35
109	Tonsillitis	74	143	826	6030
109	Abscess of throat	1	2	0	0
109	Pharyngitis	0	0	302	1931
109	Adenoid growth	0	0	1	13
109	Vincent's Angina	12	139	37	92
109	Retropharyngeal abscess	4	22	0	0
109	Peritonsillar abscess	1	3	3	10
109b	Aphthous angina	0	0	0	1
109b	Abscess of pharynx	0	0	1	1
109b	Hypertrophy of tonsils...	0	0	2	7
109b	Ulcerative pharyngitis ..	0	8	0	0
110	Stricture of œsophagus	1	28	0	0
111	Ulcer of stomach	8	282	11	26
111	Ulcer of duodenum	1	1	0	0
112	Stricture of pylorus	1	23	0	0
112	Gastritis	17	193	837	1818
112	Gastralgia	3	20	120	214
112	Dyspepsia	3	39	447	1669
112	Gastrohepatitis	1	33	0	0

No. Int.	Disease	No. of Interns	No. of sickdays	No. of Outpatients	No. Cons. & treatments
112	Hyperchlorhydria	1	224	68	143
112	Indigestion	1	1	241	241
112	Gastric troubles	0	0	0	49
112	Dilatation of stomach ...	0	0	3	5
112	Other diseases of the stomach	1	1	90	112
113	Diarrhea and enteritis	31	725m	542	1620
113	Intestinal colic	14	141	27	83
113	Atrhrepisia	4	75	0	1
113	Dyspepsia (-2 Years) ...	1	0	1	1
113	Dyspepsia	0	0	51	114
113	Diarrhea	0	0	3	11
113	Gastro-enteritis	0	0	14	25
113	Colitis, acute	0	0	59	121
113	Enterocolitis	0	0	7	10
114	Diarrhea & enteritis	6	68	142	246
114	Gastro-enteritis	2	7	575	1257
114	Mucous colitis	1	21	0	0
114	Gastro-intestinal infec- tion	0	0	0	0
114	Colic of abdomen	0	0	1	2
114	Enterocolitis	0	68	14	79
114	Catarrhal colitis	0	0	2	3
114	Colitis	0	0	25	104
115	Ankylostomiasis	5	308	772	1336
116	Trichiniasis	0	0	1	8
116a	Taenia	2	5	5	18
116c	Ascaris	55	1027	1113	3108
116f	Intestinal parasites unspecified	41	783	1889	2339
116f	Helminthiasis	0	0	0	65
116f	Intestinal parasitis	0	0	28	59
117	Appendicitis	15	286	14	33
117	Abscess	5	150	0	0
117	Inflammation of cecum...	0	0	1	2
118	Intestinal occlusion	3	6	0	0
118	Hernia	179	5407	216	276
118	Hernia, strangulated	6	101	0	0
118	Hernia(Epigastric)	1	11	0	0
118	Hernia, inguinal	19	1067	72	217
119	Inflammation of rectum	1	27	0	0
119	Enteroptosis	0	0	1	1
119	Prolapse of rectum.....	3	104	4	9
119	Proctitis	8	243	0	0
119	Suppurative rectitis	0	0	0	2
119	Prolapse of anus	0	0	1	2

No. Int.	Disease	No. of Interns	No. of sickdays	No. of Outpatients	No. Cons. & treatments
119a	Fistula	11	290	14	107
119a	Recto vaginal fistula.....	4	58	0	0
119b	Stricture of rectum.....	4	75	0	0
119b	Rupture of rectum.....	7	210	0	0
119b	Constipation	7	199	601	1217
119b	Rectitis	8	209	5	20
119b	Intestinal hemorrhage....	1	1	2	7
120	Icterus	0	0	0	1
122	Cirrhosis	1	0	13	39
122	Cirrhosis of liver.....	27	1091	25	31
122	Alcoholic cirrhosis of liver	2	340	1	3
122b	Chronic hepatitis.....	3	68	0	0
122b	Cirrhosis of Laënnec....	2	26	2	4
122b	Slow atrophy of liver...	0	0	1	2
123	Biliary calculus.....	1	9	1	5
123	Hepatic calculus.....	0	0	1	1
123	Hepatic colic.....	1	54	0	0
124	Icterus	1	57	15	44
124	Hepatic congestion.....	1	1	0	0
124	Jaundice	0	0	12	16
124	Hepatis	32	356	115	223
124	Cholangitis	0	0	11	34
124	Congestion of liver.....	0	0	1	1
124	Hepatic troubles.....	0	0	0	2
124	Other disease of the liver	1	10	0	0
124	Abscess of liver.....	1	52	0	0
124	Angiocholitis	1	12	0	0
124	Cholecystitis	0	0	2	6
124	Hypertrophy of liver....	0	0	3	16
126	Peritonitis	3	70	0	0
126	Abdominal abscess.....	1	9	0	0
126	Occlusion	1	14	0	0
126	Adhesive peritonitis.....	0	0	1	1

VII.—NONVENEREAL DISEASES OF THE GENITOURINARY SYSTEM & ANNEXA.

128	Acute nephritis.....	92	3873	168	457
128	Albuminous nephritis....	1	1	0	0
129	Chronic nephritis.....	35	1044	54	153
129	Bright's disease.....	70	3415	102	373
129	Albuminuria	0	0	2	45
130	Chiluria	1	10	4	40
131	Renal congestion.....	3	120	4	11
131	Pyelitis	4	45	1	3
131	Renal insufficiency.....	3	120	4	11

No. Int.	Disease	No. of Interns	No. of sickdays	No. of Outpatients	No. Cons. & treatments
131	Disease of the kidney...	0	0	1	2
131	Hematuria	1	16	1	1
131	Perinephric abscess.....	4	88	5	25
131	Pyelonephritis	5	59	0	0
132	Renal calculi.....	5	33	0	0
132	Vesical calculi.....	5	279	0	0
132	Pyonephrosis	1	3	0	0
133	Retention of urine.....	18	186	27	121
133	Cystitis	13	511	26	92
133	Cystocele	1	52	0	0
133	Incontinence of urine...	1	103	5	11
133	Spasm of bladder.....	1	1	3	12
133	Diseases of the bladder...	1	17	6	9
134	Stricture of urethra.....	95	3397	25	39
134	Other diseases of urethra	1	4	0	0
134	Urethro-vesical fistula...	1	90	0	0
134	Chronic urethritis.....	0	0	9	17
134b	Fistula of perineum.....	0	0	4	23
134b	Urinary abscess.....	1	17	0	0
134b	Peri-urethral phlegmon	1	25	0	0
134b	Vesico-vaginal fistula....	1	119	3	16
134b	Fistula of urethra.....	14	511	11	81
134b	Rupture of urethra.....	1	2	0	0
134b	Urinary infection.....	1	9	1	4
135	Prostatitis	4	78	7	21
135	Hypertrophy of prostate	5	222	0	0
136	Phimosis	22	337	121	591
136	Orchitis	13	156	159	470
136	Hydrocele	195	3754	106	234
136	Epididymitis	2	28	4	4
136	Paraphimosis	4	75	22	27
136	Hernia of testicle.....	1	25	0	0
136	Inflammation of testicle	0	0	1	1
136	Circumcision	1	32	0	0
136	Abscess of penis.....	0	0	1	25
137	Cyst of ovary.....	15	420	3	3
137	Tumor of ovary.....	0	0	2	2
138	Annexitis	2	32	3	7
138	Salpingitis	21	525	8	38
138	Salpin	3	99	6	18
139	Polypus of uterus.....	5	150	3	11
139	Fibroma	80	2822	46	153
139	Myoma of uterus.....	4	99	0	0
139	Tumor of uterus.....	3	33	3	14
139	Fibroma of uterus.....	1	7	4	7
140	Metrorrhagia	6	92	50	146

No. Int.	Disease	No. of Interns	No. of sickdays	No. of Outpatients	No. Cons. treatment
140	Hemorrhagic metritis....	1	21	4	39
140	Menorrhagia	5	41	13	34
141	Displacement of uterus...	17	425	9	40
141	Endometritis	13	289	5	9
141	Vulvitis	2	59	10	46
141	Cyst	1	20	0	0
141	Prolapse of uterus.....	2	26	1	1
141	Stricture of vagina.....	0	0	1	1
141	Metrovaginitis	0	0	6	8
141	Retroflexion of uterus...	0	0	3	3
141	Menopause	0	0	108	206
141	Painfull menstruation...	1	1	5	10
141	Colpocele	0	0	1	1
141	Metritis	65	1063	963	4246
141b	Retroversion of uterus...	3	143	5	16
141b	Anteflexion of uterus....	1	20	7	30
141b	Bartholinitis	1	7	1	1
141b	Dysmenorrhea	3	11	175	389
141b	Ovaritis	4	50	5	20
141b	Hematocele	3	50	0	0
141b	Abscess of vulvar.....	1	7	0	0
141b	Retroversion of uterus...	5	68	15	41
141b	Abscess of vulvo-vaginal glands	2	41	0	0
141b	Amenorrhea	2	11	151	387
142	Mastitis	5	37	48	218
142	Disease of breast.....	0	0	6	80
142	Abscess of breast.....	0	0	17	42
142	Mammitis	2	26	2	2

VIII.—PUERPERAL STATE.

143	Abortion	29	397	10	36
143	Urinary infiltration.....	2	6	0	0
143	Childbirth (normal).....	12	243	9	12
143b	Pregnancy	376	9518	290	824
144	Retention of placenta...	2	15	0	0
144	Uterine hemorrhage.....	1	10	16	29
145	Laceration of perineum	4	36	2	15
145	Difficult labor.....	11	178	0	0
145	Childbirth	2	11	0	0
145c	Shock of birth.....	1	13	0	0
146	Endometritis	0	0	14	41
146	Puerperal pelviperitonitis	1	15	0	0
146	Puerperal infection.....	6	132	0	0

st. No.	Disease	No. of Interns	No. of sickdays	No. of Outpatients	No. Cons. & treatments
46	Puerperal septicemia....	1	2	0	0
46	Puerperal metritis.....	0	0	1	1
46	Metrorrhagia	0	0	1	1
47	Syncope	2	12	0	0
48	Eclampsia	6	41	0	0
50	Abscess of breast.....	3	30	63	361

X.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE

51	Gangrene	10	288	3	7
51	Phagedena of vulvar.....	0	0	0	2
51	Ainhum	1	50	0	0
52	Furunculosis	4	39	179	1286
52	Carbuncle	0	0	2	19
53	Phlegmon	33	624	147	1014
53	Abscess	60	1268	1142	7183
53	Panaris	5	117	242	1578
53	Abscess of perienum.....	4	66	0	0
53	Fistula	2	106	0	0
53	Abscess of abdominal wall	4	137	4	26
53	Cellulitis of finger.....	0	0	6	24
53	Cellulitis of arm.....	0	0	1	1
53	Cellulitis of thumb.....	0	0	1	1
53	Cellulitis of face.....	1	12	0	0
53	Cellulitis of foot.....	1	6	0	0
53	Cellulitis	2	58	34	116
53	Rheumatism, muscular...	0	0	25	377
53	Fistulous abscess.....	1	1	0	0
54	Itch	2	41	33	107
54	Herpes zoster.....	0	0	3	9
54	Acne	0	0	8	38
54	Pruritus	0	0	7	91
54	Psoriasis	0	0	3	37
54	Ulcer of leg.....	8	318	43	498
54	Ulcer	0	0	0	2
54	Erythema	0	0	0	2
54	Elephantiasis	2	103	11	11
54	Parasitic disease of skin	0	0	6	27
54	Ecthyma	0	0	2	10
54	Keloid	5	105	11	17
54	Impetigo contagiosa.....	0	0	3	6
54	Urticaria	0	0	9	20
54	Scabies	1	5	616	806
155	Prurigo	1	10	44	120
155	Herpes	1	11	26	69

Int. No.	Disease	No. of Interns	No. of sickdays	No. of Outpatients	No. Cons. & treatment
155	Intertrigo	1	10	16	48
155	Filaire	20	382	4	10
155	Dermatitis	2	72	56	168
155	Eczema	8	129	499	918
155	Dermatosis	5	363	99	236
155	Aphtes	1	9	5	20
155	Other diseases of the skin and annexa.....	0	0	3	5
155	Elephantiasis Arabes.....	7	395	6	6
155	Keloid of face.....	0	0	13	45
155	Fistulous ulcer of perineum	1	32	5	75
155	Serpiginous ulcer of foot	12	687	4	75
155	Psoriasis	0	0	17	33
155	Urticaria	0	0	6	5
155	Zona	0	0	2	2
155	Impetigo	1	8	310	682
155	Erythema	0	0	2	155
155	Vicious cicatrix of hand	1	21	0	0
155	Ulcer, unspecified	0	0	5	19
155	Abscess of jaw.....	0	0	10	135
155	Perforation of palatine vault	0	0	1	5
155	Necrosis	4	200	4	4
155	Pemphigus	0	0	10	38
155	Ingrowing nail.....	0	0	1	27
155	Onyxis	0	0	3	11
155	Ichthyosis	0	0	5	10
155	Myasis	0	0	9	25
155	Phtiriasis	0	0	1	1
155	Sycosis	0	0	3	3
155	Lichen	0	0	1	3
155	Necrosis of maxilla.....	1	21	0	0

X.—DISEASES OF THE BONES AND OF THE ORGANS OF LOCOMOTION.

156	Osteomyelitis	9	1001	4	16
156	Osteitis	11	532	39	120
156	Necrosis	4	111	3	5
156	Sequestrum of maxilla...	2	21	0	0
156	Periostosis	0	0	19	58
156	Exotosis	0	0	5	6
156	Abscess of knee.....	0	0	5	19
156	Ankylosis of elbow.....	0	0	1	19
156	Ankylosis of knee.....	1	145	3	11

nt. No.	Disease	No. of Interns	No. of sickdays	No. of Outpatients	No. Cons. & treatments
56	Dislocation of jaw.....	0	0	1	1
56	Dislocation of shoulder	1	2	1	1
56	Synovitis	2	22	2	6
57	Hydrarthrosis	3	49	7	23
57	Arthritis	9	423	5	51
57	Disease of joints.....	1	9	0	0
57	Dislocation of clavicle...	1	13	0	0
57	Ankylosis of knee.....	3	455	6	22
58	Myositis	1	25	21	39
58	Amputation of thumb...	1	29	36	61
58	Tenosynovitis	0	0	1	2
58	Ganglion	1	14	16	17
58	Rupture of muscle.....	0	0	41	75
58	Diastasis of muscle.....	0	0	7	15
58	Myodiastasis	0	0	19	61
58	Lumbago	0	0	19	61
58	Hypertrophy of muscle...	0	0	1	1

XI.—MALFORMATIONS.

159	Stenosis of pylorus.....	1	61	0	0
159	Congenital stenosis of pylorus	1	14	0	0
159	Hydrocephalus	4	41	5	9
159	Ectopia of bladder.....	1	2	0	0
159	Deformity	0	0	1	1
159	Club foot, non congeni- tal	0	0	2	11
159	Malformation of vagina	0	0	1	1
159c	Congenital Hernia.....	0	0	1	1
159c	Acute cystitis with re- tention of urine.....	0	0	1	1

XII.—EARLY INFANCY.

160	Malnutrition	2	10	7	15
160	Marasmus	1	1	0	0
160	Nurslings discharged from hospital without disease	1	1	0	0
160	Asthenia	3	87	0	0
160	Icterus	1	0	11	12
160b	Congenital debility.....	1	3	0	0
161	Premature birth.....	12	134	0	0
161	Fracture of feet at birth	1	15	0	0
161b	New born.....	1	38	0	0
162	Ecchymosis of body.....	0	0	2	3

No. Int.	Disease	No. of Interns	No. of sickdays	No. of Outpatients	No. Cons. & treatments
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XIII. OLD AGE.

164	Senility	27	3383	30	107
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XIV.—EXTERNAL CAUSES

175	Poisoning by food.....	1	1	0	0
175	Poisoning by kerosene...	0	0	1	1
176	Bites of insects.....	2	4	21	60
177	Anaphylaxis	0	0	0	2
177	Acute poisoning.....	4	13	0	0
179	Burn	43	910	235	1403
181	Poisoning, (poisonous gas)	3	52	4	9
183	Traumatism by fire arm	18	396	5	36
184	Traumatism by piercing instruments	90	1439	797	5167
184	Contusion (wounds).....	0	0	0	17
185	Traumatism by fall.....	230	6456	1311	4871
185	Accidental fall.....	3	70	84	983
187	Traumatism by machine	23	773	54	351
188	Contusion	11	89	49	49
188	Traumatism by railways	6	202	3	17
188	Traumatism by automo- bile	7	87	14	98
188	Traumatism by vehicle...	136	1827	280	1400
188	Traumatism by other crushing	3	10	24	435
188	Automobile accident.....	34	684	22	80
189	Injuries by animals.....	4	59	124	1240
189	Animal bites.....	4	160	55	277
189	Dog bites.....	1	4	24	131
192b	Misery	7	251	10	30
194	Insolation	1	7	0	0
197	Homicidal	1	25	0	0
198	Wound	44	273	277	724
199	Bite of human being.....	0	0	1	1
201	Luxation	1	52	2	9
201	Luxation of wrist.....	0	0	1	6
201	Dislocation of knee.....	1	9	0	0
201	Dislocation of jaw.....	1	22	0	0
201	Dislocation of left elbow	2	7	0	0
201	Dislocation	0	0	3	4
201	Fractures	41	1584	28	31
201a	Subluxation	0	0	2	2
201b	Sprain	3	31	86	311
202	Concussion of brain.....	2	2	0	0

No. Int.	Disease	No. of Interns	No. of sickdays	No. of Outpatients	No. Cons. & treatments
202	Foreign body.....	4	27	46	117
202	Traumatism (undefined)	40	767	37	123
202	Traumatic hematoma....	1	10	0	0
202	Traumatic shock.....	0	0	110	877
202	Traumatism by fall.....	0	0	2	2
202	Sore	0	0	80	126
202	Lesion	7	101	0	0
202	Hematoma of back by fall	1	23	1	11
202	Contusion	21	436	268	534
202	Traumatic orchitis.....	1	7	9	80

XV.—ILL DEFINED DISEASES.

205	Infection	0	0	14	132
205	Laparotomy	1	24	0	0
205	Sore	2	127	0	0
205	Hydropsy	1	3	0	0
205	Gastric fever.....	0	0	1	1
205	Von Becklinghausen's disease	0	0	1	1
205a	Fistula	1	34	1	10
205a	Asthenia	1	15	38	131
205a	Anasarca	1	33	0	0
205a	Ascites	1	3	6	26
205a	Coma	18	6	0	0
205a	Catarrhal	4	10	75	153
205a	Fever	14	369	588	947
205a	Congestion	2	103	10	30
205a	Unspecified disease.....	15	199	360	883
205a	Debility (Old age).....	0	0	15	16
205a	Suppuration	2	18	0	0
205a	Bilious fever	3	34	10	33

8.209 259,131 114,876 342,284

SURGICAL OPERATIONS, PUBLIC HEALTH HOSPITALS—YEAR 1927

DISEASE OR CONDITION	NAME OR CHARACTER OF OPERATION	Number	RESULTS				ANESTHESIC			
			Cured	Died	Improved	Unimproved	Ether	Chlor.	Local	None
Abscess of legs.....	Drainage & curettage.....	15	12	1	2	0	8	0	7	0
Abscess of rectum.....	Incision.....	1	1	0	0	0	1	0	1	0
Abscess of lumbar.....	Incision—drainage.....	1	1	0	0	0	0	0	1	0
Abscess of buttock.....	Incision—drainage.....	6	6	0	0	0	0	0	6	0
Abscess of penis.....	Incision—drainage.....	5	5	0	0	0	0	0	5	0
Abscess of abdominal wall.....	Incision—drainage.....	5	5	0	0	0	0	0	0	0
Abscess of finger.....	Incision—drainage.....	28	28	0	0	0	0	0	20	8
Abscess of neck.....	Incision—drainage.....	16	16	0	0	0	0	0	9	7
Abscess of face.....	Incision—drainage.....	16	16	0	0	0	0	0	4	12
Abscess of ligament.....	Laparotomy—incision.....	1	1	0	0	0	0	0	1	0
Abscess of liver.....	.....	1	0	0	1	0	1	0	0	0
Abscess of thigh.....	Incision—drainage.....	4	3	0	0	0	0	0	0	3
Abscess of armpit.....	Incision.....	3	3	0	0	0	0	0	3	0
Abscess of hand.....	Incision.....	14	14	0	0	0	0	0	12	2
Abscess of head.....	Incision.....	1	1	0	0	0	0	0	1	0
Abscess of back.....	Incision.....	2	1	0	0	0	0	0	1	0
Abscess of breast.....	Operation—drainage.....	7	7	0	0	0	1	0	6	0
Abscess of psoas.....	Operation—drainage.....	1	1	0	0	0	1	0	0	0
Abscess of groin.....	Amputation.....	1	1	0	0	0	1	0	0	0

SURGICAL OPERATIONS, PUBLIC HEALTH HOSPITALS—YEAR 1927—(Continued)

DISEASE OR CONDITION	NAME OR CHARACTER OF OPERATION	Number	RESULTS				ANESTHESIC			
			Cured	Died	Improved	Unimproved	Ether	Chlor.	Local	None
Astheitis.....	Curettage.....	1	1	0	0	0	1	0	0	0
Ascites.....	Exploratory—laparotomy.....	3	0	0	1	2	3	0	0	0
Ascites.....	Paracentesis abdominal.....	72	0	0	72	0	0	0	72	0
Avulsion of finger.....	Amputation.....	3	3	0	0	0	0	0	3	0
Avulsion of hand.....	Amputation.....	1	1	0	0	0	1	0	0	0
Avulsion of leg.....	Reparation.....	1	1	0	0	0	1	0	0	0
Avulsion of skull.....	Reparation.....	1	1	0	0	0	1	0	0	0
Avulsion of scrotum.....	Reparation.....	1	1	0	0	0	1	0	0	0
Bite, inferior lip.....	Suture.....	1	1	0	0	0	0	0	0	1
Bite, superior lip.....	Suture.....	1	1	0	0	0	0	0	0	1
Bony cyst of calcaneum.....	Curettage.....	1	1	0	0	0	1	0	0	0
Bony tumor.....	Osteotomy.....	2	2	0	0	0	1	0	1	0
Bony tumor of humerus.....	Osteotomy.....	2	1	0	1	0	1	0	1	0
Bubo.....	Incision—drainage.....	51	51	0	0	0	0	51	0	0
Burn.....	Graft.....	1	1	0	0	0	1	0	0	0
Cancer of stomach.....	Laparotomy.....	2	1	1	0	0	2	0	0	0
Cancer of breast.....	Ablation.....	14	8	1	5	0	12	0	2	0
Cancer of duodenum.....	Anastomosis.....	7	4	3	0	0	6	0	1	0
Cancer of cecum.....	Laparotomy—drainage.....	1	0	1	0	0	1	0	0	0

SURGICAL OPERATIONS, PUBLIC HEALTH HOSPITALS—YEAR 1927—(Continued)

DISEASE OR CONDITION		NAME OR CHARACTER OF OPERATION	Number	RESULTS				ANESTHESIC			
				Cured	Died	Improved	Unimproved	Ether	Chlor.	Local	None
Delivery.....		Application of forceps.....	5	5	0	0	0	5	0	0	0
Delivery.....		Cesarian.....	1	0	1	0	0	1	0	0	0
Dental carries.....		Extraction.....	2	2	0	0	0	0	0	0	2
Dislocation of left leg and shoulder.....		Amputation.....	1	0	0	0	0	0	0	0	0
Diphtheria.....		Trachiotomy.....	1	0	1	0	0	0	0	1	0
Dislocation of arti.....		Reduction.....	1	0	0	0	0	0	0	0	0
Dorso—lumbar cyst.....		Incision—drainage.....	1	0	0	1	0	1	0	0	0
Elephantiasis of scrotum.....		Amputation.....	5	5	0	0	0	5	0	0	0
Elephantiasis vulvar.....		Amputation.....	12	12	0	0	0	8	0	2	0
Elephantiasis labia.....		Amputation.....	3	3	0	0	0	3	0	0	0
Entropion.....		Curettage.....	9	9	0	0	0	0	0	9	0
Endometritis, chronic.....		Suture.....	20	20	0	0	0	20	0	0	0
Fall of testicle.....		Excision.....	1	1	0	0	0	1	0	0	0
Fibroma of back.....		Extraction of tumor.....	2	2	0	0	0	2	0	0	0
Fibroma of the auditory canal.....		Enucleation.....	1	0	0	0	0	0	0	1	0
Fibroma.....		Myomectomy.....	1	1	0	0	0	1	0	0	0
Fibromyoma.....		Dilatation of rectum.....	1	1	0	0	0	1	0	0	0
Fissure of rectum.....			1	1	0	0	0	1	0	0	0

SURGICAL OPERATIONS, PUBLIC HEALTH HOSPITALS—YEAR 1927—(Continued)

DISEASE OR CONDITION	NAME OR CHARACTER OF OPERATION	Number	RESULTS				ANESTHESIC			
			Cured	Died	Improved	Unimproved	Ether	Chlor.	Local	None
Fracture of clavicle.....	Reduction.....	1	1	0	0	0	0	0	1	0
Fracture of bone of wrist.....	Reduction.....	1	1	0	0	0	0	0	0	1
Ganglion.....	Extirpation.....	8	7	1	0	0	0	0	1	0
Ganglion of wrist.....	Excision.....	1	1	0	0	0	0	0	1	0
Gangrene of finger.....	Desarticulation.....	8	5	2	0	0	6	0	1	0
Gangrene of toe.....	Amputation.....	1	1	0	0	0	0	0	1	0
Gangrene of leg.....	Amputation.....	26	19	6	1	0	19	0	7	0
Gangrene of thumb.....	Amputation.....	2	2	0	0	0	0	2	0	0
Gangrene of foot.....	Amputation.....	5	3	1	0	0	3	0	0	0
Gangrene of hand.....	Amputation.....	1	1	0	0	0	1	0	0	0
Gangrene of arm.....	Amputation.....	1	1	0	0	0	1	0	0	0
Gangrene of left foot.....	Amputation.....	1	1	0	0	0	1	0	0	0
Gas gangrene.....	Amputation.....	1	0	1	0	0	1	0	0	0
Genital prolapsus.....	Colporaphy.....	4	4	0	0	0	2	0	2	0
Glaucoma of eye.....	Enucleation.....	7	6	0	1	0	7	0	0	0
Goiter.....	Excision.....	9	9	0	0	0	7	0	2	0
Hematocele.....	Castration, amput.....	14	14	0	0	0	10	0	4	0
Hemorrhoids.....	Hemorrhoidectomy.....	16	15	1	0	0	12	0	4	0
Hernia, epigastric.....	Radical operation.....	1	1	0	0	0	0	0	0	1

SURGICAL OPERATIONS, PUBLIC HEALTH HOSPITALS—YEAR 1927—(Continued)

DISEASE OR CONDITION	NAME OR CHARACTER OF OPERATION	Number	RESULTS				ANESTHESIC			
			Cured	Died	Improved	Unimproved	Ether	Chlor.	Local	None
Lipoma of forehead.....	Excision.....	2	2	0	0	0	0	0	2	0
Lipoma of leg.....	".....	2	2	0	0	0	0	0	2	0
" " finger.....	".....	2	2	0	0	0	0	0	2	0
" " neck.....	".....	1	1	0	0	0	0	0	1	0
" " face.....	Ablation.....	2	2	0	0	0	2	0	0	0
Luxation of shoulder.....	Reduction.....	1	1	0	0	0	0	0	1	0
Madura.....	Ampulation of arm.....	13	13	0	0	0	13	0	0	0
Mastoiditis.....	Trepanation.....	1	0	0	1	0	1	0	0	0
Maxillary sinusitis.....	Incision, drainage.....	9	9	0	0	0	9	0	0	0
Metritis.....	Curetage.....	16	15	0	1	0	14	0	2	0
Necrosis of maxillary.....	Curetage & drainage.....	1	1	0	0	0	1	0	0	0
" " sternum.....	" ".....	1	1	0	0	0	1	0	0	0
" " tibia.....	" ".....	1	1	0	0	0	0	0	0	1
Ophthalmia.....	Enucleation.....	1	1	0	0	0	1	0	0	0
Orchitis.....	Castration.....	11	2	0	9	0	11	0	0	0
Osteomyelitis.....	Curetage.....	5	5	0	0	0	0	0	5	0
" of finger.....	Amputation.....	2	2	0	0	0	2	0	1	0
" of leg.....	Incision curettage.....	1	1	0	0	0	1	0	0	0
" femur.....	".....	1	1	0	0	0	0	0	1	0

[illegible]

SURGICAL OPERATIONS, PUBLIC HEALTH HOSPITALS—YEAR 1927—(Continued)

DISEASE OR CONDITION	NAME OR CHARACTER OF OPERATION	Number	RESULTS				ANESTHESIC			
			Cured	Died	Improved	Unimproved	Ether	Chlor.	Local	None
Retroversion.....	Hysteropexy.....	6	4	0	1	0	5	0	0	0
Salpingitis.....	Salpingectomy.....	15	15	0	0	0	15	0	0	0
Sarcoma of humerus.....	Amputation.....	1	0	1	0	0	1	0	0	0
Strangulated hernia.....	Anastomosis.....	7	4	3	0	0	6	0	1	0
Stricture of urethra.....	Uretrotomy.....	81	80	1	0	0	35	0	24	22
Supernumerary finger.....	Exeresis.....	1	1	0	0	0	1	0	0	0
Suppurative arthritis of left shoulder.....	Articulation of shoulder.....	1	1	0	0	0	0	0	0	0
Syphilitic tumor of liver.....	Exploratory laparotomy.....	1	0	0	0	1	1	0	0	0
Temporal abscess.....	Incision—drainage.....	1	1	0	0	0	1	0	1	0
Tetanus.....	Spinal ponction.....	4	2	0	0	2	0	0	4	0
Testicles, tumor of.....	Castration.....	1	1	0	0	0	1	0	0	0
Tonsillitis.....	Tonsillectomy.....	151	151	0	0	0	67	0	84	0
Toxemia of pregnancy.....	Section of Cesarean.....	1	0	1	0	0	1	0	0	0
Traumatism by machine.....	Suture and drainage.....	1	0	0	1	0	0	0	0	0
Traumatism by cutting instrument.....	Amputation.....	2	2	0	0	0	1	0	0	0
Traumatism by fall.....	Extraction.....	1	1	0	0	0	0	0	0	0
Traumatism by fall, accidental.....	Suture.....	2	2	0	0	0	0	0	0	2
Tuberculosis of gland of neck.....	Excision.....	5	5	0	0	0	0	0	5	0
Tuberculous peritonitis.....	Laparotomy.....	7	1	5	1	0	5	0	2	0

[illegible]

SURGICAL OPERATIONS, PUBLIC HEALTH HOSPITALS—YEAR 1927—(Continued)

DISEASE OR CONDITION	NAME OR CHARACTER OF OPERATION	Number	RESULTS					ANESTHESIC			
			Cured	Died	Improved	Unimproved	Ether	Chlor.	Local	None	
Wounds.....	Suture.....	122	122	0	0	0	13	0	5	104	
" of left hand.....	Excision of thumb.....	1	1	0	0	0	1	0	0	0	
" of finger.....	Amputation.....	1	1	0	0	0	0	0	1	0	
" by machine.....	Desarticulation.....	1	1	0	0	0	1	0	0	0	
" of abdomen, penetrating.....	Exploratory laparotomy.....	1	1	0	0	0	1	0	0	0	
" of hand by cutting instru- ment.....	Amputation.....	2	1	1	0	0	2	0	0	0	

STATISTICS OF PUBLIC HEALTH HOSPITALS

Year 1927

	Cap-Haitien	Cayes	Gonaives	Hinche	Jacmel	Jérémie	Petit-Goave	Port-au-Prince	Port-de-Paix	St-Marc	Total
Number patients remaining on 1st January, 1927.....	124	52	39	19	41	22	44	196	11	37	585
Number of new patients admitted not previously treated during the year.....	1,752	184	434	403	212	110	231	3,658	305	331	7,620
Number of patients admitted previously treated during the year.....	109	2	0	25	17	3	5	141	8	0	310
TOTAL ADMISSIONS....	1,985	238	473	447	270	135	280	3,995	324	368	8,515
Number of discharges.....	1,724	168	387	394	200	112	221	3,322	285	289	7,102
Number of deaths.....	142	27	41	10	22	3	34	439	28	33	779
Number of patients carried over to next year.....	119	43	45	43	48	20	25	234	11	46	634
TOTAL.....	1,985	238	473	447	270	135	280	3,995	324	368	8,515

NUMBER OF SICKDAYS FOR EACH MONTH

Year 1927

PUBLIC HEALTH HOSPITALS
(not including dispensaries)

	Cap-Haitien	Cayes	Gonaives	Hinche	Jacmel	Jérémie	Petit-Goave	Port-au-Prince	Port-de-Paix	St-Marc	Total
January.....	4,465	1,475	1,355	856	1,560	627	1,153	7,471	302	697	19,961
February.....	4,463	1,372	1,716	842	1,493	652	895	7,812	713	516	20,479
March.....	5,483	1,124	1,506	903	1,863	633	1,029	9,672	545	744	23,502
April.....	4,763	1,167	1,479	851	1,567	671	1,496	9,060	406	570	22,030
May.....	5,072	1,183	1,668	672	1,667	579	1,593	9,362	601	806	23,203
June.....	5,253	1,158	1,589	481	1,470	546	1,600	8,460	448	780	21,785
July.....	4,907	1,151	1,524	655	1,363	617	1,713	8,680	333	930	21,893
August.....	4,714	1,124	1,652	785	1,229	619	1,748	9,362	428	899	22,560
September.....	4,029	1,380	1,610	1,124	1,588	636	1,856	9,030	411	990	22,654
October.....	3,646	1,476	1,734	1,256	1,698	584	734	9,030	367	1,085	21,610
November.....	3,478	1,416	1,581	1,601	1,554	520	687	8,940	374	930	21,081
December.....	3,341	1,545	1,531	1,775	1,567	689	747	7,936	503	930	20,564
TOTAL.....	53,619	15,571	18,945	11,801	18,619	7,373	15,251	104,815	5,451	9,877	261,322

REPUBLIQUE D'HAITI
SERVICE NATIONAL D'HYGIENE PUBLIQUE
STATISTICS FOR RURAL CLINICS
Calendar Year 1927

1.—EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES

No. Int.	Diseases	No. Patients.
1a	Typhoid Fever	2
5a	Malaria	31,483
6	Smallpox	1
7	Measles	9
9	Whooping cough.....	79
11a	Grippe	251
11b	Grippe	1,114
13	Mumps	14
16a	Dysentery (amoebic	11
10b	Dysentery (bacillary	10
16c	Dysentery	347
20	Leprosy	9
25a	Chicken pox	11
29	Tetanus	2
31	Pulmonary tuberculosis	136
34	Tuberculosis of vertebral column.....	4
35	Coxalgia	1
36c	Tuberculosis of lymphatic system.....	106
38	Syphilis	78,134
39	Chancroid	92
39	Soft chancre	35
39	Bubo	58
39	Chancre	5
40	Gonococcic epididymitis	3
40	Gonococcic vaginitis	10
40	" arthrititis	366
40	Gonorrhea	525
40	Gonococcic Bubo	16
40	Vaginitis	1
40	Blennorrhagia	51
40	Urethritis	9
40	Purulent ophthalmia	43
40	Gonococcic metritis	8
40	" conjunctivitis	37
40	Gonococcus infection	1,452
40a	Ophthalmia	18
42	Treponematosi	70,158
44	Filariasis	54

II.—GENERAL DISEASES NOT INCLUDED IN CLASS 1

Int. No.	Disease	No. Patients.
43	Cancer of tongue.....	1
44	Cancer of stomach	1
46	" " uterus	1
47	" " breast	5
48	" " ear	3
49	Cancer	2
49	Carcinoma of the mouth	1
49	Sarcoma	3
50	Lipoma	39
50	Tumor	8
50	Abdominal tumor	3
50	Lipoma of neck	8
50	Lipoma of face	3
50	Cyst	11
51	Rheumatism	247
51	Acute Rheumatism	73
51	Rheumatism, muscular	135
52	Arthritis	50
52	Arthritis deformans	6
52	Arthritis chronic	87
52	Chronic Rheumatism	10,539
52	Gout	1
56	Rickets	7
57	Diabetes	1
58	Anemia	171
58	Chlorosis	20
59	Hypopituitarism	1
60a	Exophthalmic goiter	45
60b	Goiter	123
60b	Colloid goiter	35
64	Hypertrophy of spleen	4
64	Megalopenia.....	10
66	Alcoholic intoxication	2

III.—DISEASES OF THE NERVOUS SYSTEM AND OF THE ORGANS OF SPECIAL SENSE

71	Meningitis	19
74	Apoplexy	4
75	Paralysis	3
75	Paraplegia	17
75	Hemiplegia	8
78	Epilepsy	7
81	Chorea	7
82	Neuralgia	235

No. Int.	Diseases	No. Patients.
82	Neuritis	32
82	Hysteria	2
84	Paralysis, agitans	7
84	Neurasthenia	6
84	Vertigo	2
84	Idiocy	1
84	Aphasia	1
84	Encephalopathy	1
85	Other diseases of the eye	83
85	Keratitis	52
85	Ophthalmia	2
85	Conjunctivitis, follicular	2,739
85	Amaurosis	1
85	Ulcer, chronic	3
85	Ulcer of cornea	131
85	Conjunctivitis	2,787
85	Glaucoma	3
85	Pterygium	126
85	Iritis	91
85	Blepharitis	53
85	Tumor of eye	2
85	New growth of cornea	45
85	Cataract	153
85	Atrophy of optic nerve	1
85	Trachoma	51
85	Entropion	3
85	Blepharo-conjunctivitis	2
86	Otitis	26
86	Otitis, suppurative	28
86	Otitis media	350
86	Otitis media, acute	18
86	Otitis externa	891
86	Otitis media, chronic	114
86	Otitis externa, chronic	7
86	Abscess of ear	28
86	Diseases of the ear	604
86	Foreign body of ear	2
86a	Otitis, acute	5

IV.— DISEASES OF THE CIRCULATORY SYSTEM

89	Angina pectoris	1
90	Cardiac palpitation	2
90	Endocarditis	3
90	Valvular lesion of heart	38
90	Chronic valvular lesion of heart	62

No. Int.	Diseases	No. Patients.
90	Myocarditis	3
90	Myocarditis, chronic	3
90	Aortic insufficiency	7
90	Mitral insufficiency	11
91a	Aneurysm	1
93	Varix	
91b	Arterio-sclerosis	1
93	Hemorrhoids	17
93	Varicocele	7
94	Lymphangitis	9
94	Suppurating bubo	8
94	Adenitis	5
94	Adenitis, inguinal	134
94	Lymphatic abscess	48
94	Abscess of axilla	5
94	Cervical adenitis	67
94	Suppurative adenitis	2
94	Lymphangitis, chronic	8
95	Hemorrhage of nose	4
95	Tachycardia	5

V.— DISEASES OF THE RESPIRATORY SYSTEM.

97	Coryza	266
97	Abscess of nasal fossae	1
97a	Rhinitis, chronic	1
97a	Rhinitis	1
98	Laryngitis	30
98	Laryngitis, chronic	5
99	Bronchitis	93
99a	Bronchitis, acute	682
99b	Bronchitis, chronic	239
100	Broncho-pneumonia	1
101	Pneumonia	1
101a	Lobar pneumonia	1
102	Pleurisy	9
105	Asthma	484
105	Bronchial asthma	183
107	Pulmonary fibrosis	2
107c	Cough	258

VI. DISEASES OF THE DIGESTIVE SYSTEM

108	Diseases of the teeth	87
108	Staphylitis	1
108	Pyorrhea	5
108	Pyorrhea alveolaris	42

No. Int.	Diseases	No. Patients.
108	Dental abscess	10
108	Abscess of gum	1
108	Alveolar abscess	6
108	Salivary fistula	2
108	Dental caries	2,786
108	Gingivitis	67
108	Odontalgia	65
108b	Stomatitis	66
109	Amygdalitis	38
109	Amygdalitis, acute	12
109	Amygdalitis, chronic	14
109	Tonsillitis	768
109	Tonsillitis, acute	48
109	Tonsillitis, chronic	1
109	Abscess of throat	1
109	Sore throat	5
109	Pharyngitis	9
109b	Vincent's angina	5
112	Gastritis	894
112	Acute gastritis	317
112	Chronic gastritis	719
112	Indigestion	160
112	Gastralgia	7
112	Dyspepsia	14
112	Hyperchlorhydria	1,685
113	Enteritis	77
113	Enteritis, acute	23
113	Diarrhea	143
113	Diarrhea and enteritis	57
113	Gastro enteritis	330
113	Dyspepsia	167
114	Colitis	433
114	Colitis - 1 year	1
114	Gastro-enteritis	151
114	Enteritis	119
114	Gastro-enteritis, acute	1
114	Diarrhea	82
114	Diarrhea and enteritis	74
114	Colitis	127
114	Colitis, acute	47
115	Ankylostomiasis	15,911
116	Ascarides	2,540
116	Intestinal parasites	8,784
116	Intestinal worms	8,308
116c	Nematodes	3,548
166f	Intestinal parasites, unspecified	4,850

No. Int.	Diseases	No. Patients.
117	Appendicitis	1
118	Hernia	125
118	Hernia, umbilical	13
118	Hernia, inguinal	195
118	Hernia, strangulated	1
119	Proctoposis	1
119	Constipation, chronic	27
119	Fistula	7
119	Fistula of anus	1
119a	Proctitis	1
119b	Stricture of rectum	1
119b	Constipation	4,336
122	Cirrhosis of liver	8
122	Atrophic Cirrhosis of liver	3
122	Cirrhosis, chronic	1
124	Cholecystitis	40
124	Hepatitis	4
124	Hepatitis, acute	4
124	Jaundice	9
124	Congestion of liver	2
124	Icterus	9

VII.—NON VENERAL DISEASES OF THE GENITO-URINARY SYSTEM AND ANNEXA

128	Nephritis	42
128	Nephritis, acute	49
129	Bright's disease	2
129	Nephritis, chronic	76
131	Nephroptosis.....	1
133	Retention of urine	4
133	Cystocele	2
133	Cystitis	8
134	Stricture of urethra	13
136	Phimosis	27
136	Phimosis, congenital	1
136	Paraphimosis	1
136	Hydrocele	75
136	Orchitis	7
136	Orchitis, traumatic	2
139	Fibroma	4
139	Uterine fibroma	5
139	Tumor of uterus	13
140	Metrorrhagia	1
140	Menorrhagia, uterine	2
141	Metritis	37

No. Int.	Diseases	No. Patients.
141	Metritis chronic	13
141	Amenorrhea	137
141	Dysmenorrhea	278
141b	Prolapse of uterus	6
141b	Leucorrhea	12
142	Abscess of breast	134
142	Abscess of breast, acute	3
142	Mastitis	4

VIII.— THE PUERPERAL STATE

143	Pregnancy	29
143	Accidents of pregnancy	7
143a	Abortion	1
143c	Hemorrhage of pregnancy	5
146	Cellulitis	10
148	Nephritis	5

IX.— DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE

152	Furuncle	101
153	Abscess	823
153	Phlegmon	3
153	Panaris	16
153	Tinea	32
154	Itch	308
155	Other diseases of the skin and annexa	80
155	Elephantiasis	36
155	Ulcer	453
155	Ulcer, chronic	46
155	Keratitis	1
155	Dermatitis	31
155	Keloid	14
155	Herpes	69
155	Verruca	1
155	Urticaria	1
155	Phthyriasis	1
155	Eczema	395
155	Impetigo	694
155	Impetigo contagiosa	189
155	Prurigo	14

X.— DISEASES OF THE BONES AND OF THE ORGANS OF
LOCOMOTION

156	Osteitis	1
157	Hydrarthrosis	6
157	Ankylosis	2

No. Int.	Diseases	No. Patients.
157	Arthritis	9
157	Arthritis, acute	9
157	Arthritis, chronic	14
157	Synovitis	3
158	Torticollis	16
158	Lumbago	24
158	Tenosynovitis	2
158	Myositis	1
158	Wry-neck	62

XI.—MALFORMATIONS

159	Hydrocephalus	3
159	Congenital hydrocephalus	1
159c	Ectopia of bladder	1
159c	Vascular nevus	2
159c	Spina bifida	1

XII.—EARLY INFANCY

160	Congenital debility	7
160	Icterus	1
160	Marasmus	1
162	Inflammation of umbilicus	1

XIII.—OLD AGE

164	Senility	61
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XIV.—EXTERNAL CAUSES

176	Insects bites	2
179	Accidental burn by fire	3
179	Accidental burns	488
184	Wounds by piercing and cutting instruments	88
184	Traumatism by piercing and cutting instruments	696
185	Injury from fall	18
185	Accidental traumatism by fall	11
185	Fall from horse	50
187	Traumatism by machines	6
188	Traumatism by automobiles	9
189	Kick	4
189	Dog bites	17
189	Bites by other animals	3
192	Starvation	1
201	Sprain	10

No. Int.	Diseases	Patients.
201	Fracture	33
201	Luxation	7
201	Dislocation	5
202	Wounds	180
202	Foreign body	45
202	Orchitis, traumatism	1
202	Wounds, infected	29
202	Traumatism	3
202	Accident	10
202	Other external violence.....	4

XV.—ILL DEFINED DISEASES

205	Fever	841
205	Anorexia	1
205	Delirium	1
205	Catarrhal fever	102
205	Insomnia	3
205	Migraine	247
205	Anasarca	21
205	Fever, unknown cause.....	801
205	Ill defined diseases	4,279
205	Unknown causes	16,963

ACCOMPLISHMENTS DURING THE YEAR

Attention is invited here to certain figures indicative of results exceeding in value many fold the cost of the work:

Daily average of hospitals patients	757
Total number of admissions to the 11 hospitals	8,844
Total number of treatments in the 10 dispensaries and 129 rural clinics	866,673
Total number of major operations	1,586
Total number of injections for treponematosi s	550,945
Total number of treatments for malaria	36,853
Total number of intestinal parasites	46,024
Total mileage in rural clinic work: Automobile	73,770
Horse	11,610
Motor boat	4,992
Aeroplane	1,000

Distribution of:

Item	Quantity	Cost in Gdes.
Cowpox vaccine	24,060 points	6,115.00
Tetanus antitoxin	4,489,500 units	6,296.70
Antityphoid vaccine	28,820 c.c.	8,276.70
Antirabic vaccine	1,050 doses	5,164.50
Diphtheria antitoxin	851,000 units	1,154.50
Antimeningococcic serum	9,570 c.c.	4,073.63
Antidysenteric serum	2,200 c.c.	5,632.00
Quinine sulphate	7,473,680 grains	40,087.25
Neoarsphenamine	23,000 tubes 0.6 gm.	33,928.50
Sulpharsphenamine	29,250 tubes 0.3 gm.	19,926.20
Potassium iodide	42,584,614 grains	103,260.49
Hydargyri Unguentum	1,728 1 lb jars	11,024.64
Sodii Potassii Bism. Tartrate	882,720 grains	6,436.50
Chenopodium	746 1/4 1b bott.	3,782.22
Magnesium sulphate	15,650 lbs.	30,361.00
Castor Oil	4,694 1 1b rolls	8,026.74
Cascara Sagrada	101,100 tablets	748.14
Vegetable cathartic pills	126,000	907.20
Cotton	6,137 1 1b rolls ...	10,923.86
Gauze	7,207 25 yd rolls ...	43,097.86
Gauze bandages	87,696	20,681.64
Muslin, 50 yd bolts	165 bolts	5,775.00
Ligature, catgut, plain, asstd.	717 tubes	717.00
Ligature, catgut, chromic, "	3,491 tubes	3,500.00
Ligature, silk, assorted	396 tubes	400.00
Ligature, silkwormgut, asstd.	3,108 tubes	979.81
Brooms, street,	1,144	880.88
Hoes	314	628.00
Manchettes	336	1,085.28

Item	Quantity	
Picks	178	663.94
Rakes	195	1,019.85
Shovels	275	1,531.75
Oil spray pumps	72	3,150.00
Wheelbarrows	240	4,632.00
Crude Oil (Mosquito control)	800 55 gal. drums	42,104.00
Creosote, crude	716 gallons	2,227.80

Most gratifying is it to report that of the twelve major projects, designated in our three year program (see annual report of 1926-27) for the past year eleven or ninety two percent have been effected. In detail they are listed as follows: Laboratory of Anatomy and Pathology, Port-au-Prince; Refrigeration unit for same; Improvement of Justinien Hospital, Cap-Haitien; Improvement of Pumping Plant, Hinche Hospital; Quarters for Assistant Public Health Officer, Hinche; Nine rural dispensaries built; Additions to Hospital, Gonaives; Improvement of Haitian General Hospital, Port-au-Prince; Purchase of land for 15 standard rural clinic buildings; Purchase of land for enlarging hospitals and general improvements in Sanitation.

In addition to these the following accomplishments are listed by districts:

Port-au-Prince.

- A. Hospital: Motor transportation increased.
- B. Medical School: Departments of Dentistry and Pharmacy entirely reorganized and equipped.
- C. Sanitation: Construction of stables and storerooms at Fort St. Clair; construction of pier for disposal of night soil; construction of public Bathing Pools and Bath houses at Sulphur Springs; medical inspection of school children and school buildings; Public Health Nurse; New Office building; draining and filling swampy areas at Portail Léogane, Martissant and Electric Light Plant areas; assisted in purchase of chlorinators for city water supplies.

Cap-Haitien.

- A. Hospital: Care of 87 cerebro-spinal fever patients; malaria and amoebiasis surveys; 353 major operations; largest number of injections given in entire Republic against treponematosiis, a total of 195,224.

- B. Sanitation: Continued attention to Fort Liberté swamp drainage project; extensive ditching at Limbé; and to a lesser degree at Quartier Morin and Limonade.

Saint-Marc.

- A. Hospital, Routine of previous years continued.
- B. Sanitation: City market of St. Marc entirely rebuilt; Hospital grounds parked; Grande Rivière straightened in 11 different places; 3,454 linear meters of cement canal and curbings constructed; Sanitation and Hospital offices combined; motor transportation increased.

Gonaïves.

- A. Hospital: Routine of previous years continued; new construction started; rural clinic established at Terre Neuve.
- B. Sanitation: Continued attention to drainage of swamps north and east of Gonaïves; City market improved; Extensive mosquito control work at Gros Morne undertaken; motor transportation increased.

Port-de-Paix.

Hospital, rural clinic and sanitation routine of previous years continued. Motor transportation added.

Hinche.

- A. Hospital: Remodeling of second floor; auxiliary gasoline water pump installed; storage facilities increased.
- B. Sanitation: Two miles of Hinquitte river cleaned; Motor transportation increased; Public latrines built at Lascahobas and Thomonde; 250 meters of drainage ditches dug in Thomonde.

Petit-Goave.

- A. Hospital: Operating room building and central two story section of main building completed and equipped; construction of depot and laundry room; 340 foot sea wall built; grounds parked.
- B. Sanitation: Maintained a two and a half month successful fight against the wide spread effects of the hurricane of August 10th; extension of mosquito control measures;

construction of public latrines; Improvement of markets and market sites; motor transportation increased.

Jérémie.

- A. Hospital: 4,970 persons, exclusive of 1,632 children, immunized against typhoid fever; effected necessary alterations for storerooms and sisters quarters; grounds parked; building for electric power unit provided.
- B. Sanitation: Meat market repaired; funds for drainage work at Dame Marie provided; Successfully combatted effect of hurricane; motor transportation provided.

Les Cayes.

- A. Hospital: Operating room building completed and equipped; garage, stables, linen room, laundry house and new toilets constructed; large and deep fills made in site of old river bed in Hospital grounds.
- B. Sanitation: Combatted the effects of hurricane of August 10th; extensive swamp control and other routine of previous years continued; motor transportation increased.

Jacmel.

- A. Hospital: Total outpatient treatments more than doubled over previous year. This factor together with marked increase in number of rural clinic attendance brings the number treated in all activities to 180,273, an increase over last year of 44,737; hospital grounds beautified; electric light system extended; water tank erected.
- B. Sanitation: Successfully combatted effects of hurricane of August 10th; despite insufficient funds allotted by office of Director General, and despite failure of commune of Jacmel to provide the sum of Gdes. 1,000.00 formerly allotted to the Public Health Officer, the usual routine work has been met and even expansions of same have been effected here and there; motor transportation was provided.

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PLANS FOR THE FUTURE

In this connection reference should be made (a) to the carefully detailed 3 year program as published in last year's annual report and (b) to the following data prepared for consideration at next allotments of Extraordinary credits:

FOR EXTRAORDINARY CREDITS (GOURDES) 1928-1929

Gourdes Cost	Yearly Recur- ring Obligations <i>Gourdes</i>
240,000	
	24,000
2,270,000	
	15,000

Project No. 1.

A. GENERAL IMPROVEMENTS IN SANITATION. With the allotments granted under credit 1221 in January 1928 and credit 1228 in July 1928 our program as detailed in the Annual Report for 1926-27 has not only been maintained but funds were immediately available to meet the demands of the epidemic of meningitis in northern Haiti last March, April and May and the unprecedented situation following the hurricane on August 10, 1928. For this aspect of Public Health work huge sums, relatively speaking, will be necessary for years to come. The first cost is high but its value to a community cannot be disputed. What has now been done in reclamation of swamps and mosquito extermination in St-Marc, Gonaives, Gros Morne, Cap-Haitien, Fort-Liberté, Cayes and Port-au-Prince, it is hoped can be accomplished at Petit-Goave, Miragoane, Petite Rivière de Nippes, Anse-à-Veau, Petit Trou de Nippes, Baradères, Pestel, Cotes de Fer, Bainet, Cayes, Jacmel, Port-de-Paix and Hinche.

B. Recurring obligations**Project. No. 2.**

A. HOSPITAL FOR PATIENTS WITH MENTAL DISEASE, PORT AU PRINCE. It should be noted that the sum requested for this project has been the subject of a recommendation by this office for many years. Eighteen months ago the first steps toward solving the long-standing problem were taken when an ample plot of land near the Naval Radio Station was purchased and fenced. At present there are being housed in the old barracks at Pont Beudet 182 patients with mental disease. In the interest of future economy and proper treatment of these unfortunates it is hoped that the construction of a hospital will be an accomplished fact in 1929. Included in the 2,270,000 Gourdes, 50,000 are necessary for an adequate water supply.

B. Recurring obligations

Project No. 3.

A. PUBLIC HEALTH OFFICER'S QUARTERS AT HINCHE.—With reference to this item I desire to quote from the Engineer in Chief's report of May 24, 1928: "An inspection has been made of the Director's residence at the Hincbe Hospital and it was found that the framing of the second story walls is in a state of deterioration and decay due to rot and insects, but the deterioration has not proceeded to the extent that the second story is unsafe. However, there is every indication that this second story will have to be renewed in the very near future, perhaps during the next dry season." As this house has been unroofed by high winds twice in the past eighteen months, it is deemed necessary for safety to life and property to remove the second story entirely and enlarge the first story. In this manner these quarters will then resemble all the other government houses at Hincbe which experience has proven are satisfactory.

B. Recurring obligations.....

1,000

Project No. 4.

A. SISTERS QUARTERS. HOSPITAL SAINT MARC.—The small house occupied by the sisters was erected many years ago and for a long time constituted what was called a "hospital". This building is now in such a state of disrepair that it is poor economy to spend further sums on it. The amount requested will provide a modest home long and patiently awaited by these deserving Sisters.

B. Recurring obligations.....

500

Project No. 5.

A. ADDITION TO HOSPITAL, PETIT-GOAVE.—To keep face with the demands being made upon it this hospital must double its present ward capacity as quickly as possible. An average of sixty patients is now being maintained in wards designed for forty. Beds are crowded into center aisles and overflowing to the galleries. A new ward of the size and cost of one erected last year is the only solution.

B. Recurring obligations.....

1,000

36,000

28,000

33,000

Gourdes Cost	Yearly Recur- ring Obligations Gourdes
29,000	
	500
72,000	
	1,000
15,000	
	0

Project No. 6.

A. COMBINED GARAGE, DEPOT, STOREROOM AND SANITATION OFFICE, GONAIVES.
In accordance with the plans to so far as possible concentrate all personnel and material on Service d'Hygiene property the above units in Gonaives have been moved accordingly. They are at present housed in make shift temporary structures.

B. Recurring obligations.....

Project No. 7.

A. ISOLATION WARDS (Male and Female) ST. MARC AND GONAIVES HOSPITALS.—
The isolation units now employed at these hospitals are nothing more than sheds. They are wards in name only. Apparently originally built for storage purposes they long ago ceased to be suitable even for that. Real hospitalization of patients requiring isolation at St-Marc and Gonaives cannot be performed until new units are provided.

B. Recurring obligations.....

Project No. 8.

A. GALLERY FOR FRONT OF PORT DE PAIX HOSPITAL.—Owing to exposed position of this Hospital on hill overlooking the city it is impossible to keep rain from penetrating the windows of entire front of this two story building. As a result constant repairs to walls ceilings and floors are necessary to say nothing of exposure to hospital personnel and patients. There is only one solution: the erection of a two story gallery that will withstand the elements and insects.

B. Recurring obligations.....

Project No. 9.

A. CONCRETE BLOCK MASONRY FENCE, GONAIVES HOSPITAL.—This project is indicated for properly surrounding the Hospital property at Gonaives which by recent purchases has markedly increased the total area to be guarded.

30,000

B. Recurring obligations.....

Project No. 10.

A. IRON AND MASONRY FENCE, HAITIAN GENERAL HOSPITAL, PORT AU PRINCE.—This is a project to continue the plan of beautifying Haiti's Medical Education Center. The present old wall is in process of rapid deterioration awaiting the time when a modern fence, similar to the small section recently installed at the main gate of the Hospital can be erected, front (west) wall of the hospital.

60,000

B. Recurring obligations.....

Project No. 11.

A. PUBLIC HEALTH NURSE SCHOLARSHIP.—The activities of this Service have reached the stage of entering upon a Public Health Nurse program. It was started April 1928. Follow up work in the homes of selected hospital and dispensary cases, infant welfare and aids to school physicians and dentists are the important features of such a movement. For reaching and improving the home no finer agent exists. To speed up results, to encourage and stimulate the whole nursing program in Haiti, as the professions of Medicine, Dentistry and certain aspects of Service Technique work have been, one of the aims of this scholarship — the studies to be pursued in the United States.

9,000

B. Recurring obligations.....

0

0

L'HYGIENE EN HAITI

UN RAPPORT POUR L'ANNEE FISCALE
1928-29

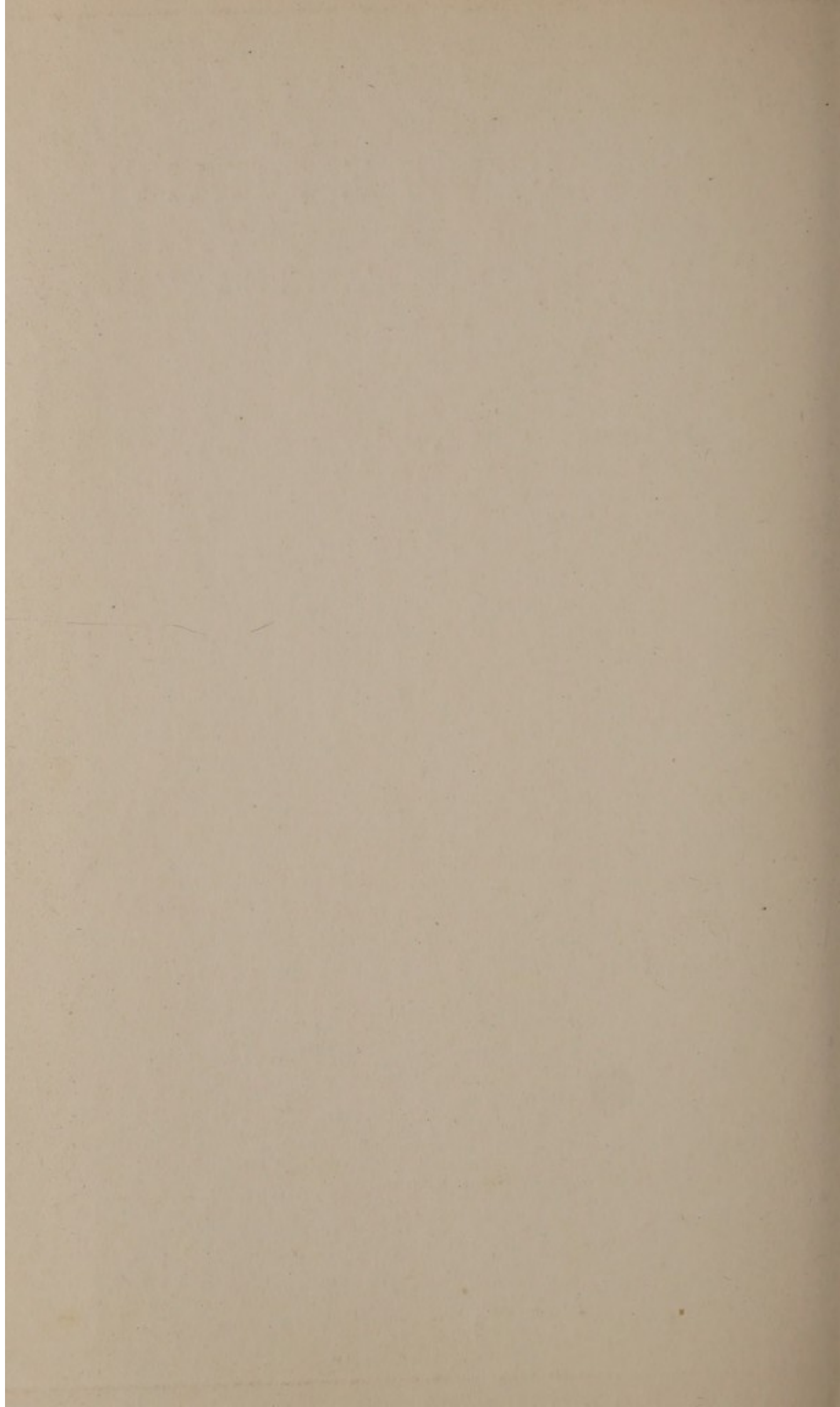
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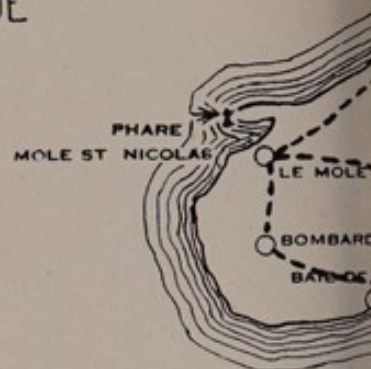
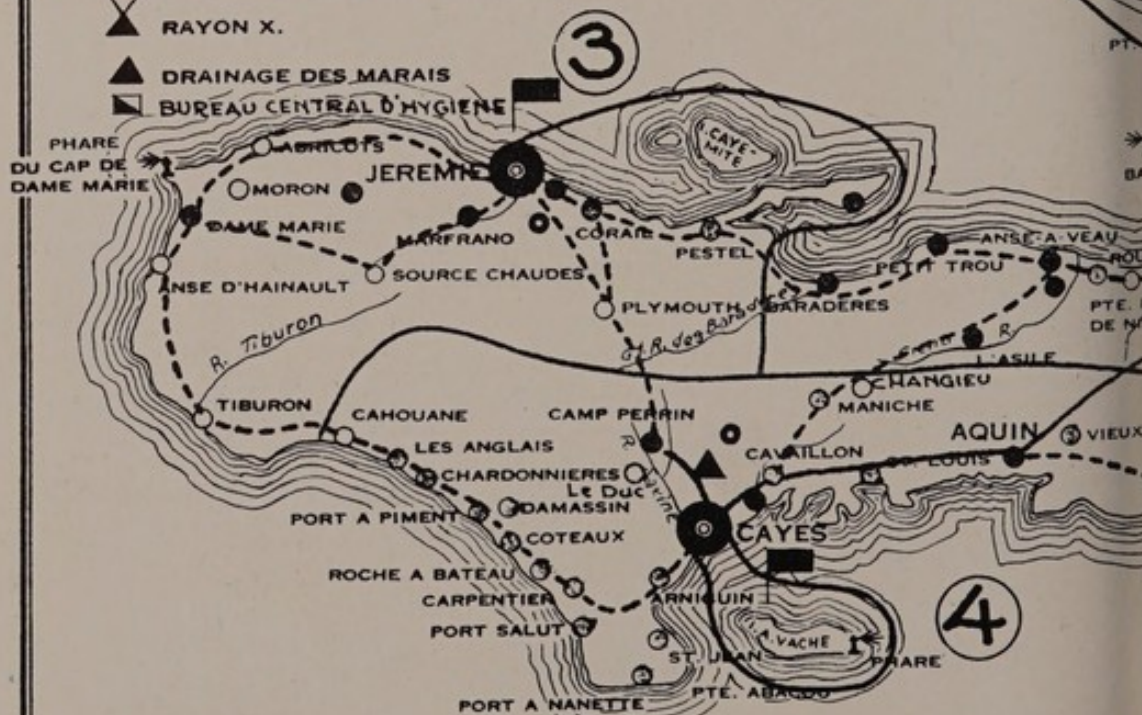
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CARTE DES DISTRICTS

1^{er} OCTOBRE 1929

LEGENDE

- ADMINISTRATION CENTRALE
 - ECOLE NATIONALE DE MEDECINE
 - HOPITAL CENTRE MEDICAL DU DISTRICT
 - DISPENSAIRE RURAL
 - CLINIQUES RURALES
 - POINT CENTRAL DES TRAVAUX D'ASSAINISSEMENT DU DISTRICT
 - ENLEVEMENT DES IMMONDICES PAR CAMIONS AUTOMOBILES
 - SERVICE D'INSPECTION SANITAIRE RURAL
 - INSPECTEUR VETERINAIRE
 - LABORATOIRE D'HYGIENE PUBLIQUE
 - DEPOT DES FOURNITURES
 - GARAGE
 - QUARANTAINE MARITIME
 - ASILE D'ALIENES
 - ECOLE DES GARDES-MALADES
 - CHLORINATION DE L'EAU
 - RAYON X.
 - DRAINAGE DES MARAIS
 - BUREAU CENTRAL D'HYGIENE
- DIVISION DES DISTRICTS
- - - ROUTES

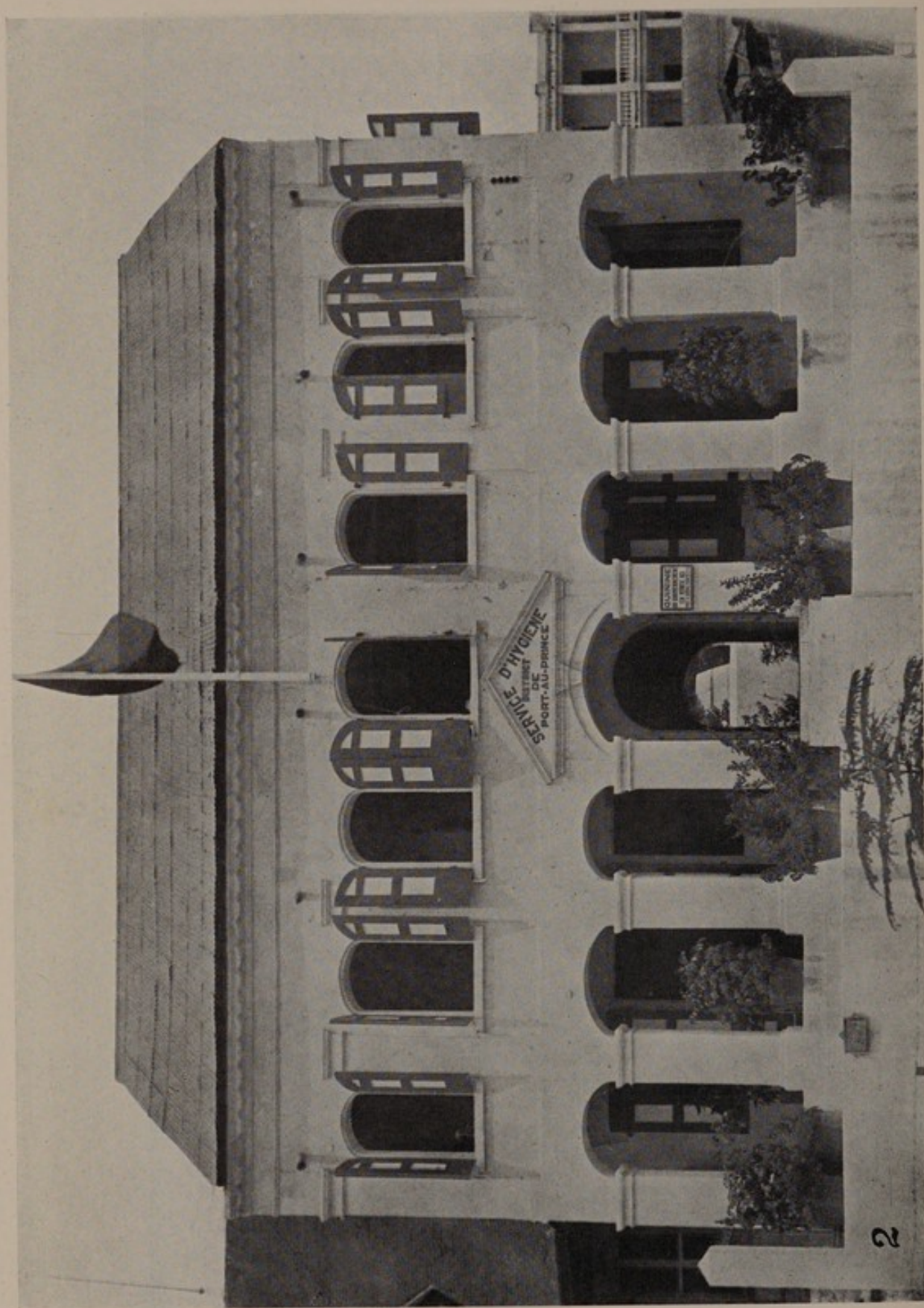


Approuvé.

K. C. ME
Directeur
Service Na
d'Hygiène.







CENTRE DE SANTÉ—PORT-AU-PRINCE

L'HYGIENE EN HAITI

UN RAPPORT POUR L'ANNEE FISCALE
1928-29

PAR

LE CAPITAINE KENT C. MELHORN (M.C.), U. S. N.

DIRECTEUR GENERAL, SERVICE NATIONAL
D'HYGIENE PUBLIQUE D'HAITI



PORT-AU-PRINCE
JANVIER
1930

THE HISTORY OF THE

REIGN OF KING CHARLES THE FIRST

1625-1649

BY SAMUEL JOHNSON

IN TWO VOLUMES

VOL. I

1791

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ST. PAULS CHURCH-YARD

1791

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LA RELIGION DE LA SCIENCE

La médecine scientifique c'est l'application des connaissances de toutes sortes—c'est à dire la science, pour le bien être corporel, mental et moral de l'humanité. La science, lorsqu'on ne l'applique pas ou qu'on l'applique pour satisfaire une vanité ou un gout personnel, elle est froide et apathique, mais qu'on l'emploie pour les meilleurs intérêts de l'homme, on l'élève à la dignité d'une religion. Cette application du savoir aux intérêts les plus élevés de l'humanité sur la terre, c'est la religion de la science, une religion éminemment pratique, qui s'affirme par ses travaux, une religion quelque humble soit elle et parfaitement consciente de ses imperfections, déploie ses plus grands efforts pour faire le bien, une religion qui affirme sa faillibilité, et par cette affirmation, garantit une amélioration continue, une religion qui, *ex necessitate rei*, ne peut avoir aucune profession de foi; car, modifiées par la source incessante de la science abstraite, ses formules intellectuelles doivent se changer conformément, tandis que son travail bienfaisant se poursuit, elle s'améliore constamment par l'accumulation de la science des Ages.—SAMUEL LOGAN, M.D., 1885.

L'ANNEE EN RESUME

DR. K. C. MELHORN

Directeur General

Avec les dépenses faites sur ses allocations (G.4.435.428.67 du Gouvernement, G.145.147.42 des Communes) de ses revenus (Hôpitaux G.129.856.73 et Division Sanitaire G.12.090.45 et avec des dons reçus (Comité Central des secours G.134.148.85, Fondation Rockefeller G.75.000.00 et Croix Rouge Américaine G.50.000.00 soit un total de 4.931.672.12 gourdes ou 986.434.42 dollars, le Service d'Hygiène a surpassé tous les précédents records dans presque toutes les activités. Les points saillants sont les suivants:

SECTION DES HÔPITAUX, DISPENSAIRES ET CLINIQUES RURALES

Le chiffre des admissions a atteint 10.588, une augmentation de 17% sur celui de l'année dernière.

Les cliniques rurales atteignirent le chiffre de 147 et administrèrent le chiffre éloquent de 1.341.596 traitements, une augmentation de 36 pour cent sur les 12 mois précédents.

Le 1er Juillet 1929 la Garde d'Haiti transféra à ce Service le soin de l'hospitalization des malades atteints d'affection mentale et des mineurs vagabonds. Un accord intervint entre le Service et le Directeur Médical de la Garde d'Haiti, en vertu duquel des Infirmières de la Garde spécialement choisis à cet effet reçurent une préparation spéciale dans les travaux des dispensaire, de chirurgie, d'urologie et de technique opératoire.

Port-au-Prince.—Sous l'excellente administration du Dr. L. W. Johnson, tous les départements de cette Institution ont été modernisés jusqu'à parvenir à un point qui n'a jamais été atteint auparavant, et bien plus à un degré qu'on ne croyait pas possible dans un si court espace de temps. Les plus remarquables de ces résultats sont le fonctionnement pendant les mois de Mai, Juin et Juillet d'une clinique ambulante qui couvrit tout le Morne à Selle et la réorganisation du Département des Externes, du Département de Radiologie, de la Maternité, et de la Salle privée.

Cap-Haitien.—Grandes réparations—Constructions repeintes et cour améliorée.

Gonaïves.—Construction d'une salle de 30 lits, d'une cuisine et d'un réfectoire. Allocation pour la construction d'un garage et d'un dépôt de fourniture.

Port-de-Paix.—Grands travaux de pavage et d'amélioration de la cour. Tous les bâtiments ont été repeints.

Hinche.—Tous les poteaux en bois des galeries ont été remplacés par des colonnes en beton et des garde-fous faits de tuyaux galvanisés ont été installés. Nouvelle maison pour l'Officier Sanitaire. Tous les bâtiments repeints à l'intérieur et à l'extérieur. La chaudière de la machine à développer l'énergie a été pourvue de nouveaux tubes. La cour a été embellie.

Petit Goave.—Une salle privée pour les malades a été construite. Un système de tout à l'égout a été installé.

Saint-Marc.—L'étendue de la propriété de l'Hôpital a doublé par suite de nouvelles acquisitions.

Jérémie.—Grands travaux d'embellissement de la cour et pavage des bâtiments. Construction d'une chapelle.

Jacmel.—Les poteaux en bois des galeries remplacés par des colonnes en ciment. Tous les bâtiments de l'Hôpital ont été repeints. La cour embellie.

Aux Cayes.—En subdivisant l'une des grandes salles publiques, on a obtenu de nouvelles salles privées. Le dispensaire de l'Hôpital a été agrandi. Les toits des dispensaires ont été repeints. Un nouveau dispensaire a été construit à Port-Salut.



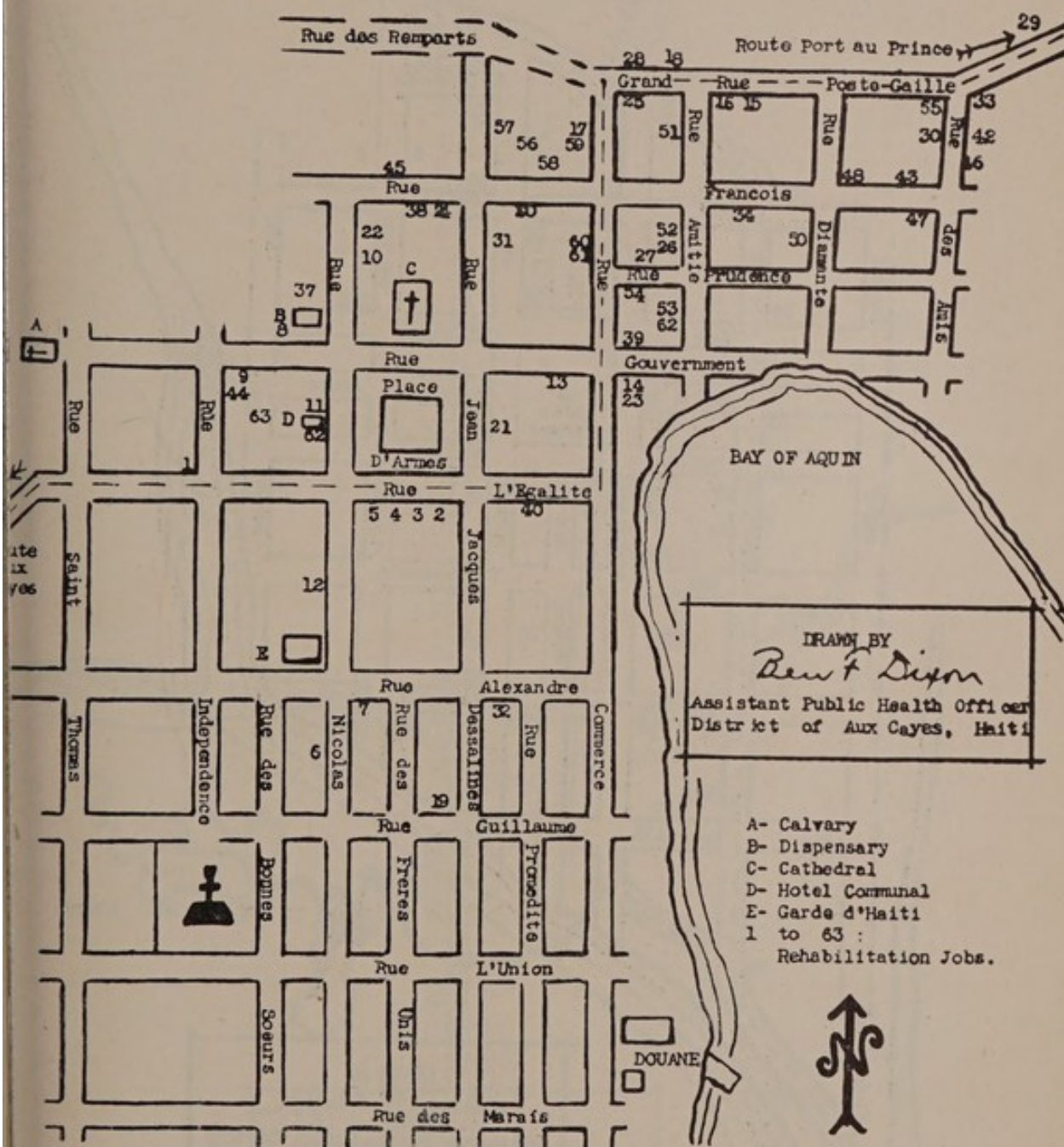
SECTION DES LABORATOIRES

Avec le concours du Comité de recherches sur les syphilis (Etats-Unis) on a commencé une étude complète sur les rapports du pian et de la syphilis.

SECTION DE LA QUARANTAINE ET DE LA SANITATION

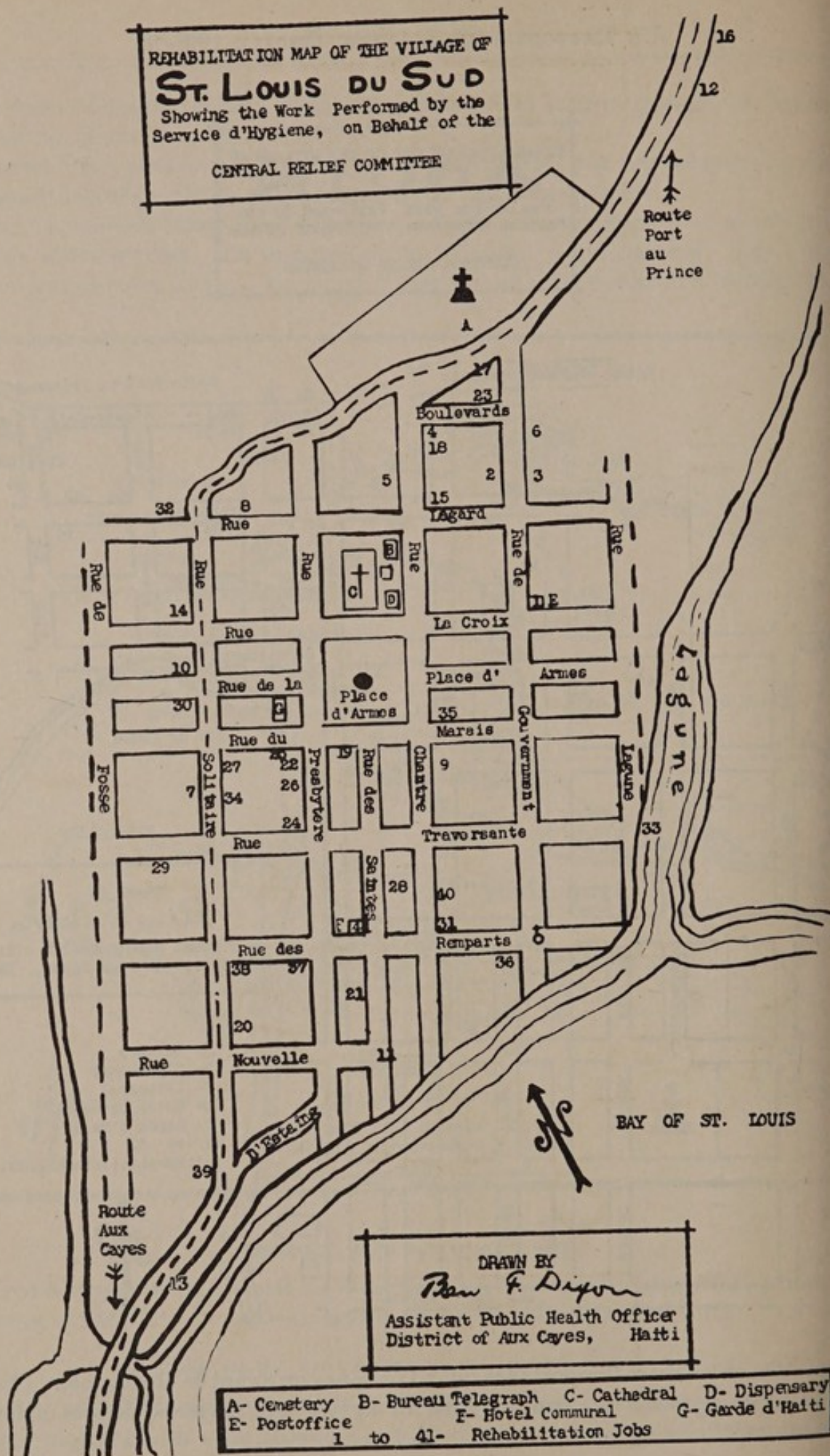
Grâce au remplacement partiel du système de syphon Miller par des cabines d'aisance modernes, on a pu économiser 40% de l'eau consommée à l'Hôpital Général.

REHABILITATION MAP OF THE VILLAGE OF
AQUIN
 Showing the Work Performed by the
 Service d'Hygiene, on Behalf of the
 CENTRAL RELIEF COMMITTEE

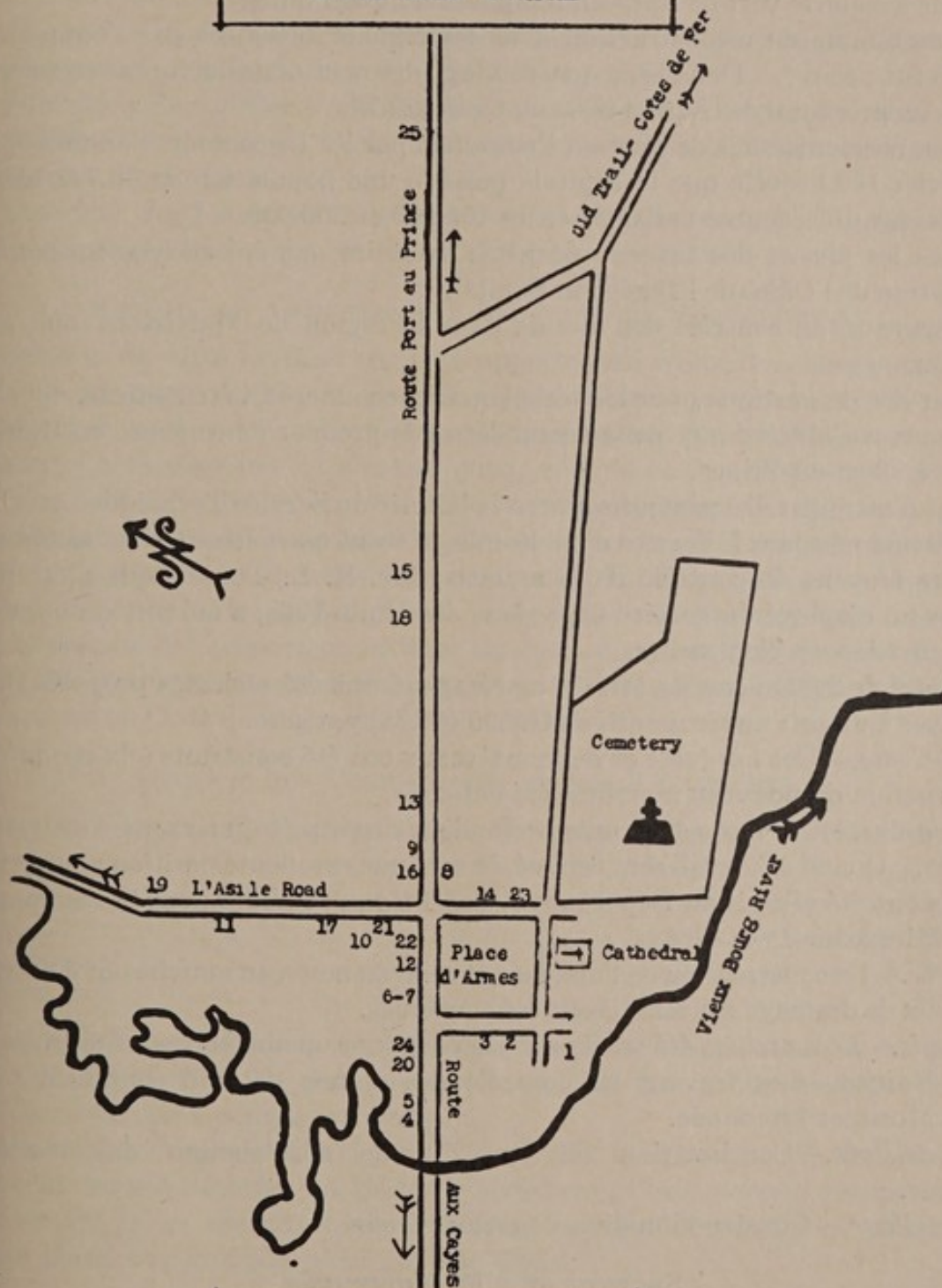


en. On en réalisera l'importance quand on saura qu'avant ce changement, l'hôpital
 ommaient un septième de l'eau qui alimente la ville, une moyenne de près de 600.000
 as par mois.

REHABILITATION MAP OF THE VILLAGE OF
ST. LOUIS DU SUD
Showing the Work Performed by the
Service d'Hygiene, on Behalf of the
CENTRAL RELIEF COMMITTEE



REHABILITATION MAP OF THE VILLAGE OF
 VIEUX BOURG D'AQUIN
 Showing the Work Performed by the
 Service d'Hygiene, on Behalf of the
 CENTRAL RELIEF COMMITTEE



DRAWN BY
Ben F. Oison
 Assistant Public Health Officer
 District of Aux Cayes, Haiti
 Numbers Indicate Job Location

Aux moyens de contrôle des moustiques le Vert de Paris, semé à la main, par un souffleur ou d'un aéroplane, a été ajouté. Des expériences qui se font actuellement, ressort que très prochainement on pourra faire une grande économie en employant sur une plus grande échelle le vert de Paris en remplacement de l'huile.

Le programme de reconstruction dans les régions dévastées par l'ouragan du 1^{er} Août 1928 fut achevé. Deux cent quatre vingt dix neuf maisons furent construites et réparées à un prix total de G.184.148.83 ou Or36.829.77.

Un recensement exact de Port-au-Prince fait par les Inspecteurs Sanitaires, achevé le 24 Janvier 1929 révèle que la capitale possède une population de 79.797 habitants. Les estimations précédentes variaient entre 100.000 et 200.000.

Toutes les phases des travaux de génie sanitaire ont été activement poursuivies par la création de l'Office de l'Ingénieur Sanitaire.

Les travaux de contrôle des marais dans la région de Martissant ont eu plus d'extension.

Un service de pratique pour les aéroplanes de commerce a été institué.

Un nouveau marché aux poissons moderne, le premier de ce genre en Haïti, a été construit à Port-au-Prince.

Achat d'un appareil à pasteuriser pour la laiterie du Service Technique.

L'entomologie dans le Service d'épidémiologie étant une nécessité fondamentale de l'étude des moyens de contrôle de la malaria, Mr. R. L. Turner, qui a été pendant longtemps un employé du Service d'Hygiène des Etats-Unis, a été pris comme membre de cette division en Septembre.

Un total de 2.000 acres de terrain marécageux ont été réclamés près des Gonâves et des Cayes à un prix approximatif de G.8.90 (\$1.78) par acre.

Petit-Goave.—Des bordures et des caniveaux ont été construits à la rue principale. La construction du nouveau marché a été entamée.

Miragoâne.—Une mare de grande profondeur située près du rivage est en train d'être remblayée. Quand ce travail sera achevé, ce sera une excellente position pour le marché. Des fonds ont été alloués au Département des Travaux Publics pour la restauration de la route Miragoâne-Petit-Goave.

Hinche.—La construction de l'abattoir et celle du nouveau marché ont été entamées. Les travaux de drainage des marais ont été continués.

Jérémie. Le marché a été amélioré. Un dépôt et un abattoir ont été érigés.

Cap-Haïtien.—Les travaux de contrôle des marais ont été continués à Limonade, Quartier Morin et Limonade.

Port-de-Paix.—Continuation des travaux de construction des bordures et caniveaux.

Saint-Marc.—Construction d'un nouveau marché.

SECTION DE L'ENSEIGNEMENT

Une nouvelle et importante branche de l'Ecole de Médecine, la salle d'Anatomie et Pathologie a été achevée et aménagée.

Le premier Centre de Santé de la Nation a été établi à Port-au-Prince. Sa principale fonction est celle de la protection de l'enfance et embrasse l'assistance pré-natale et post natale.

Une plus grande extension a été donnée à la branche de l'Infirmière d'Hygiène.

ue et l'une des diplômées de l'Ecole des Gardes-Malades a été envoyée aux Etats-
où elle fera une année d'Etudes au "Teachers College" Columbia University.

n membre de la Faculté de l'Ecole d'Art Dentaire a suivi un cours post-universitaire
thwestern University" Chicago, Illinois.

a Directrice de l'Ecole des Infirmières visita Porto-Rico aux fins d'étudier les
és des gardes malades de ce pays et de faire un rapport.

. Fondation Rockefeller a accordé des bourses d'études à onze des membres de la
é de l'Ecole de Médecine, les études devant être faites en France, au Canada, aux
Unis et à Porto-Rico.

Directeur des Laboratoires a été envoyé à Panama en vue d'étudier certaines
ques en usage à la clinique Herrick et de faire un rapport.

SECTION DU DEPARTEMENT LEGALET DES STATISTIQUES

création de cette division en Août apporte une réalisation longtemps désirée.
habile direction de Mr. F. Jean-Louis, la solution de beaucoup de questions
res qui se soulèvent dans le Service d'Hygiène peut être expédiée comme jamais
vant. Cette assertion est illustrée par la célérité et la précision qu'a employées
vision après le récent vol de médicaments s'élevant à plusieurs milliers de gourdes.
vaille actuellement à la révision de la loi sur l'exercice de la profession de Médecin,
tiste, d'Infirmière et de Sage-Femme, à la modernisation de la loi sur les aliments
rogues, à celle sur les statistiques de naissances et de décès, et enfin à la révision
e nécessaire de certaines procédures légales concernant l'internement des aliénés.
ent 38.3 pour cent des cas déferés par devant les tribunaux de toute la République
ractions au Code Sanitaire ont été condamnés.

SECTION DES FOURNITURES ET DES TRANSPORTS

nombre total de milles parcourus pour visiter les cliniques est comme suit:

	Milles
Automobile.....	109.181
Cheval.....	19.824
Chaloupe.....	4.244
Aéroplane.....	240

atre vingt deux machines ont été en service dans la République et ont couté en
e G.2.620,00 (\$524.00) par machine, le mileage par gallon d'essence étant de
r les autos et 8.4 pour les camions.

as le total des dépenses G.971,296,62 (\$.194,259,36) faites pour l'achat de matériel
r cent ont été dépensés en Haiti. Cependant n'était-ce cette circonstance que
icaments et les fournitures pour hôpital et pour laboratoire ne peuvent être
sur place, ce pourcentage eut été plus grand.

SECTION DU PERSONNEL

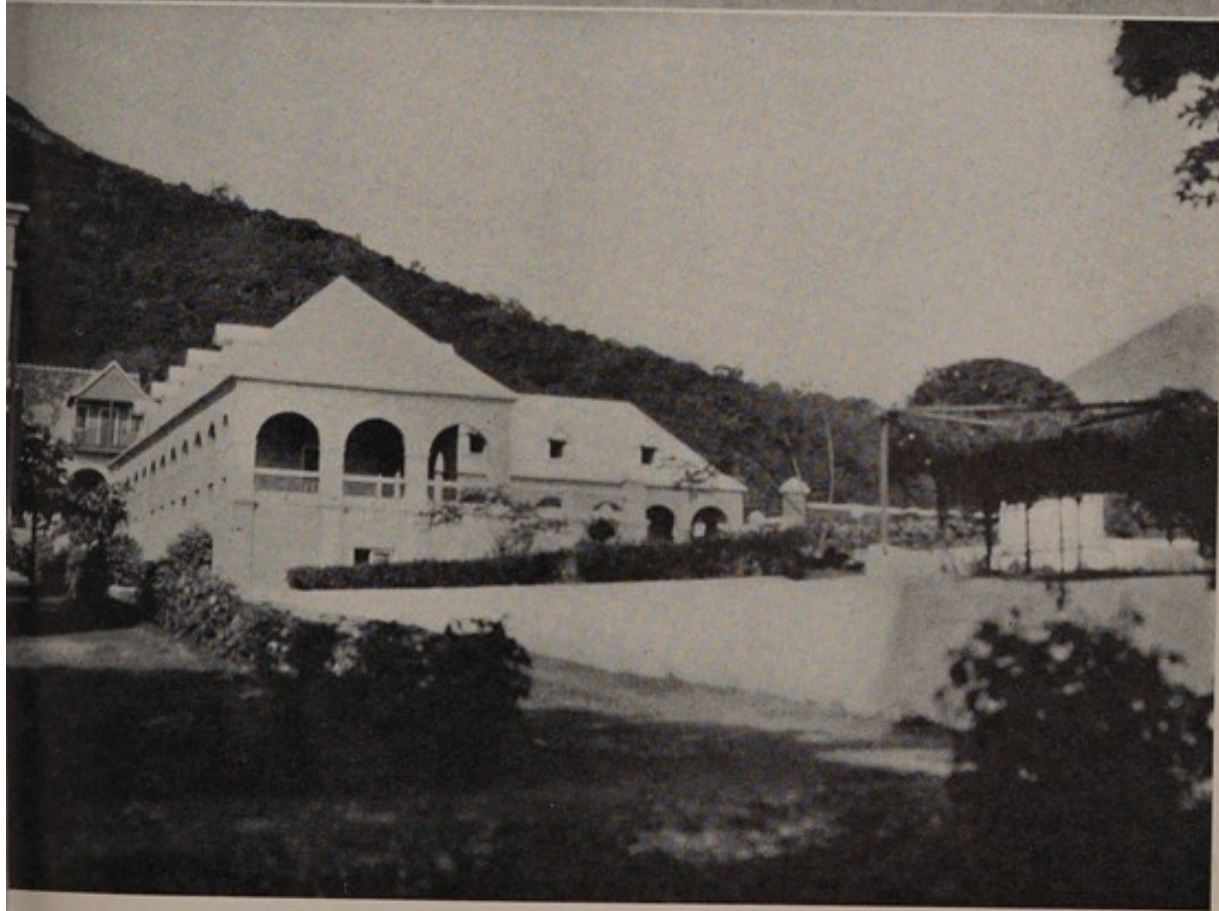
cours de l'année qui vient de finir le nombre de notre personnel a augmenté de
2.222, le nombre du personnel Américain (U. S. N.) est resté le même. Le pour-
des Américains employés dans le Service d'Hygiène est de 1,72 pour cent.
t le personnel américain attaché à 4 des dix districts a été rappelé et remplacé
nédecins et inspecteurs Haitiens à la satisfaction de tous.

Pour préciser, des Médecins Haïtiens ont été nommés Officiers Sanitaires dans les endroits suivants:

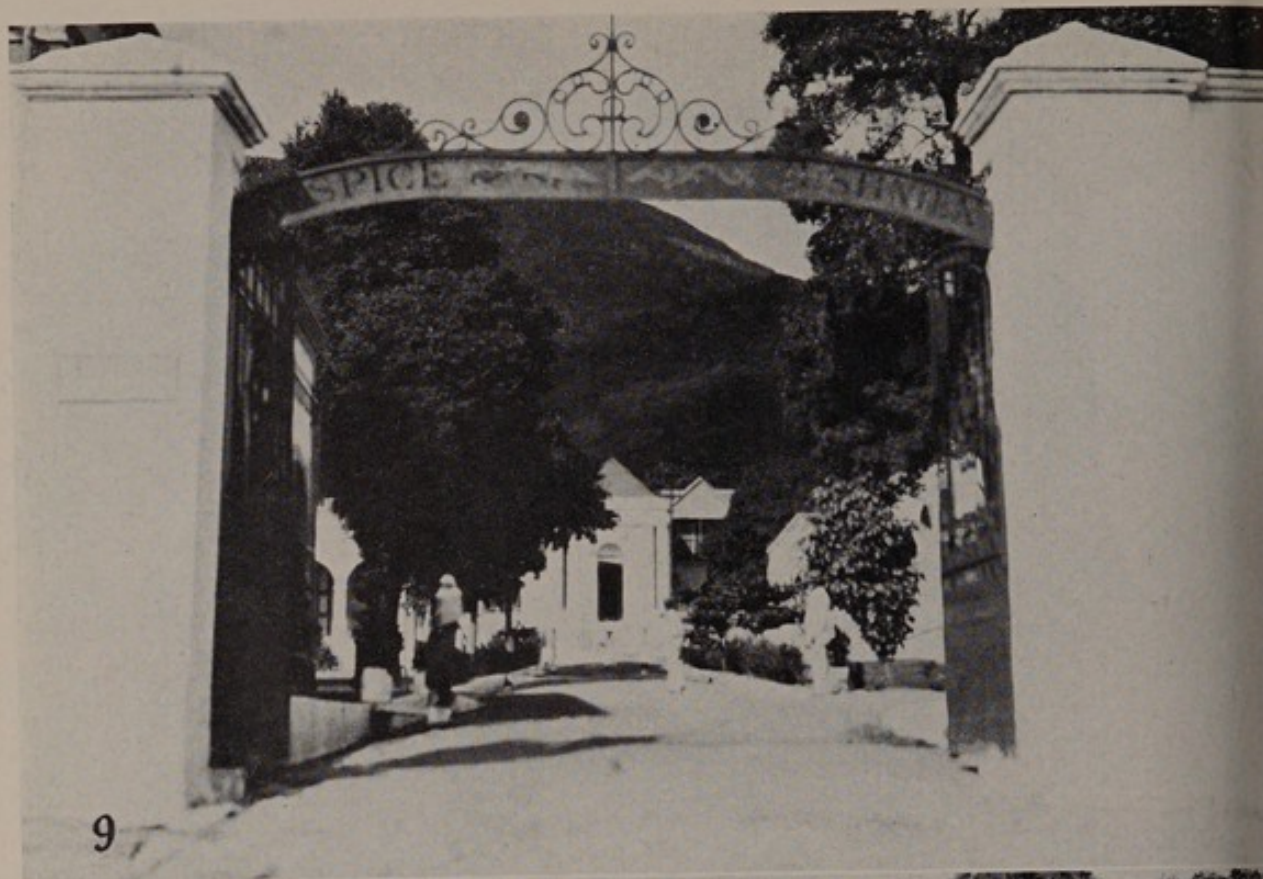
Port-de-Paix	Dr. J. R. Jeanty
St.-Marc	Dr. L. Jourdan
Jérémie	Dr. L. Torchon

SECTION DES FINANCES

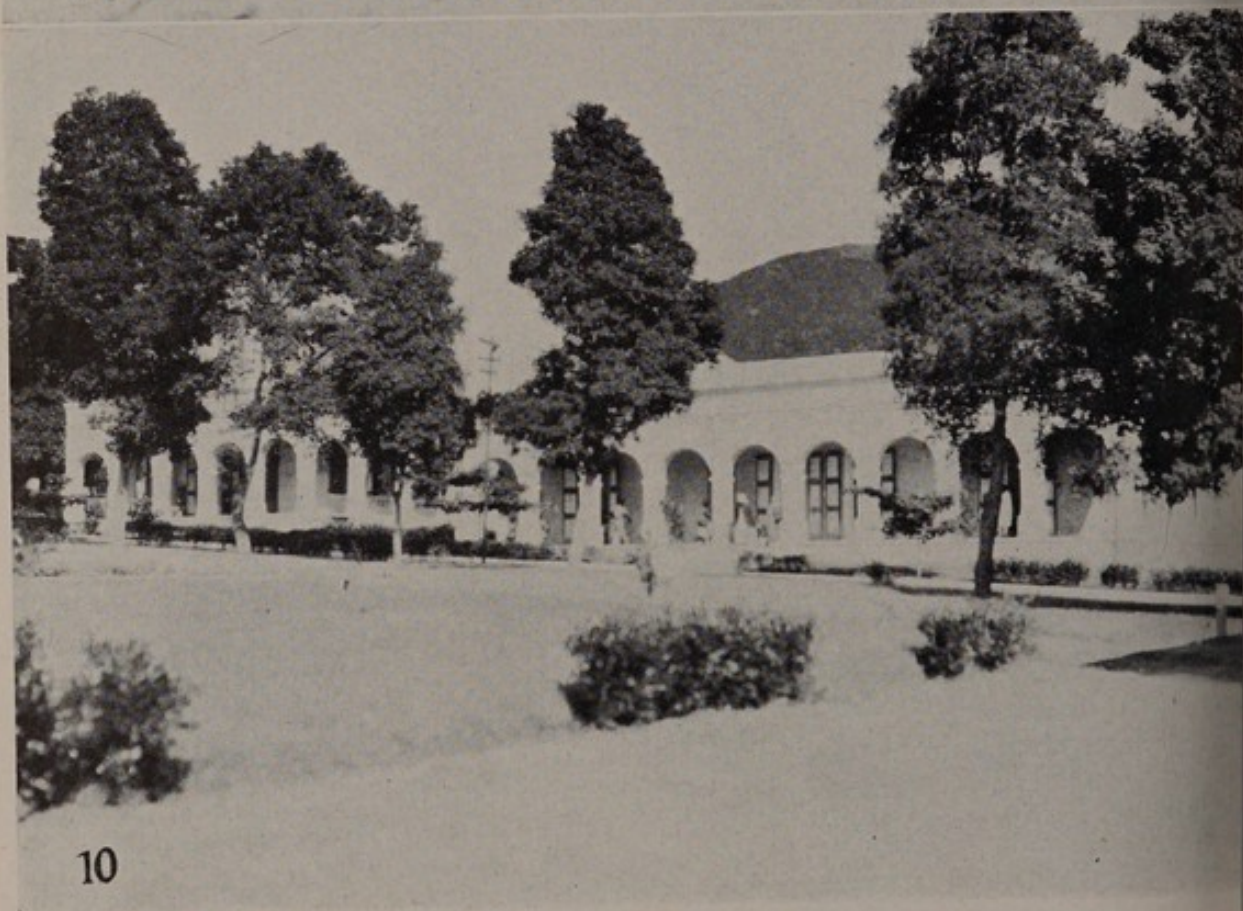
Etablissement des méthodes meilleures pour le recouvrement des frais découlant des services hospitaliers et du Service Sanitaire. Dans tous les districts, sauf trois, on n'a porté trop d'attention au service de charité, trop peu a été réalisé en vue de mettre en oeuvre un plan qui offrirait de réels services à un prix très peu élevé. Les Hôpitaux et les services de la division sanitaire doivent cesser de supporter tout le fardeau de leurs frais d'entretien. Ils auraient plus d'orgueil si tous leurs services étaient organisés de telle sorte que le plus grand nombre même ceux qui gagnent peu, soient capables de payer pour ce qu'ils reçoivent. C'est de la bonne démocratie et une vraie économie. Cela signifiera un service médical et sanitaire convenable pour tous.



EDIFICE LOGEANT L'OFFICE ET DEUX SALLES, HÔPITAL, CAP-HAITIEN
SALLE PRIVÉE—HÔPITAL CAP-HAITIEN



9

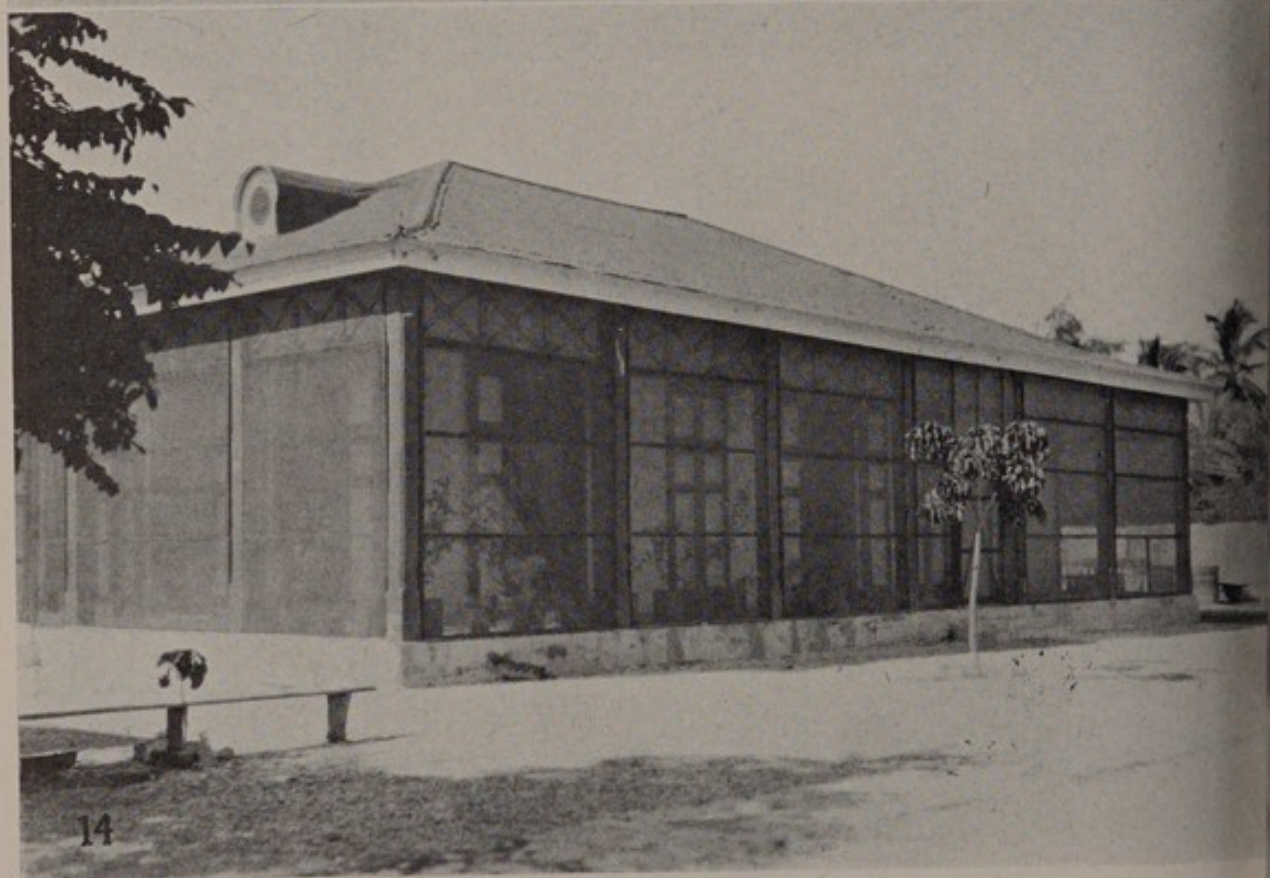


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ENTRÉE DE L'HÔPITAL JUSTINIEN, CAP-HAITIEN
SALLE DES HOMMES, DÉPARTEMENT DES RAYONS-X ET D'OPHTHOLMOLOGIE, HÔPITAL
CAP-HAITIEN



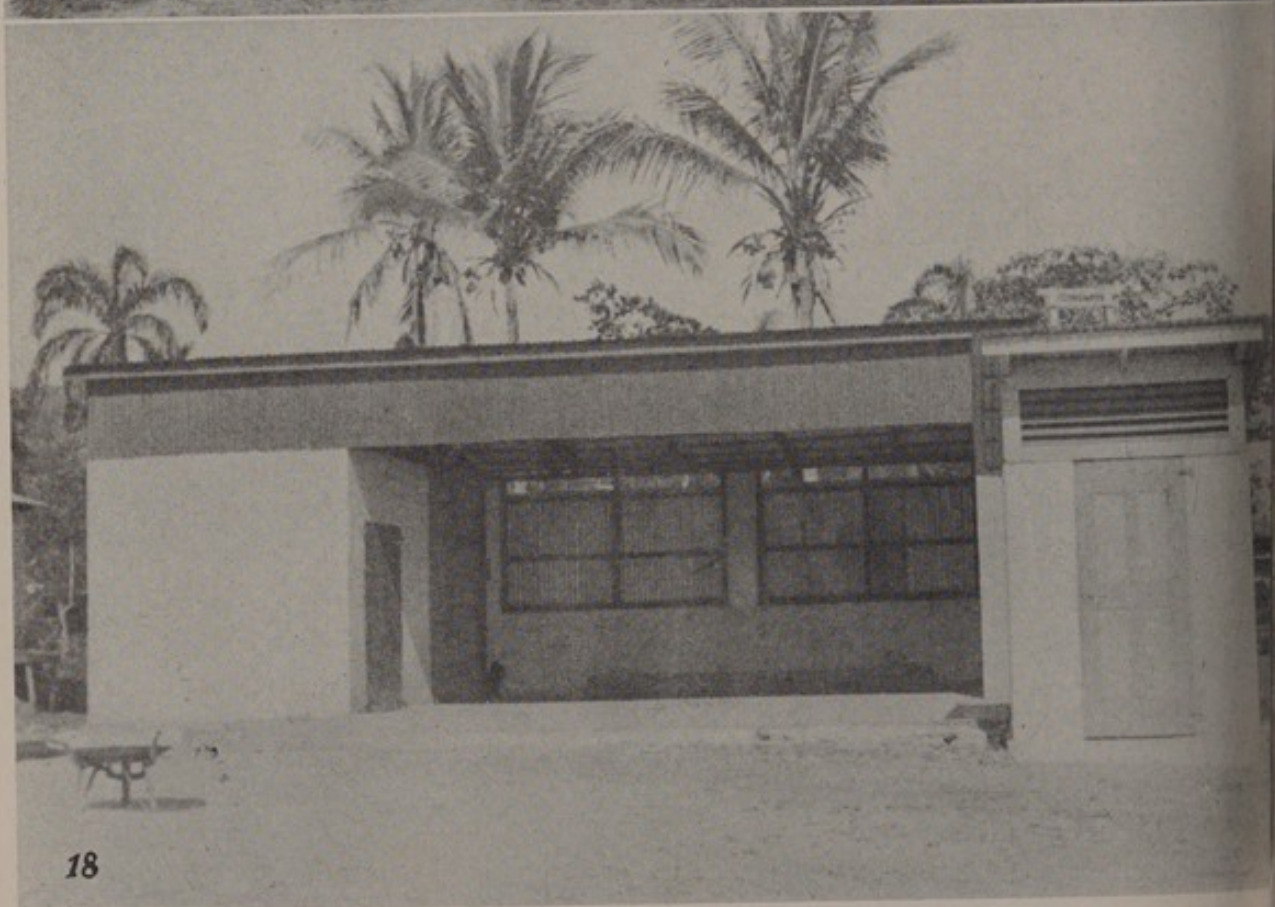
BATIMENT PRINCIPAL ET DISPENSAIRE, HÔPITAL DES CAYES
BATIMENT PRINCIPAL, HÔPITAL DES CAYES



UNE SALLE GONAIVES
DISPENSARE—GONAIVES



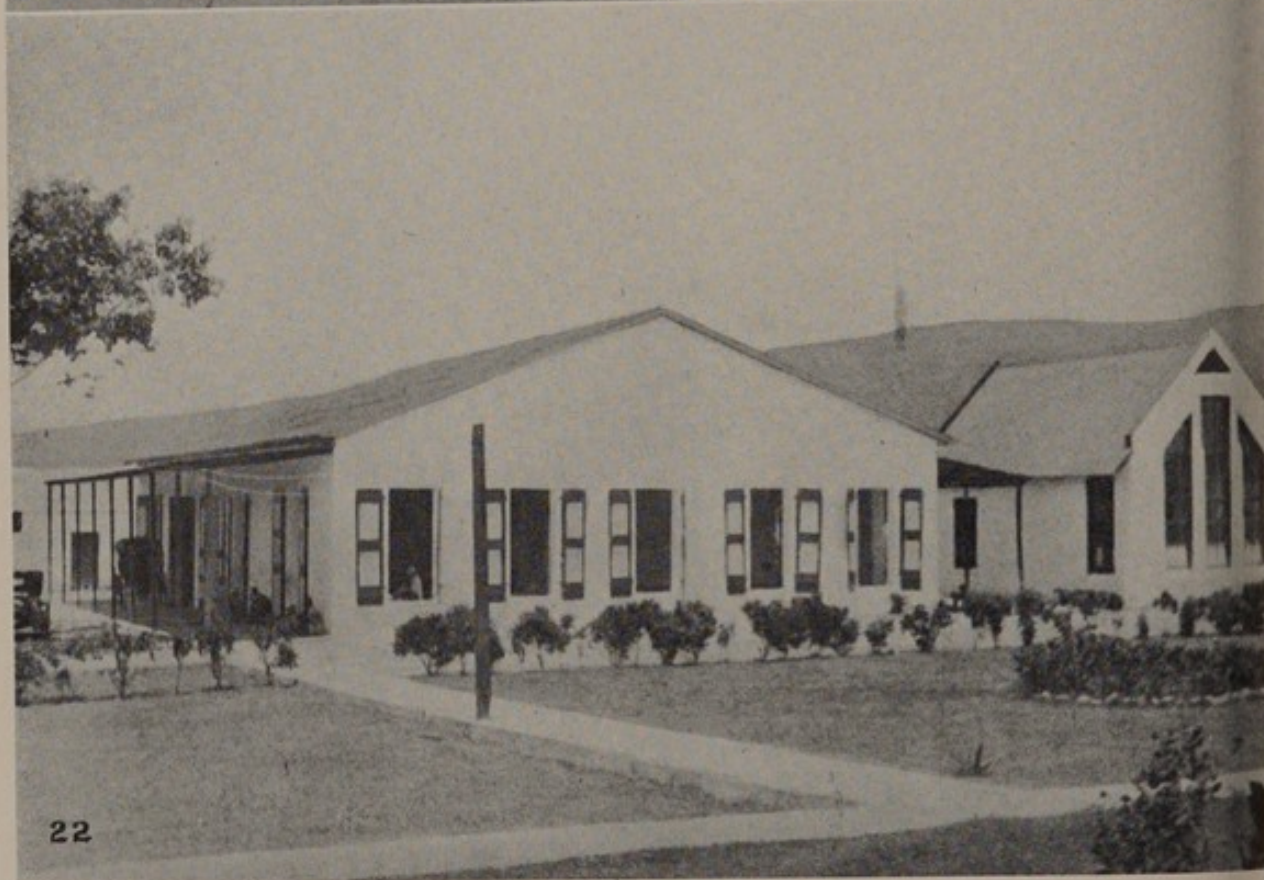
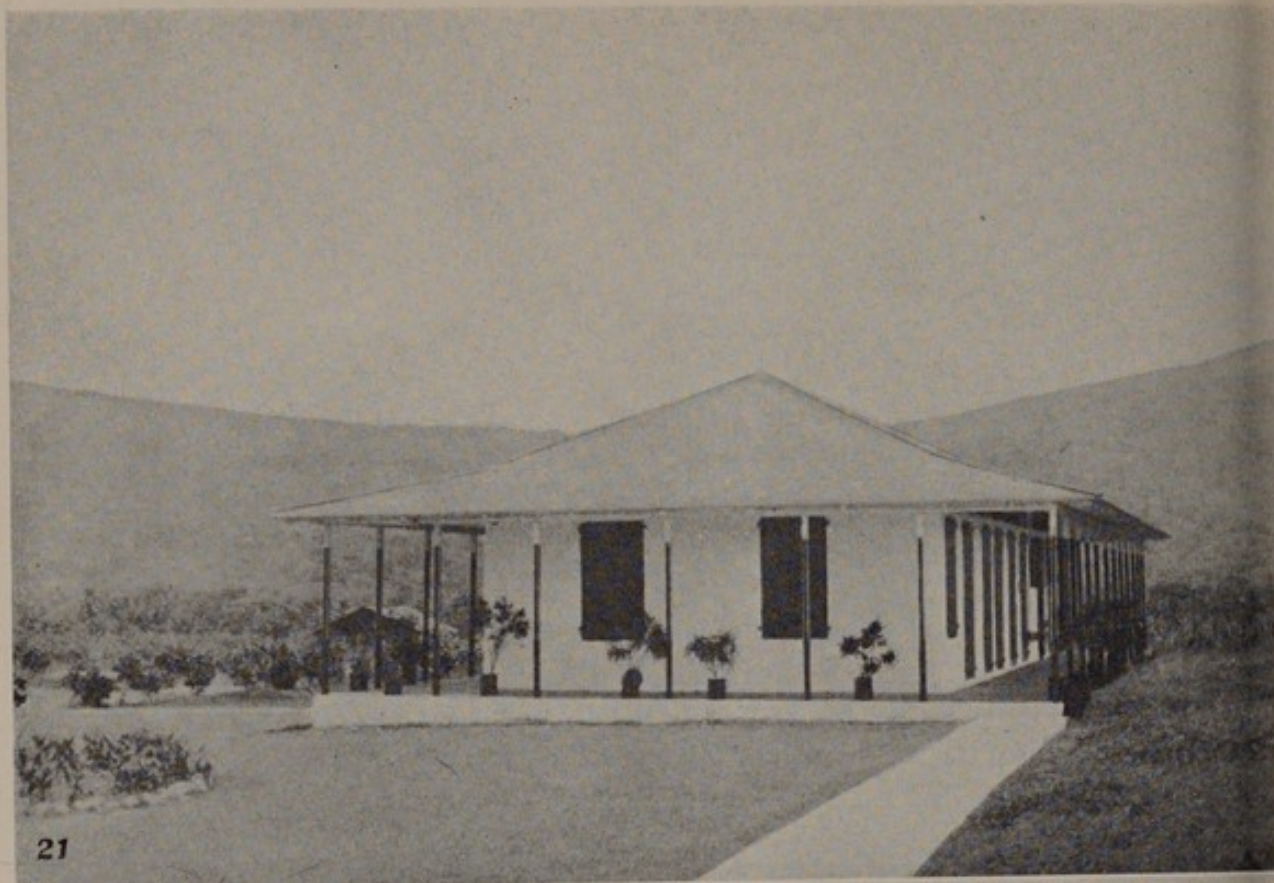
DISPENSARE DE L'HÔPITAL DE ST. MARC
UNE SALLE, HÔPITAL DE ST. MARC



DISPENSARE—JÉRÉMIE
GARAGE POUR TROIS MACHINES ET DEPOT—JÉRÉMIE



DISPENSARE ET OFFICE, HÔPITAL DE JACMEL
APPARTEMENT DES SOEURS, HÔPITAL DE JACMEL



SALLE PRIVÉE, HÔPITAL DE JACMEL
 SALLE D'OPÉRATION À DROITE ET SALLE À GAUCHE, HÔPITAL DE JACMEL

LES NOTES DE DIX ANNEES*

DR. K. C. MELHORN

AVANT-PROPOS

Avant l'intervention en 1915, un Service National d'Hygiène Publique n'existait pas sous la forme d'un corps pauvrement organisé de médecins pratiquants connu sous le nom de Jury Médical. Presque sans finances et dépourvu de l'appui du public, il n'avait jamais été, et tel qu'il était constitué, ne pourrait jamais entrer dans une voie d'activité progressive. Et comme résultat tout le pays était rempli d'immondices et la maladie y régnait, et Haiti, fuie par un monde égaré, avait atteint un état vraiment théorique. Nécessairement la première des grandes tâches assumées fut celle de l'hygiène et la Sanitation. Les soi-disant hopitaux qui n'étaient que de misérables baraques où des épaves humaines plus misérables encore étaient amenées pour mourir, furent pris par les officiers-médecins de la Marine des Etats-Unis. La sanitation systématique des localités fut inaugurée et pour la première fois depuis plus de cent ans un programme d'Hygiène publique posé sur des bases solides commença à être mis en oeuvre.

En prenant en considération les problèmes qui demandaient une solution et en analysant les résultats obtenus, on doit se rappeler les faits suivants:

- (a) Que Haiti (l'ancien terme indien qui signifie montagnes) n'est rien d'autre que ce que ce nom implique.
- (b) Que sa superficie totale est celle de l'Etat du Maryland.
- (c) Qu'elle possède une population de 2,000,000 d'habitants dont 90 pour cent étaient illettrés.
- (d) Qu'un siècle s'est écoulé sans que des routes aient été construites;
- (e) Qu'une automobile était une chose dont la majorité de la population n'avait jamais entendu parler;
- (f) Que la moyenne générale des allocations annuelles avec lesquelles le Service a fonctionné pendant les 10 années de son existence est de \$489,306 soit 24.26 cents, par capita par an.

RESUME DES RESULTATS

Organisation.—Le 24 Février 1919, il fut voté une loi créant le Service National d'Hygiène Publique. Sous la direction d'un Ingénieur Sanitaire dont le titre fut plus tard changé en celui de Directeur Général, un code sanitaire semblable à celui des Etats Unis fut adopté. Des règlements sanitaires y afférents ont été approuvés et publiés le 19 Avril 1919. Le pays fut divisé en dix districts à chacun desquels furent assignés des membres du personnel et du corps des Infirmiers de la Marine des Etats-Unis, des Médecins Haitiens et des Religieuses Françaises. Dans les années subséquentes on employa aussi rapidement que le permettait leur préparation, des médecins, des infirmières, des inspecteurs sanitaires, des employés de bureau, des dactylographes,

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des techniciens de laboratoire, des chauffeurs, des mécaniciens, des cuisiniers, etc., un personnel qui s'élève à 2222. Sur ce total tous sont Haïtiens, excepté 20 Officiers-Médecins de la Marine des Etats Unis, 14 Infirmiers du Corps des Infirmiers de la Marine des Etats-Unis, 4 gardes-malades de la Croix Rouge Américaine, 63 Religieuses Françaises, 2 aumôniers français, 1 bibliothécaire français et un plombier jamaïcain. Le pourcentage des Américains est de 1.72%.

Hôpitaux.—Avec la reconstruction des anciens hôpitaux et l'érection de nouveaux dans d'autres régions, le Pays possède aujourd'hui onze hôpitaux modernes dont la capacité varie entre 60 et 400 lits. Pour l'année 1929 le nombre des admissions a atteint le chiffre de 10.588. Des plans sont à l'étude en vue de l'érection de 2 autres, l'un de 150 lits pour les malades atteints d'affection mentale et l'autre de 50 lits pour l'isolement et le traitement des lépreux.

Cliniques Rurales.—Pendant plus de deux cents ans trois maladies ont ravagé le pays et ont exercé un droit terrible sur la vie du peuple Haïtien: ce sont le Pian, la Malaria maligne et les Parasites Intestinaux. Pour les combattre et aussi encourager le développement économique du pays, il a été inauguré en 1926 un système de cliniques rurales destinées à donner des soins gratuitement. Ces cliniques actuellement sont au nombre de 147 et sont disséminées par toute la République. Selon leur accessibilité ces cliniques se tiennent toutes les semaines, toutes les deux semaines ou tous les mois. Durant ces deux dernières années la distance en milles franchie pour visiter les cliniques est comme suit:

	1928	1929
Automobile	73,770	109,181
Cheval	11,610	19,824
Chaloupe	4,992	4,244
Aéroplane	1,000	250
Total	91,372	139,499

Ces cliniques ont permis de réaliser les succès qui se traduisent par les chiffres suivants: Nombre total de consultations et de traitements en 1927: 673,389; en 1928 866,673; en 1929: 1.341,596. Et comme moyen d'apporter du traitement et le message de l'Hygiène Publique aux maisons éloignées des montagnards, des cliniques ambulantes bêtes de charges, tente, médicaments et provisions, confiées à la charge des médecins américains et haïtiens ont été inaugurées.

La valeur monétaire des cliniques rurales.—Evaluer une activité du Service d'Hygiène est une chose difficile, il l'est d'autant plus si l'évaluation est faite en argent. Il est comparativement aisé de dire qu'un "Grand Bien" ou des "bienfaits inestimables" résultent d'un projet quelconque entrepris pour l'amélioration générale de la population et les conséquences bienfaisantes d'un tel programme sont ordinairement bien visible pour celui-là qui se donne la peine de faire une enquête raisonnable; mais réduire les conséquences d'une campagne contre le Pian, les Parasites Intestinaux et la Malaria en des dollars et centimes, ce n'est pas une chose facile. "Il ne nous manque pas les choses que nous n'avons jamais eues, et nous ne pouvons pas représenter ce qui a été économisé pour nous quand nous n'avons pas perdu par la maladie." Cependant la tâche d'exprimer en argent les résultats de nos cliniques rurales est plus simple, car, nous savons au moins ce qu'elles couteraient si elles étaient faites par un médecin dans sa clientèle.

privée. Ainsi donc il semble raisonnable de représenter les résultats en termes représentant les frais demandés par les médecins en Haïti. En basant notre estimation sur le chiffre de cinq gourdes ou un dollar par visite et en employant le chiffre de cette année, le travail fait dans les cliniques rurales, s'il était fait par un médecin dans sa clientèle privée, s'élèverait à la somme de 6.707,980 gourdes ou 1.341,596 dollars.

Quarantaine et Sanitation.—A. Des règlements de quarantaine maritime semblables à ceux qui existent aux Etats Unis sont en vigueur dans tous les ports ouverts.

B. *Enlèvement des détritits.*—Un système de nettoyage des rues et d'enlèvement des détritits a été institué dans toutes les villes et les villages. Au cours de l'année qui vient de finir il a été possible de mettre des camions en service dans tous les dix districts. Les immondices sont employés généralement aux travaux de remblai.

C. *Contrôle de Moustiques.*—Avec l'emploi de méthodes approuvées (y compris l'emploi du Vert-de-Paris, semé d'un aéroplane) l'incidence de la malaria diminue rapidement dans ces villes où l'on peut concentrer les travaux. Les villes de Port-au-Prince, Cap-Haïtien, Gonaïves, St-Marc, Jacmel, Jérémie actuellement contrôlent les maladies et on peut les désigner avec fierté.

D. *Malaria.*—Quoique les résultats des améliorations sanitaires effectuées dans les plus grandes villes soient très satisfaisants, la situation dans les districts ruraux au point de vue de la malaria continue à être un très grand problème. L'enrayement de cette maladie jusqu'à ne plus constituer une grave menace au développement économique dépend de ces deux facteurs: savoir, l'intensification des mesures de contrôle des moustiques et l'usage intensif de la quinine et du plasmochin. Cela adviendra aussi rapidement et pas plus vite que les plantations et jardins puissent être cultivés convenablement, irrigués et drainés, et aussi rapidement et pas plus vite que le peuple lui-même puisse être instruit sur les mesures prophylactiques et qu'il possède les moyens et l'aptitude de vivre en s'y conformant. Ce niveau d'acquisition ne peut être garanti que par des années d'efforts bien organisés et bien financés. En vue d'étudier la maladie et d'assurer un meilleur contrôle, un entomologiste bien préparé est actuellement employé dans ce Service.

E. *Maladies véhiculées par l'eau.*—Avec la captation des sources et l'installation d'appareils à chlorination, on a pu enregistrer une réduction des plus satisfaisantes dans le taux de morbidité des maladies véhiculées par l'eau. En 1928 les 7 sources qui alimentent Port-au-Prince ont été contrôlées ainsi qu'il est dit plus haut et le résultat est que l'on a enregistré seulement 7 cas de typhoïde avec 2 décès comparé à 232 cas avec 3 décès pour l'année précédente. De 1923 à 1927 la moyenne de décès par an pour la Capitale par cette maladie fut de 38.7.

F. L'assainissement et la reconstruction des maisons dans les régions dévastées par l'ouragan du 10 Août 1928, l'installation d'un appareil à pasteuriser à la Laiterie de Damien, l'achat de tombereaux tout en métal pour le transport des vidanges, la vente de la quinine à un prix à la portée de tous, et l'extension des travaux de contrôle des marais aux Gonaïves, au Limbé, à Petit-Goâve, à Miragoâne et aux Cayes, tout cela constitue de grandes réalisations pour l'année dernière.

Enseignement. A. *Ecole de Médecine et préparation à l'Hôpital.*—La sagesse du gouvernement en effectuant en 1926 la complète réorganisation de l'Ecole de Médecine, l'Art Dentaire et de Pharmacie et ainsi obtenant le concours splendide de la Fondation Rockefeller, se manifeste de jour en jour avec plus de justesse. Grâce à ce succès final,

l'Ecole de Médecine est devenue une branche sans égale dans le Service d'Hygiène, une situation qui existe dans peu de pays. Non seulement que grâce à cette réorganisation on a pu ériger deux superbes constructions qui ont été aménagées, mais ce qui est plus important, elle fournit constamment l'occasion d'inculquer l'hygiène publique dans l'esprit et dans le cœur des Etudiants. Cela ne veut en aucune mesure dire qu'il y a une restriction de fonds, au contraire, tout en évitant un double emploi nos allocations nous permettent maintenant de faire des développements jadis impossibles. Le fait que toutes les ressources et toutes les facilités du Service ne sont pas seulement disponibles, mais aussi en usage effectif pour l'enseignement et les recherches, cela constitue un avantage que possèdent peu de nations. Son importance pour la médecine tropicale est prouvée par les nombreuses demandes de renseignements que l'on reçoit de personnalités et d'organisations de pays étrangers. Les facilités d'études médicales réalisées pour Haïti s'évidentent (a) par l'assistance continue de la Fondation Rockefeller en accordant en Juin dernier onze nouvelles bourses d'études à l'Etranger (b) par une investigation complète des relations entre le Pian et la Syphilis que poursuit le Comité de Recherches sur la Syphilis, un comité qui se compose des plus éminents Syphilographes et Chercheurs du Monde et (c) par le magistral rapport sur "la Pathologie dans les Tropiques" une étude basée sur une étude de sept cents autopsies faites en Haïti par le Dr. R. M. Choisser, Ancien Directeur des Laboratoires. Les conclusions sont reproduites ci-après:

"La série des sept cents autopsies ont été faites à l'Hôpital Général Haïtien, Port-au-Prince, de Juin 1926 à Janvier 1928.

"2. A cause de la position idéale de l'Hôpital nos découvertes représentent le taux de mortalité pour toute l'Ile, car les malades sont reçus de toutes les parties de l'Ile.

"3. La cause de décès la plus prédominante chez les Haïtiens est la tuberculose pulmonaire dont le chiffre atteint en moyenne 26 pour cent du total.

"4. Trente trois décès ou 4.7% ont été occasionnés par des affections du système gastro intestinal. Sur ce nombre dix décès ont été causés par la Typhoïde en 1927 et trois en 1928.

"5. Aucun décès n'eut pour cause la dysenterie bacillaire ou les infestations protozoaires intestinales, quoique deux décès aient été attribués à une grande infestation par les *Strongyloides stercoralis*.

"6. Le cirrhose du foie n'est pas très commun en Haïti. Dix cas seulement ont été enregistrés, dont trois seulement présentaient le type atrophique.

"7. Les calculs biliaires et les calculs rénaux sont également rares. Nous avons trouvé seulement 5 cas de la première affection et un cas de la deuxième et ces cas ne donnent aucun symptôme au cours de leur existence.

"8. Les dimensions de la rate chez les Haïtiens ne sont pas au dessus de la normale. Le poids moyen que nous avons obtenu est 160 grammes, non compris 4 cas pathologiques de rate de dimensions très grandes trouvés chez les enfants âgés de moins de cinq ans.

"9. La néphrite aiguë est rare bien que la néphrite chronique soit très commune. Nous avons eu un total de 61 décès dus à cette maladie, soit 8.7%.

"10. L'endocardite, tant aiguë que chronique est rare chez les Haïtiens. On trouva deux cas de maladie mitrale et cinq cas d'endocardite chronique dont un la valve mitrale et un autre la foliole aortique.

"11. Les décès occasionnés par la malaria ne sont pas rares en Haïti. Nos registres accusent six décès dus à cette maladie, tous ayant eu pour cause la malaria tierce maligne. Les parasites ont été découverts dans ces cas dans le cerveau, dans la rate.

"12. Les maladies malignes ont été trouvées comme étant aussi communes chez les Haïtiens que chez les autres races habitant les zones tempérées, et le type de cellule du cancer ne diffère en aucune façon de celui observé chez les Caucasiens.

"13. Le Carcinome fut sept fois plus commun que les tumeurs des tissus.

"14. Sans considérer le degré apparent du caractère malin des divers types de cellules du cancer, il n'était pas rare de trouver des Métastases.

"15. Cinq cas de tumeur de cellule nasal et trois cas de mélanome non pigmenté ont été observés chez des individus de pur sang haïtien. Les premiers furent relevés sur la face et le cuir chevelu et les derniers sur le talon.

"16. La pathologie des cas de Pian au dernier degré et non soignés ressemble à celle de la syphilis tertiaire et il fut impossible de les différencier sans une histoire clinique.

"17. Les premières évidences pathologiques de l'infection par le pian dans les organes internes ont été découvertes dans l'Aorte.

"18. Les premières lésions se manifestent par des cicatrices linéaires irrégulières et par des plaques atheromateuses qui commencent à cinq millimètres à peu près des cuspidés aortiques.

"19. Les valves aortiques elles-mêmes ne semblent pas être généralement atteintes par la syphilis tertiaire ou par les cas de tréponématose ainsi appelés.

"20. Un cas déjà ancien de pian prédispose à l'anéurisme aortique, de la voute particulièrement. Cela détermine une douleur à la pression et a une tendance à la rupture.

"21. Le gummata du foie et du cerveau occasionnellement se produit dans les cas de pian tertiaire.

"22. Des hémorragies cérébrales internes et spontanées chez les individus d'âge mur ne sont pas rares dans les cas de pian tertiaire au dernier degré.

"23. Nos observations indiquent que la mort subite des jeunes adultes atteints d'infection de Pian ancien devraient déterminer à faire un diagnostic pré-nécroptique d'hémorragie cérébrale ou d'une rupture du système aortique."

La façon dont le personnel Haïtien de l'Ecole de Médecine et de l'Hôpital s'adapte à son travail est des plus satisfaisants. Ceci est particulièrement vrai à l'égard des médecins qui retournèrent l'année dernière après avoir fait une année d'études en Europe et aux Etats-Unis grâce à une bourse de la Fondation Rockefeller, et cela est vrai également dans le cas des médecins qui ont reçu une préparation spéciale en matière d'administration, ce qui constitue actuellement une routine administrative de l'Hôpital Général Haïtien. Brièvement ce programme fonctionne comme suit:—Des membres choisis parmi le personnel Haïtien sont nommés, pour une durée qui va de 1 à trois mois, assistants de l'Administrateur de ce grand Hôpital de 400 lits. Là il s travaillent à côté de l'Officier Médecin de la Marine des Etats-Unis chargé de cet Hôpital et étudient les détails de l'administration. De cette façon pratique on donne aux Médecins l'occasion d'entrer en contact étroit avec les responsabilités administratives, et cela en même temps nous permet d'avoir une idée sur les capacités de chacun. Ce système a été accueilli avec enthousiasme par tous les intéressés et on se propose d'introduire un semblable développement dans chaque division du Service aussi vite que les conditions le permettront. Depuis l'inauguration de cette préparation spéciale intensive, il y a 18 mois, trois des dix districts de ce Service restent entièrement à la charge d'un personnel Haïtien, le personnel américain ayant été rappelé pour instituer d'autres travaux, tels que l'Hygiène dans les Ecoles, l'internement des aliénés, importants projets impossibles à réaliser jadis.

Salaires.—Comme illustration des salaires perçus par le personnel Haïtien avant d'être employé par le Service d'Hygiène et après l'avoir été, les données suivantes concernant le personnel de l'Ecole de Médecine ne sont pas sans intérêt:

Salaires	Avant Aout 1926	Après Aout 1926
Directeur.....	\$80,00	\$250,00
4 Professeurs de clinique, chacun.....	60,00	200,00
10 Professeurs de clinique, chacun.....	30,00	100,00-150,00
Secrétaire, bibliothécaire, techniciens etc.....		de \$30 à 60,00
Hoqueton.....	4,00	15,00

B. L'Ecole des Gardes-Malades.—Avec le concours des Infirmières de la Marine des Etats-Unis et plus tard avec celui de la Croix Rouge, cette Ecole qui donne un cours de deux années et demie fut ouverte le 15 Octobre 1918. A cette date 89 infirmières ont été diplômées par cette école, et dont 70 pour cent sont actuellement employées. Pour développer davantage le champ d'action de ce genre de préparation et pour employer sur une plus grande échelle les services de ce corps d'infirmières, un service d'infirmières d'Hygiène Publique a été récemment institué, et grâce à une bourse d'Etudes accordée par le Gouvernement, l'une des Infirmières est actuellement aux Etats-Unis où elle suit des études spéciales dans cette branche. Elles dureront une année. A son retour elle enseignera cette importante matière.

C. Société de Médecine d'Haïti.—Sous la présidence du Dr. L. Hudicourt les réunions mensuelles de cette Société, instituées, il y a trois ans, ont été tenues régulièrement avec un bon nombre de présences. Toujours intéressantes et animées par des débats pleins de clarté, ces réunions ont fourni l'occasion de faire des échanges de vue énergiques sans lesquels aucune organisation ne peut prospérer. La franchise et la sincérité règnent, là il n'y a pas de réunions sombres. Dans ces conditions, j'espère que ni la Société ni le Service d'Hygiène ne permettront jamais la "domination du "Yes Man" qui fait la joie du leader politique, l'instrument des propagandistes de mauvais aloi et le poids mort que l'on doit supporter quand une réforme est en train. Il est la caricature de la vraie nature humaine et une ombre de la réalité."

D. Congrès Médicaux.—Le rapide progrès qu'Haïti fait dans toutes les branches de la médecine préventive et curative se traduit dans le splendide programme du 3ème congrès national de Médecine tenu les 24, 25 et 26 Avril. Patronné par le Service d'Hygiène, il y a trois ans, la Société de Médecine d'Haïti s'est déjà assurée une place certaine dans la médecine tropicale. Les grandes possibilités que ce Pays offre pour les travaux de recherches ont été, dans ce magnifique programme, mises au grand jour comme jamais elles ne l'ont été.—

E. Congrès Sanitaire.—Dans le développement d'un esprit de corps et en fournissant à tous des occasions pour faire des échanges de vue, les congrès annuels des médecins ont eu tant de succès que le Service actuellement projette d'organiser des réunions semblables pour les Assistants Officiers Sanitaires et les Inspecteurs Sanitaires en Chef.

F. L'Hygiène dans les Ecoles.—Préparés spécialement dans ce but, des médecins des infirmières et des dentistes choisis à cette fin, procèdent actuellement à l'examen des écoliers et à l'inspection sanitaire des Ecoles de Port-au-Prince. Ce travail sera étendu aux autres régions du Pays aussi rapidement que le permettront les fonds. Ce programme comprend des conférences, des lectures, des démonstrations et l'exhibition de

films cinématographiques. Il est vraiment agréable de constater l'empressement avec lequel les parents des élèves, les professeurs et la presse deviennent intéressés aux principes cardinaux de l'Hygiène et de la sanitation.

G. Centres de Santé.—En Mars de cette année, Haiti a vu l'ouverture de son premier Centre de Santé. Placé dans le coeur de la Capitale et près de la Cathédrale, un joli bâtiment à étage en face duquel se trouve un gentil parc, a été aménagé à cette fin. Dans ce bâtiment sont logés les services suivants: l'Office de l'Officier Sanitaire du District de Port-au-Prince, le Service de Protection de l'Enfance, les Cliniques Dentaires et Périnatales, le Musée d'Hygiène et un très joli Laboratoire de Pathologie. Ce centre sera développé également à des fins de préparation et dans les prochaines années, des médecins et des infirmières choisis dans les différents districts seront envoyés à Port-au-Prince pour une préparation spéciale et plus tard ils retourneront à leurs districts respectifs pour y développer un semblable travail.

Soeurs.—Haiti a eu réellement beaucoup de chance quand, ce jour éloigné de 50 ans, elle vit débarquer sur ses rives un petit groupe de Soeurs Catholiques venant de France, qui commencèrent leur ministère dans la classe des malades et abandonnés du pays. C'est un bien grand privilège pour moi d'avoir travaillé avec elles pendant six années durant lesquelles eurent lieu les accidents occasionnés par le dernier raid des cacos, une désastreuse épidémie de Petite Vérole, une apparition alarmante de la Méningite, deux terribles accidents de chemins de fer, et le désastre d'un cyclone dévastateur. Résolues et sans peur elles ont fait face à la crise avec calme, ce qui est si important pour le travail du médecin. La solide fondation du mouvement hospitalier en Haiti, le symbole de tout ce qui est beau et noble; leurs vies révèlent la gloire qui adviendra si nous possédons seulement le sentiment du devoir, la simplicité d'idées si merveilleusement illustrés dans les notes quotidiennes des merveilleuses femmes "qui ne pensent pas à faire briller devant des hommes une lumière pour que ceux-ci admirent leur bon travail. Au contraire elles appartiennent à cette grande armée de travailleurs silencieux du monde, dont les membres se donnent du mal, elles ne crient pas, leurs voix ne sont pas entendues dans les rues, mais elles n'ont que le ministère de la consolation pour ceux qui sont la proie du chagrin, du besoin et de la maladie.

Quoi de l'Avenir.—Il ne sera jamais en doute si ceux qui sont à la tâche se rappellent ces paroles sonores du Professeur Winslow de Yale quand il disait:

"Pour la cause de l'Hygiène Publique il faut le courage d'un soldat, la patience d'un cultivateur, le sens de l'homme d'affaires, et avec tout cela un peu de puissance et de maîtrise."

"Une vie de service veut dire la foi dans la chose que l'on sert . . . la foi dans la valeur de la médecine et de l'Hygiène Publique, la foi dans les possibilités ultimes, à porter les médecins et le public à s'enroler dans la grande cause de l'amélioration de l'humanité, la foi dans les forces invisibles du progrès du monde qui seule peut rendre possible une telle éventualité."

A cette occasion, la dernière que j'ai de faire un rapport sur les activités du Service d'Hygiène, je désire exprimer mes remerciements sincères pour le privilège qui m'a été donné de servir une telle cause. Pour avoir participé pendant six années à une œuvre qui a contribué à apporter une vie nouvelle à une nation de 2.000.000 d'âmes, une nouvelle liberté et un réel espoir dans l'avenir, cela est une expérience dont je garderai toujours le souvenir. La vie ne donne pas de plus grande satisfaction que celle de gagner les batailles dans les champs de bataille de l'Hygiène Publique.

SECTION DES HOPITAUX, DISPENSAIRES ET CLINIQUES RURALES

DR. K. C. MELHORN

Questions que toute personne animée d'un bon esprit vis à vis de la santé publique doit se poser concernant les hôpitaux et les cliniques d'Haïti.

1. Combien d'Hôpitaux y a-t-il en Haïti? 15. Sur ce nombre combien appartiennent au Gouvernement?

Service d'Hygiene.....	12
Garde d'Haïti.....	2
Hôpital Civil.....	1
Gouvernement des Etats-Unis.....	1

2. Nombre total de lits des Hôpitaux:

Service d'Hygiene.....	1061
Garde d'Haïti.....	269
Privé (Asile Français, Port-au-Prince).....	30
Hôpital du Gouvernement des E.U.....	53

3. Quel est le nombre de lits par 1.000 habitants? 0.68.
4. A. Quel est le total de jours de maladie accusé par les Hôpitaux du Service d'Hygiene au cours de l'année? 340,300.
B. Sur ce nombre quel a été le pourcentage des malades soignés gratuitement? 95%.
5. Quel est le nombre des Hôpitaux du Service d'Hygiene qui ont des Départements d'Externes (Dispensaires)? Tous les 12.
6. Quelles sont les autres divisions qui soignent les malades ambulants? 147 cliniques rurales.
7. Quel a été le nombre total de visites faites dans les dispensaires et cliniques rurales au cours de l'année? 1.341.596, une augmentation de 34% sur l'année précédente.
8. A. Quel a été le total des dépenses faites au cours de l'année par les hôpitaux du Service d'Hygiene? 448,835,54.
B. Total des valeurs touchées des malades? \$.25,971.35.
9. Quelle est la proportion dans laquelle les deux plus grands hôpitaux paient leurs frais d'entretien?

Hôpital Général Haïtien, Port-au-Prince.....	14,5%
Hôpital Justinien, Cap-Haïtien.....	14,49%

10. Quel est le coût d'entretien par jour et per capita pour les internés dans les Hôpitaux? \$.0,92.
11. Combien d'Hôpitaux et de Cliniques ont organisé des départements de service social? 0.
12. Combien y a-t-il de Centres de santé organisés en Haïti? Un seul, celui de Port-au-Prince.

13. Combien de lits sont disponibles pour l'isolement et le traitement des cas aigus de maladie transmissible (diphtérie, fièvre scarlatine, Petite vérole, rougeole, fièvre cérébro-spinale)? 74, dans les hopitaux du Service d'Hygiène. Dans les hopitaux spéciaux, 0.
14. Combien y a-t-il de lits pour le traitement de la tuberculose? Dans les hôpitaux du Service d'Hygiène, 19, et dans les hôpitaux spéciaux ou sénatorium, 0.
15. A. Combien y a-t-il de cas connus de lèpre en Haiti? 27.
B. Combien y a-t-il de lits affectés pour ces cas? 0.
16. Combien y a-t-il de lits pour les cas d'affection mentale? 150 lits de camp dans le camp d'isolement de Pont Beudet.
17. Combien y a-t-il d'Institutions pour les convalescents seulement? 0.
18. Combien y a-t-il d'institutions pour les maladies chroniques seulement? Une seule, l'Asile Communal (126 lits) de Port-au-Prince.
19. Quel est le pourcentage des examens post mortem faits sur les décès survenus dans les Hôpitaux du Service d'Hygiène? 75,9% à l'Hôpital Général Haitien. Les autres Hôpitaux n'ont pas de données spécifiques à ce sujet. Cependant on sait que l'on pratique très peu de nécropsies dans les Hôpitaux à part l'Hôpital Général Haitien de Port-au-Prince.
20. Combien y a-t-il de laboratoires de pathologie ou de diagnostiques à la disposition de la profession? Un grand laboratoire bien outillé à l'Hôpital Général Haitien, Port-au-Prince, un autre plus petit à L'Hôpital Justinien du Cap; et chacun des 8 autres hôpitaux du Service d'Hygiène possède un laboratoire pour le diagnostique seulement.
21. Quelles sont les organisations qui fournissent les infirmières? Dix infirmières environ, depuis 1921 sont diplômées par l'Ecole des Gardes-malades de l'Hôpital Général Haitien de Port-au-Prince. Un total de 57 Religieuses catholiques sont employées dans les Hôpitaux du Service d'Hygiène.
 - A. Quel est le nombre total des médecins pratiquants en Haiti? 159.
 - B. Sur ce nombre quel est le pourcentage employé par le Service d'Hygiène? 42%.
 - C. Nombre total de dentistes? 53. Sur ce nombre quel est le pourcentage employé par le Service d'Hygiène? 9%.

TOUS LES RECORDS BATTUS

Au point de vue des admissions dans les Hôpitaux et des traitements dans les cliniques Rurales, tous les précédents records ont été battus. "Presque écrasant" est le seul terme qui puisse décrire comme il le faut la masse d'individus qui très souvent se précipitent à l'entrée des cliniques rurales. Si quelqu'un doute de la force de cette déclaration, il n'a qu'à voir l'état de congestion des Hôpitaux de Port-au-Prince, à Cap-Haitien, de Petit-Goâve et de Port-de-Paix ou de consulter les archives de ces institutions où il verra le nombre de ceux qui, dans la liste, attendent le moment où ils peuvent être admis. Si quelqu'un est tant soit peu sceptique, dites lui d'accompagner des médecins dans les cliniques rurales du Limbé, de Léogane, du Trou ou de Moron où des malades dont le nombre varie de 500 à 1300 attendent leur tour de consultation; demandez-lui de faire une visite à notre clinique ambulante qui accomplit sa mission dans les montagnes et alors il verra le grand nombre d'individus en file indienne en

route pour le camp ou un médecin et son personnel travaillent ardemment depuis 7 heures du matin jusqu'à bien tard après le coucher du soleil. Avec les hôpitaux traitant 10,588 malades, le nombre de présences de 1,341,604 aux cliniques, tous les précédents records ont été dépassés de 476,486. C'est une réalisation que seul peut effectuer un corps loyal d'hommes et de femmes travaillant comme s'ils étaient en croisade.

LES CLINIQUES RURALES—UN APPEL A LA CROISADE

L'une des conférences les plus remarquables faites au Congrès Médical Haïtien au cours de sa troisième session annuelle en Avril dernier est celle qui a pour titre "A l'Assaut du Pian"—Demande de changement de stratégie" par le Lieut-Comdr. P. W. Wilson (M. C.) U. S. N. (voir page 29). Comme on le sait Dr. Wilson a achevé sa sixième année de service en Haïti. Grâce à son habileté professionnelle, à ses connaissances de français et du créole qu'il parle couramment, à sa courtoisie et par dessus tout grâce à sa facilité de comprendre la mentalité du paysan, le Dr. Wilson a obtenu, dans le cœur des Haïtiens une place que peu d'étrangers ont pu gagner. Ces faits, je les mentionne avec quelque détail à cause de leurs relations avec son article (voir page 29) qui a été récemment publié dans le bulletin de la Société de Médecine d'Haïti.

Immédiatement après la fin du Congrès notre Officier chargé des comptes et fournitures, fut invité à conférer avec le Dr. Wilson aux fins d'obtenir le nécessaire en fait de matériel, personnel, bêtes de charge, etc., en vue de l'organisation d'un service devant être appelé "Clinique Ambulante." Le 1er Mai, sous la direction du Dr. Wilson, et composée du Lieut. Comdr. M. S. Mathis (M. C.) U. S. N. (un autre Officier expérimenté jouissant d'une grande considération) d'un infirmier haïtien, d'un cuisinier et de plusieurs assistants, cette organisation laissa Port-au-Prince pour entreprendre une campagne intensive contre le pian dans les collines et vallées du Morne à Selle. Sur leur deuxième jour de voyage et après avoir choisi une localité bien connue "Montagne de Verre" ils établirent un camp dans une vallée à 4 milles au sud de Furcy, à 6 heures $\frac{1}{2}$ de Port-au-Prince et à une altitude de 3000 pieds approximativement. Ce voyage leur permit de constater qu'ils avaient fait beaucoup d'omissions et d'erreurs dans la préparation de leur matériel—la plus grande erreur était l'inutilité d'avoir des charges transportées sur les cotés, car les chemins des montagnes sont si étroits par endroits que seulement les charges portées à une certaine hauteur peuvent les franchir. Tant qu'il ne sera pas possible d'avoir un moyen de transporter les charges sur le dos des animaux plutôt que sur les cotés, les bêtes de charges seront sans utilité. On devra se contenter de se servir d'hommes de peine.

Jusqu'à récemment le traitement du pian se faisait par des injections intraveineuses et intramusculaires. Ces injections avaient pour résultat de déterminer des inconvénients aux malades et des fois des douleurs. Il y a 6 mois que nos hôpitaux de Port-au-Prince et du Cap ont commencé à expérimenter un nouveau produit à base d'arsenic "spirocid" qui est administré par la bouche. Il s'est révélé aussi efficace que les anciennes préparations, et par sa sûreté et la facilité avec laquelle il est administré, il supplante rapidement quoique son prix soit légèrement plus élevé.

Les 19 et 20 Mai l'auteur visita l'organisation à son deuxième camp Marc Lamarque—à 8 heures $\frac{1}{2}$ de Port-au-Prince et à une altitude de 4.700 pieds. A cause de la nature du terrain sur lequel elle conduit ses opérations, les médecins lui ont donné le nom de "Clinique Rampante." Je les ai trouvés exécutant un travail de maître de

résultats se propagent rapidement au loin. Quelques uns des malades venant de la partie Sud sont obligés de traverser le Morne à Selle. Ceux qui ne peuvent pas marcher sont portés. Je vis une fille de 25 ans qui, pendant 2 ans, a été une épave humaine allongée au lit portant un grand ulcère au pied et des lésions allant des épaules aux genoux. Après 2 semaines de traitement les lésions avaient disparu et n'était-ce l'ulcère au pied qui persistait elle pourrait marcher. Actuellement elle ne garde plus le lit et trois fois par semaine elle se rend à bourrique à la clinique pour recevoir les pansements nécessaires. Elle fait ainsi un trajet de 4 heures à travers les montagnes. A ces malades souffrant du paludisme qui ne peuvent se rendre à la clinique on envoie du spirocid par des amis ou par des parents, un avantage qui n'était pas possible avec les anciennes méthodes de traitement.

Bien que ce groupe de travailleurs concentrent toutes leurs activités vers le pian, ils attirent néanmoins tous ceux qui se présentent. Les infections par les parasites intestinaux sont très répandues, beaucoup de dents cariées méritent d'être extraites, et beaucoup de cas de malaria, dont l'infection a été contractée dans les régions basses, ne passent pas sans attention. Quelques uns des indigènes arrivent même à amener des animaux pour être traités.

A mon avis cette organisation est l'une des activités les plus importantes et des plus précieuses dans l'histoire de nos efforts. Après que tout aura été dit et fait, la vraie vie est dans la campagne, et la clinique ambulante constitue une maille longtemps oubliée dans notre chaîne de 147 dispensaires ruraux et urbains. Ses possibilités pour l'avenir sont illimitées. Les résultats ont été si excellents à ce jour que l'on est en train d'élaborer des plans pour la préparation de deux autres organisations de ce genre qui fonctionneront sur la base décrite dans la conférence du Dr. Wilson. L'organisation et l'entretien d'une clinique ambulante coûte 12 à 15 dollars par jour.

On ne reste pas longtemps dans ce travail sans vite se rendre compte de la défiance et de la suspicion que l'Haitien des campagnes éloignées a pour l'homme des villes. Avant 1915 le paysan était constamment exploité par le citadin et des fois celui-là était contrôlé de force dans les soi-disant armées. A l'encontre de ce qui se pratique aujourd'hui le citadin rarement s'aventurerait très loin à l'intérieur pour un voyage de nuit, car il avait peur pour sa vie. Pour ces raisons il me semble que dans la clinique ambulante le gouvernement possède un agent de premier ordre pour détruire et enrayer cette ancienne attitude de crainte et d'antagonisme. Quand le campagnard pourra voir par lui-même que les citadins bons et sympathiques dirigent ces organisations, le gouvernement national aura gagné l'appui de son peuple, ce que l'on a jamais vu auparavant, et à vérité, ce à quoi on n'a jamais pensé. Depuis mon retour de ce voyage, j'ai beaucoup étudié cette question et l'ai discutée tout au long avec plusieurs médecins Haitiens. Je n'ai pas le moindre doute que nous ne puissions parvenir à trouver et à employer la classe du personnel Haitien qu'il faut pour ce travail. Tout ce qu'il faut, c'est un choix attentif, une bonne supervision et une direction intelligente. Comme dans toutes les branches de l'Hygiène Publique, une ingérence inconsidérée de la politique amènera la ruine de ce projet. Le mérite et rien que le mérite ne doit être mis en ligne de compte dans le choix du personnel pour ce travail délicat.

En conclusion, je désire exprimer les sincères remerciements de ce Service pour la précieuse assistance du Commandant de la Brigade et de l'Aviation, U. S. M. C., de Port-Prince. Car 2 fois par semaine des avions survolent le camp, laissent tomber des provisions, des lettres, des journaux et par le moyen d'un code de signaux arrangés

à l'avance, des messages concernant la santé du personnel sont transmis à cet Office. Seulement ceux qui ont vécu dans les sections qui n'ont jamais été visitées par des médecins durant ces 100 dernières années peuvent apprécier ce que cela signifie pour ce petit groupe de travailleurs.

A L'ASSAUT DU PIAN. DEMANDE DE CHANGEMENT DE STRATEGIE

DR. P. W. WILSON

Dans tout le pays, le succès du Service d'Hygiène Publique dépend d'abord de ses ressources financières mises à sa disposition, ensuite, du nombre et de la valeur de son personnel et enfin du degré d'instruction de la masse du peuple. Le succès qu'on peut espérer dépend en grande partie du niveau de l'instruction et de l'éducation. Si l'on s'adresse à une population non seulement illettrée, mais encore superstitieuse et fataliste, le programme d'Hygiène Publique doit s'adapter à ces conditions. L'organisation de l'administration et la stratégie de tout service d'Hygiène Publique ressemblent à celle d'une armée en campagne. La discipline, le culte du devoir, l'esprit de corps sont aussi nécessaires à l'un qu'à l'autre; il en est de même d'une bonne stratégie. L'appui du Gouvernement—mais non son immixtion politique—est d'une importance capitale. La différence n'existe entre les deux qu'une différence essentielle: la guerre entreprise par le Service d'Hygiène n'admet point d'armistice, pas même une trêve de quelques heures.

Avant de vous soumettre le problème qu'il me faut résoudre aujourd'hui, je vous prie de noter que je ne veux critiquer aucune méthode d'action ni passée, ni actuelle. Bien au contraire. Tenant compte des ressources financières et du personnel limités dont on dispose, nous avons lieu d'être fiers du travail accompli par le Service d'Hygiène depuis son organisation jusqu'à ce jour; mais je crois que l'heure est venue de porter un coup de grâce au pian pandémique. Voici les raisons qui me font demander qu'on veuille bien s'occuper du pian maintenant et de façon toute spéciale.

(1) Le moment est propice à cause du travail déjà accompli qui a préparé la voie au "coup de balai."

(2) L'élimination complète du pian donnera confiance au peuple, ce qui facilitera le travail de l'éducation dans la suite.

(3) Le pian est toujours la cause d'une perte économique considérable et nous sommes fondés à croire que, quoique les résultats déjà obtenus ne soient pas négligeables, nous aurons toujours cette maladie parmi nous à moins de l'extirper des districts les plus isolés de manière à empêcher la contamination des régions déjà "nettoyées."

(4) Quatre vingt dix pour cent de la population vivent dans les districts ruraux et sont exposés à être contaminés.

(5) Le pian pandémique est le seul problème d'Hygiène Publique qui puisse être résolu en un temps relativement court.

Vous me pardonnerez d'insister sur ce dernier point, car c'est probablement le seul où la divergence soit possible. Sans doute, tous ceux qui se sont réunis dans cette enceinte se résignent à voir leur vie s'écouler et celle de bien d'autres encore, avant qu'il ne soit extirpé complètement d'Haïti la tuberculose, la méningite cérébro-spinale, l'ankylostome, la malaria, la dysenterie ou la fièvre typhoïde. Le principal obstacle qu'il faut surmonter pour atteindre cette fin, c'est l'ignorance du peuple. S'il nous

ait nous appuyer sur l'éducation pour exécuter le programme d'extermination du pian, nous ne pourrions prétendre de sitôt à une fin heureuse. Mais celui qui vous parle est convaincu qu'il y a bien peu d'adultes, si même il y en a, qui ne soient persuadés de l'existence d'une guérison rapide et sûre. Tous les auteurs admettent qu'un traitement intense et répandu dans les masses est de beaucoup la méthode la moins dispendieuse et la plus efficace pour combattre, et à l'occasion, faire disparaître cette maladie. Voici qu'on peut lire dans la dernière édition de l'ouvrage de Stitt, intitulé "Diagnostics et traitements des Maladies Tropicales:" "Le pian est une maladie essentiellement pandémique et son traitement devrait être considéré plutôt comme une mesure d'Hygiène publique que comme une question appartenant au domaine de la thérapeutique, puisque le traitement doit être appliqué plutôt aux masses qu'aux individus et que les résultats obtenus doivent être appréciés d'après la décroissance du nombre de cas plutôt que près la guérison de quelques cas particuliers." Patterson, dans son travail sur les Sels de Bismuth dans les Cas de Pian," lu au Congrès de Médecine Tropicale à la Haye en 1924, dit:

"Dans toute préparation arsenicale de la série organique, nous avons un médicament qui, administré une ou deux fois, fait, en général, complètement disparaître en peu de jours, l'éruption de pustules secondaires du pian, et pour ainsi dire, rend le malade ou complètement inoffensif ou du moins beaucoup moins dangereux pour une assez longue durée lors même que la guérison complète ne produit pas. Aussi, comme le soulagement est non seulement considérable, mais encore presque immédiat, il n'y a aucune difficulté du moins parmi les arborigènes africains de Kénia, à obtenir que les malades qui sont capables de marcher et se trouvent à une distance raisonnable d'un hôpital ou d'un dispensaire viennent se soigner. Il semble donc bien que, pour extirper cette maladie d'une région, on n'ait, en multipliant les moyens de la traiter, qu'à les rendre si accessibles que tous les cas constants dans une région puissent être soignés en même temps. Il faudrait, en outre, prendre des dispositions pour traiter tous les cas d'incubation dès l'apparition des symptômes de la maladie, car même aussi tous les cas de rechute peuvent se produire dans la suite."

Ouvrez un dispensaire une fois la semaine, dans chaque section rurale d'Haiti (y en a 552), chargez-en un médecin ou un infirmier bien entraîné, il y a tout lieu de croire que nous aurons raison du pian. Vu le personnel et les fonds dont on dispose, cela est évidemment impossible. Le travail qu'on a déjà fait est appréciable et les statistiques suivantes donnent lieu à bien des remarques intéressantes. Les chiffres sont tirés du Rapport Annual du Directeur Général du Service d'Hygiène pour l'année fiscale qui se termine le 30 Septembre.

Total des injections données contre la tréponématose: 22.905 en 1922; 27.396 en 1923; 50.647 en 1924; 105.827 en 1925; 229.481 en 1926; 378.749 en 1927 et 550.945 en 1928. L'accroissement du nombre des injections s'explique facilement par l'augmentation des fonds affectés à l'achat des remèdes spécifiques, par le recours au bismuth qui est d'un prix peu élevé et par l'augmentation du personnel qui administre le traitement. Mais une question se pose: Est-ce que cette énorme dépense d'argent et d'efforts va continuer chaque année et combien de temps? Autre question: Des malades qui ont reçu en 1928 les cinq cent cinquante et un mille injections, combien avaient leur "maman" depuis Septembre 1923, c'est à dire depuis l'époque où l'on institua le traitement au bismuth? il est évidemment impossible de hasarder une réponse convenable à l'une ou l'autre de ces questions. Mais une troisième question se pose d'elle même et la voici: Pour arriver à la suppression rapide du pian pandémique, n'y a-t-il pas une méthode préférable à celle que l'on suit présentement?



Dès lors qu'on envisage une modification quelconque du plan de campagne contre pian, il faut étudier les causes qui rendent inefficaces les opérations présentes et faire choix d'une nouvelle stratégie qui mène à la victoire. Or, si le pian se trouve relégué dans les districts ruraux, on le doit surtout à la quarantaine automatique et populaire que les habitants des villes exercent contre cette maladie. Les cas récents de pian sont pas et n'ont jamais été autorisés à séjourner dans les villes, et jusqu'à présent tout nouveau cas qui survient en ville est obligé de s'enfuir dans les mornes. J'ai constaté ce fait quand on commença la première campagne contre le pian dans le district Jacmel, avant la création des cliniques rurales. Les habitants de la ville me disent qu'ils ne se rappelaient pas avoir jamais vu séjourner en ville une seule nuit un cas récent de pian, si on avait pu le découvrir pendant le jour. Quand, enfin, des cas de cette maladie commencèrent à se présenter à l'hôpital de Jacmel, beaucoup d'entre eux me dirent qu'on les avait abordés dans les rues pour leur signifier qu'ils avaient à quitter la ville avant le coucher du soleil. L'Hôpital de Jacmel est situé tout à l'ouest de la ville. Or, longtemps les malades atteints du pian qui venaient de cette partie de la campagne située à l'est de la ville, firent le tour de la ville pour atteindre l'hôpital et rentrèrent chez eux par le même chemin afin d'éviter les rencontres embarrassantes des citadins. Le fait que l'Hôpital Général se trouve au centre de Port-au-Prince explique en grande partie le petit nombre de cas récents de pian qui se sont présentés à la clinique. Quand le pian atteint la troisième période et devient ulcératif, les gens de la ville ne considèrent plus comme pian et les malades peuvent alors passer partout impunément. Il est à peu près certain que les voisinages immédiats de toute clinique rurale sont débarrassés de tout cas de pian à la période infectieuse.

En Haïti, le pian est considéré comme la seule maladie honteuse et le plus grand nombre de cas récents de pian ne veulent pas aller se faire soigner hors de leur voisinage à plus d'une heure de marche. Que de fois n'avons-nous pas vu des adultes entrer dans la clinique, la tête enveloppée de mouchoirs pour cacher les lésions de la figure! Que de fois nous voyons des mères apporter des paquets oblongs tout enveloppés de toile qui, une fois déroulés, nous montrent presque toujours des enfants atteints du pian infectieux. Messieurs, la solution du problème du pian est claire si nous désirons nous en débarrasser avant cinquante ans. Nous devons aller soigner les malades du pian où ils sont et nous devons traiter aussi en même temps tous ceux que nous pourrions trouver en une région déterminée. Au lieu de nouveaux dispensaires, nous avons besoin pour le moment de dispensaires mobiles, c'est-à-dire de tentes pour le travail et l'abri du personnel. Les médecins et les infirmiers affectés à ce groupe devraient être, si possible, des volontaires rétribués non seulement d'après le travail accompli, mais encore d'après les fatigues et les privations qu'ils qu'ils endurent. Le plan idéal serait évidemment d'avoir deux ou trois groupes de ce genre travaillant à la fois dans chaque district sanitaire. Qu'une campagne aussi intense soit possible ou non, cela dépend entièrement des fonds et du personnel dont on dispose. Quoique tous deux nous fassent défaut, il n'y a pas lieu de se décourager. Fort heureusement que le paysan haïtien n'est pas nomade! Il est attaché à sa terre et sa maison et il se déplace rarement. Que deux ou trois groupes travaillent activement et en même temps dans une même région, jusqu'à ce que tous les cas aient été traités, puis, qu'ils aillent dans une région voisine, et ainsi de suite, jusqu'à ce que tout le pays ait été parcouru. Sans doute, il se présentera encore des cas sporadiques après le passage de ces groupes, mais, dans ces régions on pourra établir des mesures de quarantaine comme pour les cas de petite vérole, jusqu'à ce que les circonstances permettent de les traiter.

Sans vouloir davantage prendre votre temps pour examiner les détails d'une telle campagne, je crois qu'on devrait abandonner le traitement du pian à la période infectieuse et le bismuth pour lui substituer le traitement à la sulpharsphénamine ou au stovarsol. On donnerait au malade une deuxième dose de stovarsol, en lui indiquant la manière de la prendre une semaine plus tard. Je n'ai pas besoin de montrer que ces dispensaires mobiles contribueraient de bien des manières à rendre les plus grands services, tout en travaillant à la suppression du pian. En terminant, j'exprime le désir d'entendre, pendant la discussion de ce mémoire, l'opinion de nos jeunes docteurs non encore mariés et des internes qui recevront bientôt leurs diplômes, car c'est sur les épaules de certains entre eux que devrait tomber le fardeau. Je désire ajouter que pendant mes dix sept années de pratique médicale dans le civil et dans la marine, je n'ai jamais éprouvé de satisfaction aussi grande que celle que j'ai ressentie dans le travail entrepris pour faire disparaître le pian de l'Arroisidissement de Jacmel.

Le rapport final suivant sur la Clinique Ambulante a été soumise par le Dr. Paul Wilson juste avant son départ d'Haiti.

RAPPORT DES MALADES, CLINIQUE AMBULANTE, MOIS DE JUILLET 1929—SECTION BERLY

Nombre de cliniques.....	27
Nouveaux cas.....	8,530
Anciens cas.....	3,856
Total.....	12,386

Pians:

Cas nouveaux dernier degré.....	1,527
Cas anciens dernier degré.....	786
Cas nouveaux florides.....	104
Cas anciens florides.....	23

Traitements de pian (ex. consultations pour pian), Total..... 2,440

Traitements de spirocid.....	1,812
Sulpharsphenamines.....	803
Total de traitements.....	2,615

Note: Ce total ne concorde pas avec le nombre de consultations pour le pian mais s'explique par le fait que peu de jours avant de laisser, nous avons distribué des doses de spirocid aux malades qui avaient besoin d'un traitement plus prolongé.

Administrations de chenopodium.....	11,969
Quinine.....	754
Extractions dentaires.....	73
Pansements.....	189

La liste suivante représente les autres maladies ou blessures soignées:

Gale.....	9
Tuberculose pulmonaire.....	3
Photophobie (Albine).....	1

Empoisonnement par spirocid.....	2
Mycose de la peau.....	3
Goitre.....	8
Goitre exophtalmique.....	1
Synovite.....	2
Fracture des os.....	3
Fracture du crane.....	1
Rhumatisme.....	22
Ophthalmie.....	1
Impetigo.....	7
Conjonctivite.....	23
Syphilis.....	3
Sarcome de l'orbite.....	1
Pinta.....	2
Gonorrhée.....	5
Myocardite chronique.....	5

Note: Des plaques de sang prises sur 23 enfants dans la région de la Gosseline ont été examinées et ont donné 21% de plaques positives. Des larves d'anophélins ont été trouvées dans la rivière La Gosseline à une altitude de 2000 pieds environ.

Etant donné que la clinique ambulante a fonctionné de Mai à Août à titre d'expérience, il ne serait pas hors de propos de faire actuellement certaines suggestions en vue de faciliter un semblable travail à l'avenir.

"Il est suggéré, si deux ou trois unités doivent être placées dans une région donnée de faire une étude préliminaire et d'élaborer un programme qui sera suivi aussi fidèlement que possible. Cette étude embrassera un territoire qui sera desservi pendant une période de deux ou trois mois. On choisira les endroits où les camps seront installés on fera une reconnaissance des chemins aussi bien que des endroits qui seront choisis comme bases de ravitaillement. Grâce à l'expérience acquise, il est instamment recommandé de placer si possible les camps près d'un chemin principal dans une région connue de tout le monde et dans le voisinage d'un endroit où l'on peut facilement se baigner. Les habitants de la région qui sera desservi doivent être avisés à l'avance au sujet de l'endroit où les camps seront installés, de la date à laquelle le travail commencera et finira. A ce moment on pourrait distribuer des bulletins donnant les conséquences usuelles du pian, de la malaria et des parasites intestinaux, et les malades seront avisés de se présenter tout de suite à la clinique afin de pouvoir achever leur traitement avant que le camp soit déplacé. La police rurale, les prêtres et les pasteurs protestants peuvent être d'un grand concours pour la publication des nouvelles et pour les cas où une campagne de propagande serait entreprise.

"Nous considérons que, si le pian doit être le principal objectif, un mois suffit pour chaque région principalement si les habitants ont été avertis à l'avance. A ce sujet nous pensons que les cliniques doivent être placées de telle sorte que personne dans la région n'ait à faire un trajet de plus de deux heures pour se rendre à la clinique. Dans les endroits où la population n'est pas dense, un séjour de deux semaines suffira.

"Pour l'administration du spirocid et de la quinine, des enveloppes colorées imprimées peuvent être employées avec avantage. En faisant imprimer des modes d'emploi on pourrait obtenir une coopération plus intelligente de la part du patient. La dose pour un enfant pourrait être mentionnée de même que la nécessité de répéter le traitement.

"Notre expérience nous a permis de nous rendre compte qu'il faut trois séries de spirocid par que les lésions de pian floride disparaissent complètement. Cependant il se peut que nous n'ayons pas laissé suffisamment de temps s'écouler après le deuxième traitement, et il est aussi incontestablement vrai que beaucoup de cas sont devenus non-infectieux après une seule série de traitement, et particulièrement cela est probable dans le cas des jeunes enfants. Mais pour la moyenne des cas, nous considérons qu'une seule série suffit et plus de travail est indiqué avant de déterminer finalement la quantité qui doit être administrée. L'administration générale du chenopodium, excepté dans le cas du malade ne peut le prendre et dans les cas de grossesse, se révèle un excellent facteur pour attirer un plus grand nombre de malades à la clinique.

"Nous croyons enfin que seulement par l'intermédiaire des cliniques ambulantes on peut arriver à une certaine classe de la masse rurale qui, actuellement pour le moins, ne rendra point aux cliniques rurales établies dans un endroit déterminé."

SPIROCID: LETTRE CIRCULAIRE NO. 33

SERVICE NATIONAL D'HYGIENE PUBLIQUE.

Bureau du Directeur Général.

Port-au-Prince, Haiti.

11 Juillet 1929.

LETTRE CIRCULAIRE No. 33.

A. Officiers Sanitaires.

OBJET. Remplacement des Arsphenamines et du Bismosol par le Spirocid dans les cliniques rurales.

1. A partir du premier Octobre ou vers cette date, le Spirocid, *dans les cliniques rurales*, remplacera les Arsphénamines et le Bismosol que ce service emploie actuellement.

2. Le Spirocid sera administré dans tous les cas où les sulpharsphénamines sont prescrits et employés avec les mêmes précautions que celles observées pour l'administration des préparations arsenicales. Le Bismosol est d'un avantage particulier dans les affections cardio-vasculaires seulement. Quand on administre le spirocid il est nécessaire de toujours rechercher toute trace qui pourrait prêter à croire que le malade ne tolère pas l'arsenic ou que cette drogue détermine un empoisonnement telle que la diarrhée, les douleurs abdominales, la dermatite, la jaunisse, etc., comme dans toutes autres médications arsenicales.

3. Le spirocid est plus avantageux que les injections en cela que le malade peut le recevoir chez lui, peut l'apporter aux malades qui ne peuvent pas aller à la clinique et son administration ne provoque aucune douleur. Ce dernier avantage est inappréciable pour les malades qui ont voyagé des jours avant d'arriver à une clinique. On pense aussi que la petite augmentation de prix du spirocid comparé aux arsphénamines pourra aisément être compensée par les réductions dans l'usage des seringues et des aiguilles.

4. Le spirocid *ne sera employé* que dans les cliniques rurales. Dans les hôpitaux on continuera à employer les arsphénamines. On se propose de finir entièrement avec les injections dans les cliniques rurales, excepté dans les cas où les préparations arsenicales sont contre-indiquées et où le bismosol seulement peut être employé.

5. Le spirocid s'administre de la façon suivante:

Enfants au-dessous de 8 ans: une tablette trois fois par jour pendant 2 jours.

De 8 à 15 ans: une tablette 3 fois par jour pendant 3 jours.

15 ans et au dessus: une tablette 4 fois par jour pendant 3 jours.

On le donne chaque semaine pendant trois jours comme il est décrit ci-dessus, suivi par une période de repos dont la durée est de trois mois. Répéter la médication si c'est nécessaire.

6. Un long et complet essai du spirocid fait à la clinique ambulante du district de Port-au-Prince a établi que cette médication est égale aux arsphénamines et dans beaucoup de cas de pian avec lésions abondantes, il a donné de bien meilleurs résultats. La simplicité de son administration et l'absence de toute douleur, plus l'avantage accordé au malade qui peut l'apporter chez lui, lui fournissant ainsi l'occasion de continuer son traitement, tout cela le place bien au-dessus des arsphénamines dont l'administration est douloureuse et qui ne permettent pas aux malades de faire personnellement les traitements subséquents.

K. C. MELHORN,
Directeur-Général.

Comme la place, le temps et les dépenses qui en découleraient ne permettent pas de reproduire le rapport soumis par chaque hôpital, seulement celui de l'Hôpital de Port-au-Prince sera reproduit tout au long. Il représente cependant les travaux entrepris et les résultats obtenus à divers degrés par chaque district.

BUREAU DU DISTRICT PORT AU PRINCE, HAÏTI. HOPITAL
GENERAL HAÏTIEN

30 Septembre 1929.

DE. L'Administrateur, Hôpital Général Haïtien.

AU. Directeur Général, Service National d'Hygiène Publique, Port-au-Prince
Haïti.

OBJET. Rapport Annuel.

1. PERSONNEL

- (a) Comdr. L. W. Johnson (M. C.) U. S. N., Administrateur et Chef du Service Chirurgical.
- (b) Lieut. Comdr. E. A. M. Gendreau (M. C.) U. S. N., arrivé le 16 Juin 1929 et nommé Assistant du Chef du Service Chirurgical.
- (c) Lieut. Comdr. David Ferguson (M. C.) U. S. N., arrivé le 28 Août 1929 et nommé Chef du Service Médical et Officier chargé des Cliniques Ambulantes.
- (d) Lieut. Comdr. J. H. Chambers (M. C.) U. S. N., arrivé le 2 Juin 1929 et nommé Directeur des Laboratoires.
- (e) Lieut. R. W. Hayworth (M. C.) U. S. N., arriva le 13 Mars 1929 et fut nommé Chef du Service de Radiologie et du Service Obstétrical.
- (f) Lieutenant F. H. Webster (M. C.) U. S. N., arriva le 25 Septembre 1929 et fut nommé Officier chargé des cliniques rurales, District de Port-au-Prince.

Transferts

- (a) Lieut. Comdr. W. H. Michael (M. C.) U. S. N., relevé le 25 Juillet 1929.
- (b) Lieut. Comdr. R. M. Choisser (M. C.) U. S. N., relevé le 23 Mai 1929.
- (c) Lieut. Comdr. P. W. Wilson (M. C.) U. S. N., relevé le 23 Septembre 1929.
- (d) Lieut. Comdr. E. C. Ebert (M. C.) U. S. N., relevé le 6 Décembre 1928
- (e) Lieut. Comdr. M. S. Mathis (M. C.) U. S. N., relevé le 20 Juin 1929.

Le personnel du Corps d'Hôpital, U. S. N. est distribué comme suit:

- (a) Chief Pharmacist's Mate C. F. Johnson, U. S. N., Assistant de l'Administrateur, Officier Payeur Receveur.
- (b) Chief Pharmacist's Mate J. R. Edelen, U. S. N., arriva le 23 Septembre 1929 et fut nommé Assistant du Chef du Service de Radiologie.
- (c) Pharmacist's Mate, 1st class E. A. Kracke, U. S. N., Assistant du Directeur des Laboratoires.

Les Médecins Haitiens attachés à l'Hôpital occupent les fonctions suivantes:

- (a) Dr. Léon Moise, Chargé du Dispensaire pour externes.
- (b) Dr. Joseph Buteau, Assistant du Chef du Service Chirurgical.
- (c) Dr. Cicéron Valmé, Assistant du Chef du Service d'Urologie.
- (d) Dr. J. B. St.-Cyr, Dispensaire et Cliniques Rurales, District de Port-au-Prince.
- (e) Dr. E. Sd. Villard, Chef du Département des Yeux, des oreilles, du nez et de la gorge.
- (f) Dr. Joseph Rénélique, Assistant du Directeur des Laboratoires.
- (g) Dr. Louverture Alcindor, Dispensaire et Cliniques Rurales, District de Port-au-Prince.
- (h) Dr. J. B. O. Durand, Assistant du Chef du Service de Radiologie.
- (i) Dr. Gustave Augustin, Assistant du Chef du Service d'Urologie.
- (j) Dr. Georges Castera, Assistant du Chef du Service d'Obstétrique.
- (k) Dr. Constant Hollant, Assistant du Chef du Département des yeux, des oreilles, du nez et de la gorge.
- (l) Dr. Hubert Montas, Assistant du Chef du Service Médical.

Transferts

- (a) Dr. Rulx Léon, envoyé en France.
- (b) Dr. Louis Hyppolyte, envoyé en France.
- (c) Dr. Martial Bourand, envoyé en France.
- (d) Dr. C. Lhérisson, envoyé en France.
- (e) Dr. Louis Jourdan, transféré à St-Marc, Haiti.

Infirmieres de la Croix Rouge Americaine

A la fin de l'année 3 infirmières de la Croix Rouge Américaine étaient attachées à Hôpital:

- (a) Agnès Garner, Directrice.
- (b) Cora A. Brouillet, Professeur des stagiaires
- (c) Mary F. Malley, Surveillante.

Relevees

- (a) Maria M. Berens, résigna ses fonctions et partit pour les Etats-Unis le 20 Juin 1929.

Conge

- (a) Cora A. Brouillet, obtint un congé du 30 Mai au 12 Septembre 1929 inclusivement pour raison de santé.
 (b) Mary F. Malley, obtint son congé annuel du 1er Août au 12 Septembre 1929 inclusivement pour se rendre aux Etats-Unis.

Infirmieres Haitiennes Diplomees

Nombre total de diplômées.....	89
Diplômées au cours de l'exercice.....	10
Mariées au cours de l'exercice.....	3
Décédées au cours de l'exercice.....	0
Inscrites pour le Service privé.....	13
Employées par le Service National d'Hygiene Publiq.....	43
Hôpital Général Haitien.....	15
Hôpital Justinien, Cap-Haitien.....	12
Hôpital de Hinche.....	4
Hôpital des Gonaïves.....	3
Hôpital de Jérémie.....	2
Hôpital de Port-de-Paix.....	2
Hôpital de Saint-Marc.....	2
Hôpital de Petit-Goave.....	1
Hôpital des Cayes.....	1
Hospice Communal, Port-au-Prince.....	1
Centre de Santé.....	2
Clinique dentaire, Ecole de Médecine.....	1
Employées par l'Hôpital de la Brigade.....	3
Employées par la Garde d'Haïti.....	2

De nouvelles positions ont été créées à l'Hôpital pour les Infirmières diplômées ainsi qu'il suit: (1) Assistante à la Salle d'Opération, (2) Infirmière de nuit au Dispensaire (3) Infirmière chargée de la Maternité et (4) Service de nuit à la Maternité. Ces deux dernières positions sont occupées par des sages-femmes diplômées, (5) Infirmière chargée de la salle des enfants.

Dans les hôpitaux de District trois nurses ont été employées comme suit: Cap-Haitien (2), St-Marc (1), également une deuxième nurse sera employée au Centre de Santé.

L'Hôpital de la Brigade emploie actuellement en permanence 3 nurses haïtiennes diplômées, ayant trouvé que l'ancienne méthode de chercher des nurses au besoin était impraticable et peu satisfaisante.

Deux nurses diplômées ont eu à suivre un cours de technique de laboratoire et regagnèrent leurs districts, où les connaissances qu'elles ont acquises ont grandement aidé l'Hôpital. L'une est à Port-de-Paix et l'autre à Hinche et les deux travaillent à double titre de nurse et de technicienne.

Gardes-Malades Eleves

Demandes reçues au cours de l'année fiscale.....	44
Demandes acceptées.....	18
Révoquées.....	4
Démissionnaires.....	4
Nombre d'élèves suivant actuellement les cours.....	27
Stagiaires acceptées pour le 1er Octobre 1929.....	13

Toute la classe qui a achevé ses études cette année a été employée par le Service National d'Hygiène Publique, suivant ainsi le précédent établi l'an dernier. Nous constatons que le fait par les infirmières de trouver un emploi a quelque rapport avec le nombre augmentant des demandes d'admission reçues par l'Ecole des Infirmières.

L'uniforme des nurses a subi des changements distincts au cours de l'année dernière. Actuellement le tablier est réglementaire à une bavette et la ceinture fixée à la ligne normale de la taille, remplaçant l'ancien tablier à taille basse avec une ceinture détachée. L'ordinaire n'était jamais à sa place. On donne actuellement aux stagiaires un uniforme en ligne droite et un tablier sans bavette, des collets et des poignets, ce qui ne nécessite que l'addition de la bavette et de la coiffe quand elles sont acceptées après une période de stage.

Les cérémonies de remise de diplômes ont lieu le 7 mars comme à l'ordinaire, avec la en plus que deux prix ont été remis, l'un pour la meilleure étudiante en théorie et l'autre pour la meilleure nurse de ronde. Le premier prix a été offert par l'Alliance Française et le second par l'Hôpital Général Haitien. Ils ont été décernés à:

Melle Elvire Alexis, premier prix.

Melle Hermine César, deuxième prix.

Soeurs

Changements dans le personnel des soeurs—Il y avait 14 religieuses en service en octobre 1928. Une autre, Soeur Marie de la Salette, arriva de France et fut chargée de la salle de médecine de femmes. Cette addition a permis à la soeur Cécile de prendre la salle privée à sa charge où elle contrôle la cuisine pour diètes spéciales, les bonnes, les siniers, la lessive et la nourriture des malades privées. Numériquement la soeur Cécile a remplacé la soeur Julith pendant son congé de 6 mois en France.

Service Religieux

Chaque matin à 5:30 une messe est dite à la chapelle pour les soeurs et pour les malades qui désirent y assister. Les Dimanches il y a sermon pour les malades et bénédiction du Saint-Sacrement.

L'aumonier fait chaque jour la ronde de l'Hôpital et il est appelé pour administrer les derniers sacrements aux malades en danger ou pour baptiser les enfants. Les funérailles de la plupart de ceux qui meurent à l'Hôpital, à la prison ou à l'Asile Communal ou ceux qui meurent dans les rues sont chantées par lui chaque après-midi à 4 heures.

2. FINANCES

Au cours de l'exercice 1928-29 les dépenses ont été faites sur l'article 331, Hôpitaux—pour un total de 38.333,00 par mois. La plus petite dépense mensuelle a été de Gdes. 27.156,22

en Octobre 1928; la plus élevée a été de Gdes. 65.479,48 en Juillet 1929. La moyenne mensuelle des dépenses pour les 12 mois a été de Gdes. 35.480.87.

Au cours de l'exercice 1928-29, les dépenses pour l'Ecole des Gardes-Malades ont été faites sur l'Article 331-1, Gdes. 6.000,00 par mois. La plus petite dépense mensuelle fut de Gdes. 3.292,45 en Août 1929; et la plus élevée fut de Gdes. 12.551,83 en Septembre 1929. La moyenne des dépenses mensuelles pour les 12 mois ont été de Gdes. 6.000,00.

La moyenne mensuelle des valeurs touchées des salles privées, des consultations privées, etc., a été de 5.617,65 gourdes.

La table suivante a été préparée à l'aide des registres de l'Hôpital et donne la moyenne mensuelle, le total par an, et l'augmentation des revenus sur chaque année précédente pendant les cinq dernières années:

Exercice	Revenues		Augmentation sur l'année précédente
	Moyenne par mois	Total par an	
1924-1925	2.405.86	28.870.35	10.850.70
1925-1926	3.398.67	40.784.06	11.913.71
1926-1927	3.796.23	45.554.74	4.770.68
1927-1928	4.007.60	48.091.47	2.536.73
1928-1929	5.617.65	67.411.80	19.320.33

Il n'est pas possible de maintenir le rendement actuel de l'Hôpital qu'en établissant une harmonie des divers groupes. Les soeurs françaises, les nurses de la Croix Rouge Américaine, les nurses haïtiennes diplômées et les élèves, les Officiers médecins et le personnel du Corps d'Hôpital de la Marine des Etats-Unis, les médecins haïtiens et les internes, et les divers employés, malgré leurs idées différentes ont travaillé ensemble de la façon la plus heureuse.

3. VOLS PRATIQUES A L'HOPITAL

Pendant un temps assez long il a semblé que les fournitures consommées étaient excessives pour le nombre des malades traités. Un contrôle minutieux, article par article nous permit de faire une économie considérable, mais il était évident également que certains articles avaient disparu sans avoir été employés. La question a été remise à Mr. Adolphe Bonté, Chef des détectives, qui découvrit un système organisé de vols perpétrés à cet Hôpital et dans d'autres établissements du Service National d'Hygiène Publique. Comme résultat du bon travail de Mr. Bonté, 10 individus sont actuellement en prison pour complicité dans les vols, et on a pu retrouver des médicaments évalués à plusieurs milliers de dollars.

4. INFIRMIERS DE LA GARDE D'HAÏTI

Des arrangements ont été arrêtés avec le Directeur du Service Médical de la Garde d'Haïti en vue de recevoir de l'Hôpital des infirmiers pour être entraînés. Ils sont reçus par groupe de 4 pour une durée de trois mois. Ils sont assignés au Dispensaire, à la salle de chirurgie, à celle d'Urologie et à la salle d'Opération. Ce système a fonctionné à l'avantage des intéressés. Pour la garde, il permet d'avoir un entraînement pratique concentré qu'on ne pourrait obtenir ailleurs. Pour l'Hôpital, il fournit des travailleurs d'une intelligence au dessus de la moyenne.

5. SALLE PRIVEE

On s'est particulièrement efforcé d'augmenter l'attrait et le confort de cette salle. Un nouvel ameublement a été acheté et d'autres articles qui font besoin seront achetés si que nos fonds le permettront. L'alimentation était souvent critiquée et, nous vous le dire, à juste titre. Pour y remédier une cuisine pour diète a été construite spécialement pour la salle privée. Elle est bien aménagée, et un cuisinier français a été employé. Les malades disent qu'il y a eu une grande amélioration et que nous sommes plus en mesure de traiter les maladies où le régime joue un rôle important dans le traitement. La nouvelle cuisine et le matériel ont coûté environ 5.000.00 gourdes; elle a été construite par le personnel de l'Hôpital. On s'en sert également pour enseigner la diététique aux infirmières-élèves. Un cabinet de bain moderne est en train d'être installé, et un lavabo automatique sera placé dans chaque chambre.

Les consultations privées et le traitement des malades dans les salles privées constituent une source de revenus considérables que nous affectons au matériel et à l'entretien de l'Hôpital. Nous avons l'intention de porter les frais de ces services à un chiffre aussi élevé ou plus élevé que celui demandé dans la ville, car nous ne voulons pas faire concurrence aux membres de notre personnel qui font de la clientèle privée. Il nous a paru utile de contrôler plus strictement les revenus perçus de cette source, ainsi donc une jeune fille a été employée le 1er Février pour la perception des frais. Cela a été un succès et les perceptions se font mieux depuis son engagement. Au cours de l'exercice les revenus ont augmenté comme suit:

Exercice 1927-1928		Exercice 1928-1929	
Mois	Montant	Mois	Montant
Octobre.....	3.659,30	Octobre.....	6.082,50
Novembre.....	1.938,72	Novembre.....	4.261,95
Décembre.....	3.856,05	Décembre.....	4.496,75
Janvier.....	2.816,70	Janvier.....	2.240,10
Février.....	7.147,95	Février.....	5.139,75
Mars.....	5.462,15	Mars.....	5.561,10
Avril.....	2.808,00	Avril.....	5.902,70
Mai.....	3.877,05	Mai.....	6.675,75
Juin.....	5.579,75	Juin.....	5.612,20
Juillet.....	3.054,75	Juillet.....	7.051,50
Août.....	4.759,00	Août.....	6.274,95
Septembre.....	3.132,00	Septembre.....	8.112,55
Total.....	48.091,47	Total.....	67.411,80

Grâce à l'intérêt amical de Mr. F. C. Baker, le représentant local du Département d'Agriculture des Etats-Unis, on a commencé l'embellissement de la cour près de la salle privée. On espère, au fur et à mesure que le personnel de l'Hôpital pourra prendre ce travail des hommes préparés et employés par Mr. Baker, l'étendre aux autres parties de la cour.

Mme. Ralph Barnès a fait don à la salle privée de trois douzaines de naperons avec assortiment de serviettes en crêpe couleur. Nous saisissons cette occasion pour primer nos remerciements à Mme. Barnes et à Mr. Baker pour cette attention.

6. DEPARTEMENT DES RAYONS X

Ce Département a été le service le plus défectueux de l'Hôpital. Avec l'arrivée de Lieutenant R. W. Hayworth (M. C.) U. S. N., en Mars 1929, une amélioration rapide s'est annoncée et l'ancien matériel a pu être opéré de façon à fournir un rapide travail. Après le transfert de la morgue et de la salle de dissection au nouveau bâtiment, les trois salles qu'elles occupaient ont été mises à la disposition du Département des Rayons X. De nouvelles cloisons ont été faites en vue de l'installation du nouveau matériel qui a été commandé. Après son installation nous aurons un appareil complet du type le plus moderne. L'assistant au Service de Radiologie est le Dr. J. B. O. Durand. Il a fait des progrès satisfaisants et l'année prochaine il enseignera cette matière à l'Ecole de Médecine.

A part les malades des Salles communes de l'Hôpital et les membres du Service National d'Hygiène, tout le monde doit payer pour les travaux de rayon X, conformément à la liste suivante. Le paiement doit être fait d'avance.

Toutes les plaques de rayon X, excepté celles de dents, seront classées dans les archives du Département des Rayons X à l'Hôpital où elles peuvent être consultées de 8 heures à midi et de 1 heure 30 à 4 heures p.m.

Prix des Plaques de Rayon X

Dent, par pellicule.....	\$1,00
Denture complète.....	8,00
Main, 2 portraits.....	4,00
Poignet, Bras (Radius, cubitus ou humérus) 2 portraits.....	5,00
Jambe (Tibia et péroné ou fémur) 2 portraits.....	5,00
Genoux, 3 portraits.....	6,00
Poitrine, 2 à 3 portraits.....	10,00
Omoplate, 2 à 3 portraits.....	8,00
Epine (lombaire ou dorsale).....	10,00
Colonne cervicale, 2 portraits.....	6,00
Colonne vertébrale entière, 6 portraits.....	20,00
Bassin, 2 portraits.....	10,00
Sinus, 3 portraits.....	7,00
Crâne, pour fracture, 5 à 7 portraits.....	15,00
Crâne, routine 4 à 5 portraits.....	12,00
Rein, simple, 1 portrait.....	6,00
Etude gastro-intestinale.....7pts.....	25,00
Pyélographie, 2 portraits.....	10,00

7. ECOLE DE MEDECINE

On a fait tous les efforts en vue de coopérer avec l'école dans le travail des deux institutions. Grâce à l'appui cordial du Directeur, le Dr. Dominique, les divers conflits ont été arrangés à l'amiable.

Huit internes ont achevé leur internat à l'Hôpital en Juillet et 2 en Septembre. Cette année nous n'en avons que cinq internes, ce qui a déterminé un manque de bras dans nos salles et rend difficile une répartition équitable du travail entre les services. Nos difficultés sont augmentées par l'absence de quelques chefs de départements qui font des études à l'étranger.

8. CONSTRUCTIONS ET COUR

Les anciennes salles étaient entourées de galeries en bois qui demandent de constantes réparations. Les planches dans ce pays coutent cher et se détériorent rapidement. Pour prévenir cette dépense constante, on a essayé aux fins d'expérience de remplacer les poteaux en bois par des colonnes en ciment et des balustres en bois par des garde-fous en tuyau. Il a été constaté que le prix initial des poteaux en bois est le même que celui des colonnes en béton, ainsi donc nous avons continué à substituer le ciment au bois. Les galeries de façade des salles 1 et 11 et celle d'arrière de la salle 1 ont été achevées, le travail a été effectué par le personnel de l'Hôpital.

Quoique nous ayons pu faire ce travail sans l'aide du dehors pour les constructions sans étage, cependant pour les constructions à étage, les problèmes de génie étant trop compliqués pour nous, nous avons dû confier ce travail aux Travaux Publics à un prix de 21.000,00 gourdes pour le dispensaire et 14.804,15 gourdes pour l'appartement des infirmières.

Il y a deux bâtiments qui conservent encore leurs galeries en bois, ce sont la maternité et l'appartement des soeurs. Le premier est dans un état de détérioration tel qu'il a été nécessaire de fermer la galerie pour empêcher des accidents, tandis que le deuxième a été amélioré par l'érection d'une galerie en béton au côté sud. Le remplacement de la boiserie de ces constructions est urgent.

Des allées en béton ont été construites, de cette façon, toutes les salles, sont actuellement accessibles à l'ambulance et à la civière roulante.

Il est nécessaire de construire d'autres allées pour desservir particulièrement la partie sud de l'Hôpital qui est souvent infranchissable pendant la saison pluvieuse et ceux qui se rendent à la maternité ou à l'appartement des infirmières ou qui en reviennent sont obligés de passer dans la boue. L'hôpital a d'urgence besoin d'allées et de drains.

On est en train d'acquérir pour l'Hôpital les terrains situés au sud et à l'est et ainsi l'Hôpital éventuellement occupera le bloc entier. Cette partie nous fera besoin avant longtemps pour la construction de nouveaux bâtiments. Le nombre des patients dépasse toujours la capacité de cette institution, et comme la réputation de l'Hôpital se propage, que la crainte de la population disparaît graduellement, le nombre des demandes de , continuera à augmenter. Un mur de clôture pour les propriétés nouvellement acquises vient en deuxième lieu, au point de vue de nos besoins.

La nouvelle barrière d'entrée de l'Hôpital a été installée et a grandement amélioré l'aspect de l'entrée de l'Hôpital.

9. CONSERVATION DE L'EAU

Les cabinets d'aisance de l'Hôpital sont pourvus d'un grand "syphon Miller" qui déverse à des intervalles réguliers. La défectuosité de ce système est qu'il fonctionne jour et nuit, que le cabinet d'aisance soit ou non utilisé. Beaucoup d'eau se gaspille ainsi. Tous les efforts possibles ont été faits en vue de coopérer avec le Service Hydraulique pour empêcher le gaspillage de l'eau. On a constaté que l'Hôpital consomme environ la 7ème partie de l'eau qui alimente Port-au-Prince, et que les $\frac{3}{4}$ de l'eau consommée par l'Hôpital est employée pour le lavage des cabinets d'aisance.

A titre d'expérience, le type ordinaire des cabinets d'aisance à réservoir a été installé dans les bains douches de la salle X. Le résultat est des plus encourageants. L'eau

consommée par les cabinets d'aisance et les douches dans ce bain douche pour Juillet a été de 591.400 litres, une économie de 40%. Si on peut avoir des fonds pour opérer un changement semblable dans les 10 autres cabinets d'aisance de l'Hôpital on pourra faire une économie importante.

Ici, nous exprimons notre gratitude au Directeur Général du Service National d'Hygiène Publique pour sa générosité. Cela a rendu notre travail agréable et a entretenu un bon esprit chez tous ceux qui travaillent à l'Hôpital.

10. BESOINS URGENTS

Dans l'ordre de leur importance:

- (a) Allées et drains.
- (b) Mur de cloture, nouvelles propriétés.
- (c) Installation de nouveaux cabinets d'aisance pour réduire le gaspillage d'eau.
- (d) Remplacement de la boiserie de la Maternité et de la Maison des Soeurs.
- (e) Salle pour les maladies des Yeux, des Oreilles, du Nez et de la gorge.
- (f) Salle des enfants.

11. CAPACITE

Le nombre de lits de l'Hôpital est réparti comme suit:

(a) Nombre de lits, salle de chirurgie.....	133
(b) Nombre de lits, salle de médecine.....	73
(c) Nombre de lits, salle d'obstétrique.....	34
(d) Nombre de lits, salle des enfants.....	24
(e) Nombre de lits, salles d'isolement.....	30
(f) Nombre de lits, salle privée.....	12
Total.....	306

12. MILLEAGE

Le nombre de milles parcourus pour visiter les cliniques est comme suit:

(a) Automobiles.....	24.522
(b) Cheval.....	630

13. MEDICAMENTS

La valeur des médicaments et fournitures employées dans les cliniques rurales et dispensaires au cours de l'année est de Gourdes 41.525,52.

14. ACTIVITES DE L'HOPITAL

<i>Hôpital et Département des Externes:</i>	1927-28	1928-29
Nombre de malades par jour.....	270,1	331,1
Nombre total d'admissions.....	4.032	4.432
<i>Hôpital et Département des externes:</i>		
Nombre total de naissances.....	316	432
Nombre total d'externes.....	118.507	133.111
Moyenne d'externes par jour.....	325	369,7
Nombre total de malades renvoyés, guéris.....	3.403	3.616

Nombre total de malades renvoyés améliorés.....	415	360
Nombre total de décès.....	457	502
Nombre total d'autopsies.....	382	397
Nombre total de grandes opérations.....	986	1.194
Nombre total de petites opérations.....	1.818	2.121
Nombre total d'injections de Néo.....	18.587	19.578
Nombre total d'injections de mercure.....	1.879	3.345
Nombre total d'injections de Sulpharsphénam....	1.100	10.585
Nombre total d'injections de Bismuth.....	11.836	6.456
Nombre total d'injections de chaulmestetrol.....	639	672
Nombre total d'examens au Rayon X.....	1.380	2.400
Nombre total de vaccinations.....	731	412

Département Dentaire:

Nombre total de traitements et d'extract.....	7.076	3.016
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Cliniques Rurales:

Nombre total de consultations et traitements....	79.007	101.686
Nombre total de cliniques tenues.....	706	1.144
Moyenne de consultations et de traitements par mois.....	6.584	8.473.8
Moyenne de consultations et de traitements par clinique.....	110.4	88.9
Nombre total d'injections de bismuth.....	32.129	28.436
Nombre total de pansements.....	16.631	18.141
Nombre total de petites opérations.....	462	?
Nombre total de traitements dentaires.....	447	645

HOSPITALISATION DES MALADES ATTEINTS D'AFFECTION MENTALE

Le 1er Juillet 1929, le Camp d'Isolement d'aliénés (et des mineurs vagabonds) a transféré de la Garde d'Haiti au Service National d'Hygiène Publique.

Personnel.—

- 1 Officier Médecin, U. S. N., (Administrateur).
- 1 Chef Pharmacist's Mate, U. S. N. (Assistant de l'Administrateur).
- 1 Chef Pharmacist's Mate, U. S. N. (Lt. G. d'H.).
- 1 Sergent U. S. M. C. (Lt. G. d'H.).
- 15 Gendarmes.
- 5 Assistants pour aliénés, femmes.
- 3 Cuisiniers.
- 1 Jardinier.
- 1 Chauffeur.
- 1 Charpentier.
- 2 Mécaniciens.
- 1 Chef d'Equipe.

Le 31 Août, le détachement de la Garde d'Haiti a été remplacé par une garde civile posée de 6 hommes. Le 30 Septembre le personnel a été diminué de 2 gardes d'une cone et d'un charpentier. Le personnel actuellement est de 24.

Du 1er Octobre 1928 au 30 Septembre 1929:

Moyenne de malades par jour.....	158.16
Nombre total d'admissions.....	567
Nombre total de jours de maladie.....	52.809
Nombre total de malades renvoyés guéris.....	282
Nombre de malades décédés.....	91

Depuis le 1er Juillet 1929, il n'y a eu que deux décès au Camp des aliénés, et un seul parmi les mineurs.

Un examen fait sur les aliénés a révélé que 28% étaient positifs pour la malaria. Après cet examen les malades ont été soumis à un traitement antipaludique intensif. En Septembre un second examen fut fait et on trouva 18% positifs. Un examen fait sur les mineurs a accusé 14% positifs pour les parasites de la malaria.

Une réaction de Kahn faite pour les 160 aliénés accusa 80.6% positifs.

Cours.—Le camp est d'une superficie de 7 acres environ et est clôturé par des ronces métalliques. Environ 5 acres sont en culture, les juvéniles et les aliénés y travaillent. On cultive les figes, la banane, les papayes, le fétérite, de la patate et des légumes de diverses variétés. Une portion additionnelle de 2 acres est en train d'être sarclée pour la culture des pois au cours du mois de Novembre.

Constructions.—Les constructions employées pour loger et traiter les malades sont inadéquates et ne conviennent absolument pas à ce but. Ayant été construits pour un usage temporaire, ces bâtiments n'ont aucune facilité moderne, ce qui fait surgir beaucoup de problèmes. Les constructions comprennent six séries de barraques en bois avec parquet en ciment, une maison pour les gardes, deux cellules, 2 réfectoires, une galerie en ciment et en pierres, un dépôt de 2 chambres, 1 garage, un bâtiment qui contient 2 chambres de dépôt et abrite le Delco et la pompe à eau, un dispensaire et un hôpital pour les mineurs, un dépôt pour l'huile et la gasoline, un dépôt pour la chaux, un hôpital pour les aliénés, deux appartements pour les officiers et 2 pour les employés.

La capacité de l'Hôpital des aliénés est de 20 lits. La capacité de l'hôpital des mineurs est de 12 lits. Le Dispensaire comprend un office, une salle de pansement, une pharmacie et une salle d'attente. Toutes les constructions à l'exception du dépôt des pierres, du dispensaire et des appartements du personnel, méritent d'être réparés immédiatement.

Approvisionnement d'Eau.—L'eau est pompée dans un réservoir de 8.000 gallons. Elle est fournie par un puits de 60 pieds de profondeur cimenté au fond. L'eau est en tout temps inadéquate. Des examens récemment faits, il ressort que l'eau est quelque peu contaminée. On est en train de prendre des mesures pour purifier chimiquement l'eau dans le réservoir.

Cabinets d'Aisance.—Il y a 7 latrines à fosses qui sont désinfectées à l'huile tous les jours, et en outre ils sont déplacés et remblayés quand c'est nécessaire.

Detritus.—Les détritiques du Camp sont brûlés tous les jours. Les eaux de déchets sont jetées dans des fosses.

Vêtement.—Le vêtement consiste d'un costume dermin pour les hommes et les garçons, et d'une robe coton bleu et blanc pour les femmes. Les vêtements sont confectionnés au Camp par une couturière et par des femmes aliénées.

Lumière.—Le lumière est fournie par un Delco de 120 Volts qui a été réparé récemment, il fonctionne de façon satisfaisante actuellement.

Dortoirs.—Les internés malades se couchent sur des cadres, tous les autres internés couchent sur des nattes, les mineurs se couchent sur des couchettes.

Maladies Principales.—Les maladies dominantes sont le tréponématose, la malaria et les parasites intestinaux. Le Camp est entouré de marécages, de rizières, de champs de cannes et de plantations de bananes. Ces endroits fournissent des nuées de moustiques et de mouches. L'élimination de ces endroits est presque impossible.

Mineurs.—Les mineurs vagabonds de sexe masculin qui sont condamnés par les tribunaux de Paix sont transférés du Pénitencier National et des prisons d'Haiti au Camp de Pont Beudet. Les sentences varient entre un mois et une période indéfinie. Les enfants sont logés dans la même cour que les aliénés. A cause de la position des constructions il est impossible de séparer ces deux classes d'internes. L'influence de ce contact sur les mineurs délinquants avec des tendances criminelles n'est pas considérée comme étant la meilleure mais dans les conditions actuelles il n'existe pas d'autre alternative. Il n'existe pas suffisamment de terrain sur la propriété actuelle pour employer tous les internes à la culture. Il n'y a pas de facilités pour leur apprendre un métier, ce qui leur donnerait une vocation qui leur permettrait de devenir des citoyens utiles à leur libération.

Cinema.—Depuis le 1er Juillet 1929, on donne des séances cinématographiques au Camp, ce qui semble être apprécié par les internes.

Service Religieux.—Les mineurs sont amenés une fois par semaine à la Chapelle située près du Camp où ils assistent au Service Divin. Egalement une fois par semaine un prêtre catholique visite le Camp des Aliénés.

Recommandation.—1. Transférer les mineurs à un autre endroit, les séparant ainsi de leur contact actuel.

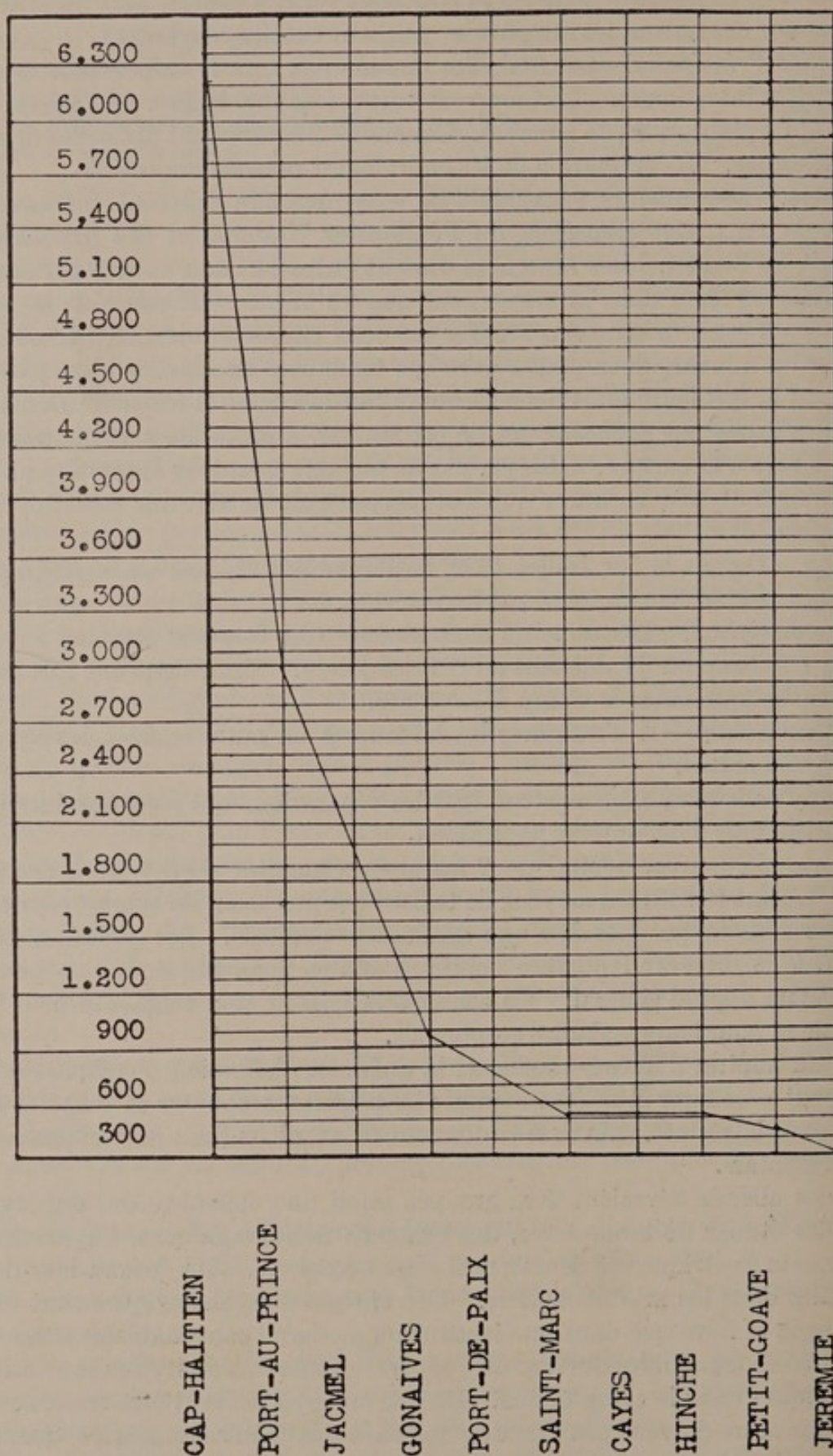
2. Faire seulement aux constructions les réparations qui sont absolument nécessaires pour les tenir dans un état habitable.

3. Eriger un nouvel hôpital pour les aliénés aussitôt qu'il y aura des fonds disponibles. L'Etat fournit les moyens de traitement aux malades sains d'esprit, bien que ces malades eussent pu chercher une assistance médicale. Les aliénés sont malades mentalement et un grand nombre souffrant d'affections physiques ne peuvent être soignés dans un hôpital général. En conséquence, ils ne sont soignés ni pour leur affection mentale ni pour leurs maladies corporelles.

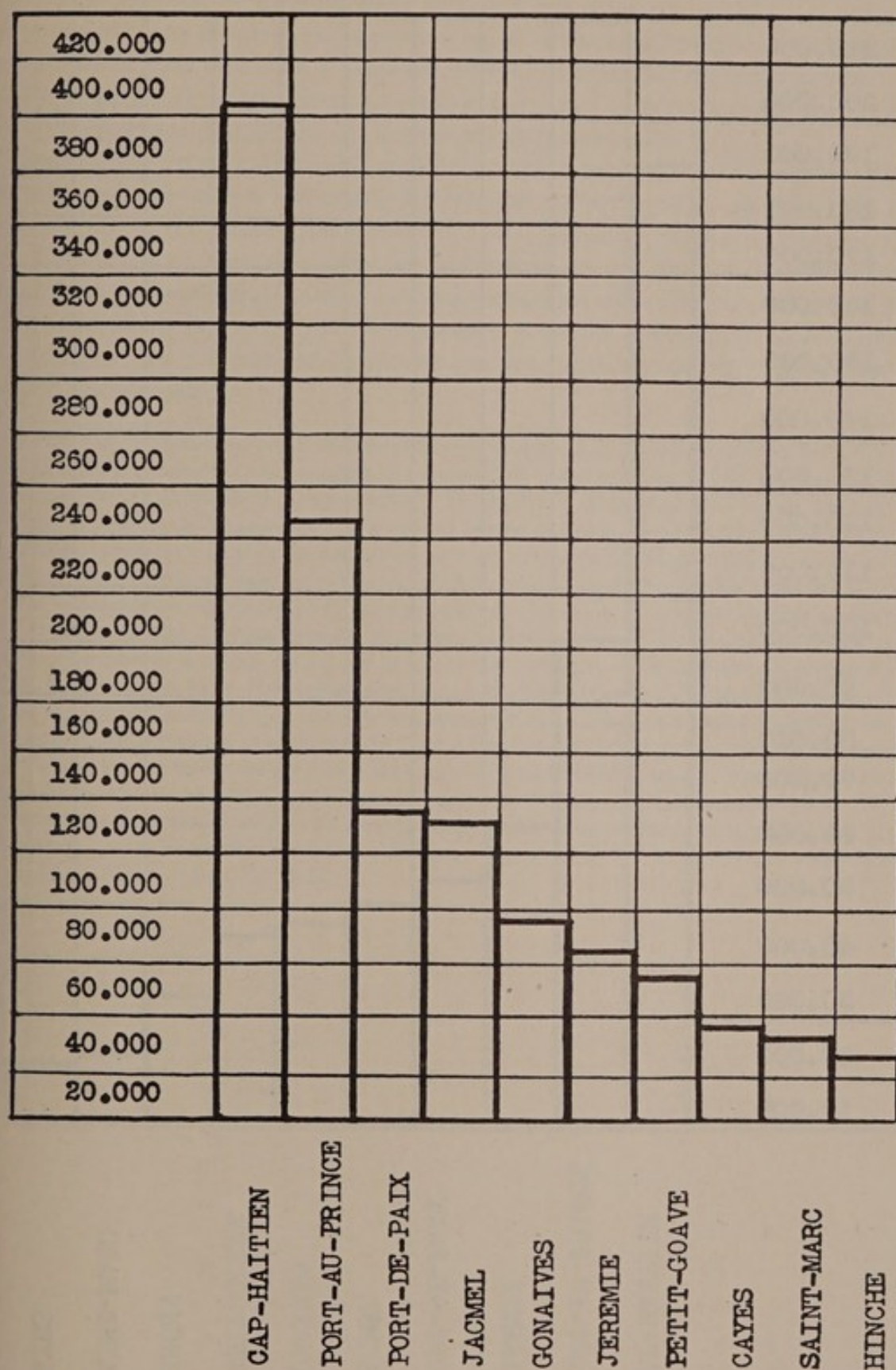
Dans un hôpital d'aliénés moderne, la guérison d'affection physique de beaucoup d'aliénés peut améliorer leur état mental; ils peuvent recouvrer la santé et reprendre leur place dans la société. Avec le traitement moderne on peut guérir beaucoup de cas d'affection mentale.

Tous les aliénés devraient être groupés selon une classification, on devrait faire sur eux des études de laboratoire, des examens radiographiques, l'hydrothérapie, et des traitements électriques et dentaires si c'est nécessaire. On devrait leur donner des emplois utiles dans les arts et métiers. Des épreuves psychologiques sont nécessaires mais cela ne peut se faire que dans une institution moderne convenablement aménagée.

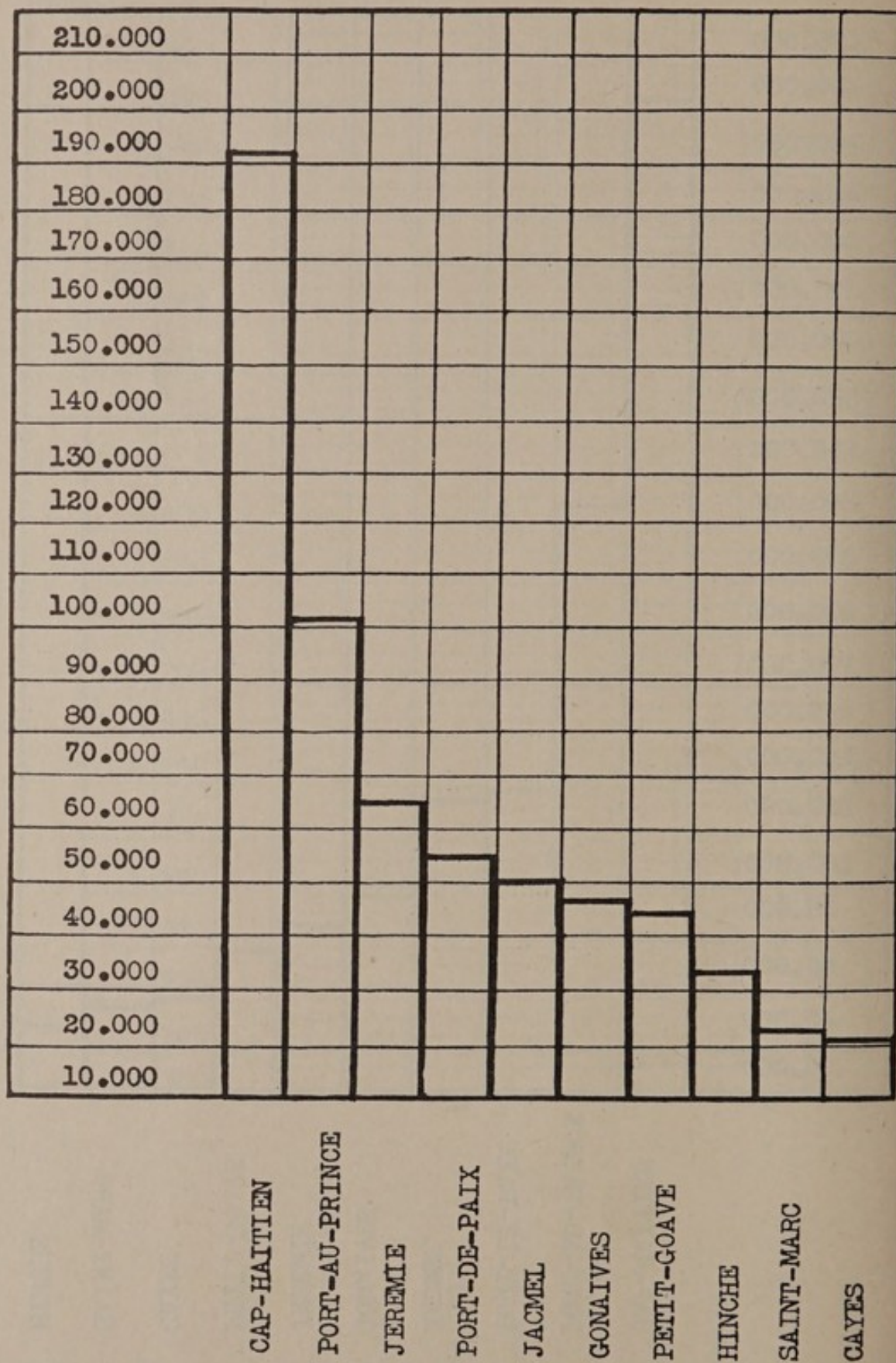
Les malades tranquilles doivent être séparés des malades turbulents et cela ne peut se pratiquer dans le camp actuel. De tels malades doivent être traités comme des êtres humains et ne doivent pas être détenus dans des cellules en pierres, quand ils sont turbulents tant pour les protéger eux-mêmes que pour protéger les autres malades; les aliénés indigents, et la moitié appartient à cette classe, devraient obtenir les mêmes



SERVICE D'HYGIENE. NOMBRE DE CLINIQUES RURALES PAR DISTRICT, 1928-1929



SERVICE D'HYGIENE. NOMBRE DE PATIENTS Y COMPRIS LES CLINIQUES
RURALES, 1928-1929



SERVICE D'HYGIENE. INJECTIONS CONTRE LE TREPOMEN, 1928-1929

ins que ceux qui ont de l'argent pour se payer ces soins ou qui ont des amis qui les aient pour eux dans d'autres pays comme on le fait actuellement. En conséquence il revient un des devoirs de l'Etat d'avoir un Hôpital pour traiter ces malheureux.

Il n'y a pas d'endroit actuellement dans le pays où l'on pourrait interner les malades de la haute classe qui désirent payer leurs soins et traitements.

Chapelles.—A un prix de 14.260 gourdes souscrit dans la totalité par la population de Jérémie, une chapelle a été érigée à l'Hôpital de cette ville, au début de l'année. Il n'y a que 4 de nos hopitaux qui n'aient pas une chapelle: St-Marc, Hinche, Port-de-Paix et Cap-Haitien; bien que dans les 2 derniers on ait réservé des chambres dans l'Hôpital pour les Services religieux, des chambres dont on a absolument besoin pour les malades. Les chapelles sont aussi essentielles pour les Soeurs que le sont les salles d'opération pour les médecins et on espère que le moment n'est pas loin où l'on pourra faire face à ces nécessités.

"La gloire de la Médecine est qu'elle marche constamment de l'avant, qu'elle a toujours quelque chose de plus à apprendre. Les maladies d'aujourd'hui n'assombrissent pas l'horizon de demain, mais elles stimulent l'effort ainsi qu'un éperon. Le triomphe de la Médecine réside dans la victoire sur les maux corporels de l'humanité. L'insuccès réside dans l'incapacité d'apprécier et de traiter intelligemment avec les instabilités émotives de ceux malades physiquement ou de ceux atteints d'instabilités du système nerveux acquises ou héritées et qui conduisent à des misères aussi cruelles que si elles dépendaient de causes physiques tangibles. Nous ne devons pas oublier que le bonheur est un état d'esprit, pas nécessairement de corps, et que la vie est ce que chaque personne croit qu'elle est. Le malade a besoin de foi, de la foi en son médecin, mais il arrive un moment où la foi d'un plus grande force peut être nécessaire pour soutenir son moral. Non compris les croyances esquives et l'abus d'autorité qui ont souvent caractérisé l'Eglise, la religion basée sur le Sermon de la Montagne apportant la consolation du 23ème Psaume de David donne une grande assurance."

"Il y a une tendance des temps pour un groupe d'intellectuels, et ce sont les personnes éduquées au-delà de leur intelligence, de sousestimer la valeur de la religion comme consolatrice universelle dans les moments de détresse corporelle ou spirituelle, mais pour la masse de populations, la religion a la même force que celle qu'elle avait il y a 2000 ans." (Extrait du "Proceedings of the Staff Meetings of the Mayo Clinic," V. 3, '27, p. 207.)

COMPARAISON DES DISTRICTS

Rangée supérieure: 1927-28 Rangée inférieure: 1928-29	Admissions Hopi- taux pour toutes les causes	Renvois autres que deces	Externes y compris cliniques rurales	Nombre de cliniques tenues	Moyenne par clinique	Grandes opérations	Petites opérations	Examen au Rayon X	Reactions de Was- serman	Injections	Depot de Fourni- tures
Port-au-Prince.	4,039	3,871	204,800	1,208	170	986	1,928	1,380	5,977	73,806	150,642.45
	4,505	3,946	249,258	3,058	814	1,200	2,231	2,470	6,096	102,543	150,623.49
Cap-Haitien...	1,958	1,724	85,054	343	247	353	823	243	5,436	195,224	94,869.81
	2,483	2,435	403,801	6,181	65.3	308	859	469	4,122	193,155	120,951.12
Cayes.....	221	178	33,287	429	77	12	70	—	170	25,366	36,230.34
	411	373	54,728	573	95.4	37	141	—	384	23,926	44,425.08
Gonaïves.....	462	387	96,310	222	434	121	519	—	—	46,455	39,118.42
	587	535	92,162	999	92.2	146	641	—	—	48,318	35,547.32
Hinche.....	678	629	38,452	235	163	42	261	—	7	27,711	48,651.68
	581	540	49,805	571	87.2	20	522	—	—	35,904	35,433.60
Jacmel.....	223	197	149,355	242	617	7	192	13	—	39,292	35,934.27
	224	192	138,987	2,008	69.2	4	133	5	—	50,304	34,417.20
Petit-Goâve...	361	326	69,338	449	154	2	132	—	—	41,396	35,106.99
	532	515	74,392	472	157.6	8	108	—	—	47,361	33,429.48
St. Marc.....	415	381	46,225	371	124	43	364	—	—	20,844	37,495.70
	473	405	53,722	580	92.6	54	315	—	—	24,908	28,608.36
Jérémie.....	131	110	42,396	109	388	5	251	—	—	35,808	24,651.63
	280	215	85,119	333	255.6	26	439	—	—	66,530	26,411.76
Port-de-Paix...	356	295	101,456	130	711	15	202	—	1	44,943	19,066.18
	323	287	139,630	712	196.1	32	112	—	—	56,746	14,757.72
Totaux:											
27-28.....	8,844	8,098	866,673	3,738	231.8	1,586	4,742	1,636	11,661	550,845	521,677.47
28-29.....	10,399	9,443	1,341,596	15,487	86.6	1,835	5,501	2,944	10,602	649,645	524,605.13

SECTION DES LABORATOIRES

DR. J. H. CHAMBERS

Cette Division qui est confiée à un Directeur, un Officier de la Marine des Etats-Unis, comprend 3 sections principales, savoir: Le laboratoire d'Hygiène Publique, les laboratoires de l'Ecole Nationale de Médecine et les laboratoires des Hôpitaux des districts du Service d'Hygiène en dehors de Port-au-Prince.

Le laboratoire d'Hygiène Publique se trouve à Port-au-Prince et sert de laboratoire clinique pour l'Hôpital Général et le Dispensaire. Ce laboratoire d'Hygiène Publique fait chaque jour des examens d'eau, de lait, de glace, et des examens de malaria pour les districts. Ce laboratoire prépare des réagents, fournit le matériel, prépare des techniciens et fait des examens spéciaux pour les laboratoires des districts. Le laboratoire d'Hygiène Publique fait un examen postmortem complet de tous les décès survenus à l'Hôpital Général Haitien, et fait des examens histopathologiques pour les autres districts. Le personnel se compose de:

- Directeur des Laboratoires.
- Un Pharmacist Mate 1st Classe.
- Un Médecin Haitien.
- Un Interne Haitien.
- Cinq techniciens haitiens.
- Une nurse haitienne diplômée.
- Un Secrétaire.
- 2 Hoquetons.
- 1 Gardien d'animaux.

Les laboratoires de l'Ecole de Médecine sont placés chacun sous la direction d'un médecin Haitien, et sont utilisés pour l'enseignement de la Médecine, de la Chirurgie et de la Pharmacie. La nouvelle salle d'Anatomie fournit une salle post-mortem commode et bien installée, une salle de dissection, une salle d'histo-pathologie, une salle de préparation et une chambre frigorifique.

Les laboratoires des 9 hôpitaux de province sont desservis par des techniciens haitiens et sont tous outillés de façon à pouvoir faire l'étude de laboratoire minimum exigée pour chaque admission. Au fur et à mesure que les travaux de clinique le justifient, on fournit un personnel et un matériel additionnels pour faire face aux demandes, et ainsi qu'actuellement le laboratoire du Cap-Haitien possède un Pharmacist Mate Class et trois techniciens Haitiens et est outillé de façon à exécuter tous les examens de laboratoire, excepté les préparations histologiques.

Les rapports des laboratoires des districts sont annexés. On a constaté que tous les laboratoires étaient suffisamment outillés pour les travaux qu'ils ont à faire à l'exception de Port-de-Paix, Jacmel et Petit-Goave. Les archives des laboratoires excepté à Port-de-Paix sont bien tenues, mais de façon uniforme.

D'après observations faites sur les techniciens, certaines conclusions ont été déduites: (a) le technicien n'est pas suffisamment doué pour diriger le laboratoire et quand le médecin n'exerce pas un contrôle personnel, le travail ne se fait pas convenablement (b) le cours de préparation de 2 mois au laboratoire de Port-au-Prince n'est pas une bonne méthode en cela qu'il porte certains à croire qu'ils ont une instruction achevée.

Les recommandations suivantes sont faites en vue d'envisager aux moyens d'arriver à un meilleur rendement.

- A. Préparation d'un Médecin Haïtien pour diriger le laboratoire du Cap-Haïtien.
- B. Fournir un registre imprimé à tous les laboratoires de façon à assurer l'uniformité.
- C. Tentative d'employer dans les laboratoires des districts un technicien ayant un an de Service dans le Laboratoire d'Hygiène Publique.
- D. Saisir toutes les occasions pour faire comprendre aux médecins chargés des districts la nécessité d'exercer un contrôle sur le personnel du Laboratoire s'ils désirent que leurs rapports aient quelque valeur.
- E. Que les microscopes qui sont reconnus défectueux soient remplacés par un autre du laboratoire central pendant que l'autre est en réparation.
- F. Que l'on prépare plus de colorants et de réagents au laboratoire d'Hygiène Publique pour être distribués.

LABORATOIRE DES DISTRICTS

Cap-Haïtien

Personnel.—Tout le personnel d'une capacité exceptionnelle et sous un contrôle suffisant pour produire des résultats uniformes.

Il y a suffisamment de travail qui justifierait et rendrait désirable l'emploi d'un Médecin Haïtien, avec expérience dans les travaux de laboratoire qui donnerait tout son temps.

Matériel.—Est adéquat et bien entretenu. L'Hôpital Justinien est assez grand pour justifier la chimie du sang et à ce compte on devrait lui fournir des appareils additionnels et des réagents. (Le Dr. Behrens de la Garde d'Haïti accepte de faire le travail et de préparer le technicien).

Les archives sont bien tenues.

Gonaïves

Personnel.—Le technicien est bien préparé, actif et digne de confiance, il est bien dirigé.

Matériel.—Est adéquat et exceptionnellement bien entretenu. De beaucoup celui-ci présente le meilleur aspect parmi les laboratoires inspectés sans excepter Port-au-Prince.

Les archives sont complètes et bien tenues.

Port-de-Paix

Personnel.—Technicienne (Nurse Haïtienne Diplômée) laisse beaucoup à désirer. Une semaine après l'admission des malades les travaux de laboratoire usuels n'étant pas achevés.

Matériel.—Appareil sale et mal entretenu. Les pipettes et l'appareil pour numération globulaire soigneusement fermées dans un emballage scellé.

Archives ne sont pas tenues. Impossible de trouver les archives de la numération globulaire bien qu'elle soit mentionnée dans les cartes.

Saint-Marc

Personnel.—Technicien bien préparé et sous bon contrôle.

Matériel.—Adéquat et très bien entretenu.

Archives bien tenues, mais on ne trouve pas les renseignements facilement.

Petit-Goâve

Personnel.—Technicien a eu beaucoup d'expérience, ne semble pas être quelqu'un auquel on peut compter. Les anciens registres de travaux faits par le même individu semblent être très satisfaisants. Pour les 3 derniers mois les notes de son registre paraissent très douteuses.

Matériel.—Assez bon état, plusieurs bouteilles de colorant daté d'Août 1927 contiennent encore des colorants détériorés.

Archives bien tenues.

Jérémie

Personnel.—Technicien bien préparé, fait un bon travail et est bien contrôlé.

Matériel.—Adéquat et bien entretenu.

Archives bien tenues.

Aux Cayes

Personnel. Technicien suffisamment préparé.

Matériel.—Bon état. Un objectif d'un microscope a besoin de réparations.

Archives bien tenues.

Jacmel

Personnel.—Technicien très négligent et apparemment indifférent. N'est pas contrôlé. Les plaques colorées ne purent être examinées parce qu'insuffisamment préparées. Les différentiels enregistrés révèlent un lymphocytose de 50% à 78%. Ré-ment préparé au laboratoire d'Hygiène Publique et croit savoir tout ce qu'il y a à voir. A disposé la table de travail de façon à recevoir très peu de lumière mais cette position donne vue sur une rue passante.

Matériel.—Mal entretenu. A besoin plus de matériel sans pouvoir dire pourquoi.

Archives bien tenues.

Hinche

Personnel.—La technicienne est une nurse haïtienne diplômée. Elle exécute très bien ce travail et semble bien préparée. Son travail est activement contrôlé par le médecin.

Etat du laboratoire est très satisfaisant. Possède quelques instruments électriques (microscopes, lampe et rhéostat) qui ne sont pas employés.

Matériel.—Tous les appareils sont propres et bien entretenus, adéquats pour le travail à faire. Archives bien tenues et disposées de façon à renseigner tout de suite.

Résumé du Travail de la Section des Laboratoires non compris les travaux exécutés pour les cours

	Port-au-Prince	Districts	Total
Examens de salles.....	5.159	6.736	11.895
Positifs pour parasites présents.....	43%		
Urine.....	4.344	6.311	10.655
Crachat.....	639	613	1.252
Positifs pour T. B.....	26%		
Numération globulaire.....	5.405	5.717	11.122
Plaques de sang.....	8.968	7.301	16.269
Positifs pour malaria.....	14,3%	27%	20%
Positifs pour filaria.....	0,5%	0,5%	0,5%
Réactions de Kahn.....	6.096	4.506	10.602
Kahn positifs.....	69%		
Culture du sang.....	21	0	21
Réaction de Widal.....	33	19	52
Examen de lait.....	86	0	86
Examen de l'eau.....	377	10	387
Examen de glace.....	229	0	229
Post mortem.....	364	15	379
Examens histologiques.....	1.607	0	1.607
Cultures misc.....	26	0	26
Plaques pour bactéries.....	163	0	163
Autopsies de rats.....	95	0	95
Autopsies de singes.....	1	0	1
Chimie de sang.....	90	0	90
Temps de coagulation.....	169	0	169
Sédimentation du sang.....	9	0	9
Liquide Spinal.....	69	0	69
Divers.....	208	2.034	2.242
Total.....	34.158	33.262	67.420

SECTION DE L'EDUCATION

DR. K. C. MELHORN

HYGIENE ET SANITATION—LA BASE DE L'EDUCATION

L'hygiène pour les masses n'implique pas nécessairement une sur-population actuellement si redoutée dans certains quartiers. Là où l'hygiène est nécessaire elle constitue le moindre des deux maux, car l'indifférence vis-à-vis des classes prolétaires entraîne la destruction de la civilisation. Telle est la leçon drastique que l'histoire du Proche-Orient fait à l'univers. Leurs pyramides, leurs temples, leur poésie, leur art et leurs privilèges spéciaux, pour certains, ne les ont pas sauvés. Les racines d'une civilisation permanente et effective sont dans le peuple, comme les racines d'un arbre sont dans le sol. La culture de quelques esprits brillants de l'élite intellectuelle est aussi futile que la culture des feuilles et des fleurs des branches supérieures. Non seulement les fléaux physiques ou moraux peuvent s'étendre aux groupes élevés, quelque retirés soient-ils, mais aussi la basse classe constitue une partie vitale de la conformation sociale. Leurs contributions, leurs besoins, leurs désirs, leurs aspirations, leurs ambitions, leur vie, sont des éléments essentiels à la civilisation, d'une façon explicable et inexplicable. Si la sur-population est une menace, tel est certainement le cas dans certains pays, une solution doit être trouvée pour adapter la population aux ressources matérielles qui sont disponibles. Plusieurs méthodes de limiter une population ont été suggérées. La plus futile et la plus ruineuse de toutes est celle de laisser ravager l'humanité par des épidémies, par la guerre ou par la négligence. La seule méthode effective, sur laquelle un accord général peut être obtenu, est celle de l'éducation adaptée aux besoins de la vie commune, une éducation pour la vie qui serait hygiénique, économique, mentale, morale et spirituelle. Cette assertion n'est ni une "pensée ardente" ni de "l'optimisme sentimental." Le taux des naissances et les statistiques de vitalité démontrent clairement la relation de l'intelligence à une plus lente augmentation de population.—THOMAS JESSE JONES, *Directeur d'Education, Phelps-Stokes Fund.*

Ecole Nationale de Médecine, d'Art Dentaire et de Pharmacie.—Avec l'ouverture en avril du nouveau département d'Anatomie-Pathologie, l'instruction des étudiants a été largement facilitée. Situé au dos du bâtiment central et, par conséquent, d'un accès facile tant pour l'Ecole que pour l'Hôpital, cette belle institution peut être favorablement comparée à des organisations de ce genre de n'importe où. Une description du bâtiment a été faite dans le rapport annuel de l'année dernière et c'est pour nous un grand plaisir de noter que nos plus hautes aspirations ont été réalisées. Non seulement l'Ecole fournit des facilités convenables qui manquaient depuis si longtemps, pour l'enseignement de deux importantes branches de la Médecine, mais aussi c'est pour la première fois dans l'histoire de notre oeuvre qu'un Auditorium a été institué. Là tout le corps des étudiants, les Congrès Médicaux et Sanitaires peuvent être tenus dans la pleine certitude que rien ne manquera à la poursuite de leurs programmes.

Bourses.—C'était avec le plus grand plaisir que nous avons pu annoncer en Juin que la Fondation Rockefeller avait encore accordé onze nouvelles bourses pour des études à l'étranger. Elles ont été accordées comme suit:

Dr. R. Salomon.....	Chimie.....	Etats-Unis (renouvelée)
Dr. R. Léon.....	Obstétrique.....	France
Dr. M. Civil.....	Anatomie.....	France
Dr. M. Bourand.....	Chirurgie.....	France
Dr. L. Hyppolite.....	Médecine.....	France

Dr. E. H. Pétrus.....	Pathologie-Clinique.....	Etats-Unis
Dr. J. Perrier.....	Pathologie.....	Etats-Unis
Dr. C. Lherisson.....	Biologie.....	Canada
Dr. N. Camille.....	Physiologie.....	Etats-Unis
Dr. M. Lafleur.....	Hygiène et Sanitation....	Etats-Unis et Porto-Rico
Dr. M. Etheart.....	Physique.....	Canada

En plus des bourses sus-mentionnées le Gouvernement haïtien a aussi accordé deux bourses: une à Mademoiselle Mercy Pidoux pour un an d'études dans la branche de l'Hygiène Publique à "Teachers College," Columbia University, New York, et l'autre au Dr. S. Daniel pour un cours post-universitaire de trois mois en art dentaire à North Western University, Chicago, Illinois.

Cette action de la Fondation Rockefeller a été le résultat direct du succès obtenu par les médecins haïtiens qui avaient reçu les premières bourses pour des études à l'étranger durant l'année 1927-1928. Leur travail ici l'année dernière et l'excellent appui du gouvernement sont un exemple de coopération que, je pense, nul ne saurait oublier. A ce sujet les observations suivantes extraites du Rapport Annuel du Directeur de l'Ecole Nationale de Médecine et de Pharmacie sont reproduites.

Les nouveaux médecins Haïtiens.—Nous avons pu cette année former onze jeunes Médecins de la promotion 1929. Ils ont tous tiré un grand profit des connaissances cliniques qu'ils ont pu acquérir, grâce au stage d'internat d'un an fait à l'Hôpital Général Haïtien. C'est avec un extrême plaisir que j'ai appris que vous avez choisi cinq d'entre eux comme assistants dans les divers services de l'Hôpital Général et que les autres pourront être appelés par le Service d'Hygiène pour remplir d'autres fonctions aussi importantes. C'est tout un vaste champ d'exploration scientifique que vous leur offrez pour compléter leurs études et les faire devenir d'excellents et d'habiles praticiens.

Les Etudiants de la 4ème Année.—Les étudiants en Médecine de la 4ème Année ont tous subi avec un grand succès leurs examens de passage. Ils ont de suite commencé leur stage d'internat à l'Hôpital Général, chacun d'eux suit présentement le service où lui a été désigné par l'Administrateur de l'Hôpital.

Section de Chirurgie Dentaire.—La section de Chirurgie Dentaire est en voie de sérieuse évolution. Dans le rapport du Dr. Thébaud qui dirige avec un dévouement inlassable ce département, vous verrez les progrès réalisés en si peu de temps par les étudiants en chirurgie dentaire. En exécutant la nouvelle commande que je vous ai envoyée pour ce département tout récemment notre Ecole Dentaire pourra réaliser grâce à un matériel complet encore plus de progrès, et surtout quand le Dr. Daniel que le Service d'Hygiène a bien voulu envoyer à Chicago dans une faculté d'Art Dentaire pour perfectionner ses connaissances dans les matières qu'il aura à enseigner, sera de retour ici pour donner son nouvel enseignement dans notre Ecole dentaire.

Département de Pharmacie.—Notre Département de Pharmacie a eu un bon débouché. Les étudiants en pharmacie ont fait dans les laboratoires de Chimie et de Pharmacie sous le haut contrôle de leurs professeurs d'excellents travaux pratiques de chimie organique et inorganique, et de pharmacie galénique. A l'arrivée du nouveau matériel que je vous ai commandé tout récemment pour compléter le matériel déjà existant dans ces laboratoires je suis persuadé qu'ils se développeront sérieusement et efficacement sous l'habile direction de Mr. Séjourné.

Les Laboratoires de l'Ecole de Médecine.—Tous ces laboratoires sont pourvus d'un

n matériel mais nous aurons à compléter ce matériel pour avoir d'autres instruments dans le but de développer toutes les études pratiques à faire dans ces laboratoires l'année prochaine.

Laboratoires de Physique.—Le laboratoire de Physique sera bientôt installé grâce à commande d'un bon matériel qui vient d'être lancée. Ce laboratoire sera confié à l'habileté incontestable de Mr. Lucien Hibbert professeur de Physique à l'Ecole.

Laboratoire d'Anatomie et de Pathologie.—Dans le nouvel institut d'anatomie de l'Ecole déjà un grand nombre d'autopsies ont été faites pour l'instruction des étudiants. On a transporté dans une salle spacieuse et aérée de cet Institut le laboratoire d'Histologie qui est pourvu d'un matériel presque complet et où chaque étudiant peut travailler sous le contrôle du professeur qui est chargé de ce laboratoire.

Armoires vitrées à placer dans la grande salle d'entrée de l'Institut d'Anatomie.—L'installation de ces armoires vitrées formera un magnifique museum qui servira à l'instruction de la grosse pathologie des étudiants en médecine. Je propose de la dénommer "Musée du Docteur Choisser" en souvenir des nombreux services rendus dans cette matière par le distingué Docteur Choisser.

Internes.—Les étudiants en médecine de la 5ème année ont fait leur internat à l'Hôpital Général en suivant un roulement chaque deux mois dans un service qui leur a été préalablement désigné par l'Administrateur de cet Etablissement. Cet internat est sans doute la plus belle réservée à nos étudiants. Il doit contribuer dans la plus large mesure à leur donner une sérieuse préparation, leur permettant d'entrer d'emblée, avec une grande confiance en soi, sur le seuil de la noble carrière qu'ils ont librement choisie.

La Bibliothèque.—La Bibliothèque de l'Ecole de Médecine et de Pharmacie possède un bon matériel, un total de 1,353 livres, 30 journaux médicaux et diverses revues scientifiques. Elle est bien fréquentée par les étudiants et leurs professeurs.

"La Faculté.—Je désire mentionner que mon personnel administratif m'a bien servi durant l'année. Ils ont tous été réguliers et dévoués à leur besogne.

"Le travail de l'Ecole Nationale de Médecine, d'Art Dentaire et de Pharmacie est d'une telle importance qu'on peut dire emphatiquement que le sort de la nation dépend presque entièrement de cette branche. En envisageant l'avenir si la faculté veut se maintenir constamment de ce fait dominant et attaquer leurs problèmes sans crainte ni faiblesse et par dessus-tout avec un front uni, ils s'assureront la continuité de l'assistance splendide actuelle du gouvernement et l'encouragement de ceux qui tiennent à coeur la prospérité de la République."

Société de Médecine d'Haiti.—Sous la présidence du Dr. L. Hudicourt les réunions mensuelles de cette Société, instituée il y a trois ans, ont été tenues régulièrement avec un bon nombre de présences. Toujours intéressantes et animées par des débats pleins de clarté, ces réunions ont fourni l'occasion de faire des échanges de vue énergiques sans lesquels aucune organisation ne peut prospérer. La franchise et la sincérité règnent, il n'y a pas de réunions sombres. Dans ces conditions, j'espère que ni la Société ni le Service d'Hygiène ne permettront jamais la "domination du "Yes-Man" qui fait la part du leader politique, l'instrument des propagandistes de mauvais aloi et le poids mort que l'on doit supporter quand une réforme est en train. Il est la caricature de la faiblesse humaine et une ombre de la réalité.

Congrès Médicaux.—Le rapide progrès qu'Haiti fait dans toutes les branches de la médecine préventive et curative se traduit dans le splendide programme du 3ème congrès

national de médecine tenu les 24, 25 et 26 Avril. Patronné par le Service d'Hygiène il y a trois ans, la Société de Médecine d'Haïti s'est déjà assurée une place certaine dans la médecine tropicale. Les grandes possibilités que ce pays offre pour les travaux de recherches ont été dans ce magnifique programme, mises au grand jour comme jamais elles ne l'ont été.

Une allocution a été faite par son Excellence, Mr. Louis Borno, Président de la République, à l'ouverture du Congrès auquel assistaient des Médecins venus de tous les points du pays. Parmi les invités se trouvait le Dr. F. L. Hoffman, Statisticien de "Prudential Life Insurance Company of New York" qui est venu des Etats-Unis par avion. Les conférences les plus importantes ont été celles du: Dr. M. Bourand—"Le traitement des ulcères chroniques de la jambe par des opérations sympathectomiques;" du Dr. Paul Wilson—"L'attaque directe contre le pian demande un changement de Stratégie;" du Dr. R. Leon—"L'hérédité du pian;" du Dr. J. C. Parham—"Le pian et l'organisation du Service de Santé (Garde d'Haïti);" du Dr. J. Renelique—"Dix-huit mois de Pathologie;" du Dr. R. Charmant—"La réforme de l'enseignement de l'hygiène et l'inspection médicale des Ecoles;" de Melle M. Pidoux—"Les Infirmières Visiteuses." et du Dr. F. L. Hoffman—"Les Statistiques de Vitalité."

Les après-midis ont été consacrés à la visite des cliniques de l'Hôpital Général Haïtien, du nouveau centre de Santé de Port-au-Prince et à l'inspection du nouveau appareil à pasteuriser le lait du Département d'Agriculture.

Une réception en l'honneur des congressistes, une représentation cinématographique et un banquet constituèrent le programme des soirées.

Les réunions du Congrès ont été tenues à l'institut d'Anatomie de l'Ecole Nationale de Médecine, de Dentisterie et de Pharmacie. Le programme en détail est le suivant.

TROISIÈME CONGRÈS NATIONAL DE MÉDECINE

Du 24 Au 26 Avril 1929

24 AVRIL

Matin. A l'Ecole de Médecine, 8 heures 30

Discours d'ouverture du Président de la Société de Médecine d'Haïti.

Réponse de son Excellence le Président de la République.

MEDECINE

1. L'hypertension..... Dr. Melhon
2. Aperçu clinique sur les affections cardio-vasculaires. observées à l'Hôpital Général Haïtien..... Dr. Hudicoff
3. L'hérédité du pian..... Dr. Leon
4. Les régimes..... Dr. Hyppolite
5. Les fièvres intestinales..... Dr. Pierre-Nelson
6. L'hémophilie..... Dr. Angler
7. En marge de la méningite cérébro-spinale..... Dr. Brus
8. 18 mois de pathologie..... Dr. Renelique
9. L'Hôpital de la Garde et l'Ecole de Pont-Beudet..... Dr. Drevis

Soir. De 2 heures à 4 heures 30: Visite des Travaux Sanitaires

De 6 heures à 7 heures: Réception des Congressistes et de leurs familles chez le
Dr. et Mme. Melhorn

25 AVRIL

Matin. A l'Ecole de Medecine, 8 heures 30

CHIRURGIE

1. La Chirurgie faciale.....Dr. Johnson
2. Les soins post-opératoires en chirurgie abdominale.....Dr. Salomon
3. L'enseignement de l'art dentaire.....Dr. Thebaud
4. La sympathectomie.....Dr. Bourand
5. Dix-neuf cas consécutifs de fracture du fémur.....Dr. Williams
6. L'anesthésie rachidienne à L'Hôpital Général Haitien.....Dr. Valme
7. Les sarcomes du pied.....Dr. Logue
8. L'anesthésie locale dans les cliniques rurales.....Dr. Gendreau

Soir. De 2 heures à 4 heures: Visites des travaux pratiqués à l'Ecole de Médecine
8 heures: Cinéma à Variétés

26 AVRIL

Matin. A l'Ecole de Medecine, 8 heures 30

HYGIENE ET SPECIALITES

1. Les conditions sanitaires des Régions rurales. Travaux effectués dans nos
campagnes par le Service National d'Hygiène Publique.....Dr. Dominique
2. Progrès réalisés dans le Service National d'Hygiène Publique en 1928.....Dr. Melhorn
3. La réforme de l'enseignement de l'hygiène et l'inspection médicale des Ecoles
.....Dr. Charmant
4. L'attaque directe contre le pian demande un changement de Stratégie...Dr. Wilson
5. Les Infirmières Visiteuses.....Mlle Pidoux
6. Le but et l'organisation du Service de Santé (Garde d'Haiti).....Dr. Parham
7. La pratique de l'ophtalmologie à l'Hôpital Général Haitien.....Dr. Villard
8. Les complications oculaires de la méningite cérébro spinale.....Dr. Madiou
9. Discours de clôture.....Dr. Salomon

Soir. De 2 heures à 5 heures: Clinique Médicale & Clinique Chirurgicale à l'Hôpital
Général Haitien. Travaux de Laboratoire par le Dr. Choisser à l'Institut
d'Anatomie de l'Ecole de Médecine

8 heures: Banquet

La durée des rapports est de quinze minutes au plus et celle des discussions de cinq minutes pour chaque assesseur et de deux minutes pour les autres membres. L'inscription des congressistes commencera le 23 Avril à partir de 8 h. a.m. à l'Ecole de Médecine et de Pharmacie. A ce moment un insigne leur sera délivré, et on leur demandera de verser une cotisation de trois dollars (or) pour le banquet.

Composition et fonction des Comités.—Le comité de réception s'occupera des invitations, de l'inscription des congressistes, de la visite sanitaire, du cinéma et du banquet. Il est composé des Drs. Melhorn, Dominique, Thébaud Léon et de Mr. Hibbert, assisté des Drs. Lherisson, Raymond et Hollant.

Le comité des travaux scientifiques s'occupera de tout ce qui a trait aux rapports présentés par les congressistes. Il est composé des Drs. Salomon, Wilson et Hippolyte assistés des Drs. Augustin, Castera et Mathurin.

Le comité des travaux pratiques et cliniques guidera les congressistes à travers de l'Hôpital Général Haitien et l'Ecole de Médecine et leur fera voir le fonctionnement pratique de cet établissement. Il est composé des Drs. Johnson, Dominique, Bourane Valmé, Lafleur et Moise, assistés des Drs. St. Eloi et Cantave.

Le Dr. Buteau s'occupera de la publicité.

Les assesseurs sont:

Medecine: Dr. Jourdan, Dr. Wilson, Dr. Perrier.

Chirurgie: Dr. Moise, Dr. Gendreau, Dr. Waag.

Hygiene: Dr. Cook, Dr. Lafleur, Dr. Buteau.

Specialites: Dr. Albright, Dr. Dartiguenave, Dr. Dominique.

Congrès Sanitaires.—Dans le développement de l'esprit de corps et en fournissant des occasions pour des échanges de vue, les congrès annuels des médecins ont eu tant de succès que le Service actuellement projette de faire des réunions semblables pour les assistants officiers sanitaires et les inspecteurs sanitaires en chef. A ce sujet l'avis suivant a été fait dans le Service le 3 Septembre:

Memorandum pour: tous les Officiers Sanitaires,
les Assistants des Officiers Sanitaires,
les Inspecteurs Sanitaires en Chef.

Dans les premiers jours de décembre il sera tenu à Port-au-Prince un Congrès qui durera deux jours auquel prendront part tous les Assistants des Officiers Sanitaires et les Inspecteurs Sanitaires en chef. La date exacte sera ultérieurement annoncée; au cours de ce congrès, des conférences sur la sanitation, les cliniques, le contrôle des moustiques, le nettoyage des rues, l'inspection des marchés et d'autres sujets devront être présentés.

Les matinées seront consacrées à la lecture des conférences et les après-midi à la visite des activités du Service d'Hygiène à Port-au-Prince.

Dans la soirée du premier jour des films cinématographiques pris par le Service d'Hygiène seront exhibés sur l'écran d'un théâtre local, et dans la soirée du deuxième jour un banquet aura lieu, auquel prendront part tous les membres de la conférence.

Les assistants des Officiers Sanitaires et les Inspecteurs Sanitaires en chef qui désirent lire une conférence au Congrès sont priés d'envoyer à cet Office les titres de la conférence le 30 Septembre au plus tard.

K. C. MELHORN,
Directeur Général.

L'enseignement de l'Hygiène.—L'enseignement de l'Hygiène embrasse toutes les expériences à l'école comme ailleurs qui influencent favorablement les habitudes, les inclinations et l'esprit pour ce qui a trait à l'hygiène de l'individu, de la communauté.

la race. Le but de l'hygiène n'est pas la simple élimination des difformités apparentes des symptômes pathologiques, c'est la réalisation des plus hautes possibilités physiques, mentales et spirituelles de l'individu. L'enseignement de l'hygiène ne peut être effectif s'en insistant sur tous les aspects physiques, mentaux, sociaux et moraux de l'hygiène. Le professeur d'hygiène devrait viser au développement normal de l'enfant en envisageant tous ces points de vue. Tous les résultats obtenus en essayant d'inculquer l'enseignement de l'hygiène dans les diverses périodes de la vie scolaire démontrent de plus en plus clairement que sans une raisonnable compréhension, sans la sympathie et la coopération des parents, toutes les tentatives à cette fin dans les écoles seront tout à fait futiles. Par conséquent, dans l'organisation des associations de parents et de professeurs et dans la promotion de tous les facteurs favorables à la coopération pratique de l'Ecole et du foyer domestique par rapport au développement de l'enfant, ce mouvement significatif constitue une phase dominante dans le domaine de l'éducation de l'hygiène.

Cet enseignement ne peut être accompli par une brève période d'instruction en matières physiologique et hygiénique, quelques minutes par jour, un jour par semaine, trois jours par semaine ou cinq jours de la semaine. De telles brèves périodes d'instruction, si elles font partie du programme des écoles, auraient dû être considérées comme des moments réservés à la discussion des situations ou des topiques qui surgissent en dehors des heures de l'école ou dans d'autres phases de la vie scolaire.

Une stipulation consciencieuse devrait être faite par les professeurs et les autres autorités scolaires de façon à ce que dans leurs cours une attention soit accordée à l'enseignement de l'hygiène chaque heure de chaque jour, de chaque semaine, de chaque mois et de chaque année de la vie de l'enfant à l'école. Alors, comme il a été suggéré à moins que les efforts de l'école vers l'enseignement de l'hygiène soient continués dans la vie de l'écolier chez lui et dans la communauté en dehors de l'école, comparativement très peu de progrès pourra être réalisé.

Ce problème d'éducation hygiénique aurait dû, à un autre point de vue, être intimement lié au programme entier du Service D'Hygiène scolaire et nous envisageons par tous les procédés employés par les écoles modernes pour connaître l'état de la santé de l'enfant; pour parvenir à corriger les déficiences réparables; pour assurer à l'enfant un entourage sain et hygiénique à l'école avec un programme d'instruction qui sera lutaire à tous les points possibles; pour l'immunisation des écoliers contre la Petite-Vérole et les autres maladies tout autant que les mesures scientifiques ont démontré qu'elle est praticable; et ainsi pour toutes les phases du service d'hygiène. Quoique ces divers points n'aient pas pour but en général d'inculquer des habitudes, cependant pour faire l'éducation hygiénique de l'enfant toutes ces phases du service d'hygiène offrent des expériences pratiques qui sont d'une grande valeur si elles sont utilisées dans le programme de l'enseignement de l'hygiène.

"Celui qui étudie à fond ce problème d'éducation hygiénique et de l'attention à donner à la santé des garçons et des filles dans les écoles, se rend compte aisément que ce programme est très vaste avec des occasions qui se renouvellent constamment, avec la participation de plus d'individus et de groupements inévitablement englobés, et avec le soin d'un système d'organisation et de surveillance qui embrasse peut-être tout autre sujet ou phase dans les cours d'études.

"Une institution qui devra apporter des soins préventifs et curatifs à la santé de tous les enfants dans une école secondaire, fut-elle d'une grandeur moyenne, et une

institution parallèle pour l'éducation hygiénique et l'instruction des enfants de cette école, si elle réussit, demanderait l'effort et la coopération de plus de vingt individus et agents dans l'école, du foyer et de la communauté.

"Une devise simple, qui si elle est bien suivie dans ce domaine d'éducation hygiénique, a une vaste et importante signification, et voilà cette devise: "En vue d'obtenir une éducation hygiénique effective chaque professeur devrait être un professeur d'hygiène et chaque professeur devrait être un exemple d'Hygiène." (Thomas D. Wood, Professeur d'Education Hygiénique, Université de Columbia.)

Ce que le Service National d'Hygiène Publique d'Haïti accomplit dans cette branche importante et ce qu'elle recommande pour l'avenir sont mentionnés dans les passages suivants qui ont été tirés des rapports annuels des Drs. Charmant et Roop et d'une correspondance récente avec le Bureau Sanitaire Pan-Américain publiée ci-dessous (voir page 60).

"Durant cette première année de son fonctionnement, la nouvelle et importante organisation de l'Inspection médicale n'a pu être envisagée que pour les écoles et les écoliers de Port-au-Prince seulement. Elle a été mise en application dès le mois d'Octobre 1928 par deux Médecins-Inspecteurs assistés d'une infirmière d'Hygiène et d'un secrétaire; et ses travaux dans les écoles se sont arrêtés le 30 Juin 1929, à l'ouverture des examens universitaires. Son programme comportait: (a) l'examen médical des écoliers de la ville de Port-au-Prince (12000) environ et l'envoi dans les Laboratoires du Service d'Hygiène des specimens physiologiques quotidiennement recueillis, (b) la vaccination et la revaccination antivariolique et antityphoïdique des écoliers (c) la correspondance avec les parents (d) l'inspection sanitaire des maisons d'école, de leurs mobiliers et dépendances (e) un cours hebdomadaire et une conférence mensuelle d'Hygiène à l'école centrale de Damien (f) la préparation d'un rapport détaillé sur chaque école visitée (g) la propagande d'hygiène par la presse, le radio et le cinéma.

"Mais il fut bien vite reconnu nécessaire d'élargir le cadre du personnel médical et le programme des cours et conférences, de former un comité de médecins chargés de réexaminer les élèves suspects de troubles cardiopulmonaires, et de fonder en même temps un centre spécial de santé, comprenant une clinique dentaire scolaire, un dispensaire pour les écoliers indigents, pour les nourrissons et les femmes qui ont des espérances.

"Trois groupes de médecins et d'infirmières se partagèrent alors la besogne, dès le mois de Mars 1929.

"Le Groupe A s'occupa de l'examen médical des élèves, de leur vaccination, du contrôle sanitaire des locaux, etc.

"Le Groupe "B" s'occupa d'entreprendre l'extension des cours, des causeries et des conférences d'Hygiène dans les écoles de Port-au-Prince et de Pétionville; la préparation d'un bulletin bi-mensuel comme moyen de propagande destiné à tous les milieux sociaux et la diffusion des principes d'Hygiène par la presse, le radio et le cinéma.

"Le Groupe "C" fut attaché au centre d'Hygiène et de Puériculture, lequel s'attira tout de suite une abondante et très intéressante clientèle.

"*Activités du Groupe "A."*—

Nombre d'écoles visitées à Port-au-Prince.....	54
Nombre de garçons examinés.....	3427
Nombre de filles examinées.....	3187
Total.....	6614

Nombre de vaccinations contre la Petite-Vérole.....	3381
Nombre de vaccinations contre la Fièvre Typhoïde.....	1193
Nombre d'examens de laboratoire.....	3176
Positifs pour la Malaria..... (8.12%)	258
Positifs pour les Vers Intestinaux..... (17.7%)	564
Nombre de lettres adressées aux parents.....	3056
Nombre à qui des traitements dentaires furent donnés.....	455
Nombre référé au département Cardio-pulmonaire.....	228
Nombre positif au Rayon-X.....	28
Nombre de visites faites dans les maisons privées par l'infirmière visiteuse..	37

"Activités du Groupe "B."—Dans quelle mesure ont-ils réussi à y intéresser les autres d'école, les élèves et les parents?

Ecoles primaires nationales et privées ayant bénéficié des causeries sur l'Hygiène (trimestre avril-juin).....	31
Ecoles secondaires nationales et privées.....	8
Ecole centrale d'Agriculture.....	1
Nombre total des écoles.....	40
Cours d'Hygiène à l'école centrale (Agriculture).....	30
Conférences aux assemblées (école centrale d'Agriculture).....	8
Conférences aux Instituteurs de Port-au-Prince.....	1
Bulletins d'Hygiène parus trimestre avril-juin.....	5
Nombre d'exemplaires du bulletin distribués.....	1500
Nombre approximatif des élèves ayant bénéficié des causeries trimestre avril-juin.....	6500

Des leçons d'Hygiène mimeographiées ont été distribuées aux étudiants de l'école centrale d'agriculture. Des bulletins ont été traduits en créole et radiodiffusés dans les classes populaires. La presse publie le texte français de ces bulletins, ainsi que des revues spéciales et des articles de vulgarisation. Une auto-camion parcourt la République avec un opérateur intelligent qui montre aux paysans, et parfois aux habitants des villes, des films instructifs choisis par le Service Technique d'Agriculture et par le Service National d'Hygiène Publique.

"Le personnel du groupe "B" cherche à éveiller et à accroître de plus en plus l'intérêt des élèves aux principes et aux pratiques d'Hygiène. Leurs causeries ont lieu généralement aux heures de l'après-midi, comme pour reposer l'esprit des écoliers. Ce sont des causeries simples, claires, familières, où il s'agit beaucoup plus de montrer par des faits et des exemples concrets l'importance des bonnes habitudes d'hygiène que d'enseigner des théories et des règles abstraites.

"Tout laisse espérer que dans un avenir prochain les Instituteurs en contact fréquent avec les médecins-inspecteurs seront bien pénétrés de ce que nous permettons d'appeler "l'esprit d'hygiène" qu'ils s'intéresseront un peu plus à la salubrité des locaux et des mobiliers scolaires par le Département de l'Instruction Publique, et que leur collaboration sera plus enthousiaste et plus efficace.

"Activités du Groupe "C." *Le Centre d'Hygiène.*—La ville de Port-au-Prince ne possède pas une construction aussi ancienne et ayant une histoire aussi variée que celle du Centre d'Hygiène. Construite par le Comte d'Ennery en 1770 et faisant partie des bâtiments de l'Intendance Générale, ses murs, ses portes, ses fenêtres et ses escaliers n'ont pas été changés depuis leur construction—fournissant ainsi à la nation un bâtiment

tel qu'il a existé durant l'époque coloniale. De 1770 à aujourd'hui, ce bâtiment toujours été employé par une branche du Gouvernement et il a logé successivement les services suivants:

Le Service du Contrôleur Général de la Marine (Française); la Trésorerie Nationale, la Chambre des Comptes, le Bureau Central de la Police, le Service Hydraulique et le Service des Téléphones. En Janvier 1928 il a été transféré au Service National d'Hygiène Publique et après toute une rénovation il commença son nouveau rôle en Mai 1928 comme le premier Centre d'Hygiène d'Haïti.

Son personnel se compose de:

Un Officier Médical de la Marine des Etats-Unis.
 Un Médecin Haïtien.
 Un Dentiste Haïtien.
 Une Infirmière Américaine.
 Deux Infirmières Haïtiennes.
 Un clerk.
 Une concierge.

"Tous les écoliers qui ne peuvent pas se payer les soins d'un médecin et qui ont besoin de traitement médical ou dentaire, sont référés au Centre d'Hygiène. Grâce à la générosité du Bureau principal de la Croix Rouge Américaine, Washington, D. C. et sa branche locale à Port-au-Prince il nous a été possible d'employer en Mai une Infirmière Américaine qui a eu des expériences dans le travail d'un Centre d'Hygiène. Immédiatement après les cliniques pre et post-natales ont été ajoutées afin d'aider dans le Service de la Maternité de l'Hôpital Général Haïtien. Elles travaillent comme suit:

"Pre-natale.—Toutes les femmes enceintes qui se présentent à l'hôpital sont examinées par les membres du personnel de notre Service d'Obstétrique. Les conditions trouvées sont écrites sur une carte qui est envoyée au Centre d'Hygiène où la femme enceinte est invitée à se présenter pour être examinée à nouveau. Si une condition anormale nécessite les soins de l'Hôpital, le cas est référé à nouveau à l'Hôpital Général Haïtien.

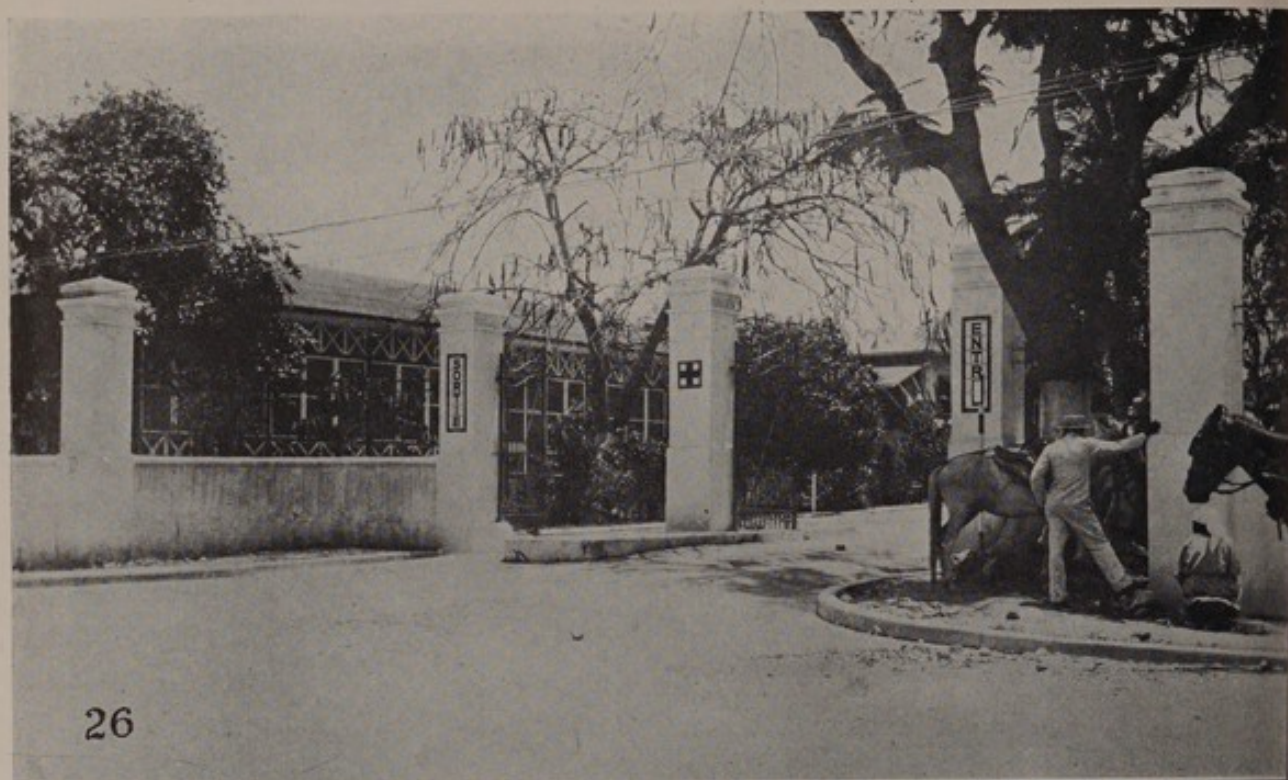
"Post-natale.—Le sang de toutes les mères et des bébés est examiné à l'Hôpital Général Haïtien. S'il est positif pour la tréponématose, on les envoie au Centre d'Hygiène où trois traitements, chaque de huit injections intraveineuses de Nevarsphenamine sont donnés aux mères; et un traitement pareil mais en employant de la Sulpharphenamine est donné aux bébés dont les poids sont enregistrés chaque mois. On enseigne aux mères les méthodes convenables de baigner, de vêtir, de nourrir et de donner d'autres soins aux bébés. Tous les bébés dont la naissance a été déclarée à l'Officier de l'Etat-Civil sont visités par une des infirmières Visiteuses et si l'on remarque que la famille n'emploie pas un médecin, la mère est priée de se présenter au Centre d'Hygiène pour qu'elle soit examinée ainsi que son bébé.

"Clinique Dentaire.—Cette clinique est sous la direction d'un dentiste haïtien. Les enfants qui se présentent munis des lettres provenant des Examineurs des Ecoles reçoivent tous les soins dentaires nécessaires excepté le remplacement des dents qui manquent. On leur enseigne les méthodes hygiéniques de prendre soin de leurs dents et de leur bouche.

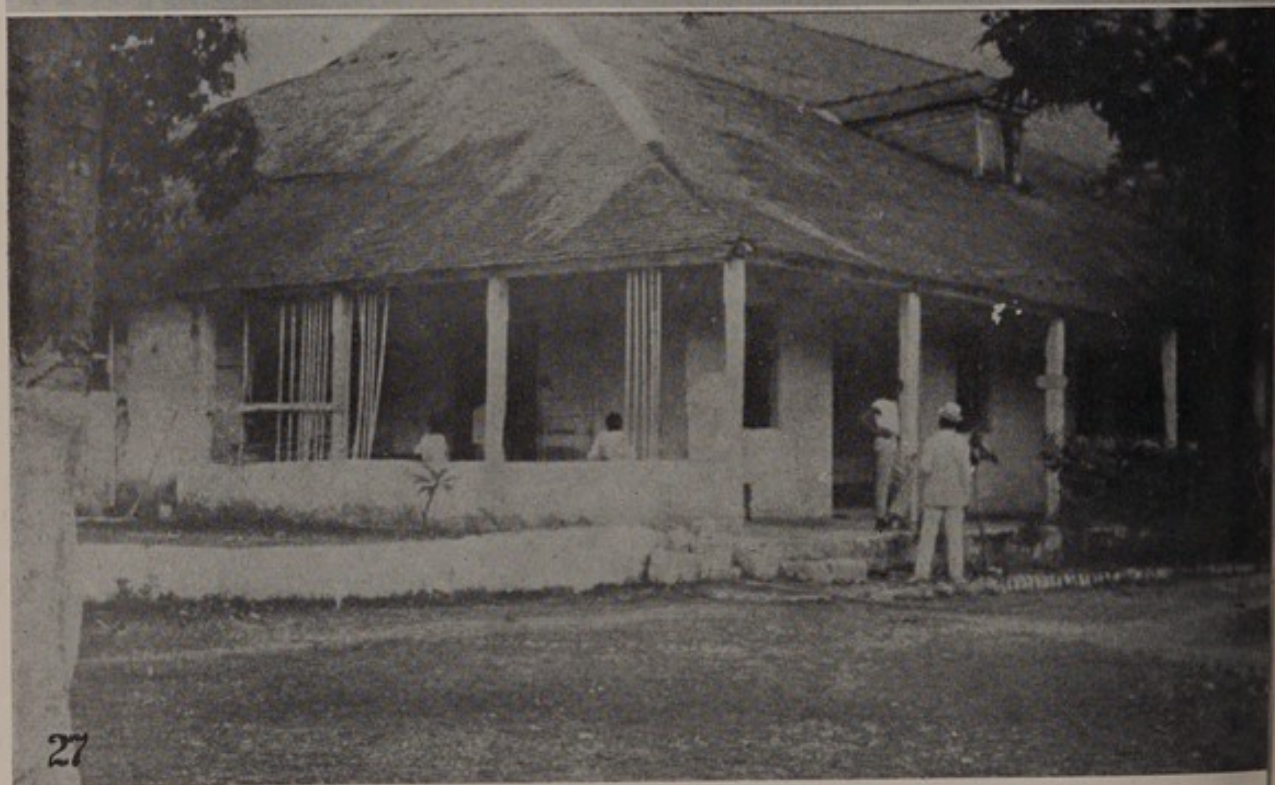
"Infirmières d'Hygiène Publique.—Deux infirmières haïtiennes diplômées sous le contrôle d'une Infirmière Américaine diplômée jouent le rôle d'infirmières d'hygiène



DISPENSARE DE L'HÔPITAL DE PETIT-GOAVE
 SALLE D'OPERATION—PETIT-GOAVE
 BATIMENT PRINCIPAL, HÔPITAL DE PETIT-GOAVE



26



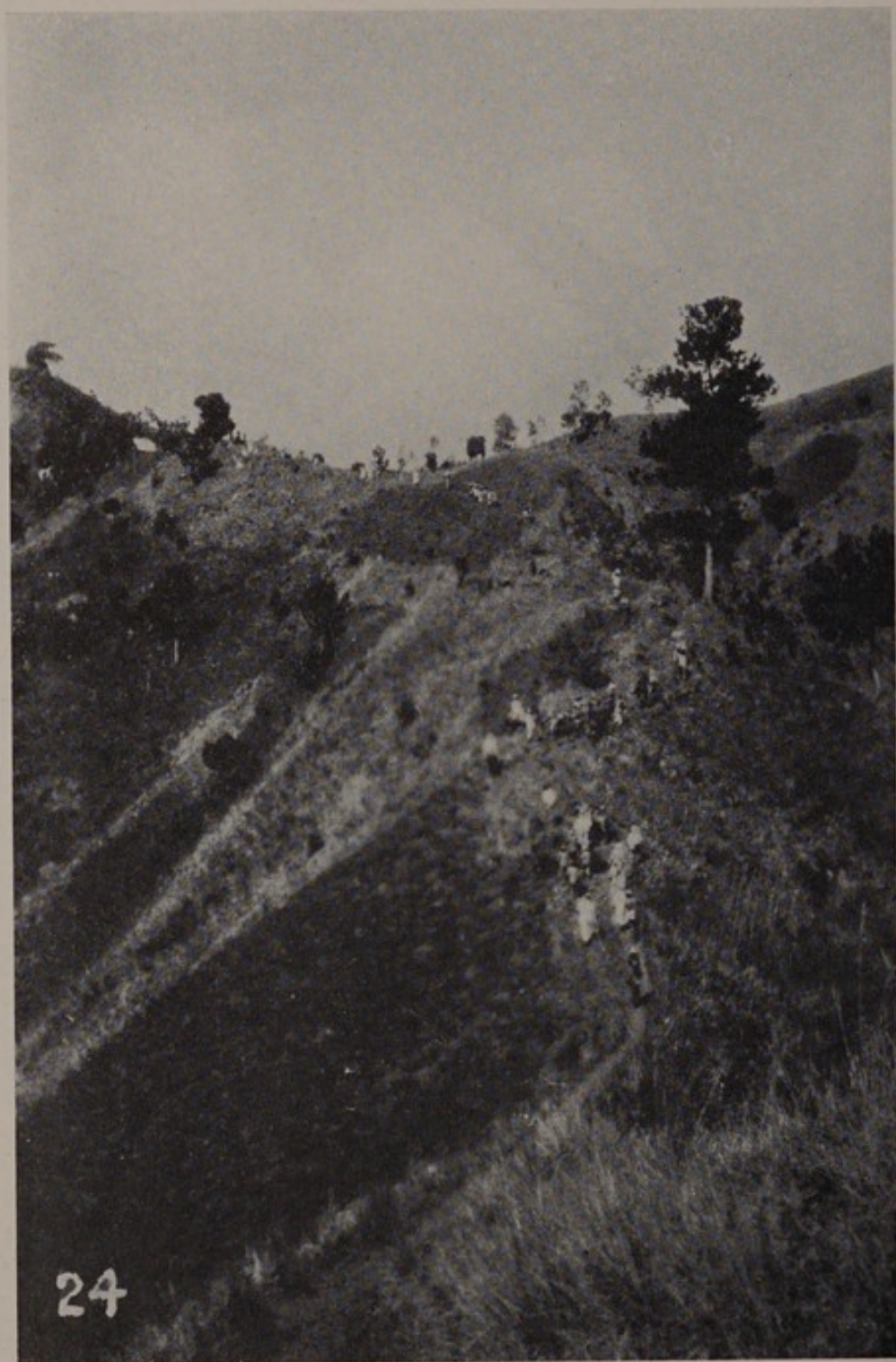
27

NOUVEAU ENTRÉE, L'HÔPITAL GENERAL HAITIEN PORT-AU-PRINCE, COMPLÉTÉ MAI 1929

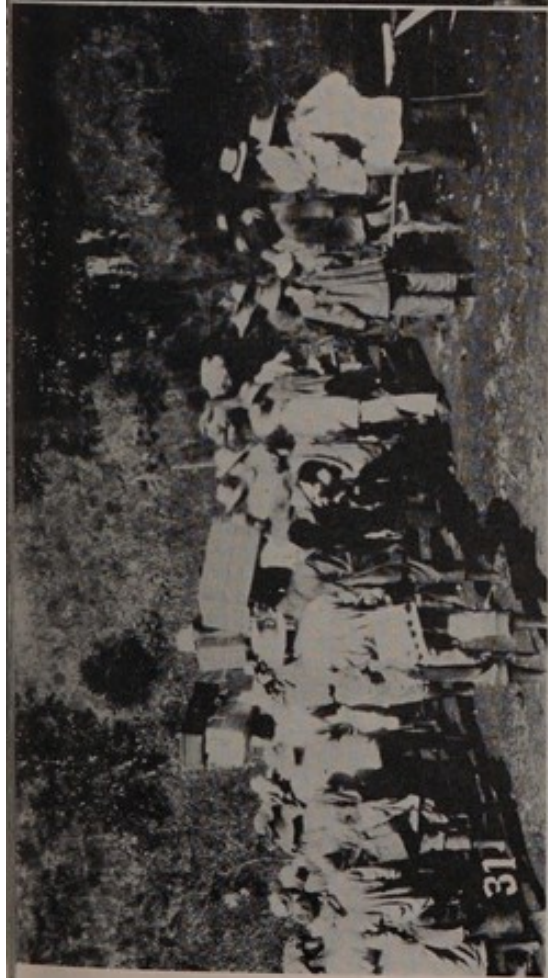
UNE DES SALLES DE L'HÔPITAL GENERAL HAITIEN—1915



L'HÔPITAL DE HINCHE
L'HÔPITAL DE PORT-DE-PAIX



MALADES GRAVISSANT LES MORNES POUR SE RENDRE À LA CLINIQUE



ARRIVÉE DE MEDICAMENTS ET DE MALADES À LA CLINIQUE DES MONTAGNES
 EN ROUTE POUR LA CLINIQUE DES MONTAGNES
 CLINIQUE AMBULANTE DANS LES MONTAGNES
 CLINIQUE DES MONTAGNES



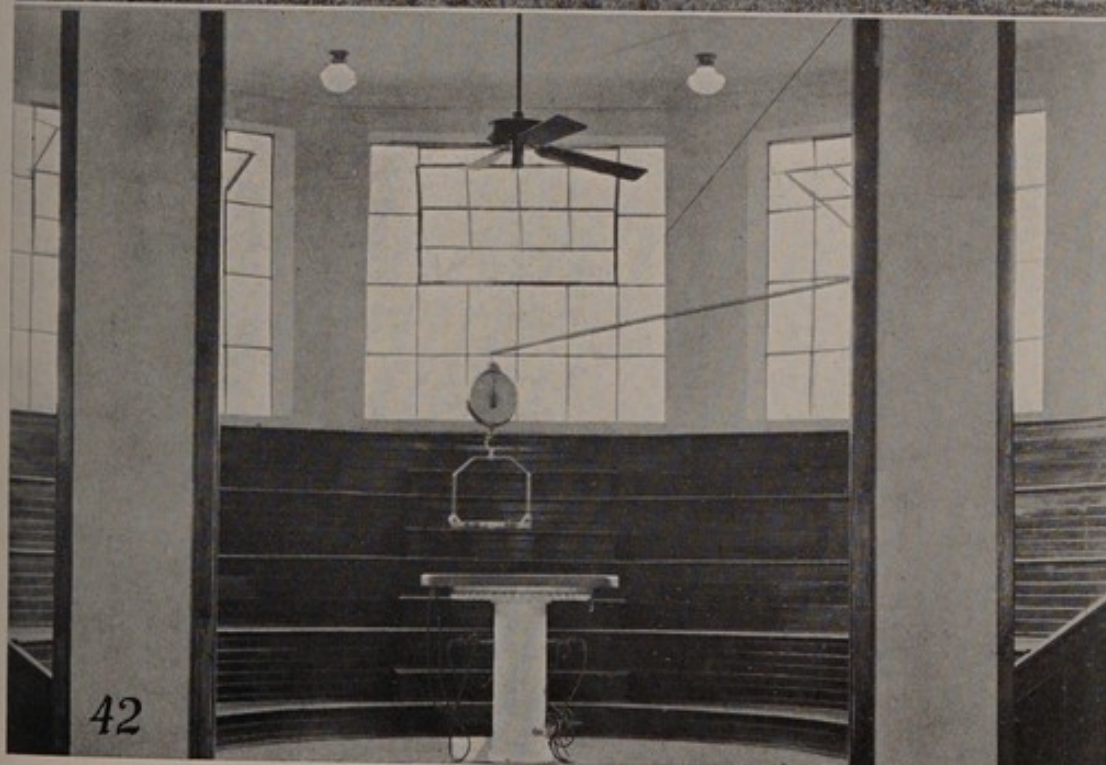
CEUX À QUI LA FONDATION ROCKEFELLER A ACCORDÉ DES BOURSES, 1929
PERSONNEL DE L'HÔPITAL, CAP-HAITIEN



40



41



42

ORGUE DE L'HÔPITAL GÉNÉRAL HAÏTIEN. LE CÔTÉ DE L'EST. COMPLÉTÉ EN AVRIL, 1929

ORGUE DE L'HÔPITAL GÉNÉRAL HAÏTIEN. LE CÔTÉ DE L'OUEST. COMPLÉTÉ EN AVRIL, 1929

CHAMBRE D'AUTOPSIE DU DÉPARTEMENT D'ANATOMIE, ÉCOLE NATIONALE DE MÉDECINE



CONGRÈS DE MÉDECINE, AVRIL, 1929
CONGRÈS D'HYGIÈNE, DÉCEMBRE, 1929



45



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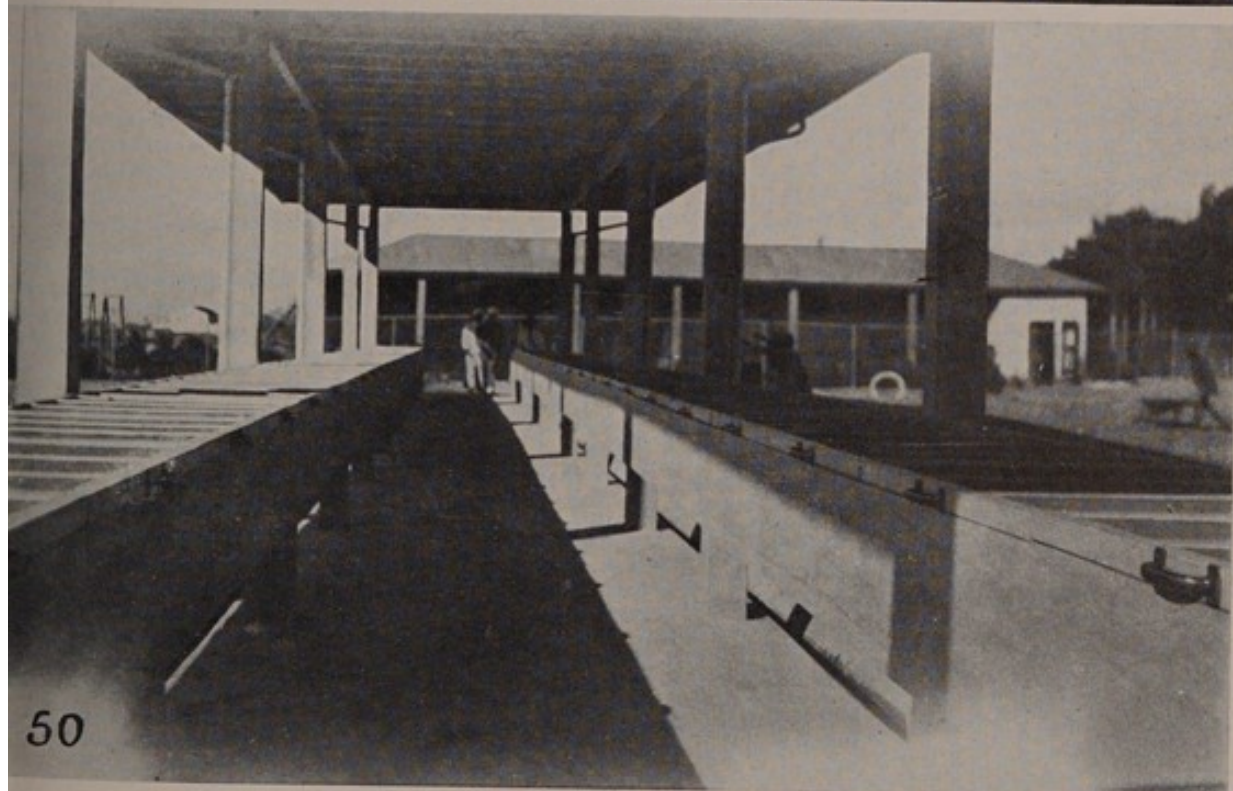
ASILE COMMUNAL, PORT-AU-PRINCE
UNIQUE DE L'OEUVRE DE PROTECTION DE L'ENFANCE AU CENTRE DE SANTÉ—
PORT-AU-PRINCE



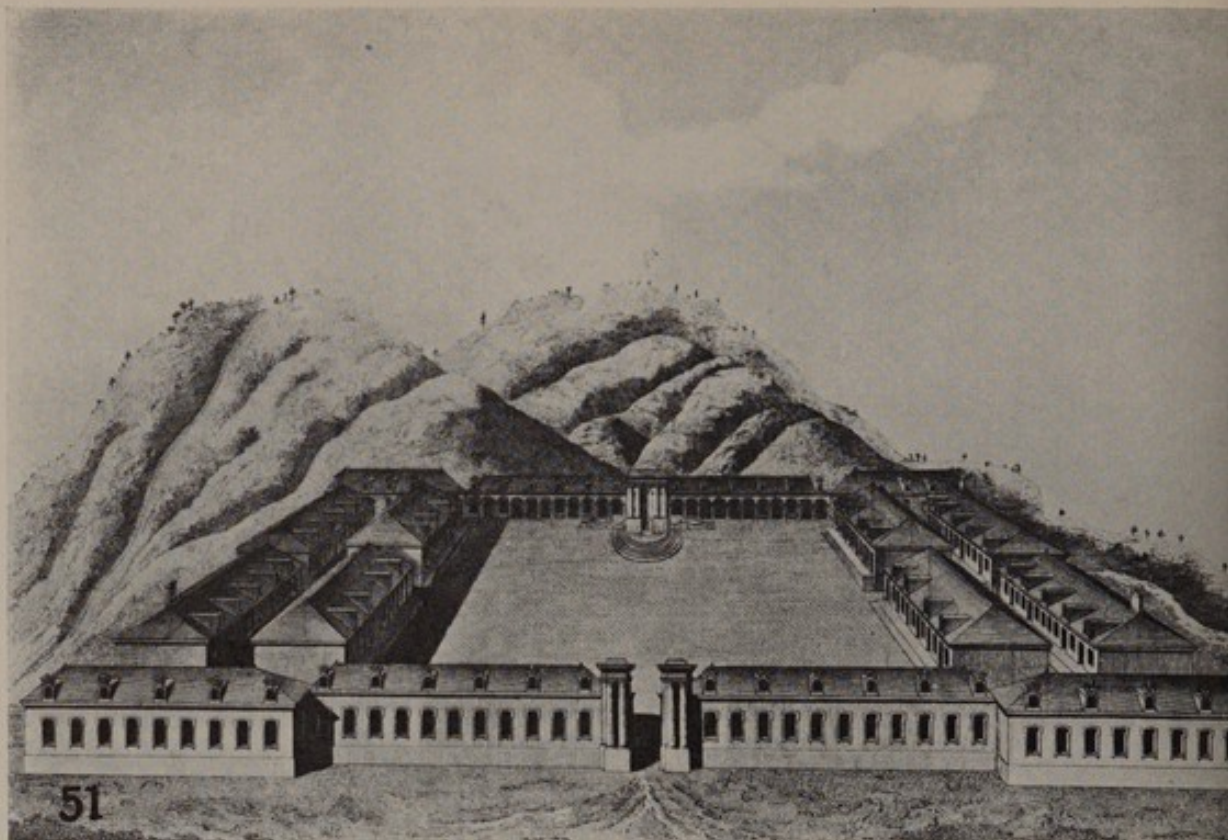
RIVIÈRE GRANDE ANSE—JÉRÉMIE

Les herbes et halliers consitituent un endroit favorable pour la reproduction d
A. Albimanus.

TROIS CHOSES DANS UN SEUL TROU: LA BLANCHISSERIE DU VILLAGE, L'EAU D'AI
MENTATION DU VILLAGE, ET LE RESERVOIR DE MOUSTIQUES DU VILLAGE, JACMEL



NOUVEAU MARCHÉ AUX POISSONS—VUE EXTÉRIEURE
NOUVEAU MARCHÉ AUX POISSONS—VUE INTÉRIEURE



VUE DES CASERNES DU CA-FRANCAIS—ILE DE ST. DOMINGUE
NOUVEAU CABINET D' AISANCE PUBLIC—PORT-AU-PRINCE

publique. Elles visitent les demeures de tous les cas de Tuberculose Pulmonaire qui ont été rapportés, en observant les conditions sanitaires des maisons et des chambres à coucher, en donnant des conseils aux parents et aux malades concernant le régime convenable que le malade aurait dû recevoir, les bains journaliers, une quantité suffisante d'air frais et de soleil, le genre de vêtement que le malade devrait porter, comment se débarrasser des crachats expectorés, et en les avisant que c'est une maladie qui peut se communiquer aux autres si les mesures sanitaires convenables ne sont pas observées. Si la condition physique des malades est telle qu'ils puissent venir à la clinique du Centre d'Hygiène, ils sont priés de se présenter une fois par semaine; si leur condition est telle qu'ils nécessitent les soins d'un hôpital, on les conseille d'entrer à l'Hôpital Général Haitien. S'ils acceptent d'être soignés par l'hôpital, l'infirmière visiteuse fait les arrangements nécessaires pour les transférer.

"Toutes les parturientes et les femmes ayant accouché qui se sont présentées à la clinique et qui n'y sont pas retournées, sont visitées par une infirmière pour s'assurer si leur absence est due à la maladie ou à la négligence. Si c'est pour cause de maladie et si elles acceptent d'y aller, elles sont transférées à l'Hôpital Général Haitien et si c'est pour cause de négligence on les persuade à se présenter de nouveau à la clinique.

"Actuellement une infirmière diplômée de l'Hôpital Général Haitien est train de se perfectionner comme infirmière d'Hygiène Publique à "Columbia University," N. Y.

"Musée.—Le Musée d'Hygiène qui est ouvert au public durant les heures de bureau occupe deux pièces. Là sont exhibés les différents antitoxines, vaccins, seringues et aiguilles pour leur injection, un modèle de cabinet de toilette, des différentes espèces de mouches et de moustiques, des différents vers intestinaux. Il y a sur les murs des cartes expliquant le mode de transmission des maladies par les mouches et les moustiques, les règles ordinaires à observer dans le choix et la préparation des aliments, l'hygiène et la sanitation.

"Cinéma.—Durant l'année on a exhibé dans différentes sections de la ville de Port-au-Prince, des films sur la sanitation, la vaccination, l'Infirmière Visiteuse, etc., un nombre de personnes étaient présentes et le public semble bien les apprécier.

"La Croix Rouge.—Nous désirons exprimer notre appréciation pour l'aide et l'assistance rendus par la Branche Haitienne de la Croix Rouge Américaine, depuis l'ouverture du Centre d'Hygiène.

Résumé des Statistiques.—

Elèves qui se sont présentés pour être soignés.....	2183
Post-natal, nombre de cas vus.....	191
Pre-natal, nombre de cas vus.....	216
Enfants soignés.....	174
Visites de l'Infirmière Visiteuse.....	201
Injections intraveineuses de Neoarsphenamine.....	522
Injections intramusculaires de Sulpharsphenamine.....	189
Nombre d'élèves présentés pour des soins dentaires.....	914
Nombre de dents extraits (anesthésie locale).....	333
Prophylaxie Dentaire.....	175
Nombre de plombages de dents.....	99
Abcès soignés.....	7

UNION PAN-AMÉRICAIN
OFFICE SANITAIRE PAN-AMÉRICAIN
Washington D. C. E. U. de A.

25 Aout 1929.

DR. KENT C. MELHORN,
Directeur Général du Service National
d'Hygiène Publique,
Port-au-Prince, Haïti.

Mon cher Collègue:

Suivant une résolution du Conseil de Direction du Bureau Sanitaire Pan-Américain et considérant l'importance du sujet pour ce qui a trait à l'hygiène publique et la prévention des maladies, le Bureau Sanitaire Pan-Américain est en train d'étudier les problèmes de nutrition et d'alimentation convenable, et la distribution d'informations positives concernant cette importante question. Afin de pouvoir continuer ces études au plus grand avantage, un échange d'opinion concernant les divers aspects de ce problème et les résultats à atteindre semble s'imposer.

Avec cette idée en vue, je vous saurais infiniment gré si cela ne vous dérangerait pas ou si quelqu'un de votre département d'envoyer à cet office toutes les informations dont vous pourriez disposer ou qui peuvent être obtenues dans le cours de votre travail. Si ces informations pouvaient être présentées de façon à être publiées ou au moins de façon à faciliter la préparation d'un résumé, notre travail serait simplifié de beaucoup.

Les points suivants sont suggérés comme étant d'un intérêt spécial mais tous les autres que vous rencontrerez devraient être aussi inclus:

1. De telles informations qui peuvent être obtenues ou des statistiques concernant les maladies ou des conditions ayant trait à la nutrition ou l'alimentation, celles dues à une faible nutrition: manque de nourriture ou un régime mal distribué.
2. Des études qui ont été faites sur la nutrition dans n'importe laquelle de ses phases.
3. Quelles sont les phases de ce problème vous considerez de la plus grande importance.
4. Quelles méthodes pratiques peuvent être adoptées par cet office afin qu'il puisse publier des informations authentiques concernant l'usage convenable des aliments disponibles et les meilleures méthodes de porter notre peuple à se procurer un régime adéquat et en même temps bien distribué suivant la conception moderne de ce problème et les résultats d'études scientifiques.

Toute assistance ou suggestion que vous pourriez fournir sur ce sujet sera grandement appréciée par moi.

Respectueusement vôtre,
(S) HUGH S. CUMMING,
Directeur du
Bureau Sanitaire Pan-Américain.

DOCTEUR HUGH S. CUMMING,
Directeur du Bureau Sanitaire Pan-Américain,
Washington, D. C.

Port-au-Prince, Haiti.
2 October 1929.

Mon cher Docteur Cumming:

En réponse aux demandes d'informations contenues dans votre lettre du 25 Aout 1929 relatives à l'étude des problèmes de nutrition que le Bureau Sanitaire Pan-Américain a entreprendre, je vous informe que:

1. A cause de plusieurs facteurs, dont le premier est un taux d'illétrés s'élevant approximativement à 80% et le nombre fort restreint de médecins qualifiés, il faudra encore bien des années avant que des statistiques exactes de morbidité puissent être établies en Haiti. Cependant, les données acquises par le Service National d'Hygiène Publique dans 142 cliniques rurales, 11 hopitaux et dans l'inspection médicale des écoliers de Port-au-Prince révèlent un pourcentage de mal-nutrition chez les enfants variant de 10% dans les écoles privées à 64% dans quelques unes des écoles publiques qui sont encombrées. A notre avis, cette condition est presque entièrement due à des régimes mal distribués.
2. A l'exception du remarquable ouvrage de Mann et l'autres (Edma Disease in Haiti J. A. M. A. 75, 1416, November 20 1920. Military Surgeon 55, 297, September 1924. W. W. Wickersham, U. S. Naval Medical Bulletin, page 69, January 1929) fait dans les prisons d'Haiti aucune étude spéciale sur la nutrition dans aucune de ses phases n'a été faite jusqu'à présent. Mais cependant l'observation de ce service après 10 années d'expérience dans une évolution d'hôpitaux et de cliniques rurales qui s'est étendue à travers tout le pays, est que la farine et les produits dérivant de la farine forment la plus grande partie de l'alimentation moyenne des Haitiens et qu'il manque une grande quantité suffisante de protéine, spécialement la viande fraîche et le lait. A ce sujet notre observation concorde intimement à celle de Rodriguez Pastor de Porto-Rico (Porto-Rico Review of Public Health and Tropical Medicine, June 1929). La Pellagre se rencontre souvent ici mais on la voit plutôt seulement dans des cas souffrants de quelque maladie chronique, particulièrement la tuberculose. La viaration saisonnière dans la récolte des fruits semple fournir la vitamine nécessaire dans la plupart des cas.
3. Concernant les méthodes pratiques à être adoptées par votre office afin qu'il puisse publier des informations authentiques, je recommande l'institution d'un comité composé d'un médecin compétent, un diététiste et une infirmière d'hygiène publique; ce comité serait envoyé dans chacun des pays qui supportent activement votre office et ce comité resterait dans chaque pays au moins deux mois pour assister le service d'hygiène publique local en instituant un programme pareil à celui qui est spécifié au paragraphe 8 de l'article inclus qui a été préparé en Mai dernier pour être utilisé en Haiti.

Comme conclusion permettez-moi de vous exprimer les sincères remerciements et appréciation de ce Service pour l'opportunité que vous nous avez donnée de rendre possible la présentation des faits sus-mentionnés.

Très sincèrement vôtre,

K. C. MELHORN,
Commander (M. C.) U. S. N.,
Director General National Public
Health Service of Haiti.

LE PLUS GRAND PROBLEME D'HAÏTI RESIDE DANS LE DOMAINE DE LA
SANTÉ PUBLIQUE

DR. K. C. MELHORN

Directeur Général du Service National d'Hygiène Publique

ET

DR. L. HUDICOURT

Président de la Société de Médecine d'Haïti

S'il est un problème difficile, c'est bien celui de vaincre la profonde ignorance, la superstition et l'apathie qui enveloppent les masses haïtiennes en leur faisant comprendre la vraie signification et la réelle valeur de l'Hygiène. Etant donné qu'il a fallu attendre jusqu'à l'année 1924 avant que se produisit un sérieux effort vers l'établissement de cliniques rurales, il se trouve que les districts ruraux où vit la grande majorité d'un peuple de 2.000.000 d'habitants infestés par le pian, la malaria et les parasites intestinaux et affaiblis par une nourriture insuffisante, il se trouve, dis-je que ces districts ruraux continuent à présenter un sérieux obstacle à l'évolution économique et au bien-être physique de la nation.

Pour changer cet état de choses, il a fallu recourir à deux modes d'action: d'abord une attaque à travers tout le pays contre la maladie elle-même; ensuite l'établissement de fortes lignes de support par le moyen de mesures éducatives. Avec la modernisation des anciens hôpitaux, la construction de nouveaux et le rapide développement des cliniques rurales à travers le pays, la première partie de la campagne a été conduite avec succès. Personne ne peut nier que ces divers éléments aient démontré leur valeur comme première ligne de défense et que le capital engagé ait été bien placé. Jugez un peu durant une seule année, celle qui vient de s'écouler, les 11 hôpitaux ont reçu 10.580 malades et 1.341.596 traitements ont été effectués dans 147 cliniques rurales. En restaurant la santé et en soulageant les souffrances de milliers et de milliers de gens, ces hôpitaux et ces cliniques ont non seulement arrêté la marche de la maladie, mais encore ont joué un grand rôle en montrant au peuple la réelle valeur et le but élevé de l'entreprise. Le peuple se rend compte comme jamais auparavant qu'Haïti renaît et marche vers une nouvelle liberté avec un ferme espoir pour l'avenir.

Mais le progrès remarquable réalisé jusqu'à ce jour ne sera pas permanent, le champ d'action actuel ne pourra être maintenu sans le solide appui d'un mouvement éducatif. C'est par l'éducation en effet, qu'une réelle conscience de l'importance de la santé publique pourra être éveillée à travers le pays. Les citoyens ne doivent pas seulement savoir pourquoi la santé est nécessaire, il faut qu'ils soient éduqués de telle façon qu'ils puissent intelligemment la réclamer eux-mêmes non seulement du Gouvernement National mais encore de leurs communes respectives. Le Gouvernement National ne pourra pas en effet subvenir indéfiniment aux dépenses croissantes des hôpitaux et des cliniques; seule l'éducation bien organisée pourra rendre plus léger ce fardeau.

En Haïti, tout programme d'éducation générale, d'éducation industrielle ou de tout autre genre d'éducation qui n'accorde pas une place prépondérante à la santé est voué à une faillite certaine. Un grand effort se poursuit en vue d'améliorer la situation des écoles; et tenant compte des nécessités présentes, le Service d'Hygiène a institué a

cours de l'année passée, un programme pour la ville de Port-au-Prince exposé dans le rapport annuel de 1928. Pour compléter et développer ce travail de telle sorte que tout le pays puisse en profiter, il faudrait un crédit apparemment impossible à envisager. Quoi qu'il en soit, suivant notre opinion, Haïti ne peut pas faire un placement plus sage; car sans la santé, les entreprises humaines ne peuvent pas durer.

Avec un crédit garanti pour cinq années, et permettant une répartition annuelle de 1.000.000 gourdes en vue d'intensifier l'oeuvre d'éducation de la santé publique, une campagne nationale intense comprenant les points ci-après exposés, pourrait être effectuée en un temps très court. Les résultats acquis durant la courte période pendant laquelle notre programme a été appliqué à Port-au-Prince, sont un sûr garant que le pays n'aura pas à regretter les dépenses faites. Notre opinion est que toute entreprise haïtienne ne pourra prospérer ni durer si elle ne s'appuie sur un mouvement de ce genre.

Comme conclusion à tout ce qui a été précédemment dit, nous recommandons un programme national de la Santé Publique. Ce programme devra comprendre les points suivants et son exécution contrôlée par le Service d'Hygiène.

1. Examen Médical de tous les enfants des Ecoles.
2. Cours spéciaux pour les professeurs dans les Ecoles Nationales et les Ecoles du Service Technique—et collaboration avec les professeurs des Ecoles Paroissiales.
3. Cours spéciaux pour les écoliers et mise à leur disposition de livres de cours convenables.
4. Etablissement de Centres de Santé dans chaque district sanitaire ces centres doivent comprendre des Services de Médecins, Dentistes, Infirmières doivent s'occuper des enfants et des femmes enceintes.
5. Etablissement de Centres ambulants pour les parties éloignées du pays.
6. Etablissement de quelques bourses d'études sur l'Hygiène Publique. Les études doivent être poursuivies dans les pays où la Fondation Rockefeller maintient des représentants.
7. Une oeuvre systématique de publicité dans la Presse et par le moyen de Bulletins publiés par ce Service.
8. Selection de certaines écoles et leur aménagement de façon à devenir des institutions capables de démontrer la valeur des régimes scientifiques composés.

Le mouvement d'éducation de Santé Publique qui fonctionne actuellement dans le district de Port-au-Prince est seulement une petite partie du programme que nous recommandons pour le pays tout entier. Il a été institué, il y a une année et tel qu'il se développe actuellement, il réclame une dépense de 8.000 gourdes par mois.

En dernière analyse, la Santé Publique est la base de l'opinion publique. "Dans le développement d'une nation, la plus grande nécessité est d'étendre l'éducation de telle sorte que l'opinion publique ne se fasse pas seulement entendre mais qu'elle prime ses volontés avec intelligence."

SECTION DE LA SANITATION

DR. S. S. COOK

"Rien dans toute la Médecine n'impressionne si spontanément le grand public, quel qu'ignorant qu'il puisse être s'agissant de détails, que le principe de la prévention. On le comprend facilement et on admire la profession pour le désintéressement qu'elle met dans ses tentatives de contrôler les maladies et pour l'effort qu'elle déploie pour protéger la communauté en général."

"C'est la seule branche de la Médecine que le charlatan fuie. La plus effective façon de démontrer au public les fraudes médicales et de signaler les imposteurs est de présenter de façon simple et directe ce que la profession Médicale a réalisé dans le domaine de la prévention et du contrôle des maladies. Il suffit seulement de se référer à l'histoire médicale pour convaincre les plus honnêtes."—*Extrait de "Illinois Health News" de Septembre 1929.*

Depuis que j'ai été chargé de cette division en Janvier 1929, tous les chefs-lieux de districts ont été visités et le plus possible des villes dépendant de ces districts l'ont été également. Ces visites ont été inestimables en permettant d'obtenir des renseignements de première main sur l'état sanitaire des différentes régions de l'île et leurs besoins respectifs. Il a été agréable vraiment de noter que l'on marche vers le progrès et de noter également l'esprit digne d'envie qui anime tous de s'efforcer de surmonter toutes les difficultés qui pourraient se présenter.

Les problèmes qui se présentent pour cette division sont si nombreux que, s'ils devaient être énumérés tout au long, il faudrait beaucoup de place et ce serait sans utilité. Mes prédécesseurs les ont, de temps à autre, énumérés et discutés. Cependant il y en a quelques-uns qui semblent mériter quelques commentaires.

L'une des causes qui contrarient le contrôle des maladies transmissibles en Haïti est l'absence d'eau d'alimentation saine. Il est à peu près impossible de réduire d'une façon permanente l'incidence de la fièvre typhoïde dans l'état actuel de l'eau d'alimentation des différentes villes et villages. Cet état de choses ne sera point enrayé tant que l'éducation du peuple ne sera pas faite sur la valeur d'une eau pure et sur les dangers d'une eau impure. Presque toutes les villes sont arrosées par des cours d'eau qu'on emploie pour la lessive, le bain, pour les animaux et pour la boisson. Tant que ces cours d'eau seront la seule source d'alimentation, cette coutume continuera nécessairement.

Dans beaucoup de grandes villes des puits ont été forés et des pompes installées. Dans quelques cas il s'en est suivi une amélioration tandis que dans d'autres l'eau est devenue saumâtre. Dans d'autres circonstances les meilleurs efforts du Département des Travaux Publics n'ont pu parvenir à tenir les pompes dans un bon état de fonctionnement.

Toutes les villes ont une alimentation d'eau d'un genre quelconque. Elle est ordinairement fournie par les sources ou les puits. Dans l'un et l'autre cas, les chances de pollution sont trop grandes pour permettre de considérer comme saine l'eau qu'elles fournissent. Il a été formulé des projets en vue de les chlorurer. Mais malheureusement le manque de fonds a empêché la réalisation de ces projets.

L'eau d'alimentation de Port-au-Prince, la seule en Haïti qui soit chlorurée, aurait été suffisante si l'on pouvait éviter le gaspillage. On peut voir des bassins de la capacité de 1.000 gallons, et le plus souvent dans les grandes maisons tandis que les populations pauvres qui habitent sur le littoral doivent boire cette eau après qu'elle ait franchi

milles par des drains ouverts recueillant ainsi des saletés sur tout le parcours. Il ne semble pas équitable d'obliger le pauvre à boire les déchets du riche. De jolis jardins de roses situés sur les collines prennent l'eau qui devrait servir au lavage du cabinet d'aisance du marché.

Les bassins sont inutiles, anti-hygiéniques et ne sont que les vestiges désuets du passé. Ils devraient être abolis.

Les robinets qui coulent, une institution nationale, exigent un contrôle strict par l'usage du compteur pour les rendre impopulaires.

Mouches.—Le balayage quotidien des rues et l'inspection des maisons servent à tenir les mouches dans les limites raisonnables dans la plupart des grandes villes. A part l'enlèvement quotidien des fatras des rues et des détrituts des maisons, un service spécial de camions fonctionne permettant aux maisons ayant une grande quantité de détrituts de les faire enlever moyennant le paiement d'une taxe déterminée.

La pratique d'exiger que tous les propriétaires d'animaux possèdent des écuries hygiéniques est presque généralement adoptée.

Il existe une coutume dangereuse s'agissant des animaux des campagnards qui fréquentent les marchés. Cette coutume doit être enrayée. Les commerçants qui vendent aux campagnards permettent à ceux-ci de laisser leurs animaux pendant toute la journée dans la cour de leurs magasins. Cette coutume facilite la naissance des mouches et ravit à la Commune la taxe que l'on paie quand on se sert du Parc Communal.

Chiens.—La présence d'un nombre considérable de chiens, à moitié affamés, dans la ville constitue une réelle menace pour les habitants. Dans les districts ruraux, on ne peut presque rien réaliser à ce sujet.

La capture des chiens se fait régulièrement dans les chefs-lieux des districts, soit par le Service d'Hygiène soit par la Commune. Les animaux capturés sont gardés pendant 48 heures pour permettre à leurs propriétaires de les réclamer. Si on les réclame, le propriétaire paie une amende et le montant de la taxe pour la licence.

A Port-au-Prince, la vaccination anti-rabique est exigible. La méthode employée ordinairement pour détruire les chiens est le gaz dégagé par le moteur d'une automobile. Cette méthode est simple, indolore et ne coûte rien.

Environ trois mille chiens ont été tués au cours de l'année. Aucun cas de rage humaine n'a été signalé. Toute personne mordue par un chien enragé ou suspect de l'être reçoit aussitôt que possible le traitement Pasteur.

Malaria.—Une cause patente d'improductivité se rencontre dans toute l'étendue de la République. Il y a des localités où l'incidence est plus grande que dans d'autres, mais on peut dire sans crainte qu'elle est un facteur de morbidité partout. Il n'y a que deux exceptions générales à cette assertion; ce sont le Désert des Gonaïves et les montagnes de plus de deux mille pieds de haut. A la clinique ambulante opérant dans les montagnes au sud-est de Port-au-Prince, très peu de cas de malaria ont été observés dans les montagnes ayant plus de mille pieds d'altitude et aucun dans celles ayant plus de deux mille pieds.

Il est facile de dire, et ce disant on reste dans la note juste, que la malaria existe dans toute communauté donnée, mais c'est autre chose que de dire jusqu'à quel point. Les expériences antérieurement faites, il ressort qu'un groupe d'enfants choisis aux Cayes, à St Louis du Sud, à Petit Trou de Nippes, à Dame-Marie, à Léogane, à Jean Bel, à Ouanaminthe, au Borgne et dans d'autres localités peuvent accuser 70 à 90 pour cent aux examens faits sur films minces.

Combien d'entre eux ont des symptômes de malaria, on ne le sait point.

On sait communément que la malaria est sous bon contrôle à Port-au-Prince, Cap-Haïtien, St-Marc, et un peu moins à Jacmel, Jérémie et Gonaïves.

Le personnel de la Garde d'Haïti est plus généralement distribué dans l'île qu'aucun autre groupe qui pourrait nous fournir des données. De plus ils sont exposés au même danger que la population en général, car ils n'habitent pas des casernes pourvues de treillis métalliques ni non plus ne se servent-ils de moustiquaires.

TABLE I

ADMISSIONS POUR CAUSE DE MALARIA, GARDE D'HAÏTI, 1924 à 1929

	Taux annuel par 1.000					
	1924	1925	1926	1927	1928	1929
Janvier.....	242.2	165.6	120.0	163.0	140.4	121.2
Février.....	166.8	171.6	134.4	150.0	109.2	84.0
Mars.....	122.4	80.4	120.0	74.4	128.4	93.6
Avril.....	114.0	78.0	107.6	55.2	109.2	60.0
Mai.....	100.8	90.0	55.2	92.4	56.4	92.4
Juin.....	204.0	170.8	135.6	68.4	94.8	106.8
Juillet.....	363.6	138.0	117.6	108.0	188.4	82.8
Août.....	373.6	268.8	94.8	94.8	207.6	141.6
Septembre.....	235.2	224.4	178.8	195.6	122.4	106.8
Octobre.....	268.8	277.2	247.2	134.4	218.4	
Novembre.....	279.6	229.2	235.2	217.2	85.2	
Décembre.....	229.2	181.2	272.4	129.6	122.4	

Il y a eu un déclin général dans l'incidence de la malaria pour la période allant de 1924 à Septembre 1929.

Ce déclin est sans doute dû à plusieurs facteurs parmi lesquels l'amélioration des conditions sanitaires n'est pas sans importance.

Les efforts faits en vue de contrôler la malaria ont été dans le même sens que ceux faits antérieurement. On s'est particulièrement efforcé d'éliminer les endroits favorables aux moustiques. Les fatras des rues, les immondices et d'autres matières ont été employés dans les centres les plus peuplés pour remblayer les dépressions.

Différents genres de drainage ont été employés dans les divers districts et ont beaucoup aidé à l'élimination d'endroits favorables à l'éclosion des moustiques. En fait nos districts de drainage sont devenus si grands qu'ils nous obligent à prendre en considération des frais d'entretien. Comme on le sait, les halliers rapidement envahissent les canaux et dans un court espace de temps, ils sont obstrués. Dans les endroits où les terrains marécageux ont été convertis en terre cultivable, il semble qu'il n'y a aucune raison qui puisse exonérer le propriétaire du paiement d'une partie des frais d'entretien.

Haïti, à l'encontre des autres pays, autant qu'on le sache, ne possède qu'un seul anophelin vecteur. A première vue il semblerait que cela simplifie la situation. Cependant quand on considère que le moustique *A. Albimanus* se reproduit partout, ce avantage devient moins significatif. Le rôle du propriétaire d'une plantation dans le contrôle de la malaria est merveilleusement exposé dans cet extrait dont j'ignore la source:

L'importance de la Malaria pour le propriétaire d'une plantation

"Les bénéfices d'une industrie dépendent de la qualité de la main d'oeuvre. La culture d'une plantation peut être assimilée à une forme spécialisée d'un établissement industriel. Le coût d'en-

tion d'une plantation est représenté, entre autres choses, par les engrais, les semences, les outils, animaux et la main d'oeuvre. La main d'oeuvre représente approximativement 50% du coût de production. Nous voyons que le propriétaire étudie le procédé, les outils, la diversité des terres, les débouchés, etc. et pourquoi refuse-t-il de s'intéresser à un article qui entre pour 50% dans le coût total de production, c'est-à-dire, la main d'oeuvre.

"Si le propriétaire d'une plantation veut prospérer, il doit agir comme les établissements de manufacture et ne point perdre de vue les bénéfices qu'il pourra réaliser s'il s'efforce de rendre la main d'oeuvre efficace et s'il y consacre son énergie.

"Une augmentation certaine de rendement des récoltes de l'année pourra être réalisée par l'élimination de la malaria et par d'autres travaux consacrés à la main d'oeuvre."

RAPPORTS DES DISTRICTS

PORT-AU-PRINCE

Personnel.—Le personnel de la Division de Sanitation comprenant 550 membres se compose des employés suivants:

- 1 Officier Sanitaire.
- 1 Asst. Officier Sanitaire.
- 2 Médecins Haitiens.
- 1 Chef de Bureau.
- 2 Employés de Bureau.
- 2 Commissionnaires.
- 2 Inspecteurs Sanitaires en chef.
- 34 Inspecteurs Sanitaires.
- 12 Inspecteurs Sanitaires ruraux.
- 10 Chauffeurs.
- 9 Gardiens.
- 1 Mécanicien.
- 1 Charpentier.
- 1 Maçon.
- 48 Chefs d'équipe.
- 424 Journaliers.

Au cours de l'année beaucoup de changements ont été opérés dans le système d'administration, le nombre du personnel a été diminué de 47 membres. Le Service des Travaux Publics, le Service d'Hygiène Publique et le Service d'Inspection des Ecoles ont été confiés à l'Administrateur et ces Départements sont absolument indépendants de l'Office du Service Sanitaire.

Service d'Inspection des Maisons.—Il sera nécessaire d'étudier certains quartiers de la ville et de faire une nouvelle répartition des zones. A part ce fait que la ville prend de l'extension, augmentant ainsi le travail des Inspecteurs, nous croyons que certains districts sont trop grands pour être inspectés dans l'espace de temps affecté à cette section. De plus il sera fait une tentative en vue de mettre en oeuvre un système permettant de mieux contrôler les moustiques. Une inspection faite tous les sept jours est préférable que celle qui se fait tous les huit jours dans les districts où l'on trouve des moustiques. Les moustiques sont abondants aux environs des villes où les habitants vivent d'une façon plus ou moins primitive.

Au cours de l'année fiscale 1928-29, 452.996 propriétés ont été inspectées. Dans les zones rurales, le nombre des inspections a atteint le chiffre de 278.948.

Un total de 22.838 avis pour éliminer certaines causes d'insalubrité et faire certaines améliorations ont été envoyés aux propriétaires à Port-au-Prince, et dans les districts ruraux 16.836 avis du même genre ont été envoyés aux propriétaires. Il a été nécessaire de déférer 501 contrevenants par devant les tribunaux. Sur ce nombre 22 citations ont été annulées par cet Office et 101 par les tribunaux, le travail ayant été exécuté. Cent sept ont été condamnés à l'amende et à exécuter les travaux, et les 271 autres n'ont pas été suivis. En d'autres mots, les tribunaux n'ont exercé aucune poursuite dans 34% des cas.

Ainsi qu'il appert du tableau suivant, l'entretien des latrines et l'enlèvement des détritus constituent toujours de grands problèmes sanitaires.

Genre de travail ordonné	Nbre d'avis
Construction de latrines.....	1301
Réparation de cabinets d'aisance.....	5061
Nettoyage de cabinets d'aisance.....	1581
Construction de canaux.....	321
Réparation de canaux.....	1947
Nettoyage de canaux.....	667
Réparation de robinets et de tuyaux.....	765
Nettoyage de cours.....	3324
Désinfection de cabinets d'aisance.....	1104
Remblayage et nivellement de cours.....	295
Constructions et réparations d'écuries.....	105

Contrôle des moustiques.—La nature du terrain de la ville, une température constamment élevée, de fréquentes et fortes averses, l'absence d'un tout à l'égout, l'absence d'une complète canalisation de déversement et une alimentation d'eau insuffisante, tout cela tend à favoriser la propagation des moustiques. Malgré les bons vents et 10 à 12 heures de soleil chaque jour, l'évaporation n'est pas aussi rapide qu'elle devrait l'être, cependant le contrôle des moustiques s'effectue assez bien ainsi qu'on en jugera par le tableau suivant qui donne le pourcentage des endroits où des larves de moustiques ont été trouvées.

L'élimination des endroits favorables à l'éclosion des moustiques dans les limites de la ville paraît presque impossible. Cependant, un progrès se réalise. Le grand nombre de caniveaux en béton récemment achevés remplacent en permanence les rigoles profondes qui se trouvaient dans plusieurs rues de la ville et où il y avait des larves de moustiques de façon plus ou moins constante.

Un autre procédé est mis en oeuvre, c'est de persuader les propriétaires et autres personnes intéressées dans la construction d'une maison d'avoir une attention spéciale pour les eaux ménagères en les faisant tomber dans un puisard creusé plutôt que de les déverser dans la rue.

Les travaux de remblai et de drainage des marais ont été continués particulièrement dans cette partie du rivage qui s'étend entre le portail Léogane et la Source Salée.

Le prix énormément élevé de l'huile, un expédient temporaire nous oblige à faire des essais, avec un larvicide moins cher, particulièrement dans les ravines et les terres basses qui côtoient le rivage tant au sud qu'au nord de la ville. Bien que l'huilage soit absolument nécessaire, certaines observations tendent à confirmer cette opinion que beaucoup d'huile se gaspille et que beaucoup d'endroits sont huilés sans nécessité. Simultanément

l'usage du vert de Paris, une campagne éducative dans les écoles en mentionnant particulièrement l'emmagasinage de l'eau dans les résidences pourrait apporter un aide quelconque. Etant donné qu'on s'est rendu compte que sur 50% approximativement des personnes qui se plaignent de la présence de moustiques chez elles, il ressort des investigations faites que le foyer des moustiques se trouve dans leurs maisons mêmes, il semblerait que la propagande serait non seulement moins coûteuse que le larvicide mais se remédierait d'une façon définitive à cet état de choses. Au cours de l'année, 39.490 chargements de fatras faits par les camions de 1 tonne et $\frac{1}{2}$ tonne ont été enlevés. Ce matériel a été employé pour des travaux de remblai sur le littoral.

Une quantité de 15.900 gallons d'huile brut, 1,175 gallons de kérosine et 850 gallons de créosote ont été employés pour les travaux de contrôle des moustiques.

Le tableau suivant donne une compilation des avis envoyés à Port-au-Prince au cours de cet exercice.

Mois	Inspectees No. prop.	Prop. ou des larves ont été trouvées	Pourcentage des prop. inspectées ayant des larves	Recipients trou- vés contenant des larves
Octobre.....	40.415	608	1,50	737
Novembre.....	37.239	570	1,53	719
Décembre.....	37.748	432	1,24	523
Janvier.....	37.957	472	1,24	567
Février.....	36.393	378	1,04	440
Mars.....	35.821	384	1,07	479
Avril.....	39.801	494	1,24	595
Mai.....	35.940	400	1,11	481
Juin.....	37.080	681	1,84	787
Juillet.....	41.492	433	1,04	505
Août.....	38.619	391	1,01	468
Septembre.....	37.491	449	1,20	554

On peut rencontrer beaucoup de larves d'anophèles et de culicines dans les districts ruraux tant au nord qu'au sud, particulièrement du côté de Bailey's Beach, Mariani, Cib, Léogane, le long du chemin de fer de La Hasco, dans le voisinage du Pont-Beudet, sur la route de Hinche, aux environs de la Croix des Bouquets et sur la route de St Marc. Les rigoles, les mares, les marais, les rizières et les jardins situés dans ces régions contiennent en abondance ces larves et d'autres variétés de larves. Les travaux de contrôle sont limités au nettoyage et à l'huilage dans le voisinage de des centres peuplés.

Cet Office pendant plusieurs années a eu à éprouver des difficultés pour résoudre le problème perplexe du contrôle des moustiques dans le voisinage de l'"Aviation", du "Radio" et "Motor Transport Co."

Maladies transmissibles.—Au cours de l'année, aucune maladie n'a sévi de façon normale dans ce district. Huit cas de typhoïde ont été déclarés dont 4 de l'Hôpital Général Haitien; 431 cas de malaria ont été déclarés dont 401 par l'Hôpital Général Haitien et autres sources et 30 par l'Hôpital Américain; 7 cas de diphtérie, 11 cas de scarlatine, 4 cas de méningite cérébro-spinale et 2 cas de rougeole ont été également déclarés. Ces chiffres n'ont aucune valeur au point de vue statistique; ils ne représentent qu'un pourcentage partiel parce qu'ils ne sont pas reçus de toutes les sources.

Enlèvement des vidanges.—Cent quatre vingt quatorze cabinets d'aisance privés et 48 publics ont été nettoyés au cours de l'année.

Chiens.—La présence d'un grand nombre de chiens sans maître continue à être une

menace pour la santé publique en même temps qu'un ennui pour cette portion de la ville où ils se réunissent. Un total de 2.632 chiens ont été capturés dont 2.424 ont été détruits, 171 remis à leurs propriétaires et 37 gardés en observation. Quarante-sept rapports informant que des personnes ont été mordues par des chiens ont été reçus. Deux chiens accusèrent un résultat positif pour la rage.

Rats.—Quatre cent soixante rats ont été capturés au cours de l'année et tous les examens de laboratoire effectués ont été négatifs pour le peste des rongeurs.

Quarantaine.—Au cours de l'année 420 navires étrangers ont été inspectés, une augmentation de 8 sur le chiffre de l'année précédente. De plus 349 aéroplanes ont été inspectés. Aucun navire ne s'est vu refusé la permission d'entrer. L'itinéraire des navires qui touchent Port-au-Prince embrasse environ une vingtaine de routes maritimes.

Projets pour 1929-1930.—Port-au-Prince:

1. Réparations. Au marché en fer, à réparer, toit, toile métallique, escalier, construction d'une cafeteria; un compartiment pour les poissons; subdivision de l'extrémité nord du marché; peinturage du toit. Prix estimatif: Gdes. 15.000.00.

2. Réparations. Abattoir. Construction de bassins pour l'usage des animaux. Abris destinés à donner de l'ombre. Reconstruction de l'abattoir des cabrits. Achever la structure en fer du Grand Abattoir, construction d'un nouveau parquet pourvu d'un canal moderne; peinture, etc. Reconstruction du bâtiment qui abrite les pores. Prix estimatif: Gourdes 15.000.00.

3. Construction d'un marché aux poissons. Ce projet est en voie d'exécution, les plans ont été faits par ce service. La construction s'érige au Fort St Clair sur le terrain limitrophe à l'Ecurie du Service d'Hygiène. Quand il sera achevé, le poisson frais ne vendra à Port-au-Prince que dans ce marché. Prix estimatif: Gdes. 25.000.00. Quand il y aura des fonds disponibles, un wharf sera construit.

4. Remblai et drainage du quartier de la saline. Rue Tiremasse au Sud; Avenue Dessalines à l'Est; et la mer à l'Ouest. Ce quartier de la ville a été sectionné par ces rues, mais il n'y a pas de drainage. Dans sa plus grande partie, la terre est tellement plane qu'après une forte averse il y a tant de boue qu'il surgit un problème sérieux. Cette zone constitue un lieu propice à la reproduction des moustiques anophèles, ce qui rend absolument nécessaire que l'on entreprenne des travaux tout de suite.

5. Extension du dock des vidanges et des latrines du littoral. Ils doivent être portés à une distance de cinquante pieds dans la mer. Ce travail est urgent.

6. Construction de marchés aux viandes. Actuellement il y a 22 vieilles échoppes distribuées dans la ville et employées comme marché. Aucune n'est ni hygiénique, ni moderne. Cependant leur existence est justifiée par leur proximité des quartiers populeux qui sont éloignés du marché Vallières. Trois propositions pour financer ces constructions sont considérées. (a) Payer le prix des constructions par un crédit extraordinaire accordé par le Gouvernement; (b) La Commune fera les constructions et touchera la location; (c) Obliger le marchand à ériger une construction moderne et à prohiber la vente.

7. Contrôle des hôtels, restaurants, Cafés, boulangeries, etc. les vendeurs de légumes, d'aliments, de boissons, de sucreries, dans les magasins ou dans les rues. On a essayé avec plus ou moins de succès de contrôler ces établissements et ces vendeurs et de leur délivrer une licence au point de vue hygiénique. Il est projeté d'organiser un département des marchés publics dans ce Service et au moins arriver à exercer un contrôle

hôtels, restaurants, boulangeries et vendeurs de lait au cours de la prochaine année fiscale.

8. Amélioration des Sources puantes (Sources sulfureuses) Captation de la principale source, reconstruction du canal principal; construction de cabinets de bain privés; engagement d'un gardien pour entretenir la propriété.

9. Si les fonds le permettent, les réparations des canaux qui assurent le drainage des terres et des marais de Bon-Repos, situés sur la route de l'Arcahaie entre Croix-des-Pressions et Bon Repos seront entreprises.

10. Réparations de l'Asile Communal. Construction d'une salle d'isolement pour femmes. Carrelage du parquet de la chapelle; augmentation de l'eau d'alimentation; autres réparations aux constructions.

Recommendations.—1. Envoyer aux Etats-Unis en Août 1930 l'Inspecteur Sanitaire en chef, superintendant de la voirie, pour visiter et étudier les Départements de nettoyage des Rues des villes de New-York et de Boston. Le titulaire actuel a été au poste de superintendant de la voirie depuis 1916 et il paraît convenable qu'il lui soit donné une occasion d'observer les méthodes d'enlèvement de détritits, les procédés hygiéniques et l'organisation des Départements de nettoyage des Rues tels que ces services fonctionnent dans les grandes villes. L'acquit qu'il aurait réalisé d'un tel voyage serait profitable à ce Service.

2. Beaucoup de nouvelles rues ont été ouvertes et des maisons ont été construites au cours de l'année, ce qui a ajouté considérablement au travail du service d'enlèvement des détritits. Un total de 20 camions devraient être affectés à ce service pour lui permettre de desservir la ville entière.

3. Nommer un représentant de ce Service comme membre de la Commission sur les constructions et la division en zones des quartiers. Obliger les propriétaires, les entrepreneurs et autres intéressés dans les travaux de construction ou de réparation des maisons, etc. à observer les prescriptions du Code Sanitaire en ce qui concerne l'enlèvement des détritits, la lumière, l'aération, etc.

4. Une alimentation d'eau libre et illimitée amenée dans toute la ville à l'aide de puits afin que tous les puits qui fournissent l'eau potable puissent être comblés.

5. Prohiber la construction d'un bassin de la capacité de plus de 8 pieds cubes dans une propriété située dans les limites de la ville.

6. Prohiber les constructions de chaumières dans cette section de la ville appelée Saline particulièrement entre le chemin de fer et la mer. Prohiber la construction de chaumières dans n'importe quel ravin situé dans les limites de la ville. Cela pour la salubrité publique.

Finance.—

Allocations budgétaires (Art. 311)

1er Octobre, 1928, Balance.....	0.000.00
Reçu pendant l'année.....	410.540.00
Dépenses.....	410.540.00
Sept. 30, 1929, Balance.....	000.000.00

Allocations Communales, Port-au-Prince

1er Octobre, Balance.....	0.000.00
Reçu pendant l'année.....	21.328.77
Dépenses.....	17.851.96
Sept. 30, 1929, Balance.....	3.476.81

Allocations Communales, Léogane

1er Octobre 1928, Balance.....	0.000.00
Reçu pendant l'année.....	2.656.54
Dépenses.....	2.656.54

Sept. 30, 1929, Balance.....	0.000.00
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Allocations Communales, Arcahaie

1er Octobre 1928, Balance.....	0.000.00
Reçu pendant l'année.....	3.666.44
Dépenses.....	3.666.44

Sept. 30, 1929, Balance.....	0.000.00
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Allocations Communales, Thomazeau

1er Octobre 1928, Balance.....	0.000.00
Reçu pendant l'année.....	740.28
Dépenses.....	740.28

Sept. 30, 1929, Balance.....	0.000.00
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Crédit Extraordinaire, Art. 1228

1er Octobre 1928, Balance.....	0.000.00
Reçu pendant l'année.....	17.000.00
Dépenses.....	17.000.00

30 Sept., 1929, Balance.....	00.000.00
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Crédit Extraordinaire, Art. 1278

1er Octobre 1928, Balance.....	0.000.00
Reçu pendant l'année.....	4.000.00
Dépenses.....	2.350.34

Sept. 30, 1929, Balance.....	1.649.66
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Fonds du Service Spécial

1er Octobre 1928, Balance.....	0.000.00
Reçu pendant l'année.....	8.470.45
Dépenses.....	8.470.45

Sept. 30, 1929, Balance.....	0.000.00
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CAP HAÏTIEN

Personnel.—

- 1 Asst. Officier Sanitaire chargé de la Sanitation, des cliniques rurales, de la clinique d'ophtalmie à l'Hôpital Justinien.
- 1 Chef de Bureau.
- 1 Inspecteur Sanitaire en chef.
- 3 Inspecteurs Sanitaires.
- 1 Inspecteur de marché.
- 1 Inspecteur de lait.
- 1 Inspecteur de viande.
- 1 Mécanicien en chef.
- 1 Aide mécanicien.

- 3 Chauffeurs.
- 1 Mécanicien de la chaloupe.
- 2 Charpentiers.
- 2 Maçons.
- 1 Peintre.
- 15 Chefs d'équipe.
- 101 Journaliers.
- 1 Gardien.

L'organisation pour les travaux de routine fonctionne comme suit:

Inspecteurs Sanitaires en chef.—L'inspecteur sanitaire en chef exerce un contrôle sur les inspecteurs sanitaires, les chefs d'équipe et les Journaliers. Il est à son tour sous direction de l'Officier Sanitaire.

Il contrôle le travail des Inspecteurs Sanitaires et consacre un jour chaque semaine à contrôler le travail des six inspecteurs sanitaires dans la ville.

Il accorde son attention personnelle au travail de tous les chefs d'équipe et des journaliers dans toute la ville.

Il se tient au courant de l'état sanitaire de tout le district en faisant souvent des inspections en compagnie de l'Officier Sanitaire quand celui-ci fait ses tournées inspections.

Inspecteurs Sanitaires.—La ville du Cap-Haitien est divisée en trois districts. Chaque district est divisé en 12 sous districts.

L'inspection des maisons est faite par 3 inspecteurs.

L'inspecteur du marché, l'inspecteur de viande et l'inspecteur du lait font des inspections tous les jours.

Chefs d'équipe.—Il y a quinze chefs d'équipe, chacun d'eux est chargé de 5 journaux. Douze équipes sont employées dans la ville comme suit:

Les lundi, mercredi, vendredi et samedi matin, elles nettoient la ville. Les mardi et jeudi après-midi, elles nettoient les canaux, font le sarclage et nettoient les ravines. A l'occasion toutes les équipes travaillent ensemble sous la direction de l'Inspecteur Sanitaire en chef en vue d'un travail spécial. Une équipe est employée au dépotoir et 2 autres les travaux de drainage des marais du Haut du Cap.

Transports.—Il y a trois camions desservis chacun par un chauffeur et trois journaux et 3 tombereaux à mule desservis chacun par deux hommes. Les camions et les tombereaux travaillent tous les jours, excepté les dimanches, à l'enlèvement des détritiques dans les poubelles. Les tombereaux vident les poubelles placées dans les parties reculées de la ville, et tout le curage des 12 cabinets d'aisance de la ville est fait par eux.

Une chaloupe, desservie par un mécanicien et 2 assistants est utilisée pour la quarantaine. Elle a été reçue en Juillet 1929.

Divers.—Trois hommes sont employés au marché et ils remplissent le rôle de capteurs de rats. Un homme fait le service tous les jours au bord de mer, un autre au parc Laning et trois autres s'occupent constamment de l'enlèvement des fatras dans les rues. Il y a au garage un journalier et un gardien.

Contrôle des moustiques au Cap-Haitien.—Chaque inspecteur est chargé du contrôle des moustiques dans son district et il a à sa disposition un journalier muni d'une pompe à vapeur. Il est également chargé du contrôle des moustiques dans les régions contigües à son district mais en dehors de la ville même.

L'Officier Sanitaire et les Inspecteurs en Chef dirigent le contrôle des moustiques dans tout le district.

Equipe de réparations.—Deux charpentiers, 2 maçons et un peintre avec des aides constituent l'équipe des réparations. Ils construisent et peignent les poubelles, réparent les latrines, construisent et réparent les canaux de la ville, etc.

Office.—En Juin 1929, l'Officier Sanitaire a été transféré de son local du bas de la ville à l'Hôpital, et le personnel sanitaire a été combiné avec celui de l'Hôpital. Cette organisation a fonctionné de façon très satisfaisante.

Contrôle des moustiques dans le district du Haut du Cap et de Petite Anse.—Les marécages de la région du Haut du Cap et les marais salants de la Petite Anse continuent à être une menace constante pour le Cap, bien que l'année dernière il n'y ait eu aucune invasion de moustiques venant de ces régions. Dans les régions du Haut du Cap, les travaux de sarclage, de drainage et l'installation de canaux en ciment, le remblai avec des terres de la ville, tout cela a été continué. Au cours de l'année, on a creusé 4.260 pieds de canaux à ciel ouvert, posé 1.360 pieds de tuyaux en ciment, et 5.156 chargements de terres par les camions et 6.523 chargements par tombereaux ont été employés pour le remblai. Tout ce travail a été fait en dehors des limites de la ville sur la rive ouest de la rivière. Sur la rive est une région de plus petite étendue a été sarclée, et on y a construit un grand canal de drainage principal. Le drainage de la rive Est près de la ville est poursuivi par les soins de la Compagnie Haïtienne d'Ananas qui est en train de construire une Usine dans cet endroit. Cela nous aidera considérablement au point de vue sanitaire.

Très peu a été fait dans le district de Petite Anse. On veille à l'entretien des canaux qui assurent le drainage des marais quand la marée est basse.

Il y a trois dépressions dont la plus profonde partie est audessous du niveau de la mer. Elles contiennent de l'eau durant toute l'année presque. Elles sont drainées continuellement.

Au cours de l'année, il y eut peu de cas de malaria ayant contracté l'infection au Cap-Haïtien.

Il est considéré que le présent type de drainage de la rive ouest de la région du Haut du Cap a été exécuté avec autant d'ampleur qu'il a été économique de la faire. Il faut beaucoup de temps et de travail pour entretenir le drainage actuel. Pareillement, le travail a été poussé à la même limite tant sur la rive ouest que sur la rive Est.

Il serait désirable de consolider les acquisitions faites sur la rive droite en plaçant des drains permanents faits avec des tuyaux en ciment et de continuer le travail sur la rive Est.

On espère pouvoir obtenir une machine à fabriquer des tuyaux et une allocation suffisante pour exécuter ce travail.

Marché.—Le marché Cluny comprend 4 blocs et est dans un état déplorable. Il faudra que la Commune et le Service d'Hygiène fassent tous leurs efforts sur une période de 3 à 4 ans et cela avec le concours du Gouvernement avant de mettre ce marché dans un état satisfaisant. L'Officier Sanitaire a déjà entretenu les officiels de la Commune et du Gouvernement de cette question et on a l'espoir que ce travail sera exécuté.

Cabinets d'aisance.—On a effectué beaucoup de travaux cette année pour l'entretien des cabinets d'aisance. Dix cabinets d'aisance situés sur le rivage sont en bon état. Deux grands cabinets d'aisance (type septic tank) abandonnés depuis quelque temps ont été réparés.

Douze cabinets d'aisance publics distribués par la ville sont dans un état déplorable. Il est projeté de les démolir et de les remplacer par des cabinets d'aisance du type modèle, notre allocation qui a été diminuée le permet.

Rue et caniveaux.—Le Département des Travaux Publics a continué les réparations des rues et la construction de caniveaux. Le résultat final d'un tel travail est qu'il se produit une grande amélioration, mais le résultat immédiat dans beaucoup de cas est que, par l'amélioration des caniveaux, il se trouve que beaucoup de canaux latéraux et beaucoup de drains desservant les maisons se trouvent obstrués par suite du changement de niveau des rues.

Quarantaine.—Au cours de l'année, 110 navires ont été inspectés. Aucune maladie quarantenaire ne fut découverte. En Juillet 1929, une chaloupe a été reçue pour le service de Quarantaine, elle facilite beaucoup ce travail.

Eau d'alimentation.—L'eau qui alimente le Cap est toujours insuffisante. Cela rend difficile l'institution de mesures sanitaires dans plusieurs branches.

Le marché Cluny possède une prise d'eau séparée pour les besoins du cabinet d'aisance à lavage automatique, mais il ne fonctionne pas depuis plus d'un an par suite de l'absence d'une pompe. Cependant le Service a fait l'acquisition d'une nouvelle pompe qui sera installée.

Chiens.—La capture des chiens a été faite pendant une partie de l'année. Cependant 151 ont été capturés dont 27 se sont évadés, 30 remis et 94 tués.

Aucun cas de rage humaine n'a été traité au cours de l'année.

Rats.—La capture de rats dans la ville se fait constamment. Au cours de l'année 91 rats ont été capturés.

Service d'Inspection.—Au cours de l'année 36.666 propriétés ont été inspectées au Cap-Haitien; 4.105 avis pour infractions aux Règlements Sanitaires ont été envoyés aux contribuables; 34 contrevenants ont été déferés par devant les tribunaux. Sur les 34 déferés par devant les Tribunaux, trois citations ont été annulées par le Service d'Hygiène sur l'exécution des travaux, 2 ont été renvoyés par le tribunal et 29 condamnés à l'amende et à exécuter les travaux.

Abattoir et inspection de la viande.—Tous les animaux sont inspectés et seulement ceux qui sont en bonne santé sont abattus. Tous les organes internes sont examinés et ceux qui sont infestés par des parasites ou malades sont détruits. Ce Service d'Inspection s'arrête là et nous ne pouvons faire plus avant que nous ayons des inspecteurs de viande scientifiquement entraînés.

Au cours de l'année, les animaux suivants ont été inspectés et abattus: boeufs, 666; porcs, 462; moutons, 104; cabris, 63.

L'abattoir n'a pas été tenu au niveau standard. On a réalisé beaucoup d'améliorations, mais il reste encore beaucoup à faire.

Epidémies.—Il n'y a pas eu une épidémie active au cours de l'année bien qu'il y ait des cas sporadiques de méningite cérébro-spinale avec des épidémies localisées dans les régions, l'Acul du Nord et la Plaine du Nord. Décembre 1928 et Janvier 1929, 12 décès. Entre Grande Rivière et Ste Suzanne Mars 1929, 4 décès. En Avril et Mai 1929 un cas isolé au Cap-Haitien et dans le district.

Sanitation rurale.—Des Inspecteurs Sanitaires préparés au Cap-Haitien sont employés à Ouanaminthe, Plaisance, Grande Rivière, Le Trou, Le Borgne, Limbé, Pilate, Plaine du Nord, Acul du Nord, Ste Suzanne, Fort Liberté et Vallières.

L'Inspecteur Sanitaire de la Grande Rivière du Nord fait des inspections hebdomadaires à Milot et des inspections bimensuelles à Bahun. L'Inspecteur du Trou s'occupe également de Terrier Rouge. L'inspecteur de Vallières fait des inspections Perches, à l'Acul samedi et à Mombin Crochu.

Le Service d'Hygiène emploie 10 Journaliers au Limbé, 1 à Milot et 2 au Trou, part ceux fournis par la Commune.

Les journaliers fournis par les différentes Communes varient en nombre chaque semaine et même chaque jour et ne sont jamais en nombre suffisant pour l'exécution du travail. Au cours de l'année les Communes nous ont continué leur concours en fournissant des journaliers, en construisant des cabinets d'aisance ou en fournissant des matériaux pour la construction de cabinets d'aisance et d'abattoirs, c'est ainsi que durant cette année il a été construit des abattoirs standard à Grande Rivière et à Ouanaminthe et des cabinets d'aisance à Grande Rivière.

Cette politique sera continuée autant que les fonds le permettront.

Alimentation d'eau de Port-Margot.—Il n'y a qu'une seule source d'eau permanente au Port-Margot, une source. Au cours de l'année un réservoir a été construit. On a demandé des tuyaux pour amener l'eau en ville, mais ils n'ont pas encore été reçus. Ordinairement cette source fournit de l'eau en quantité suffisante pour tous les usages, mais pendant les saisons de forte sécheresse la quantité fournie suffit pour la consommation seulement.

Limbé.—Les travaux de drainage commencés l'année dernière grâce à un crédit extraordinaire, au Limbé, Quartier Morin et Limonade ont été continués au début de cette année fiscale. Ce travail n'est que palliatif. Un bon drainage et une protection contre les inondations dans ces endroits particulièrement au Limbé constituent un grand problème de génie. Il reste encore une petite balance sur ce crédit.

Fort-Liberté.—Le canal de drainage de Fort-Liberté continue à être en bon état. Conséquemment le taux de la malaria dans cette ville se trouve très peu élevé.

Service d'Inspection.—Dans les sections rurales 15.300 propriétés ont été inspectées. 4.161 avis ont été envoyés aux propriétaires et 458 contrevenants ont été déférés devant les tribunaux.

Vaccination.—La vaccination antivariolique, pour cette année, a été achevée dans les écoles rurales en Mai 1929.

Projets futurs.—Les importants projets futurs comprennent:

- (a) Réparations au Marché Cluny.
- (b) Drainage permanent des marais du Haut du Cap.
- (c) Remplacement de latrines.
- (d) Introduction d'un système hygiénique de transport des vidanges par l'acquisition de tombereaux en métal et construction d'un dock en ciment.

Rapports financiers.—Les recettes et dépenses de l'année fiscale sont comme suit

RECETTES	
Allocation budgétaire pour l'année.....	Gdes. 138.000,00
Subvention communale:	
5% des revenus pour l'année.....	Gdes. 5.690,35
Fonds du marché.....	Gdes. 3.577,15
Recettes budgétaires.....	Gdes. 25,00
Total des recettes.....	Gdes. 147.292,50

DÉPENSES

Dépenses durant l'année.....	Gdes. 147.292,50
Balance.....30 Septembre 1929.....	Gdes. 0.00

ARTICLE 311

CRÉDIT EXTRAORDINAIRE, ART. 1221

Balance en Octobre.....	Gdes. 7.102,50
Dépenses durant l'année.....	Gdes. 2.902,40
Balance, 30 Septembre 1929.....	Gdes. 4.200,10

CAYES

Général.—Au cours de l'année beaucoup a été réalisé dans le contrôle des moustiques is il reste beaucoup à faire avant qu'on puisse dire que la malaria est sous contrôle. pourcentage de plaques positives pour la malaria cette année a été de 32% comparé à % pour l'année précédente.

Personnel.—Le personnel de la division sanitaire se compose des employés suivants cés sous la direction de l'Officier Sanitaire:

- 1 Assistant Officier Sanitaire.
- 1 Médecin haïtien.
- 1 Inspecteur sanitaire en chef.
- 7 Inspecteurs.
- 11 Chefs d'équipe.
- 1 Mécanicien.
- 1 Charpentier.
- 1 Contrôleur.
- 1 Peintre.
- 3 Chauffeurs.
- 1 Assistant.
- 69 Journaliers.

Aquin:

- 1 Inspecteur.
- 10 Journaliers.
- 1 Conducteur de tombereau.

Cavaillon:

- 1 Inspecteur.
- 9 Journaliers.
- 1 Conducteur de tombereau.

Saint Louis:

- 1 Inspecteur.
- 9 Journaliers.
- 1 Conducteur de tombereau.

Journaliers.—Cette question continue à présenter un problème plutôt difficile. endant comparée à l'année dernière elle s'est un peu améliorée. La santé des naliens en général est meilleure que les années précédentes.

Inspections.—Aux fins de sanitation la ville des Cayes a été divisée en 4 districts ipaux: chacun d'eux est divisé en six zones.

Chaque district est confié à un inspecteur qui inspecte une zone chaque jour et de la soirée fait un rapport au contrôleur qui, le lendemain contrôle ces rapports. Cette méthode assure l'inspection de chaque maison et de toutes les propriétés vacantes situées dans les limites de la ville au moins tous les sept jours.

Au cours de l'année 1943 434 propriétés ont été inspectées dont 155 l'ont été à demande. Ces inspections ont permis de constater 4.298 violations aux règlements sanitaires qui ont déterminé l'envoi des avis suivants:

Forme 5 ou 6.....	4.098
Forme 7.....	200

Ce qui suit est l'état des formes 7 à la fin de l'année:

Cas non suivis.....	79 ou 39%
Cas acquittés.....	3
Cas condamnés à l'amende.....	<u>118</u>
Total.....	200

Contrôle des Moustiques.—Pour le contrôle des moustiques la ville a été divisée en six zones dont l'une est chaque jour couverte en partie par l'inspecteur chargé de l'hygiène et son équipe. (Il faut deux inspecteurs avec des équipes pour ce travail.) L'inspecteur sanitaire en chef et le contrôleur font le contrôle tous les jours. Tous les inspecteurs ont été entraînés en vue de déceler et identifier les larves de moustiques, ils travaillent conjointement avec l'inspecteur chargé de l'hygiène. Un journalier spécialement préparé est employé à Vieux-Bourg pour semer le vert de Paris et nettoyer la ravine située au sud de la ville.

Sanitation dans les villes autres que les Cayes.—Dans les villes de Cavaillon, Aquin et St Louis, un inspecteur et un chef d'équipe sont employés. A part qu'ils font le nettoyage ils s'occupent aussi de l'inspection des maisons. Les inspections sanitaires des autres villes du district sont faites par la personne ayant charge de la clinique dans ces villes. Un infirmier est en permanence à Port à Piment et remplit les fonctions d'inspecteur sanitaire dans cette localité.

Chiens.—Au cours de l'année 180 chiens furent capturés, 49 ont reçu des licences, 131 tués. Cinq personnes ont été mordues par des chiens. Aucun cas de rage chez les animaux n'a été observé.

Eau d'alimentation.—L'eau d'alimentation de la ville est suffisante, cependant jusqu'à ce jour aucun moyen n'a été mis en oeuvre pour la purifier.

Marchés aux viandes.—Un camion fermé a été mis en service aux Cayes par la Commune pour le transport de la viande, de l'abattoir au marché. Des tables en bois additionnelles ont été placées au marché. Le marché aux viandes d'Aquin a été mis à l'épreuve des mouches.

Cabinets d'aisance publics.—1. A Aquin un cabinet d'aisance à nettoyage automatique a été construit par le Service d'Hygiène.

2. A St Louis deux nouveaux cabinets d'aisance ont été construits par le Service d'Hygiène: l'un est à fosse, l'autre à lavage automatique.

Cabinets d'aisance privés.—

Réparés.....	570
Mis à l'épreuve des mouches.....	<u>360</u>
Total.....	930

Epidémies.—Une épidémie de malaria se produisit dans la région de Vieux-Bourg pendant les mois de Février et de Mars.

Prostitution.—Elle existe aux Cayes mais elle n'est pas réglementée. On estime qu'il y a entre quarante et cinquante prostituées haïtiennes.

Détritus.—Les détritrus sont mis dans des drums d'huile convertis en poubelles et placés dans diverses parties de la ville. Ceci n'a pas été satisfaisant en cela que la population ne s'inquiète pas de mettre les détritrus dans les poubelles mais les éparpillent ça et là. Les poubelles et leur voisinage immédiat donnent naissance aux mouches en nombre considérable. On a commencé à changer ce système et le changement sera en plein fonctionnement vers le 1er Novembre.

Vaccination.—Au cours de l'année 853 écoliers ont été examinés. Quatre cent trente huit ont été vaccinés contre la petite vérole et 622 contre la typhoïde.

Navires étrangers.—Quarante-six navires étrangers ont été inspectés et admis à la libre pratique. Aucune maladie contagieuse ou infectieuse n'a été découverte.

Projets de contrôle des moustiques.—Les projets permanents suivants ont été entrepris au cours de l'année ou ont été continués après avoir été entamés l'année dernière.

(a) Quartier de la Savanne. Ce projet entamé l'année dernière est actuellement en voie d'achèvement. Au cours de l'année 28.995 barils de sable de mer (5.272 mètres cubes) et 5.123 mètres cubes de fatras et graviers ont été employés pour le remblai. Cette quantité de matériaux fut enlevée de 16.200 mètres carrés de rues et 6.400 mètres carrés de propriétés vides.

(b) Rivière Renaud. Ce projet a été également entamé l'année dernière. C'est sur le lit de cette rivière qu'une partie de l'Hôpital se trouve construite. Mille vingt trois mètres cubes de graviers et de sable ont été employés.

(c) Vieille Comédie. Treize cent cinquante deux mètres cubes de graviers, de sable et de fatras ont été employés pour le remblai nécessité par ce projet. Environ 1.000 mètres cubes additionnels seront nécessaires pour l'achever.

(d) Propriétés privées. Trois cent neuf mètres cubes de graviers et de fatras ont été employés pour le remblai des propriétés privées.

(e) Remblais divers. Mille huit cent treize mètres cubes ont été employés pour le remblai de petites dépressions et crevasses dans les limites de la ville.

(f) Habitation O'Shiell. Ce projet a été le plus vaste projet entrepris et englobait une superficie d'environ 1.250 acres; le point le plus éloigné étant distant de 1.700 mètres seulement du marché. Ce projet embrassait le drainage particulièrement; 25.760 mètres de canaux principaux ont été creusés au prix de Gdes. 9.631.20 et 7.114 mètres de canaux latéraux au prix de Gdes. 1.565.08. Les 1.250 acres ont été drainés à un prix approximatif de Gdes. 8.90 par acre. Sur la superficie totale environ 500 acres étaient des marécages qui ont été transformés en terres propres à la culture.

(g) Marais de Gabion. Cette région comprend 40 acres environ et se trouve dans le nouveau quartier de la ville. A la fin de l'année fiscale, la moitié du travail environ était achevée, on avait creusé 1.211 mètres de canaux principaux et 296 mètres de canaux latéraux au prix de Gdes. 513.19.

(h) St. Louis (Petite Rivière). Cette région se trouve au nord de la ville de St. Louis du Sud et comprend environ 25 acres. C'est une région difficile à drainer complètement sans faire de grandes dépenses. Environ 3.000 mètres de canaux principaux et 400 mètres de canaux latéraux ont été construits. Ce travail remédie à la situation au pendant la saison des pluies.

(i) Remblais à Cavaillon, Aquin et St Louis du Sud. Deux mille six cent trente huit tombereaux de fatras ont été employés pour remblayer les crevasses et dépressions de ces villes. Chaque chargement contient environ un demi-mètre cube.

(j) Vieux-Bourg. La Ravine qui se trouve au sud de la ville a été nettoyée. On répand du vert de Paris de temps à autre.

Fonds.—Au cours de l'année les valeurs suivantes ont été reçues.

(a) Subvention Communale.

1. Cayes.....	2.646,73
2. Cavaillon.....	2.000,00
3. St. Louis.....	1.775,00
4. Aquin.....	1.869,37
Total.....	8.291,10

(b) Autres recettes:

Cayes.....	1.864,25
Total General.....	10.155,35

Nouvelle construction.—Des nouvelles stalles d'écurie ont été construites au Pa Communal. Des stations d'huile ont été construites.

Projets futurs.—Construction d'une fourrière. Continuation des travaux de remblai et de drainage aux Cayes et aux environs. Développement du système de contrôle des moustiques.

GONAIVES

Personnel.—

1 Assistant Officier Sanitaire.
1 Employé.
3 Inspecteurs.
7 Chefs d'équipe.
69 Journaliers.
2 Chauffeurs.
1 Commissionnaire.
3 Maçons.
1 Charpentier.

Nettoyage, remblai et inspection.—Les rues principales sont nettoyées et balayées trois fois par jour, celles de moindre importance le sont une fois seulement et les rues des faubourgs 2 fois par semaine.

Cinq équipes sont affectées à ce travail. Une équipe est chargée des canaux et des rigoles de la ville et une autre s'occupe du nettoyage des canaux de drainage des marais.

Au cours de l'année, 4 dépotoirs ont été utilisés. Environ 5 acres du marais Osl ont été remblayés. L'étendue qui se trouve près de la mer limitrophe à la douane a été remblayée de nouveau. Une section près de la maison de Reimbold aux Dattes a été remblayée. Une autre située près du champ d'aviation a été remblayée aussi.

L'inspection des maisons se fait chaque semaine. On ordonne à ceux qui controuviennent aux Règlements Sanitaires de faire le nécessaire, en cas de refus ils sont déférés par devant les tribunaux de Paix. Au cours de l'année, la coopération de la Justice de Paix a laissé beaucoup à désirer.

Deux mille trois cent quatre-vingt douze tuyaux de six pouces en ciment et 2.100 de trois pouces ont été fabriqués au cours de l'année.

Travaux dans les marais.—L'inspection des marais et des canaux est faite mensuellement par l'Officier Sanitaire ou l'Assistant Officier Sanitaire et deux fois par mois par inspecteur en chef. Les travaux suivants ont été exécutés.

- (a) Région No. 2 canaux nettoyés mensuellement.
 - (b) Région No. 3 nettoyée tous les mois, 200 pieds de canaux additionnels construits.
 - (c) Région No. 4. Marécage Mc Guffie; canaux nettoyés tous les mois. Un canal de 2' x 4' ayant 476 pieds de long a été creusé pour remplacer un vieux canal tortueux qui desservait cette région, 76 pieds ont été munis de pieux, 3.444 pieds de canaux subsidiaires ont été achevés; ces canaux ayant été munis de pieux ou de tuyaux en ciment, on a employé 1.650 pieux, 1.000 tuyaux de 6 pouces et 800 de 3. Les tuyaux ont été placés sur des roches et ensuite recouverts de terre.
 - (d) Région No. 5. Cette région a été nettoyée, 550 pieds de canaux subsidiaires ont été creusés et pourvus de tuyaux. On a employé 200 tuyaux de 6 pouces et 180 de 3 pouces. Les tuyaux ont été placés sur des roches et ensuite recouverts de terre.
 - (e) Région No. 6. Un canal droit de 3' x 3' ayant 670 pieds de long a été creusé dans la Région 6, Marécage Duill joignant cette région avec le canal du marais Osler, et les anciens canaux ont été remblayés. Mille pieds de ce nouveau canal ont été pourvus de pieux. Deux mille pieds de canaux subsidiaires ont été creusés et pourvus de tuyaux (région 6). On a employé 756 tuyaux de 6 pouces et 510 de 3 pouces. Les tuyaux ont été placés sur des roches et recouverts de terre.
 - (f) Région No. 7. Marécage Osler. Il a fallu mettre dans cette région 326 tuyaux additionnels de 6 pouces et 138 de $\frac{1}{2}$ de pouce. Un canal droit de 1.410 pieds de long a été creusé entre les régions 5 et 7 pour remplacer un ancien et étroit canal. L'ancien canal a été remblayé.
 - (g) Régions 8 et 9. Ces canaux sont nettoyés tous les mois.
 - (h) Région No. 10. Cette région d'environ 25 acres a été déboisée et sarclée. Mille sept cent quatre vingt pieds de canaux subsidiaires ont été creusés et un canal de 2' x 4' ayant 1.350 pieds de long a été creusé pour relier cette région à la région No. 11. Ce canal traverse la route de Lapierre et il a été nécessaire de placer en cet endroit six gros tuyaux en ciment. L'ancien canal partant de cette région pour rejoindre le canal de la région No. 9 a été remblayé.
 - (i) Région No. 12. On a été obligé de la remblayer à nouveau.
 - (j) Région No. 13. On fait actuellement le remblayage de trois dépressions. Il a été nécessaire de mettre de nouveaux pieux à la partie supérieure de ce grand canal le long de l'Avenue des Dattes et de faire le drainage d'autres sources.
- Travaux effectués dans la ville.*—(a) Deux canaux du bas de la Rue Vernet ont été couverts, réparés et prolongés de 20 pieds dans la mer pour empêcher toute obstruction.
- (b) Un canal en ciment de 6'' de profondeur et de 3 $\frac{1}{2}$ ' de large et 176 pieds de long a été construit à la Rue Louverture près du Bureau de la Garde.
 - (c) Un canal en ciment de 3'' de large, de 7'' de profondeur et de 84 pieds de long a été construit à la rue St Simon entre la rue Quai Alexandre et la mer. Il a été pourvu de pieux jusqu'à une longueur de 20 pieds dans la mer.
 - (d) Trois cent quatre vingt pieds de canaux en ciment de 3 pieds de large et de 6 de profondeur ont été achevés à la Rue St Charles.

(e) Trois cent soixante quinze pieds de canaux en ciment de 3' x 6'' ont été construits à la Rue Quai Alexandre entre la Rue Louverture et la Rue St Charles.

Marchés.—(a) Le pavage du marché a été continué durant cette année; 16.355 pieds carrés ont été pavés et 2 canaux en ciment ont été construits pour le drainage; l'un de 105 pieds de long, de 2 pieds de large et de 6 pouces de profondeur, l'autre de 7'' 12'' et de 96 pieds de long. La Commune a alloué la somme de Gdes. 2.000,00; et la balance a été fournie par le Service d'Hygiène. Le travail sera continué au cours de l'année prochaine.

(b) Les améliorations suivantes ont été faites au Marché aux Viandes, les portes excepté la porte principale ont été bloquées, les treillis métalliques réparés et des tables placées dans la section principale et dans les échoppes.

(c) Une échoppe pour la viande pourvue d'un treillis métallique a été construite à l'abattoir par la Commune.

(d) Un emplacement en ciment de 30' x 21' a été construit près de l'abattoir pour servir de corral pour les pourceaux amenés en ville pour être vendus. Ceci a fait disparaître un endroit anti-hygiénique qui choquait la vue autrefois.

Pluies.—Les pluies ont été particulièrement fortes pendant cette année, notamment pendant les trois derniers mois, ce qui a déterminé une vigilance plus active dans le contrôle des moustiques, et une augmentation apparente de la malaria en ville.

Arrosoir.—L'arrosoir des rues s'est révélé sans utilité parce qu'il fallait le remorquer à l'aide d'un camion en première vitesse, et que la pompe était brisée. Il est actuellement employé par le Département des Travaux Publics comme réservoir au dock.

Chiens.—Cent trente et un chiens ont été tués au cours de l'année.

Porcs.—Cent quatre vingt quatre porcs ont été capturés et remis à la Commune.

Cabinets d'aisance.—Un nouveau cabinet d'aisance a été construit au marché aux poissons. A cause du petit nombre des cabinets d'aisance il a fallu surveiller constamment les propriétés vacantes et les maisons inhabitées pour empêcher qu'elles soient employées comme lieux d'aisance.

Prostitution.—La prostitution est contrôlée par les règlements de police. Les prostituées notoires sont obligées de se soumettre chaque semaine à une inspection. Celles qui sont malades sont internées afin de suivre un traitement.

Matériel de transport.—L'automobile Chevrolet a été transférée aux Cayes et remplacée par une Ford. Le camion et l'auto Dodge ont été réparés au Garage Central 2 fois au cours de l'année. La Ford a été retouchée une fois. Toutes les machines sont nettoyées, graissées, et inspectées une fois par semaine.

L'Hygiène à l'extérieur.—Au cours de l'année des inspections sanitaires ont été faites aux localités suivantes: Ennery, Marmelade, St-Michel, St-Raphael, Gros-Morne, Terre-Neuve.

Le marais à Gros Morne est inspecté tous les mois et on ne croit pas qu'il constitue une menace actuellement au point de vue moustique. Les mesures suivantes sont observées et l'huilage est fait chaque semaine.

Tribunaux:

Avis aux propriétaires pour faire un nettoyage.....	934
Observés.....	792
Citations (refus d'obéir).....	142
Condamnés.....	51 ou 45%
Cas non suivis.....	79 ou 55%
Annulés par le Service d'Hygiène.....	12

Détritus:

Nombre de chargements de camions.....	3.476
Nombre de chargements par brouettes.....	16.581

Navires inspectés: Nombre de navires étrangers inspectés..... 16
 Valeur reçue des Communes pendant l'année:

Sanitation

Reçu de la Commune des Gonaïves..... Gdes. 4.750.00

Projets futurs.—

Un marché aux viandes hygiéniques.

Un abattoir hygiénique.

Achèvement du pavage du marché central.

Achèvement des travaux de drainage.

Fermeture du canal de la Rue Louverture.

Canaux de drainage dans plusieurs rues, plusieurs canaux des rues principales sont mauvais état.

Construction de plusieurs cabinets d'aisance publics

HINCHE

Personnel.—

- 1 Officier Sanitaire.
- 1 Assistant Officier Sanitaire.
- 1 Inspecteur Sanitaire.
- 3 Chefs d'équipes.
- 45 Journaliers (en moyenne).

(a) Un inspecteur sanitaire est employé. Au cours de l'année il séjourna un mois à Port-au-Prince, travaillant sous la direction de l'Officier Sanitaire pour achever un cours de contrôle des moustiques, des mouches, sur l'inspection des marchés, des cours, sur le nettoyage des rues, et l'inspection rurale et enfin sur les travaux de bureau ressortissant de ces fonctions. Il fait des inspections à Hinche, Maissade et Thomonde. Il dirige également l'huilage des endroits de la ville propices à l'éclosion des moustiques. Au cours de l'année 35 barriques d'huile ont été employées.

(b) Dans les villes de Hinche, Thomonde, Mirebalais, Lascohobas, des poubelles ont été placées dans les endroits où elles sont nécessaires. Elles sont vidées à Hinche par camion et dans les autres villes par des brouettes, et tout le matériel recueilli de ces poubelles est employé pour remblayer les dépressions qui pendant la saison des pluies ont une naissance aux moustiques. Deux cent cinquante chargements de détritus ont été enlevés par le camion Dodge; le reste a été enlevé par des brouettes. A Hinche un chef d'équipe et 15 journaliers environ sont employés pour le nettoyage de l'abattoir, du marché et des rues.

(c) Une organisation sanitaire ambulante composée d'un chef d'équipe et d'environ 15 journaliers, travaille dans les plus grandes villes du district. Le travail se fait de façon satisfaisante pendant la sécheresse, mais durant les saisons pluvieuses il est impossible d'assurer le nettoyage.

(d) Aucun cas de rage humaine ou canine n'a été observé au cours de cette année. Quarante-cinq chiens ont été détruits.

(e) L'eau consommée à l'Hôpital de Hinche est fournie par la rivière Hinquitte. Elle est pompée par une pompe à vapeur et une pompe à gasoline dans un réservoir de 101.000 gallons. Quatre groupes de maisons d'Officiers de la Garde reçoivent de l'eau de cette installation. Il a été construit une digue pour protéger la maison qui abrite la pompe pendant les débordements, et cette digue semble convenir très bien à cette fin. Il y a aussi une galerie d'infiltration qui donne des résultats satisfaisants. L'eau a été suffisante pendant l'année.

(f) Il nous est impossible de donner la quantité de pluie, car il n'y a ici aucune source où puiser les renseignements.

(g) La campagne instituée il y a trois ans par l'Officier Sanitaire qui est d'exiger que toutes les propriétés de la ville soient pourvues de cabinets d'aisance se poursuit. C'est ainsi que 161 cabinets d'aisance ont été construits au cours de l'année.

(h) Les autres activités du service sanitaire sont indiquées dans le tableau suivant.

Inspections faites par les inspecteurs sanitaires.....	296
Cabinets d'aisance privés construits.....	161
Cabinets d'aisance publics construits.....	2
Cabinets d'aisance dont la construction a été exigée.....	12
Avis ordonnant l'exécution de certains travaux.....	1.419
Citations pour violations des règlements sanitaires.....	19
Condamnations.....	5
Cas non suivis.....	14
Renvoyés hors de cause.....	0
Annulés par le Service d'Hygiène.....	0

Il semble qu'il n'y ait aucun moyen de se rendre exactement compte du degré de prostitution dans ce district. Cependant on sait qu'elle existe.

Au cours de l'année, les Communes dépendant de ce district ont versé au Service d'Hygiène les valeurs suivantes représentant 5% de leurs recettes:

	Gdes.
Hinche.....	1.668.39
Lascahobas.....	811.88
Mirebalais.....	1.500.18
Maissade.....	961.56
	<hr/>
	4.942.01

Travaux accomplis.—

Deux cabinets d'aisance publics construits.

Un abattoir construit.

Un marché est en construction et sera achevé prochainement.

Ponceau construit à Maissade sur la route qui conduit à St-Michel. Ce ponceau unit deux grands canaux de drainage.

Un canal a été creusé, du lagon juste en dehors de Hinche pour se jeter dans la rivière Hinquitte. Ce canal assure le drainage du lagon pendant la sécheresse.

La rivière Hinquitte sur une longueur de 2 milles et $\frac{1}{2}$ a été nettoyée pour empêcher la naissance des moustiques.

Projets futurs.—

(a) Instituer une clinique hebdomadaire à Cerca-la-Source dès que la route sera ouverte. La route a été achevée sur les premiers 8 milles.

- (b) Améliorations du marché de Maissade.
 (c) Constructions de petits abattoirs à Mirebalais, Lascahobas et Maissade autant que les fonds le permettront.
 (d) Construction de nouveaux cabinets d'aisance publics.

JACMEL

Personnel.—Le personnel se compose des employés suivants:

- 1 Assistant Officier Sanitaire.
- 1 Inspecteur en chef.
- 3 Inspecteurs Sanitaires.
- 4 Chefs d'équipe.
- 67 Journaliers.
- 1 Mécanicien (chaloupe).
- 1 Chauffeur (camion Dodge).

Bainet:

- 1 Inspecteur Sanitaire.
- 2 Journaliers.

Inspections.—Les villes de ce district y compris les marchés et l'eau d'alimentation sont régulièrement inspectées par l'Officier Sanitaire ou par son Assistant.

Contrôle des Moustiques.—Il appert des inspections que:

Des moustiques anophélins ont été découverts dans trois localités différentes.

Des moustiques culex dans 930 localités différentes; et des moustiques aedes aegypti dans une seule.

Les mesures nécessaires ont été prises pour leur destruction.

Comme les pluies n'ont pas été abondantes comme l'année dernière, les marais des bourgs de Jacmel ont donné moins de troubles que précédemment.

Les travaux de remblai du marécage du Marigot se poursuivent. Au cours de l'année 36 barriques d'huile ont été employées pour le contrôle des moustiques.

Enlèvement des vidanges, fatras, etc.—

(a) Tombereaux à mule en service.....	2
(b) Nombre de chargements.....	4.939
(c) Nombre de camions.....	1
(d) Nombre de chargements.....	1.887
(e) Nombre de journaliers affectés au travail des rues.....	67
(f) Nombre de cabinets d'aisance publics.....	2

A part deux quartiers de la ville, comme il a été dit l'année dernière tous les autres sont pourvus de latrines. Un cabinet d'aisance a été construit à la Rue Ste Anne.

Le marché public est dépourvu de latrines.

La même division sanitaire adoptée précédemment a été encore adoptée pour cette année.

Jacmel:

(a) Nombre d'inspections faites.....	25.940
(b) Nombre de formes 5 envoyées.....	125
(c) Nombre de formes 6 envoyées.....	1.378
(d) Nombre de formes 7 envoyées.....	116
(e) Nombre de condamnations.....	116

Bainet:

(a) Nombre d'inspections faites.....	2.082
(b) Nombre de formes 5 envoyées.....	48
(c) Nombre de formes 6 envoyées.....	103
(d) Nombre de formes 7 envoyées.....	3
(e) Nombre de condamnations.....	3

Extermination des rats.—Tous les navires entrant dans le port jettent l'ancre large du rivage, partant il n'est pas offert aux rats venant du bord l'occasion d'atteindre le rivage.

Inspection du marché et du lait.—Un chef d'équipe est employé comme Inspecteur au marché public où il reste pendant les heures du marché. L'inspecteur sanitaire en chef inspecte le marché 2 fois par jour, à part les inspections que l'Officier Sanitaire et son Assistant peuvent faire. Chaque jour après sa fermeture, le marché est nettoyé et lavé à grande eau de même que les échoppes de viande et de poisson. Le lait est inspecté tous les jours par les inspecteurs. Les boeufs sont inspectés avant d'être abattus. L'abattoir est inspecté tous les jours par l'Inspecteur Sanitaire en Chef par moment par l'Officier Sanitaire ou par son Assistant. Un journalier est affecté au nettoyage.

La Commune n'a pas fait d'allocation pour le treillis métallique du compartiment du marché affecté à la viande et aux poissons.

Fonds.—Les valeurs suivantes ont été reçues au cours de l'année à crédit de l'article 311:

	Gdes.
(a) Service d'Hygiène. Gdes. 4.500 par mois.....	54.000,00
(b) Commune de Jacmel (5 pour cent).....	2.838,25
(c) Enlèvement d'immondices.....	572,50
(d) Commune de Bainet (5% et 100 gdes. par mois).....	1.800,00
(e) Crédit extraordinaire.....	2.400,00
Total.....	61.610,75

Eau d'alimentation.—L'eau d'alimentation aux Anses à Pitres est fournie par la rivière des Pédernales.

A Grand Gosier l'eau est fournie par des sources situées sur la berge. L'eau est saumâtre. L'ancien puits a été en partie remblayé et les murs sont sérieusement endommagés. Il est douteux que ce puits puisse être réparé.

A Saltrou l'eau est fournie par des puits et par une rivière située à quelque distance de la ville. L'eau fournie par les puits est saumâtre.

Une inspection de la Ravine Guilby comme une source d'alimentation possible pour Saltrou a été faite mais le débit est insuffisant pour un tel but.

A Marigot, Bainet et Mayette, l'eau est fournie par des rivières proches et est de bonne qualité.

A Bodarie, il y a deux sources qui fournissent une bonne eau sauf pendant la sécheresse.

A Jacmel, l'eau est suffisante et de bonne qualité.

Navires étrangers inspectés.—Au cours de l'année, 93 navires venant des ports étrangers ont été inspectés.

Chiens.—Au cours de cette année aucun chien n'a été tué.

Construction.—Un cabinet d'aisance public en ciment et maçonnerie a été construit.

Réparations.—Les réparations suivantes ont été faites.

Les caniveaux en béton du Corral, du Bureau du Service d'Hygiène, le parquet des stalles de l'écurie et un mur en ciment ont été réparés.

Recommandations.—

Construction de caniveaux, prix estimatif par mètre linéaire Gdes. 40.00.

Construction de cabinets d'aisance aux Raquettes, prix estimatif Gourdes 1.500.00.

Forage de puits artésiens à Grand Gosier et à Saltrou.

JEREMIE

Personnel.—Le personnel de la division sanitaire de ce district est composé comme suit:

- 1 Assistant Officier Sanitaire.
- 1 Inspecteur en chef.
- 4 Inspecteurs.
- 3 Chefs d'équipe.
- 49 Travailleurs y compris ceux de Dame Marie et de Corail.
- 1 Chauffeur.
- 1 Timonier.
- 1 Hoqueton.
- 1 Charpentier.

Nettoyage des rues.—Le nettoyage des rues et le curage des rigoles sont exécutés par des hommes valides placés sous le contrôle constant des chefs d'équipe. Dès huit heures du matin, toutes les rues sont balayées et le reste de la journée est employé au nettoyage des endroits délaissés.

Marché.—Un inspecteur s'occupe de la toilette du marché de la ville, qui se fait deux fois par jour. Cependant le marché répond mal aux besoins de la population tant au point de vue de sa capacité qu'au point de vue des conditions réclamées par l'Hygiène. En effet, les habitants sont constamment exposés aux intempéries (soleil, pluie, etc) et les marchandises toujours battues par les vents et baignées par la poussière soulevée par les véhicules ce qui constitue un réel danger pour la santé publique. Aussi se trouve-t-on souvent en lutte avec les marchandes qui souvent négligent de se soumettre aux règlements en vigueur.

Latrines publiques.—Dans ce district fonctionnent (15) quinze latrines publiques dont 11 à Jérémie et 4 dans les petites villes cotières suivantes: Dame-Marie, Anse l'Hainault, Pestel et Corail. Ces latrines sont pour la plupart construites sur le littoral, ce qui offre l'avantage de se dispenser de les curer, néanmoins elles sont surveillées.

Service d'Inspection.—Durant l'année 23.024 maisons et propriétés ont été inspectées, 1.505 formes No. 5 et No. 6 distribuées et 47 condamnations prononcées.

Transport des fatras.—Tous les détritres de la vie animale sont quotidiennement collectionnés dans les poubelles placées dans les encoignures d'où les véhicules affectés à ce service les transportent pour être brûlés, dans les endroits choisis hors de la ville. C'est ainsi que le camion Dodge a fait 1.715 chargements et les tombereaux 3.448 pendant l'année.

Contrôle des moustiques.—Le contrôle des moustiques est effectué par les inspecteurs et l'Assistant Officier Sanitaire qui fait une visite hebdomadaire de chaque maison.

Cette visite a pour but de vérifier l'état sanitaire des cours, latrines, etc., et surtout la nature de l'eau d'alimentation et la façon dont elle est collectionnée. La stagnation d'eaux ménagères ou autre entraîne un avertissement au propriétaire qui doit s'empresse, sous peine de condamnation, de donner satisfaction aux inspecteurs. Cependant nous avons rarement rencontré des larves d'anophèles parmi les moustiques collectionnés. On les trouve plutôt en dehors sur le littoral de la rivière à un mille à peu près de la ville.

Arrosoir.—Dans la saison de sécheresse la ville est quotidiennement arrosée. Vu que l'appareil dont nous disposons est d'une faible capacité et traîné par un mulet, le travail est pénible, insuffisant bien que fort coûteux. Un autre système permettrait d'apporter des améliorations appréciables dans ce service.

Abattoir et boucherie.—L'abattoir est chaque jour inspecté par l'Officier Sanitaire ou son Assistant. Avant l'abattage les animaux de boucherie sont contrôlés et inspectés. Un inspecteur surveille la bonne tenue du local qui est proprement lavé à grande eau quotidiennement après les opérations.

Chiens.—Aucun cas de rage n'a été observé durant le cours de l'année.

Navires étrangers.—Vingt (20) navires venant de ports étrangers ont été visités; aucune maladie épidémique n'a été relevée.

Allocation Communale.—Cette année nous avons reçu de la commune du district Gdes. 4.137.00.

Nouvelles constructions.—L'année a été riche en constructions nouvelles parmi lesquelles nous citons en première ligne le Bureau du Service d'Hygiène sa clôture en maçonnerie et en fil de fer, ses écuries, ses dépôts. Nous citons encore l'abattoir, six latrines publiques à Jérémie, quatre dans les petites villes du district et enfin les drains de Dame-Marie.

Projets.—

1. Construction de quatre drains principaux aboutissant à la mer.
2. Caniveaux en ciment en remplacement des drains pavés en pierres.
3. Un marché couvert et macadamisé.
4. Continuation des travaux de drainage à Dame Marie, remblayage des marais de Dame-Marie.
5. Etablissement de drains à Corail.
6. Un camion pour le transport des immondices.

PETIT-GOAVE

Personnel.—Le personnel de la division sanitaire se compose des employés suivants

1 Officier Sanitaire.

1 Assistant Officier Sanitaire.

Inspecteurs:

Petit-Goave.....	3
Grand Goave.....	1
Miragoane.....	1
Anse à Veau.....	1
Baradères.....	1

Chefs d'équipe:

Petit-Goave.....	3
Grand Goave.....	1

Miragoane.....	1
Anse à Veau.....	1
Journaliers:	
Petit-Goave.....	60
Grand Goave.....	5
Miragoane.....	6
Anse à Veau.....	4
Baradères.....	3
Chauffeurs.....	3
Cuisinier.....	1
Gardien.....	1

Nettoyage des rues.—Deux camions Dodge sont employés à Petit-Goave pour l'enlèvement des détritüs et pour le transport d'effets à Port-au-Prince.

Un camion Ford reçu de Port-au-Prince est employé à Miragoane pour le remblai d'un endroit qui servira pour le marché.

La construction de caniveaux et de bordures à la Rue républicaine partant de l'angle extérieur du marché pour aller rencontrer le nouvel édifice des Travaux Publics a été achevée par le Département des Travaux Publics et le prix payé par le Service Hygiène.

Chacune des villes de Petit-Goave, Grand-Goave, Miragoane, Anse-à-Veau, Petit-Boucan, Grand Boucan et Baradères est pourvue de drums vides en guise de poubelles.

Les deux camions Dodge ont été envoyés à Port-au-Prince au cours de l'année où ils ont subi un nettoyage général.

Au cours de l'année, deux autos Ford ont été assignées à ce district en remplacement des machines Dodge qui ont été retournées.

Au cours de l'année dernière les camions et tombereaux ont enlevé respectivement 97 et 2.026 chargements de détritüs. La plupart des poubelles en bois ont été remplacées par des drums qui sont plus satisfaisants et hygiéniques.

Vaccination.—Au cours de l'année un total de 2.385 écoliers ont été examinés dans ce district. Sur ce nombre 907 ont été vaccinés contre la petite vérole avec 383 réactions positives. Un total de 393 enfants ont été vaccinés contre la typhoïde. Le nombre total des écoles visitées et où des examens ont eu lieu s'élève à 34.

Contrôle des moustiques.—Tous les marais ont été nettoyés et drainés autant que possible dans les conditions existantes.

Tous les fatras enlevés de la ville ont été jetés dans les marécages.

Il a été creusé pour desservir les marais près de l'Hôpital, 2 canaux mesurant ensemble 1.357 pieds de long sur 2 de large.

Journaliers.—Il y a beaucoup de journaliers dans ce district. A Petit-Goave on leur donne une gourde par jour avec un repas à midi.

Cabinets d'aisance et enlèvement des vidanges.—Les cabinets d'aisance privés sont tous en bon état par leurs propriétaires et ils sont inspectés fréquemment par ce service.

Les cabinets d'aisance publics de Grand Goave, Miragoane et Anse-à-Veau ont été maintenus en vert au cours de l'année. Ils sont en bon état.

Service d'Inspection.—Les inspections sont faites par l'Officier Sanitaire, l'Assistant

Officier Sanitaire, l'Inspecteur en chef et les inspecteurs Sanitaires. Les statistiques sont les suivantes :

Nombre de propriétés inspectées.....	1679
Nombre d'avis envoyés.....	536
Nombre de personnes déferées par devant les tribunaux.....	38
Nombre de condamnations.....	28

Marché.—Un nouveau marché est en construction à Petit-Goave. Les marchés viande de l'Anse-à-Veau et de Miragoane laissent à désirer.

Eau d'alimentation.—L'eau d'alimentation est considérée comme satisfaisante et bonne qualité. L'installation du Service Hydraulique a beaucoup ajouté au confort et l'Hygiène de la population.

Les villes de Miragoane et de l'Anse à Veau possèdent des Services Hydrauliques. La première reçoit son eau d'une rivière et la seconde d'une source.

Chiens.—Aucun cas de rage humaine ou canine n'a été observé. Trois cas morsure de chiens ont été traités. Vingt-neuf chiens ont été tués au cours de l'année.

Abattoir.—Les villes de Petit-Goave, Miragoane et Anse à Veau possèdent chacune un bon abattoir. La position de celui de Petit-Goave n'est pas satisfaisante parce qu'il est placé trop près de l'Hôpital.

Allocation Communale.—Les 5% des recettes communales ont été reçues régulièrement de chacune des villes de Petit-Goave, Grand-Goave, Miragoane et Anse à Veau. Ci-après on trouvera la valeur totale versée par chaque commune au cours de l'Année.

	Moyenne mensuelle Gdes.	Total Gdes.
Petit-Goave.....	182.48	2.189.78
Miragoane.....	103.33	1.240.02
Grand Goave.....	36.03	432.40
Anse à Veau.....	45.77	549.27

Navires étrangers inspectés.—Au cours de l'année, 13 navires venant directement l'étranger ont été inspectés. Aucune maladie quarantenaire n'a été découverte.

Projets futurs.—

1. Achèvement du marché aux viandes.
2. Nouvelle location pour l'abattoir.
3. Réparations et constructions de caniveaux autour du marché et continuation drainage des marais.
4. Clôture et toit pour le marché.
5. Achèvement du remblai de la nouvelle place du marché de Miragoane.
6. Construction d'un canal en ciment au marché de Petit-Trou. Pendant la saison pluvieuse la plus grande partie du marché est sous l'eau.

PORT DE PAIX

Personnel.—Le Personnel se compose de :

- 1 Docteur.
- 1 Employé en Chef.
- 3 Inspecteurs Sanitaires.
- 3 Chefs d'équipe.
- 35 Travailleurs.

La ville de Port-de-Paix est divisée en deux sections sanitaires. Un Inspecteur en chef et deux autres inspecteurs sont chargés du contrôle de la ville.

Marché.—Il y a deux marchés, l'un est situé au bord de la mer et l'autre au sud de la ville, c'est dans ce dernier que se trouve le local du marché aux viandes. Un inspecteur spécialement chargé du contrôle de ces deux marchés.

Nettoyage des rues.—Les rues principales sont balayées deux fois par jour et celles de moindre importance le sont une fois par jour.

Transport des fatras.—Le transport des fatras se fait par 6 tombereaux. Nous espérons au courant de cette année obtenir un camion automobile, ce qui rendrait le service plus aisé.

Inspection des Propriétés.—Le Service d'Inspection des propriétés se fait d'une façon satisfaisante; chaque mois l'inspecteur en chef, pour contrôler les rapports des inspecteurs sanitaires, fait une inspection générale de toutes les propriétés et l'As-tant Officier Sanitaire le fait également chaque deux mois. On trouvera ci-dessous un tableau des inspections faites chaque mois dans la ville de Port-de-Paix pendant l'année 1928-1929:

	Propriétés
Octobre.....	4881
Novembre.....	3029
Décembre.....	6531
Janvier.....	4700
Février.....	7050
Mars.....	4687
Avril.....	4879
Mai.....	3768
Juin.....	4162
Juillet.....	4237
Août.....	3385
Septembre.....	4170
Total.....	55479

De cette façon on a pu obtenir des améliorations sanitaires assez remarquables, on pourra en avoir une idée en se référant au petit tableau suivant qui renferme les principaux avis envoyés par le Service d'Hygiène et qui ont été exécutés.

Construction de latrines.....	42
Réparations de latrines.....	138
Désinfection de latrines.....	195
Nettoyage de cours.....	625
Remblayage et nivellement de cours.....	35
Clôture de propriétés.....	20

Cabinets d'aisance publics.—Au cours de l'année un nouveau cabinet d'aisance public a été construit au nord de la ville, ce qui porte le nombre à quatre.

Quarantaine.—Pendant l'année 51 navires étrangers ont été inspectés et aucun cas de maladie contagieuse n'a été révélé.

Contraventions aux Règlements Sanitaires.—

Citations.....	58
Condamnations.....	55
Annulées par le Juge de Paix.....	3
Annulées par le Service d'Hygiène.....	0

Comme on le voit par ce petit tableau, la coopération de Juge de Paix a été bonne. *Chiens.*—Trente-cinq chiens ont été capturés dont 26 ont été détruits et 9 remis à leurs propriétaires.

Recettes Communales.—Gdes. 2.530.25.

Améliorations Sanitaires.—D'importantes améliorations sanitaires ont été effectuées cette année:

- (a) Construction d'un cabinet d'aisance public.
- (b) Construction de 2 hangars au marché.
- (c) Construction de nouvelles tables en ciment (pour la viande).
- (d) Peinturage du marché aux viandes.
- (e) Les comptoirs du marché aux viandes ont été munis de nouvelles toiles métalliques.

Avec le Concours de la Commune et des Travaux Publics nous avons pu construire

	Metres de caniveaux
Ruelle de l'Hospice.....	300
Parc Communal.....	200
Rue Bassin.....	100
Rue Caimant.....	350
Rue de l'Eglise.....	325
Rue Notre-Dame.....	450
Total.....	1.725

Recommendations.—

1. Un nouveau marché aux viandes.
2. Continuation de la construction des caniveaux.
3. Camion automobile pour le transport des fatras.

Hygiène dans les cliniques rurales.—L'Assistant de l'Officier Sanitaire a eu à faire au courant de l'année de fréquentes inspections dans les Communes du district. L'état sanitaire de ces villes, quoique un peu amélioré, laisse beaucoup à désirer. Les Infirmiers chargés des Dispensaires s'occupent également de la sanitation de leur ville. Cependant malgré leur bonne volonté ils ne peuvent encore tenir leur ville dans un état convenable vu qu'ils n'ont pas d'équipe à leur disposition. Le nombre des latrines privées est fort restreint dans toutes ces communes. La vente du pain, de la viande et de tous les articles d'alimentation se fait comme à Port-de-Paix dans des plateaux recouverts de toile métallique. Chaque commune est pourvue d'un nombre suffisant de boîtes ordures.

Recommendations.—Chaque commune devrait être pourvue:

1. D'une équipe de 3 ou 4 hommes qui seraient placés sous les ordres de l'infirmier de l'endroit.
2. D'un abattoir.
3. De latrines publiques.

SAINT MARC

Personnel.—Le personnel de la division sanitaire comprend les employés suivants

- 1 Assistant Officier Sanitaire.
- 5 Inspecteurs Sanitaires.

1 Employé en chef.
1 Surveillant.
4 Chefs d'équipe.
59 Travailleurs.

Parmi ce personnel se trouvent inclus les employés des communes de Dessalines, Verrettes et de la Petite-Rivière de l'Artibonite.

Inspection des maisons.—La ville de Saint-Marc est divisée en trois sections. Un inspecteur sanitaire est chargé de contrôler l'état hygiénique des propriétés, latrines, ruelles, jardins, etc.

Chaque jour de 7 heures a.m. à midi et de 1 heure à 3 heures p.m. excepté les dimanches et jours fériés, les inspecteurs visitent régulièrement les maisons, propriétés et autres bâties dans la section dont ils sont chargés. Au cours de cet exercice, ils ont pu visiter 4.566 maisons y compris certaines propriétés, y découvrir, faire drainer ou combler avant le cas 840 endroits où évoluaient des larves de moustiques anophèles, faire construire des latrines dans les maisons qui n'en possédaient pas et appliquer des couvres mobiles à 1.285 water-closets.

Contrôle des moustiques	1926-27	1927-28	1928-29
Maisons inspectées.....	32.702	96.026	124.566
Inspections faites sur demandes.....	20	74	134
Formes 5 & 6 envoyées.....	1.897	2.217	2.600
Formes 7 envoyées.....	351	213	262
Endroits où des moustiques anophèles ont été trouvés.....	228	120	160
Endroits où des moustiques culicines ont été trouvés.....	740	896	680
Latrines anti-hygiéniques.....	481	937	1.285
Latrines protégées contre les mouches.....	1.519	66.898	80.678

L'un des principaux objectifs des travaux réalisés durant ces trois dernières années dont le résumé est exposé dans le tableau ci-dessus, a été de détruire toute cause avant rendre certains endroits propres à la pullulation des larves de moustiques. En consultant ce tableau, il est facile de constater que l'état de la ville de St Marc au point de vue sanitaire s'est quelque peu amélioré. Bien qu'il y ait eu 28.540 maisons de plus à recevoir la visite sanitaire, si l'on compare le nombre des maisons et propriétés inspectées cette année à celui de 1927-28, les lieux où des larves de moustiques ont été découvertes ont été réduits à 840 tandis qu'en 1927-28 on en avait rencontré 1016. Cependant on peut encore considérer le contrôle des moustiques comme l'un des plus sérieux problèmes du Service d'Hygiène. Leur destruction complète ne peut s'obtenir que par l'action combinée et combinée du Service d'Hygiène et de la population. Beaucoup fut fait par ce Service. Dans plusieurs rues de la ville de St Marc, il a été construit dans un but de salubrité 2.000 mètres linéaires de canaux et drains en ciment. Huit cent quarante endroits où existaient des crevasses qui facilitaient parfois le croupissement des eaux, furent comblés, remblayés ou drainés. Cinq mille trois cent cinquante-cinq argements de fatras ont été utilisés à cette fin. Dans ces 840 endroits il faut commander le parc communal, toutes les mares trouvées le long du littoral et celles remontées les berges de la grande et de la petite rivière de St Marc. Au moins six fois cette année, les ouvriers du Service ont procédé au sarclage des herbes et plantes du côté du

cimetière, à Pivert, sur certaines propriétés de l'état. Si un plein succès n'a pas couronné les efforts du Service, il est certain que les champs de cannes, de bananes et autres entretenus dans l'enceinte de la ville, y ont été pour quelque chose. Trop peu de ces grands propriétaires comprennent l'importance du sarclage systématique d'un bon drainage des eaux qui irriguent ces plantations. Au cours de l'année, avec les économies réalisées sur l'Art. 311, un total de 2.072 mètres de canaux, 211 mètres de bordures de trottoir, 27 pieds de drains ont été construits à la Rue Geffrard, à l'Avenue Louverture, à la Rue Pinchinat, à l'Avenue Dessalines à la rue du Père Primet, à la rue St Simon devant le bureau de la Préfecture la Douane et le local de la Compagnie des Chemins de Fer et enfin à l'Avenue Maurepas. Des Gourdes 3.141.55 du crédit 1221 disponibles pour l'exercice 1928-29, une balance de Gourdes 901.08 a servi aux mois de Juin et de Juillet à la construction de 201 mètres 10 de canaux de drainage à la Rue Bonnet.

Marchés.—Chaque jour, 8 journaliers du Service d'Hygiène s'occupent de la toilette du marché de provisions. Les marchands de pain, de sucreries, de poissons sont surveillés de près pour que ces articles soient vendus dans des récipients munis de toile métallique. Un inspecteur visite chaque matin le marché aux viandes et prend soin d'en faire laver le parquet et les tables au moins deux fois par jour.

Abattoir.—La Commune fit réparer le parquet de l'abattoir dont l'état sanitaire ne laisse rien à désirer. L'inspection de l'abattoir se fait chaque jour.

Transport des vidanges.—Les particuliers, sous le contrôle d'un inspecteur, s'occupent de faire transporter les vidanges qui sont jetées dans des fosses creusées à cette fin.

Chiens.—Durant cette année, 170 chiens ont été capturés. Des 170 capturés, 156 ont été tués et 11 qui portaient la licence, furent remis à leurs propriétaires. Un seul individu a été mordu par un chien suspect et a suivi un traitement antirabique.

Inspection de lait et des aliments.—Autant que possible, le lait est inspecté chaque jour autant que la viande que l'on consomme à St Marc. En trois fois durant cette année, le Service a réitéré l'ordre aux marchandes de débiter les articles tels que le pain, les gateaux, les sucreries, etc dans des boîtes couvertes de toile métallique.

Eau d'alimentation.—Au cours de l'année, le réservoir d'eau qui alimente la ville a été plusieurs fois inspecté. Il est probable qu'au commencement de l'année prochaine il soit installé un appareil chlorinateur pour purifier les sources qui fournissent l'eau à la ville.

Nettoyage des rues.—Quarante-trois travailleurs, trois chefs d'équipe et un surveillant général sont préposés au nettoyage des rues.

Transport des fatras et ordures ménagères.—Il est recommandé aux propriétaires de maisons, de placer de grand matin, sur le trottoir et devant leurs maisons deux fois par semaine, la boîte d'ordures ménagères qu'ils ont recueillies dans leur cours ou de les faire déposer dans de nombreuses poubelles placées dans les rues de St Marc. Ces boîtes sont vidées par un camion uniquement affecté à ce Service. Ces détritiques et ordures servent généralement au remblayage de certaines fosses ou crevasses.

Dépôt Sanitaire.—Dans une partie du garage situé dans la cour de l'Hôpital sont gardés les instruments et matériel de la Sanitation.

Moyens de transport.—Le Service possède 2 camions et une automobile Dodge, un camion Ford et une auto Chevrolet. Les camions sont uniquement affectés au transport des fatras, ordures ménagères et à celui du sable, gravier dont le Service peut avoir besoin pour la construction des canaux. Les deux autos desservent les différentes cliniques rurales situées dans le district. En transportant les médecins, infirmiers, médicaments

à ces différentes cliniques, les autos ont couvert, durant cette année, une distance de 5.800 milles; 2 des camions et l'auto Dodge ont été remis à neuf par le Garage Sanitaire de Port-au-Prince. Au mois de Septembre, le cheval du Service fut mis hors d'usage pour cause de maladie et vieillesse. En utilisant les chevaux de la Garde d'Haiti, les médecins ont parcouru une distance de 240 milles environ, pour tenir les cliniques qui sont situées dans les régions montagneuses et celles qui, à certaines saisons, sont inaccessibles aux voitures.

Améliorations permanentes.—Deux mille soixante-douze mètres de canaux et 201 mètres 10 de bordure, 4 ponts, 27 pieds de tuyaux en béton ont été construits à St Marc cette année; le parquet de l'abattoir a été réparé.

Dessalines.—Un personnel de 4 membres dont un inspecteur sanitaire dessert la commune de Dessalines. En plus de l'inspection des maisons, propriétés, du contrôle des 3 journaliers, l'inspecteur remplit aussi le rôle d'infirmier aux jours de clinique.

Maisons inspectées durant l'année	2.055
Formes 5 & 6 adressées aux propriétaires	199
Formes 7 adressées aux propriétaires	35
Condamnations prononcées par le Tribunal de Paix	41
Annulées par le Service	18

Verrettes.—Le personnel aux Verrettes se compose d'un Inspecteur qui travaille aussi comme infirmier et 3 journaliers: ceux-ci sont employés au nettoyage des rues et du marché de la Commune:

Maisons inspectées durant l'année	5.627
Formes 5 & 6 adressées aux propriétaires	297
Formes 7 adressées aux propriétaires	36
Propriétaires condamnés par le Tribunal de Paix à exécuter les travaux recommandés par le Service d'Hygiène	36

Petite Rivière de l'Artibonite.—La réinstallation du Service Sanitaire à la Petite Rivière eut lieu le 1er Avril de cette année. Depuis un personnel de 8 membres dont un inspecteur, dessert cette commune. Comme les autres inspecteurs sanitaires celui-ci occupe de l'inspection des propriétés, du nettoyage du marché et des rues et tient le rôle d'infirmier aux jours où la clinique est ouverte à la Petite Rivière.

Maisons inspectées	4.821
Formes 5 & 6 envoyées	200
Formes 7	22
Condamnations par le Tribunal de Paix	59

Grande Saline.—La Commune de la Grande Saline ne possède pas jusqu'à maintenant un personnel. Les frais que nécessiteraient les améliorations sanitaires à faire dans cette commune, seraient trop élevés pour être supportés par le Service d'Hygiène.

Recommandations.—

1. Construction d'un dépôt pour le matériel du Service de la Sanitation.
2. Construction d'un garage pour les autos.
3. Construction d'un autre marché qui comprendrait un rayon pour la vente du poisson.
4. Installation d'un appareil à chlorination au réservoir d'eau.
5. Construction de canaux en ciment dans les rues qui en sont dépourvues.
6. Construction du canal de la Petite Rivière de St Marc et exhaussement du lit.

SECTION DU DEPARTEMENT LEGAL ET DES STATISTIQUES DE VITALITE

ME. FÉLIX V. JEAN-LOUIS

Avocat

Lois et Règlements.—Au nombre des lois qui étaient en vigueur avant la création en 1919 du Service National d'Hygiène Publique, nous mentionnerons entr'autres celle du 16 Septembre 1906 sur l'exercice de la Médecine par des médecins munis d'un diplôme émanant de l'Université d'Haïti et par ceux diplômés d'une Faculté étrangère, celle du 30 Juillet 1886 sur la police sanitaire aujourd'hui modifiée ou complétée, et parmi celles votées après la création de ce Service, nous citerons les Règlements Sanitaires, la loi sur la vaccination obligatoire, les Règlements du Service de Quarantaine, la loi sur les chiens, la loi sur les narcotiques, etc. C'est en vue de veiller à une plus stricte observance de ces lois qu'il a été récemment créé dans cet Office un Département Légal dont les fonctions sont entr'autres de suivre les phases de toute action judiciaire qui pourrait être intentée contre les contrevenants par les tribunaux compétents.

Contraventions.—Au cours de l'année que couvre ce rapport les contraventions aux lois dont l'exécution est laissée aux soins du Service National d'Hygiène Publique ont été comme par le passé restreintes plutôt aux contraventions aux Règlements Sanitaires. C'est ainsi que 1.157 personnes ont été citées par devant les Tribunaux dont 443 condamnées, 106 acquittées, 446 cas n'ont pas été suivis et 37 citations annulées par le Service d'Hygiène et le reste par les Tribunaux, tandis que pour l'année dernière le chiffre des citations s'éleva à 1.113.

Comme on peut le voir, en comparant les chiffres, les Tribunaux de Paix de la République par devant lesquels sont déférés les contrevenants au Code Sanitaire ont fait droit aux demandes du Service d'Hygiène pour seulement 38.3%.

Les éléments les plus dangereux pour une démocratie, ce sont les hommes de haute valeur intellectuelle et de l'élite sociale qui occupent des fonctions influentes dans le monde politique ou dans le monde des affaires et échappent à la prison, leur influence leur permettant de ne point répondre à la loi ou à la justice d'un fait qui leur est reproché. La démocratie est plus mise en danger par eux-mêmes que par les masses ignorantes qu'ils emploient comme leurs instruments.

Au cours de cette année, les peines prévues à l'article 30 de la loi sur les Narcotiques ont été pour la première fois appliquées, quand deux individus en la possession desquels la police a trouvé des substances narcotiques contrairement aux prescriptions de la loi en question, ont été condamnés chacun d'eux à cent gourdes d'amende par le Tribunal de Paix de Port-au-Prince, section Est, auquel avaient été déférés ces délinquants pour être jugés.

Cependant cet Office estime que les peines prévues à la loi susparlée ne sont pas suffisantes quand on considère le grand danger auquel une population est exposée quand des individus sans scrupules, trompant la vigilance de la police, arrivent à introduire dans le pays par contrebande ou autrement des narcotiques et les propagent entre les mains des personnes qui n'en connaissent pas les effets nocifs ou qui, les connaissant, s'en servent à mal. C'est pourquoi cet Office envisage sérieusement la question de modifier au moins l'article qui traite des peines, en prévoyant de plus fortes condamnations.

A part les contraventions aux Règlements Sanitaires et celle à la loi sur les Narcotiques que nous venons de mentionner, aucune contravention aux autres lois dont l'exécution reste au Service National d'Hygiène Publique n'a été signalée.

STATISTIQUES DE VITALITÉ

Depuis l'organisation du Service d'Hygiène en 1919, dans les différents rapports annuels publiés jusqu'à ce jour, cet Office n'a jamais cessé de signaler l'utilité des statistiques de vitalité, leur importance pour le bon fonctionnement d'un Service d'Hygiène et l'obligation qui incombe au Gouvernement d'organiser ce Service de telle sorte qu'il puisse répondre à ses obligations librement consenties par sa ratification du Code Sanitaire Américain, par son affiliation à la Société des Nations et par sa qualité de membre de diverses Sociétés d'hygiène Publique. Dans le rapport annuel de l'exercice 1927-1928, cet Office, au sujet de la compilation des statistiques eut à établir quatre points résumant la situation qu'il n'est pas inutile de reproduire ici :

1. Il n'existe aucune organisation chargée de faire observer la loi.
2. Que la capacité de travail de la population en général empêche l'imposition d'une taxe pour une telle déclaration.
3. Qu'une loi sur les déclarations de naissances, de décès et de mariages comportant une pénalité pour les contrevenants devrait être votée.
4. Qu'un nombre suffisant d'Officiers d'Etat-Civil soient nommés, afin que dans toutes les sections de la République l'on enregistre tous les mariages, naissances et décès (qui seront soumis à ce Service en des formes déterminées).

Demandes reçues de la Société des Nations.—Cet Office ne croit pas nécessaire de parler une nouvelle fois de l'utilité des Statistiques de vitalité. Cependant pour illustrer ce que nous venons de dire s'agissant des obligations d'Haiti vis-à-vis de la Société des Nations, nous nous contenterons d'énumérer certains renseignements que cette Société (Organisation d'Hygiène) réclame du Service National d'Hygiène Publique pour la préparation de "L'Annuaire Sanitaire International."

1. Démographie Générale—Superficie et population d'après les résultats des deux derniers recensements.
2. Densité de la population et excédent d'un sexe sur l'autre d'après les résultats des deux derniers recensements.
3. Répartition de la population par âge et par sexe.
4. Répartition géographique de la natalité.
5. Répartition par sexe et vitalité des nouveaux-nés (1922 à 1927).
6. Légitimité et illégitimité des nouveaux-nés pendant les années 1922 à 1927.
7. Répartition géographique de la mortalité générale en 1926 et 1927.
8. Mortalité d'après le sexe pendant les années 1922-1926.
9. Mortalité d'après l'âge et le sexe.
10. Répartition saisonnière des décès.
11. Mortalité, morbidité et léthalité de certaines maladies infectieuses.

Haiti est-elle en mesure de répondre à l'une quelconque de ces demandes? Le Gouvernement Haitien ne pourra jamais fournir ces données tant que l'on n'aura pas changé la méthode actuelle de compilation des statistiques de vitalité. Cependant nous

SERVICE NATIONAL D'HYGIÈNE PUBLIQUE

DISTRICT DE

CERTIFICAT DE NAISSANCE

(Enfants Naturels)

est certifié par les présentes que
 (nom de fille) (profession)
 nationalité de race née à le
 (lieu de naissance) (date de naissance)
 domiciliée à a accouché en cette institution le à d'un enfant
 (date) (heure)
 vivant du sexe prénommé
 mort
 nombre d'enfants de la mère—vivants
 morts .

Cette forme qui contient toutes les mentions prévues par la loi sera remise aux mères qui accouchent à l'Hôpital et une copie sera envoyée à l'Officier d'Etat-Civil dans le ressort duquel se trouve l'Hôpital.

Comme on le sait la clientèle des salles de maternité des hôpitaux est représentée en grande partie par des humbles, par des individus sans ressources qui, à leur sortie de l'hôpital peuvent, lors même qu'ils n'ignorent pas les prescriptions de la loi sur la matière, ne pas avoir la valeur réclamée par la loi pour la déclaration de naissance. Faut-il ajouter que les administrateurs de tous les Hôpitaux recevront les instructions de conseiller aux femmes qui accouchent à l'Hôpital de présenter le certificat qui leur sera remis à l'Officier d'Etat-Civil de leur domicile qui leur délivrera l'acte de naissance de leur enfant. Encore que le chiffre des naissances pour l'année 1928, soit 298, survenues dans les Hôpitaux soit bien insignifiant comparé au chiffre des naissances survenues dans toute la République, soit 58.342, il n'est pas de doute que cette nouvelle organisation ait de quelque utilité dans la campagne de propagande que le Service National d'Hygiène Publique va entreprendre parmi la masse paysanne en vue de lui faire comprendre l'importance qui découle pour le Gouvernement Haitien d'avoir des Statistiques de natalité complètes.

MARIAGES ENREGISTRÉS EN HAÏTI POUR L'ANNÉE 1928

Districts	Janv.	Fev.	Mars	Avr.	Mai	Juin	Juill.	Aout	Sept.	Oct.	Nov.	Dec.	Total
Port-Haitien.....	10	26	103	76	41	70	29	20	12	18	2	16	423
Les Cayes.....	13	12	21	10	5	10	17	11	14	3	5	7	128
Les Gonaïves.....	25	25	48	89	32	42	29	12	18	24	17	29	390
Le Cap-Haïtien.....	11	77	29	41	46	8	2	1	3	0	0	9	227
Le Mel.....	46	48	58	72	40	31	33	19	11	14	17	10	399
Le Môle.....	15	309	52	29	8	19	20	14	12	8	13	16	515
Le Petit-Goave.....	25	73	67	45	46	34	8	11	9	12	5	17	352
Le Port-au-Prince.....	82	92	119	76	72	58	51	54	30	75	34	226	969
Le Port-de-Paix.....	23	40	5	21	31	36	20	34	16	19	6	14	265
Le Port-Marc.....	17	19	17	91	40	44	14	10	16	7	11	4	290
Total General.....	267	721	519	550	361	352	223	186	141	180	110	348	3,958

Avec une population estimée à 2,000,000 ou à un taux de mariage de 1.97 par millé habitants.

NAISSANCES DÉCLARÉES EN HAÏTI POUR L'ANNÉE 1928

Districts	Janv.	Fev.	Mars	Avr.	Mai	Juin	Juill.	Aout	Sept.	Oct.	Nov.	Dec.	Total
Cap-Haitien.....	M. 80 F. 75	228 214	106 106	245 253	196 165	227 228	155 189	116 124	135 112	333 310	20 26	145 133	1,98 1,93
Cayes.....	M. 161 F. 150	225 215	202 160	188 230	198 220	201 188	164 161	80 166	150 125	97 82	128 113	49 46	1,84 1,75
Gonaives.....	M. 333 F. 457	493 493	188 181	412 430	244 256	312 400	217 208	262 238	242 202	427 438	225 211	436 425	3,79 3,93
Hinche.....	M. 150 F. 153	388 401	291 310	280 278	101 85	86 52	28 27	41 43	38 40	76 88	26 30	32 38	1,53 1,54
Jacmel.....	M. 562 F. 610	483 456	320 268	382 385	210 209	158 129	140 132	57 59	68 51	120 118	108 106	184 193	2,79 2,71
Jérémie.....	M. 143 F. 102	407 264	234 209	284 267	203 183	249 270	157 195	148 123	163 155	248 257	193 205	175 124	2,60 2,35
Petit-Goave.....	M. 398 F. 452	541 539	334 311	320 314	237 248	250 217	127 118	93 85	200 193	309 277	255 257	279 292	3,34 3,30
Port-au-Prince.....	M. 504 F. 540	825 849	455 497	614 617	534 523	499 471	373 418	422 434	331 338	438 458	474 503	683 670	6,11 6,31
Port-de-Paix.....	M. 217 F. 208	248 247	66 85	219 252	289 273	269 236	169 168	198 197	172 153	241 236	114 112	135 125	2,33 2,29
St. Marc.....	M. 491 F. 479	299 232	284 275	571 605	207 188	228 206	172 192	97 114	123 138	168 166	139 140	133 153	2,9 2,8
Total.....	M. 3,039 F. 3,226	4,137 3,910	2,480 2,402	3,515 3,631	2,419 2,350	2,479 2,397	1,702 1,808	1,514 1,483	1,622 1,507	2,457 2,430	1,682 1,703	2,251 2,199	29,2 29,0
Total General.....	6,265	8,047	4,882	7,146	4,769	4,876	3,510	2,997	3,129	4,887	3,385	4,450	58,3

Avec une population estimée à 2,000,000 le taux annuel de naissances par mille hab. est de 29.1

DECES DECLARES EN HAITI POUR L'ANNEE 1928

Districts	Janv.	Fev.	Mars	Avr.	Mai	Juin	Juill.	Aout	Sept.	Oct.	Nov.	Dec.	Total
p-Haitien.....	{ M. 69	81	107	92	70	89	82	40	27	64	70	74	865
	{ F. 96	75	106	84	72	108	75	35	44	82	80	61	918
yes.....	{ M. 43	37	37	27	48	37	30	16	33	32	42	35	417
	{ F. 39	31	33	31	25	31	25	14	27	29	38	39	362
naives.....	{ M. 53	64	65	54	51	68	56	96	92	79	75	92	845
	{ F. 57	56	64	52	48	101	60	92	90	92	74	78	864
ache.....	{ M. 35	37	17	25	20	13	8	15	5	9	9	7	200
	{ F. 31	52	13	17	19	12	9	29	8	13	14	6	223
emel.....	{ M. 48	32	35	34	25	31	27	18	20	32	27	39	368
	{ F. 51	25	34	30	30	29	27	18	17	20	21	43	345
émie.....	{ M. 12	27	22	13	25	21	17	22	10	26	16	19	230
	{ F. 10	14	24	13	24	20	13	16	11	25	20	20	210
it-Goave.....	{ M. 57	78	62	59	67	55	50	33	46	67	49	74	697
	{ F. 80	68	50	50	66	68	50	31	53	57	49	81	703
rt-au-Prince.....	{ M. 165	113	133	138	160	147	138	169	137	158	143	195	1,796
	{ F. 173	108	143	155	172	135	140	123	174	149	137	185	1,794
t-de-Paix.....	{ M. 50	48	28	36	31	49	26	34	44	37	36	46	465
	{ F. 40	45	30	29	45	48	33	32	55	38	44	45	484
Marc.....	{ M. 75	44	45	76	40	55	32	12	34	55	28	49	545
	{ F. 70	39	46	72	35	49	36	13	49	64	22	42	537
otal.....	{ M. 607	561	551	554	537	565	466	455	448	559	495	630	6,428
	{ F. 647	513	543	533	536	601	468	403	528	569	499	600	6,440
otal General.....	1,254	1,074	1,094	1,087	1,073	1,166	937	858	976	1,128	994	1,230	12,868

Avec une population estimée à 2,000,000 le taux annuel de décès par mille habitants est de 6.43.

DIVISION DU PERSONNEL

MR. E. F. ARON

Au cours de l'année, le nombre de notre personnel augmenta de 2.010 à 2.222, le nombre du personnel de la Marine des E. U. restant le même que l'année dernière. Le pourcentage des Américains employés dans le Service d'Hygiène Publique est de 1.72%.

Beaucoup de membres du Personnel Haïtien ont été employés dans ce Service depuis son organisation. D'une façon incessante ils ont prouvé leur capacité et leur honnêteté. Actuellement beaucoup sont en train d'être préparés pour des positions administratives, sont aidés par le Personnel Américain et on peut, dans un avenir prochain, compter sur eux pour assumer les fonctions en vue desquelles ils sont entraînés. Des dix districts d'Haïti trois (Port-de-Paix, St Marc & Jérémie) actuellement fonctionnent entièrement et à la satisfaction de tous avec un personnel haïtien, le personnel médical de la Marine des Etats-Unis ayant été rappelé pour instituer des nouvelles organisations en rapport avec les activités de l'Hygiène Publique dans les Ecoles de l'hospitalisation des aliénés, importants projets autrefois impossibles à réaliser.

PERSONNEL COMMISSIONÉ

DISTRICT DE PORT-AU-PRINCE

(a) Bureau Exécutif

Nom	Date d'entrée en fonctions	Fonctions
Comdr. K. C. Melhorn (M. C.) U. S. N.....	25- 4-27	Directeur Général, Service National d'Hygiène Publique.
Chief Pharmacist E. F. Aron U. S. N.....	16- 8-27	Assistant Exécutif et Directeur de la Section des Finances.
Lieut-Comdr. S. S. Cook (M. C.) U. S. N.....	29- 8-28	Directeur de la Section de Sanitation.
Lieut-Comdr. J. H. Chambers (M. C.) U. S. N..	2- 6-29	Directeur de la Section des Laboratoires.
Pharm. Mate 1st Cl. E. A. Kracke U. S. N.....	6- 6-27	Assistant du Directeur des Laboratoires.

(b) Section des Fournitures et Transport

Chief Pharmacist M. Birtwistle U. S. N.....	21- 9-27	Directeur de la Section des Fournitures et Transport.
Chief Pharmacist Mate Y. O. Kirkpatrick.....	19- 3-27	Assistant du Directeur des Transports.
Chief Pharmacist Mate R. W. James.....	21- 9-27	Assistant du Directeur des Fournitures.

(c) Ecole de Médecine

Dr. J. Dominique.....	1-10-26	Directeur de l'Ecole de Médecine.
Dr. L. Hudicourt.....	1-10-26	Professeur de Médecine.
Dr. P. Salomon.....	1-10-26	Professeur de Chirurgie.
Dr. M. Civil*.....	1-10-26	Professeur d'Anatomie et Dissection.
Dr. N. Camille*.....	1-10-26	Professeur de Physiologie.
Dr. M. Lafleur*.....	1-10-26	Professeur de Sémiologie et Histologie.

Léon*	14-12-26	Médecin Comm. 2ème Classe.
M. Bourand*	18- 9-23	Médecin Comm. 2ème Classe.
J. Perrier*	12- 2-23	Médecin Comm. 2ème Classe.
L. Hyppolite*	1- 9-23	Médecin Comm. 2ème Classe.
E. A. Petrus*	15-11-23	Médecin Comm. 2ème Classe.
V. H. Pierre-Noel	11- 1-27	Médecin Comm. 6ème Classe.
Emm. Day	1-10-26	Prof. de Pharmacologie.
J. Thébaud	1-10-27	Médecin Comm. 2ème Classe.
S. Daniel*	1-10-28	Médecin Comm. 4ème Classe.
M. Dartiguenave	1-10-28	Médecin Comm. 4ème Classe.

* Ces médecins sont des boursiers de la Fondation Rockefeller et font des études spéciales à l'étranger.

(d) *Hôpital Général Haitien*

Cmdr. L. W. Johnson (M. C.) U. S. N.	13- 6-28	Administrateur et Chef du Service de Chirurgie.
C. Ph. M. C. F. Johnson U. S. N.	8- 7-27	Assistant de l'Administrateur.
Deut-Comdr. E. A. M. Gendreau (M. C.) U. S. N.	29- 8-28	Assist. du Chef du Service de Chirurgie.
Deut-Comdr. D. Ferguson (M. C.) U. S. N.	26- 8-29	Chef du Service Médical et Officier chargé des Cliniques Ambulantes.
Deut. R. W. Hayworth (M. C.) U. S. N.	14- 3-29	Chef du Service de Radiologie.
C. Ph. M. J. R. Edelen U. S. N.	25- 9-29	Assistant du Chef du Service de Radiologie.
Deut. F. H. Webster (M. C.) U. S. N.	22- 9-29	Officier chargé des Cliniques rurales District de Port-au-Prince.
L. L. Moise	3-11-15	Médecin Comm. 1ère Classe.
J. Buteau	30- 7-27	Médecin Comm. 2ème Classe.
C. Valmé	1- 9-23	Médecin Comm. 3ème Classe.
J. B. Saint-Cyr	26- 7-26	Médecin Comm. 4ème Classe.
J. Francis	1- 9-26	Médecin Comm. 2ème Classe.
J. Rénélique	1-10-27	Médecin Comm. 4ème Classe.
S. Alcindor	1-10-27	Médecin Comm. 5ème Classe.
E. S. Villard	1-10-27	Médecin Comm. 4ème Classe.
J.-B. O. Durand	1-10-28	Médecin Comm. 6ème Classe.
B. Hyson	1-10-26	Médecin non Commissionné.
G. Augustin	15- 7-29	Médecin non Commissionné.
G. Castera	15- 7-29	Médecin non Commissionné.
C. Hollant	15- 7-29	Médecin non Commissionné.
H. Montas	1- 9-29	Médecin non Commissionné.
R. Salomon*		
M. Ethéart*		
C. Lhérisson*		
Mrs. A. Garner	13- 7-26	Directrice de l'Ecole des Gardes-Malades Haitiennes.
Mrs C. A. Brouillet	29- 3-28	Institutrice.
Mrs M. F. Malley	13- 9-28	Institutrice.

* Ces Médecins sont des boursiers de la Fondation Rockefeller et font des études spéciales à l'étranger.

(e) Centre de Santé et Département d'Inspection des Ecoles

Lieut. C. D. Roop (M. C.) U. S. N.....	25- 7-28	Administrateur de l'Hôpital de Aliénés, de la Léproserie et Directeur du Service d'Inspection des Ecoles.
Ch. Ph. M. S. H. Reser U. S. N.....		Assistant de l'Administrateur de l'Hôpital des Aliénés.
Dr. R. Charmant.....	1-10-27	Médecin Comm. 2ème Classe.
Dr. Eug. Audain.....	25- 3-29	Médecin non Comm.
Dr. W. Hyppolite.....	25- 3-29	Dentiste non Comm.
Miss C. Caillet.....	1- 8-25	Nurse Diplômée.
Miss P. Compère.....	17- 5-27	Nurse Diplômée.
Miss M. Pidoux*.....	21- 3-28	Nurse Diplômée.

*Cette Nurse fait des études spéciales dans la branche d'Hygiène Publique à "Teachers College Columbia University, New York, N. Y."

(f) Bureau de l'Officier Sanitaire

Ch. Ph. A. F. Bigelow U. S. N.....	20- 5-29	Officier Sanitaire.
Ch. Ph. M. E. Fernquist U. S. N.....	8- 7-27	Assistant Officier Sanitaire.
Dr. M. Périgord.....	1-11-21	Médecin Comm. 2ème Classe.
Dr. S. Rey.....	29- 8-28	Médecin Comm. 4ème Classe.

DISTRICT DU CAP-HAÏTIEN

Lieut. Comdr. F. F. Lane (M. C.) U. S. N.....	25- 9-28	Officier Sanitaire et Administrateur de l'Hôpital Justinien.
Lieut. Comdr. J. L. Shipley (M. C.) U. S. N.....	10- 6-29	Officier Sanitaire chargé de Sanitation.
Ph. M. 1st Cl. J. A. Thomas U. S. N.....	26- 2-28	Assistant Officier Sanitaire chargé des Laboratoires.
Ph. M. 1st Cl. F. L. Stafford U. S. N.....	8- 7-27	Assistant de l'Administrateur de l'Hôpital Justinien.
Dr. C. Fontus.....	22- 9-22	Médecin Comm. 3ème Classe.
Dr. P. Desmangles.....	16- 1-25	Médecin Comm. 3ème Classe.
Dr. L. Saint-Armand.....	1-10-26	Médecin Comm. 5ème Classe.
Dr. H. Musset.....	1-10-28	Médecin Comm. 6ème Classe.
Dr. C. Dorsainville.....	1-11-27	Médecin non Comm.
Dr. K. St. Louis.....	2-11-26	Médecin Comm. 5ème Cl.

DISTRICT DES CAYES

Lieut. R. E. A. Pomeroy (M. C.) U. S. N.....	2-11-27	Officier Sanitaire.
C. Ph. M. B. F. Dixon.....	21- 9-27	Assistant Officier Sanitaire.
Ph. M. 1st Cl. M. C. Smith U. S. N.....	7-11-28	Assistant Officier Sanitaire.
Dr. A. Féthière.....	2- 1-26	Médecin Comm. 3ème Classe.
Dr. E. Ledan.....	1- 1-25	Médecin Comm. 4ème Classe.

DISTRICT DES GONAIVES

Lieut. J. B. Logue (M. C.) U. S. N.....	3- 7-27	Officier Sanitaire.
Ch. Ph. M. F. H. McGuire U. S. N.....	11- 4-29	Assistant Officier Sanitaire.
Dr. H. Désir.....	15-12-25	Médecin Comm. 4ème Cl.
Dr. C. Brutus.....	1-10-28	Médecin Comm. 6ème Cl.

DISTRICT DE HINCHE

ut. W. S. Bunkley (M. C.) U. S. N.....	3- 7-27	Officier Sanitaire.
A. Garnier.....	16-10-28	Médecin Comm. 6ème Classe.
P. Verret.....	18- 2-29	Médecin non Commissionn.

DISTRICT DE JACMEL

ut. J. D. Blackwood Jr. (M. C.) U. S. N.....	14- 1-27	Officier Sanitaire.
M. 1st Cl. G. B. Germany U. S. N.....	24- 3-28	Assistant Officier Sanitaire.
A. Carriès.....	4- 3-23	Médecin Comm. 3ème Classe. 1
F. Nèrette.....	1-10-28	Médecin Comm. 6ème Classe.

DISTRICT DE JÉRÉMIE

L. Torchon.....	1- 2-26	Médecin Comm. 3ème Classe.
J. Papillon.....	11- 1-25	Médecin Comm. 5ème Classe.
M. Cantave.....	27- 7-29	Médecin non Comm.

DISTRICT DE PETIT-GOAVE

Ph. M. J. A. Herndon.....	6-12-26	Officier Sanitaire p. i.
L. Cayemitte.....	1-10-28	Médecin Comm. 6ème Cl.

DISTRICT DE PORT-DE-PAIX

J. R. Jeanty.....	1-10-26	Officier Sanitaire et Médecin Commissionné 4ème Cl.
A. Sam.....	27- 7-28	Assistant Officier Sanitaire et Médecin Comm. 5ème Cl.

DISTRICT DE SAINT-MARC

L. Jourdan.....	1-11-24	Officier Sanitaire et Médecin Comm. 3ème Cl.
D. Anglade.....	1- 6-25	Médecin Comm. 5ème Cl.
F. Chérubin.....	1-10-28	Médecin Comm. 6ème Cl.

PERSONNEL EMPLOYÉ

Nom	Date d'entree en fonctions	Poste
M. Dartiguenave.....	1-10-28	Port-au-Prince
S. Daniel.....	1-10-28	Port-au-Prince
S. Séjourné.....	1-10-28	Port-au-Prince
S. Rey.....	1-10-28	Port-au-Prince
M. Séide.....	1-10-28	Port-au-Prince
V. Hayworth, Lieut. (M. C.) U. S. N.....	14- 3-29	Port-au-Prince
E. Audain.....	25- 3-29	Port-au-Prince
W. Hyppolite.....	25- 3-29	Port-au-Prince
R. Grellier (Assistant Bibliothécaire).....	15- 4-29	Port-au-Prince
. Bigelow, Ch. Ph. U. S. N.....	20- 5-29	Port-au-Prince
. Chambers, Lieut-Comdr. (M. C.) U. S. N.....	2- 6-29	Port-au-Prince
B. Hyson.....	1- 7-29	Port-au-Prince
G. Augustin.....	15- 7-29	Port-au-Prince

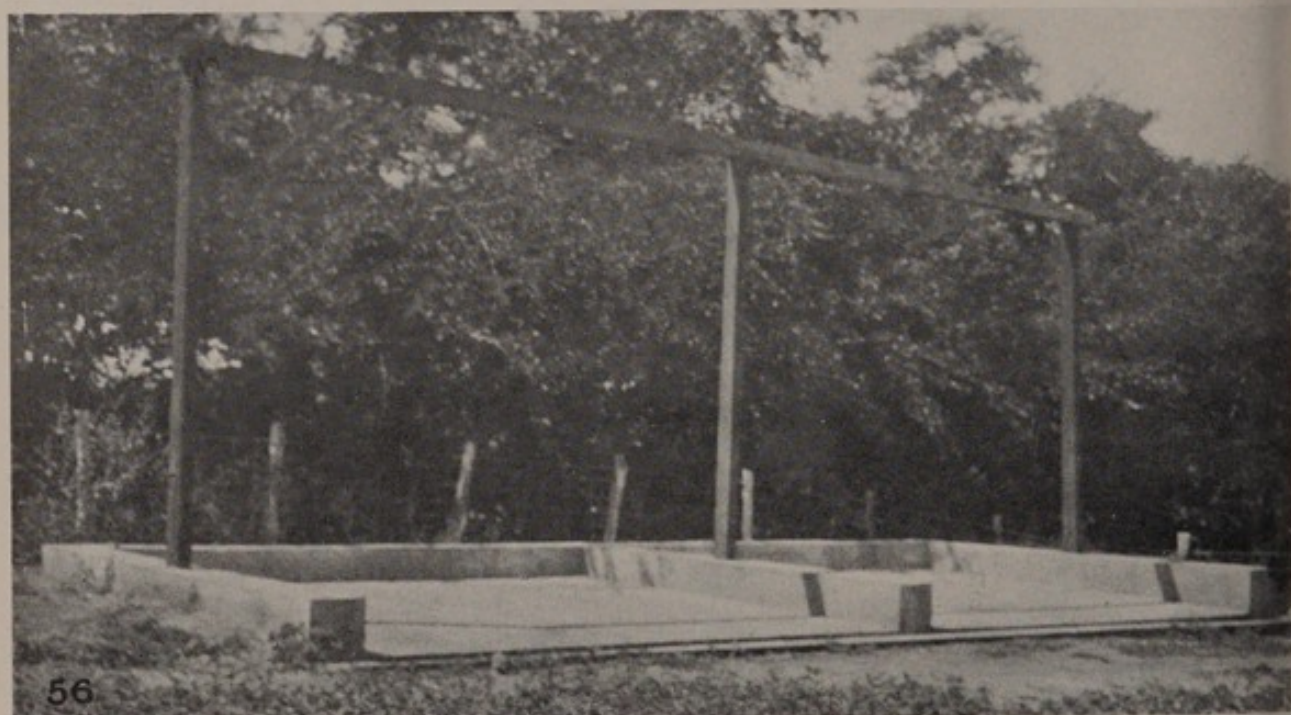
Nom	Date d'entree en fonctions	Poste
Dr. G. Castera.....	15- 7-29	Port-au-Prince
Dr. C. Hollant.....	15- 7-29	Port-au-Prince
Dr. Ferguson, Lieut-Comdr. (M. C.) U. S. N.....	28- 8-29	Port-au-Prince
Dr. H. Montas.....	1- 9-29	Port-au-Prince
F. H. Webster, Lieut. (M. C.) U. S. N.....	22- 9-29	Port-au-Prince
J. H. Edelen, Ch. Ph. Mate U. S. N.....	25- 9-29	Port-au-Prince
Dr. H. Musset.....	1-10-28	Cap-Haitien
J. L. Shipley, Lieut.-Comdr. (M. C.) U. S. N.....	19- 6-29	Cap-Haitien
M. C. Smith, Ph. Mate U. S. N.....	7-11-28	Cayes
Dr. Chs. Brutus.....	1-10-28	Gonaives
Dr. G. Appolo.....	1-10-28	Hinche
Dr. P. Verret (Médecin non commissionné).....	18- 2-29	Hinche
Dr. F. Nérette.....	1-10-28	Jacmel
Dr. M. Cantave.....	27- 7-29	Jérémie
Dr. L. Cayemitte.....	1-10-28	Petit-Goave
Dr. F. Chérubin.....	1-10-28	Saint-Marc

PERSONNEL RELEVÉ

Dr. Bellevue Vanes.....	(1-10-25)	(1-11-28)
E. C. Ebert, Lieut-Comdr. (M. C.) U. S. N.....	(13-11-25)	(5-12-28)
L. F. Curtis, Ph. Mate 1st Cl. U. S. N.....	(22-12-25)	(12-12-28)
E. Hyde, Ph. Mate 1st Cl. U. S. N.....	(20- 9-26)	(18- 4-29)
R. M. Choisser, Lieut-Comdr. (M. C.) U. S. N.....	(15- 3-26)	(23- 5-29)
W. Van Norden, Ch. Ph. U. S. N.....	(22- 5-26)	(29- 5-29)
Miss M. Behrens (T. C. R. A.).....	(10- 2-28)	(20- 6-29)
M. Mathis, Lieut-Comdr. (M. C.) U. S. N.....	(9- 4-26)	(21- 6-29)
Dr. L. Séjourné.....	(1- 5-29)	(1- 7-29)
C. R. Tatum, Lieut. (M. C.) U. S. N.....	(22- 5-26)	(25- 7-29)
H. Michael, Lieut-Comdr. (M. C.) U. S. N.....	(22-10-26)	(25- 7-29)
F. Madiou.....	(1- 7-27)	(8- 8-29)
W. J. Riddick, Comdr. (M. C.) U. S. N.....	(4-12-26)	(30- 8-29)
P. W. Wilson, Lieut-Comdr. (M. C.) U. S. N.....	(20- 9-26)	(23- 9-29)
L. H. Williams, Lieut-Comdr. (M. C.) U. S. N.....	(4-12-26)	(25- 9-29)
U. D. Stroud, Ph. Mate. U. S. N.....	(21- 9-27)	(25- 9-29)



CAMION DE CAPTURE DES CHIENS IMPROVISÉ, CAYES
DRAINAGE D'UN MARAIS—GONAIVES



AVANT (ABATTOIR DESSUET ET ANTIGIÉNIQUE), JACMEL
 APRÈS (ABATTOIR MODERNE ET PROTÉGÉ CONTRE LES MOUCHES), HINCHE

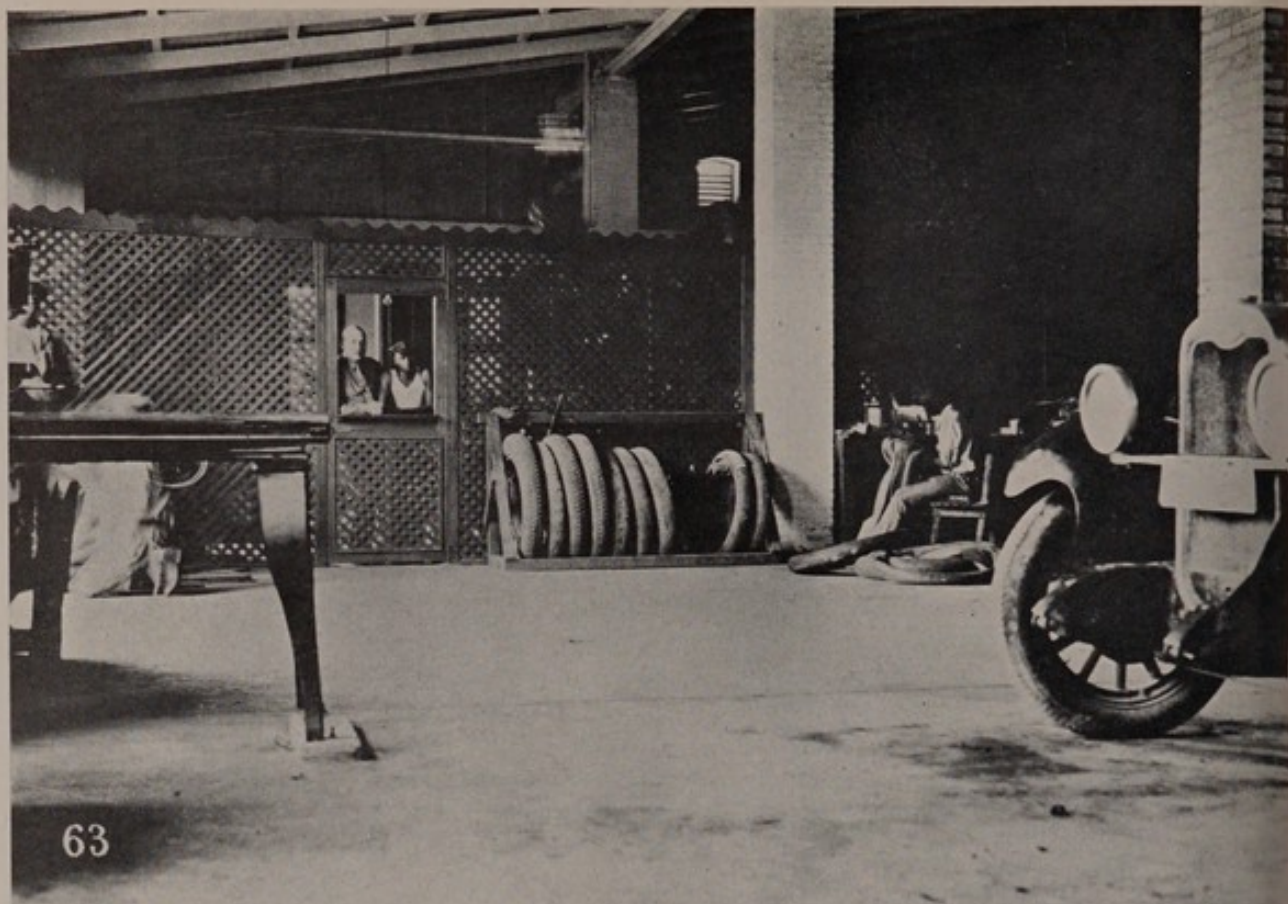


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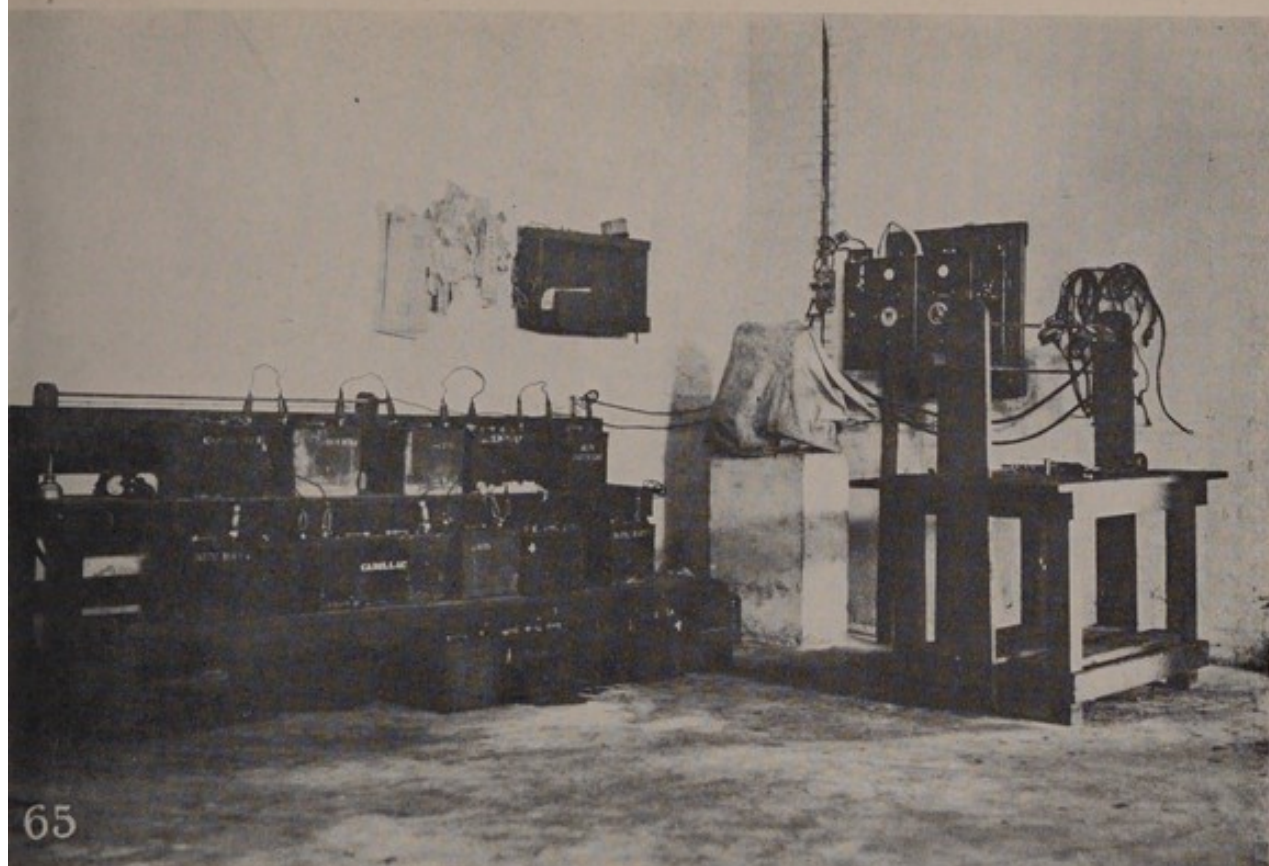
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UNE CHALOUPE POUR LES CLINIQUES RURALES SERVICE D'HYGIÈNE
HANGAR DE LA CHALOUPE—PORT-AU-PRINCE

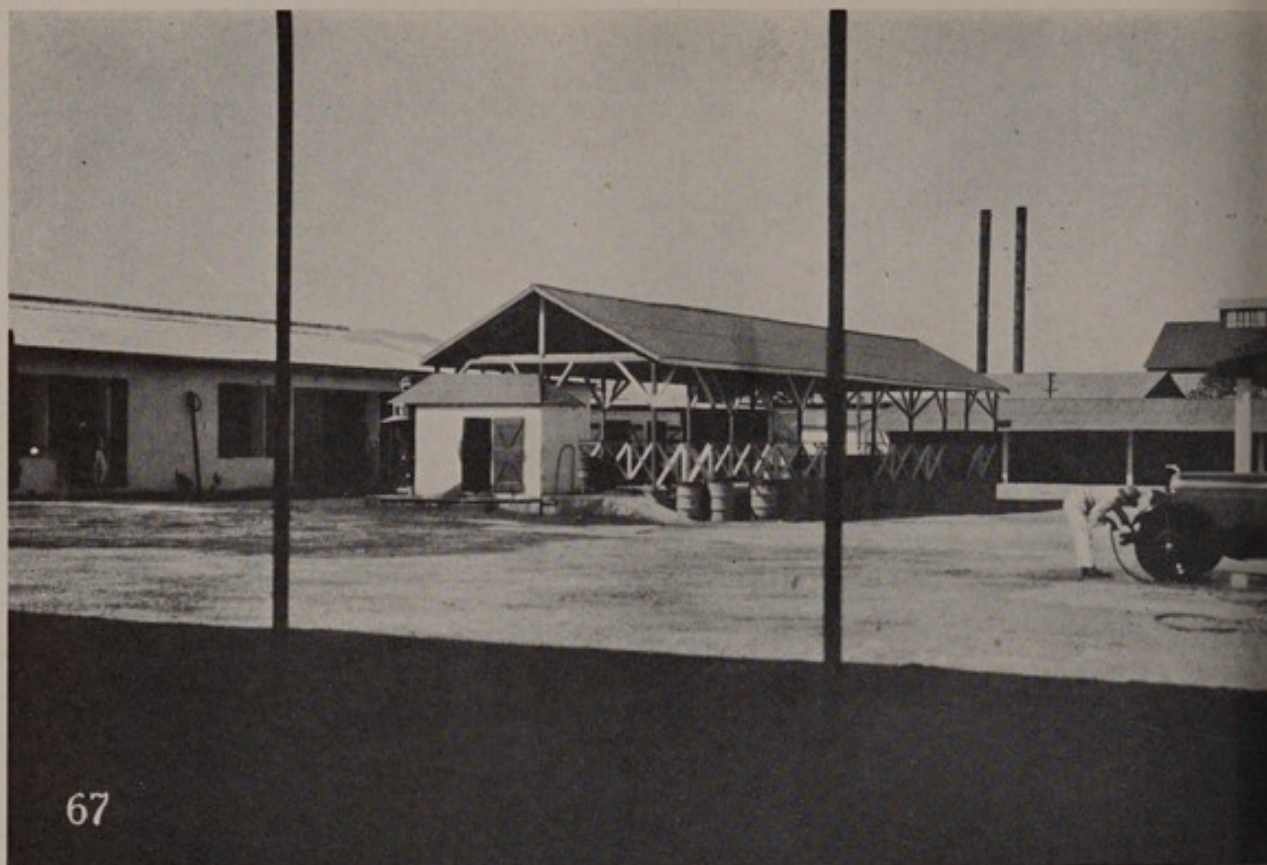


EXTRÉMITÉ INFÉRIEURE DE L'ATELIER MONTRANT LE DEPARTEMENT DES RÉPARATION
DES PNEUS, GARAGE SANITAIRE, PORT-AU-PRINCE

La cloison en terillis divise l'atelier et le Dépôt des Accessoires et pièces de rechange
VUE DE L'ATELIER DE MACHINERIE MONTRANT L'ÉLÉVATEUR, LA PRESSE, LE TOUR
LA MACHINE A RIVETER ET LA MACHINE À FORER, GARAGE SANITAIRE,
PORT-AU-PRINCE



TE DU DEPARTEMENT OU L'ON CHARGE LES ACCUMULATEURS, GARAGE SANITAIRE,
PORT-AU-PRINCE
ELIER DE PEINTURE, CABINET DE TOILETTE ET BAINS DOUCHES—GARAGE SANITAIRE,
PORT-AU-PRINCE



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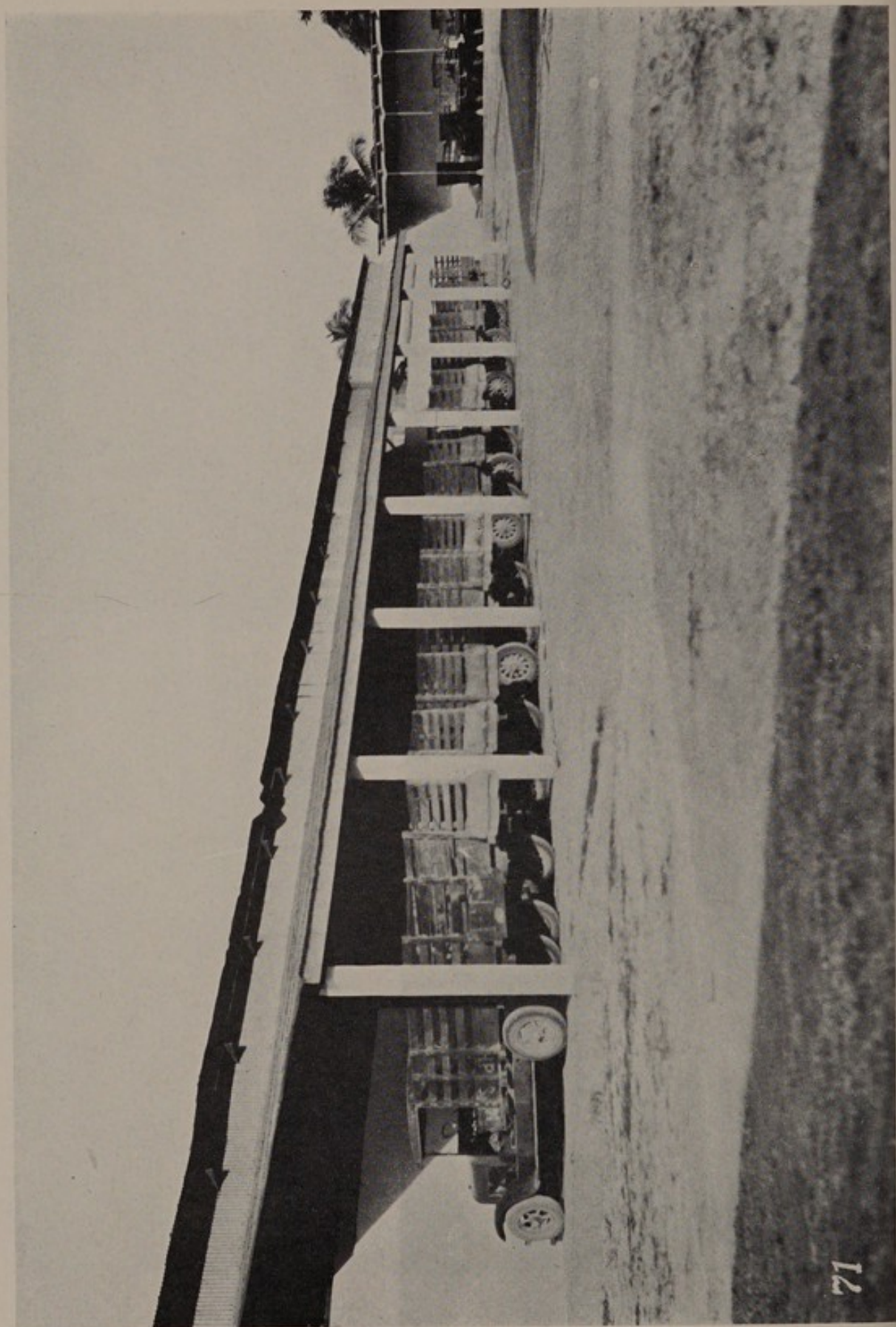
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HANGAR POUR GASOLINE ET HUILE ET BATIMENT PRINCIPAL, GARAGE SANITAIRE
PORT-AU-PRINCE

VUE VERS L'ENTRÉE PRINCIPALE DU GARAGE SANITAIRE, PORT-AU-PRINCE. NOUVEAU
PLATEFORME EN CIMENT À LA STATION À AIR À DROITE



ANGAR EST ET BARRIÈRE D'ENTRÉE, GARAGE SANITAIRE, PORT-AU-PRINCE
 AR OUEST, GARAGE SANITAIRE, PORT-AU-PRINCE ET NOUVEAU CABINET D'AISANCE



DISTRIBUTION DU PERSONNEL

	Bureau Executif	Cap-Haitien	Cayes	Gonaïves	Hinche	Jacmel	Jérémie	Petit-Goave	Officier Sanitaire Port-au-Prince	Centre de Sante, Inspection des Ecoles, Port-au-Prince	Camp d'isolement pour les alienés, Port-Beudet	Ecole de Medecine, Port-au-Prince	Hopital General Haitien, Port-au-Prince	Depot de Fournitures, Garage, Port-au-Prince	Port-de Paix	Saint-Marc	Total
ed. Off. of Navy.....	2	2	1	1	1	1	1	1	.....	1	.....	.....	6	.....	.....	.....	17
Chief Pharmacists.....	1	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	1	.....	.....	3
n. Ph. Mates.....	1	1	.....	.....	.....	1	1	.....	1	.....	2	2	.....	.....	9
n. Mates 1st Cl.....	2	1	.....	.....	1	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	5
firmières Croix Rouge.....	4	.....	.....	.....	4
Medecins Commissionnés.....	5	2	2	1	2	2	1	2	2	.....	13	9	.....	2	3	46
Medecins non commis.....	1	.....	.....	1	.....	1	.....	.....	2	.....	2	5	.....	.....	.....	12
Internes.....	11	.....	.....	.....	11
Antistes.....	1	.....	.....	.....	.....	.....	.....	.....	1	.....	3	1	.....	.....	.....	6
Pharmaciens.....	1	.....	.....	1	.....	1	1	.....	.....	.....	.....	2	.....	.....	.....	6
Assistants Pharmaciens.....	1	.....	.....	1	.....	1	1	.....	.....	.....	.....	1	.....	.....	.....	5
Medes-Malades diplômées.....	14	1	3	5	.....	1	1	1	3	.....	1	22	.....	2	2	56
Medes-Malades.....	27	.....	3	.....	.....	3	.....	.....	.....	11	.....	29	.....	.....	1	74
Techniciens.....	4	1	1	.....	1	1	1	.....	1	.....	5	5	.....	.....	1	21
Peintres.....	9	8	5	3	6	3	.....	.....	.....	.....	.....	12	.....	2	3	51
Châssier.....	1	.....	.....	.....	1
Assistants de Salle.....	30	4	.....	2	.....	.....	.....	.....	.....	.....	.....	25	.....	1	.....	62
Profess. de Médecine.....	4	.....	.....	.....	.....	4
Pharmaciens.....	2	4	4	9	4	18	6	.....	.....	.....	10	.....	6	5	68
Spec. San. en chef.....	1	1	.....	.....	1	1	1	2	.....	.....	.....	.....	.....	.....	.....	7
Spec. Sanitaires.....	18	6	3	1	6	5	5	43	.....	.....	.....	.....	.....	3	5	95
Employés en chef.....	1	1	1	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	1	1	.....	6
Comptables en chef.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Employés.....	4	4	3	1	2	.....	1	1	3	.....	.....	1	9	4	1	1	35
Archiv. et Bibliothécaire.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Bibliothécaire.....	2	.....	.....	.....	.....	2
Chefs mécaniciens.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	3
Chefs Mécaniciens.....	1	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	2
Chefs Mécaniciens.....	10	.....	.....	.....	10
Mécaniciens.....	1	1	.....	1	1	1	.....	1	.....	2	1	.....	4	.....	.....	13
Chauffeurs.....	4	3	2	1	1	1	3	23	.....	1	.....	5	7	.....	2	53
Conducteurs.....	1	2	.....	1	3	.....	3	.....	.....	7	.....	8	1	1	.....	27
Chefs d'Equipe.....	15	13	6	1	4	3	5	45	.....	1	.....	1	.....	4	4	102
Journaliers.....	125	131	60	64	69	50	76	480	.....	.....	.....	37	7	41	59	1,199
Plombiers.....	6	.....	2	2	2	2	3	.....	.....	3	.....	7	.....	2	2	31
Landièrres.....	7	2	2	1	6	1	3	.....	.....	.....	.....	14	.....	.....	4	40
Portuairre.....	1	.....	.....	.....	.....	.....	.....	1
Langiers.....	2	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	4
Chenbiers.....	1	.....	.....	.....	1
Assist. Plombiers.....	1	.....	.....	.....	1
Charpentiers.....	6	1	1	1	.....	1	1	1	1	1	1	3	2	.....	.....	20
Autres.....	6	.....	.....	.....	.....	1	1	5	1	.....	.....	2	1	.....	.....	17
Conducteurs.....	3	.....	3	3	.....	.....	.....	7	1	.....	.....	2	.....	.....	.....	19
Gerons.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	2
Sagiers.....	1	1	1	1	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	5
Quetons.....	1	.....	.....	.....	.....	.....	1	1	1	.....	.....	4	6	.....	1	1	16
Porteurs.....	1	3	3	1	7	2	2	.....	.....	.....	.....	27	.....	3	.....	49
Total.....	12	302	190	104	99	120	88	130	625	13	27	37	270	42	70	93	2,222

SECTION DES FINANCES

MR. E. F. ARON

Le nouveau système de comptabilité qui a été en usage depuis le 1er Mai 1921 compte maintenant plus d'une année d'essai. Comme nous avons eu à le dire dans notre dernier rapport annuel, ce système a "clairement prouvé sa valeur." A part quelques petits changements pour faciliter la soumission des rapports les principes qui servent de base sont restés inchangés.

Tous les districts, au cours de l'année, ont eu à soumettre leurs rapports financiers de façon satisfaisante. Grâce au contrôle des comptes faits fréquemment par le Directeur de la Section des Finances beaucoup de petites différences dans les méthodes de classement ont été relevées, ce qui a été à l'avantage des intéressés.

La méthode actuelle d'acquitter les valeurs reçues pour traitement, etc., faits par les Hôpitaux et pour les Travaux sanitaires effectués sur la forme R.G. III, est désuète et doit être abolie le plus tôt possible. On devrait mettre en usage des formes de reçu en quadruplicata, l'original serait destiné à celui qui effectue le paiement, le duplicata et le triplicata seront transmis avec la forme R.G. 48 au Directeur Général du Service National d'Hygiène Publique et au Receveur Général respectivement, et la 4ème sera gardée par le district intéressé pour le classement et pour le contrôle. Tous les reçus devront avoir un numéro, (chaque groupe de 4 reçus aura le même numéro) quand on fera des dépôts en banque la forme 48 devra être préparée de telle sorte que les numéros des reçus attachés figurent au recto de la forme. Cette méthode assurera le contrôle exact de toutes les valeurs reçues à faire tant par cet Office que par le contrôleur.

Nous attirons l'attention sur les données de la page 111 qui donnent des chiffres indiquant le pourcentage dans lequel les services hospitaliers et sanitaires pourvoient leur propre entretien. Ces chiffres prouvent que le Service d'Hygiène doit prendre des mesures en vue d'assurer une meilleure rémunération pour les services rendus par les Hôpitaux et par le Service Sanitaire.

Dans tous les districts, sauf dans trois on a accordé beaucoup trop d'attention aux Services de charité. Les Hôpitaux et les Services Sanitaires devraient cesser de supporter tout le volume de leurs frais d'entretien. Ils seraient plus fiers si leurs services étaient organisés de telle sorte que tout le monde autant que possible et même ceux qui gagnent un salaire très peu élevé, soient capables de payer pour ce qu'ils reçoivent. C'est de la bonne démocratie et de la bonne économie. Cela signifiera des bons services médicaux et sanitaires pour tous.

Chaque officier sanitaire a une responsabilité dans la question de dollars et de centimes vis à vis de la communauté l'obligeant à faire en sorte qu'il augmente le pourcentage dans lequel son district paie ses frais. A partir de cette date les augmentations de salaire dépendent en partie des recettes faites par le district à cet égard. De plus le Gouvernement National ne peut ni davantage prendre à sa charge un projet local.

ANALYSE DES DEPENSES, 1928-1929

PORT-AU-PRINCE

ARTICLE 301

	Gourdes
.....	97.123.29
.....	52.819.10
Total.....	149.942.39

ARTICLE 302

.....	3.246.70
A.....	136.038.30
B.....	3.389.00
C.....	411.708.59
D.....	8.722.02
E.....	44.60
.....	223.124.86
.....	11.069.65
.....	5.755.81
.....	2.536.74
.....	219.589.06
.....	1.316.40
.....	2.912.08
.....	286.50
Total.....	1.029.740.31

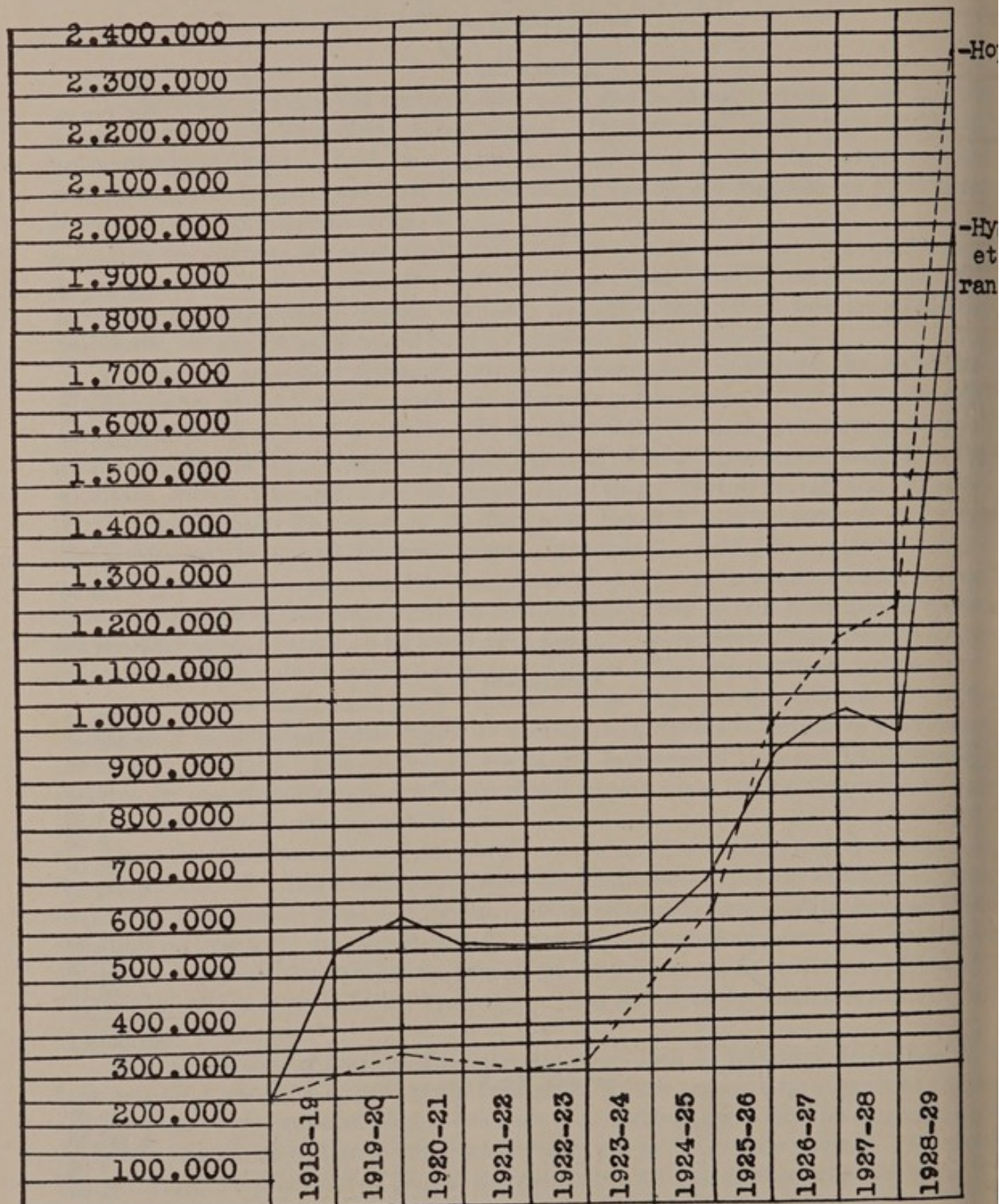
ARTICLE 310

.....	178.040.68
A.....	8.346.46
B.....	15.55
C.....	91.42
D.....	1.00
.....	6.00
.....	360.00
.....	2.524.80
.....	529.75
.....	9.013.88
.....	167.78
.....	3.000.00
Total.....	202.097.32

ARTICLE 310-X

.....	540.00
A.....	8.742.20
B.....	4.00
C.....	12.65
.....	14.40
.....	38.121.29
.....	85.05
Total.....	47.519.59

Valeur en gourdes



SERVICE D'HYGIENE. DEPENSES POUR HYGIENE—HOPITAUX, 1918-1929

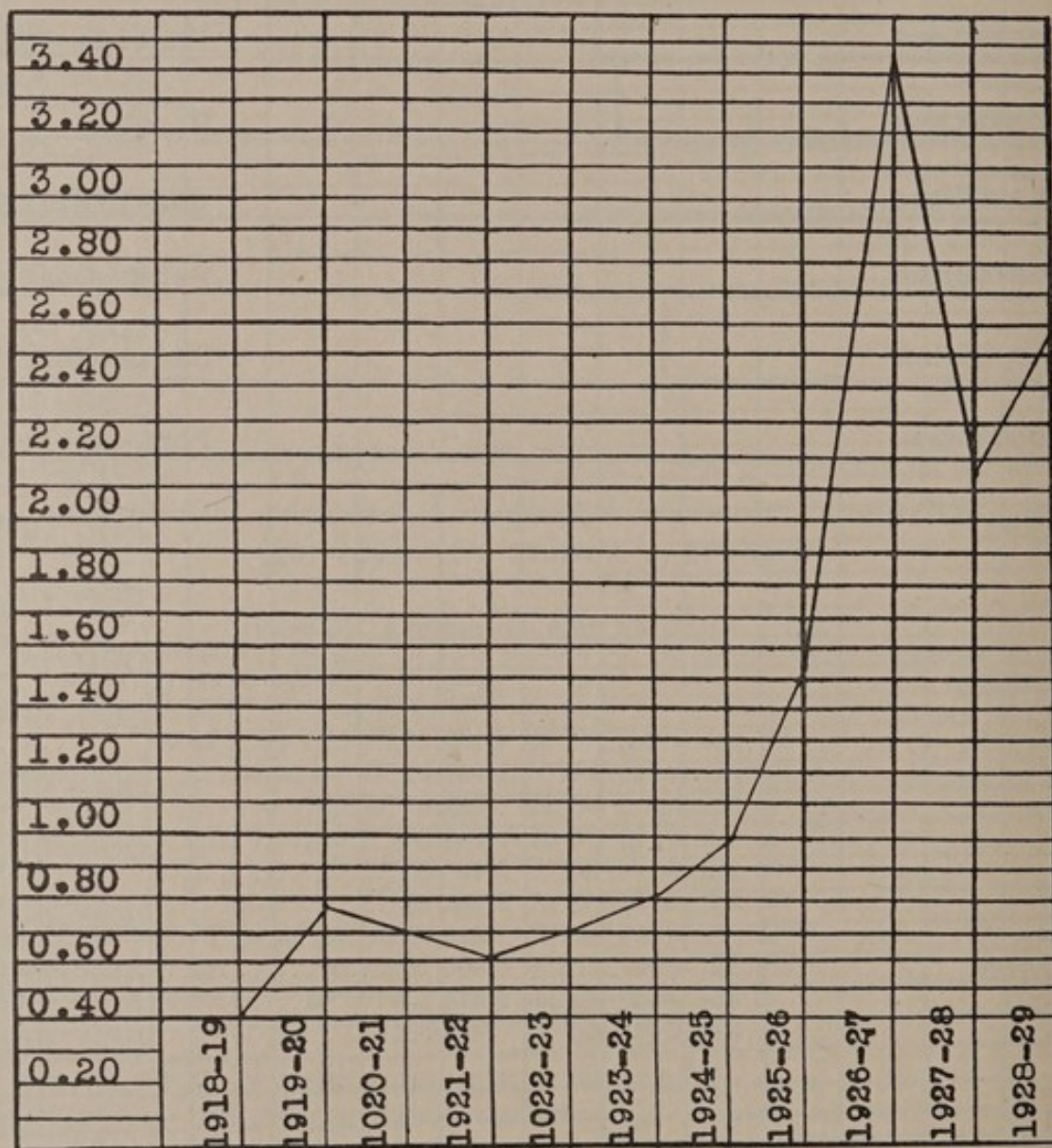
82 centimes		Jeremie
70 centimes		Jacmel
63 centimes		Cayes
57 centimes		Cap-Haitien
56 centimes		Port-de-Paix
54 centimes		Hinche
51 centimes		Gonaives
51 centimes		Petit-Goave
50 centimes		Saint-Marc
46 centimes		Port-au-Prince

SERVICE D'HYGIENE. HOPITAUX. FRAIS DE NOURRITURE (PAR JOUR ET PAR PERSONNE). ARTICLE 331. 1928-1929

311. ANALYSE DES DÉPENSES 1928-29

Districts		A-1	A-2-A	A-2-B	A-2-C	A-2-D	A-2-E	A-3
Cap-Haitien.....	147,292.50	106,753.30	4,989.80	175.00	.....	72.00	.....	11,643.01
Gonaives.....	109,311.71	99,586.00	1,091.65	14.10	92.00	.....	.....	6,889.33
Hinche.....	44,509.32	3,039.51	581.48	45.00	.....	.....	.....	3,343.47
Jacmel.....	29,055.01	22,237.95	1,954.50	1.00	.....	.....	.....	904.08
Jeremie.....	59,210.92	46,480.00	5,168.50	.....	.....	.....	.....	5,392.90
Petit-Goave.....	48,533.75	36,928.01	3,058.54	.....	.....	.....	.....	1,945.70
Port-au-Prince.....	65,891.47	52,995.80	820.95	138.75	13.20	25.90	3,317.10	4,120.32
Port-de-Paix.....	448,259.52	387,401.56	6,409.26	251.05	.....	.....	680.50	29,055.38
Saint-Marc.....	42,914.45	29,804.85	2,414.15	.....	.....	.....	.....	2,538.40
Total.....	49,824.96	37,751.25	402.83	.....	.....	.....	.....	3,688.25
Total.....	1,044,803.61	855,998.23	26,891.66	624.90	105.20	97.90	3,997.60	69,520.84

Districts	A-4	A-5	A-6	R	P-1	P-2	P-3	C-4
Cap-Haitien.....	38.00	186.00	.....	22,406.14	969.50	.....	59.75	.....
Gonaives.....	.....	.....	1,055.50	247.83	90.50	.....	244.80	.....
Hinche.....	.....	.....	276.10	1,005.18	428.08	.....	2,770.50	.....
Jacmel.....	.....	3.00	39.25	3,637.73	277.50	.....	.....	.....
Jeremie.....	.....	.....	.....	1,293.15	437.91	.....	438.46	.....
Petit-Goave.....	.....	.....	.....	1,763.14	25.00	.....	4,801.36	.....
Port-au-Prince.....	12.00	258.00	.....	402.50	244.50	.....	3,554.45	.....
Port-de-Paix.....	.....	.....	197.55	23,677.82	278.10	.....	308.30	.....
Saint-Marc.....	.....	.....	.....	1,233.40	570.85	150.00	6,202.80	.....
Total.....	.....	.....	20.55	79.00	308.68	.....	7,574.40	.....
Total.....	50.00	447.00	1,588.95	55,745.89	3,630.62	150.00	25,954.82	.....



SERVICE D'HYGIENE. DEPENSES PAR PERSONNE, 1918-1929

331. ANALYSE DES DÉPENSES 1928-29

Districts		A-1	A-2-A	A-2-B	A-2-C	A-2-D	A-2-E	A-3
Cap-Haitien....	299,741.16	155,187.84	3,620.45	837.00	7,828.70	1,884.50	55,500.04	7,497.15
Cayes.....	86,082.88	41,117.16	1,380.05	578.45	269.40	574.20	27,360.00	9,536.93
Gonaïves.....	54,793.36	37,125.84	1,209.91	.....	210.55	217.00	14,850.00	24.00
Hinche.....	75,294.73	46,986.14	1,603.72	25.30	3,478.04	4,562.50	12,462.46	3,004.92
Jaïmel.....	74,836.66	40,895.00	1,373.35	880.00	.....	802.00	20,043.50	1,222.75
Jérémie.....	48,865.49	27,856.70	1,132.75	404.00	449.20	512.98	12,334.30	4,123.25
Petit-Goave....	50,753.00	29,443.12	807.84	565.70	189.00	116.15	16,116.10	803.00
Port-au-Prince..	542,770.40	283,024.13	26,018.44	1,322.55	11,459.57	3,611.40	90,071.90	7,272.75
Port-au-Prince 331-X.....	48,562.05	13,547.95	1,565.25	924.50	.....	.....	29,707.00	36.50
Port-au-Prince P.H.O.....	60,604.00	53,443.32	587.30	.....	.....	.....	.....	2,379.20
Port-au-Prince 331-I.....	72,172.75	43,176.58	3,677.78	.....	.....	.....	2,509.50	2,100.00
Port-de-Paix....	44,140.67	28,659.50	406.35	.....	73.20	.....	5,729.70	511.65
Saint-Marc.....	55,269.80	34,301.65	.....	413.85	132.50	322.35	11,787.53	1,281.75
Total.....	1,513,886.95	834,764.93	43,383.19	5,951.35	24,090.16	12,603.08	298,472.03	39,793.85

Districts	A-4	A-5	A-6	R	P-1	P-2	P-3	G-4
Cap-Haitien.....	155.00	1,753.75	7,129.27	28,687.71	14,869.21	.....	14,790.54	.....
Cayes.....	.....	1,973.00	27.65	547.90	1,488.78	.....	1,229.36	.....
Gonaïves.....	.....	.....	385.00	173.00	495.12	.....	102.94	.....
Hinche.....	.....	.....	34.00	2,286.50	851.15	.....	.....	.....
Jaïmel.....	.....	215.00	.....	4,132.19	448.45	.....	4,824.42	.....
Jérémie.....	.....	.....	.....	1,779.56	272.75	.....	.....	.....
Petit-Goave....	.....	.....	.....	198.90	289.20	.....	2,223.99	.....
Port-au-Prince..	.....	.....	18,687.90	60,953.31	22,758.65	.....	4,423.40	13,166.40
Port-au-Prince 331-X.....	302.50	27.50	1,439.90	668.15	156.00	.....	186.80	.....
Port-au-Prince P.H.O.....	.....	.....	.....	1,662.86	2,413.45	.....	117.87	.....
Port-au-Prince 331-I.....	.....	4,800.00	643.20	2,893.32	1,805.75	.....	1,192.37	9,374.25
Port-de-Paix....	.....	.....	310.00	2,289.67	839.00	.....	5,321.60	.....
Saint-Marc.....	3.00	605.00	179.35	3,752.62	1,954.45	15.00	520.75	.....
Total.....	460.50	9,374.25	28,836.27	110,025.69	48,641.96	15.00	34,934.04	22,540.65

Depenses Brut	Credits Budgetaires	Credits Extraordi- naires	Fournitures et articles de Trans- port	Total De- penses Brut	Recettes	Recettes Net	
Sanitation et Quarantaine.....	1,044,803.61	815,272.44	237,953.67	2,098,029.72	97,555.22	2,000,474.50	4.87%
Hopitaux.....	1,513,886.95	55,717.68	674,575.11	2,244,177.74	192,136.83	2,052,040.91	9.36%
Tout le Service....	3,987,990.17	1,067,030.83	.....	5,055,021.00	423,551.62	4,631,469.38	9.14%

DÉPÔTS—EXERCICE 1928-1929 (RECETTES ET BORDEREAU D'ENCAISSEMENT)

Districts	301	302	310	311	331	Total
Cap-Haitien.....				9,292.50	41,075.85	50,368.35
Cayes.....				11,085.90	2,343.50	13,429.40
Gonaïves.....				5,122.60	6,977.15	12,090.75
Hinche.....				4,942.01	3,294.73	8,236.74
Jacmel.....				5,210.92	5,542.35	10,753.27
Jérémie.....				4,138.38	580.00	4,718.38
Petit-Goave.....				5,891.47	2,753.00	8,644.47
Port-au-Prince.....		58,443.49	75,373.75	39,846.33	116,709.30	290,372.87
Port-de-Paix.....				4,200.15	5,591.15	9,791.30
Saint-Marc.....				7,824.96	7,269.80	15,094.76
Total.....		58,443.49	75,373.75	97,555.22	192,136.83	423,509.29

RECAPITULATION

Total des Fonds Budgétaires.....	3.603.230.00
Total Dépôts	
Reporté de l'année précédente.....	G.11.176.90
Valeur reçue des Communes.....	145.147.42
Valeur reçue du traitement des malades.....	270.527.65
Recettes (Forme RG-74).....	7.835.55
	<u>434.687.52</u>
	4.037.917.52
Total Dépenses.....	3.987.990.17
Balance des dépôts transférés à l'année prochaine.....	49.613.50
Retourné au Trésor.....	313.85
	<u>4.037.917.52</u>

CRÉDITS EXTRAORDINAIRES 1928-1929

DÉPENSÉS PAR LE SERVICE NATIONAL D'HYGIÈNE PUBLIQUE

Credits No.	Nom	Montant	Balance	Depense
1221	Améliorations Sanitaires.....	167.500.00	5.062.31	55.160.11
1225	Bourses Fondation Rockefeller.....	22.800.00	12.698.35	9.661.65
1226	Morgue Hôpital Général Haitien.....	17.500.00	0.00	1.858.90
1227	Achats de terrains pour Port-au-Prince St-Marc et Petit-Goave.....	50.000.00	5.423.80	30.389.20
1228	Améliorations Sanitaires Permanent.....	240.000.00	9.244.75	209.817.99
1229	Achats de terrains pour Dispensaires ruraux.....	20.000.00	18.450.22	81.78
1230	Carrelage Hopital Justinien, Cap-Haitien..	6.535.00	0.00	6.535.00
1263	Secours pour sinistrés.....	500.000.00	0.00	368.942.97
1278	Améliorations San. Permanentes.....	200.000.00	18.648.63	181.351.37
1279	Bourse à l'étranger pour une Garde- Malade.....	9.000.00	1.808.85	7.191.15

* 1226—8.00 Retourné au Trésor.

* 1263—45.005.40 Retourné au Trésor.

DÉPENSÉ PAR LES TRAVAUX PUBLICS POUR LE SERVICE D'HYGIENE PUBLIQUE

Credit No.	Nom	Montant	Balances	Depense
1219	Construction de Dispensaires Ruraux.....	162.500.00	38.367.17	57.804.26
1220	Morgue, Ecole de Médecine.....	70.000.00	0.00	58.075.27
1233	Réparation de la Morgue, l'Hôpital Général Haitien.....	30.000.00	0.00	30.000.00
1247	Agrandissement de l'Hôpital, Gonaïves....	70.000.00	19.838.82	50.161.18

SECTION DES FOURNITURES

MR. M. BIRTWISTLE

A. Au cours de l'année fiscale 1928-1929, la section des fournitures a eu la satisfaction de voir la réalisation de ses plans se faire à la plus grande satisfaction de tous les intéressés. Avant l'année fiscale 1927-1928 il n'existait aucun système d'estimation qui englobait tous les détails d'achat. Il y a deux ans, un système a été établi dans le service qui oblige tous les districts à soumettre annuellement un état estimatif de leurs besoins, lequel embrasse tous les produits depuis l'acacia jusqu'au Yatren et comprend également les fournitures, de quelque nature qu'elles soient, employées dans les hôpitaux, dans les travaux sanitaires et dans le matériel de transport. Ne possédant pas d'estimations déjà employées pour servir de comparaisons, les districts ont été obligés de recueillir elles données qui pourraient leur permettre d'avoir une idée relative de ce qui pourrait leur faire besoin. On doit dire aussi, pour être juste vis-à-vis du personnel des districts que les estimations soumises ont été bien calculées.

B. A la réception des estimations à l'Office Central, elles furent disposées en Table et le prix total de chaque district a pu être assuré. Le total du prix de tous les districts éleva à une somme qui dépassa de 300.000 Gourdes la valeur du Crédit Budgétaire voté, ce qui entraîna une diminution dans la quantité des articles demandés. Les rapports des travaux accomplis ont été comparés. De cette étude on fit trois divisions des dix districts, chaque division fut placée sur une base comparable au travail effectué et tant que cela concerne l'allocation. Au cours de l'année on observa rigoureusement l'exécution de cette allocation divisionnaire car s'il ressortait quelques lacunes dans les points principaux, les initiateurs auraient eu sur leurs épaules tout le fardeau des critiques.

C. Au cours de l'année, plusieurs petits changements ont été faits. Ceux qui sont au courant de ce système se sont vite rendus compte qu'elle a apporté la solution de beaucoup de problèmes qui, auparavant, s'étaient révélés embarrassants; dès que l'année fut à sa fin, tous furent en faveur de ce nouveau système. Les estimations de l'année fiscale 1927-28 ont clairement démontré l'excellence des résultats obtenus; et les estimations de l'année fiscale 1929-30 témoignent de la justesse et du caractère commercial de ce système.

D. Le Dépôt des Fournitures a déjà eu une année d'expérience dans son nouveau local. Plusieurs altérations et beaucoup d'installations ont été faites. Le personnel du Dépôt a eu, en maintes circonstances, l'occasion d'étudier l'emballage, le déballage, l'expédition et l'emmagasinage. En lui donnant un salaire à la tâche, on obtient de bien meilleurs résultats. On s'intéresse à la santé de ce personnel dont tous les membres ont reçu des instructions dans les premiers soins des blessures légères; ce procédé les conserve en bonne santé et permet d'obtenir d'eux un travail complet.

E. Un système de classeurs Kardex a été installé au commencement de l'année fiscale, il a fonctionné de telle sorte à assurer spontanément des renseignements exacts sur les articles délivrés, leur prix et toutes sortes d'informations désirées. Un point particulier des cartes consiste à mentionner sur la carte le numéro des articles du tarif douanier qui s'applique à l'article lui-même. Ce système qui fait économiser du temps, permet d'avoir en tout temps l'article du tarif douanier correspondant.

F. La construction d'une nouvelle table d'emballage facilite le contrôle et l'expédition des réquisitions. En prenant en considération ce fait que, au cours de l'année 1928-29, 869 réquisitions pesant ensemble 392.140 livres ont été emballées et expédiées aux divers districts; que des articles pesant ensemble 380.521 livres ont été reçus des Etats-Unis et que 68 expéditions ont été faites par vapeur, 56 par voiliers, 66 par camions, 58 par chemins de fer, et 66 par avions, on peut voir que l'habileté du personnel du Dépôt des Fournitures a été soumise à une épreuve complète. Bien plus, toutes les réquisitions mensuelles ont été exécutées et expédiées avant le 21 de chaque mois. La manutention et l'emballage des expéditions soit à l'intérieur, soit à l'extérieur, sont laissés aux soins des trois emballeurs qui sont contrôlés par l'Officier chargé du dépôt et contrôlé de nouveau par un employé. Ce système est basé sur celui du Dépôt des Fournitures de Brooklyn.

G. Le système d'achat mentionné dans le rapport de l'année dernière est toujours en vigueur. Il permet d'avoir des stocks suffisants pour faire face aux besoins de tous les districts mensuellement, lesquels sont basés sur l'allocation faite dans leurs estimations annuelles. Il empêche que les articles soient en trop grande quantité et ne permet qu'ils ne soient en excès que dans les cas d'urgence. L'excellence des résultats de ce système se manifesta le 25 Septembre 1929, quand après l'exécution des réquisitions, il ne restait en stock que ce qu'il fallait pour les besoins du mois d'Octobre. Cela a prouvé que le système d'achat a fonctionné tel qu'il a été projeté et a pleinement démontré que les achats ont été faits systématiquement.

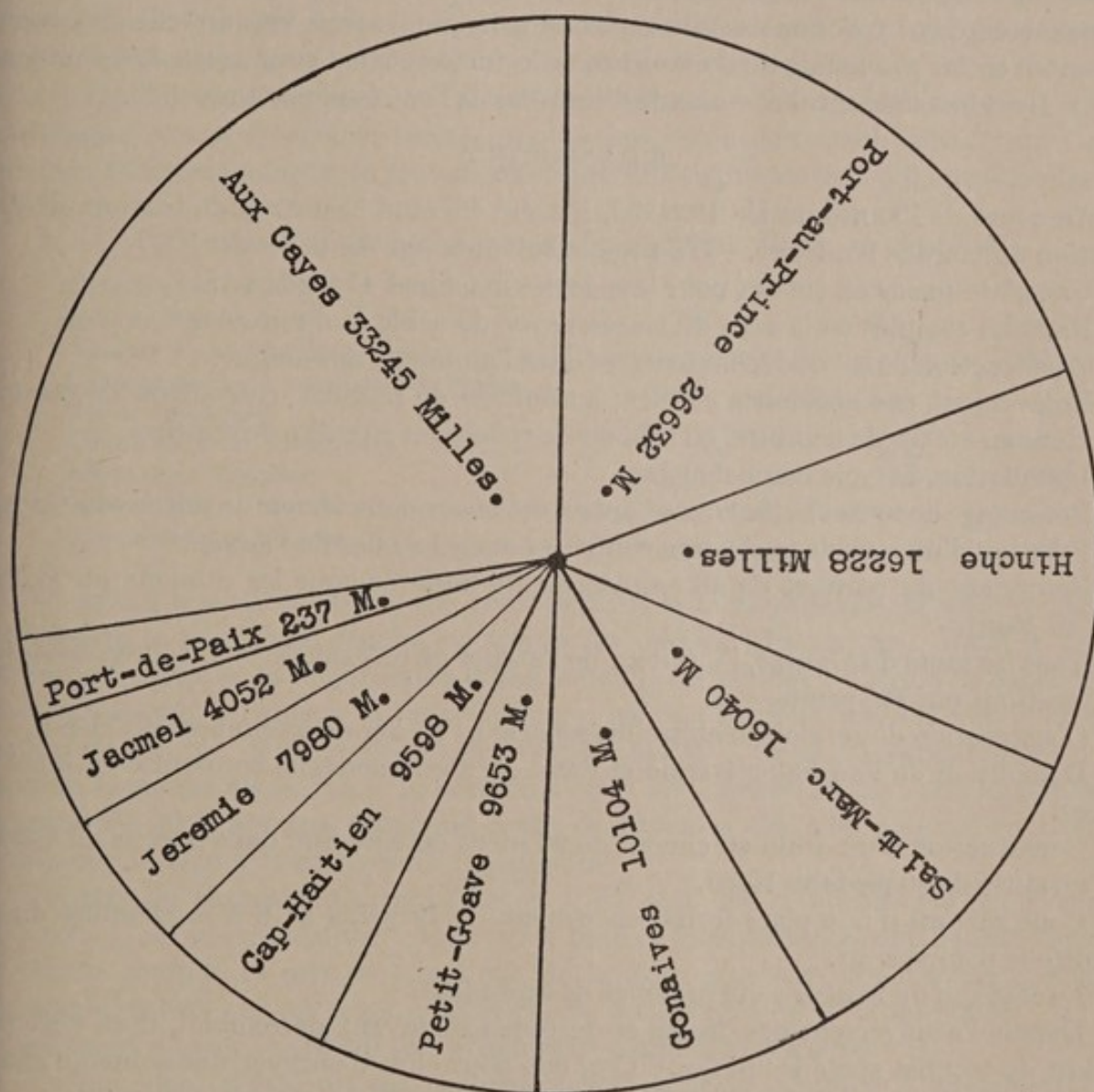
H. Le prix des articles livrés par le Dépôt des Fournitures durant l'exercice 1928-1929 s'éleva à la somme de Gdes. 524.605,13 comparé à celui de l'année fiscale 1927-28 de Gdes. 521.677,47. Il y eut une augmentation de Gdes. 65.000 dans le prix des médicaments et des instruments de chirurgie, une diminution de Gdes. 60.000,00 dans celui des Fournitures et articles pour hôpitaux, et une augmentation de Gdes. 8.000.00 dans les frais de Douanes. Il y eut une forte augmentation dans les quantités d'arsphénamine, d'iodure de potassium, de sulfate de quinine, de sulfate de magnésie et d'huile de ricin délivrées.

I. L'augmentation des médicaments et des articles chirurgicaux est due à l'accroissement des travaux faits dans les cliniques et dans les hôpitaux. Les augmentations suivantes sur l'année fiscale 1927-28 indiquent clairement pourquoi la quantité des médicaments et instruments chirurgicaux consommée a été si élevée: Admissions dans les hôpitaux: 1.555,—externes dans les cliniques rurales 474.931,—grandes opérations 249,—petites opérations 1.308,—injections arsenicales 98.800.

K. Etant donné que le Crédit Budgétaire pour l'année 1928-29 n'a pas été plus élevé que l'année 1927-28 et sachant que le projet d'extension des travaux cliniques aurait été grandement développé au cours de l'année il fut décidé que les médicaments qui sont délivrés en plus grande quantité que les autres seraient achetés dans des récipients de plus grandes dimensions. Cette décision, dans une certaine mesure, permet de réaliser une grande économie. Cependant on constate que le travail exigé par un 2ème emballage nécessite une augmentation de travail et une perte considérable et à ce point qu'il était difficile de faire parvenir des médicaments aux cliniques éloignées. Le personnel des districts accepta de bonne grâce cette situation et on lui donna l'assurance que le crédit pour les fournitures serait augmenté permettant ainsi de retourner aux anciens récipients Standard. Cela a été fait et les articles se trouvent dans des récipients

une dimension qui a été longtemps considérée comme la plus convenable pour les besoins du Service.

L. Le Catalogue des Fournitures a été révisé. Il contient la liste des drogues dans des récipients ayant les dimensions actuelles. Pareillement on a institué un système qui consiste à placer séparément les articles semblables de dimensions différentes. Cela permet de réquisitionner les articles dans des récipients de diverses dimensions et permet



SERVICE D'HYGIENE. DISTANCES PARCOURUES EN AUTO, AVION, CHALOUPE ET CHEVAL, 1928-1929

le personnel du Dépôt de savoir exactement ce qu'on désire. Les capsules, aiguilles, accins, bandages, certaines drogues, etc. sont un exemple de ce que signifie ce qui est d'être dit.

M. Une nouvelle forme de réquisition a remplacé l'ancienne. Elle est plus longue et chaque copie est de couleur différente. De plus au verso le prix total des fournitures selon la classification est inscrit. On fait mention de tous renseignements concernant la

date, le numero, l'heure la méthode d'expédition et le reçu. Toutes les instructions sont écrites en français et en anglais.

N. Il est à remarquer que ce Dépôt a été installé dans un nouveau local il y a plus d'un an. Et cependant jusqu'à cette date, l'eau n'a pas encore été installée ni non plus a-t-on installé une tuyauterie en cas d'incendie. C'est une situation grave qui mérite d'être remédiée au plus tôt, car le système de portes roulantes en acier employé au Dépôt empêche, en cas d'incendie, l'accès à l'intérieur. Une petite porte en bois est la seule ouverture qui y donne accès et en cas d'incendie il serait très difficile de parvenir aux portes en fer par le fait de l'obscurité, de la fumée et de l'emmagasinement des fournitures. Il est instamment recommandé d'installer de l'eau le plus tôt possible.

TRANSPORT

Au cours de l'année fiscale 1928-29, il a été effectué beaucoup de travaux de construction au Garage Sanitaire. Les projets suivants ont été achevés:

Une plate-forme en ciment pour lavage des machines 17 pieds x 18.

Remblai complet de la cour du Garage avec du sable et du gravier.

Construction de six nouvelles fenêtres dans l'atelier de mécanique.

Enlèvement des anciennes écuries; bétonnage du parquet; conversion de ces constructions en atelier de peinture, en cabinet de toilette et en salles de douches.

Installation de trois bains-douches.

Bétonnage de toutes les fissures et autres crevasses dans le mur de clôture du Garage.

Erection d'un mur de protection contre les orages au bas du Garage.

Bétonnage du parquet de 16 emplacements réservés pour les camions au Garage situé au Nord.

Tous les murs du Garage, l'intérieur de l'atelier de mécanique et le toit de toutes les constructions ont été peints.

Construction d'une cloison en treillis séparant l'atelier de mécanique du Dépôt.

Démolition de l'ancienne latrine et érection d'une nouvelle construite en blocs de ciment.

Construction d'un drain en ciment de 90 pieds au côté Sud dans la cour du Garage et d'un autre de 60 pieds au Nord.

Construction d'une plate-forme en ciment de 19 pieds x 18 à la chambre où est installée la pompe à air.

Le côté sud du hangar a été prolongé de sept pieds.

Depuis l'achèvement des drains et de tous les travaux de remblai, il ne s'est plus produit de trouble après les pluies. Ceci eut pour effet d'enrayer une source d'ennuis car le personnel et les camions n'ont plus à patauger dans l'eau et dans la boue.

L'installation d'un cabinet de toilette et de bains-douches a ajouté au confort du personnel du garage. Cette installation était désirée depuis longtemps.

Après que le dépôt des Fournitures ait été transféré à son local actuel, dans le nouveau Magasin de l'Etat, l'espace laissé vide par ce transfert a été transformé en un atelier de mécanique. Ce qui a permis de centraliser le travail à l'intérieur dans une grande salle. Il est suffisamment spacieux pour permettre l'exécution de cinq grands travaux de réparations en même temps. De plus, dans cette chambre se trouve le département de vulcanisation et le service des accumulateurs, de même que le dépôt de pneus, de pièces de rechange et d'accessoires. Le mécanicien en chef peut actuellement

contrôler tous les travaux dans une seule chambre, ce qui permet d'avoir plus de rendement, d'éviter toute perte de temps et de contrôler constamment et adroitement tous les travaux de mécanique. Dans cette chambre se trouvent également la machine à air, la machine à roder les soupapes, le tour, la machine à percer et autres outillages mécaniques.

Au cours de l'année, l'outillage suivant a été ajouté à l'atelier de mécanique: un élévateur portatif; sept jacks hydrauliques; un perforateur électrique; une machine automatique à changer les pneus; un graisseur automatique; un tour électrique; un chargeur d'accumulateur rectogon; une machine à riveter les bandes de freins; un jeu d'étagères en métal pour les pièces de rechange. L'installation de ces articles d'outillage a permis d'expédier beaucoup plus rapidement le travail, permettant ainsi de faire face à l'accroissement du travail résultant de l'augmentation des automobiles.

RESUME DU TRAVAIL FAIT AU GARAGE DE PORT AU PRINCE

Grandes réparations.....	170
Petites réparations.....	1.284
Nombre d'automobiles graissées.....	1.357
Carrosseries pour camions fabriquées.....	21
Pneus vulcanisés.....	77
Chambres à air vulcanisées.....	1.968
Crevaisons réparées.....	2.090
Accumulateurs chargés.....	262
Accumulateurs réparés.....	24

Un grand travail de réparation consiste dans le nettoyage du carbone, rodage des soupapes et le nettoyage général de toutes les parties mécaniques. Dans le cas des camions est comprise la construction d'une nouvelle carrosserie. Le prix de construction d'une carrosserie, y compris la planche, le fer, les vis et écrous, main d'oeuvre de charpentier, de peintre, de forgeron est de Gourdes 442.00. Cette valeur comparée à l'estimation la moins élevée pour la construction d'une carrosserie de camion qui est de Gourdes 585.00 laisse une économie nette de Gourdes 3.475.00 réalisée au cours de l'année dernière pour la carrosserie des camions.

Le prix du chargeur d'accumulateurs a été plus que compensé par les économies qu'il nous a permis de réaliser. Ceci a été prouvé incontestablement l'année dernière. En tenant compte du prix de l'appareil, de la main d'oeuvre, des matériaux achetés, l'économie réalisée sur ces seuls articles s'éleva à la somme de Gourdes 600.00. Il nous permet aussi d'avoir le travail fait à temps et sous notre contrôle.

Ce qui vient d'être dit est également vrai pour la machine à vulcaniser. Cet appareil a payé son prix l'année dernière et cette année-ci il nous a permis de réaliser une économie de Gourdes 700.00.

Avec l'acquisition de jacks hydrauliques et d'un élévateur, le travail s'exécute très rapidement, tandis qu'autrefois il fallait consacrer une heure pour jacker et bloquer une machine en utilisant les jacks à main le même travail se fait maintenant en quelques minutes avec les jacks hydrauliques. De plus avec ces instruments les machines peuvent être déplacées immédiatement sans que les travaux que l'on effectue soient dérangés. L'élévateur a également payé son prix. Avec l'installation de cet outillage, on peut en quelques moments jacker une machine et la mettre dans un endroit approprié où le

travail peut être fait sans difficulté. Autrefois le travail était difficile avec l'ancien outillage et il était limité.

La machine à riveter les bandes de frein réduisit le volume du travail de 80% tout en assurant un rivetage parfait des bandes.

La machine à percer, la machine à roder et le tour ont amplement démontré leur valeur, et prouvent chaque jour qu'ils sont de la plus grande nécessité dans un atelier où le travail est considérable.

Le problème de transport est devenu beaucoup plus grand durant ces douze derniers mois. On peut s'en rendre compte facilement en considérant les faits suivants: la quantité de gasoline consommée a augmenté de 34.692 gallons en 1927-28 à 76.564 gallons en 1928-29; l'augmentation du nombre des autos a été de 57%. Les grandes réparations ont été augmentées de 63; les petites réparations ont été augmentées de 700; le nombre de carrosseries de camions fabriquées a augmenté de 9. Cette augmentation des automobiles était faite conformément au plan dressé il y a de cela deux ans. Chaque district possède un nombre suffisant d'automobiles pour les cliniques et de camions pour le service des rues. On peut se rendre compte du bienfait immense qui découle de l'acquisition des machines des cliniques en jetant un coup d'oeil sur le rapport des cliniques de cette année-ci comparé à celui de l'année dernière.

Le nombre total de miles parcourus par toutes les machines durant l'année a été de 657.021 miles.

Le prix actuel par mile a été de Gde. 0.36.

Le prix par mille, y compris le salaire du mécanicien, du chauffeur a été de Gde. 0.54.

Le miléage moyen par gallon de gasoline a été de 10.8 miles.

Au 1er Octobre 1927 il y avait 11 machines de tourisme, 35 camions. Au 1er Octobre 1929, il y avait 31 machines de tourisme et 50 camions. Cette augmentation du nombre de machines et de camions a été faite conformément au programme de trois années élaboré en 1927. A cette époque, on présumait que l'augmentation du Crédit Budgétaire annuel aurait été suffisante pour faire face aux dépenses initiales et aux frais subséquents. Cette présomption, cependant n'a pas été juste, mais le plan a été exécuté. En 1920, et derechef en 1925, des crédits extraordinaires ont été votés pour le remplacement des automobiles. Cette année, un autre crédit extraordinaire aurait dû être voté mais cependant grâce à certaines économies qui avaient été faites, le prix initial de nouvelles machines a été payé du Crédit ordinaire. Actuellement, il est de toute nécessité que l'on remplace 16 camions et six voitures de tourisme. Les camions ont été en service depuis plus de quatre ans et demandent plus d'attention chaque jour et donnent un rendement moindre ce qui augmente les frais de réparations et d'entretien.

L'atelier de charpentier a exécuté des travaux de valeur au cours de l'année. Il y a deux charpentiers qui se sont occupés des divers travaux à exécuter. C'est ainsi qu'au cours de cette année, 17 carrosseries de camions ont été construites, six reconstruites, l'achèvement d'un nouvel Office au Dépôt de Fournitures, l'installation de nouvelles étagères au Dépôt de Fournitures, la confection de 90 tables pour les malades des Hôpitaux, la confection de six fenêtres dans l'atelier de mécanique, l'extension du hangar des machines, la construction d'une cloison en treillis dans l'atelier mécanique, la construction de diverses pancartes, la boiserie pour les cabinets d'aisance, divers petits travaux d'emballage et d'autres petites réparations. Le fait d'avoir des charpentiers à l'atelier du garage aide dans l'accomplissement des travaux qui, autrement auraient été exécutés au dehors.

Un forgeron est employé au garage. Ses fonctions sont diverses et son habileté à exécuter toutes sortes de travaux sur le fer, le bois et les travaux de maçonnerie, de ferblanterie a été amplement prouvée. Au cours de l'année, il a procédé au montage de 32 brouettes, il a construit la monture en fer des nouvelles carrosseries, fait la soudure de 31 ferblancs, fait les réparations de trois tombereaux en métal, redressé 26 défenses d'automobiles, reconstruit une carrosserie en fer, remplacé plusieurs marchepieds en métal, redressé six chassis d'automobiles, construit la clôture en fil de fer, soudé beaucoup de radiateurs de réservoirs d'essence et de drums, reconstruit huit ressorts d'automobiles, fait quatre-vingt dix-huit pancartes en métal et enfin il a exécuté beaucoup de travaux du même genre. Il a apporté aussi son concours dans les travaux de bétonnage exécutés au Garage.

Le peintre a exécuté les travaux suivants: il a peint toutes les carrosseries des unions, onze machines de tourisme, 167 brouettes, 130 poubelles, 114 pancartes officielles, 25 grandes pancartes pour la vente de la quinine, 25 capotes d'automobiles, a également peint le Bureau du Garage, la chaloupe, il a également donné une couche de vernis à la capote de 23 machines, il a réparé 21 coussins d'automobiles et sept capotes d'automobiles. De plus il a réparé plusieurs défenses d'auto et a exécuté divers autres petits travaux de peinture.

TABLE DES STATISTIQUES

CAUSES DE DECES POUR L'ANNEE 1928

I. MALADIES EPIDEMIQUES, ENDEMIQUES ET INFECTIEUSES

	Masculin	Feminin	Total
1a Fièvre Typhoïde.....	18	11	29
5 Fièvre Paludéenne.....	522	470	992
5 Cachexie paludéenne.....	6	7	13
5 Fièvre pernicieuse.....	0	1	1
9 Coqueluche.....	8	15	23
11a Grippe (bronchite).....	5	2	7
11b Grippe.....	2	2	4
11b Influenza.....	7	10	17
16a Dysenterie amibienne.....	6	5	11
16a Abscès amibien du foie.....	1	0	1
16b Dysenterie bacillaire.....	2	1	3
16c Dysenterie.....	31	28	59
19 Jaunisse.....	5	1	6
20 Lèpre.....	3	0	3
21 Erysipèle.....	1	0	1
29 Tétanos.....	9	16	25
30 Pied de Madura.....	1	0	1
31 Pneumonie tuberculeuse.....	2	0	2
31 Tuberculose pulmonaire.....	240	246	486
31 Phtysie.....	8	3	11
32 Méningite Tuberculeuse.....	1	1	2
33 Tuberculose des intestins.....	1	0	1
33 Péritonite tuberculeuse.....	3	4	7
34 Mal de Pott.....	1	1	2
36b Tuberculose des os.....	1	1	2
37a Tuberculose miliaire aiguë.....	1	0	1
38 Syphilis.....	91	69	160
38 Heredo syphilis.....	23	10	33
38 Syphilis tertiaire.....	3	2	5
38 Myocardite syphilitique.....	0	1	1
40 Métrite gonococcique.....	0	1	1
40a Cystite blennorragique.....	1	0	1
41 Septicémie.....	9	6	15
42 Fièvre infectieuse.....	1	1	2
42 Treponematose.....	14	17	31
42 Chylurie.....	0	1	1

II. MALADIES GENERALES NON MENTIONNEES DANS LA CLASSE I

43 Cancer du maxillaire.....	2	0	2
43 Cancer de la langue.....	1	0	1
44 Cancer de l'estomac.....	3	10	13
44 Cancer du foie.....	1	0	1
45 Cancer des intestins.....	0	1	1
46 Cancer de l'utérus.....	0	8	8
47 Cancer du sein.....	0	9	9
49 Cancer du poulmon.....	1	0	1

	Masculin	Feminin	Total
49 Cancer du rein gauche.....	1	0	1
49 Cancer de la prostate.....	1	0	1
49 Cancer.....	0	7	7
49 Ostéo-sarcome de la face.....	1	0	1
49 Sarcome de la cuisse.....	1	0	1
40 Tumeur de l'utérus.....	0	1	1
52 Rhumatisme chronique.....	83	85	168
52 Arthrite.....	2	0	2
56 Rachitisme.....	1	0	1
58a Anémie pernicieuse.....	2	5	7
60 Abscès.....	3	0	3
63 Tuberculose des capsules surrénales.....	0	1	1
66 Alcoolisme chronique.....	3	0	3
69 Infection congénitale.....	1	0	1
69 Auto-intoxication alimentaire.....	0	1	1
69 Infection généralisée.....	0	1	1

III. MALADIES DU SYSTME NERVEUX ET DES ORGANES SPECIAUX DES SENS

71 Méningite simple.....	5	7	12
71b Méningite cérébro-spinale.....	5	3	8
72 Ataxie locomotrice progressive.....	0	1	1
73 Myélite.....	0	1	1
74 Oedème cérébral.....	3	10	13
74a Hémorragie cérébrale.....	3	10	13
74a Congestion cérébrale.....	3	16	19
74a Apoplexie cérébrale.....	10	9	19
75 Paralyse générale.....	3	2	5
75a Hémiplegie.....	3	3	6
75b Paraplégie.....	1	1	2
77 Démence.....	1	0	1
78 Epilepsie.....	3	1	4
80 Convulsions.....	1	0	1
80 Convulsions des enfants.....	0	2	2
82 Migraine.....	1	2	3
83 Ramollissement cérébral.....	0	3	3
84 Paralyse agitante.....	1	0	1
84 Compression cérébrale.....	1	0	1
84 Anémie cérébrale.....	1	0	1
85 Tumeur orbitaire.....	1	0	1

IV. MALADIES DU SYSTME DE LA CIRCULATION

87 Péricardite.....	1	0	1
88 Endocardite.....	0	2	2
88 Endocardite infectieuse.....	1	0	1
88 Myocardite.....	7	2	9
88 Myocardite infectieuse.....	1	0	1
89 Angine de poitrine.....	2	1	3
90 Insuffisance valvulaire.....	2	1	3
90 Asystolie.....	4	5	9
90 Tachycardie.....	1	0	1
90 Insuffisance cardiaque.....	12	21	33
90 Myocardite chronique.....	16	8	24
90 Cardiopathie.....	37	46	83
90 Lésion valvulaire.....	0	1	1

	Masculin	Feminin	Total
90 Anévrisme du coeur.....	0	1	1
90 Maladie mitrale.....	3	6	9
90 Insuffisance aortique.....	12	18	30
91a Anévrisme de l'aorte.....	5	1	6
91b Artério-sclérose.....	1	4	5
91c Maladie de Hodgson.....	1	0	1
91c Aortite.....	7	2	9
93 Hémorroïdes.....	1	0	1
95 Hémorragie interne.....	3	0	3

V. MALADIES DU SYSTME DE LA RESPIRATION

98 Laryngite.....	1	0	1
98 Laryngite striduleuse.....	1	0	1
99a Bronchite aigue.....	10	18	28
99b Bronchite chronique.....	5	7	12
99c Bronchite.....	10	14	24
100a Broncho pneumonie.....	22	16	38
100b Bronchite capillaire.....	3	7	10
101a Pneumonie lobaire.....	30	26	56
101b Pneumonie.....	6	1	7
102 Pleurésie.....	6	6	12
102 Empyème.....	1	0	1
103 Congestion du poumon.....	4	4	8
103 Oedème pulmonaire.....	2	0	2
104 Gangrene du poumon.....	1	0	1
105 Asthme bronchitique.....	9	5	14
106 Emphysème pulmonaire.....	2	0	2
107c Hemoptisie.....	1	0	1

VI. MALADIES DU SYSTME DIGESTIF

108 Fistules des glandes salivaires.....	0	1	1
108 Angine du Ludwig.....	0	1	1
108b Parotidite.....	1	0	1
109 Abcès retro-pharyngien.....	0	1	1
111 Indigestion.....	1	0	1
111a Ulcère de l'estomac.....	2	2	4
112 Gastrite chronique.....	0	1	1
112 Dyspepsie.....	0	3	3
112 Cancer de l'estomac.....	0	1	1
112 Gastrite aigue.....	3	1	4
112 Autres affections de l'appar. digest.....	0	1	1
113 Entérite chronique.....	0	3	3
113 Choléra infantile.....	1	1	2
113 Entérite.....	14	6	20
113 Coliques aigues.....	7	7	14
113 Athrepsie.....	8	6	14
113 Diarrhée verte.....	2	2	4
114 Entéro-colite.....	2	6	8
114 Diarrhée-entérite.....	44	41	85
114 Gastro-Entérite.....	8	3	11
114 Dysenterie.....	0	1	1
114 Colite.....	5	8	13
114 Infections gastro-intestinales.....	103	103	206
115 Ankilostomiase.....	1	0	1

	Masculin	Feminin	Total
6 Maladies dues aux parasites intestin.....	1	0	1
6f Parasites intestinaux.....	6	5	11
7 Appendicite.....	1	0	1
8 Hernie étranglée.....	1	1	2
8 Occlusion intestinale.....	4	5	9
8a Hernie.....	6	0	6
8b Ileus.....	1	0	1
9 Constipation.....	5	5	10
9 Invagination intestinale.....	2	0	2
9b Hémorragie intestinale.....	2	0	2
2a Cirrhose alcoolique du foie.....	8	2	10
2b Cirrhose hypertrophique du foie.....	10	5	15
4 Cirrhose atrophique du foie.....	4	0	4
4 Hépatite.....	1	1	2
4 Ictère.....	3	0	3
4 Troubles hépatiques.....	11	10	21
4 Abscès miliaire du foie.....	2	0	2
5 Péritonite.....	1	5	6
5 Péritonite aigue.....	2	0	2

VII. MALADIES NON VENERIENNES DU SYSTEME
GENITO-URINAIRE ET DE SES ANNEXES

3 Néphrite aigue.....	4	9	13
3 Néphrite chronique.....	78	71	149
3 Urémie.....	4	3	7
3 Mal de Bright.....	0	1	1
3 Albuminurie.....	1	0	1
3 Néphrite.....	6	5	11
3 Néphrite interstitielle.....	1	0	1
3 Pyo-Néphrose.....	0	1	1
3 Fièvre hémoglobinurique.....	0	1	1
3 Insuffisance rénale.....	2	0	2
3 Pyélonéphrite.....	2	0	2
3 Incontinence d'urine.....	0	1	1
3 Rétention d'urine.....	1	2	3
3 Fistule urinaire.....	2	0	2
3 Rétrécissement de l'urètre.....	2	0	2
3 Prostatite aigue.....	1	0	1
3 Hypertrophie de la prostate.....	2	0	2
3 Hydrocele.....	2	0	2
3 Kyste de l'ovaire.....	0	1	1
3 Salpingite aigue.....	0	1	1
3 Tumeur de l'utérus.....	0	1	1
3 Fibrome utérin.....	0	7	7
3 Hémorragie utérine non puerpérale.....	3	3	6
3 Métrite.....	0	1	1
3 Bartholinite.....	1	0	1

VIII. ETAT PUERPERAL

c Vomissements incoercibles de la grossesse.....	0	2	2
Hémorragie puerpérale.....	0	5	5
Accouchement laborieux.....	0	2	2
Rupture de l'utérus.....	0	1	1
Autres accidents de l'accouchement.....	0	3	3

		Masculin	Feminin	To
145	Accouchement.....	0	19	
146	Infection puerpérale.....	0	2	
146	Septicémie puerpérale.....	0	16	
148	Eclampsie.....	0	5	
IX. MALADIES DE LA PEAU ET DU TISSU CELLULAIRE				
151	Gangrène de la jambe.....	1	1	
151	Gangrene.....	2	0	
153	Abcès.....	1	0	
153	Abcès du sein.....	0	1	
153	Phlegmon de la cuisse.....	0	1	
154	Pemphigus.....	1	0	
X. MALADIES DES OS ET DES ORGANES DE LA LOCOMOTION				
156	Ostéite.....	1	0	
XI. MALFORMATION				
159	Sténose du larynx.....	1	0	
159	Malformation congénitale.....	2	1	
159	Hydrocéphalie congénitale.....	1	0	
159c	Malformation congénitale du coeur.....	1	0	
XII. PREMIER AGE				
160	Débilité congénitale.....	1	0	
160	Malnutrition.....	4	10	
161	Naissance prématurée.....	0	4	
XIII. VIEILLESSE				
164	Usure organique.....	16	54	
164	Sénilité.....	119	147	
164	Débilité générale.....	0	1	
XIV. CAUSES EXTERIEURES				
170	Suicide par armes à feu.....	1	0	
174	Suicide.....	1	0	
177	Empoisonnement accidentel.....	0	1	
179	Brûlures accidentelles.....	6	5	
179	Brûlures par eau bouillante.....	1	0	
182	Submersion accidentelle.....	15	9	
183	Traumatisme par armes à feu.....	3	0	
184	Traumatisme par instrum. tranchant.....	5	4	
185	Traumatisme accidentel par chute.....	3	1	
188	Accident de chemin de fer.....	4	1	
188	Ecrasement par éboulement.....	1	0	
188c	Traumatisme par voiture.....	1	1	
192	Insanité.....	1	0	
192b	Misère.....	2	0	
197	Homicide par armes à feu.....	1	0	
198	Homicide par instrum. tranchant.....	0	2	
201	Fracture.....	6	3	
201	Broiement.....	4	0	
201	Fracture du col du fémur.....	2	1	

	Masculin	Feminin	Total
02 Blessures accidentelles.....	2	0	2
02 Accident.....	4	1	5
02 Fracture par automobile.....	2	1	3
XV. MALADIES MAL DEFINIES			
04 Mort subite.....	14	4	18
04 Syncope cardiaque.....	0	1	1
05 Congestion.....	3	3	6
05a Hydropisie.....	1	0	1
05a Cachexie.....	1	0	1
05a Dentition.....	3	5	8
05a Fièvre bilieuse.....	1	3	4
05a Inflammation.....	13	7	20
05a Fièvre non qualifiée.....	530	540	1070
05a Causes inconnues.....	3785	3854	7637
Morts-nés.....	47	28	75
	<hr/> 6417	<hr/> 6451	<hr/> 12868

CAUSES DE DECES—HOPITAUX DU SERVICE D'HYGIENE

Causes de deces		Total de deces	Moins de 1 an	1 a 5	6 a 9	10 a 19	20 a 29	30 a 39	40 a 49	50 a 59	60 a 79	80 a 100
Décès dus à toutes les causes.....		854	43	48	7	52	157	171	126	101	126	19
Masculin.....		519	25	25	3	31	88	105	93	67	74	4
Féminin.....		335	18	23	4	21	69	66	33	34	52	15
I. MALADIES EPIDEMIQUES, ENDEMIQUES ET INFECTIEUSES		397	23	16	3	26	90	85	56	42	48	4
	M.	240	15	8		14	55	53	41	27	22	1
	F.	157	8	8	3	12	35	32	15	15	26	3
1	Fièvre typhoïde.....	M. 1 F. 4		1		2	1		1			
5	Fièvre paludéenne.....	M. 15 F. 10				2	5 1	1 2	2 2		4 1	
5b	Cachexie palustre.....	M. 1 F. 1					1 1					
16a	Dysenterie amibienne.....	M. 4 F. 3							1		4 1	1
16b	Dysenterie bacillaire.....	M. 2 F. 1						1	1	1		
16c	Dysenterie.....	M. 8 F. 3						2	2	1	2 2	1
20	Lèpre.....	M. 1 F.					1					
24	Méningite Cérébro-spinale...	M. 11 F. 7		1		2 2	4 1	2		4	5	
29	Tétanos.....	M. 6 F. 10	2 4	2		1 1		3		1	1	
31	Tuberculose pulmonaire.....	M. 110 F. 57		2 3	1	8 2	38 21	31 14	20 7	7 6	3 3	
32	Tuberculose des méninges...	M. 1 F. 1				1		1				
33	Tuberculose du péritoine....	M. 1 F. 1							1	1		
33	Péritonite tuberculeuse.....	M. 2 F. 1				1	1			1		

CAUSES DE DECES—HOPITAUX DU SERVICE D'HYGIENE—*Continu*

	Causes de deces	Total de deces	Moins de 1 an	1 a 5	6 a 9	10 a 19	20 a 29	30 a 39	40 a 49	50 a 59	60 a 79	80 a 100	Age inconnu
34	Mal de Pott.....{M. F.	2 1		1		2							
36b	Tuberculose des os.....{M. F.	1						1					
37a	Tuberculose miliaire.....{M. F.	1						1					
37a	Tuberculose chronique.....{M. F.	1						1					
38c	Syphilis.....{M. F.	3 3					2	1 1	1	1			
38c	Syphilis tertiaire.....{M. F.	14 5	11 3	3 2									
38d	Syphilis héréditaire.....{M. F.	34 21	1 1		1	1 3	3 3	6 7	8 1	8 1	6 2	1	1
41	Infection streptococcique...{M. F.	1									1		
41	Septicémie.....{M. F.	4 4				1		1 1	2	1 1	1		
42	Pian.....{M. F.	17 24	1	1			4	2 7	5 1	4 3	3 9	1	
	II. MALADIES GENERALES NON MENTIONNEES CI-DESSUS {M. F.	40 16 24					4	8 2 6	6 2 4	11 5 6	11 7 4		
43	Cancer du maxillaire.....{M. F.	1						1					
44	Cancer de l'estomac.....{M. F.	2 3							1	2	2 1		
44	Cancer du foie.....{M. F.	1							1				
46	Cancer de l'utérus.....{M. F.	3								3			
46	Cancer vagino-rectal.....{M. F.	1								1			

CAUSES DE DECES—HOPITAUX DU SERVICE D'HYGIENE—*Continu*

	Causes de decès	Total de decès	Moins de 1 an	1 à 5	6 à 9	10 à 19	20 à 29	30 à 39	40 à 49	50 à 59	60 à 79	80 à 100	Age inconnu
46	Sarcome de la cuisse.....{M. F.	1					1						
46	Epithéliome du vagin.....{M. F.	1						1					
47	Carcinome du sein.....{M. F.	1							1				
49	Cancer du genou gauche....{M. F.	1						1					
49	Ostéosarcome du fémur.....{M. F.	1 1						1		1			
49	Ostéosarcome de la face....{M. F.	1									1		
49	Sarcome.....{M. F.	1									1		
49	Cancer du pénis.....{M. F.	1								1			
49	Cancer du rein.....{M. F.	1									1		
49	Cancer.....{M. F.	1									1		
50	Lymphadenome chronique...{M. F.	1									1		
50	Tumeur fibreuse de l'utérus..{M. F.	1							1				
51	Rhumatisme poli-articulaire.{M. F.	1									1		
52	Rhumatisme chronique.....{M. F.	2									2		
52	Arthrite chronique.....{M. F.	1									1		
54	Arthrite du genou.....{M. F.	1						1					

CAUSES DE DECES—HOPITAUX DU SERVICE D'HYGIENE—*Continu*

	Causes de deces	Total de deces	Moins de 1 an	1 a 5	6 a 9	10 a 19	20 a 29	30 a 39	40 a 49	50 a 59	60 a 79	80 a 100	Age inconnu
54	Pellagre..... {M. F.	5					3	1	1				
58	Anémie pernicieuse..... {M. F.	1						1					
58b	Anémie..... {M. F.	1							1				
60b	Goitre..... {M. F.	1						1					
63	Tuberculose des capsules surrénales..... {M. F.	1									1		
66	Delirium tremens..... {M. F.	1								1			
66	Intoxication alcoolique..... {M. F.	2								2			
	III. AFFECTIONS DU SYSTEME NERVEUX ET DES ORGANES DES SENS	32	2			1	5	6	3	4	11		
	NERVEUX ET DES ORGANES DES SENS {M. F.	14 18	2			1	3 2	1 5	2 1	1 3	4 7		
71	Méningite..... {M. F.	6 6	1			1 1	1		1 1		2 1		
73	Myélite..... {M. F.	1					1						
74	Congestion cérébrale..... {M. F.	1								1			
74	Hémorragie cérébrale..... {M. F.	2 5					1		1		1 3		
74	Apoplexie..... {M. F.	1 1									1 1		
75	Hémiplégie..... {M. F.	2 2					1	1				2	
75	Paraplégie..... {M. F.	1					1						

CAUSES DE DECES—HOPITAUX DU SERVICE D'HYGIENE—*Continu*

	Causes de deces	Total de deces	Moins de 1 an	1 a 5	6 a 9	10 a 19	20 a 29	30 a 39	40 a 49	50 a 59	60 a 79	80 a 100
78	Epilepsie.....{M. F.	3						1		2		
80	Ramolissement cérébral.....{M. F.	1	1									
83	Convulsions infantiles.....{M. F.	1						1				
		52			1	3	6	10	13	5	13	1
	IV. AFFECTIONS DE L'AP- PAREIL CIRCULATOIRE {M. F.	37 15			1	2 1	2 4	7 3	11 2	3 2	11 2	1
87	Péricardite.....{M. F.	1					1					
88	Myocardite.....{M. F.	8 2						1	1		6 1	1
88	Myocardite aigue.....{M. F.	2			1			1				
88	Infections infantiles.....{M. F.	1		1								
90	Rétrécissement tricuspideen {M. F.	1								1		
90	Thrombose cardiaque.....{M. F.	1								1		
90	Insuffisance aortique.....{M. F.	2						1				
90	Insuffisance cardiaque.....{M. F.	2					1				1	
90	Insuffisance mitrale.....{M. F.	3								2	1	
90	Asystolie.....{M. F.	1 3				1		1	1 1			
90	Rétrécissement mitral.....{M. F.	1						1				
90	Myocardite chronique.....{M. F.	6 3					1	3 2	3			

CAUSES DE DECES—HOPITAUX DU SERVICE D'HYGIENE—Continu !

Causes de deces		Total de deces	Moins de 1 an	1 a 5	6 a 9	10 a 19	20 a 29	30 a 39	40 a 49	50 a 59	60 a 79	80 a 100	Age inconnu
91a	Anévrisme..... {M. F.	4					1	1		1	1		
91c	Maladie de Hogson..... {M. F.	1							1				
91c	Aortite..... {M. F.	3 2					1		3 1				
91c	Aortite chronique..... {M. F.	1									1		
91c	Artério-scléroses..... {M. F.	1									1		
93	Hémorrhoides..... {M. F.	1							1				
95	Hémorragie interne..... {M. F.	2				1	1						
96	Tachycardie..... {M. F.	1							1				
V. AFFECTIONS DE L'APPAREIL RESPIRATOIRE		65	3	12	1	4	7	10	6	14	7	1	
		45	1	4	1	3	4	9	4	13	6		
		20	2	8		1	3	1	2	1	1	1	
98	Rétrécissement du larynx... {M. F.	1								1			
99b	Bronchite chronique..... {M. F.	1					1						
99c	Bronchite..... {M. F.	3	1	2									
100	Broncho-pneumonie..... {M. F.	11 6	1 1	2 3			1	3 1	1	2	1 1		
100	Bronchite capillaire..... {M. F.	2 1		1 1	1								
101	Pneumonie..... {M. F.	16 6		2		2 1	2 1	2	3 1	3	4	1	
101a	Pneumonie lobaire..... {M. F.	7 2				1		2		3 1	1		

CAUSES DE DECES—HOPITAUX DU SERVICE D'HYGIENE—*Continu*

	Causes de deces	Total de deces	Moins de 1 an	1 a 5	6 a 9	10 a 19	20 a 29	30 a 39	40 a 49	50 a 59	60 a 79	80 a 100	Age inconnu
102	Empyème.....{M. F.	1					1						
102	Pleurésie purulente.....{M. F.	1					1						
103	Oedème des poumons.....{M. F.	2		1						1			
103	Congestion pulmonaire.....{M. F.	1						1					
104	Gangrène du poumon.....{M. F.	1								1			
105	Asthme.....{M. F.	2						1		1			
106	Emphysème pulmonaire.....{M. F.	1							1				
107	Autres affections de l'ap- par. respirat.....{M. F.	1								1			
		93	8	12		3	11	22	18	8	9	2	
	VI. AFFECTIONS DE L'AP- PAREIL DIGESTIF {M. F.	60 33	5 3	7 5		1 2	4 7	15 7	15 3	6 2	7 2		
108	Angine de Ludwig.....{M. F.	1					1						
108	Parotidite.....{M. F.	1				1							
109	Abcès rétropharyngien.....{M. F.	1					1						
112	Hémorragie stomacale.....{M. F.	1					1						
112	Hématémèse.....{M. F.	1							1				
112	Indigestion.....{M. F.	1										1	
112	Gastrite.....{M. F.	1							1				

CAUSES DE DECES—HOPITAUX DU SERVICE D'HYGIENE—*Continu*

	Causes de decès	Total de decès	Moins de 1 an	1 a 5	6 a 9	10 a 19	20 a 29	30 a 39	40 a 49	50 a 59	60 a 79	80 a 100	Age inconnu
113	Entérite..... {M. F.	2	1							1			
113	Athrepsie..... {M. F.	3 3	2 1	1 2									
113	Gastro-entérite..... {M. F.	2 1	1 1	1									
113	Gastro-entérite aigue..... {M. F.	1	1										
113	Entéro-colite..... {M. F.	1 3			1	1		1		1			
114	Entérite chronique..... {M. F.	4					1				2	1	
115	Ankylostomiase..... {M. F.	3					1	1	1				
116f	Parasites intestinaux..... {M. F.	6 3		4 2		1		2					
117	Appendicite suppurée..... {M. F.	1									1		
118	Obstruction intestinale..... {M. F.	2							1		1		
118	Hernie..... {M. F.	1 1					1				1		
118	Occlusion intestinale..... {M. F.	1 3						1		1	2		
118	Invagination intestinale..... {M. F.	1		1									
118	Volvulus..... {M. F.	1 1	1										
118	Hernie inguinale..... {M. F.	1						1					
118	Hernie inguinale étranglée.. {M. F.	2						2					

CAUSES DE DECES—HOPITAUX DU SERVICE D'HYGIENE—*Continu*

	Causes de decès	Total de decès	Moins de 1 an	1 à 5	6 à 9	10 à 19	20 à 29	30 à 39	40 à 49	50 à 59	60 à 79	80 à 100	Age Inconnu
119b	Rectite spécifique.....{M. F.	1					1						
120	Ictère grave.....{M. F.	1									1		
122	Cirrhose du foie.....{M. F.	13 3		1		1	1	3 2	7		2		
122	Hépatite alcoolique.....{M. F.	2 1						1		1	1		
122a	Cirrhose.....{M. F.	1								1			
122b	Cirrhose atrophique.....{M. F.	3							1	2			
122b	Cirrhose alcoolique.....{M. F.	1								1			
124	Hépatite.....{M. F.	3						3					
124	Abcès du foie.....{M. F.	1							1				
124	Ictère.....{M. F.	1						1					
124	Cholécystite.....{M. F.	1					1						
126	Péritonite.....{M. F.	1 3					2		1 1				
126	Péritonite aigue.....{M. F.	2 2					1 1	1	1				
	VII. AFFECTIONS NON VEN- ERIENNES DE L'APPAREIL GENITO-URINAIRE ET DE SES ANNEXES	73		1	1	3	9	17	15	12	14	1	
	{M. F.	48 25			1	2 1	4 5	11 6	11 4	7 5	11 3	1	
128	Néphrite aigue.....{M. F.	2 3							1 1		1		
128	Néphrite.....{M. F.	13 9		1	1	1 1	3 1	2 2	5 1		2 1	1	

CAUSES DE DECES—HOPITAUX DU SERVICE D'HYGIENE—*Continu*

	Causes de decès	Total de decès	Moins de 1 an	1 à 5	6 à 9	10 à 19	20 à 29	30 à 39	40 à 49	50 à 59	60 à 79	80 à 100	Age inconnu
129	Néphrite chronique.....{M. F.	15 5				1	3	3 1	4	2	5 1		
129	Urémie.....{M. F.	2						1		1			
29	Néphrite interstitielle.....{M. F.	1						1					
29	Néphrite chronique paren- chymateuse.....{M. F.	1						1		1			
29	Mal de Bright.....{M. F.	1								1			
31	Pyélo-néphrite.....{M. F.	1									1		
31	Insuffisance rénale.....{M. F.	2					1		1				
31	Hydronéphrose.....{M. F.	1					1						
31	Abcès des reins.....{M. F.	1				1							
32	Pyonéphrose.....{M. F.	1								1			
33	Cystite.....{M. F.	1						1					
4	Infiltration urinaire.....{M. F.	1						1					
4	Rétrécissement de l'urètre...{M. F.	2								1	1		
4b	Fistule urétrales.....{M. F.	1									1		
4b	Fistule urinaire.....{M. F.	1					1						
5	Hypertrophie de la pro- state.....{M. F.	2 1						2	1				

CAUSES DE DECES—HOPITAUX DE SERVICE D'HYGIENE—Continu

[illegible]

CAUSES DE DECES—HOPITAUX DU SERVICE D'HYGIENE—*Continu*

	Causes de deces	Total de deces	Moins de 1 an	1 a 5	6 a 9	10 a 19	20 a 29	30 a 39	40 a 49	50 a 59	60 a 79	80 a 100	Age inconnu
179	Brûlure.....{M. F.	4 3		2	1	1		1				1	
183	Plaie par arme à feu.....{M. F.	1			1								
183	Blessure à l'épaule.....{M. F.	1				1							
183	Plaie pénétrante de la tête..{M. F.	1			1								
184	Blessures multiples.....{M. F.	1			1								
185	Traumatisme par chute.....{M. F.	1									1		
187	Traumatisme par machine...{M. F.	1				1							
188	Traumatisme par voiture....{M. F.	1				1							
188	Traumatisme par auto.....{M. F.	1					1						
188	Traumatisme par chemin de fer.....{M. F.	1							1				
188	Broiement du pied.....{M. F.	1				1							
192	Misère.....{M. F.	2		1			1						
201	Fracture complexe de la jambe gauche.....{M. F.	1				1							
201	Fracture du crâne.....{M. F.	4 1			1		1		2	1			
201	Fracture.....{M. F.	1 2				1 1		1					
201	Fracture du fémur.....{M. F.	2					1				1		
201	Fracture, colonne cervicale..{M. F.	2					2						

SERVICE NATIONAL D'HYGIENE PUBLIQUE. STATISTIQUE DE MORBIDITÉ, HÔPITAUX Y COMPRIS LES INTERNES ET LES EXTERNES DES DISPENSAIRES, ANNEE 1928

[No. Int.]	Maladie	No. d'internes	No. d'internes traités pour la même maladie	No. de jours de maladie	No. de nouv. externes	No. d'externes traités pour la même maladie	No. de consultations et de traitements
I. MALADIES EPIDEMIQUES, ENDEMIQUES ET INFECTIEUSES							
1a	Fièvre typhoïde.....	13	0	188	0	0	
5a	Malaria.....	423	37	5911	5606	950	1091
5b	Cachexie Paludéenne.....	3	0	32	0	0	
5b	Impaludisme.....	0	0	0	3	0	1
5b	Anémie palustre.....	2	0	10	0	0	
7	Rougeole.....	2	0	6	11	0	1
9	Coqueluche.....	4	0	89	240	12	77
10	Angine diphtérique.....	5	0	46	0	0	
10	Diphtérie.....	2	0	91	1	0	
11a	Pneumonie grippale.....	2	0	20	2	0	
11b	Grippe.....	30	2	265	1208	75	265
11b	Influenza.....	4	1	75	16	1	16
13	Atrepsie.....	4	1	22	1	0	
13	Oreillons.....	0	0	0	12	3	
13	Parotidite.....	0	0	0	5	0	
15	Cholérine.....	0	0	0	6	0	
16a	Dysenterie amibienne.....	13	0	253	4	2	
16a	Amebiase chronique.....	5	1	51	2	1	
16a	Entérite amibienne.....	0	0	0	1	0	
16b	Dysenterie bacillaire.....	0	0	0	1	1	
16c	Dysenterie.....	19	3	273	204	53	2
17a	Bubon climatique.....	1	0	9	0	0	
20	Lèpre.....	2	0	48	19	1	
21	Erysipèle.....	4	0	72	0	0	
22	Paralysie infantile.....	0	0	0	1	0	
24	Méningite cérébro-spinale.....	5	0	22	0	0	
24	Fièvre cérébro-spinale.....	2	0	45	0	0	
25	Varicelle.....	3	0	20	2	0	
25	Dengue.....	5	0	65	0	0	
25c	Roséole.....	0	0	0	3	0	
27	Anthrax.....	2	0	22	3	0	
29	Tétanos.....	35	0	465	8	1	
30	Muguet.....	0	0	0	11	0	
30	Aphtes.....	0	0	0	5	0	
30	Actinomycose.....	0	0	0	4	3	
30	Mycose.....	0	0	0	9	9	
30	Psilosis.....	0	0	0	2	2	
31	Hémoptysie tuberculeuse.....	1	0	14	0	0	
31	Phtisie.....	0	0	0	3	0	
31	Tuberculose.....	119	4	3640	132	0	
31	Tuberculose pulmonaire.....	114	9	3568	147	3	
31	Tuberculose de l'app. respir.....	3	0	107	16	12	
31	Péribronchite tuberculeuse.....	1	0	14	0	0	

SERVICE NATIONAL D'HYGIENE PUBLIQUE. STATISTIQUE DE MORBIDITE—Continu

No. Int.	Maladie	No. d'in- ternes	No. d'in- ternes traites pour la même maladie	No. de jours de maladie	No. de nouv. externes	No. d'ex- ternes traites pour la même maladie	No. de consulta- tions et de trai- tements
32	Méningite tuberculeuse.....	3	0	16	0	0	0
33	Péritonite tuberculeuse.....	11	0	301	1	0	1
33	Tuberculose des intestins.....	1	0	62	0	0	0
33	Tuberculose péritonéale.....	2	0	55	0	0	0
33	Ascite tuberculeuse.....	1	0	47	0	0	0
33	Entérite tuberculeuse.....	1	0	44	0	0	0
34	Mal de Pott.....	11	0	294	4	2	13
35	Arthrite tuberculeuse.....	2	0	88	1	0	1
35	Coxalgie.....	2	0	25	7	1	23
35	Tuberculose articulaire.....	0	0	0	1	1	2
36a	Lupus.....	1	0	50	0	0	0
36a	Ulcère tuberculeux.....	1	0	45	0	0	0
36a	Abcès tuberculeux.....	1	0	16	0	0	0
36a	Abcès tuberculeux au dos.....	1	0	14	0	0	0
36b	Abcès froid.....	0	0	0	2	0	5
36b	Scrofulose.....	0	0	0	24	20	62
36c	Tuberculose ganglionnaire.....	1	0	61	0	0	0
36c	Adénite tuberculeux.....	3	0	178	1	0	1
36e	Fistule tuberc. de la cuisse.....	1	0	26	0	0	0
38a	Chancre de la bouche.....	11	0	26	0	0	0
38a	Chancre indurée.....	2	0	49	1	0	1
38a	Syphilis primaire.....	73	0	1788	7753	0	4233
38b	Syphilis secondaire.....	7	0	95	0	0	0
38b	Irite spécifique.....	0	1	24	0	0	0
38c	Gommes syphilitiques.....	0	0	0	30	0	185
38c	Exostose (tête).....	0	0	0	2	0	4
38c	Syphilis tertiaire.....	368	30	12822	1557	0	17523
38d	Syphilis héréditaire.....	36	0	1115	170	0	647
38e	Syphilis.....	1316	84	60249	11185	4919	60729
39	Abcès phagédénique.....	2	0	78	0	0	0
39	Chancre.....	6	0	175	34	0	38
39	Chancre phagédénique.....	11	0	277	9	0	27
39	Chancre mou.....	7	1	402	74	46	650
39	Chancroïde.....	8	4	245	68	0	331
39	Chancre du pénis.....	13	0	230	37	7	168
39	Chancre vulvaire.....	4	0	110	9	3	24
39	Chancre de la vulve et du vagin.....	0	0	0	3	0	12
39	Bubon inguinal.....	5	1	86	91	5	150
0a	Arthrite gonococcique.....	3	0	134	0	0	0
0a	Blennorrhagie.....	12	0	117	62	0	404
0a	Gonorrhée.....	15	1	41	441	75	2060
0a	Orchite blennorrhagique.....	10	0	165	21	0	78
0a	Urétrite.....	6	1	76	188	51	1149
0a	Urétrite chronique.....	0	0	0	28	0	94
0a	Infection gonococcique des yeux.....	2	0	82	9	0	23
0a	Arthrite blennorrhagique.....	3	0	68	0	0	12
0a	Blennorrhagie ou infection gono- coccique.....	48	2	978	133	4	217

SERVICE NATIONAL D'HYGIENE PUBLIQUE. STATISTIQUE DE MORBIDITÉ—*Continu*

No. Int.	Maladie	No. d'in- ternes	No. d'in- ternes traités pour la même maladie	No. de jours de maladie	No. de nouv. externes	No. d'ex- ternes traités pour la même maladie	No. de consult ations e de trai tement
40a	Vaginite.....	4	0	64	123	50	180
40a	Arthrite.....	1	0	30	2	2	
40a	Orchite gonococcique.....	1	0	37	5	0	
40a	Urétrite gonococcique.....	3	0	112	12	0	4
40a	Cystite gonococcique.....	3	0	0	3	0	
40a	Métrite gonococcique.....	1	1	92	1	0	10
40a	Balanoposthite.....	0	0	0	8	4	10
40a	Vaginite gonococcique.....	2	0	70	4	5	
40a	Vulvite gonococcique.....	0	0	0	5	0	1
40a	Infection blennorragique des yeux...	0	0	0	1	0	
40b	Conjonctivite gonococcique.....	15	2	323	9	2	5
40b	Conjonctivite purulente.....	0	0	0	148	5	119
40b	Ophtalmie.....	4	0	64	8	0	
40b	Ophtalmie purulente.....	9	0	205	25	0	60
40b	Ophtalmie gonococcique.....	6	0	170	3	0	10
40b	Ophtalmie gonoc. purulente.....	14	2	150	8	2	12
40b	Rhumatisme spécifié.....	2	2	120	0	13	
41	Infection streptococcique.....	3	0	23	0	0	
42	Filariose.....	10	2	111	7	0	1
42	Tréponématose.....	1005	83	39181	12477	3543	7827
II. MALADIES GENERALES NON MENTIONNEES CI-DESSUS							
43	Cancer de la langue.....	1	0	22	0	0	
43	Cancer des lèvres.....	2	0	98	1	0	
43	Cancer de la bouche.....	1	1	59	0	0	
43	Cancer de la joue.....	1	0	2	0	0	
43	Cancer du maxillaire.....	1	0	83	0	0	
44	Cancer de l'estomac.....	4	0	51	0	0	
44	Cancer de la gorge.....	0	0	0	1	0	
44	Cancer du foie.....	4	0	76	1	1	
45	Cancer du rectum.....	1	0	70	1	0	
46	Cancer de l'utérus.....	13	0	342	5	1	19
46	Cancer du cervix.....	1	0	8	0	0	
46	Carcinome de l'utérus.....	1	0	56	0	0	
47	Cancer du sein.....	5	0	472	7	1	
48	Epithélioma du Pénis.....	1	0	147	0	0	
48	Cancer de la face.....	3	0	108	0	0	
48	Chancroïde de la paupière su- périeure.....	1	0	27	0	0	
49	Cancer.....	12	1	395	2	1	
49	Cancer de l'orbite.....	2	0	67	11	0	25
49	Cancer de la prostate.....	1	0	15	0	0	
49	Cancer du rein.....	1	0	21	0	0	
49	Cancer du pancréas.....	1	0	25	0	0	
49	Sarcome.....	4	1	208	1	0	
49	Carcinome.....	0	0	0	1	0	
49	Adénocarcinome.....	0	0	0	1	0	

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No. Int.	Maladie	No. d'in- ternes	No. d'in- ternes traites pour la même maladie	No. de jours de maladie	No. de nouv. externes	No. d'ex- ternes traites pour la même maladie	No. de consulta- tions et de trai- tements
49	Sarcome maligne	1	0	40	0	0	0
50	Hématome	1	0	2	7	0	11
50	Adénome	1	0	21	0	0	0
50	Kyste	6	0	106	7	0	98
50	Kyste sublinguale	0	0	0	228	0	2282
50	Lipome	9	0	221	22	4	63
50	Lipome du dos	6	0	80	0	0	0
50	Lipome du bras	0	0	0	2	0	4
50	Lipome du pied	3	0	84	0	0	0
50	Lipome du front	1	0	1	0	0	0
50	Néoplasme	1	0	60	0	0	0
50	Tuberculose osseuse	1	0	14	0	0	0
50	Tumeur	3	0	73	6	2	9
50	Tumeur abdominale	4	0	206	5	0	8
50	Tumeur bénigne	1	0	7	0	0	0
50	Tumeur du foie	1	0	13	0	0	0
50	Tumeur de l'oeil	1	0	21	0	0	0
50	Tumeur épigastrique	1	0	40	0	0	0
50	Tumeur du pied	1	0	70	0	0	0
50	Tumeur du nez	1	0	15	1	0	1
50	Tumeur du bras	1	0	24	0	0	0
50	Tumeur de sein	2	0	42	0	0	0
50	Tumeur des gencives	1	1	19	0	0	0
50	Tumeur du cou	3	0	70	8	0	38
50	Tumeur du testicule	1	0	16	0	0	0
50	Tumeur de la cuisse	3	0	93	0	0	0
50	Tumeur non maligne	1	0	16	1	0	1
50	Tumeur du coude pied	0	0	0	1	0	1
50	Tumeur du genou	0	0	0	2	0	9
50	Tumeur kystique	0	0	0	3	0	20
50	Tumeur de l'épaule	0	0	0	2	0	4
50	Tumeur du pénis	1	0	15	1	0	1
50	Tumeur fibrome abdominale	0	0	0	1	0	1
50	Tumeur du scrotum	0	0	0	1	0	9
50	Tumeur du rectum	0	0	0	1	0	1
50	Tumeur graisseuse	1	0	18	0	0	0
50	Polype	0	0	0	2	0	3
50	Polype nasal	2	0	218	5	0	7
50	Polype de l'oreille	0	0	0	2	0	2
50	Kyste dermoïdique	0	0	0	3	0	3
50	Kyste sébacée	5	0	59	18	3	28
50	Kyste maxillaire supérieure	1	0	2	0	0	0
50	Kyste du testicule	1	0	42	0	0	0
50	Kyste des os	0	0	0	2	0	3
50	Neurofibromatose	1	0	19	0	0	0
50	Fibrome	6	0	127	4	2	12
50	Fibrome abdominal	0	0	0	1	0	2
50	Fibrodénome du sein	1	0	6	0	0	0
50	Exostose de la clavicule	0	0	0	3	0	10

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No. Int.	Maladie	No. d'internes	No. d'internes traités pour la même maladie	No. de jours de maladie	No. de nouv. externes	No. d'externes traités pour la même maladie	No. de consultations et de traitements
50	Exostose.....	0	0	89	7	4	32
50	Osteo-chondrome.....	0	0	0	1	0	1
50	Tumeur du médiastin.....	0	0	0	4	1	41
50	Hemangioma.....	1	0	52	0	0	0
50	Epulis.....	1	0	35	3	0	3
50	Papilloma.....	2	0	23	0	0	0
51	Endocardite.....	1	0	28	0	0	0
51	Péricardite rhumatismale.....	0	0	0	5	2	8
51	Rhumatisme.....	149	6	3613	1021	70	3869
51	Rhumatisme aigu.....	1	0	19	191	5	229
51	Rhumatisme articulaire.....	12	1	207	195	0	300
51	Rhumatisme polyarticulaire.....	4	0	65	0	0	0
52	Rhumatisme chronique.....	36	2	1095	586	127	1072
52	Arthrite.....	10	0	232	25	5	99
52	Arthrite du poignet.....	2	0	77	4	0	4
52	Arthrite chronique.....	0	1	10	30	0	80
52	Arthrite aiguë.....	1	0	6	3	0	3
52	Arthrite rhumatismale.....	0	0	0	3	0	4
52	Arthrite déformante.....	0	0	0	3	0	6
52	Arthrite spécifique.....	0	0	0	1	0	9
52	Douleurs rhumatoïdes.....	2	0	62	703	0	2613
52	Goutte.....	0	0	0	1	0	5
54	Pellagre.....	1	0	13	0	0	0
56	Rachitisme.....	2	0	28	3	0	12
56	Scoliose.....	1	0	1	1	0	4
57	Diabète.....	3	0	77	8	0	21
58a	Anémie chlorose.....	1	0	1	11	6	24
58b	Anémie.....	16	3	494	413	22	1589
58b	Chlorose.....	1	0	53	8	0	16
58b	Anémie simple.....	0	0	0	24	0	92
58b	Anémie secondaire.....	0	0	0	4	1	10
60b	Goître.....	11	0	256	38	3	87
60b	Goître exophtalmique.....	0	0	0	0	0	12
60b	Goître adénomateuse.....	0	0	0	1	0	1
60b	Sourd-muet endémique.....	0	0	0	1	0	1
62	Lymphatisme.....	0	0	0	3	0	7
63a	Lymphadénie.....	0	0	0	1	0	1
64	Splénopathie.....	0	0	0	2	0	7
64	Splénomégalie.....	2	0	32	7	3	12
65a	Leucémie.....	1	0	13	2	1	3
65b	Lymphadénome de l'aisselle.....	0	0	0	1	0	4
66	Alcoolisme.....	1	0	3	0	0	0
66	Alcoolisme aigu.....	2	0	14	3	2	7
66	Délire alcoolique.....	2	1	8	0	0	0
66	Gastrite alcoolique.....	0	0	0	11	0	1
66	Intoxication alcoolique.....	4	0	12	0	0	0
66	Ethylisme.....	26	1	71	11	0	10
66	Ivresse.....	22	1	69	0	0	0
67	Hydrargyrisme.....	0	0	0	1	0	4

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No. Int.	Maladie	No. d'in- ternes	No. d'in- ternes traités pour la même maladie	No. de jours de maladie	No. de nouv. externes	No. d'ex- ternes traités pour la même maladie	No. de consulta- tions et de trai- tements
67	Intoxication par arsenic	1	0	9	0	0	0
67	Intoxication par iode	0	0	0	1	0	1
67	Intoxication par substances	12	0	15	12	0	15
68	Nicotinisme	0	0	0	1	0	2
69	Auto-intoxication	5	0	66	26	0	26
69	Purpura	0	0	0	1	0	2
69	Hémophilie	1	0	1	0	0	0
69	Corpulence	0	0	0	1	0	2
69	Obésité	0	0	0	5	4	9
III. AFFECTIONS DU SYSTEME NERVEUX ET DES ORGANES DES SENS							
70	Abcès du cerveau	1	0	2	0	0	0
70	Céphalée	0	0	0	17	8	25
71	Méningite	9	0	42	0	0	0
71	Méningite cérébro-spinale	91	1	1921	0	0	0
71	Pachyméningite	3	0	62	0	0	0
72	Ataxie locomotrice progressive	1	0	104	0	0	0
73	Tabès	4	0	358	1	1	3
73	Tabès dorsalis	1	0	42	0	0	0
73	Atrophie muscul. progressive	1	0	16	0	0	0
73	Paralysie labio-glosso laryngée	1	0	20	0	0	0
73	Sclérose latérale	1	0	15	0	0	0
73	Paralysie spastique	1	0	310	1	1	2
73	Myélite	0	0	0	1	0	1
73	Ataxie	2	0	39	21	2	23
73	Anémie	3	0	125	39	8	47
74a	Apoplexie	4	0	18	4	1	20
74a	Congestion cérébrale	12	1	118	15	1	32
74a	Hémorragie cérébrale	3	0	8	0	0	0
75a	Hémiplégie	13	1	387	2	0	2
75b	Paralysie	5	3	367	12	0	57
75b	Paralysie faciale	12	0	73	4	3	10
75b	Paraplégie	3	0	126	0	0	0
75b	Monoplégie	1	0	17	2	1	4
75b	Paralysie progressive	0	0	0	2	0	5
77	Folie	2	0	4	4	0	7
77	Démence précoce	1	1	94	2	0	2
77	Insanité	1	0	22	0	0	0
77	Aliénation mentale	1	0	3	0	0	2
78	Epilepsie	46	4	1028	137	69	74
78	Haut mal	0	0	0	7	0	49
79	Eclampsie (5 ans)	1	0	9	0	0	0
79	Convulsions	0	0	0	1	0	1
80	Convulsions des enfants	3	0	35	6	0	11
81	Chorée	2	1	120	1	0	1
82a	Névralgie	2	0	15	118	19	286

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No. Int.	Maladie	No. d'in- ternes	No. d'in- ternes traités pour la même maladie	No. de jours de maladie	No. de nouv. externes	No. d'ex- ternes traités pour la même maladie	No. de consulta- tions et de trai- tements
82a	Névralgie faciale.....	0	0	0	29	0	47
82a	Névralgie intercostale.....	0	0	0	45	0	112
82a	Hystérie.....	11	1	101	55	6	105
82a	Migraine.....	0	0	0	113	42	184
82b	Névrite.....	3	0	63	3	0	9
82b	Sciatique.....	0	0	0	3	0	11
83	Ramollissement cérébral.....	1	0	2	0	0	0
84	Anémie cérébrale.....	1	0	2	1	0	2
84	Aphasie.....	1	0	3	1	0	1
84	Maladie de Parkinson.....	3	0	95	3	0	12
84	Neurasthénie.....	1	0	25	11	4	17
84	Névrose.....	1	0	8	3	0	13
84	Paralysie agitante.....	4	0	168	0	0	0
84	Sclérose.....	3	0	93	0	0	0
84	Vertige.....	0	0	0	7	0	27
84	Epilepsie Jacksonienne.....	2	0	13	0	0	0
84	Idiotie.....	0	0	0	1	0	5
84	Maladie nerveuse.....	1	0	17	0	0	0
84	Plaie faciale.....	2	0	23	0	0	0
85a	Atrophie du nerf optique.....	2	0	20	47	2	165
85a	Cataracte.....	46	4	1111	177	6	1602
85a	Choroidite.....	0	0	0	10	5	215
85a	Conjonctivite.....	12	0	406	1384	261	6446
85a	Conjonctivite chronique.....	0	0	0	29	0	75
85a	Conjonctivite granuleuse.....	0	0	0	62	0	218
85a	Glaucome.....	3	0	44	33	0	279
85a	Iritis.....	6	0	65	372	23	2658
85a	Leucomia.....	0	0	0	40	0	267
85a	Ophthalmie.....	4	0	85	17	0	36
85a	Panophtalmite.....	4	0	85	20	2	562
85a	Ptérygion.....	2	0	15	179	0	817
85a	Rétinite.....	2	0	47	8	0	54
85a	Ulcère de la cornée.....	2	0	22	51	2	422
85a	Staphylome.....	5	0	107	19	0	134
85a	Xérosis.....	0	0	0	3	0	14
85a	Cécité.....	3	0	63	0	0	0
85a	Plaie de la Cornée.....	1	0	30	0	0	0
85a	Taie de la Cornée.....	1	0	42	3	0	9
85a	Nouvel accroissement de la cornée ..	0	1	5	0	0	0
85b	Conjonctivite trachomateuse.....	0	0	0	14	0	78
85b	Conjonctivite folliculaire.....	0	0	0	21	0	130
85c	Trachome.....	1	0	24	48	1	580
85d	Tumeur de l'oeil.....	0	0	0	10	0	115
85e	Blépharite.....	2	0	35	69	3	746
85e	Blépharo-conjonctivite.....	1	0	11	0	0	0
85e	Corps étranger de l'oeil.....	1	0	23	45	2	120
85e	Chalazion.....	1	0	23	48	2	190
85e	Ectropion.....	0	0	0	13	0	235
85e	Entropion.....	3	0	165	37	2	544

SERVICE NATIONAL D'HYGIENE PUBLIQUE. STATISTIQUE DE MORBIDITÉ—*Continu*

No. Int.	Maladie	No. d'in- ternes	No. d'in- ternes traités pour la même maladie	No. de jours de maladie	No. de nouv. externes	No. d'ex- ternes traités pour la même maladie	No. de consulta- tions et de trai- tements
85e	Dacryocystite.....	1	0	9	21	4	246
85e	Strabisme.....	2	0	1	16	0	35
85e	Paralysie de l'oeil.....	0	0	0	3	0	11
85e	Myopia.....	0	0	0	12	7	21
85e	Ptérygion.....	0	0	0	23	7	88
85e	Ptérygion, rétine.....	0	0	0	2	0	27
85e	Amaurose.....	0	0	0	10	2	14
85e	Maladie de la rétine.....	0	0	0	3	3	6
85e	Névrite optique.....	0	0	0	7	1	8
85e	Kératite chronique.....	0	0	0	14	1	21
85e	Kératite conjonctivite.....	0	0	0	5	1	13
85e	Infection de l'oeil.....	0	0	0	1	0	1
85e	Corps étranger de l'oeil.....	0	0	0	3	0	3
85e	Contusion de l'oeil.....	2	0	17	20	0	20
85e	Abcès de la paupière.....	0	0	0	6	0	6
85e	Lipome de la paupière.....	1	0	10	0	0	0
85e	Panus.....	0	0	0	1	0	1
86	Abcès de l'oreille.....	0	0	0	25	0	158
86	Corps étranger de l'oreille.....	0	0	0	26	0	52
86	Mastoidite.....	10	0	217	15	1	221
86	Mastoidite aiguë.....	5	1	182	3	0	3
86	Otite.....	3	0	76	633	20	452
86	Maladie du tympan.....	2	0	2	13	0	43
86	Inflammation générale.....	0	0	0	20	0	78
86	Otite média.....	0	0	0	142	43	237
86	Otite suppurée.....	1	0	12	108	16	754
86	Otite média chronique.....	0	0	0	30	4	135
86	Otite moyenne.....	6	0	65	32	8	375
86	Otite externe.....	0	0	0	228	4	2242
86	Otite sèche.....	0	0	0	26	0	57
86	Othorrhée.....	0	0	0	20	0	78
86	Vertige de Minière.....	0	0	0	35	0	71
86	Otalgie.....	0	0	0	4	1	8
86	Surdit�.....	0	0	0	2	1	4
86	Abcès de la Mastoide.....	0	0	0	1	0	1
IV. AFFECTIONS DE L'APPAREIL CIRCULATOIRE							
87	Péricardite.....	3	0	65	0	0	0
87	Symphise cardiaque.....	1	0	89	0	0	0
88	Myocardite.....	2	0	28	31	0	31
89	Angine de poitrine.....	1	0	1	5	0	5
90	Aortite.....	53	11	1706	29	0	110
90	Asthme cardiaque.....	1	0	30	0	0	0
90	Asystolie.....	4	0	71	5	0	85
90	Dilatation.....	1	0	26	0	0	0
90	Endocardite (plus de 45 ans).....	2	0	65	7	0	13
90	Endocardite (moins de 45 ans).....	0	0	0	1	0	1

SERVICE NATIONAL D'HYGIENE PUBLIQUE. STATISTIQUE DE MORBIDITÉ—*Continu*

No. Int.	Maladie	No. d'in- ternes	No. d'in- ternes traités pour la même maladie	No. de jours de maladie	No. de nouv. externes	No. d'ex- ternes traités pour la même maladie	No. de consulta- tions et de trai- tements
90	Endocardite aiguë.....	1	0	3	0	0	0
90	Insuffisance aortique.....	11	0	167	2	1	5
90	Insuffisance cardiaque.....	10	1	199	41	0	143
90	Insuffisance mitrale.....	18	2	394	9	1	30
90	Insuffisance tricuspideenne.....	0	0	0	1	0	3
90	Myocardite (plus de 45 ans).....	41	5	1291	4	0	10
90	Myocardite (moins de 45 ans).....	2	0	37	0	0	0
90	Myocardite chronique.....	5	0	221	32	8	45
90	Cardiopathie.....	0	0	0	2	0	5
90	Rétrécissement aortique.....	1	0	21	0	0	0
90	Rétrécissement tricuspideen.....	2	0	122	0	0	0
90	Tachycardie.....	0	0	0	24	9	63
90	Sténose mitrale.....	0	0	0	1	0	1
90	Insuffisance pulmonaire (lan).....	1	0	73	0	0	0
90	Palpitation du coeur.....	0	0	0	13	0	44
90	Maladie valvulaire chronique du coeur.....	0	0	0	13	0	6
90	Maladie du coeur.....	0	0	20	0	0	0
91a	Anévrisme.....	18	5	449	4	0	10
91a	Anévrisme de l'aorte.....	5	0	74	6	2	10
91a	Anévrisme abdominal.....	1	0	20	0	0	0
91b	Artério-Sclérose.....	2	1	77	39	8	115
91c	Aortite.....	0	0	0	4	0	10
92	Phlegmon alba dolens.....	1	0	19	0	0	0
93	Hémorroïdes.....	40	1	1012	57	7	163
93	Varices.....	0	0	0	2	0	2
93	Varicocele.....	0	0	0	5	2	8
93	Varice du sein.....	0	0	0	1	0	8
93	Phlebite.....	0	0	0	6	1	7
94	Adénite axillaire.....	1	0	7	56	0	579
94	Adénite maxillaire.....	0	0	0	24	0	156
94	Adénite cervicale.....	1	0	17	238	53	1109
94	Adénite inguinale.....	28	4	578	353	50	2671
94	Adénopathie.....	1	0	79	3	0	11
94	Bubon suppuré.....	0	0	0	5	0	17
94	Adénopathie inguinale.....	2	1	34	6	2	15
94	Adénopathie cervicale.....	0	0	0	8	0	17
94	Adénite.....	3	0	30	21	0	21
94	Affections des ganglions.....	0	0	0	1	0	3
94	Ganglions.....	1	0	19	0	0	0
94	Lymphangite.....	11	1	147	162	11	290
94	Lymphangite aiguë.....	0	0	0	1	0	1
94	Lymphangite chronique.....	0	0	0	6	0	12
94	Polyadénite.....	0	0	0	21	15	52
94	Abcès lymphangitique.....	3	1	36	0	0	0
94	Abcès axillaire.....	1	1	25	26	4	268
94	Abcès sous-maxillaire.....	0	0	0	3	0	6
94	Abcès sous-axillaire.....	0	0	0	1	0	3
94	Lymphadénite inguinale.....	0	0	0	1	0	1

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No. Int.	Maladie	No. d'in- ternes	No. d'in- ternes traites pour la meme maladie	No. de jours de maladie	No. de nouv. externes	No. d'ex- ternes traites pour la meme maladie	No. de consulta- tions et de trai- tements
94	Adéno-phlegmon cervical.....	1	0	4	0	0	0
95	Epistaxis.....	1	0	3	16	0	32
95	Hémorrhagie (sans explication).....	0	0	0	21	0	29
96	Tachycardie.....	2	0	9	2	0	5
96	Hypertension artérielle.....	0	0	0	24	0	85
96	Hypertension vasculaire.....	0	0	0	2	0	2
96	Otite.....	0	0	0	20	8	28
V. AFFECTIONS DE L'APPAREIL RESPIRATOIRE							
97	Coryza.....	1	0	2	62	13	183
97	Ethmoidite.....	0	0	0	2	0	7
97	Corps étranger dans le nez.....	0	0	0	7	0	8
97	Déviations de la cloison nasale.....	0	0	0	7	0	26
97	Fibrome nasopharyngien.....	2	1	13	0	0	0
97	Ozène.....	1	0	10	15	4	62
97	Polype hémorrhagique.....	0	0	0	5	0	78
97	Rhinite.....	1	0	5	238	12	831
97	Syphilis nasale.....	0	0	0	3	0	4
97	Abcès cervicaux.....	0	0	0	20	0	263
97	Abcès du nez.....	1	0	13	0	0	0
97	Ulcération du nez.....	0	0	0	2	0	7
97	Vers du nez.....	2	1	7	0	0	0
97	Infection nasale.....	2	1	37	0	0	0
97	Sinusite.....	0	0	0	34	7	104
97	Sinusite frontale.....	0	0	0	1	0	1
97	Rhinite hypertrophique.....	0	0	0	8	2	143
98	Laryngite.....	6	0	115	44	0	265
98	Laryngite aiguë.....	0	0	0	13	8	30
98	Laryngotomie.....	1	0	15	0	0	0
98	Rétrécissement du larynx.....	2	0	26	0	0	0
98	Spasme de la glotte.....	1	0	7	1	0	1
99a	Bronchite.....	24	1	413	147	0	607
99a	Bronchite aiguë.....	14	0	314	144	23	249
99a	Trachéite catarrhale.....	0	0	0	7	2	11
99b	Bronchite chronique.....	12	2	281	74	0	162
99b	Catarrhe pulmonaire.....	1	0	6	0	0	0
99b	Catarrhe (non qual).....	0	0	0	3	0	3
99c	Bronchite (moins de 5 ans).....	1	0	15	75	25	107
99d	Bronchite (plus de 5 ans).....	1	0	32	150	33	209
100	Bronchite capillaire.....	4	0	46	1	0	6
100	Broncho-pneumonie.....	1	0	2	0	0	0
101	Pleuropneumonie.....	1	0	2	0	0	0
101	Pneumonie.....	52	3	720	5	0	126
101	Pneumonie lobaire.....	24	0	490	52	33	112
101	Pneumonie aiguë.....	1	0	14	0	0	0
102	Empyème.....	3	0	69	0	0	0
102	Fistule intercostale.....	1	0	38	0	0	0

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No. Int.	Maladie	No. d'in- ternes	No. d'in- ternes traités pour la même maladie	No. de jours de maladie	No. de nouv. externes	No. d'ex- ternes traités pour la même maladie	No. de consulta- tions et de trai- tements
102	Pleurésie	6	0	139	10	1	27
102	Pleurésie purulente	2	0	16	0	0	0
102	Pleurésie serofibrineuse	3	1	54	0	0	0
102	Pleurésie seropurulente	1	1	28	0	0	0
102	Pleurite	1	0	14	0	0	0
103	Congestion pulmonaire	5	0	31	7	1	11
103	Oedème des poumons	0	0	0	1	0	4
104	Gangrène des poumons	1	0	13	0	0	0
105	Asthme	17	3	209	187	8	516
105	Asthme bronchitique	1	0	12	71	34	250
107c	Abcès du poumon	3	0	60	0	0	0
107c	Abcès du poumon droit	1	0	54	1	0	1
107c	Hémoptysie	1	0	7	16	0	32
107c	Spirochétose ictéro-hémorragique	1	0	16	0	0	0
VI. AFFECTIONS DE L'APPAREIL DIGESTIF							
108a	Carie des dents	5	0	25	0	0	0
108a	Fistule dentaire	3	0	46	0	0	0
108a	Fistule maxillaire	0	0	0	6	0	51
108a	Abcès dentaire	0	0	331	0	0	330
108a	Abcès de la bouche	0	0	0	1	0	1
108a	Abcès alvéolaire	0	0	0	4	0	5
108a	Abcès sous-maxillaire	0	0	0	1	0	6
108a	Abcès de la glande parotide	0	0	0	1	0	1
108a	Pyorrhée	3	0	35	22	1	110
108a	Pyorrhée alvéolaire	0	0	0	6	1	21
108a	Odontalgie	0	0	0	34	0	35
108a	Névralgie dentaire	1	0	3	28	1	29
108a	Gingivite	0	0	0	41	2	61
108a	Mal de gorge	0	0	0	1	0	1
108a	Mal de dents	0	0	0	13	0	20
108b	Angine de Ludwig	2	0	6	0	0	0
108b	Parotidite	0	0	0	5	0	18
108b	Macroglossie	0	0	0	1	0	23
108b	Stomatite	3	0	98	40	0	64
108b	Ulcération de la bouche	0	0	0	2	0	2
108b	Leucophasie buccale	1	0	27	1	0	2
109	Amygdalite	8	0	10	428	0	2035
109	Amygdalite chronique	119	1	368	41	10	570
109	Amygdalite aiguë	0	0	0	18	0	37
109	Angine	3	0	32	6	2	8
109	Angine de la gorge	0	0	0	22	0	135
109	Angine de Vincent	1	0	3	22	4	275
109	Hyperthrophie des amygdales	0	0	0	28	0	115
109	Pharyngite	0	0	0	183	20	898
109	Pharyngite chronique	0	0	0	4	0	28
109	Végétations adénoïdes	1	0	26	5	0	37

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No. Int.	Maladie	No. d'in- ternes	No. d'in- ternes traites pour la même maladie	No. de jours de maladie	No. de nouv. externes	No. d'ex- ternes traites pour la même maladie	No. de consulta- tions et de trai- tements
109	Granulations de la gorge.....	0	0	0	5	0	10
109	Abcès du pharynx.....	3	0	24	0	0	0
109	Abcès péritonsillaire.....	0	0	0	3	2	6
109	Ulcère de la gorge.....	0	0	0	7	0	16
109	Tonsillite.....	7	0	75	255	55	402
110	Oesophagite.....	0	0	0	5	0	37
110	Spasme de l'oesophage.....	0	0	0	5	0	78
110	Rétrécissement de l'oesophage.....	1	0	49	0	0	0
111a	Ulcère de l'estomac.....	8	0	240	17	0	78
111b	Ulcère du duodénum.....	0	0	0	1	0	1
111b	Ulcère.....	15	3	924	120	17	137
112	Dyspepsie.....	9	0	143	331	0	1018
112	Gastralgie.....	0	0	0	61	9	219
112	Gastrite.....	1	1	49	170	14	486
112	Gastrite chronique.....	1	0	1	199	36	920
112	Gastrite aiguë.....	0	0	0	14	0	19
112	Gastro-entérite.....	1	0	21	9	0	22
112	Gastro-hépatite.....	1	0	7	0	0	0
112	Hématomèse.....	2	0	20	0	0	0
112	Vomissements incoercibles.....	0	0	0	8	0	35
112	Hyperthrophie de la rate.....	0	0	0	1	0	2
112	Hyperchlorhydrie.....	0	0	0	3	0	9
112	Indigestion.....	11	0	100	250	17	271
112	Hémorragie stomacale.....	1	0	0	0	0	0
112	Hypéracidité.....	0	0	0	216	109	370
112	Dilatation de l'estomac.....	0	0	0	10	5	18
112	Hémorragie.....	1	0	112	0	0	0
113	Colite.....	3	0	18	8	0	27
113	Diarrhée.....	9	0	91	74	9	114
113	Entérite.....	10	1	72	138	6	256
113	Gastro-entérite.....	0	0	0	7	0	25
113	Diarrhée verte.....	0	0	0	9	0	16
113	Diarrhée infantile.....	0	0	0	5	0	5
113	Diarrhées et entérites.....	0	0	0	12	0	18
113	Athrepsie.....	1	0	16	2	0	2
113	Infection alimentaire.....	0	0	0	1	0	2
113	Entérocolites.....	0	0	0	2	0	2
113	Gastro-colite.....	0	0	0	19	6	28
114	Diarrhée.....	5	0	303	78	0	188
114	Entérite.....	19	1	370	31	2	72
114	Gastro-entérite.....	17	0	824	446	0	1280
114	Colite.....	3	0	23	55	0	92
114	Colite muqueuse.....	0	0	0	4	4	9
114	Diarrhée et entérite.....	0	0	0	96	2	290
114	Coliques intestinales.....	2	0	19	16	0	36
114	Entérite chronique (plus de 2 ans) ..	17	1	239	49	0	49
114	Entérocolite (plus de 2 ans).....	2	1	29	2	0	2
114	Entérocolites.....	1	0	12	1	0	1

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No. Int.	Maladie	No. d'in- ternes	No. d'in- ternes traités pour la même maladie	No. de jours de maladie	No. de nouv. externes	No. d'ex- ternes traités pour la même maladie	No. de consulta- tions et de trai- tements
115	Ankylostomiase	6	0	64	892	462	924
116a	Ténia	4	0	9	1	0	4
116a	Kyste cervical	0	0	0	3	0	7
116a	Parasites intestinaux	62	3	787	1786	296	2904
116a	Ascarides	6	0	45	284	55	413
116a	Ascarides lombricoides	22	0	491	149	0	413
116c	Trichinose	0	0	0	1	1	2
116f	Helminthes	25	0	852	967	18	2710
117	Appendicite	31	1	643	8	1	58
117	Abcès appendicite	1	0	32	0	0	0
118	Hernie	124	2	3076	136	2	284
118	Hernie ombilicale	2	0	105	24	0	48
118	Hernie scrotale	0	0	0	1	0	5
118	Hernie inguinale	66	12	2294	90	4	141
118	Obstruction intestinale	2	0	5	0	0	0
118	Occlusion intestinale	5	0	33	0	0	0
119a	Fistule de l'anus	22	1	1085	4	0	25
119a	Fistule recto-vaginale	8	5	250	3	0	16
119a	Abcès	3	0	45	15	12	27
119a	Rectite	11	1	409	6	0	12
119b	Constipation	5	0	39	304	16	627
119b	Constipation chronique	0	0	0	3	0	11
119b	Stricture rectale	1	0	7	12	0	12
119b	Hémorragie intestinale (plus d'un mois)	0	0	0	4	0	4
119b	Entéroptomie	0	0	0	3	1	3
119b	Stercorémie	0	0	0	1	0	1
120	Ictère grave	1	0	28	1	0	1
121	Kyste du foie	0	0	0	1	0	0
121	Kyste hydatique	2	0	23	0	0	0
122a	Cirrhose alcoolique	4	0	213	0	0	0
122a	Cirrhose du foie	15	0	684	18	6	2
122b	Cirrhose	27	2	834	3	0	0
122b	Cirrhose alcoolique du foie	1	0	3	0	0	0
122b	Cirrhose athrophique du foie	16	2	513	0	0	0
122b	Cirrhose athrophique	7	3	129	4	3	0
122b	Cirrhose hypertrophique	1	2	111	0	0	0
123	Colique hépatique	1	0	19	3	0	2
124	Cholécystite	5	0	87	2	0	0
124	Congestion hépatique	4	1	45	2	0	0
124	Hépatite	26	0	698	53	2	13
124	Ictère	8	1	103	24	0	5
124	Congestion du foie	2	0	15	0	0	0
124	Angiocholite	0	0	0	1	0	0
124	Hypertrophie du foie	0	0	0	8	0	0
124	Jaunisse	0	0	0	17	0	0
124	Cholangite	0	0	0	9	0	0
126	Péritonite	4	0	112	0	0	0

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No. Int.	Maladie	No. d'in- ternes	No. d'in- ternes traites pour la même maladie	No. de jours de maladie	No. de nouv. externes	No. d'ex- ternes traites pour la même maladie	No. de consulta- tions et de trai- tements
126	Péritonite généralisée.....	1	0	7	0	0	0
126	Adhérence péritonéale.....	1	0	1	0	0	0
VII. AFFECTIONS NON VENERIENNES DE L'APPAREIL GENITO-URINAIRE ET DE SES ANNEXES							
128	Cirrhose néphritique.....	0	0	0	2	0	9
128	Néphrite aiguë.....	13	0	620	60	1	63
129	Mal de Bright.....	8	0	269	7	1	16
129	Néphrite.....	123	22	3488	46	0	110
129	Néphrite chronique.....	45	8	1397	34	0	83
129	Néphrite intersticielle.....	1	0	62	0	0	0
129	Albuminurie.....	0	0	0	3	0	11
129	Néphrite parenchymateuse.....	1	0	21	0	0	0
129	Urémie.....	1	0	8	0	0	0
130	Chylurie.....	0	0	0	5	0	17
131	Hématurie.....	0	0	0	3	0	3
131	Hydronephrose.....	1	0	1	0	0	0
131	Insuffisance rénale.....	1	0	44	0	0	0
131	Pyélite.....	7	0	126	0	0	0
131	Pyélonéphrite.....	2	0	21	0	0	0
131	Rein septique.....	1	0	16	0	0	0
131	Phosphaturie.....	0	0	0	1	0	1
131	Abscès du rein.....	1	0	15	2	0	2
132	Colique néphrétique.....	2	0	9	3	0	12
133	Cystite.....	11	1	171	71	13	211
133	Cystocèle.....	1	0	49	0	0	0
133	Incontinence d'urine.....	4	0	160	5	2	10
133	Rétention d'urine.....	14	0	320	0	0	0
133	Spasme de la vessie.....	0	0	0	1	0	6
133	Ténésme.....	0	0	0	3	0	10
133	Kyste (non spécifié).....	5	2	100	3	2	70
133	Abscès vésical.....	1	1	52	0	0	0
133	Cystite vésicale.....	0	0	0	1	0	2
134a	Rétrécissement urétral.....	71	5	1459	78	6	427
134b	Abscès urinaires.....	3	0	86	1	0	1
134b	Fistule urétrale.....	11	0	632	9	0	25
134b	Fistule uréthro-périnéenne.....	2	0	93	0	0	0
134b	Fistule urinaire.....	7	0	201	4	0	45
134b	Fistule vésico-vaginale.....	3	0	314	1	0	1
134b	Infiltration urinaire.....	4	0	75	0	0	0
134b	Rupture de l'urètre.....	4	0	65	0	0	0
134b	Urétralgie.....	0	0	0	4	0	4
134b	Urétrorrhagie.....	0	0	0	1	0	1
135	Abscès de la prostate.....	2	1	34	0	0	0
135	Hyperthrophie de la prostate.....	16	0	514	5	1	48
135	Prostatite.....	8	1	168	8	0	51
135	Infection de la prostate.....	1	1	14	0	0	0

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No. Int.	Maladie	No. d'in- ternes	No. d'in- ternes traités pour la même maladie	No. de jours de maladie	No. de nouv. externes	No. d'ex- ternes traités pour la même maladie	No. de consulta- tions et de trai- tements
136	Epididymite.....	4	1	63	7	2	19
136	Hématocèle.....	2	0	41	0	0	0
136	Hydrocèle.....	112	4	3020	98	0	293
136	Hydrocèle spermatique.....	1	0	38	9	0	20
136	Orchite.....	4	0	76	92	0	289
136	Phimosis.....	15	1	209	98	4	571
136	Paraphimosis.....	6	0	84	6	0	39
136	Pachyvaginalite.....	0	0	0	1	0	5
136	Fistule du scrotum.....	3	1	118	2	0	5
136	Abcès du pénis.....	1	0	6	0	0	0
136	Inflammation.....	1	0	27	0	0	0
136	Avulsion du scrotum.....	4	0	96	0	0	0
136	Circuncision.....	0	0	0	6	6	53
136	Hernie du testicule.....	0	1	27	0	0	0
136	Impotence.....	0	0	0	8	5	13
137	Kyste de l'ovaire.....	9	1	260	5	0	18
137	Pédicle.....	0	0	0	1	0	1
138	Annexite simple.....	1	0	18	3	0	14
138	Pyosalpinx.....	1	0	19	0	0	0
138	Salpingite.....	31	1	836	19	8	96
138	Salpingite aiguë.....	1	0	31	0	0	0
138	Métrosalpingite.....	13	0	259	0	0	0
138	Salpingo-ovarite.....	4	2	186	0	0	0
139	Fibrome.....	56	0	1260	36	0	154
139	Fibrome de l'utérus.....	21	0	387	11	1	13
139	Polype de l'utérus.....	3	0	237	1	0	1
139	Tumeur.....	0	0	0	2	0	2
139	Tumeur de l'utérus.....	2	0	56	1	0	2
140	Hémorragie utérine.....	2	0	66	0	0	0
140	Ménorrhagie.....	3	0	80	5	0	5
140	Métrite hémorrhagique.....	1	0	32	8	0	51
140	Métrorragie.....	12	2	182	35	0	192
141a	Métrite.....	35	0	812	561	30	3274
141a	Endométrite.....	36	2	587	6	1	10
141b	Abcès des grandes lèvres.....	1	0	22	0	0	0
141b	Antéflexion de l'utérus.....	1	0	37	6	0	22
141b	Antéversion de l'utérus.....	1	0	40	9	0	9
141b	Atrophie de l'utérus.....	2	0	2	104	0	310
141b	Bartholinite.....	4	0	105	3	0	8
141b	Ovarite.....	2	0	35	5	0	15
141b	Abaissement de l'utérus.....	7	0	225	3	0	17
141b	Chute de rectum.....	1	0	41	0	0	0
141b	Rétroversion de l'utérus.....	1	0	41	4	1	6
141b	Aménorrhée.....	0	0	0	138	14	115
141b	Dysménorrhée.....	2	0	7	115	7	329
141b	Leucorrhée.....	2	0	23	36	5	80
141b	Vulvite.....	0	0	0	7	0	30
141b	Athrésie du vagin.....	1	0	16	2	0	11

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o. Int.	Maladie	No. d'in- ternes	No. d'in- ternes traites pour la même maladie	No. de jours de maladie	No. de nouv. externes	No. d'ex- ternes traites pour la même maladie	No. de consulta- tions et de trai- tements
141b	Abcès de la vulve	2	0	16	2	0	11
141b	Prolapse de l'utérus	8	8	298	3	1	5
141b	Rétroversion de la matrice	7	1	124	1	0	1
141b	Insuffisance ovarienne	3	2	63	1	0	1
141b	Hydrosalpinx	2	1	20	0	0	0
141b	Métrite aigue catarrhale	1	0	7	0	0	0
141b	Ménopause	0	0	0	61	1	112
141b	Troubles menstruels	0	0	0	5	0	5
141b	Abcès de la glande Bartholine	1	0	9	0	0	0
141b	Kyste	2	0	41	0	0	0
141b	Métrite chronique	0	0	0	4	0	6
141b	Métrite aigue	0	0	0	1	0	1
141b	Hématocèle	0	0	0	1	0	3
141b	Vulvovaginite	1	0	53	1	0	1
141b	Malposition de l'utérus	0	0	0	6	4	11
141b	Suppression de menstruation	0	0	0	1	1	2
141b	Ulcère vaginale	0	0	0	1	1	4
141b	Imperforation du vagin	0	0	0	1	0	2
141b	Abcès du vagin	0	0	0	1	0	2
141b	Règles douloureuses	0	0	0	10	0	24
42	Abcès du sein	11	2	181	83	9	626
42	Mammite	0	0	0	5	0	23
42	Mastite	2	0	27	42	1	232
42	Mastite lobulaire	0	0	0	6	0	46
42	Ulcère de l'estomac	1	0	241	0	0	0
42	Ulcère du sein	1	0	22	4	0	5
42	Galactophorite	0	0	0	1	0	1
VIII. ETAT PUERPERAL							
43	Avortement	11	0	322	3	0	8
43	Grossesse	460	2	8227	218	2	431
43	Accouchement normal	1	0	21	38	6	43
43	Vomissements incoercibles	1	0	8	0	0	0
43	Accouchement prématuré	1	0	6	0	0	0
43	Grossesse extra-utérine	1	0	29	0	0	0
43	Hémorragie utérine puerpérale	1	0	2	0	0	0
44	Placenta praevia	1	0	9	0	0	0
44	Déplacement du placentaire	1	1	14	0	0	0
45	Déchirure du périnée	1	0	9	3	0	18
45	Accouchement périlleux	30	2	384	0	0	0
46	Cellulite orbitaire	0	0	0	4	0	39
46	Infection puerpérale	3	0	59	0	0	0
46	Fièvre puerpérale	1	0	8	0	0	0
46	Endométrite puerpérale	2	2	5	0	0	0
46	Septicémie puerpérale	2	0	65	0	0	0
48	Eclampsie	1	0	9	0	0	0
48	Toxémie de la grossesse	3	1	63	0	0	0

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No. Int.	Maladie	No. d'in- ternes	No. d'in- ternes traités pour la même maladie	No. de jours de maladie	No. de nouv. externes	No. d'ex- ternes traités pour la même maladie	No. de consul- tations et de tra- tement
IX. AFFECTIONS DE LA PEAU ET DU TISSU CELLULAIRE							
151	Escarre	1	1	35	3	0	4
151	Gangrène du pied	5	0	279	0	0	0
151	Gangrène du scrotum	2	0	84	0	0	0
151	Gangrène	1	0	35	0	0	0
152	Furoncle	7	0	64	184	21	27
153	Furoncle de l'oreille	0	0	0	60	0	22
153	Abcès périnéal	3	0	79	0	0	0
153	Phlegmon	23	0	526	98	0	59
153	Panaris	3	0	176	227	4	169
153	Abcès	67	2	1108	503	24	377
153	Abcès inguinal	8	0	101	45	23	12
153	Abcès aigu	1	1	5	0	0	0
153	Abcès de la paroi abdominale	4	0	300	3	0	1
153	Abcès du bras	1	0	16	0	0	0
153	Abcès du la main	2	0	44	77	55	40
153	Abcès du bras gauche	0	0	0	3	0	1
153	Abcès de la fesse	0	0	0	4	1	0
153	Abcès de la jambe	3	0	13	33	0	8
153	Abcès du pied	0	0	0	6	0	1
153	Abcès du cou	3	0	49	24	0	7
153	Abcès de la cuisse	5	0	128	7	0	7
153	Abcès de l'ombilic	1	0	54	1	0	0
153	Abcès du doigt	0	0	0	26	25	25
153	Abcès du l'index	1	0	30	0	0	0
153	Abcès du sein	0	0	0	14	0	12
153	Abcès de la lèvre	0	0	0	1	0	0
153	Abcès de l'oreille	0	0	0	2	0	0
153	Abcès de la machoire	0	0	0	17	0	1
153	Abcès du dos	1	1	38	1	0	0
153	Abcès de la jambe droite	1	0	20	1	0	1
153	Abcès de la cuisse gauche	1	0	12	1	0	0
153	Abcès de la poitrine	0	0	0	1	0	2
153	Abcès de la tête	1	0	163	4	0	1
153	Abcès du coude	1	0	78	0	0	0
153	Abcès de la face	1	0	40	5	0	2
153	Abcès inguino-scrotal	1	0	6	0	0	0
153	Phlegmon de la main	14	0	210	7	4	22
153	Phlegmon (amygdales)	0	0	0	13	0	4
153	Phlegmon diffuse	1	0	21	1	0	3
153	Cellulite	5	0	216	50	11	9
153	Cellulite du cou	0	0	0	2	0	1
153	Cellulite du pied droit	1	0	33	1	0	4
153	Cellulite de l'orteil droit	0	0	0	2	0	5
153	Cellulite de la main droite	3	0	17	0	0	0
153	Cellulite de la main gauche	0	0	0	9	0	12
153	Cellulite du bras droit	0	0	0	1	0	4

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No. Int.	Maladie	No. d'in- ternes	No. d'in- ternes traités pour la même maladie	No. de jours de maladie	No. de nouv. externes	No. d'ex- ternes traités pour la même maladie	No. de consulta- tions et de trai- tements
153	Cellulite du doigt	0	0	0	20	3	192
153	Cellulite du pouce droit	0	0	0	1	0	20
153	Ongle incarnée	3	1	5	10	0	42
154	Cicatrice vicieuse	1	0	70	0	0	0
154	Ascaris	0	0	0	5	0	13
154	Gale infectée	1	0	13	0	0	0
155	Ulcère de la jambe	17	1	504	568	4	3931
155	Ulcère de la main	0	0	0	5	0	19
155	Chéloïde	5	0	72	44	9	133
155	Herpès Zoster	5	0	8	2	2	52
155	Herpès	1	0	12	38	26	318
155	Eczéma	6	1	113	204	39	578
155	Prurigo	4	0	68	59	2	139
155	Scabies	1	1	107	156	67	271
155	Aphtes	0	0	0	7	0	23
155	Dermatite	2	0	38	22	2	55
155	Ecthyma	0	0	0	29	0	135
155	Eczéma (oreille)	0	0	0	31	0	190
155	Eczéma (nez)	0	0	0	6	0	33
155	Elephantiasis	12	1	490	38	3	99
155	Impétigo	0	0	0	227	172	822
155	Intertrigo	1	0	32	2	0	7
155	Pemphigus	1	0	8	14	0	32
155	Onyxia	0	0	0	13	0	46
155	Phthiriasis	0	0	0	3	0	6
155	Prurit	0	0	0	44	0	194
155	Psoriasis	0	0	0	11	4	20
155	Ulcération de la gorge en général	0	0	0	48	0	353
155	Urticaire	0	0	0	6	0	31
155	Acne	0	0	0	109	4	254
155	Scoliose	0	0	0	1	0	3
155	Ostéomyélite	7	0	306	2	0	8
155	Ostéite purulente	2	0	37	4	0	7
155	Périostose	3	0	43	0	0	0
155	Ulcère	28	0	1111	0	0	0
155	Ichthyose	0	0	0	1	0	1
155	Ostéo-périosteite du tibia	1	0	24	1	0	1
155	Démangeaisons	0	0	0	1	0	1
155	Ostéosarcome	0	0	0	26	0	121
155	Verrues	0	0	0	3	0	3
X. AFFECTIONS DES OS ET DES ORGANES DE LA LOCOMOTION							
56	Exostose	0	0	0	4	0	14
56	Ostéite	8	1	139	48	1	240
56	Perforation de la voute palatine	1	0	6	10	0	74
56	Ankylose partielle	3	2	119	0	0	0
56	Dislocation de la clavicule	1	0	11	0	0	0

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No. Int.	Maladie	No. d'internes	No. d'internes traités pour la même maladie	No. de jours de maladie	No. de nouv. externes	No. d'externes traités pour la même maladie	No. de consultations et de traitements
156	Dislocation de la poitrine.....	0	0	0	2	0	4
156	Périostose.....	1	0	9	20	8	86
156	Maladie de Sacroliac.....	0	0	0	41	30	93
157	Ankylose.....	3	0	53	5	0	18
157	Ankylose du coude.....	1	0	27	1	0	1
157	Ankylose du genou.....	0	0	0	4	0	12
157	Ankylose de poignet.....	0	0	0	1	0	2
157	Genu vulgum.....	2	0	111	4	0	15
157	Corps étranger.....	0	0	0	38	0	219
157	Hydarthrose.....	1	0	12	0	0	0
157	Synovite.....	1	0	10	4	0	4
157	Arthrite aiguë.....	1	1	23	1	0	1
157	Arthrite purulente du poulmon gauche.....	1	0	60	0	0	0
157	Arthrite suppurée.....	4	0	222	0	0	0
157	Entorse.....	0	0	0	6	2	6
157	Amputations.....	4	1	189	0	0	0
158	Lumbago.....	0	0	0	69	15	202
158	Myosite.....	0	0	0	8	3	17
158	Torticolis.....	1	0	12	75	15	147
158	Ganglion.....	1	0	7	2	0	3
158	Rhumatisme musculaire.....	3	0	50	2	0	2
158	Atrophie des muscles.....	1	0	14	0	0	0
XI. VICES DE CONFORMATION							
159	Bec de lièvre.....	1	0	128	4	0	119
159	Encéphalocèle.....	1	0	18	0	0	0
159	Hydrocéphalie.....	0	0	0	8	3	12
159	Hydrocéphalie congénitale.....	3	0	73	11	0	100
159	Eventration congénitale.....	0	0	0	1	0	4
159	Malformation.....	0	0	0	5	0	28
159	Hernie congénitale.....	0	0	0	3	0	23
159	Difformité congénitale de la lèvre supérieure.....	1	0	14	0	0	0
159	Polydactylie.....	0	0	0	5	0	25
159	Pied bot équin.....	0	0	0	2	0	10
159	Hypospadiase.....	1	0	8	2	0	6
159	Syndactylie.....	1	0	25	0	0	0
159	Imperforation de l'hymen.....	1	0	4	0	0	0
159	Ectopie du testicule.....	0	0	0	1	0	5
XII. PREMIER AGE							
160	Nouveau-né.....	7	0	140	0	0	0
160	Malnutrition.....	6	0	255	11	3	14
160b	Hépatite.....	3	1	48	16	0	16
160b	Ictère.....	1	0	70	2	0	6
161	Avortement (délivrance artificielle).....	10	0	93	0	0	0
161	Dystocie (enfance).....	2	0	15	0	0	0

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No. Int.	Maladie	No. d'in- ternes	No. d'in- ternes traités pour la même maladie	No. de jours de maladie	No. de nouv. externes	No. d'ex- ternes traités pour la même maladie	No. de consulta- tions et de trai- tements
161	Naissance.....	10	0	113	0	0	0
162	Inflammation ombilicale.....	0	0	0	2	0	10
XIII. VIEILLESSES							
164	Epulide.....	2	0	64	0	0	0
164	Vieillesse.....	33	1	1538	50	17	126
XIV. AFFECTIONS PRODUITES PAR DES CAUSES EXTERIEURES							
171	Suicide par instrument tranchant...	1	0	3	2	1	3
175	Empoisonnement alimentaire aigu...	1	0	59	0	0	0
176	Piquures d'insectes.....	1	0	0	17	2	63
176	Piqûres d'épines.....	0	0	0	1	0	2
177	Empoisonnement.....	2	0	9	0	0	0
177	Anaphylaxie.....	0	0	0	4	1	6
179	Brûlure.....	43	2	1782	187	26	1251
179	Brûlure de l'oeil.....	0	0	0	14	0	32
179	Brûlure du dos par eau chaude.....	1	0	12	0	0	0
179	Brûlure du pied droit par eau chaude.....	0	0	0	8	0	38
179	Brûlure à la jambe gauche par eau chaude.....	0	0	0	6	0	18
179	Brûlure par eau chaude.....	12	0	197	40	10	403
179	Brûlure à la jambe.....	1	0	12	0	0	0
179	Brûlure à la main.....	0	0	0	9	0	21
179	Brûlure par le feu.....	3	1	43	20	0	76
180	Suffocation mécanique accidentelle..	0	0	0	2	0	2
181	Absorption de l'éther.....	0	0	0	1	0	1
181	Poison chenopodium.....	1	0	1	0	0	0
183	Traumatisme par arme à feu.....	2	1	77	2	0	2
183	Blessure au pied par arme à feu.....	1	0	39	0	0	0
184	Traumatisme par instrument tran- chant ou piquant.....	51	0	843	575	50	4769
184	Plaie contuse.....	2	0	8	3	1	21
184	Blessure par instrument coupant...	15	1	276	72	12	391
184	Blessure à la main par man chette...	1	0	10	9	0	12
184	Traumatisme par instrument coupant.....	3	0	65	0	0	0
184	Blessure incisée à la cuisse.....	1	0	23	0	0	0
184	Blessure incisée de la tête.....	1	1	52	0	0	0
185	Traumatisme par chute.....	94	0	1666	497	0	3137
185	Foulure de la jointure du poignet gauche par chute.....	0	0	0	2	0	3
185	Accident par chute de cheval.....	10	0	331	0	0	0
185	Accident traumatique par chute.....	36	2	1023	130	19	524
185	Blessure à la tête par chute.....	2	0	50	0	0	0
185	Chute accidentelle.....	4	0	71	93	72	893
185	Blessure de la cuisse par chute.....	1	0	21	0	0	0

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No. Int.	Maladie	No. d'in- ternes	No. d'in- ternes traités pour la même maladie	No. de jours de maladie	No. de nouv. externes	No. d'ex- ternes traités pour la même maladie	No. de consulta- tions et de traite- ments
186	Traumatisme par mine.....	1	0	10	0	0	0
187	Traumatisme par machines.....	29	0	1028	61	0	460
188	Traumatisme par roue de cabrouet..	2	1	14	0	0	0
188	Accident d'automobiles.....	29	2	724	7	1	22
188	Accident par bicyclette.....	1	0	5	0	0	0
188	Autres contusions.....	3	0	40	38	0	38
188	Traumatisme par autres écrasements..	0	0	0	24	19	337
188	Accident de chemin de fer.....	8	1	90	4	0	47
188	Accident de tramway.....	1	0	74	0	0	0
188	Traumatisme par éboulement.....	5	0	96	1	0	5
188	Traumatisme par voitures.....	85	0	1512	214	0	1599
188	Traumatisme par écrasement.....	0	0	0	14	0	137
189	Violences exercées par des animaux..	2	0	28	84	0	608
189	Morsure de cheval.....	0	0	0	1	0	3
189	Morsure de chiens.....	18	0	122	68	4	177
189	Blessures par cornes de boeufs.....	1	0	20	0	0	0
189	Morsure d'animaux.....	2	0	69	16	5	49
192	Misère physiologique.....	10	0	263	5	0	20
192	Troubles de la nutrition.....	0	0	0	1	0	1
193	Gelure.....	1	0	36	0	0	0
198	Blessure par la baïonnette.....	1	0	4	0	0	0
198	Blessure par canif.....	2	0	39	0	0	0
199	Morsure par la dent de l'Homme....	5	0	167	10	0	59
201	Luxation.....	2	0	30	27	1	105
201	Luxation du cristallin.....	0	0	0	4	0	24
201	Luxation du coude.....	0	0	0	2	0	2
201	Luxation de la hanche.....	0	0	0	1	0	1
201	Luxation du poignet.....	1	0	43	5	0	10
201	Luxation de la rotule.....	0	0	0	1	0	1
201	Sub-luxation.....	0	0	0	10	0	39
201	Entorse.....	2	0	15	38	0	169
201	Fracture.....	37	3	1234	107	3	471
201	Fracture du bras droit par chute....	2	0	102	3	0	30
201	Fracture complexe du radius droit par pierre.....	1	0	3	0	0	0
201	Fracture du tibia gauche par auto- mobile.....	2	0	84	0	0	0
201	Fracture des deux jambes.....	1	0	32	0	0	0
201	Fracture du bras gauche.....	1	0	31	0	0	0
201	Fracture du fémur de la jambe gauche.....	1	0	18	0	0	0
201	Fracture des deux radius.....	1	1	23	0	0	0
201	Fracture du radius gauche par chute..	0	0	0	4	0	11
201	Fracture de l'ulna par chute.....	0	0	0	2	0	26
201	Fracture complexe du tibia par chute.....	0	0	0	1	0	10
201	Fracture de la jambe.....	5	0	185	1	0	1
201	Fracture du bras.....	1	0	53	0	0	0

SERVICE NATIONAL D'HYGIENE PUBLIQUE. STATISTIQUE DE MORBIDITE—Continu

Int.	Maladie	No. d'in- ternes	No. d'in- ternes traites pour la meme maladie	No. de jours de maladie	No. de nouv. externes	No. d'ex- ternes traites pour la meme maladie	No. de consulta- tions et de trai- tements
01	Fracture du fémur	4	149	7	0	0	0
01	Fracture de l'avant-bras	3	0	149	2	0	6
01	Fracture de la base du crane	1	0	0	0	0	0
01	Fracture du tibia	4	0	227	7	0	15
01	Fracture du radius	9	0	283	0	0	0
01	Fracture complexe de la jambe	3	0	93	1	1	32
01	Dislocation	0	1	9	2	0	5
01	Dislocation du genou	1	1	97	1	0	3
01	Dislocation de la hanche droite par chute	2	0	102	3	0	30
01	Dislocation de la poitrine gauche par chute	0	0	0	1	0	27
02	Traumatisme	146	2	2700	1220	0	7386
02	Plaie traumatique	3	0	77	0	0	0
02	Traumatisme du pied	1	0	55	20	0	51
02	Traumatisme de la jambe	2	0	100	0	0	0
02	Eventration traumatique	1	0	5	0	0	0
02	Hématome traumatique	2	0	9	0	0	0
02	Orchite traumatique	3	0	68	15	0	96
02	Commotion du cerveau	2	0	6	0	0	0
02	Corps étranger de l'oesophage	1	0	5	7	0	0
02	Corps étranger	7	1	74	13	5	60
02	Corps étranger dans la région temporale	1	0	9	1	0	1
02	Corps étranger du rectum	1	0	4	0	0	0
02	Corps étranger de l'oreille	0	0	0	14	0	14
02	Corps étranger de la face	1	0	11	0	0	0
02	Corps étranger du doigt	1	0	7	0	0	0
02	Corps étranger de la poitrine	1	0	5	0	0	0
02	Corps étranger de la trachée	1	0	2	0	0	0
02	Blessures	32	0	809	209	0	232
02	Blessure du genou	0	1	47	0	0	0
02	Blessure de la jambe	2	0	44	0	0	0
02	Blessure de la lèvre inférieure	1	0	17	0	0	0
02	Blessure du pied	1	0	5	0	0	0
02	Blessure de la tête	1	0	62	0	0	0
02	Blessure de la main droite par canif	0	0	0	1	0	35
02	Blessure du pied gauche	0	0	0	1	0	41
02	Blessure de la tête par manchette	0	0	0	1	0	15
02	Blessure de l'orteil du pied droit par chute	0	0	0	1	1	12
02	Blessure à la face par canif	0	0	0	1	0	5
02	Autres violences externes	5	0	60	11	5	35
02	Lacération du crâne par chute	1	0	22	0	0	0
02	Lacération du pied par pierre	1	0	35	0	0	0
02	Lacération de la jambe gauche par pierre	2	0	23	0	0	0
02	Lacération de la tête par auto	0	0	0	1	0	3

SERVICE NATIONAL D'HYGIENE PUBLIQUE. STATISTIQUE DE MORBIDITÉ—*Contin*

No. Int.	Maladie	No. d'in- ternes	No. d'in- ternes traités pour la même maladie	No. de jours de maladie	No. de nouv. externes	No. d'ex- ternes traités pour la même maladie	No. de consult tions e de trai tement
202	Lacération de la main droite par arbre.....	0	0	0	1	0	
202	Lacération de la poitrine par chute ...	0	0	0	2	0	1
202	Lacération de l'orteil dr. par chute ..	0	0	0	9	0	4
202	Lacération des yeux par chute.....	0	0	0	2	0	
202	Lacération de la jambe gauche par le bois.....	0	0	0	1	0	
202	Lacération du pied gauche par leefer.....	0	0	0	8	0	1
202	Lacération du pouce droit par chute.....	0	0	0	2	0	
202	Lacération de l'orteil gauche par pierre.....	0	0	0	2	0	3
202	Lacération de l'index de la main droite.....	0	0	0	8	0	1
202	Lacération du milieu du doigt gauche par camion.....	0	0	0	1	0	
202	Lacération du doigt gauche par chute.....	0	0	0	1	0	
202	Contusions.....	13	1	282	216	8	165
202	Lésion au doigt.....	0	0	0	18	0	16
202	Lésion au pied.....	0	0	0	19	0	6
202	Lésion dans une partie du corps.....	0	0	0	1	0	7
XV. MALADIES MAL DEFINIES							
204	Syncope.....	0	0	0	2	0	
205a	Cas mal définis.....	13	0	521	147	0	45
205a	Ascite.....	7	0	298	4	0	1
205a	Coma.....	14	0	48	0	0	
205a	Congestion.....	3	0	29	2	0	
205a	Embarras gastrique.....	5	0	18	3	0	2
205a	Fièvre.....	12	0	153	3	0	
205a	Fièvre bilieuse.....	2	0	23	3	0	
205a	Plaie.....	23	1	408	31	4	178
205a	Anasarque.....	0	0	0	3	0	1
205a	Anoréxie.....	0	0	0	4	0	1
205a	Oedème.....	0	0	0	3	0	1
205a	Oedème de la paupière.....	0	0	0	4	0	1
205a	Phosphaturie.....	0	0	0	2	0	
205a	Troubles de dentition.....	0	0	0	9	0	2
205a	Marasme.....	0	0	0	1	0	
205a	Dyspnée.....	0	0	0	1	0	
205a	Infection.....	16	4	407	3	0	
205a	Fistule.....	0	1	47	3	0	
205a	Fistule de la cuisse.....	2	1	8	0	0	
205a	Fièvre catarrhale.....	0	0	0	14	1	8
205a	Fièvre cause inconnue.....	1	0	1	506	33	24
205a	Asthénie.....	1	0	12	0	0	

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Conclusion

No. Int.	Maladie	No. d'in- ternes	No. d'in- ternes traités pour la même maladie	No. de jours de maladie	No. de nouv. externes	No. d'ex- ternes traités pour la même maladie	No. de consulta- tions et de trai- tements
205a	Insomnie	0	0	0	66	9	241
205a	Extraction dentaire	0	0	0	48	12	63
205a	Tabès	0	0	0	4	0	8
205a	Douleur	1	1	10	16	3	52
205a	Migraine	0	0	0	40	0	57
205b	Fluxion dentaire	0	0	0	1	0	4
205b	Déchirure de l'hymen	0	0	0	3	0	23
205b	Hyperhydrose palmaire	0	0	0	2	0	6
205b	Ptose viscérale	0	0	0	1	0	1
205b	Syndrome de Reichmann	0	0	0	1	0	1
205b	Acné	0	0	0	5	0	15
205b	Céphalagie	0	0	0	2	0	2
205b	Coprastase	1	0	7	1	0	1
205b	Céphalée	0	0	0	8	2	8
205b	Condylome de l'anus	2	0	24	1	0	58
205b	Maladies inconnues	16	2	15	75	180	225

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Maladie ou Condition	Nom ou Caractere de L'operation	Resultats					Anesthesique			
		Nombre	Gueris	Decedes	Ameliorees	Non Ameliorees	Ether	Chloroforme	Local	Neant
Abcès de la fesse	Incision-drainage	18	18	0	0	0	1	0	17	
Abcès de la jambe	Incision-drainage	11	10	0	0	0	0	0	10	
Abcès du rectum	Incision-drainage	4	4	0	0	0	1	0	3	
Abcès de la poitrine	Incision-drainage	3	3	0	0	0	1	0	2	
Abcès axillaire	Incision-drainage	29	24	0	0	0	0	3	21	
Abcès axillaire	Curettage	1	1	0	0	0	0	0	0	
Abcès vulvaire	Incision-drainage	1	1	0	0	0	0	0	0	
Abcès de la main	Incision-drainage	17	16	0	0	0	0	0	19	
Abcès du bras	Incision-drainage	19	19	0	0	0	0	0	17	
Abcès de la main	Incision	3	3	0	0	0	0	0	3	
Abcès de la tête	Incision-drainage	8	8	0	0	0	0	0	8	
Abcès du crane	Incision-drainage	1	1	0	0	0	0	0	1	
Abcès du cou	Incision-drainage	17	17	0	0	0	0	0	15	
Abcès du cou	Incision	3	3	0	0	0	0	0	3	
Abcès du sein	Incision-drainage	14	14	0	0	0	1	0	13	
Abcès de la joue	Incision-drainage	5	4	1	0	0	0	0	5	
Abcès de la cheville	Incision-drainage	6	6	0	0	0	0	0	6	
Abcès du pied	Incision-drainage	11	10	0	0	0	0	0	6	
Abcès du pied	Incision	15	15	0	0	0	0	1	9	
Abcès du coude	Incision-drainage	5	5	0	0	0	0	0	5	
Abcès du talon	Incision-drainage	4	4	0	0	0	0	0	4	
Abcès du menton	Incision-drainage	4	4	0	0	0	0	0	4	
Abcès de l'abdomen	Incision-drainage	5	4	0	0	0	0	0	2	
Abcès tonsillaire	Incision-drainage	11	11	0	0	0	0	0	11	
Abcès du poumon	Opération-drainage	2	2	0	0	2	0	0	0	
Abcès de testicule	Opération-drainage	1	1	0	0	1	0	0	0	
Abcès de l'oreille	Incision-drainage	1	1	0	0	0	0	0	1	
Abcès de l'oreille	Incision	2	2	0	0	0	0	0	2	
Abcès du doigt	Incision-drainage	10	10	0	0	0	0	0	6	
Abcès de la face	Incision-drainage	4	3	0	0	0	0	0	3	
Abcès de la paupière	Incision-drainage	4	4	0	0	0	0	0	4	
Abcès de la région inguinale	Incision-drainage	10	9	0	0	0	0	0	9	
Abcès du genou	Incision-drainage	13	13	0	0	0	0	0	13	
Abcès de la cuisse	Incision-drainage	5	5	0	0	0	0	0	5	
Abcès de la bouche	Incision-drainage	10	10	0	0	0	0	0	6	
Abcès du front	Incision-drainage	3	3	0	0	0	0	0	3	
Abcès de la gorge	Incision-drainage	4	4	0	0	0	0	0	4	
Abcès de la cuisse et de la main	Incision-drainage	22	20	0	3	0	2	0	20	
Abcès de l'oeil gauche	Enucleation	3	2	0	1	0	3	0	0	
Abcès du bras gauche	Excision	2	2	0	0	0	2	0	0	
Abcès du sein gauche	Incision	4	3	0	0	0	4	0	0	
Abcès des orteils	Incision	1	1	0	0	0	0	0	1	
Abcès de la fesse	Incision	1	1	0	0	0	0	0	1	
Adénite fibrome	Ablation	2	2	0	0	0	2	0	0	

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Maladie ou Condition	Nom ou Caractere de L'operation	Resultats					Anesthesique			
		Nombre	Gueris	Decedes	Ameliorees	Non Ameliorees	Ether	Chloroforme	Local	Neant
adénite fibrome de la main	Excision	1	1	0	0	0	1	0	0	0
amygdalite	Tonsillectomie	102	102	0	0	0	55	0	57	0
amygdalite chronique	Amygdalectomie	114	114	0	0	0	16	0	98	0
amputation de l'avant bras	Excision	1	1	0	0	0	1	0	0	0
anévrisme, art. ill.	Ligature articulaire	1	1	0	0	0	0	0	1	0
anévrisme, artère femorale	Amputation de la cuisse	1	1	0	0	0	1	0	0	0
anévrisme	Ligature de l'artère	7	3	3	0	0	1	0	6	0
anévrisme, artère poplétée	Ligature de l'artère	1	0	0	0	1	0	0	1	0
ankylose du coude droit	Incision exploratrice	1	0	0	1	0	1	0	0	0
ankylose du genou droit	Excision	1	0	0	0	0	0	0	1	0
anthrax	Incision-drainage	2	2	0	0	0	0	0	2	0
ankylose du gros orteil (pied droit)	Amputation de l'orteil	1	0	0	0	0	0	0	0	0
appendicite	Appendicectomie	2	2	0	0	0	2	0	0	0
appendicite, aigue	Appendicectomie	5	5	0	0	0	2	0	0	0
appendicite suppurée	Incision-drainage	1	1	0	0	0	0	0	1	0
arthrite du genou	Incision-drainage	7	7	0	0	0	0	0	7	0
arthrite purulente de la poitrine gauche	Incision-drainage	1	0	0	0	0	0	0	0	0
arthrite suppurée	Arthrotomie	5	3	0	2	0	3	0	2	0
arthrite de la poitrine	Résection de l'humerus	1	0	1	0	0	1	0	0	0
ascites	Paracentese	75	0	0	75	0	0	0	75	0
éclulsion	Curettage	7	7	0	0	0	7	0	0	0
éclulsion du scrotum	Reparation	2	2	0	0	0	2	0	0	0
éclulsion du perinée	Section du perinae	1	1	0	0	0	1	0	0	0
éclulsion par instrument tranchant	Suture	13	12	1	0	0	1	0	0	12
éclulsion du crâne	Suture	6	6	0	0	0	0	0	0	6
éclulsion du front	Suture	20	20	0	0	0	0	0	0	20
éclulsion de la lèvre	Suture	3	3	0	0	0	0	0	0	3
éclulsion du menton	Suture	7	7	0	0	0	0	0	0	7
éclulsion de l'oreille	Suture	1	1	0	0	0	0	0	0	1
éclulsion de l'anus	Suture-drainage	1	1	0	0	0	0	0	0	1
éclulsion du rectum	Insertion-drainage	1	1	0	0	0	0	0	0	1
éclulsion de la paupière	Suture	2	2	0	0	0	0	0	0	2
éclulsion de la langue	Suture	2	2	0	0	0	1	0	0	1
éclulsion de la face	Excision	4	4	0	0	0	0	0	4	0
chalazion	Operation du chalazion	2	2	0	0	0	0	0	2	0
calcul biliaire	Cholecystomie	2	2	0	0	0	1	0	0	1
cancer du sein	Totale ablation	9	7	0	2	0	9	0	0	0
cancer du stomac	Gastroenterotomie	5	1	2	0	0	3	0	0	0
cancer de la lèvre supérieure	Excision	1	1	0	0	0	1	0	0	0
cancer de l'oesophage	Exploration	1	1	0	0	0	0	0	1	0
cancer de la lèvre	Labyorrhaphie	3	3	0	0	0	0	0	3	0
cancer de la face	Excision	1	0	0	1	0	0	0	1	0
cancer de la jambe	Amputation	1	1	0	0	0	1	0	0	0

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Maladie ou Condition	Nom ou Caractere de L'operation	Resultats					Anesthesique			
		Nombre	Gueris	Decedes	Ameliores	Non Ameliores	Ether	Chloroforme	Local	Neant
Cancer du sein.....	Amputation	1	0	1	0	0	1	0	0	
Caries dentaires.....	Extraction	12	12	0	0	0	0	0	12	
Cataracte.....	Indectomie	5	2	0	1	2	0	0	5	
Garcinome du pénis.....	Amputation	1	1	0	0	0	1	0	0	
Cellulite de la main.....	Incision-drainage	1	0	0	0	0	0	0	0	
Cellulite du bras.....	Incision-drainage	1	0	0	0	0	0	0	0	
Cirrhose du foie.....	Omentopexie	2	0	1	1	0	2	0	6	
Chéloïde.....	Excision	8	8	0	0	0	2	0	6	
Chéloïde de l'oreille.....	Excision	2	5	0	0	0	0	0	3	
Dislocation de la machoire.....	Réduction	1	1	0	0	0	1	0	0	
Dislocation du pouce.....	Réduction	1	1	0	0	0	1	0	0	
Elephantiasis de la jambe.....	Excision	1	1	0	0	0	0	0	0	
Elephantiasis de la jambe.....	Réparation	1	1	0	0	0	0	0	0	
Elephantiasis du scrotum.....	Amputation	1	1	0	0	0	1	0	0	
Elephantiasis du pénis.....	Ressection	4	2	0	2	0	0	0	4	
Elephantiasis de la vulve.....	Amputation de la lèvre	5	5	0	0	0	0	0	5	
Elephantiasis.....	Excision	1	1	1	0	0	1	0	0	
Empyème.....	Ressection costale	2	0	0	2	0	0	0	2	
Encephalocèle.....	Enlèvement du sac	1	1	0	0	0	1	0	0	
Entropion.....	Incision-suture	1	1	0	0	0	1	0	0	
Endocervitite.....	Amputation	1	1	0	0	0	1	0	0	
Endométrite chronique.....	Curettage utérin	336	36	0	0	0	0	0	16	
Elephantias, du pénis scrotum.....	Excision	3	3	0	0	0	3	0	0	
Excès du tissu apr. hématome.....	Excision	1	1	0	0	0	0	0	1	
Fibrome.....	Enucleation	6	6	0	0	0	0	0	0	
Fibrome de l'utérus.....	Hystérectomie	67	63	4	0	0	62	0	5	
Fibrome de la jambe.....	Excision	2	2	0	0	0	1	0	1	
Fibrome de l'oreille gauche.....	Excision	1	1	0	0	0	0	0	1	
Fibrome de la face.....	Excision	1	1	0	0	0	0	0	1	
Fibrome de la machoire.....	Excision	2	2	0	0	0	1	0	1	
Fibrome de la grossesse.....	Extirpation	1	1	0	0	0	1	0	0	
Fibroadénome du sein.....	Excision	1	1	0	0	0	0	0	1	
Fracture compliquée.....	Esquillectomie	1	1	0	0	0	1	0	0	
Fracture colonne vertébrale.....	Haminectomie	1	0	1	0	0	0	0	1	
Fracture de la jambe.....	Division	3	2	1	0	0	3	0	0	
Fracture de la rotule.....	Suture	4	4	0	0	1	0	3	0	
Fracture du crane.....	Trepanation	5	3	2	0	0	4	0	1	
Fracture compliquée du radius.....	Fixation-ouverture	1	1	0	0	0	1	0	0	
Fracture de l'oeil.....	Enucléation	3	2	0	1	0	3	0	0	
Fracture du radius.....	Réduction	8	8	0	0	0	3	0	4	
Fracture du fémur.....	Application de Lane	7	7	0	0	0	7	0	0	
Fracture du fémur.....	Appareil	6	6	0	0	0	1	0	3	
Fracture du tibia.....	Réduction, appareil	5	5	0	0	0	2	0	0	
Fracture de l'humérus.....	Appareil	13	13	0	0	0	2	0	0	

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Maladie ou Condition	Nom ou Caractere de L'operation	Resultats					Anesthesique			
		Nombre	Gueris	Decedes	Ameliores	Non Ameliores	Ether	Chloroforme	Local	Neant
Fracture de l'os de la jambe	Appareil	9	9	0	0	0	1	0	0	0
Fracture compl. du fémur	Réduction et appareil	1	1	0	0	0	1	0	0	0
Fracture du poignet	Réduction et appareil	7	7	0	0	0	2	0	1	4
Fracture de la cote	Réduction et appareil	1	1	0	0	0	0	0	0	1
Fracture du pouce gauche	Réduction et appareil	1	1	0	0	0	0	0	0	1
Fracture compl. du doigt	Réduction et appareil	2	2	0	0	0	1	0	0	1
Fracture de Pott	Incision-drainage	1	0	0	1	1	0	0	0	0
Fracture du pied	Réduction et appareil	2	2	0	0	0	1	0	0	0
Fracture de l'os du bras	Réduction et appareil	2	2	0	0	0	1	0	0	1
Fracture de l'omoplate et de la clavicule	Réduction et appareil	1	1	0	0	0	0	0	1	0
Fracture dislocation du radius gauche	Réduction	1	1	0	0	0	1	0	0	0
Fracture compl. infection	Amputation	1	1	0	0	0	1	0	0	0
Fracture de la clavicule	Réduction	1	1	0	0	0	1	0	0	0
Fracture du crâne	Décompression	1	0	1	0	0	1	0	0	0
Fracture du pouce	Réduction	1	1	0	0	0	1	0	0	0
Fracture du tibia et genou	Curettage-drainage	1	1	0	0	0	1	0	0	0
Fonculose	Incision	35	35	0	0	0	0	0	35	0
Fonculose de la face	Incision	1	1	0	0	0	0	0	1	0
Gangrène du pied	Désarticulation	1	1	0	0	0	0	0	1	0
Gangrène du pied	Amputation	12	9	2	1	0	8	0	4	0
Gangrène des deux pieds	Amputation	1	1	0	0	0	1	0	0	0
Gangrène du pied	Grefe	1	1	0	0	0	1	0	0	0
Gangrène du scrotum	Autoplastie	3	1	2	0	0	0	0	1	0
Gangrène du petit orteil	Amputation	1	1	0	0	0	1	0	0	0
Gangrène du bras	Amputation	1	0	1	0	0	0	0	1	0
Gangrène de la jambe	Amputation de la cursive	2	1	1	0	0	2	0	0	0
Gangrène de la jambe	Amputation de la jambe	1	0	0	1	0	1	0	0	0
Gangrène du pied gauche	Amputation de la jambe	1	0	0	0	0	0	0	0	0
Gangrène du la main gauche	Amputation de l'avant-bras	1	0	0	0	0	0	0	0	0
Gangrène du poignet	Excision	1	1	0	0	0	0	0	1	0
Ganglion du poignet	Excision	1	1	0	0	0	0	0	1	0
Gonorrhée	Thyroïdectomie	7	6	1	0	0	6	0	1	0
Grossesse extra-utérine	Laparatomie	1	1	0	0	0	0	0	1	0
Hémorroïdes	Excision	1	1	0	0	0	0	0	1	0
Hémorroïdes	Ablation	1	0	0	0	0	0	0	0	0
Héatocele	Castration	9	7	2	0	0	3	0	6	0
Hémorroïdes	Hémorroïdectomie	9	9	0	0	0	4	0	5	0
Ophtalmie de l'iris	Incision	2	2	0	0	0	2	0	0	0
Ophtalmie ombilicale	Hémostase	1	1	0	0	0	0	0	0	0
Ophtalmie ventrale	Hémostase	1	1	0	0	0	1	0	0	0
Ophtalmie inguinale	Traitement radical	1	1	0	0	0	0	0	1	0
Ophtalmie inguinale	Hémostase	27	27	0	0	0	2	0	0	0
Ophtalmie	Hémostase	49	48	0	0	0	48	0	0	0

OPERATIONS CHIRURGICALES, HOPITAUX D'HYGIENE PUBLIQUE, ANNÉE 1928—

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Maladie ou Condition	Nom ou Caractere de L'operation	Resultats					Anesthesiqu		
		Nombre	Gueris	Decedes	Ameliores	Non Ameliores	Ether	Chloroforme	Local
Hernie inguinale.....	Kélotomie	77	71	6	0	0	54	0	23
Hernie inguinale.....	Méthode de Bassini	1	1	0	0	0	0	0	1
Hémangiome du front.....	Excision	1	0	0	0	0	0	0	0
Hématocèle.....	Traitement radical	2	2	0	0	0	1	0	1
Hydrocèle.....	Traitement radical	67	96	0	0	0	14	0	64
Hydrastose.....	Ponction	11	11	0	0	0	0	0	11
Hypertrophie de la prostate.....	Prostatectomie	1	1	0	0	1	0	0	0
Hydrocèle.....		27	27	0	0	0	27	0	0
Hydrocèle.....	Castration	2	2	0	0	0	2	0	0
Hydrocèle.....	Incision	4	4	0	0	0	0	0	4
Hydrocéphale.....	Ponction	1	0	0	1	0	0	0	1
Infection du scrotum.....	Incision-drainage	7	7	0	0	0	0	0	7
Infection de l'index.....	Amputation	1	1	0	0	0	0	0	1
Infection du petit doigt.....	Amputation	1	1	0	0	0	0	0	1
Infection de la cheville.....	Incision-drainage	5	5	0	0	0	3	0	2
Infection du majeur.....	Incision-drainage	2	2	0	0	0	0	0	2
Infection de la lèvre sup.....	Incision-drainage	1	1	0	0	0	0	0	1
Infection du scrotum et de la verge.....	Incision, dorsale	3	3	0	0	0	0	0	0
Infection de la main.....	Incision-drainage	13	13	0	0	0	0	0	13
Infection de l'abdomen.....	Incision-drainage	1	1	0	0	0	0	0	1
Infection du menton.....	Incision-drainage	1	1	0	0	0	0	0	1
Infection du genou.....	Incision-drainage	2	2	0	0	0	0	0	2
Infection du pouce.....	Incision-drainage	7	7	0	0	0	0	0	7
Infection du gros orteil.....	Incision-drainage	2	2	0	0	0	0	0	2
Infection de l'épaule.....	Incision-drainage	1	1	0	0	0	0	0	1
Infection du périnée.....	Incision-drainage	1	1	0	0	0	0	0	1
Infection du scrotum.....	Castration-Incision	1	1	0	0	0	1	0	1
Infiltration du scrotum.....	Uréthrotomie	2	2	0	0	0	0	0	2
Infiltration du pénis.....	Moucheture	1	0	0	0	0	0	0	1
Incision du tendon du poignet droit.....	Réparation	1	1	0	0	0	1	0	1
Incision de blessures.....	Réparation	1	1	0	0	0	1	0	1
Infiltration de l'urine.....	Cystomie	18	16	1	1	0	0	0	1
Kyste du dos.....	Excision	2	2	0	0	0	0	0	2
Kyste du bras.....	Excision	1	1	0	0	0	0	0	1
Kyste de la face.....	Excision	2	2	0	0	0	0	0	2
Kyste de l'ovaire.....	Ovariectomie	12	12	0	0	0	12	0	12
Kyste du genou.....	Extirpation	14	14	0	0	0	5	0	14
Kyste du pied gauche.....	Excision	1	1	0	0	0	0	0	1
Kyste du cote gauche.....	Incision-drainage	1	1	0	0	0	1	0	1
Laryngite.....	Laryngotomie	1	1	0	0	0	0	0	1
Leucorrhée.....	Curettage	1	1	0	0	0	1	0	1
Lipome de la tête.....	Excision	1	1	0	0	0	1	0	1
Lipome du cou.....	Excision	3	3	0	0	0	0	0	3
Lipome du bras.....	Excision	2	2	0	0	0	0	0	2

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Maladie ou Condition	Nom ou Caractere de L'operation	Resultats					Anesthesique			
		Nombre	Gueris	Decedes	Ameliores	Non Ameliores	Ether	Chloroforme	Local	Neant
Angine	Bronchoscopie	3	0	0	2	1	0	0	3	0
Angine	Excision	3	3	0	0	0	0	0	0	0
Angine du flanc	Excision	2	2	0	0	0	0	0	2	0
Angine du crâne	Excision	1	1	0	0	0	0	0	1	0
Angine	Laryngotomie	1	1	0	0	0	0	0	1	0
Angine de l'épaule	Réduction, appareil	4	4	0	0	0	3	0	0	1
Angine de l'épaule	Méthode de Koch	3	3	0	0	0	3	0	0	0
Angine de coude	Réduction	1	1	0	0	0	1	0	0	0
Angine suppurée	Incision-drainage	2	2	0	0	0	0	0	2	0
Angine de la hanche	Réduction	1	1	0	0	0	1	0	0	0
Angine du bras	Réduction	2	2	0	0	0	2	0	0	0
Angine de l'épaule	Réduction	2	2	0	0	0	2	0	0	0
Angine	Mastoidectomie	4	4	0	0	0	4	0	0	0
Angine chronique	Curettage	5	5	0	0	0	5	0	0	0
Angine	Curettage	2	2	0	0	0	2	0	0	0
Angine du nez	Excision	1	1	0	0	0	0	0	1	0
Angine du pénis et du scrotum	Excision	6	6	0	0	0	1	0	5	0
Angine de la machoire	Curettage-drainage	3	3	0	0	0	3	0	0	0
Angine de la machoire	Curettage-drainage	1	1	0	0	0	1	0	0	0
Angine du tibia	Curettage-drainage	3	3	0	0	0	3	0	0	0
Angine de l'index	Amputation	1	1	0	0	0	0	0	1	0
Angine intestinale	Laparatomie	1	0	1	0	0	0	0	1	0
Angine, orteil gauche	Amputation	1	1	0	0	0	0	0	1	0
Angine du radius droit	Curettage-drainage	1	1	0	0	0	0	0	1	0
Angine	Ostéotomie	6	5	0	1	0	1	0	5	0
Angine	Curettage-drainage	6	6	0	0	0	0	0	6	0
Angine	Enucléation	2	2	0	0	0	1	0	1	0
Angine	Incision	53	53	0	0	0	0	0	53	0
Angine	Laparatomie	1	0	1	0	0	1	0	0	0
Angine	Laparatomie	6	6	0	0	0	0	0	6	0
Angine	Circoncision	26	26	0	0	0	0	0	24	0
Angine de la jambe	Incision	2	2	0	0	0	0	0	2	0
Angine de la main	Incision-drainage	10	10	0	0	0	0	0	10	0
Angine de l'utérus	Excision	1	1	0	0	0	1	0	0	0
Angine nasal	Excision	2	2	0	0	0	0	0	2	0
Angine	Thoracentère	12	3	0	9	0	0	0	7	5
Angine	Cystotomie	1	1	0	0	0	1	0	0	0
Angine	Prostatectomie	1	1	0	0	0	0	0	1	0
Angine de l'utérus	Amputation du cervix	3	2	1	0	0	3	0	0	0
Angine	Excision	6	6	0	0	0	0	0	6	0
Angine	Cystoscopie	3	3	0	0	0	0	0	3	0
Angine	Cystoscopie	5	0	0	5	0	0	0	5	0
Angine, 2 à 3 doigts	Curettage	2	2	0	0	0	2	0	0	0
Angine métacarpal	Curettage-drainage	1	1	0	0	0	1	0	0	0

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Maladie ou Condition	Nom ou Caractere de L'operation	Resultats					Anesthesique		
		Nombre	Gueris	Decedes	Ameliorees	Non Ameliorees	Ether	Chloroforme	Local
Prolapse du rectum	Réparation du périnée	1	1	0	0	0	1	0	0
Prolapse de l'utérus	Hystérectomie	1	1	0	0	0	1	0	0
Prolapse du rectum	Rétropexie	1	1	0	0	0	1	0	0
Perichondrite	Laryngoscopie	3	2	0	1	0	0	0	3
Pleurésie purulente	Pleurotomie	3	0	0	3	0	0	0	3
Perforation de la cornée	Enucléation	1	1	0	0	0	1	0	0
Prépuce redondant	Circoncision	15	15	0	0	0	0	0	15
Rétroversion de l'utérus	Suspension ventrale	5	5	0	0	0	4	0	1
Rétroversion de l'utérus	Amputation	1	1	0	0	0	1	0	0
Rétention du placenta	Curettage	1	1	0	0	0	1	0	0
Rétention du placenta	Délivrance artificielle	1	1	0	0	0	1	0	0
Rétention de l'urine	Catheterisme	3	3	0	0	0	3	0	0
Rétention de l'urine	Ponction vésicale	1	1	0	0	0	0	0	1
Stricture du rectum	Dilatation	6	6	0	0	0	4	0	0
Rétention du placenta	Curettage utérin	4	3	1	0	0	4	0	0
Rétroversion de l'utérus	Raccourcissement	2	2	0	0	0	0	0	2
Salpingite, chronique	Salpingectomie	12	10	2	0	0	11	0	0
Sarcocèle	Castration	4	4	0	0	0	4	0	0
Sarcome de la cuisse	Excision	1	0	1	0	0	1	0	0
Sarcome de la machoire	Excision	1	1	0	0	0	1	0	0
Sarcome de l'oeil	Enucléation	1	1	0	0	0	1	0	0
Salpingite	Salpingectomie	12	10	2	0	0	11	0	0
Sinusite maxillaire	Ponction-drainage	1	1	0	0	0	0	0	1
Sinusite maxillaire	Trépanation	4	2	2	0	0	4	0	0
Staphilome de la cornée	Eviscération	1	1	0	0	0	0	0	1
Stricture de l'urèthre	Cystotomie	1	0	0	1	0	1	0	0
Stricture de l'anus	Résection du périnée	2	2	0	0	0	2	0	0
Stricture du tendon, index	Ténomiotomie	1	1	0	0	0	1	0	0
Stricture du doigt	Tendonorrhapie	1	1	0	0	0	1	0	0
Séquestre de la jambe	Extraction	1	0	0	1	0	0	0	1
Tumeur du bras	Excision	2	2	0	0	0	1	0	0
Tumeur de l'oeil gauche	Excision	1	1	0	0	0	1	0	0
Tumeur du scrotum	Excision	2	2	0	0	0	2	0	0
Tumeur de l'abdomen	Excision	1	1	0	0	0	1	0	0
Tumeur du sein gauche	Excision	2	2	0	0	0	0	0	2
Tumeur de la gencive	Excision	1	1	0	0	0	0	0	1
Tumeur du dos	Excision	1	1	0	0	0	0	0	1
Tumeur du genou	Excision	1	1	0	0	0	0	0	1
Tumeur de la fesse	Excision	1	1	0	0	0	0	0	1
Tumeur du tibia gauche	Excision	1	1	0	0	0	0	0	1
Tumeur de l'oeil	Indectomie	9	2	0	6	1	0	0	9
Tumeur de la prostate	Prostatectomie	11	10	0	1	0	0	0	11
Tumeur du vagin	Colpotomie	1	1	0	0	0	1	0	0
Tumeur de la gorge	Excision	7	7	0	0	0	3	0	4

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Conclusion

Maladie ou Condition	Nom ou Caractere de L'operation	Resultats					Anesthesique			
		Nombre	Gueris	Decedes	Ameliores	Non Ameliores	Ether	Chloroforme	Local	Neant
meur de la machoire.....	Ablation	1	1	0	0	0	1	0	0	0
onsillite.....	Tonsillectomie	19	19	0	0	0	17	0	2	0
umatisme de la main par machine	Amputation	1	1	0	0	0	1	0	0	0
umatisme du doigt par machine...	Excision	1	1	0	0	0	1	0	0	0
umatisme par accident.....	Amputation	1	1	0	0	0	1	0	0	0
cère de la jambe.....	Sympathectomie	3	3	0	0	0	3	0	0	0
cère du bras.....	Amputation	28	22	6	0	0	14	0	14	0

REPUBLIQUE D'HAÏTI. SERVICE NATIONAL D'HYGIENE PUBLIQUE.
STATISTIQUES DE MORBIDITE POUR LES CLINIQUES RURALES,
ANNEE 1928

I. MALADIES EPIDEMIQUES, ENDEMIQUES ET INFECTIEUSES

No. Int.	Maladie	Nombre de Malades
5a	Fièvre paludéenne.....	39.492
7	Rougeole.....	10
9	Coqueluche.....	269
10	Diphtérie.....	1
11a	Influenza.....	799
11b	Grippe.....	150
13	Oreillons.....	3
13	Parotidite.....	1
16b	Dysenterie bacillaire.....	18
16c	Dysenterie.....	403
20	Lèpre.....	3
21	Erysipèle.....	1
22	Paralysie infantile.....	2
24	Méningite épidémique.....	2
25	Gangosa.....	2
25	Varicelle.....	2
27	Anthrax.....	3
29	Tétanos infantile.....	2
30	Aphtes.....	2
31	Tuberculose pulmonaire.....	163
32	Tuberculose des méninges.....	1
34	Mal de Pott.....	1
35	Tuberculose articulaire.....	2
35	Tuberculose des jointures.....	1
36a	Tuberculose du système lymphatique.....	1
36c	Tuberculose ganglionnaire.....	138
36c	Adénite tuberculeuse.....	5
36c	Scrofule.....	9
36c	Syphilis.....	137.191
39	Chancre mou.....	16
39	Chancroïde.....	179
39	Bubon.....	58
39	Bubon inguinal.....	5
39	Chancre du pénis.....	195
40	Infection gonococcique.....	798
40	Infection gonococcique de l'urèthre.....	299
40	Infection gonococcique des yeux.....	3
40	Infection gonococcique de l'ophtalmie.....	57
40	Infection gonococcique de la conjonctive.....	6
40	Infection gonococcique du vagin.....	66
40	Métrite gonococcique.....	1
40	Urétrite.....	6
40	Urétrite gonococcique.....	1.051
40	Conjonctivite gonococcique.....	16
40	Cystite gonococcique.....	11
40	Gonorrhée.....	495
40	Vaginite.....	1
40b	Blennorragie.....	41

No. Int.	Maladie	Nombre de Malades
40b	Orchite blennorragique.....	3
40b	Ophtalmie blennorragique.....	2
42	Pian.....	105.345
42	Filariose.....	28

II. MALADIES GENERALES NON MENTIONNES CI-DESSUS

43	Sarcome de la machoire.....	1
43	Garcinome (maxillaire).....	1
43	Cancer de lèvres.....	1
43	Ostéo-sarcome de la machoire.....	1
46	Cancer de la matrice.....	1
47	Cancer du sein.....	5
49	Cancer d'organes non spécifiés.....	1
49	Garcinome.....	3
49	Sarcome.....	1
50	Tumeur.....	1
50	Tumeur nonm maligne.....	1
50	Tumeur du cou.....	4
50	Kyste.....	14
50	Kyste de la poitrine.....	2
50	Kyste de la machoire.....	2
50	Kyste du poignet.....	1
50	Kyste sébacé.....	5
50	Lipome.....	3
50	Lipome de la face.....	1
50	Polype.....	1
51	Rhumatisme.....	371
51	Rhumatisme articulaire.....	138
51	Rhumatisme articulaire fébrile.....	30
51	Rhumatisme aigu.....	595
52	Arthrite.....	13
52	Arthrite aigueq.....	3
52	Arthrite du genou.....	3
52	Arthrite déformante.....	1
52	Arthrite rhumatismale.....	1
52	Arthrite chronique.....	64
52	Rhumatisme chronique.....	15.865
56	Rachitisme.....	10
58b	Anémie.....	206
60b	Goitre.....	90
60b	Goitre exophtalmique.....	33
60b	Maladie de la glande thyroïde.....	23
66	Alcoolisme aigu.....	2
66	Ivresse.....	1
66	Auto-intoxication.....	8

III. AFFECTIONS DU SYSTEME NERVEUX ET DES ORGANES DES SENS

73	Sclérose.....	1
73	Compression de la moelle épinière.....	1
75b	Paralysie.....	3
75b	Paralysie de la jambe.....	1
75b	Paralysie aigue.....	3
75b	Paraplégie.....	4

No. Int.	Maladie	Nombre de Malades
77	Folie	3
78	Epilepsie	181
81	Chorée	3
82a	Névralgie	232
82a	Névralgie faciale	35
82a	Névralgie intercostale	94
82a	Hystérie	4
82b	Névrite	21
84	Vertige	26
85a	Conjonctivite	3.526
85b	Conjonctivite chronique	387
85b	Conjonctivite folliculaire	2.355
85b	Blepharo-conjonctivite	5
85c	Trachome	45
85c	Cataracte	86
85c	Cataracte sénile	1
85c	Kératite	59
85c	Kératite suppurative	2
85c	Entropion	4
85c	Ectropion	1
85c	Irite	90
85c	Ulcère de la cornée	27
85c	Ophthalmie	15
85c	Ophthalmie purulente	10
85c	Ptérygion	8
85c	Dacryocistite	2
85c	Glaucome	3
85c	Staphylome	1
85c	Corps étrangers de l'oeil	1
86	Otite	192
86	Otite externe	194
86	Otite externe suppurée	10
86	Otite média	178
86	Otite média chronique	148
86	Otite moyenne	165
86	Otite moyenne suppurée	17
86	Otite suppurée	89
86	Otite aiguë	121
86	Sinusite	4
86	Surdit�	1
86	Mastoidite	4
86	Abc�s de l'oreille	11
86	Affections des oreilles	1.154
86	Otalgie	1

IV. AFFECTIONS DE L'APPAREIL CIRCULATOIRE

88	Myocardite	8
90	Myocardite chronique	1
90	Tachycardie	2
90	Arhythma cardia	2
90	Insuffisance mitrale	2
90	Insuffisance cardiaque	2
90	Insuffisance aortique	2

No. Int.	Maladie	Nombre de Malades
90	Palpitations du coeur.....	7
90	Maladie valvulaire du coeur.....	3
90	Maladie valvulaire chronique du coeur.....	39
91	Affections des artères.....	1
91a	Anévrisme.....	1
91a	Hypertension.....	5
93	Varicocèle.....	1
93	Hémorroïdes.....	20
93	Ulcère variqueux.....	1
94	Affections du système lymphatique.....	1
94	Lymphangite.....	145
94	Lymphangite chronique.....	5
94	Adénites cervicales.....	56
94	Adénites inguinales.....	202
94	Adénopathie cervicale.....	4
94	Adénites axillaires.....	3
94	Lymphangite de la jambe droite.....	3
94	Abcès du lymph-node.....	15

V. AFFECTIONS DE L'APPAREIL RESPIRATOIRE

97	Coryza.....	289
97	Sinusite maxillaire.....	2
97	Rhinite.....	11
97	Ozène.....	1
97	Nécrose du nez.....	1
97	Abcès du nez.....	3
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No. Int.	Maladie	Nombre de Malades
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No. Int.	Maladie	Nombre de Malades
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184	Blessure à la face par manchette	1
184	Blessure de la main par manchette	8
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No. Int.	Maladie	Nombre d Malades
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184	Blessure par couteau.....	11
184	Blessure de la tête par baton.....	1
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No. Int.	Maladie	Nombre de Malades
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202	Corps étrangers de l'oreille	37
202	Corps étrangers du pied	1
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REPUBLIC OF HAITI

NATIONAL PUBLIC HEALTH SERVICE

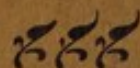
THE HEALTH OF HAITI

A REVIEW OF THE FISCAL YEAR

1929-1930

CAPTAIN M. A. STUART, (MC), U. S. N.

DIRECTOR GENERAL, NATIONAL PUBLIC HEALTH SERVICE OF HAITI



PORT-AU-PRINCE

DECEMBER

1930





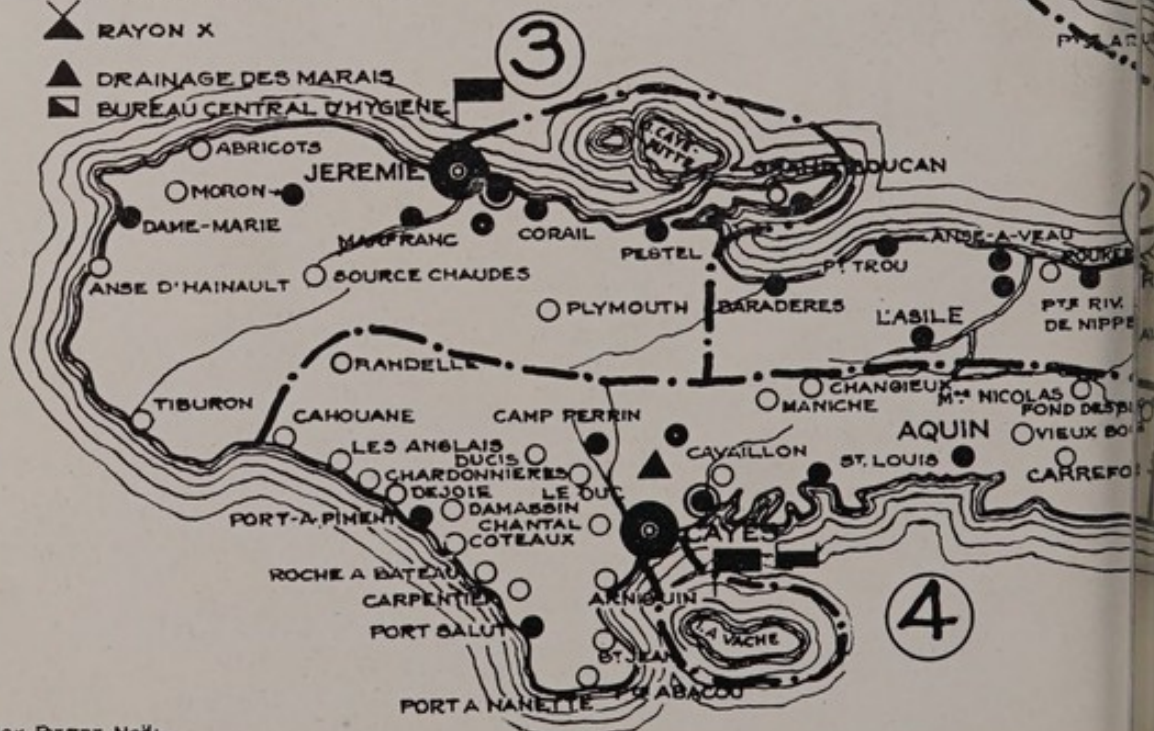
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CARTE DES DISTRICTS
1^{er} OCTOBRE 1930

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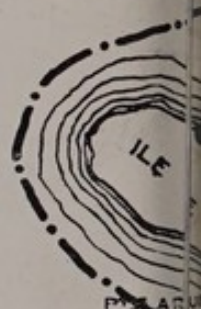
- ADMINISTRATION CENTRALE
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- ⊙ HOPITAL CENTRE MEDICAL DU DISTRICT
- DISPENSAIRE RURAL
- SERVICE D'INSPECTION SANITAIRE RURAL
- POINT CENTRAL DES TRAVAUX D'ASSAINISSEMENT DU DISTRICT
- ⊙ ENLEVEMENT DES IMMONDICES PAR CAMIONS AUTOMOBILES
- CLINIQUES RURALES
- INSPECTEUR VETERINAIRE
- LABORATOIRE D'HYGIENE PUBLIQUE
- ⊗ DEPOT DES FOURNITURES
- GARAGE CENTRAL
- — — DIVISION DES DISTRICTS
- QUARANTAINE MARITIME
- ✕ ASILE D'ALIENES
- ECOLE DES GARDES-MALADES
- CHLORINATION DE L'EAU
- ✕ RAYON X
- ▲ DRAINAGE DES MARAIS
- BUREAU CENTRAL D'HYGIENE



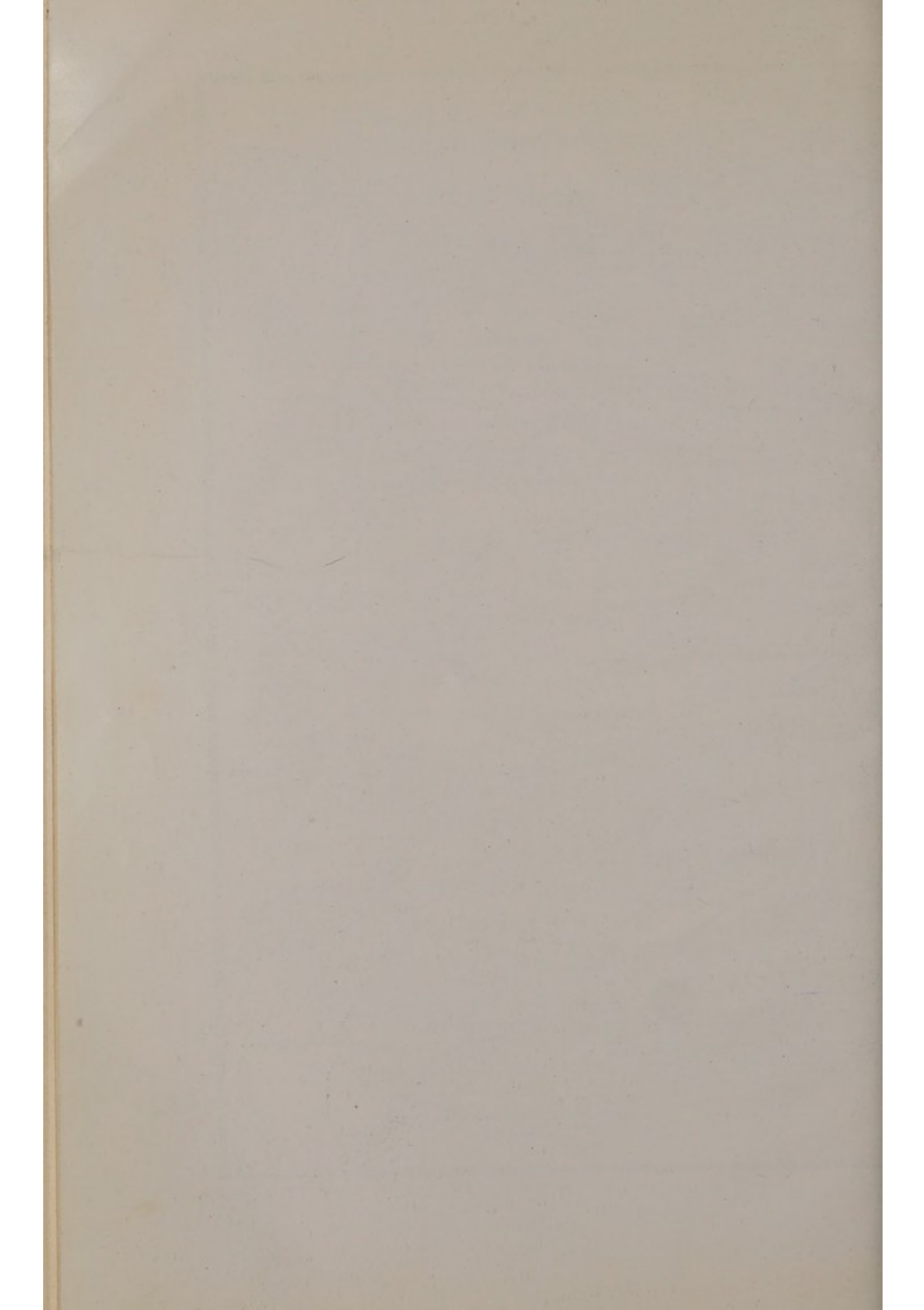
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Dessinateur.

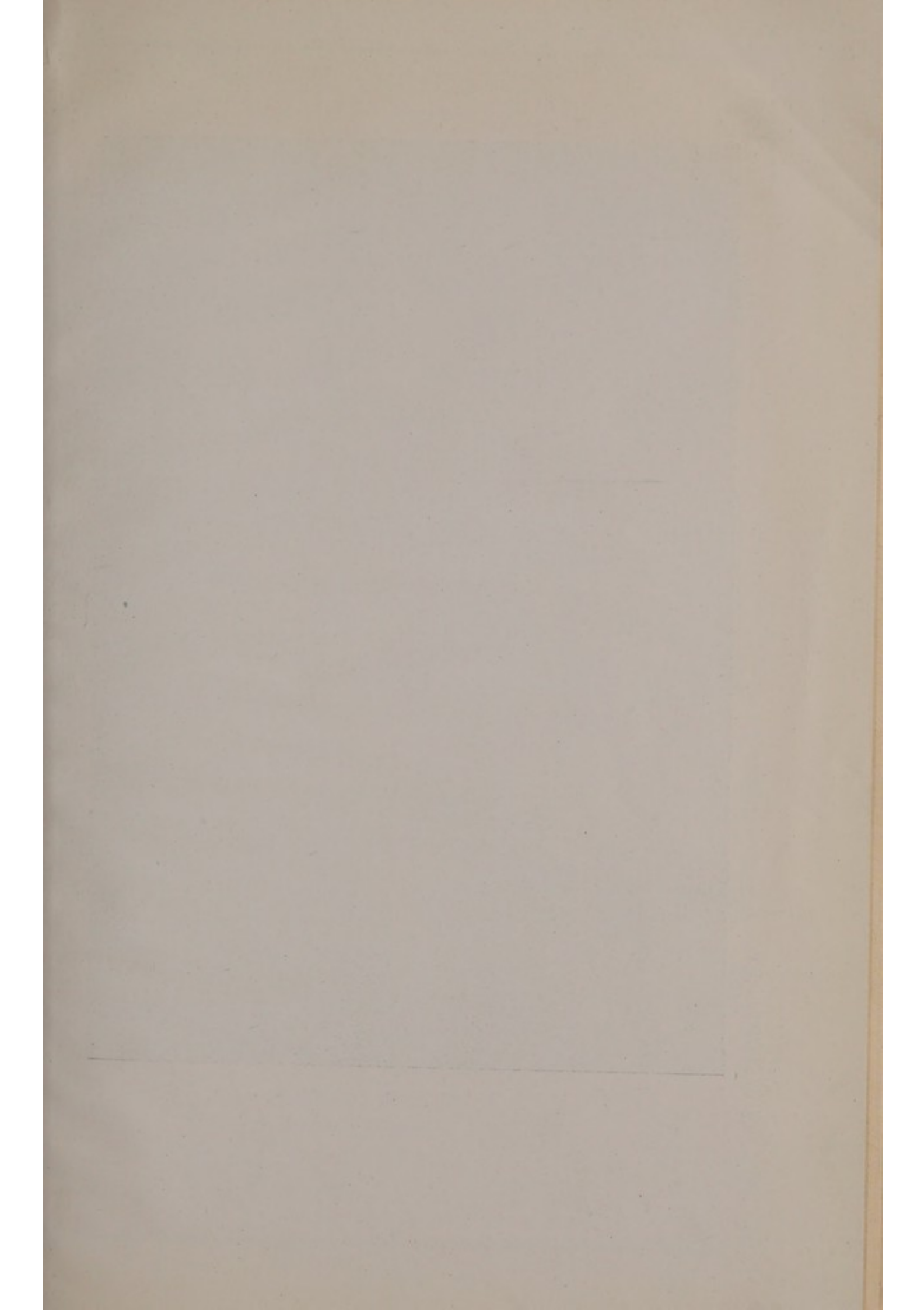


Approuvé
M. A. STUART
M. A. STUART
Directeur Général
Service National
d'Hygiène Publique











Sea Through The Palms—"Haiti The Land of Mountains".

REPUBLIC OF HAITI

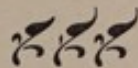
NATIONAL PUBLIC HEALTH SERVICE

THE HEALTH OF HAITI

A REVIEW OF THE FISCAL YEAR
1929-1930

CAPTAIN M. A. STUART, (MC), U. S. N.

DIRECTOR GENERAL, NATIONAL PUBLIC HEALTH SERVICE OF HAITI



PORT-AU-PRINCE
DECEMBER
1930

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LETTER OF TRANSMITTAL

OFFICE OF THE DIRECTOR GENERAL
NATIONAL PUBLIC HEALTH SERVICE

December, 29, 1930

The Secretary of State for the Interior
of the Republic of Haiti.

Sir:—

There is forwarded herewith the Annual Report of the Public Health Service for the Fiscal Year 1929-1930 which, as for the preceding year, is designated "The Health of Haiti." A new section entitled "Communicable Diseases" has been added this year.

As indicated in the various sections, the work performed by the personnel of the Service in the several districts compares favorably with the accomplishments of other years.

The Public Health Service desires to express its appreciation to the Officers of the Government for their interest in the work which has been evidenced by their support and cooperation.

Respectfully,

M. A. STUART
Captain (MC) U. S. N.
Director General, National Public
Health Service of Haiti.

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GENERAL REMARKS

Morbidity and mortality statistics presented in this report unless otherwise specified are for the calendar year 1929, other data pertain to the fiscal year ending September 30, 1930.

Operating under ordinary appropriations which were reduced to the extent of *Gdes. 25,000.00 during the fiscal year, and with the prospect of having funds still further reduced during the year because of the remarkable decline in the value of most of the commodities produced in the Republic, as indicated by the prices offered in the export market, the accomplishments of the National Public Health Service of Haiti for the fiscal year 1929-1930, compare favorably with those of the previous year which were described as having "passed all previous records."

COMMUNICABLE DISEASES

As in previous years, treponematoses or diseases caused by treponemata which includes yaws and syphilis, intestinal parasites and malaria were responsible for most of the admissions to Public Health Hospitals. Likewise most of the treatments prescribed at dispensaries and rural clinics were for these diseases and conditions. Disability caused by other communicable diseases was of comparatively minor importance. It is interesting to note that no case of small-pox and no serious epidemics were reported either during the year 1929 or the fiscal year 1929-1930. Vaccination with cow-pox virus is practiced extensively by all Public Health Service activities. For details regarding communicable diseases the reader is referred to the section on that subject.

DIVISION OF PERSONNEL

U. S. Naval personnel was decreased by two medical officers and two hospital corpsmen during the last fiscal year. One hospital corpsman who was transferred to the *Reserve* was engaged as a civil employee. Haitian personnel decreased from 2,222 to 2,061. The percentage of American personnel was reduced from the 1.72 per cent noted in last year's report to 1.64 per cent as of September 30, 1930.

The four districts, Port-de-Paix, Saint-Marc, Jérémie and Petit-Goâve, from which all U. S. Naval personnel have been withdrawn, continue to operate satisfactorily under Haitian control. It is planned to completely Haitianize two additional districts sometime during the year 1931.

The districts transferred and the date of transfer are shown in the following table:

Port-de-Paix—Haitian Personnel.....	August 1, 1928.
Saint-Marc —Haitian Personnel.....	January 1, 1929.
Jérémie —Haitian Personnel.....	March 13, 1929.
Petit-Goave —Haitian Personnel.....	December 1, 1929.

* One gourde equals twenty cents, U. S., and the gourde is, by law, exchangeable on demand and without expense at the fixed rate of five gourdes for one dollar, U. S. Accordingly the exchange value of the currency of Haiti does not fluctuate.

DIVISION OF EDUCATION

Educational activities operating under the direction of the National Public Health Service include courses in medicine, dentistry and pharmacy at the Medical School; midwifery at the Medical School and Haitian General Hospital; and nursing at the Training School of the latter institution. Infant welfare work is conducted at the Public Health Center in Port-au-Prince. A graduate of the Training School who returned July 2, 1930, from a year's course in Public Health Nursing at Teachers' College, Columbia University, New York City, is stationed at this center and does the work for which she was trained, in Port-au-Prince and its environs. The Public Health Officer at Gonaives has started a campaign to interest prominent women of the city in welfare work and plans to open a Health Center in the near future.

Elementary instruction in hygiene, sanitation and Public Health subjects is given in the schools and by radio talks, mimeographed bulletins, press notices and the public exhibition of educational films.

All but one of the eleven members of the Faculty of the Medical School who were granted fellowships by the Rockefeller Foundation and who studied during the past year in France, Canada, the United States or Porto-Rico, returned during the summer and have been preparing to teach their respective subjects during the coming scholastic year. The remaining fellow is engaged in studies in biology at Harvard University. The Chief of the Faculty of the Dental School and the Chief of the Eye, Ear, Nose and Throat Department, Haitian General Hospital, each spent approximately two months visiting important Medical Centers in the United States last summer. This work was undertaken upon their own volition and largely at their own expense.

There was no new construction in connection with the Medical School although the present building is overcrowded and two more buildings are badly needed, one for the Department of Pre-medical Sciences and the other, for the School of Dentistry. Additional equipment has been procured through the generosity of the Rockefeller Foundation.

DIVISION OF HOSPITALS, DISPENSARIES AND RURAL CLINICS

According to annual reports received from all Public Health Service Hospitals for the fiscal year ending September 30, 1930, there were 10,351 admissions as compared with 10,588 for the preceding year. Total bed capacity of all Public Health Service Hospitals was reported as 1,075 with a possible maximum, in emergencies of 1,504. These figures, however, do not include those for the Isolation Camp for the Insane at Pont-Beudet or the Asile Communal in Port-au-Prince. The former can accommodate 200 patients and the latter 101.

The number of patients accorded treatment at hospital and rural dispensaries, and at rural clinics decreased about 11 per cent from 1,341,596 for the fiscal year 1928-1929 to 1,196,956 the corrected figure for the year 1929-1930. This decrease may be explained, in part at least, on the ground that the

work performed by personnel of the Service during previous years has reduced the incidence of disease in the larger communities and in the country adjacent to rural dispensaries and clinics.

Port-au-Prince.—The Haitian General Hospital reported 306 available beds. During the fiscal year 1929-1930, there were 4,453 admissions, for all causes, as compared with 4,432 for the preceding year. A total of 121,653 patients received treatment at the hospital dispensary and 95,604 at rural clinics conducted under the supervision of hospital personnel. Under the active and progressive administration of Dr. L. W. Johnson, U. S. N., reimbursements reached a total of Gdes. 97,091 which represents an increase of Gdes. 29,679 over the previous year. Construction was started on a house for the Chaplain. The X-ray Department was removed to more commodious and satisfactory quarters and additional equipment installed. Major improvements were made to Wards Nos. 3 and 4, and to repair shops. Existing paved roads were extended. Surface drains were converted into the subsurface type and the grounds improved.

Cape-Haitian.—By assembling additional beds the capacity of the "Justinian Hospital" has been increased from 225 to 246. It is believed that this capacity could be further increased to 350 under existing conditions without overcrowding. There were 2,268 admissions, all causes, during the fiscal year 1929-1930, representing a turnover of approximately 6 patients per day. Attendance in the out-patient department totalled 85,721 patients and at rural clinics, 354,240. A room was remodeled and equipped for obstetrical operations. This room, the general-operating room, children's ward, morgue and gallery were screened. Reconstruction added a new kitchen and shower bath to the private room section. A new cooling unit was installed in the X-ray dark room. Operating expenses were decreased through careful analytical bookkeeping and attention to detail. Income was at the same time increased. A complete inventory was made of all property and recorded on cards.

Gonaïves.—The total number of beds at "La Providence" Hospital was 76. Admissions, all causes, for the fiscal year ending September 30, 1930, numbered 611. In the Out-patient Department, 10,166 patients received treatment and at rural clinics, 46,674. A combination storeroom and garage was constructed, an old ward demolished and extensive improvements made to buildings and grounds. Public Health work was extended to 26 schools, and as a result, 1,786 pupils were protected against small-pox and 167 against typhoid fever. At rural clinics, 273 non-immunes received cow-pox vaccination.

Port-de-Paix.—During the last fiscal year there were 41 available beds at the "Immaculée Conception" Hospital. Admissions, all causes, totalled 304 and 79,215 patients were treated in dispensaries and rural clinics. The out-patient department was transferred from the main hospital to an adjoining building. Another building was repaired and converted into a morgue. The laboratory was relocated. No public water supply system exists in Port-de-Paix. A serious breakdown occurred in the power plant of the hospital system. A new motor has been ordered. The batteries of the lighting plant were replaced.

Saint-Marc.—The capacity of the "Saint-Nicolas" Hospital was reported as 63 beds. There were 491 admissions, all causes, during the last fiscal year. Medical attention was given to 22,570 patients at the hospital dispensary and to 24,967 at rural clinics. No major construction was started during the year. Minor improvements and repairs were made to buildings, equipment and grounds.

Hinche.—With a bed capacity of 80, there were 771 admissions to the hospital during the last fiscal year. In addition, 11,584 patients were treated in the out-patient department and 21,920 in rural clinics. Quarters for the Public Health Officer were repaired, a large concrete, enclosed, bassin constructed and the building of a stone chapel started. The power plant of the electric lighting system was replaced by two automatic engines connected in series. Planting of trees and shrubs on the reservation was completed.

Petit-Goave.—Reports from the "Hôpital St-Jean" give the bed capacity as 45. With this limited capacity, 442 admissions were recorded for the fiscal year 1929-1930. The average number of patients per day was 37. Cots were used to accommodate the overflow. A total of 21,677 patients received treatment at the hospital dispensary and 57,067 at rural clinics. Cow-pox vaccine administered to children gave positive takes in 1,218 instances. Erection of a concrete fence on the grounds bordering the street and construction of roads and walks within the grounds were completed.

Jérémie.—"L'Hôpital St-Antoine" has a capacity of 60 beds. There were 346 admissions. Treatment was accorded to 24,662 patients at the hospital dispensary and to 86,780 at rural clinics. A retaining wall was built along the road leading to the hospital and the kitchen enlarged.

Jacmel.—There are, at present, 74 beds in the "Hôpital St-Michel". Admissions, all causes, for the fiscal year 1929-1930 amounted to 265. In addition 46,797 patients received treatment in the Out-patient Department, 66,910 at rural dispensaries and 21,726 at rural clinics. Considerable equipment including an electric refrigerator was received and installed. Extensive repairs were made to buildings and equipment. Landscaping of the grounds was continued.

Aux Cayes.—"L'Hôpital Immaculée Conception" has a rated capacity of 84 beds which can be increased in an emergency to 100. During the past fiscal year there were 400 admissions, all causes. Patients to the extent of 44,969 were treated in dispensaries and rural clinics. The men's ward was fitted with screens, an electric lighting plant installed and placed in operation, and minor improvements made to buildings and grounds.

DIVISION OF LABORATORIES

The study of the relationship between Yaws and Syphilis was continued with the financial aid of the Committee on Research in Syphilis Inc. of New York. A new Depot of Supplies for all laboratory activities in the Service was inaugurated within this Division. There was an increase of 17 per cent in volume of laboratory work over the previous year.

DIVISION OF QUARANTINE AND SANITATION

Substitution of Paris-green for oil as the larvicide for use in mosquito control has effected a saving of 41 per cent in money expended for that purpose. Mosquito surveys throughout the island have greatly enhanced existing knowledge of the life habits of the species common to Haiti. Chlorinators were purchased for Petit-Goave and Cayes. Continuation of swamp drainage at Gonaives, Cayes, Petit-Goave, Jacmel and Cape-Haitian. Sanitation Congress at Port-au-Prince in December 1929 was the first ever held in Haiti.

Port-au-Prince.—4,355 dogs destroyed. 537 ships and 417 airplanes inspected. Marché Salomon, a new city market built by the Commune.

Cape-Haitian.—Completion of drainage canals at Limbé, Ouanaminthe, and Petite-Anse. 8 public latrines and 3 abattoirs built in outlying towns. 5,550 children vaccinated against small-pox.

Cayes.—Concrete drainage canal constructed along Rue Chateaudun. Chlorinator installed.

Gonaives.—745 wells charted and stocked with fish. Mosquito control instituted in large swamp west of the city.

Hinche.—Market paved. New drainage canals in hospital reservation. Drainage of Market at Maissade.

Jacmel.—Portion of general market screened for sale of meat and fish. City zoned to facilitate sanitary inspections. Sanitation and hospital offices consolidated effecting economy in administration.

Jérémie.—40 private latrines built. House to house garbage collection instituted. 2 public latrines built.

Petit-Goave.—New meat market completed. Construction of 1,435 feet of new drainage canals in the city.

Port-de-Paix.—City zoned for inspection. Mule drawn trash and garbage carts replaced by truck. Extensive repairs to meat market. Drainage and filling of Parc Communal. Sanitary control of milk sales.

Saint-Marc.—85 wells stocked with fish. Public flush toilet completed. Installation of curbs and gutters continued.

DIVISION OF FINANCE

Total credits available to this service for expenditure decreased Gdes. 353,994.38 from Gdes. 4,931,672.12, the amount noted in the annual report for the fiscal year 1928-1929, to Gdes. 4,577,677.74 for the year under discussion. The latter figure represents the total of the following: Allotments, National Government Gdes. 4,134,395.80, Communal Gdes. 144,717.80; reimbursements, Hospital Gdes. 165,528.44, Sanitation Gdes. 32,624.02, medical supplies Gdes. 66,868.83, Medical School 2,749.75; and donations, Rockefeller Foundation Gdes. 30,793.50.

Included in the above is an extraordinary credit of Gdes. 100,000 which was allotted to the Public Health Service by the National Government for the relief of the inhabitants of Santo-Domingo City, D. R., which was visited by

a terrific hurricane on September 3, 1930, and almost completely destroyed. Of this amount, Gdes. 86,586.81 was expended, and Gdes. 13,413.19 returned to the treasury.

The decrease in the total credits mentioned above, however, did not curtail the ordinary functions of the service to any appreciable extent but represented, rather, the completion of the major programme of expansion which included new construction, repairs to and replacement of buildings, enlargement of hospital buildings and grounds, and important sanitary projects contiguous to the larger communities.

Assuming the population of Haiti to be two million, the per capita expenditure for public health work amounted to Gdes. 2.47 or approximately 49 cents during the fiscal year 1928-1929, and to Gdes. 2.28 or 45 cents during the fiscal year 1929-1930. This amount includes the cost of free treatment in hospitals, rural dispensaries and clinics, street cleaning and the financial assistance rendered in the construction and repair of markets, abattoirs, gutters and drains. Analyses of expenditures are given elsewhere in this report.

DIVISION OF SUPPLIES AND TRANSPORTATION

Total number of miles covered in all clinical work during the last two years was:—

	1928-1929	1929-1930
	<i>Miles</i>	<i>Miles</i>
Automobile	109,181	110,222
Horse	19,824	18,057
Boat	6,880	4,244
Train	0	240
Airplane	250	0

Eighty-nine motor units were operated, throughout the republic, at an average maintenance cost of Gdes. 2,717.30 (\$543.46) per unit; the corresponding figure for the preceding year was Gdes. 2,620.00 (\$524.00) per unit. The mileage per gallon of gasoline was 13 for touring cars and 8.2 for trucks as compared with 13.2 for touring cars and 8.4 for trucks for last year.

Of the total expenditure of Gdes. 1,001,253.00 (\$200,250.60) for the purchase of supplies and equipment, 50 per cent was expended in Haiti. As indicated in previous annual reports, many drugs and practically all hospital, nursing, laboratory, X-ray and biological supplies can not be obtained locally in large amounts; however, every effort is made to take advantage of local markets.

DIVISION OF LEGAL MEDICINE AND VITAL STATISTICS

This division which was organized in August 1929, has proved very useful during the fiscal year just completed. Many legal problems confronting the service among which may be mentioned expropriation procedures, acquisition

of lands and prosecution of infractions have been expeditiously handed. Considerable work has been done on various projects of law which will be submitted to the proper authorities in the near future for their approval and enactment. The most important single accomplishment realized, however, was the compilation of the Legal Handbook of the National Public Health Service. This is a collection, in one volume, of all laws relating to public health that could be located. Some of these laws date as far back as 1847. Judging from the numerous requests for copies which have been received from foreign and local organizations, the Government services, members of the legal profession and others, the belief entertained by this office that the book would prove its usefulness has been amply justified. The number of copies issued has exceeded expectancy.

Efforts have been made during the year covered by this report to secure better reporting of Vital Statistics but it is regretted that greater progress has not been attained. The law requires that births, deaths and marriages be reported to the *Officiers d'Etat-Civil*. There is an insufficient number of these officials, the majority of whom show a decided lack of cooperation. A registration tax is imposed which most of the people are unable to pay and there is no existing means of enforcing the law. There is better recording of births than deaths. The death rate of 5.52 per 1,000 for the year 1929, for all of Haiti, is ridiculously low and undoubtedly should be about five times greater. The death rate of 19.1 per 1,000 for the City of Port-au-Prince for the same year is believed to be fairly accurate. For this reason deaths reported by this city are listed separately, by cause, in the general mortality table appended to this report.

COMMUNICABLE DISEASES

No case of quarantinable disease was reported by any of the ten Public Health Districts of Haiti, or by ships or airplanes coming from foreign ports, during the year 1929. Of the 804 rats caught by trapping in the city of Port-au-Prince and of the 1,639 trapped at Cape-Haitian, none was found to be plague infected.

Treponematoses.—Diseases and conditions resulting from infection with treponemata were responsible for the greater part of the human disability encountered in Haiti by the Public Health Service during the year 1929. These diseases have been recorded by various observers and by the different districts as yaws, treponematoses, or syphilis. Thus some districts reported many cases of yaws and treponematoses and comparatively few cases of syphilis while other districts notified few cases of yaws or treponematoses and many cases of syphilis.

With this confusion it is not possible, from a study of the reports, to separate the venereal infections from those contracted innocently. It may be correctly stated, however, that the non-venereal or epidemic type of infections with treponemata are far more important from the economic point of view than are the infections acquired through venery. At present, very few cases of the disease commonly described as "yaws" are to be found in the larger centers of population or in the country adjacent thereto although the disease is still quite prevalent in the more remote, and in the mountainous districts. This may be accounted for to a large extent by the fact that in the eyes of the inhabitants, yaws is pre-eminently a disease of shame. It is not unusual to see patients, particularly women, under treatment for yaws in Public Health Hospitals cover their faces even while being examined or questioned by the doctors. Those unfortunate enough to become afflicted retire voluntarily or under pressure of public opinion to the more inaccessible regions where they remain and suffer in silence. Many of them will not undergo the ordeal involved in travelling to places where rural dispensaries are located. If the patients will not come to the rural dispensaries and rural clinics for treatment, then treatment must be taken to them. This can only be done by travelling clinics. Any programme directed to the control or eradication of the disease must include travelling clinics or as they have been so aptly named by Dr. P. W. Wilson, U. S. N., "crawling clinics." He conducted such a clinic in the vicinity of Berly, a small town in the mountains about five miles southwest of Port-au-Prince as distance is usually reckoned by aviators, but twenty-five long tedious heart-breaking miles on horseback or muleback over trails which are regarded as about the most difficult in Haiti.

This district was visited in October 1930, by Drs. S. S. Cook and F. H. Webster, U. S. Navy. The Chief of Section, a native, is of the opinion, according to their report, that the travelling clinic effected a marked reduction in the incidence of yaws. "Inquiring along the trail and in the vicinity of the clinic brought the same statement. The number of cases we saw was too small to

warrant definite conclusions. It is worthy of note, however, that out of a total of 66 treatments, only 6 or 9 per cent were for early yaws. In Laval where the travelling clinic did not operate 59 per cent of the treatments given were for this disease." Unfortunately sufficient funds have not been available to permit travelling clinics to work in the field during the year under discussion. The control of treponematoses in Haiti, therefore, is largely a public health rather than a social hygiene problem.

A summary is given below of the number of cases of treponematoses on the basis of the foregoing remarks, and as reported for the entire Republic during the year 1929.

Public Health Service Hospitals.—There were 2,664 admissions, 236 re-admissions, and 114,152 sick days for syphilis; 52 admissions, 6 re-admissions, and 4,603 sick days for treponematoses; and 43 admissions with 2,163 sick days on account of yaws. Of the 238 deaths attributed to syphilis for Haiti as a whole, 106 were reported by Public Health Hospitals. Yaws was regarded as the cause of death in but one case.

Out-patient Department, Public Health Service Hospitals.—There were 31,424 admissions and 4,428 re-admissions for syphilis; 689 admissions and 155 re-admissions for treponematoses; and 2,610 admissions and 35 re-admissions for yaws.

Rural Dispensaries and Rural Clinics.—A total of 158,600 patients was reported as having received treatment for syphilis at rural dispensaries and at rural clinics. For yaws and treponematoses combined the number of patients amounted to 345,072. No distinction is made in returns from these stations between new patients and those who returned for additional treatment.

Including re-admissions as well as admissions, it may be stated in recapitulation, therefore, that 546,014 individuals received treatment in 1929, for diseases and conditions resulting from infection with treponemata, or approximately 40 per cent of the grand total of all patients treated in hospitals, out-patient departments, rural dispensaries and rural clinics during the year 1929, which was 1,368,011.

Malaria

It is a well known fact that manual efficiency or the capacity of an individual to perform ordinary physical labor, daily, is greatly reduced in localities where malaria prevails to any serious extent. It is also a well recognized fact that although natives of tropical countries have a high tolerance to malaria many of them may harbor parasites in their peripheral circulation and thus act as carriers. During a survey for malaria conducted at Hinche in March 1930, for instance, stained thick film smears were prepared with blood taken from 21 apparently healthy farm laborers of the Service Technique. Of these, 10 or 48 per cent were positive for malarial parasites. Dr. H. C. Clark, Director of the Gorgas Memorial Laboratory, Panama, (1930), states in this connection that the individual resistance is great in these races with a high tolerance to the disease, but that malaria, nevertheless, takes its toll to some extent in each

infected individual. He feels certain that malaria has been and is at present the great economic problem of the tropical coastal plains. "The successful development of permanent industries in the coastal plains of our tropics must be paralleled with constant efforts in the control of malaria."

As a cause of physical disability in Haiti last year, malaria undoubtedly was a close second to treponematosi. The former presenting the greater public health problem in the coastal plains and the latter, in the more remote and mountainous districts. Measures employed in the control of malaria are discussed in detail in the chapter entitled "Division of Sanitation." The diagnosis of malaria at hospitals is based upon the microscopical examination of stained thick blood smears while at rural dispensaries and clinics this procedure is not practicable and the history, symptoms and clinical findings must suffice.

In 1929, there were 494 admissions to Public Health Service Hospitals on account of malaria with 6,277 sick days, as compared with 428 admissions and 5,953 sick days during the previous year. Deaths in hospitals amounted to 4.6 per cent of all patients treated for this disease. Out-patient departments reported 7,696 ambulatory patients admitted to treatment for malaria during the year. In addition, 44,161 patients were treated for this disease at rural dispensaries and clinics. Known deaths from malaria amounted to 913 of which 23 occurred in hospitals. The corresponding figures for 1928 were 528 and 27.

Intestinal worms

It is difficult to properly evaluate the physical disability caused by infestation with intestinal worms. Such infestation was probably the third greatest cause of physical disability during the year in question. Treponematosi, malaria and intestinal parasites have long been regarded from the public health standpoint as the three greatest obstacles to the physical well-being of the inhabitants of the Republic. Primitive customs and living conditions in the country districts are largely responsible for the widespread intestinal infestation, particularly of the rural population.

For hospitals, there were 299 admissions because of intestinal worms in 1929, with 3,756 sick days. Death resulted in 2.3 per cent of the cases. In out-patient departments, 6,241 patients were treated for this condition. Rural dispensaries and clinics reported 64,240 cases of infestation with intestinal worms of which 20.9 per cent were described as ancylostomiasis, 0.2 per cent as ascariasis, and 78.7 per cent as "intestinal parasites." Although the reported figures indicate a higher incidence of ancylostomiasis than of ascariasis, laboratory records indicate that, in Haiti as in most tropical countries, hookworm infection is relatively infrequent while *Ascaris* and *Trichuris* are the worms most commonly found. It is quite probable that many of the cases of worm infestation so simply recorded as "intestinal parasites" were really of the latter varieties. There were 113 reported deaths from intestinal worms of which 7 occurred in hospitals.

Tuberculosis of the respiratory system

Hospitals reported 324 admissions for pulmonary tuberculosis, in 1929, with 7,110 sick days and 164 deaths as compared with 238 admissions, 7,343 sick days and 167 deaths in 1928. Admissions in out-patient departments amounted to 142. Patients to the number of 123 were treated at rural dispensaries and clinics.

Tuberculosis of other tissues of the body was responsible for 55 admissions to hospitals. Forty-four patients so afflicted were treated in out-patient departments and 85 in rural dispensaries and clinics. These figures do not represent the true incidence of tuberculosis for many contract the disease and die without ever having received proper treatment or having been seen by a doctor. Reporting of communicable disease is far from complete in the cities and, outside of rural dispensaries, is practically non-existent in the country.

Among Haitians, as among most tropical people, the pulmonary type of the disease progresses rapidly and almost invariably terminates in death. In this connection Dr. L. W. Johnson, U. S. N., of the Haitian General Hospital remarks: "Tuberculosis of the chest is in the majority of the cases very rapid in development with early cavitation and death. Fibroid tuberculosis is almost never seen radiographically. A few cases which we have been able to follow have had radiographs of the chest made during their sojourn in this hospital with apparently normal findings and later returned with a definite history of exposure to tuberculosis and with advanced cavitation of both lungs within four to six months after the previous radiograph. It is rare for any case to give a history of cough or malaise of over two months duration." This rapidly fatal course undoubtedly operates to prevent a more extensive prevalence of the disease through the extirpation of foci by the early death of the patient.

No hospitals or sanatoria devoted entirely to the treatment of patients with tuberculosis exist in Haiti. A few beds in each hospital are set aside to accommodate patients afflicted with the disease but these beds are always occupied and each hospital has a waiting list of those desiring treatment. Patients may not be retained against their will. Some who desire to spend their last days among home surroundings leave hospitals while in the last stages of the disease and become active disseminators of infection.

It is believed that no great progress will be made in checking the ravages of tuberculosis until economic conditions improve and until hospitals are constructed for the segregation of active cases.

Typhoid fever

This disease was responsible for 15 admissions to hospitals in 1929. Death occurred in 4 or in 26 per cent of the cases. During the preceding year there were 13 admissions with 5 deaths. The distribution as to place and by months was reported as follows: Port-au-Prince, 2 cases in August, 1 case and 1 death in April, and 1 case each in March, June, July and September; Cape-Haitien, 3 cases with 1 death in April; Aux Cayes, 3 cases with 1 death in May; Jacmel, 1 fatal case in April; Saint-Marc, 1 case in April.

Infection probably resulted from contact with mild unrecognized cases or from ingestion of contaminated articles of diet. In no instance could infection be attributed to a common source. All known contacts were given anti-typhoid inoculations. Serious epidemics of the disease have undoubtedly been prevented in the past by the immunity, natural or acquired, of the population. Protective inoculations are administered at all hospitals, dispensaries and clinics to those who will submit to them and many have been protected in this manner. All surface water may be regarded as more or less grossly contaminated and as Haiti is largely of limestone formation practically all subsurface water may also be so regarded.

Chemical purification of the several sources of the Port-au-Prince water supply was started with chlorination of water from the Turgeau Springs in May 1927. Chlorinated water from Bourdon Reservoir, the last unit completed, was admitted to the mains in January 1929. Although this practice had not been extended to include the supplies of other cities up to the end of the fiscal year 1929-1930, chlorinators have been purchased and either have been, or soon will be, installed in Aux Cayes, Jacmel and Petit-Goâve. Chlorination of public water supplies of other cities is urgently needed especially at Cape-Haitien, Gonaives, Saint-Marc, Miragoâne and Jérémie.

Amebic dysentery

Hospitals reported 100 admissions, in 1929, for amebic dysentery with 4 deaths. Corresponding figures for 1928 were 18 and 7, respectively. Cases were reported by place and months as follows: Cape Haitien, January, 5 cases, February, 15 cases, March, 26 cases with 1 death, April, 4 cases, May, 7 cases, June, 3 cases with 1 death, July, 2 cases, September, 2 cases, October, 3 cases, November, 5 cases with 1 death, December, 24 cases or a total of 96 cases with 3 deaths; Cayes, January, 1 case and April, 2 cases with 1 death; and Petit-Goâve, June, 1 case.

Bacillary dysentery

There were no admissions from this cause to hospitals although 6 patients were treated at hospital dispensaries and 5 at rural dispensaries or clinics.

Dysentery, unqualified

In 1929, 32 patients with dysentery, otherwise unqualified, were treated in hospitals. There were 8 deaths. The corresponding figures for 1928 were 19 and 11.

Influenza

There were 57 admissions to hospitals in 1929 on account of influenza and one death as compared with 38 admissions and no deaths during the previous year. Hospital dispensaries reported 1,651 admissions and rural dispensaries and clinics, 3,792.

Cerebrospinal fever

Admissions to hospitals, in 1929, because of cerebrospinal fever amounted to 50. Death occurred in 15 instances or in 30 per cent of the cases.

Of the 50 cases, Cape-Haitian reported 26, with 10 deaths distributed by months as follows: January, 4 cases and 2 deaths; February, 2 cases; March, 8 cases and 3 deaths; April, 5 cases and 1 death; May, 5 cases and 3 deaths; November, 1 case; and December, 1 case with 1 death. Hinche reported 16 cases and 2 deaths as follows: February, 11 cases; and March, 5 cases with 2 deaths. Gonaives notified 2 cases in January and 3 in February. Port-au-Prince reported 3 cases and 3 deaths or one each in January, February and December.

Diphtheria

This disease caused 5 admissions to hospital in 1929, with one death as compared with 7 admissions and no deaths during the preceding year. Two cases with one death occurred at Port-au-Prince, 2 cases at Hinche, and one at Jacmel.

Tetanus

There were, in 1929, 56 admissions to hospitals because of tetanus with 35 deaths. In 1928, there were 35 admissions and 16 deaths.

Leprosy

Hospitals reported 8 admissions, in 1929, on account of leprosy with 1 death as compared with 2 admissions and one death in 1928.

There are no leprosia in Haiti. A few of those known to be afflicted with leprosy are isolated and treated in hospitals and the remainder in their homes under surveillance. While a leprosarium is included in plans for further expansion there is very little prospect of funds being available for this project in the near future.

Venereal diseases

Syphilis has been discussed under the caption "Treponematoses." Infections with the gonococcus were responsible for 242 admissions to hospitals in 1929, of which, 66 were due to gonococcus infection of the conjunctiva. The corresponding figures for 1928 were 113 and 50. There were 4,300 hospital sick days as compared with 3,098 for the preceding year. One death was attributed to gonococcus infection of the bladder. No death was charged to gonococcus infection in 1928.

Chancroid infections caused 58 admissions and 1,620 hospital days in 1929. The corresponding figures for 1928 were 56 and 1,603.

Prostitution exists practically throughout Haiti, is not prohibited by law, and is subject to little or no regulation.

Other diseases of the the infective type

Admissions to hospitals were recorded in 1929, as follows: Filariasis, 11; whooping-cough, 6; chicken-pox, 6; anthrax, 3; and measles, 3. No case of small-pox or scarlet fever was notified during the year.

EPIDEMICS AND DISASTERS

No serious epidemics were reported during the year 1929. With the exception of August, cases of amebic dysentery were reported by the district of Cape-Haitian every month in the year. The disease reached epidemic proportions in February and March when 15 and 26 cases respectively, were notified. Cerebrospinal fever was endemic in the same district from January to May inclusive and during November and December. A small outbreak of cerebrospinal fever occurred in the Hinche District in February and March.

Political disturbances resulted in a number of casualties at Aux Cayes by gun-fire on December 6, 1929. The known injured numbered 34. There were 11 deaths.

The city of Santo-Domingo in the adjoining republic of the same name, was visited by a terrific hurricane on September 3, 1930. Under the direction of President Eugene Roy, the Haitian Government allotted a credit of Gdes. 100,000 to the National Public Health Service to be used in procuring medical and surgical supplies, food and other materials and in transporting these articles to the inhabitants of the stricken city. A report of the details connected with relief measures is appended to that of the "Division of Finance."

DIVISION OF PERSONNEL

MR. W. R. JOINER

Total personnel employed by the Public Health Service decreased during the past fiscal year from 2,222, reported in the last annual report, to 2,061, as of September 30, 1930. This decrease of 161 employees is due, in part, to the completion of building projects and to more careful planning of work in each District. The present number of employees represents the approximate minimum required to carry on the present functions of the Service.

American Personnel.—At the close of the fiscal year 1916-1917, there were three medical officers, two Chief Pharmacists and three hospital corpsmen, of the U. S. Navy, on duty with the Public Health Service. This number gradually increased until the fiscal year 1926-1927, when 40 members of the Naval Service were attached to this Service. At the close of the fiscal year 1929-1930, the number had decreased to fifteen medical officers, three Chief Pharmacists, twelve hospital corpsmen, and three Red Cross nurses, or to a total of 33.

A hospital corpsman of the U. S. Naval Reserve Force is employed as the Assistant to the Administrator of the Isolation Camp for the Insane at Pont-Beudet. The number of American Red Cross Nurses has been reduced from four to three by the resignation of Miss Mo. This vacancy has been filled by a Haitian graduate nurse. It is planned to reduce American personnel during the coming year by at least two medical officers and two hospital corpsmen.

The following table shows the changes in American personnel during the past fourteen years:

AMERICAN PERSONNEL ATTACHED TO THE
NATIONAL PUBLIC HEALTH SERVICE

FISCAL YEARS 1916-1917 TO 1929-1930, INCLUSIVE

Fiscal Year	Medical Officers, U.S.N.	Ch. Pharm. & Pharm. U.S.N.	Hosp. Corps Enlisted	Nurses, Navy	Nurses, Red Cross	Total
1916-1917	3	2	3	0	0	8
1917-1918	6	7	2	3	0	18
1918-1919	6	7	2	3	0	18
1919-1920	6	8	1	0	4	19
1920-1921	7	4	6	0	4	21
1921-1922	7	3	7	0	4	21
1922-1923	8	3	7	0	4	22
1923-1924	12	3	14	0	4	33
1924-1925	19	3	14	0	4	40
1925-1926	16	3	15	0	3	37
1926-1927	19	4	17	0	3	43
1927-1928	17	3	14	0	4	38
1928-1929	17	3	14	0	4	38
1929-1930	15	3	12	0	3	33

Haitian Personnel.—With four districts now operating under complete Haitian control and plans made to withdraw all American personnel from two

additional districts during the coming year, the Haitianization of the National Public Health Service will then be over 50 per cent completed. The ratio of American personnel to Haitian personnel occupying similar positions has changed during the past three years from 61 per cent American and 39 per cent Haitian to 60 per cent Haitian and 40 per cent American.

The greatest difficulty facing the administration with reference to the Haitianization of the outlying districts is to find qualified Public Health Officers who are willing to leave Port-au-Prince for the isolation of the remote districts. Many who are qualified to assume the duties of a District Public Health Officer or Assistant Public Health Officer will not accept the isolation incident to such duties.

One of the most demoralizing features to the personnel of the service is the feeling of insecurity. The ever present fear in the mind of the Haitian doctor, clerk or laborer, that any change in administration policy will cause him to lose his position operates to lower the morale of the personnel to a point far below normal ability. To rectify this condition and to build up a permanent force the members of which can be assured that if they perform their work in a satisfactory manner, they will retain their positions and finally retire on a pension, it is recommended:

- (a) That a Commissioned Corps of Doctors, Dentists and Pharmacists, be established on the same basis as the Commissioned Corps of the Garde d'Haiti. Commissions issued at present do not provide for rank nor does the commissioned personnel operate as a corps under present laws.
- (b) That a civil service corps be established for all non-commissioned personnel.

PUBLIC HEALTH PERSONNEL

DISTRICT OF PORT-AU-PRINCE

(a) Executive Office.

Name	Rank, Rating or Title	Date of employment	Duty
Stuart, Montgomery A.	Captain (MC), U. S. Navy	6-29-30	Director General, National Public Health Service.
Chambers, John H.	Lieut-Comdr. (MC), U. S. Navy	2- 6-29	Director of Division of Laboratories.
Cook, Sterling S.	Lieut-Comdr. (MC), U. S. Navy	8-29-28	Director of Division of Sanitation and Quarantine.
Joiner, Willie R.	Chief Pharmacist, U. S. Navy	8- 6-30	Executive Assistant to Director General and Director of Div. of Finance and Personnel.
Jones, Arthur W.	Chief Pharm. Mate, U. S. Navy	5-18-30	Assistant to Director of Laboratories.
Torchon, Dr. Levy	Public Health Officer 1st class	1- 2-26	Acting Executive Officer.
Jean-Louis, Félix V.	Attorney-at-Law	12- 2-20	Director of Division of Legal Medicine and Vital Statistics.

(b) Division of Supplies and Transportation.

Bigelow, Allen F.	Chief Pharmacist, U. S. Navy	5-20-29	Director of Division of Supplies and Transportation.
Bessent, Carl B.	Chief Pharm. Mate, U. S. Navy	1- 1-30	Assistant to Director of Transportation.

(c) National School of Medicine and Pharmacy.

<i>Name</i>	<i>Rank, Rating or Title</i>	<i>Date of employment</i>	<i>Duty</i>
Dominique, Dr. Justin	Dean	10-1-26	Dean of National School of Medicine and Pharmacy.
Bastien, Dr. Auguste R.	Professor of Dentistry	10-1-29	Professor of Dental Hygiene and Therapeutics.
Bourand, Dr. Martial	Public Health Officer 2nd class	9-18-23	Professor of Clinical Surgery and Pathology—Assistant to Chief of Surgical Service Haitian General Hospital.
Camille, Dr. Nélaton	Public Health Officer 2nd class	10-1-26	Professor of Physiology and Pharmacology.
Civil, Dr. Molière	Public Health Officer 2nd class	10-1-26	Professor of Embryology and Descriptive Anatomy.
Daniel, Dr. S. E. A.	Public Health Officer 4th class	10-1-28	Professor of Prosthetic Dentistry.
Dartiguenave, Dr. Marcel	Public Health Officer 4th class	10-1-28	Professor of Dental Anatomy and Dental Technique.
Day, Emmanuel	Professor of Pharmacy	10-1-26	Professor of Galenical Pharmacy.
Ethéart, Dr. Maurice	Public Health Officer 2nd class	1-7-24	Professor of Medical Physics.
Hudicourt, Dr. Lélío.	Professor of Medicine	10-1-26	Professor of Clinical Medicine and Pathology.
Hyppolite, Dr. Louis	Public Health Officer 2nd class	9-1-23	Professor of Clinical Medicine and Pathology—Assistant to Chief of Medical Service, Haitian General Hospital.
Léon, Dr. Rulx	Public Health Officer 2nd class	12-14-26	Professor of Obstetrics—Chief of Obstetrical Service, Haitian General Hospital.
Lasleur, Dr. Maurice	Public Health Officer 2nd class	10-1-26	Professor of Hygiene and Sanitation.
Perrier, Dr. Joseph	Public Health Officer 2nd class	2-12-23	Professor of Anatomy.
Pétrus, Dr. Edouard	Public Health Officer 2nd class	11-15-23	Professor of Bacteriology.
Salomon, Dr. Paul	Professor of Medicine	10-1-26	Professor of Clinical Surgery and Pathology.
Salomon, Dr. René	Professor of Medicine	7-2-30	Professor of Medical Chemistry.
Séjourné, Raoul	Public Health Officer 2nd class	10-1-28	Professor of Chemistry and Chief of the Section of Pharmacy.
Thébaud, Dr. Jules	Public Health Officer 2nd class	10-1-27	Professor of Dental Surgery and Chief of the Dental Department.

(d) Haitian General Hospital

Johnson, Lucius W.	Commander (MC), U. S. Navy	6-13-28	Administrator of Hospital and Chief of the Surgical Service.
Gendreau, Elphege A. M.	Lieut-Comdr. (MC), U. S. Navy	8-29-28	Assistant to Chief of Surgical Service.
McArthur, Guy B.	Lieut-Comdr. (MC), U. S. Navy	10-30-29	Chief of Medical Service.
Hayworth, Roy W.	Lieutenant (MC), U. S. Navy	3-14-29	Chief of Radiological Service.
Smith, Harleigh J.	Chief Pharm. Mate, U. S. Navy	4-15-30	Assistant to Administrator and Receiving-Disbursing Officer.
Augustin, Dr. Gustave	Public Health Officer 5th class	7-15-29	Assistant to Chief of Urological Service.
Buteau, Dr. Joseph	Public Health Officer 1st class	7-30-23	Chief of Gynecological Service.
Carries, Dr. Abélard	Public Health Officer 3rd class	3-4-23	Assistant to Chief of Urological Service.
Durand, Dr. Jean B.	Public Health Officer 4th class	10-1-28	Assistant to Chief of Radiological Service.
Giordani, Dr. Claude	Physician	8-1-30	Assistant to Director of Laboratories.
Hollant, Dr. Constant	Public Health Officer 5th class	7-1-29	Assistant to Chief of Eye, Ear, Nose, and Throat Department.
Levêque, Dr. Antoni	Physician	8-1-30	Assistant to Chief of Surgical Service.
Moïse, Dr. Léon	Public Health Officer 1st class	11-3-15	In Charge of Outpatient Department.
Nicolas, Dr. René	Physician	8-1-30	Assistant to Chief of Obstetrical Service.
Pierre-Louis, Dr. C.	Physician	8-1-30	Assistant to Chief of Medical Service.
Saint-Cyr, Dr. J. B.	Public Health Officer 3rd class	7-26-26	In charge of Rural Clinics District of Port-au-Prince.
Valmé, Dr. Ciceron	Public Health Officer 2nd class	9-1-23	Chief of Urological Service.

<i>Name</i>	<i>Rank, Rating or Title</i>	<i>Date of employment</i>	<i>Duty</i>
Villard, Dr. Elie Sd.	Public Health Officer 2nd class	10- 1-27	Chief of Eye, Ear, Nose, and Throat Department.
Garner, Mrs. Agnès	Red Cross Nurse	7-13-26	Directress of Training School for Haitian Nurses.
Brouillet, Miss Cora A.	Red Cross Nurse	3-29-28	Instructress of Probationers.
Malley, Miss Mary F.	Red Cross Nurse	9-13-28	Supervisor.

(e) Health Center, School Inspection and Camp for the Insane

Roop, Claude C.	Lieutenant (MC), U. S. Navy	7-25-28	Administrator of Camp for the Insane and Administrator of Health Center and School Inspection.
Reser, Stanley H.	Chief Ph. Mate, U. S. N. R. F.	9-21-27	Assistant to Administrator of Camp for the Insane.
Audin, Dr. Eugène	Public Health Officer 5th class	3-25-29	Assistant to Administrator of Health Center—Clinics.
Charmant, Dr. R.	Public Health Officer 2nd class	10- 1-27	Assistant to Administrator of Health Center—School Instruction.
Dumervé, Dr. Vertot	Dentist	5- 8-30	Assistant to Administrator of Health Center—Dental Department.
Francis, Dr. J.	Public Health Officer 2nd class	9- 1-26	Assistant to Administrator of Health Center—Laboratory.
Hyppolite, Dr. Weber	Dentist	3-25-29	Assistant to Administrator of Health Center—Dental Department.
Hyson, Dr. Belloni	Physician	10- 1-26	Assistant to Administrator of Health Center—Examination of School Children.
Pierre-Noël, Dr. V. H.	Physician	1-11-27	Assistant to Administrator of Health Center—Examination of School Children.
Seïde, Dr. Martelly	Public Health Officer 5th class	10- 1-28	Assistant to Administrator of Health Center—Prenatal Clinic.
Séjourné, Dr. Léon	Physician	10- 1-29	Assistant of Administrator of Health Center—School Instruction.

(f) Public Health Office

Dean, Corliss P.	Chief Pharmacist, U. S. Navy	8- 6-30	Public Health Officer.
Gilleland, Allen M.	Chief Pharm. Mate, U. S. Navy	6-29-30	Assistant to Public Health Officer.
Jones, Cowan, E.	Chief Pharm. Mate, U. S. Navy	5-18-30	Assistant to Public Health Officer.
Mixon, Reuben S.	Chief Pharm. Mate, U. S. Navy	10-30-29	Assistant to Public Health Officer.
Périgord, Dr. M.	Public Health Officer 1st class	11- 1-21	Assistant to Public Health Officer.

(g) Under Instruction

Lhérisson, Dr. Camille	Physician	Rockefeller Foundation Fellowship—United States
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DISTRICT OF CAPE-HAITIAN

Lane, Franklin F.	Lieut-Comdr. (MC), U. S. Navy	9-25-29	Public Health Officer and Administrator of Hospital.
Shipley, John L.	Lieut-Comdr. (MC), U. S. Navy	6-19-29	Chief of Eye, Ear, Nose and Throat Department and Officer in Charge of Sanitation.
Smith, Minot C.	Pharm. Mate 1st cl., U. S. Navy	11- 7-28	Assistant to Administrator and Receiving-Disbursing Officer.
Thomas, John A.	Pharm. Mate 1st cl., U. S. Navy	2-26-28	Assistant to Public Health Officer and in Charge of Laboratory.
Demangles, Dr. Paul	Public Health Officer 3rd class	1-16-25	Assistant to Public Health Officer, Obstetrical Service.
Dorsainville, Dr. C.	Physician	10-27-27	Assistant to Public Health Officer, Rural Clinics.
Fontus, Dr. Charles	Public Health Officer 3rd class	9-20-22	Assistant to Public Health Officer, Surgical Service.
Claude, Dr. Frank	Dentist	10- 1-26	Assistant to Public Health Officer, Dental Department.
Hilton, Dr. Musset	Public Health Officer 6th class	10- 1-28	Assistant to Public Health Officer, Medical Service.
Saint-Amand, Dr. L.	Public Health Officer 5th class	10- 1-27	Assistant to Public Health Officer, Eye, Ear, Nose, and Throat Department.
Saint-Louis, Dr. K.	Public Health Officer 5th class	2- 1-27	Assistant to Public Health Officer, Obstetrical Service.

DISTRICT OF CAYES

Name	Rank, Rating or Title	Date of employment	Duty
Soukup, Frank K.	Lieutenant (MC), U. S. Navy	2-12-30	Public Health Officer.
Cooper, George W.	Lieutenant (MC), U. S. Navy	4-23-30	Administrator of Hospital.
Witt, Floyd Ed.	Chief Pharm. Mate, U. S. Navy	4-23-30	Assistant to Administrator and Receiving-Disbursing Officer.
Féthière, Dr. Antoine	Public Health Officer 3rd class	1- 2-26	Assistant to Public Health Officer.
Ledan, Dr. Edgard	Public Health Officer 4th class	1- 1-25	Assistant to Public Health Officer.

DISTRICT OF GONAIVES

Oliphant, Charles L.	Lieut-Comdr. (MC), U. S. Navy	4-23-30	Public Health Officer and Administrator of Hospital.
Wilson, Elmer	Chief Pharm. Mate, U. S. Navy	4-23-30	Assistant to Public Health Officer.
Désir, Dr. Horace	Public Health Officer 4th class	12-15-25	Assistant to Public Health Officer.
Legros, Dr. Henri	Physician	5-15-30	Assistant to Public Health Officer.

DISTRICT OF HINCHE

Webster, Francis H.	Lieutenant (MC), U. S. Navy	9-22-29	Public Health Officer and Administrator of Hospital.
Sommers, John	Chief Pharm. Mate, U. S. Navy	12- 5-29	Assistant to Public Health Officer.
Beauvoir, Dr. Gesner	Physician	6- 9-30	Assistant to Public Health Officer.
Garnier, Dr. Appolo	Public Health Officer 5th class	10-16-28	Assistant to Public Health Officer.

DISTRICT OF JACMEL

Pennell, Walter J.	Lieut-Comdr. (MC), U. S. Navy	12- 5-29	Public Health Officer and Administrator of Hospital.
Edelen, John H.	Chief Pharm. Mate, U. S. Navy	9-25-29	Assistant to Public Health Officer and Receiving-Disbursing Officer.
Alcindor, Dr. L.	Public Health Officer 4th class	10- 1-27	Assistant to Public Health Officer.
Renelique, Dr. Joseph	Public Health Officer 4th class	10- 1-27	Assistant to Public Health Officer.
Sam, Dr. André	Public Health Officer 4th class	7-27-28	Assistant to Public Health Officer.

DISTRICT OF JEREMIE

Papillon, Dr. Joseph	Public Health Officer 4th class	11- 1-25	Public Health Officer and Administrator of Hospital.
Cantave, Dr. Matthiew	Public Health Officer 6th class	7-27-29	Assistant to Public Health Officer.
Nérette, Dr. Félix	Public Health Officer 5th class	10- 1-28	Assistant to Public Health Officer.

DISTRICT OF PETIT-GOAVE

Jeanty, Dr. Jean R.	Public Health Officer 3rd class	10- 1-27	Public Health Officer and Administrator of Hospital.
Cayemite, Dr. L.	Public Health Officer 6th class	10- 1-28	Assistant to Public Health Officer.

DISTRICT OF PORT-DE-PAIX

Rey, Dr. Stenon	Public Health Officer 3rd class	10- 1-28	Public Health Officer and Administrator of Hospital.
Mathurin, Dr. A.	Public Health Officer 6th class	12- 1-29	Assistant to Public Health Officer.

DISTRICT OF SAINT-MARC

Jourdan, Dr. Louis	Public Health Officer 2nd class	11- 1-24	Public Health Officer and Administrator of Hospital.
Anglade, Dr. Ducarmel	Public Health Officer 4th class	6- 1-26	Assistant to Public Health Officer.
Cherubin, Dr. François	Public Health Officer 6th class	10- 1-28	Assistant to Public Health Officer.

CHANGES IN PERSONNEL DURING FISCAL YEAR REPORTED OR EMPLOYED

		<i>Date of Employment</i>
Stuart, Montgomery A.	Captain (MC), U. S. Navy	6-29-30
Pennell, Walter J.	Lieut-Comdr. (MC), U. S. Navy	12- 5-29
McArthur, Guy B.	Lieut-Comdr. (MC), U. S. Navy	10-30-29
Oliphant, Charles L.	Lieut-Comdr. (MC), U. S. Navy	4-23-30
Soukup, Frank K.	Lieutenant (MC), U. S. Navy	2-12-30
Cooper, George W.	Lieutenant (MC), U. S. Navy	4-23-30
Dean, Corliss P.	Chief Pharmacist, U. S. Navy	8- 6-30
Joiner, Willie R.	Chief Pharmacist, U. S. Navy	8- 6-30
Bessent, Carl B.	Chief Pharmacist Mate, U. S. Navy	1- 1-30
Gilleland, Allen M.	Chief Pharmacist Mate, U. S. Navy	6-29-30
Jones, Arthur W.	Chief Pharmacist Mate, U. S. Navy	5-18-30
Jones, Cowan E.	Chief Pharmacist Mate, U. S. Navy	5-18-30
Mixon, Reuben S.	Chief Pharmacist Mate, U. S. Navy	10-30-29
Smith, Harleigh J.	Chief Pharmacist Mate, U. S. Navy	4-15-30
Sommers, John	Chief Pharmacist Mate, U. S. Navy	12- 5-29
Wilson, Elmer	Chief Pharmacist Mate, U. S. Navy	4-23-30
Whitt, Floyd E.	Chief Pharmacist Mate, U. S. Navy	4-23-30
Bastien, Dr. Auguste R.	Professor of Dentistry	10- 1-29
Beauvoir, Dr. Gesner	Physician	6- 9-30
Champagne, Dr. Justin	Physician	4- 1-30
Dumervé, Dr. Vertot	Dentist	5- 8-30
Giordani, Dr. Claude	Physician	8- 1-30
Legros, Dr. Henri	Physician	5-15-30
Leroy, Dr. Amose	Acting Professor of Medicine	10- 1-29
Lévêque, Dr. Antoni	Physician	8- 1-30
Mathurin, Dr. Augustin	Public Health Officer 6th Class	12- 1-29
Nicolas, Dr. René	Physician	8- 1-30
Pierre-Louis, Dr. Constant	Physician	8- 1-30
Séjourné, Dr. Léon	Physician	10- 1-29
Salomon, Dr. René	Professor of Medicine	7- 2-30
Télémaque, Dr. Plaisance	Acting Professor of Medicine	10- 1-29
Mo, Miss Winifred	Red Cross Nurse	11- 1-29

DETACHED RESIGNED OR DISCHARGED

		<i>Period of Service</i>	
Melhorn, Kent C.	Captain (MC) U. S. Navy	4-25-27	8- 6-30
Ferguson, David	Lieut-Comdr. (MC), U. S. Navy	8-28-29	2-13-30
Blackwood, James D.	Lieutenant (MC), U. S. Navy	1-14-27	2-13-30
Pomeroy, Roy E. A.	Lieutenant (MC), U. S. Navy	11- 2-27	3-18-30
Bunkley, William S.	Lieutenant (MC), U. S. Navy	7- 3-27	4-24-30
Logue, Joseph F.	Lieutenant (MC), U. S. Navy	7- 3-27	5-29-30
Aron, Edward F.	Chief Pharmacist, U. S. Navy	8-16-27	8-20-30
Birtwistle, Matthew	Chief Pharmacist, U. S. Navy	9-21-27	8-20-30
Dixon, Benjamin F.	Chief Pharmacist Mate, U. S. Navy	9-21-27	7- 3-30
Fernquist, Ericson	Chief Pharmacist Mate, U. S. Navy	7- 8-27	10-31-30
Germany, George B.	Pharmacist Mate 1st class, U. S. Navy	3-24-28	6-25-30

		<i>Period of Service</i>	
Herndon, James A.	Chief Pharmacist Mate, U. S. Navy	12- 6-26	12- 5-29
James, Reed W.	Chief Pharmacist Mate, U. S. Navy	9-21-27	5-29-30
Johnson, Charles F.	Chief Pharmacist Mate, U. S. Navy	7- 8-27	5-14-30
Kirkpatrick, Orville Y.	Chief Pharmacist Mate, U. S. Navy	3-19-27	8-29-30
Kracke, Ernest A.	Pharmacist Mate, 1st class, U. S. Navy	6- 6-27	4- 2-30
McGuire, Fred H.	Chief Pharmacist Mate, U. S. Navy	4-11-29	4-24-30
Stafford, Floyd L.	Pharmacist Mate 1st class, U. S. Navy	7- 8-27	9-18-30
Brutus, Dr. Charles	Public Health Officer 6th class	10- 1-28	5-14-30
Castera, Dr. Georges	Public Health Officer 5th class	7-15-29	7-24-30
Champagne, Dr. Justin	Physician	4- 1-30	9-12-30
Civil, Dr. Gédéon	Acting Professor of Medicine	12- 1-28	8-31-30
Leroy, Dr. Amose	Acting Professor of Medicine	10- 1-29	7-31-30
Montas, Dr. Hubbert	Physician	9- 1-29	1- 3-30
Télémaque, Dr. Plaisance	Acting Professor of Medicine	10- 1-29	7-31-30
Verret, Dr. Périclès	Public Health Officer 6th class	2-18-29	7-18-30
Mo. Miss Winifred	Red Cross Nurse	11- 1-29	6-10-30

DISTRIBUTION OF PERSONNEL

	Executive Office	Public Health Laboratory	Garage and Supply Depot	Medical School	Haitian General Hospital	Camp for the Insane	Health Center and School Inspection	Public Health Office	Cape-Haitian	Cayes	Gonaives	Hinche	Jacmel	Jérémie	Petit-Goâve	Port-de-Paix	Saint-Marc	TOTAL
Medical Officer, U. S. Navy	2	1			4		1		2	2	1	1	1					15
Chief Pharmacists, U. S. Navy	1		1					1										3
Hospital Corpsmen, U. S. Navy		1	1		1			3	2	1	1	1	1					12
Hospital Corpsmen, U. S. Naval Res. Force						1												1
Red Cross Nurses					3													3
Public Health Officers, 1st class	1				2			1										4
Public Health Officers, 2nd class				11	2		2										1	16
Public Health Officers, 3rd class					2				2	1					1	1		7
Public Health Officers, 4th class				2	1					1	1		3	1			1	10
Public Health Officers, 5th class					2		2		2			1		1				8
Public Health Officers, 6th class									1					1	1	1	1	5
Physicians				*1	4		3		1		1	1						11
Dentists							2		1									3
Dean of Medical Sch.				1														1
Professors of Medicine and Dentistry				5														5
Internes					10													10
Attorney at Law	1																	1
Sanitary Engineer	1																	1
Pharmacists					2				2				1					5
Assistant Pharmacists															1		1	2
Assistant to Public Health Officer														1			1	2
Graduate Nurses				1	14		4		14	1	4	3	2	2	1	2	2	50
Nurses					11		1		5	11				5				33
Sisters					16				10	8	5	3	4	3		2	3	54
Priests					1											1		2
Technicians		4	3	6					4	1	1	1	1	1	1			23
Chief Clerks	1		1		1	1		1	1		1				1			8

*Rockefeller Foundation Student.

DISTRIBUTION OF PERSONNEL (Continued)

	Executive Office	Public Health Laboratory	Garage and Supply Depot	Medical School	Haitian General Hospital	Camp for the Insane	Health Center and School Inspection	Public Health Office	Cape-Haitian	Cayes	Gonaives	Hinche	Jacmel	Jérémie	Petit-Goâve	Port-de-Paix	Saint-Marc	TOTAL
Clerks	4	4	2	7		2	2	7	1			1	1	1	1	1		34
Stenographers	1																	1
Librarians				2														2
Chief of Garage		1																1
Mechanics		5	1	1	1		1	3	2				1	1	1	1		18
Mechanics' helpers								1										1
Apprentice mechanics		11																11
Chauffeurs		2		4	1		18	5	4	2	1	2	1	2	1			43
Blacksmiths		2																2
Carpenters		2	1	2	1		1	1	1	1	1	1						12
Painters		1	1	1				2							1			6
Pump operators											1							1
Plumbers				2														2
Masons				1			1	1		1								4
Dressers								4		4	5	7		10	8	5		43
Ward attendants				9	9					8	3	2		2				33
Servants	2			22				31	7	2		3	1	9	3			80
Bakers				1				2			1							4
Cooks				6	2			7	3	2	2	3	2	2		2		31
Chief Sanitary Inspectors							2	1	1			1	1	1				7
Sanitary Inspectors							44	16	7	3	1	6	3	6	2	5		93
Laundresses			5	14		1		5	3	4	1	3	1	3		4		44
Janitors	1					1			1			2	2		1	1		9
Messengers	1		5	4			2	1	1	1				1				16
Watchmen		1		2	5		9	3	2			1	1	2	1	1		28
Gardeners					1							2	1					4
Pilots for motorboats								2				1	1					4
Chefs d'Equipes							49	16	9	6	2	3	3	5	2	4		99
Laborers	1	7	1	28			467	152	150	62	35	50	32	67	23	55	1130	
Seamstresses					1			1						1				3
Total	14	9	42	45	180	23	19	602	308	218	111	65	102	66	120	50	87	2061 "

DIVISION OF EDUCATION

Dissemination of information is recognized as one of the most important adjuncts to Public Health work. Included in the educational activities under the direction of the Public Health Service, as stated before, are courses in medicine and surgery, dentistry, pharmacy, midwifery and nursing. Instruction in elementary health subjects is given in the schools and by radio talks, mimeographed bulletins, press notices, and educational films.

Maternal, infant and child welfare work together with public health nursing are among the most important functions of the Public Health Center, Port-au-Prince. Although similar work is conducted, at present, at hospitals in the other larger cities, it is planned to establish health centers in these cities as rapidly as funds will permit.

National School of Medicine and Pharmacy

Formerly the above designation was appropriate but as the School of Dentistry was added in 1927, the title should now be changed, officially, to the "National School of Medicine, Dentistry and Pharmacy" to more properly describe its functions.

Originally established in connection with the military hospital in Port-au-Prince in 1808, to train medical personnel for the Army, this school after a vicissitudinous existence was finally reorganized by virtue of a law enacted during July 1926. The new building was dedicated and occupied on October 3, 1927. This building and the more recently constructed Anatomy-Pathology building have been described in previous reports. It not only has the distinction of being one of the few undergraduate medical schools in tropical countries but also of being the only one located in countries bordering on the Carribean Sea with the single exception of Cuba.

Since the time when a doctor's prescription, like the concoction brewed in a witch's cauldron, required at least ten different ingredients in order to be regarded as having any possible chance of successful application, medical education has become progressively more complicated, difficult and time consuming.

A description of the courses, regulations, requirements for admission, roster of faculty and students, and other data are given in the Catalogue of the National School of Medicine and Pharmacy. It may be stated, however, that the course in Medicine and Surgery requires the close and persistent application of the student through four scholastic years of lectures, laboratory and clinical work with a fifth year devoted to an internship in the Haitian General Hospital.

Requirements for admission are stated in an "Arrêté" by the President of the Republic dated September 9, 1926. According to Article No. 2 of this "Arrêté," applicants for admission should present "a certificate of secondary education of the secondary degree (2nd part)."

Article No. 3 reads as follows:

"Article 3. A candidate to the degree of Doctor of Medicine who only has a certificate of secondary education (1st part) must, in order to be admitted to the school, pass the examination required for the certificate of philosophy (physical and natural sciences) before a board consisting of a director of public instruction as President, and having as members the dean of the Medical School or his representative and three professors in secondary classical schools, all of them to be designated by the Department of Public Instruction."

It will be seen that the above article makes it possible for an applicant who has completed only the first part of his secondary education to omit a year of preparatory work and by studying or "cramming" during the summer, to pass an examination and commence his medical work with insufficient preparation. This is considered objectionable in that it makes the individual's progress most difficult and tends to retard others who have given the time and effort to obtain a thorough preliminary education.

It is, therefore, recommended that Articles Nos. 2 and 3 of the "Arrêté" be amended to read as follows:

Article 2. All applications for admission must be made in person to the Dean of the School between September 10th and 20th of each year. Such request should be accompanied by the following documents: 1. A certificate of secondary education of the second degree (2nd part) or its equivalent; 2. A certificate of good moral character; 3. A health certificate delivered by a member of the school staff following a medical examination; 4. A copy of the birth certificate; 5. A written authorization from his legal guardian, if applicant is under age.

Article 3. In lieu of a certificate of secondary education of the second degree (2nd part), a candidate for the degree of Doctor of Medicine must, in order to be admitted to the school, present to the Dean satisfactory evidence of having successfully completed the required number of hours in the subjects prescribed for secondary education, second degree (2nd part), and must pass the examination required for the certificate of philosophy (physical and natural sciences) before a board consisting of a director of public instruction as President, and having as members the dean of the Medical School or his representative and three professors in secondary classical schools, all of them to be designated by the Department of Public Instruction.

The official opening of the National School of Medicine and Pharmacy for the scholastic year 1929-1930 was held with appropriate ceremonies in the auditorium of the Anatomy-Pathology Building on October 7, 1929. Although opening under most auspicious circumstances and giving promise of being most successful, the session was brought to an abrupt end in November. The internes at the Haitian General Hospital, however, remained at their posts. Fortunately the interruption was only temporary and studies were resumed on January 13, 1930. The remarks of Capt. K. C. Melhorn, (MC), U. S. N., who was then Director General of the Public Health Service, are pertinent to the subject. They are as follows:

"In spite of the earnest pleas of the Dean to refrain from 'strike' activities, on November 7th all the medical, dental and pharmacy students left their classes as a demonstration of 'sympathy with the students of the School of Agriculture'. At the time of leaving the student committee addressed a letter to the Director General stating that they bore nothing but goodwill toward the Public Health Service and that they had no fault to find with the Medical School. After repeated and unsuccessful efforts to persuade the student body to return to their classes I recommended to the Haitian Government on December 19th that the Medical School remain closed until October 1st, 1930. This step was taken only after it became evident that our students

were more in sympathy with strike movements than with the health interests of 2,000,000 of their countrymen. A professional school cannot function efficiently and effectively with seven weeks lost from the school year. To hold the faculty intact for next year all of its members were incorporated into other units of the Service.

"In striking contrast to the action of the medical, dental and pharmacy students in the disorders of December 4th was the loyal stand taken by a united personnel of the Public Health Service. Though strong pressure was brought to bear in some instances, to a man they refused to participate. Not only did they refuse to enroll themselves as "strikers" but all who approached them were informed that no cause existed which was greater than that of the care of the sick and the health of the nation. Never has Haiti witnessed a more beautiful example of loyalty to Government than this; never was *Esprit de Corps* more effective. To have been a member of such an organization is a matter of intense pride and satisfaction to us all. The memory of that event will always be one of our treasured possessions."

As stated before, the courses were resumed on January 13, 1930. According to the Dean, all professors and students were present except three of the latter who were absent by reason of illness. Work was resumed in earnest and both teachers and students forgot the incident. The final examinations began the latter part of July and ended about the middle of August. All students regularly attended to their work in classes, in laboratories and at the clinics given in the wards of the Haitian General Hospital.

The following extracts are taken from the Annual Report of Dr. J. Dominique, the Dean of the School:

"Faculty.—It is a pleasure to report that all members of the faculty performed their duties with untiring devotion during this scholastic year and have given excellent cooperation.

"Administrative Personnel.—They deserve credit for the manner in which they have carried out their duties. They assisted me very well during the students' strike. Many among them have willingly worked at the Central Office of the Public Health Service.

"New Haitian Doctors.—The 5th year medical students (internes) passed successfully their final examinations and were graduated with the degree of Doctor of Medicine. Of the five who graduated, four were employed as assistants, in the various services of the Haitian General Hospital. Since the fifth intends to continue his studies in Europe he could not accept an appointment. The Public Health Service in selecting these new doctors as assistants in the various hospital services desires to give them an opportunity to develop further knowledge and skill in the practice of medicine and surgery and in the various specialties.

"Internes.—Eleven 4th year medical students have been admitted to the Haitian General Hospital as internes after their examinations. They will carry out the duties assigned them by the administrator. Not having successfully passed his examination, one of these students has been admitted, provisionally, as intern. He will again take his examination at the session of October 1930. If successful, he will be definitely admitted as intern. Another, has not been able to begin his work because of sickness. This leaves ten internes now on duty at the hospital.

"Dental Department.—The former School of Dentistry of Port-au-Prince, completely reorganized in October 1928, did good work even during the first few months but the period of eminently satisfactory service is represented by the year 1929-1930. Many improvements have been made in this new department since October 1929. A complete outfit for dental radiology has been installed in the room assigned to oral surgery which may be considered as one of the best equipped in Central America. The teaching staff was increased by two dentists. Upon the recommendation of the Dean of the Medical School, one of the clinicians was granted a three months' post-graduate course abroad. He returned in November 1929. Organization of dental hygiene work was placed in charge of two specialists of this department. The Dental



Staff, National School of Medicine and Pharmacy, Port-au-Prince.



Staff, Public Health Center, Port-au-Prince.



Pupils During Noon Meal at Volmar Laporte School, Port-au-Prince.



Travelling Vaccination Clinic from Public Health Center, Port-au-Prince.

School Hygiene Center, as it is administered, constitutes a valuable aid to the school inspection service and is considered an institution which will render, in the future, very great service to the country. In this connection, the Dental School has made, in Haiti, a useful innovation. In order to guarantee a long and sure life to dental hygiene in the Republic, this department has already started to train our future dentists in the practice of this important branch of public health. The course in hygiene, as given in the Dental School, is a part of the programme of studies similar to that given in dental schools abroad. In order to meet the exigencies of the practical part of the course in Dentistry covering a period of four years, the school maintains a dispensary which meets the needs of the population of the Capital City. During the last year a large number of needy school children and adult patients attended the Dental School Dispensary and, not including numerous routine procedures such as amalgam fillings, incrustations, and bridges, many important operations have been performed such as alveolectomy, gingivectomy, dental extractions, and apisection.

"Pharmacy Department.—Mr. R. Séjourné, in charge of this department, states that the students have progressed well in their studies during the year. The course extends over a period of three years, the last two of which are devoted to theoretical and technical studies. Four students received their diplomas. The future of these graduates is not sufficiently guaranteed as few are employed by the Public Health Service because of lack of funds and there are no laws requiring the registration of pharmacists or that physicians' prescriptions be compounded by graduates in Pharmacy. Such laws should be enacted immediately. The position left vacant by the death of Mr. H. Etienne in December 1928, has been taken by Dr. G. Civil.

"Pre-medical Studies.—Pending the creation of a course in pre-medical subjects which eventually will lengthen the medical course to a period of six years' duration, the second year students have completed this year their courses in Chemistry, Physics, Biology and Botany. A knowledge of these fundamental sciences is considered necessary for the proper understanding of clinical courses conducted at the hospital for the benefit of the third, fourth and fifth year students.

"Laboratories.—There are five laboratories which are as follows: 1. Laboratory for Physics; 2. Chemistry; 3. Histopathology; 4. Physiology; 5. Microscopy, Bacteriology and Public Health. There is also a dissecting room and an amphitheater for autopsies and operative surgery. These laboratories are well equipped. During the year a number of articles have been received such as dissecting and other instruments, bacteriological stains, slides for histopathology and for use with the projecting apparatus installed in the Anatomy building. A microscope belonging to the school is assigned to each student, individually, while enrolled in a course requiring the use of that instrument. Additional microscopes will be ordered to meet the demands necessitated by the yearly increase in the number of students. The students are furnished with stethoscopes, and with gloves for autopsies, dissection and operative surgery.

"Library.—It is pleasing to note that both teachers and students have made frequent visits to the library. The number of volumes has been increased from a total of 1,353 to 1,535 during the current year, while the number of different medical and scientific journals remained the same or 30. Students have borrowed books to an increasing extent, the collateral reading permitting them to better understand the class-room work given by the teachers. The latter use text books for teaching. An order covering various books has been placed by the Central Office.

"Rockefeller Foundation.—Please renew to the Rockefeller Foundation our best thanks for the valuable assistance given to the School of Medicine and Pharmacy for laboratory material and for the excellent training granted to the Haitian Fellows studying under medical faculties abroad. There is no doubt that a school which does not possess efficient teachers cannot progress. When, on the contrary, the teachers are perfectly familiar with the theoretical and practical subjects they teach, and also when they can use books and material necessary for their work, the students take much interest in the school and profit considerably thereby. In this way the school must make rapid progress. This was so understood by the Public Health Service and with the assistance of the Government and that of the Rockefeller Foundation a great change has occurred in the course of studies. Nothing in the future could interfere with this evolution.

"The names of the Rockefeller Fellows, together with certain other data, are given below for record:

"*Dr. Molière Civil*, Teacher of Anatomy. — *1st Trip*: Left Port-au-Prince July 1st 1927, arrived Ann Arbor July 8, 1927. Left Ann Arbor on 4 July 1928 and arrived Port-au-Prince 15 July 1928. Studied Anatomy and Embryology under direction of Professor Huber. *2nd Trip*: Left Port-au-Prince August 25, 1929. Arrived Lyon, September 25, 1929. Studied practical anatomy (dissection) with Professor Latarjet at Lyon. Left for Paris March 8, 1930, where he studied Embryology with Professor Champy. Returned to Port-au-Prince 21 August 1930.

"*Dr. Maurice Ethéart*, Teacher of Physics. — *1st Trip*: Left August 1928, arrived Washington 15 August 1928. Studied at Howard University. Returned to Haiti 24 February 1929. *Second Trip*: Left for Canada 12 September 1929, arrived Montreal 19 September. September 1929 to April 1930, attended courses in General Physics at McGill University (Professors Eve, Heyx, Reilley, Dr. Lane). From January to June 1930, followed theoretic and practical courses in Medical Physics at University of Montreal and at the Radium Institute under the supervision of Dr. Ernest Gendreau. The months of May and June were devoted to practical electro-radiotherapy at the Radium Institute.

"*Dr. Joseph Perrier*, Teacher of Histopathology. — *1st Trip*: Left Port-au-Prince July 1st, 1927, returned to Port-au-Prince July 15, 1928. Place of study—Boston City Hospital with Professor F. B. Mallory. Studied histopathology. *2nd Trip*: Left 12 September 1929; returned 3 July 1930. Place of study, Institute of Pathology Western Reserve University (Cleveland, Ohio) with Professor H. F. Karsner. Subject: Pathology and Histopathology.

"*Dr. Martial Bourand*, Teacher of Surgery. — *1st Trip*: Left July 28, 1927, for Strasbourg. Surgical clinic A. Returned 18 July 1928. *2nd Trip*: Left Port-au-Prince 25 August 1929 for Strasbourg. Surgical Clinic A. Left Strasbourg December 29, 1929, for Paris and worked at Hospital Cochin. Clinic Professor Delbet during the morning hours and at Clamart Amphitheater during the afternoon. Returned to Port-au-Prince April 6, 1930.

"*Dr. Nélaton Camille*, Teacher of Physiology. — *1st Trip*: Left Port-au-Prince 1st July 1927. Place of study, University of Chicago (Chicago, Illinois). Professor Dr. A. J. Carlson. Subject: Physiology, Physiological Chemistry and Pharmacology. *2nd Trip*: Left Port-au-Prince September 12, 1929, returned to Port-au-Prince July 2, 1930. Place of study: University of Chicago (Chicago, Illinois). Professor: Dr. A. J. Carlson. Subject: Physiology, Physiological Chemistry and Pharmacology.

"*Dr. Maurice Lafleur*, Teacher of Sanitation. — *1st Trip*: Left Port-au-Prince 1st July 1927. Left United States July 15, 1928. *2nd Trip*: Left Port-au-Prince September 12, 1929. Left United States for Porto-Rico June, 5, 1930. Left Porto-Rico for Port-au-Prince September 19, 1930. During the 1st and 2nd years in the United States, he worked with professors Winslow and Hiscock (Yale University) and during his stay at Porto-Rico with Dr. Earle, member of the International Health Bureau of the Rockefeller Foundation.

"*Dr. Edouard Pétrus*, Teacher of Bacteriology. — *1st Trip*: Left Port-au-Prince 1st July 1927. Left United States July 15, 1928. *2nd Trip*: Left Port-au-Prince September 12, 1929. Left United States September 12, 1930. During the 1st year he worked with Dr. George H. Smith, professor of Immunology and Bacteriology at Yale University. Subjects: Immunology and Bacteriology. During the second year he worked with Drs. George H. Smith and John Paul studying immunology, bacteriology and microscopy.

"*Dr. Rulx Léon*, Teacher of Obstetrics. — *1st Trip*: Left for Paris July 18, 1927, returned to Haiti July 18, 1928. In the meantime, probation at Clinic Baudelocque with Professor Couvelaire. *2nd Trip*: Left Port-au-Prince for Paris August 26, 1929, returned to Haiti April 8, 1930. In the meantime, probation at Baudelocque Clinic, with Professor Couvelaire.

"*Dr. R. Salomon*, Teacher of Biological Chemistry. — Left August 9, 1928, returned July 2, 1930. Howard University, Washington, D. C. Courses followed during this time: inorganic chemistry, Dr. Julian; qualitative analysis, Prof. Hegueley; quantitative analysis.

Prof. Hegueley; organic chemistry, Drs. Julian and Tulane; elementary physical chemistry, Prof. Knox; biological chemistry, Dr. Tulane; organic chemistry and research, Dr. Shoan; administration and pedagogy, Dr. Julian; chemical conferences on chemistry under direction of Dr. Shoan. Results of chemical research on four problems were presented at the meetings of Howard University Seminary.

"Dr. L. Hyppolite, Teacher of Medicine. — 1st Trip: Left July 18, 1927, returned July 18, 1928. Worked at Strasbourg with professor Leon Blum from August 1927 to June 1928. General medicine and special studies on diabetes and nephritis. Physio-pathological work. 2nd Trip: Left 25 August 1929, returned April 6, 1930. Worked at Paris with Professor Vasquez at Hospital "La Pitié," followed post-graduate course in orthoelectrocardiography, also worked at hospital "Laennec" and in the dispensary Léon Bourgeois tuberculosis service with Dr. Rist.

"Dr. Camille Lhérisson.—Left September 12, 1929 for Canada, arrived at Montreal September 19, 1929. Followed courses of Biology at McGill University and at Marine Biological Laboratory, Woods Hole, Mass. Went to Boston in September 1930 for further studies in biology at Harvard University."

In two instances funds from ordinary credits allotted to the Public Health Service by the National Government were used to send other doctors abroad for courses as indicated below:

Dr. Jules Thébaud, Teacher of Dental Surgery. — Left October 5, 1927, for Chicago. Returned July 23, 1928. Chicago, Northwestern University Dental School. Studied Histology and dental cement work.

Dr. S. Daniel, Teacher of Dental Prothesis. — Left July 24, 1929 for Chicago, Ill. Studied prosthesis with Dr. Schlosser and radiology with Professor Lee. Returned November 4, 1929.

At the instance of Dr. Dominique, the Dean, a short course of lectures on disaster relief work will be given at the school beginning with the coming year. These lectures will be illustrated with lantern slides made from pictures taken in Santo Domingo City after the hurricane of September 1930, and will be given by Drs. Bourand, Levêque, Nicolas and Pierre-Louis who, having arrived in the stricken city shortly after the storm and having ministered to the needs of the injured, will undoubtedly be able to speak with authority and interest on the subject.

Upon the character, integrity, and professional skill of the graduates of this school will depend, largely, the health of the nation and of the individual of the Haiti of the future. There is no place either in medical schools or in the medical profession for one who is not willing to devote many hours of unremitting or perhaps unrenumerative toil and, naturally, there is no place for the sinecure hunter. That medicine is a progressive science is self-evident, states Dr. John B. Deaver, for in the vocabulary of science there is no such thing as stagnation. It is believed that those who have graduated or who have completed one or more years of study in this school have demonstrated by their success so far, that they possess many of the attributes necessary to maintain the medical profession of the Republic upon a high plane and to continue the work inaugurated by the predecessors of the writer while they occupied the office of Director General of the National Public Health Service.

Fortifying the opinion expressed above is the record made by Drs. Bourand, Levêque, Pierre-Louis and Nicolas while assisting in disaster relief work in

Santo-Domingo City, after the hurricane of September 3, 1930. Speaking of their services, Dr. L. W. Johnson, U. S. Navy, states that they did excellent work and that they never complained about the discomforts and hardships. "All the doctors with whom they worked spoke with enthusiasm about their work. All the Haitian doctors have been a credit to their country."

Last year was unusual in some respects and, as a result, the summer vacation was shortened. Notwithstanding that fact, however, two students of medicine and one of dentistry whose homes were in the vicinity of a Public Health Service Hospital, elected to forego their pleasures and, without remuneration, devoted practically their entire time in attendance upon the inmates of the institution. This information was submitted voluntarily by the Public Health Officer of the city. Regarding the two medical students, this officer writes: "They were present about every morning. Their help was a great benefit in the clinic, wards, and operating room. Their interest and enthusiasm in their profession show that the school is inspiring their students and making doctors." In regard to the dental student he states: "During the month of August he did 160 extractions. He is an enthusiastic, careful worker. His work during the summer shows that a dentist could be used at the hospital to a great advantage. If the Public Health Service is fortunate enough to employ this young man upon his graduation they will not make a mistake." Truly, with such men as these in charge of Public Health Service activities, Haiti cannot but go progressively forward.

Doctors in Haiti may be compared, in a way, to doctors aboard cruising vessels. Both are isolated to some extent. Isolation tends to provincialism and to make the individual regard his own methods as the best, whereas it is a well-known fact that travel generally broadens one's perspective. Contact with practitioners in other countries gives information as to their methods and procedures and is a powerful incentive to progress.

During the past three years, the Rockefeller Foundation has very generously assisted Haiti both in furnishing equipment for the medical school, and in granting Fellowships to certain members of the faculty to study abroad, in the United States or in Europe. In blazing a new trail the Foundation has rendered a great service to this country and the Haitian Government should continue this practice by allotting funds each year for additional Fellowships to students of recognized ability.

It has been stated by students who have attended more than one college, that no institution could take the place in their affections of the first college they attended. Recognizing the fact that nothing attracts students and develops self-reliance, manliness and school spirit quite as much as successful athletics, the Public Health Service has improved the field adjacent to the medical school to the end that it may be used for this purpose. It is a well-known fact that the mind works best in a healthy, well-groomed and physically fit body. A tennis court has been constructed. Another court, running track, fence, and equipment will be added and trees planted when funds become available.

Haitian Medical Society

Monthly meetings of the Haitian Medical Society were held during the year except in July, August and September. A special meeting was held on March 23rd with a large number of members from outlying towns attending. At this meeting Dr. Melhorn read a paper on The Future of Medicine and Surgery in Haiti. This paper will be found in another section of this report.

Interesting papers were presented at the meetings, among which may be mentioned one by Engineer J. Aubry on water purification in Port-au-Prince and Petionville by means of chlorination, one by Dr. Castera upon low transperitoneal caesarian section as performed at the Haitian General Hospital and one by Dr. Valmé upon pyelorodiography in conjunction with ureteral catheterization.

The Bulletin of the Society was published in April and in October.

Medical and Sanitation Congress

As announced in the Annual Report for 1928-1929, the first Sanitation Congress was held in Port-au-Prince on December 3rd and 4th, 1929. During this two-day meeting, at which all Assistant Public Health Officers and Chief Sanitary Inspectors were present, many sanitary problems were discussed. Unfortunately, political disturbances caused an interruption of the program and made necessary the immediate return of the personnel to their respective districts. The complete program is published with a notation at the point where adjournment took place. It is the policy of the Public Health Service to encourage meetings of the doctors and of the sanitation personnel. It is hoped that a biennial congress of each group can be held on alternate years.

Working in cooperation with the Public Health Service, the Haitian Medical Society arranges for, and plans each Medical Congress. Arrangements are under way to have the Fourth Medical Congress convene in the new Anatomy Building in Port-au-Prince, in April 1931.

The members of the Sanitation Congress are all employees of the Public Health Service which, therefore, makes all arrangements for these meetings. In detail the program was as follows:

FIRST ANNUAL CONGRESS ON SANITATION

December 3 and 4, 1929

OPENING: AUDITORIUM, ANATOMY BUILDING

TUESDAY, 3 DECEMBER, 1929

1. 8:00 A.M. Opening. Address by the President Dr. S. S. Cook, U. S. N.
2. Responsibility of a Public Health Officer Dr. K. C. Melhorn, U. S. N.
3. Legal Medicine and Vital Statistics Mr. F. Jean-Louis
4. Rehabilitation Work in the District of Jacmel After the Cyclone of August 10, 1928 Mr. O. Lamarque
5. Hygiene a Specialty of Medicine Dr. S. Rey
6. What a Sanitary Inspector Must Know in Order to Teach the Rural and Urban Populations Mr. Eugène Penette

7. The Rôle of the Sanitary Inspector in Society Dr. M. Perigord
8. The Rôle of the Street Inspector in Society Mr. J. Vivens
9. Rehabilitation Work in the District of Aux Cayes After the Cyclone of August 10, 1928 Mr. F. B. Dixon
10. My Most Difficult Problem in Sanitation; How I Solved It Mr. F. Brierre
11. My Most Difficult Problem in Sanitation; How I Solved It Dr. A. Sam
12. Finance Mr. E. F. Aron
13. Transportation Mr. O. Y. Kirkpatrick

Tuesday Afternoon

- 2:00 P.M. Visit to the pasteurizing plant and cafeteria of Damien.
- 3:00 P.M. Demonstration of dusting with Paris-green.
- 6:00 P.M. Reception to the members of the Congress and to their families by the Director General and Mrs. Melhorn at their home.
- 8:00 P.M. Moving pictures of Public Health Service activities at the Auditorium of the Anatomy Building of the Medical School.

WEDNESDAY, 4 DECEMBER, 1929

1. Construction of Roads and Drainage Comdr. G. A. Duncan. (CEC) U. S. N.
2. The Greatest Problem in Haiti Lies in the Field of Public Health Dr. L. Hudicourt
3. The Prophylaxis of Diseases Transmitted by Insect Vectors Dr. J. Dominique
4. Drainage of the "O'Shiell Habitation," Aux Cayes Mr. F. Gerdes
5. Reclamation Work in Marshes at Gonaives Mr. F. G. McGuire
6. The Sanitary Problem at Port-de-Paix Mr. A. Maximilien
7. Appreciation of the Population of Port-au-Prince for the Work Effected by the National Public Health Service Mr. A. Remy
8. Water Supply of the City of Cape-Haitien Dr. J. L. Shipley

ADJOURNMENT

9. Transportation and Supply Material Mr. M. Birtwistle
10. Supply Problems in the District of Aux Cayes Mr. M. C. Smith
11. Malaria Control Dr. S. S. Cook
12. Running of the New Meat Market of Saint-Marc Mr. M. Jean-Baptiste
13. Supplies Mr. R. W. James

Wednesday Afternoon

- 2:00 P.M. Visit to the Chlorinating Plant, Parc Communal, Garage, Supply Depot, Abattoir, Martissant and Health Center.
- 3:00 P.M. Mosquito demonstration at the Public Health Laboratory on adult mosquitoes and larvae.
- 8:00 P.M. Banquet at Sea-Side-Inn.

Health Education

Health, prosperity and education are intimately associated and may even be considered as complements of each other for, when one does not exist or is interfered with, the other two suffer. Thus, history indicates that prosperity and education were reduced to a very low ebb during the pandemics of plague; cities like Belgrade, which passed through long periods during the World War when it was almost impossible for the inhabitants to obtain food, witnessed a rise from about 300 to over 1,400 per 100,000 in the death rate from tuberculosis; and finally aboriginal or ignorant people accept as natural, living

conditions which people of education could not endure. Science has pointed out the way to alleviate much human suffering. Publicity in the form of newspaper and magazine articles, radio talks, lectures and educational courses in public schools, have assisted in the control of such scourges as diphtheria; small-pox and scarlet fever in other countries.

Illiteracy is still quite prevalent in the country districts of Haiti. For example, Dr. Webster questioned several thousand of people attending some of the rural clinics. Their statements were accepted without investigation. Of, 3,600 individuals questioned, about 6.5 per cent stated that they were able to read. Although articles on health subjects are printed in the local press and broadcast over the radio, it is believed that, with the percentage of rural illiteracy indicated above, the greatest hope for the dissemination of public health education among the masses is through the teaching of these subjects in the various schools. Adults do not change their habits as readily as children but the latter have a great influence upon their parents. It is recorded that children having attended a lecture in school have returned to their homes and by persistent efforts have persuaded their parents to adopt sanitary or health habits which they would not have accepted otherwise.

At the recent White House Conference on Child Health and Protection which was held in Washington, D. C., the standards adopted include the following services which every child should have the right to in his or her development and protection:

"1. Every child is entitled to be understood, and all dealing with him should be based on the fullest understanding of the child.

"2. Every prospective mother should have suitable information, medical supervision during the pre-natal period, competent care at confinement. Every mother should have post-natal medical supervision for herself and child.

"3. Every child should receive periodic health examinations before and during the school period, including adolescence, by the family physician, or the school or other public physician, and such examination by specialists and such hospital care as its special needs may require.

"4. Every child should have regular dental examination and care.

"5. Every child should have instruction in the schools in health and in safety from accidents, and every teacher should be trained in health programs.

"6. Every child should be protected from communicable diseases to which he might be exposed at home, in school or at play, and protected from impure milk and food.

"7. Every child should have proper sleeping rooms, diet, hours of sleep and play, and parents should receive expert information as to the needs of children of various ages as to these questions.

"8. Every child should attend a school which has proper seating, lighting, ventilation and sanitation. For younger children, kindergartens and nursery schools should be provided to supplement home care.

"9. The school should be so organized as to discover and develop the special abilities of each child, and should assist in vocational guidance; for children, like men, succeed by the use of their strongest qualities and special interests.

"10. Every child should have some form of religious, moral and character training.

"11. Every child has a right to a place to play, with adequate facilities therefor.

"12. With the expanding domain of the community's responsibilities for children, there should be proper provision for and supervision of recreation and entertainment.

"13. Every child should be protected against labor that stunts growth, either physical or mental; that limits education; that deprives children of the right of comradeship, of joy and play.

"14. Every child who is blind, deaf, crippled, or otherwise physically handicapped, should be given expert study and corrective treatment where there is the possibility of relief, and appropriate development or training. Children with subnormal or abnormal mental conditions should receive adequate study, protection, training and care. Where the child does not have these services, due to inadequate income of the family, then such services must be provided to him by the community. Obviously the primary necessity in protection and development of children where poverty is an element in the problem is an adequate standard of living and security for the family within such groups.

"15. Every waif and orphan in need must be supported.

"16. Every child is entitled to the feeling that he has a home. The extension of the services in the community should supplement and not supplant parents.

"17. Children who habitually fail to meet normal standards of human behavior should be provided special care under the guidance of the school, the community health or welfare center or other agency for continued supervision or, if necessary, control.

"18. The rural child should have as satisfactory schooling, health protection and welfare facilities as the city child.

"19. In order that these minimum protections of the health and welfare of children may be everywhere available, there should be a district, county or community organization for health education and welfare, with full-time officials, co-ordinating with a state-wide program which will be responsive to a nation-wide service of general information, statistics and scientific research. This would include:

(a) Trained, full-time public health officials with public health nurses, sanitary inspection and laboratory workers.

(b) Available hospital beds.

(c) Full-time public welfare services for the relief and aid of children in special need from poverty or misfortune, for the protection of children from abuse, neglect, exploitation or moral hazard.

(d) The development of voluntary organizations of children for purposes of instruction, health and recreation through private effort and benefaction. When possible, existing agencies should be co-ordinated."

Services connected with the Health Center

This important unit of the Public Health Service began to function as a health center in March 1928. The enormous amount of work performed and the popularity it has attained among the people of Port-au-Prince not only augurs well for the future but is conclusive proof of the need of similar institutions in the other centers of population. Its activities are indicated in extracts from the reports of Drs. Charmant and Roop which are given below:

Personnel.—The personnel consists of the following:

1 Medical Officer, U. S. Navy.

7 Haitian Physicians.

1 American Nurse.

3 Haitian Graduate Nurses.

1 Haitian Student Nurse.

1 Haitian clerk.

1 Haitian clerk (temporary).

1 Janitress.

1 Laundress.

The above personnel is sufficient to carry on present duties efficiently.

Examination of school children.—As reported last year, physical examinations, thick film blood smears for malaria parasites and microscopical examinations of the feces for parasites, are made of all the children attending both public and private schools in Port-au-Prince. A form is provided the School Physicians on which all physical defects are noted. The children are asked the name of their family physician, (if they have one) and a notation is made. If any disease of the heart or lungs is suspected or detected the child is referred to the Cardio-Pulmonary board which is composed of one Medical Officer, U. S. Navy, and two Commissioned Haitian Physicians for further study of their condition. If after examining the child and they deem it necessary, X-ray plates of the heart and lungs are made. The board submits a written report of the results of their examinations, with their recommendations to the Officer in charge of School Inspection. When all the data pertaining to the physical condition of the children examined has been obtained, a written report is made to their parents and their family physician (if they have one) with the request that the parents bring the children to the Clinic at the Health Center, where they, the children, are given necessary medical treatment. All recognized cases of pulmonary tuberculosis are removed from the schools, thereby reducing the danger of infecting other children and, if they do not have a family physician, they are given treatment and instruction in the ordinary rules of sanitation. Cases that should be hospitalized are advised to enter the Haitian General Hospital for further care, observation and treatment. Children having physical defects, who do not return to the Clinic after their parents have been notified, are contacted by a visiting Public Health Nurse, who ascertains if they are receiving treatment from a private physician and if not, advises the parent or guardian to bring the child to the Clinic. She is usually successful.

Vaccination.—All non immune school children were vaccinated against small-pox. Anti-typhoid vaccine was given to children who were willing to take it.

Lectures on Hygiene.—During the school period extending from October 1929 to June 1930, lectures on hygiene were given regularly by two doctors and a group of dentists of the Public Health Service who visited the schools in agreement with the Minister of Public Instruction and the Director of the Service Technique of Agriculture. The two doctors taught personal and general hygiene at Port-au-Prince and Petion-Ville in 38 secondary schools and 2 normal schools, making in all a total of 40 schools. During this period the two doctors gave 572 lectures to 6,300 pupils, girls and boys, aged mostly from 5 to 15, the general school enrollment in Port-au-Prince being about 12,000. They delivered at the Central School of Agriculture 5 lectures monthly; 8 lectures for the benefit of the instructors; wrote 17 bulletins, that were distributed in schools and private homes; and gave several talks for the radio.

General observations.—In consideration of the needs of the Haitian people, the doctors laid special stress upon the following three subjects, Individual cleanliness, alimentation and prophylaxis against contagious disease.

Method.—In order to simplify their teaching and make it attractive and efficacious, they combined several pedagogic procedures which were well adapted to the age and mental capacity of the different groups addressed. The above procedures consisted of the reading of bulletins or of some paper on hygiene, questions, blackboard drawing, arithmetical demonstration, images, drawings, inspection of pupils, and examples drawn from current life.

Bulletins.—They wrote 22 bulletins which form an interesting collection. Each is a condensed lesson in hygiene and elementary physiology. The choice of the subject matter has always been inspired by the needs of the people. One of them, styled "The Twelve Hygiene Commandments," is a subject specially welcomed by all school-masters. It is a résumé of the subject matter of a teaching program based upon facts. These bulletins have had a certain success in all classes of society.

Dental Clinic.—Dentists attached to the Health Center go to the schools, examine and chart the teeth of all the students. Any dental defects found are noted on the dental charts. Letters are written to the parents requesting that the child be taken to the family dentist (if they have one), and if not, that they bring the child to the dental clinic at the Health Center, where necessary dental treatment is administered. By making an examination of this kind, the teeth of all the students in the schools of Port-au-Prince are charted and a permanent record thus obtained. Dental treatment of all kinds is administered at this clinic except replacement of missing teeth.

Physical examinations.—

Number of pupils examined:

Boys	2,352
Girls	1,260
Total	3,612

Vaccinated against small-pox	2,167
Typhoid inoculations completed	2,183

Malaria smears:

Negative	3,535
Positive	77
Total	3,612

Feces:

Negative for intestinal parasites	3,023
Positive for intestinal parasites	589
Total	3,612

Tuberculosis suspects:

Cases referred to Cardio-Pulmonary Board	76
Sent to Haitian General Hospital for X-ray	3
Positive for pulmonary tuberculosis	3
Letters written to parents requesting them to bring the child to the Public Health Center for further examination	2,312
Pupils reporting	1,729

Report of Dental Department.—

School children examined:

In Dental Clinic at Public Health Center	1,293
In schools	1,863
Total	3,156
Extractions	850
Fillings	191
Treatments	1,014
Teeth cleaned (patients)	379
Lectures in schools	20

The Health Center

A portion of the building occupied by the Public Health Officer of Port-au-Prince is used as a Public Health Center, which is under the supervision of a medical officer of the U. S. Navy. To this clinic all children are referred, who have received letters from the Physicians making the physical examinations in the Schools of Port-au-Prince, for any medical or dental treatment that is deemed necessary. All children with tuberculosis are advised to report once a week, where a record is kept of their weight, temperature, pulse, etc. If they fail to report a visiting-nurse is sent to their home to ascertain if it is due to illness or neglect that the child has not reported to the clinic. Kahn tests are made and arsenicals are administered to the children if the results are positive. In May 1929, an American Nurse was employed and a pre-natal and post-partum clinic established in conjunction with the Haitian General Hospital. All pre-natal patients reporting to the Haitian General Hospital are examined by members of the Hospital Staff; all pathological conditions found are charted and the card is then forwarded to the Officer in charge of the Public Health Center, where the expectant mother is advised to report for future examination and treatment. If their cards show that the blood is positive, anti-luetic treatment is administered. If at any time any abnormal condition is detected which requires hospital treatment they are again referred to the Haitian General Hospital.

Post-partum clinic.—Kahn examinations are made with the blood of all mothers and babies delivered in the Haitian General Hospital. If the tests are positive, the mothers and babies are referred to the Clinic at the Health Center where three courses of eight intravenous injections each of neoarsphenamine are given to the mothers; and three courses of eight intramuscular injections each of sulpharsphenamine, to the babies. The babies are weighed monthly and a record kept of their weight. The mothers are instructed in the proper methods to use in bathing, clothing and caring for their babies. If the baby is not breast fed the mother is instructed in the proper methods of preparing the infant's food. All births reported to the "Etat-Civil" are investigated by a nurse and the mother is requested to report to the Health Center for examination of herself and infants. If physical defects are found, every effort is made to correct them.

Museum.—Two rooms are occupied by a health museum which is opened to the public during office hours. On display are the different anti-toxins, vaccines, syringes and needles for their administration, a model sanitary toilet, different species of flies and mosquitoes and different intestinal parasites. On the

walls are cards explaining the method of transmission of diseases by the fly and mosquito as well as the ordinary rules to be observed in the selection and preparation of foodstuffs, and in hygiene and sanitation.

Moving pictures.—During the year there has been shown in different sections of Port-au-Prince, and in towns and villages of the district of Port-au-Prince, moving pictures on sanitation, vaccination, visiting Public Health Nurse, etc., which were well attended and seemed to be appreciated by the public as indicated by the following table:

Places shown	Date	Estimated attendance
Port-au-Prince (Marché Salomon)	9- 1-30	4,000
Leogane	9- 8-30	1,500
Port-au-Prince (Marché Vallière) ..	9-15-30	4,500
Pétion-Ville	9-22-30	500
Port-au-Prince (Champ de Mars)	9-29-30	1,500

Red Cross.—We wish to express our appreciation for the aid and assistance rendered by the Haitian Chapter American Red Cross, to the Haitian and American ladies of Port-au-Prince and to the First Methodist Church of Annapolis, Md.

Domestic clinic.—On February 1, 1930, a clinic for the examination of domestics was opened at the Health Center. At this clinic any domestic applying will receive a complete physical examination which includes the following: Blood smears for malaria; Kahn test; blood counts; smears for venereal disease; X-ray of lungs, if tuberculous suspected; examination of feces for parasites; and administration of cow-pox and anti-typhoid vaccine. If physical defects are noted they are either corrected or the patient referred to the hospital. A certificate with a photograph of the person examined attached, and the seal of the Public Health Service stamped thereon, is issued free of charge to the person examined. This examination affords a reasonable opportunity for protection of both employer and employee against contracting contagious or infectious disease.

Travelling vaccination clinic.—During June 1930 a plan was instituted by this department to provide for the vaccination of non-immunes against small-pox. The method is as follows: Once a week Public Health doctors and nurses are sent to various districts in the city where they vaccinate all persons applying. Usually these vaccination clinics are held on the corner of a street, vacant lot or in a market. Experience has shown that this is the most practicable way of immunizing the greatest number of the inhabitants.

Laboratory.—A bacteriological laboratory, under the supervision of a Haitian physician trained in laboratory procedure, was opened at the Public Health Center on August 1, 1930. In this laboratory all specimens submitted by school inspectors, and the clinics at the Public Health Center, except blood for Kahn tests which are made at the Public Health Laboratory, Haitian General Hospital, are examined.

Social service.—On September 1, 1930, Miss Mercy Pidoux, a Haitian graduate nurse, after having spent a year in post-graduate work at the Teacher's

College, Columbia University, reported for duty at the Public Health Center as Social Service and Public Health Nurse. All cases reported to the Public Health Center by Public Health and private physicians are investigated by this department and upon completion of the investigation a detailed report of the findings is submitted to the physician requesting the investigation, for his guidance. Those who are unable to employ the services of a civil physician are visited and treated. Should the case be contagious or infectious, proper measures are taken to prevent contagion or infection spreading to members of the immediate family. Port-au-Prince being divided into sanitary districts, this department is making a health survey accordingly. Any patient found ill and not under the care of a physician is requested to report to the Public Health Center if physically able; if not, arrangements are made with the Haitian General Hospital for admission and treatment, provided the patient is willing to accept the treatment. Free transportation is furnished from their homes to the Haitian General Hospital. This department provides a follow-up system for ambulatory patients who fail to report to the Public Health Center or to the Haitian General Hospital for continuation of treatment. If they are found to be unable to return to either place due to physical condition, transportation is furnished as mentioned in the foregoing. Following recommendation of this department, a graduate nurse from the senior class at the Haitian General Hospital is regularly detailed monthly to the Public Health Center, for additional training in connection with Social Service nursing. This system is satisfactory in every respect.

Free milk for schools.—In conjunction with Service Technique the Health Center began serving milk free to ten children in the "Volmar-Laporte" school May 1, 1930. These children were given a complete physical examination, during school sessions, weighed and measured before the issuing of milk was started. Their weight and measurements were checked every two weeks. The same number of children of the same age and social standing were used as a control. They were weighed, measured and given a complete physical examination and their physical condition and weight checked every two weeks. As the school term ended July 1, 1930, the time was too short to draw any definite conclusion regarding the benefits to be derived from the issuing of free milk, except that the majority of the children increased in weight. This will be continued during the present school year.

Use of Halazone tablets.—Demonstrations of the efficacy of Halazone tablets in non-potable water were given in the schools during the year. Three sterile agar plates were shown to the students in the schools of Port-au-Prince to demonstrate that there were no colonies of bacteria on them. Non-potable water was then added to one plate, water treated with Halazone planted on the second while nothing was added to the third. The plates were again shown to the students and they were thus enabled to see that the colonies of bacteria growing on the plate to which non-potable water was added were much more numerous than on the plate to which water treated with Halazone had been

added while on the third plate practically no colonies were visible. A short lecture was then given to them on the use of Halazone in non-potable water, and that, if it is used, the danger of the individual contracting any gastro-intestinal disease is reduced to a minimum.

Maison Centrale, Asile Communal and Crèche.—The medical activities of the Maison Centrale, Asile Communal and the Crèche, were transferred from the Public Health Officer of Port-au-Prince, to the Public Health Center on September 1, 1930.

The statistics regarding the Public Health Center may be summarized as follows:

Pre-natal clinic:

New admissions	273
Number of treatments	1,014
Kahn tests	273
Positive	132 or 48%
Number of still births reported	4

Post-partum clinic:

New admissions (mothers)	357
Number of treatments	2,146
New admissions (infants)	353
Number of treatments	1,905
Kahn tests (infants)	353
Positive	196 or 58%
Intravenous injections of neoarsphenamine	4,634
Intramuscular injections of sulpharsphenamine	3,422

Physical examination of school children:

New cases	6,159
Old cases	3,684
Total	9,843

Tuberculosis clinic:

Number of patients treated on clinic days	325
Home visits by nurse	831

Domestic clinic:

Number of servants reporting for examination	146
Kahn tests	146
Positive	72 or 50%
Blood smears for malaria parasites	146
Positive	3
Examinations of feces for intestinal parasites	146
Positive	40
Smears for gonococci	146
Positive	3
Skin diseases	None
Pulmonary tuberculosis	2
Typhoid vaccinations	144
Photographs	146
Vaccinated against smallpox	140

Saturday clinic for school-children, children of pre-school age, and adult students:

Children 1-15 years	498
Adults	107
Total	605

Kahn tests children	498	
Positive	168	33%
Kahn tests adults	107	
Positive	64	60%
<i>Social Service Department:</i>		
Tuberculosis patients visited by nurse	4	
Number of visits, tuberculosis patients	93	
Investigation, home conditions, insane patients, Pont-Beudet	1	
Investigation, home conditions, tuberculosis patients in hospital	11	
Investigation, home conditions, lepers	1	
Investigation, home conditions, patients in hospital awaiting discharge	10	
Patients removed from Haitian General Hospital placed in the Asile Communal or Pont-Beudet	8	

District No. 13 was visited each morning by the Public Health Nurse. As a result, 48 patients reported at the Health Center for treatment and 2 were admitted to the Haitian General Hospital. Instructions regarding sanitation and personal hygiene are given to the families and neighbors of all patients suffering with tuberculosis. Lepers receive treatment at the Haitian General Hospital but are not necessarily admitted. These patients and members of their families are kept under close observation.

Recommendations.—

(1) That travelling units be organized and equipped to make examinations of blood smears for malaria parasites, specimens of feces for intestinal parasites; make complete physical examinations; and vaccinate all non immune school children against small-pox and typhoid fever thereby relieving the District Public Health Officers of this work.

(2) That lectures be delivered in all the schools of Haiti to the pupils and teachers on personal hygiene and sanitation.

(3) That Health Bulletins be distributed in all the schools of Haiti.

(4) That public playgrounds be established in different sections of Port-au-Prince giving the children a place for health building recreation and removing them from the streets, as the streets are the only places in which a majority of the children have to play at the present time.

(5) That over-crowding of the school-rooms be eliminated.

(6) That sufficient separate toilets be provided for both males and females.

(7) That sufficient yard space be provided at the schools, so that all the pupils may have recess during school hours for recreation.

(8) That lighting facilities in the majority of the school-rooms be improved.

(9) That food be furnished at a nominal charge, to those who are able to pay, and free to the pupils who are unable to pay for it in all the schools.

(10) That a clinic for apparently healthy babies be established.

(11) That a visiting-nurse be detailed to each sanitary district of Port-au-Prince.

(12) That a visiting public health nurse be detailed to each public health district in Haiti.

(13) That demonstrations be given in the bedside care of adults and children.

(14) That demonstrations in the selection and preparation of proper foodstuffs be given.

(15) That visits by the Public Health Nurse be made to the homes of every person reporting to the Public Health Center.

(16) That more Haitian Nurses be given post-graduate work in Public Health Nursing.

Assistance by Dental Faculty in School Inspection

Members of the faculty of the Dental School worked in collaboration with the staff of the Public Health Center during the scholastic year 1929-1930. They examined pupils in the various schools, gave lectures, and administered treatment at the Dental School Dispensary to those with dental defects who could not be accommodated at the Health Center. The following remarks and statistical data were abstracted from the report of Dr. Jules Thébaud, the Chief of the Dental School:

"During the past fifteen years, there has been organized in many countries, a preventive dentistry service or perhaps more properly speaking, a school dental hygiene service. This service has proved of such great value to the pupils, that it is now included in most educational programmes.

"If one considers the rapidity with which infections damage the dental structures of the child, weaken his resistance and interfere with the gradual development of his intellectual faculties, it will readily be appreciated why this endeavor has become so popular and has met with so much encouragement.

"To-day, especially in Germany and in the United States, one may find literally thousands of instances where the ordinary country schools are visited by dentists who either refer pupils with dental defects to their family dentist or treat without charge those unable to pay, at dispensaries. Our neighboring countries have progressed well in this respect and pupils in Cuba, Jamaica and Porto-Rico have the satisfaction of seeing their dental problem well taken care of.

"In Haiti, it has always been thought that the children had inherited excellent teeth from their ancestors and it has even been denied that a dental problem could exist among them. The people here, in this great century of progress, were quite convinced on this point, when the faculty of the new Department of Dental Surgery of the Medical School conceived the idea of establishing a dispensary to attend chiefly to the dental requirements of needy pupils.

"A survey was conducted in some of the schools in Port-au-Prince for a short time during July 1929 and in the report addressed to the Public Health Service, it was shown how alarming the situation had become, that is, 73 per cent of the scholars were found to be afflicted with paradental disease and 45 per cent were urgently in need of dental treatment.

"As early as September 1929, the Chief of the Dental School was directed to organize the School Dental Hygiene Service and to carefully attend to the application of all points of the dental programme, the details of which are as follows:

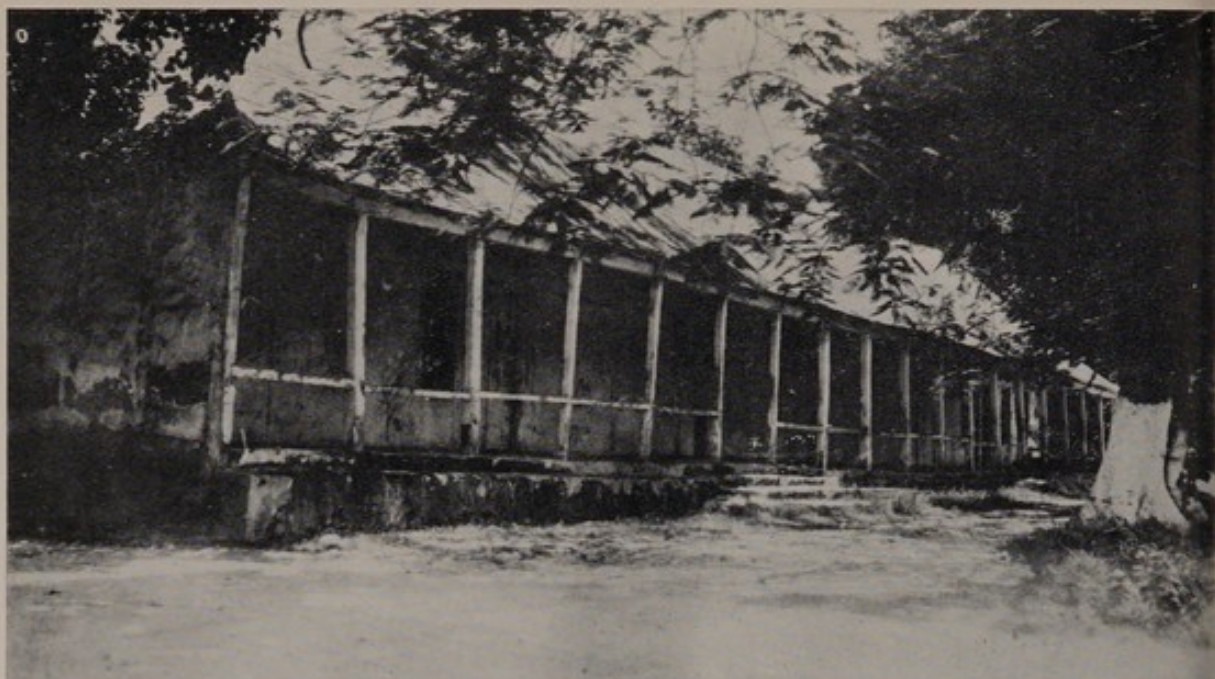
1. To examine, periodically, the teeth of all school children between the ages of 4 and 15 years, inclusive.
2. To disseminate knowledge on oral hygiene by means of explanatory talks, advice, and by the exhibition of moving pictures.
3. To address letters and reports to the parents of children having dental defects with the idea of instituting timely treatment.
4. To attend gratuitously to needy scholars at the dental dispensaries.
5. To note dental improvement by periodic examinations.



Old Storeroom, Haitian General Hospital, Port-au-Prince.



New Storeroom, Haitian General Hospital, Port-au-Prince.



Old Ward, Happily Now Existing in Memory Only, Haitian General Hospital, Port-au-Prince.



Modern Ward, Haitian General Hospital, Port-au-Prince.

6. To compile statistics in order to record the progress made, to note the frequency of parodontal disease, and to assure the continuance of oral prophylaxis.

"While the work was to include all children of school age without distinction as to social standing, it was decided to give more attention to the less fortunate. Children in the public schools in contradistinction to private schools would, therefore, be the only ones to receive free treatment.

"According to months and beginning on October 14, 1929, the following number of children attending 34 different schools were examined. It is estimated that there are between 10,000 and 12,000 children of school age in Port-au-Prince.

October	231	November	244
December	152	January	277
February	509	March	700
April	680	May	1,187
June	1,734	July	495

"A dental form containing a diagram was filled out for each child and a complete set of all papers relative to each institution was assembled and placed on file in the Dental School.

"Statistical data for the period October 14, 1929, to July 31, 1930, are as follows:

Schools visited	34
Number of school children examined	6,108
Number, oral condition poor	2,802
Number with perfect teeth	480
Caries in points and fissures (temporary teeth)	3,336
Caries in points and fissures (permanent teeth)	16,586
Caries with pathological pulps (temporary teeth)	346
Caries with pathological pulps (permanent teeth)	433
Deep caries (temporary teeth)	2,054
Deep caries (permanent teeth)	1,581
Roots diseased	940
Parodontal disease, abscesses, complications, etc.	302
Number with abnormal occlusion	640
Number using tooth-brushes	1,328
Number who never have used a tooth-brush	4,780
Number previously examined by a dentist	643
Number who had never been examined by a dentist	5,465

"From the above table it will be noted that only 450 or about 7 per cent of those examined possessed perfect teeth. This problem, however, concerns only young children among many of whom permanent teeth had not yet appeared. The remaining 5,658 children or the great majority had altogether the enormous total of 24,563 carious teeth of which 4,414 were in such condition as to require urgent and immediate treatment.

"This state of affairs clearly confirmed the results of the preliminary survey made a few months before. The more we visited the schools the more we were impressed with the serious and complicated dental problem which was revealed. Serious because of the damage caused by carious teeth, and complicated, because of the difficulties encountered in administering treatment to so great a number of patients. Undoubtedly similar conditions exist in the districts. No dentist is employed by the Public Health Service except in Port-au-Prince and Cape-Haitien.

"To state that the situation here is worse than elsewhere is not entirely correct without qualification. It should be mentioned that, in Haiti, certain factors are responsible for this state of affairs. The majority of the school children do not live in conformity with the rules of modern hygiene. Many suffer from malnutrition and are unacquainted with or neglect oral hygiene. Of the 6,108 school-children examined, 4,780 never had used a tooth-brush and 465 never had consulted a dentist.

"As a result of the efforts of the Dental School, 34 lectures were given to school-children during the past year, 1,129 needy pupils were treated at dispensaries, 977 families received reports detailing the dental defects of their children and outlining the treatment required, 120 tooth-brushes were given gratuitously and several articles relative to oral hygiene and dental prophylaxis were published by the Press of the Capital City.

"To judge from the results obtained in Port-au-Prince during the year, the School Dental Service may be considered as an endeavor that is essential to the welfare of the country. The results of this Service may be summarized in part as follows:

1. Through the work connected with inspection of the schools, it has associated the parents with a movement which will protect the lives and thereby further the education of the children.
2. It has corrected dental defects of many pupils.
3. Material has been used to teach dental students modern methods of oral and dental prophylaxis.

DIVISION OF HOSPITALS, DISPENSARIES AND RURAL CLINICS

This Division of the Public Health Service has cognizance of the maintenance and operation of the ten hospitals which are generally located in the largest cities and towns of the ten Public Health Districts of Haiti, and of the 146 rural clinics. The Administrator of each hospital who may also be the Public Health Officer of the District, is directly responsible for the upkeep and proper functioning of the hospital as well as of the rural dispensaries and rural clinics located in the district. Each hospital supports a dispensary where outpatients may receive treatment.

For the number of personnel on duty at each institution, new construction, improvements effected and a brief outline of the work conducted during the year, the reader is referred to the reports from each hospital which appear in this section.

The various hospitals are listed below together with the normal and maximum bed capacity admissions and total number of sick and subsistence days.

Place	Bed Capacity		Admissions	Total number sick days	Total number subsistence days
	Normal	Maximum			
Port-au-Prince	306	500	4,453	108,969	134,910
Cape-Haitian	246	350	2,268	67,134	87,393
Port-de-Paix	41	44	304	9,173	9,538
Gonaives	76	132	611	22,065	27,298
Saint-Marc	63	80	491	14,283	19,524
Hinche	80	100	771	22,022	26,737
Petit-Goâve	45	49	442	26,051	26,250
Jeremie	60	76	346	8,683	11,901
Jacmel	74	74	265	21,230	30,748
Aux Cayes	84	99	400	22,932	42,832
Total	1,075	1,504	10,351	322,542	417,131

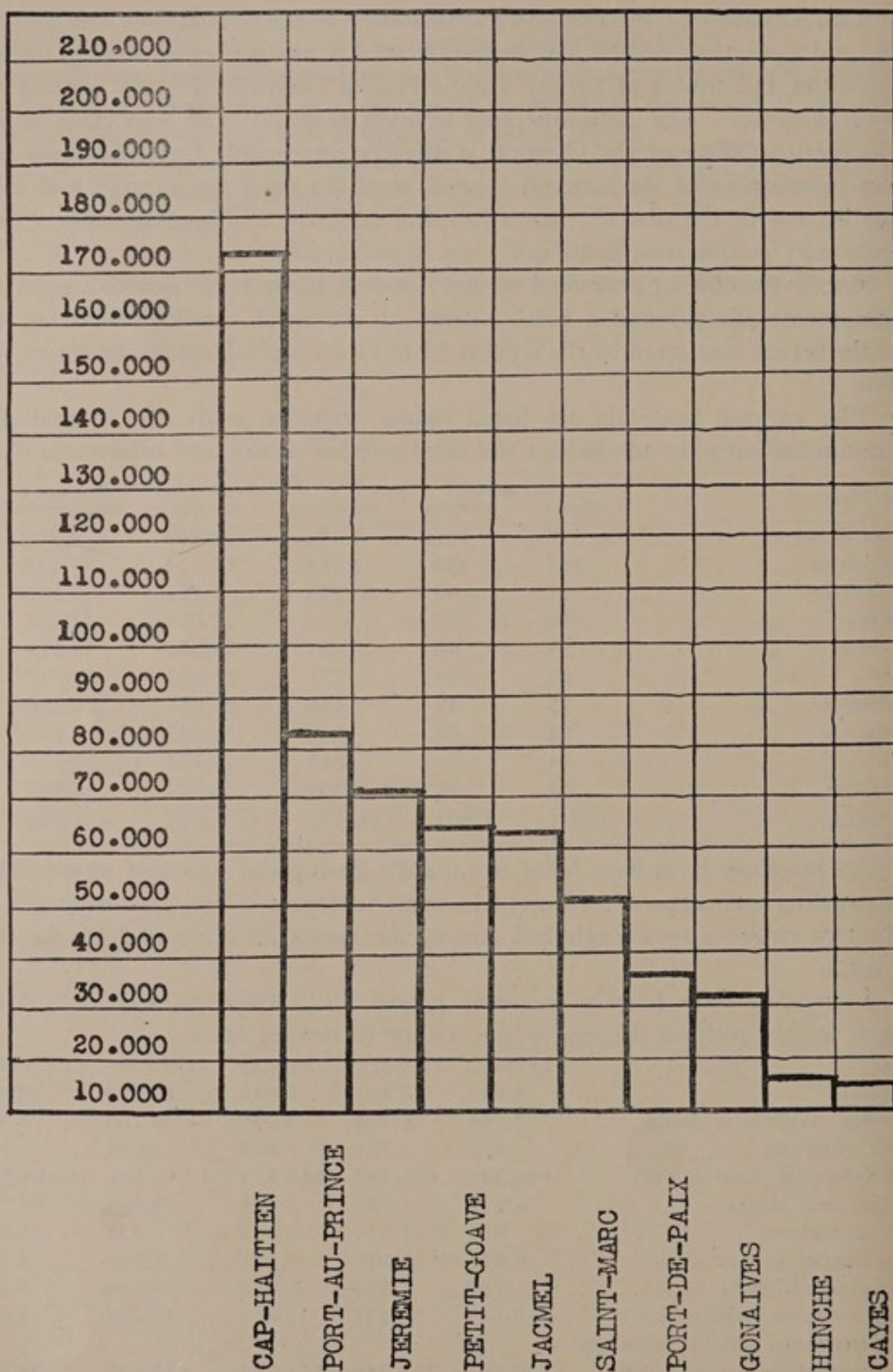
All hospitals have been filled to capacity during the year and unavoidable overcrowding has occurred at times. In some instances it has been necessary to assign two children to a single bed and to accommodate other patients on cots and mats.

Interesting data for the five-year period 1925-1926 to 1929-1930 are shown, for the purpose of comparison, in the following table:

	1925-26	1926-27	1927-28	1928-29	1929-30
Admissions	8,624	7,651	8,844	10,399	10,351
Discharges, exclusive of deaths	7,604	6,304	8,098	9,203	9,337
Deaths, Hospitals	677	776	847	1,018	897
Outpatients incl. rural clinics	446,235	673,389	866,673	1,341,596	1,196,956
Number rural clinics	1,921	2,759	3,738	15,487	17,244
Major operations	994	1,410	1,586	1,835	1,566
Minor operations	6,091	3,746	4,742	5,501	6,175
X-ray examinations	750	1,326	1,636	2,944	3,169
Wassermann's or Kahn tests	9,733	11,234	11,661	10,602	12,338
No. of treatments with Spirocide and injections for treponematoses	229,481	378,749	550,946	649,635	605,933

CHART No. 1

INJECTIONS FOR TREPONEMATOSIS—1929-1930



From these figures one may visualize a gradual increase in the demands made upon the Public Health Service. In three instances, however, a decrease will be noted during the last year. The reduction in the number of patients attending rural clinics, number of treatments and injections administered for treponematoses and in the number of major operations, as stated before, is probably due to a lower incidence of diseases and conditions among people living where hospitals and clinics are readily accessible.

Finance

During the fiscal year 1929-1930 and exclusive of the cost of transportation, a total of Gdes. 2,153,190 was expended for the maintenance of hospitals, dispensaries and rural clinics. Total reimbursements to these activities from patients, sale of supplies and other sources during the same period of time amounted to Gdes. 165,528 indicating that as a whole activities are approximately 8 per cent self supporting. Most of the income, however, was received by the two larger hospitals. The district of Port-au-Prince, which contains the Haitian General Hospital, was self supporting to the extent of 15.6 per cent, while the corresponding figure for the district of Cape-Haitian, in which the Justinian Hospital is located, was 12.8 per cent. With decreasing returns to the Haitian Government through reduction in total amounts received from import and export duties, taxes and other sources, it becomes more apparent each day that every effort must be bent toward the augmentation of reimbursements, if the work of this Service is to continue without curtailment.

X-Ray Equipment

There are three 5-inch 30 M.A., X-ray machines in operation distributed as follows: Port-au-Prince, Cape-Haitian and Jacmel. These machines have been in use for over ten years and are showing the effects of time and wear. A multitherm machine for the treatment of pre-cancerous and early malignant growths and a modern dark room with refrigerating cooling and drying apparatus has been added to the Haitian General Hospital and a shock-proof X-ray machine installed in the Dental School.

Operating facilities.—Each of the ten hospitals have modern operating rooms and are furnished with the equipment necessary for performing most major operations. Many difficult major operations have been performed during the year by both Haitian and American doctors at the Haitian General Hospital. This hospital and the Justinian Hospital at Cape-Haitian have special rooms for eye, ear, nose and throat and for obstetrical operations. New equipment is furnished and old equipment replaced as required and as funds permit.

Rural clinics.—In each of the ten public health districts rural clinics are held in accessible locations. These number 146 of which 62 are held in government-owned standard or modified standard rural dispensary buildings. Of the remainder, 34 are held in rented buildings and 50 in buildings loaned for this purpose.

At many of the dispensaries there are dressers trained in the diagnosis and treatment of the common diseases of Haiti. In addition to daily treatments by

CHART No. 2

NUMBER OF RURAL CLINICS BY DISTRICTS—1929-1930

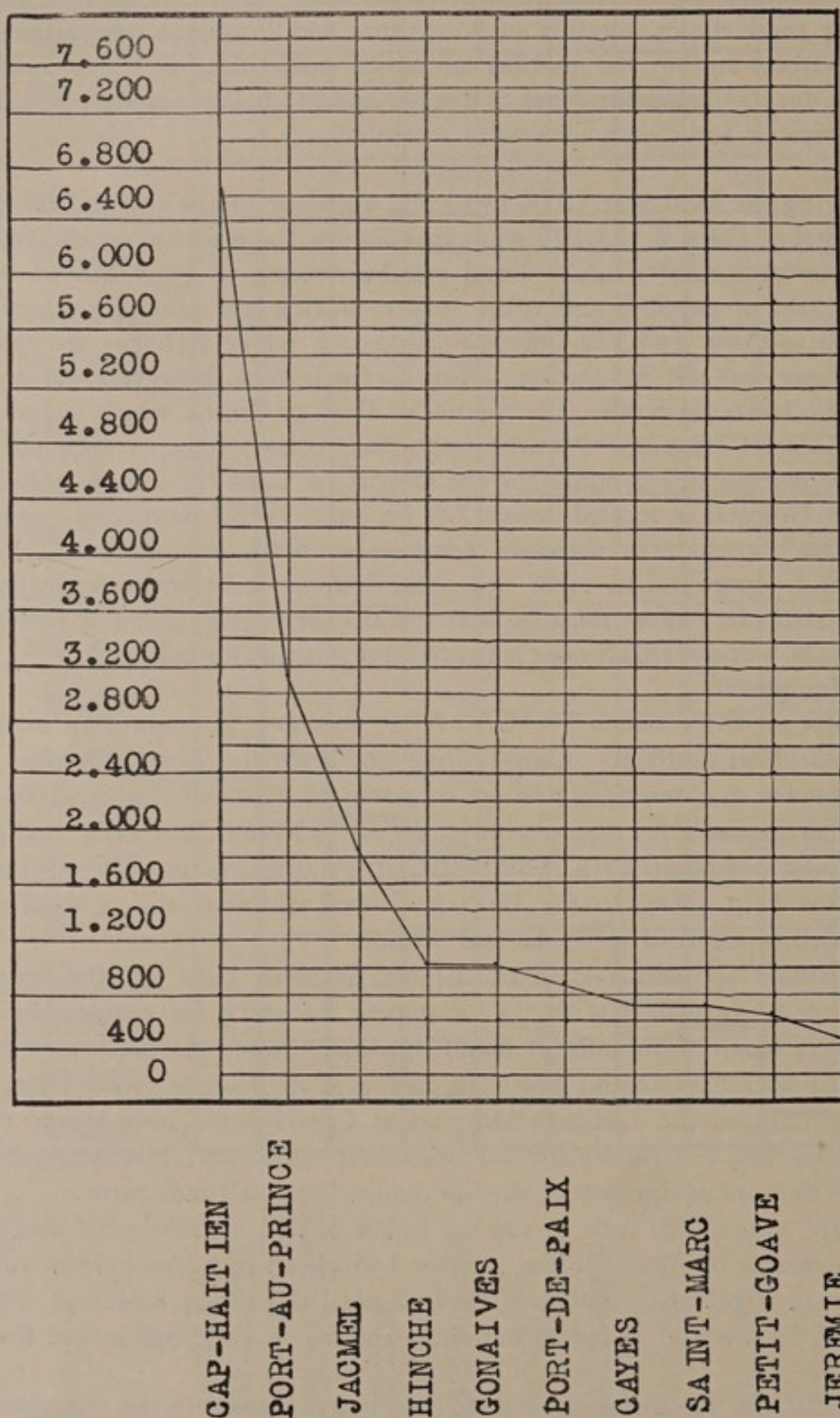
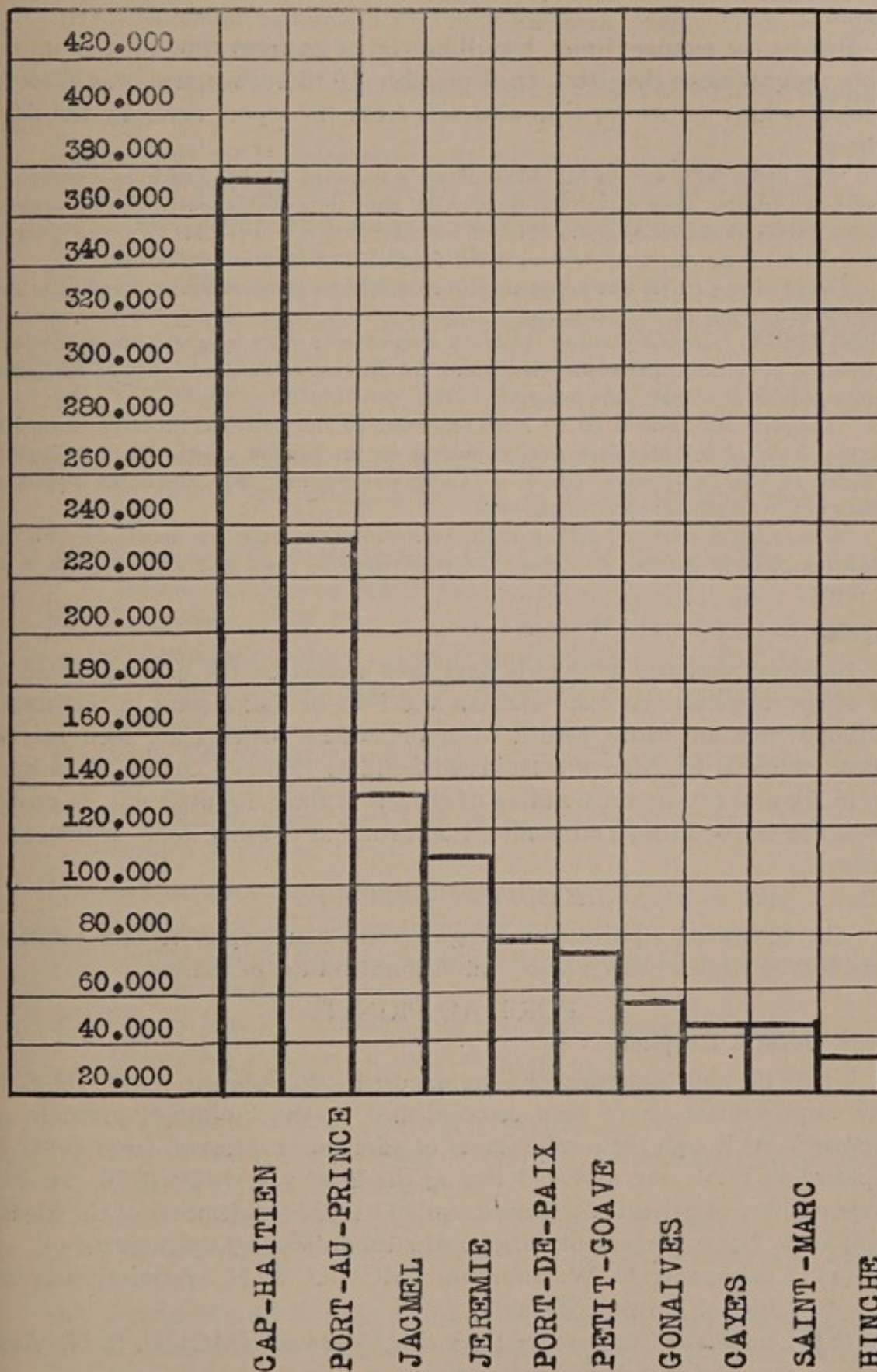


CHART No. 3

NUMBER OF PATIENTS INCLUDING RURAL CLINICS—1929-1930



the dressers, clinics are held by doctors on market days. Patients in need of hospitalization are taken to the district hospitals and after recovery, returned to homes.

Besides the regular clinics, travelling clinics go from time to time into the remote mountainous districts. In September 1930 such a trip was made the results of which are set forth in abstracts from the report made by the doctor in charge.

"The horses were sent to Mr. Mont Fleury's house on Rivière Froide on Sunday, September 21st. Leaving there Monday at 5:30 A.M. with three pack animals carrying drugs and food, we arrived at the house of the chief of Section Laval at 9:30 A.M. We were graciously received and his house, the usual two-room dirt floor caille, was turned over to us.

"Word of our arrival was passed along the trails and a lusty trumpeter sounded the conch telling the countryside on mountains and in hollows to come forth. Of the 429 who came, 254 had yaws and 155 intestinal parasites. Only 19 cases of early yaws were seen, the others having progressed to permanent defects. In other words, 54 per cent of them are partially disabled and thereby not fully fit to earn their living.

"The party left Laval at 10:30 A.M. September 23 and arrived at the house of the Chief of Section Berly at 2 P.M. Dark clouds appeared on the horizon shortly after our departure and within an hour heavy rain overtook us. Going was extremely hard, the horses slipping and stumbling in the mud and water of the trail.

"Due to heavy rains and difficult trails the attendance at Berly was small; only 66 treatments being given in our two days stay. Forty-two cases of yaws were seen of which 6 were early cases."

Chapels

Buildings designed as chapels have been erected on the grounds of all but four of the hospitals. At Cape-Haitian and Port-de-Paix rooms in the hospital building which are badly needed to accommodate patients are used for that purpose, while at St. Marc a delapidated building houses a chapel. It is hoped that, in the near future, the building of chapels at these hospitals will be possible with funds saved through economy in operation as is being done, at present, at Hinche.

HOSPITAL REPORTS

The following reports from hospitals are based upon reports submitted by the Public Health Officers or by the Administrators in charge:

PORT-AU-PRINCE

Haitian General Hospital

Under the able leadership of Commander L. W. Johnson, (MC) U. S. N., many improvements have been accomplished in the buildings, grounds and equipment. Although the total number of admissions increased from 4,432 for the preceding fiscal year to 4,453 during the fiscal year 1929-1930, the daily average number of patients decreased from 331 to 274. Members of the Medical Corps, U. S. Navy, performed duties under the following assignments:

- (a) Commander L. W. Johnson, (MC) U. S. N., Administrator and Chief of Surgical Service.
- (b) Lieutenant-Commander E. A. M. Gendreau, (MC) U. S. N., Assistant to Chief of Surgical Service.

- (c) Lieutenant-Commander G. B. McArthur, (MC) U. S. N., reported November 1st, 1929, and assigned to duty as Chief of Medical Service.
- (d) Lieutenant-Commander J. H. Chambers, (MC) U. S. N., Director of the Public Health Laboratory.
- (e) Lieutenant R. W. Hayworth, (MC) U. S. N., Chief of Radiological Service.

Members of the Hospital Corps, U. S. Navy, were distributed as follows:

- (a) Chief Pharmacist's Mate H. J. Smith, U. S. N., reported on April 15th, 1930, and assigned to duty as assistant to Administrator, Receiving and Disbursing Officer.
- (b) Chief Pharmacist's Mate A. W. Jones, U. S. N., reported on May 18, 1930, and assigned to duty as assistant to Director of Laboratory.

Transfers of Naval Personnel occurred as follows:

- (a) Lieutenant-Commander David Ferguson, (MC) U. S. N., detached from the Service, January 1930.
- (b) Lieutenant-Commander W. J. Pennell, (MC) U. S. N., transferred to Jacmel and assigned to duty as Public Health Officer, January 1930.
- (c) Lieutenant F. H. Webster, (MC) U. S. N., transferred to Hinche and assigned to duty as Public Health Officer, April 1930.
- (d) Lieutenant G. W. Cooper, (MC) U. S. N., transferred to Aux Cayes and assigned to duty as Public Health Officer, May 1930.
- (e) Chief Pharmacist's Mate J. R. Edelen, U. S. N., transferred to Jacmel, January 1930.
- (f) Chief Pharmacist's Mate C. F. Johnson, U. S. N., detached from the Service May 14, 1930.
- (g) Pharmacist's Mate 1st Cl. E. A. Kracke, U. S. N., detached from the Service April 2nd 1930.

Haitian Doctors attached to the hospital were assigned to duty as follows:

- (a) Doctor Léon Moïse, in charge of out-patients department.
- (b) Doctor Joseph Buteau, Assistant to Chief of Surgical Service. Chief of gynecological service.
- (c) Doctor Martial Bourand, returned from France and assigned to duty as assistant to Chief of Surgical Service.
- (d) Doctor Louis Hyppolite, returned from France and assigned to duty as Assistant to Chief of Medical Service.
- (e) Doctor Rulx Léon, returned from France and assigned to duty as Chief of Obstetrical Service.
- (f) Doctor Cicéron Valmé, Chief of Urological Service.
- (g) Doctor J. B. Saint-Cyr, in charge of rural clinics, District of Port-au-Prince.
- (h) Doctor Elie Sd. Villard, Chief of eye, nose, ear and throat department.
- (i) Doctor J. B. O. Durand, Assistant to Chief of Radiological Service.
- (j) Doctor Gustave Augustin, Assistant to Chief of Urologic Service.

- (k) Doctor Constant Hollant, Assistant to Chief of eye, ear, nose and throat department.
- (l) Doctor Constant Pierre-Louis, was graduated July 1930 and assigned to duty as Assistant to Chief of Medical Service.
- (m) Doctor Antoni Lévêque was graduated July 1930 and assigned to duty as Assistant to Chief of Surgical Service.
- (n) Doctor René Nicolas was graduated July 1930 and assigned to duty as Assistant to Chief of Obstetrical Service.
- (o) Doctor Claude Giordani was graduated July 1930 and assigned to duty as Assistant to Director of Laboratory.

Doctor Louverture Alcindor was transferred to Jacmel on April 16, and Doctor Joseph Rénélique, August 1, 1930. Doctor Georges Castera resigned July 24, and Doctor Hubert Montas, March 1, 1930.

The following Red Cross Nurses served on the hospital staff during the year:

Agnes Garner, Directress of Nurses.

Cora A. Brouillet, Instructress of probationers.

Mary F. Malley, Supervisor.

Miss Winifred Mo arrived November 14, 1929, but resigned and returned to the United States on June, 10, 1930.

Haitian Graduate Nurses.—

Total number of graduates.....	104
Graduated during past year.....	14
Died during past year.....	1
Registered for private duty.....	19
Employed by National Public Health Service.....	50
Employed at Brigade Field Hospital.....	2
Employed by Garde d'Haïti.....	2

During the past year the new positions opening for graduate nurses have been as follows: (1) 2 nurses to the Jacmel hospital; (2) 1 nurse to the Gonaïves hospital; (3) 2 nurses to the Justinien Hospital, Cape-Haitian; (4) 1 nurse to the Public Health Clinic, Port-au-Prince. Owing to depressed financial condition of this country, the graduate nurses are having a hard time finding enough work. There are more nurses registered for private duty than there have been for some time, and there is very little private duty nursing outside of the hospital. The consequence is that most of the private duty nurses wish permanent employment.

In October 1929, two graduate nurses started the course in midwifery. One of these was dismissed in December, as her work had been very poor, but the other successfully completed her year in the Medical School, and in the Maternity ward of the hospital. This year we have had six applicants for this course, and it will probably be necessary to restrict the number admitted, as the Maternity ward has very limited space.

An efficiency report for graduate nurses employed in the Public Health Service is now in use, and made out every quarter by the Public Health Officer in charge of each district. This report covers the following points: Professional interest, executive ability, accuracy, initiative, industry, adaptability, care of patients, conduct, subordination, courtesy, neatness of person and dress, and health. This will affect any questions of raise in salary, or re-employment and may correct, to some extent, the tendency of the graduate nurses to become careless in their work and appearance when they leave the supervision of the training school.

Pupil Nurses.—

Under instruction	31
Applications received during past year	78
Applications accepted	35
Probationers entered	27
Dismissed from school	8
Resigned	1
Probationers accepted for October 1930	6

It is gratifying to be able to call attention to the increased number of applicants for entrance to the training school. In the past it has been necessary to accept some girls of mediocre ability and intelligence, because we needed nurses. Now, owing to the wider choice of students, we hope to be able to pick those more suited to the work who will later be a credit to the school and to their profession. As there have been more eligibles than vacancies, it was necessary to hold a competitive examination for entrance to the class beginning in October.

Beginning with the class which entered last October the course of training has been lengthened to two years and six months. The special duties for pupil nurses have increased and the time allotted did not always permit of a thorough training in each department. Eye, ear, nose and throat service and Public Health work have been added to their course within the past three years.

On November 13th, 1929, there was an attempted strike among the pupil nurses, one of whom was disciplined for lack of respect and insolence by being suspended from the school for two weeks. The rest of the pupils went to the Central Office to protest against this punishment. Upon being assured that the nurse would be allowed to return to the school and finish her training, they returned to their duties at the hospital.

On August 11, 1930, the class of junior pupils protested to the hospital administration in regard to a notice posted requiring bedpans to be cleaned by the nurses. Refusing to carry out this order, 19 nurses applied to the Director General for a change in regulation. All were back on duty the next day with the exception of 5, who carried their grievances to the newspapers. These five pupils returned to the school at the end of eight days, at their own request.

Graduation exercises took place on the 27th of March, in the Auditorium of the National School of Medicine. It was, as usual, a very attractive ceremony, and a class of 14 nurses received their diplomas. The Aliance Française renewed their precedent of the year before and gave a handsome book to the nurse with

the highest grade in theoretical work. This year the winner was Miss Christianne Bien-Aimé whose average for class-work was 97½ per cent.

Sisters.—

In October 1929, Sister Arianne was relieved of her duties after 15 years of service and retired to Petionville to enjoy a well-merited rest.

Sister Anna de Saint-Paul relieved Sister Lucius in the children's ward. This service requires much devotion and assiduity in addition to the care given by the doctor and nurse.

The other sisters, always constant in their posts, do their best to procure to the patients as much comfort as possible and to contribute to the good progress of the different services where they are working.

On November 1, 1929, by decision of the Archbishop, Rev. Père Louis Duclos was appointed resident Chaplain to the Haitian General Hospital. Spiritual needs requiring a priest to be readily available to the patients day and night, laid too heavy a duty upon the priests from the Seminary School. It is regretted they left the hospital where they showed their devotion to the patients since the beginning of their work in the institution.

A residence is being built within the hospital grounds, adjacent to the chapel, for the priest attached to the hospital. It was hoped to have this building completed and occupied before October first, but shortage of funds made it necessary to discontinue all construction work for some time. The building will probably be ready for use by January 1, 1931. It is being paid for out of the income of the Hospital and had cost, up to October 1, 1930, Gdes. 8,763.00.

The administrator of the hospital is glad to take this opportunity to acknowledge our indebtedness to the Sisters. Always capable and willing, seldom sick, never leaving their posts without proper authority, asking little in return for their valuable services, they are the main spring of the institution.

Finances.—

During the fiscal year 1929-1930 a total of Gdes. 471,996.46 was expended under Article 331—Hospitals—an average of Gdes. 39,333,038 per month.

During this period our allotments amounted to Gdes. 373,508.50; and our revenue from the private ward, private consultations, private operations, etc. amounted to Gdes. 97,091.26. With the balance carried over from the fiscal year 1928-1929, Gdes. 3,772.73 and Gdes. 378.50 received in the form of reimbursements of money overdrawn, the total revenue of this hospital amounted to Gdes. 474,750.99. The balance on hand, under Article 331, at the end of the fiscal year 1929-1930, amounted to Gdes. 2,754.53. A total of Gdes. 141,204.38 was received from the National Public Health Service during this fiscal year in the form of medical supplies, equipment, transportation, etc. Of this amount, Gdes. 18,149.76 represented transportation, automobile accessories, etc., including kerosene used at the hospital. The greater part of the total expenditures represented salaries, wages, food and provisions; Gdes. 327,663.77 having been expended for salaries and wages; and Gdes. 90,022.15 having been expended for food and provisions.

During the fiscal year 1929-1930, under Article 341—Training School for Nurses—a total of Gdes. 72,029.64 was expended; an average of Gdes. 6,002.47 per month. Allotments received under this Article totaled 72,000 gourdes, which with Gdes. 30.00 received in the form of a reimbursement of money overdrawn, make a total of Gdes. 72,030.00. The greater part of this expenditure represented salaries and wages, a total of 55,901.92 gourdes having been expended for these. The balance on hand, under Article 341, at the end of the fiscal year 1929-1930, amounted to Gde. 0.36.

Despite the stringent financial conditions in Haiti, our income from the private ward and from private consultations continues to show a gratifying increase. The accompanying table indicates the amount and the rate of increase for the past five years:

Fiscal year	Reimbursements		Increase over previous year
	Av. per month	Total per year	
1925-1926.....	3,398.67	40,784.06	11,913.71
1926-1927.....	3,796.23	45,554.74	4,770.68
1927-1928.....	4,007.60	48,091.47	2,536.73
1928-1929.....	5,617.65	67,411.80	19,320.33
1929-1930.....	8,090.93	97,091.26	29,679.46

At the same time our allotment from the National Public Health Service was reduced from an average of Gdes. 38,416.34 per month during 1928-1929 to an average of 31,125.71 gourdes per month during the last fiscal year. The average monthly income from allotment and earned income combined was Gdes. 44,033.99 during 1928-1929 and Gdes. 39,216.65 during 1929-1930 a decrease of Gdes. 4,817.34 per month.

We have adjusted ourselves to this curtailment of income by strict economy in every department and reduction of every possible sort in expenditures. No reduction in salaries of the staff, quality of food for patients or necessary medical supplies, has been necessary. We have made every effort to increase the income of the hospital and have enjoyed most satisfactory cooperation from all departments in this respect. We have endeavored to become more nearly self-supporting and will continue our efforts in this direction.

Garde d'Haïti Hospital Corpsmen.—

This is the second year during which we have had men of the hospital corps of the Garde d'Haïti in our hospital for training. It continues to work advantageously both for the Garde and for the Hospital. During the disturbances of last August, when several of our nurses were absent without leave, Commander J. C. Parham, Director of the Medical Service, Garde d'Haïti, sent us a number of his men of the hospital corps to take their places. By this active cooperation and prompt support we were able to provide care for all our patients without interruption.

Rural Clinics.—

For some time we have had in mind the idea of asking the patients who attend the rural clinics to contribute toward their cost. Last year 1,052 rural

clinics were held in the Port-au-Prince district, which is served by this hospital. There were 95,604 patients at these clinics. The cost of these rural clinics for the year was approximately Gdes. 52,537.85 or Gde. 0,549 per treatment. If each patient could pay one cent for this treatment it would increase our slender revenue by nearly a thousand dollars during the year. Also free treatment for all cannot be continued indefinitely.

This year the experiment was tried. Patients who could do so were asked to pay one or two cents for their treatment. After a month it was discontinued because it was found that the collections were too small to justify the work of receiving and accounting for them. The very poorest people, whom the rural clinics are intended especially to reach, stayed away out of shame because they were unable to contribute even one cent. Evidently need for free rural clinics is not greatly reduced.

Private Ward.—

In the private ward, there are five rooms, each with two beds and each extending the full width of the building. As an experiment, one of the end rooms was divided into two by a wooden partition. In each room were installed a wash basin, locker, electric fan, etc. A charge of \$5.00 a day was made for these rooms instead of \$4.00 a day in the two-bed rooms. In spite of the higher price, the individual rooms were in such great demand that the other end room was similarly divided. The private rooms for maternity cases are gradually becoming more popular. Syrians and Haitians, as well as Americans are coming to appreciate the comfort and security afforded by our maternity service.

Friends of the hospital have continued to be most generous in their donations during the year. Mr. F. C. Baker, local representative of the U. S. Department of Agriculture, has sent us, on many occasions, large quantities of bananas, potatoes, coconuts, petit maïs, beans and other vegetables. Mr. Alfred Vieux of Habitation Prince, sent us a ton of sweet potatoes. For use in the private ward, Mrs. Thébaud gave two rugs; Commander J. C. Parham, (MC) U. S. Navy, gave four mahogany tables. Donations of books for the private ward library were received from Mrs. Ralph Barnes, Bishop Carson, Commander Parham and others. To all those who have remembered us so generously, we desire to express our thanks and appreciation.

Out-patient dispensary.—

The out-patient dispensary is second only to the hospital wards in importance since 300 to 900 patients come here for treatment each day. The proper organization and control of this work has always been a difficult problem. Dr. Léon Moïse, our most experienced surgeon, was placed in charge of the out-patient dispensary on October 1, 1929, and has been most successful in this work. Since Dr. Moïse took charge of the dispensary it has ceased to be a source of constant worry to the administrator. The total of attendance at the dispensary for the fiscal year was 121,653, or an average of 338 persons per day.

Water supply.—

The water supply continues to be a difficult problem. There is seldom enough pressure to furnish water for the laboratory or for the second floor for any building. Constant supervision has reduced our consumption of water but there is a certain minimum below which a hospital cannot go without creating unsanitary and dangerous conditions. Lack of funds has prevented us from installing the modern type of tank toilet throughout the hospital, as we had hoped to do before now. Those which were provided for the men's medical ward over a year ago continue to work satisfactorily and are most economical in the use of water. The water consumption of the hospital will be reduced more than one-half when the present toilets are replaced by the modern type.

X-ray Department.—

During the past year the X-ray Department has been installed in new quarters which are now adequate in space and arrangement for its proper functioning. The darkroom has been completely furnished with new and modern equipment consisting of a cooling unit, developing and washing tank with temperature control, film dryer and darkroom ventilator, together with modern accessories. The X-ray machine is the same 5"-30 M. A. unit that has been used for several years. It is now being operated on a separate 220-volt current which has been installed during the year.

The fluoroscopic room has been equipped with an exhaust ventilation system which adds considerably to the comfort of the patient and operator. A high frequency machine with cutting current which does the work of a knife has been purchased and installed for removal of early cancerous growths and precancerous conditions. It fills a long felt need. A small infra-red lamp has also been added to the equipment. A fireproof storeroom was completed and placed in use during the year where films and supplies can be properly stored and guarded.

One other item of equipment added during the year has filled an urgent need, namely a portable bedside unit. As a result of the widely separated wards, all of one-story construction, it was next to impossible to transport many cases which needed radiographic work to the X-ray Department. The purchase of this equipment has made it possible for radiographs to be taken in all the wards and has added materially to the efficiency of the department. The greatest help has been in the study of fractures, of which there has been practically every variety during the year.

The further purchase of needed equipment has been impracticable due to the lack of funds. However the changes noted above have made possible much improvement in the character and diagnostic value of the radiographs taken, besides, adding greatly to the facilities for increased quantity of work.

A few observations are considered worthy of note, even though no explanation is given, namely: the clearness or lack of markings seen in a normal radiograph of the chest of the Haitian. This may be accounted for by the absence

of smoke and by-products of manufacture which are constantly taken into the lungs of those residing in the United States and other countries and which act as low-grade irritants.

Metastases from malignant growths are seen rarely as compared with malignancies of similar type, size and duration in the United States. Bone sarcomas, however, conform more closely as regards metastases, to those seen in other countries. There appears to be a more prolonged course to the average malignancy seen in Haiti even though sections taken at biopsy or autopsy and examined microscopically show a tumor of a very malignant type. It is regrettable that no X-ray equipment or radium is available for the treatment of these conditions in this country. Observations regarding tuberculosis are given under that subtitle in the section on "Communicable Diseases."

New construction.—

Because of the stringent times in Haiti and the reduction in our allowance, it has been necessary to postpone our more ambitious projects and limit ourselves to small things.

The workshops have been floored with concrete and enclosed with wire mesh to protect the machinery and stores. An electric saw and a planer have been installed, also two electric drills, making it possible to accomplish more work with fewer employees. In wards (3) and (4), the wooden posts and balusters of the gallery have been replaced by concrete posts with gas-pipe rails. This replacement of wood with concrete is now completed except the private ward, which will be done by our own force of laborers. The galleries of the maternity ward and of the Sister's home are so rotted as to be unsafe, but replacement by concrete of these two-story galleries is an expensive matter and must wait until we can get a special credit from the government. A concrete wall has been built around the new property on the south-west corner. It will be completed by an iron grill when money is available. A paved road has been built to connect the pupil nurses' home with the administration building. As a part of this work, three of the most objectionable surface drains were put underground. This has made a very great improvement in the appearance of our grounds.

The old morgue has been made over into an X-ray room and the apparatus has been installed there. The old X-ray and dark rooms have been painted white and opened into the operating room suite. We are thus provided with a second operating room which fills a very great need. New toilet buildings are needed for wards (1) and (2). The walls of the present toilets are rapidly crumbling and they will not last long. They are 20 yards from the wards, so in rainy weather and at night, the patients will not go out to the toilets. Thus it is almost impossible to keep the wards and their surroundings clean. We plan to build the new toilets close to the wards and connected by a covered way so that they will be more generally used. It is estimated that these toilets will cost \$300.00 for each ward.



Nurses Home, Haitian General Hospital, Port-au-Prince, After Replacement of Wooden Gallery with Concrete.



Laboratory, Haitian General Hospital, Port-au-Prince, After Replacement of Wooden Gallery with Concrete.



New Kitchen, Haitian General Hospital, Port-au-Prince.



*New Diet Kitchen for Private Ward, Haitian General Hospital,
Port-au-Prince.*

A new residence for the American Red Cross Nurses was selected and they moved in on July 1, 1930. It is on Haut Turgeau, a much better house than they formerly occupied and in a better location. The rent is \$20.00 a month less than we formerly paid.

Urgent needs.—

In order of their importance, the urgent needs of the hospital are as follows:

- (a) Replacement of rotted wooden galleries with concrete in the maternity ward and Sisters' home.
- (b) New toilets for wards I and II.
- (c) Replacement of all siphon toilets with modern tank-type toilets to reduce waste of water.

Comment by Dr. L. W. Johnson, U. S. N., Administrator.—

This is the last annual report that I shall write, so it seems fitting for me to comment on the changes that I have observed during my two and a half years in Haiti.

The most striking thing to me, is the change in the quality of work done by the Haitian doctors and their sense of responsibility toward their patients. A great deal of improvement in this respect has been due to the return of those professors in the Medical School who have enjoyed two years of study abroad through the generosity of the Rockefeller Foundation. But even before their return a definite improvement was noted and there is now little left to be desired in this respect. Several incidents have occurred in recent months to test the quality of the Haitian doctors and it has been most gratifying to observe their response.

Under Lieutenant-Commander E. A. M. Gendreau, the treatment of fractures has been greatly improved and modernized. Suspension, skeletal traction, skillful surgery and the proper use of plaster splints have greatly improved the results in our fracture cases. In this small hospital we have had eleven fracture patients suspended in Balkan frames at one time.

The X-ray Department, under Lieutenant Roy W. Hayworth, has developed greatly and proved of the greatest usefulness. At the time I arrived, one could never be sure of getting a radiograph of a hand clear enough to show a fracture. Now this one of the most competent and dependable departments of the hospital.

One of the most pleasing developments has been the improvement in each class of men that we receive yearly from the Medical School as internes. Each year the internes show better training, more enthusiasm in their work and a finer spirit than the preceding class. It would be hard to find better men anywhere than those who have just completed their course and been graduated. It is a pleasure to pay tribute to Dr. Dominique, Dean of the Medical School, and his staff of teachers for their excellent work in turning out such men.

This year there were five internes who completed the course and were graduated. Ten men finished their course at the Medical School and commenced

their work as internes. Of the five who graduated, three were employed on the staff of the hospital. They were Dr. Antoni Lévêque, surgery; Dr. Constant Pierre-Louis, medicine; and Dr. René Nicolas, obstetrics.

HOSPITAL STATISTICS

	<i>Fiscal Year</i> 1928-1929	<i>Fiscal Year</i> 1929-1930
<i>Hospital and Out-patient Department—</i>		
Average number of patients per day	331.1	273.66
Total number of admissions	4,432	4,453
Total number of births	432	456
Total number of out-patients	133,111	121,653
Daily average of out-patients	369.7	337.9
Total number of patients discharged as cured	3,616	3,432
Total number of discharges, improved	360	356
Total number of deaths	502	473
Total number of autopsies performed	397	456
Total number of major operations	1,194	1,008
Total number of minor operations	2,121	2,398
Total number of neo-arsphenamine injections	19,578	11,858
Total number of mercury injections	3,345	2,459
Total number of sulpharsphenamine injections	10,585	502
Total number of bismuth injections	6,456	12,680
Total number of chaulmesterol injections	672	609
Total number of X-ray examinations	2,400	2,517
Total number of vaccinations	412	29
<i>Dental Department—</i>		
Total number of treatments and extractions	3,016	2,166
<i>Rural Clinics—</i>		
Total number of consultations and treatments	101,686	95,604
Total number of clinics held	1,144	1,052
Average of consultations and treatment per month	8,475.8	7,967
Average of consultations and treatments per clinics	88.9	90.8
Total number of bismuth injections	28,436	39,751
Total number of dressings	18,141	20,394
Total number of dental treatments	645	506
<i>Bed capacity—</i>		
The bed capacity of the hospital is as follows:		
(a) Surgical Ward, number of beds		65
(b) Medical Wards, number of beds		73
(c) Obstetrical Ward, number of beds		34
(d) Urological wards		68
(e) Children's ward, number of beds		24
(f) Isolation wards, number of beds		30
(g) Private ward, number of beds		12
Total number of beds		306

The following remarks and observations regarding the insane were made by Captain K. C. Melhorn, (MC) U. S. Navy:

Pont Beudet, Isolation Camp for the Insane

"Previous to the establishment of institutions, the fortunes of the insane vacillated between the adoration usually accorded only to saints and the severest forms of cruelty. At one time they were deemed the special wards of the Almighty. They then received the greatest consideration of the people.

"On the other hand, insanity was oftentimes thought to be an evidence of the presence of the devil. The one so possessed must have been guilty of more than an ordinary heinous offense at some time in his career; hence his condition was a just punishment sent from an offended Creator.

"Again, for a long period of years, the insane were treated as if they were wild animals. They continued thus to run at large until the middle of the fifth century, when some monks at Jerusalem opened their holy house for the reception of these truly unfortunate and pitiable people. This was the earliest recorded asylum for the insane.

"In the seventh century the insane colony at Cheel, Belgium, was opened. In the 14th century the first insane asylum in Southern Europe was opened at Valencia, Spain. The famous Bethlehem asylum, or Bedlam, was opened for the reception of patients in the year 1547.

"The first institution which set apart a portion of its hospital for the insane in the United States was the Pennsylvania Hospital, Philadelphia, Pa., which opened its doors to these suffering citizens in the year 1753.

"The first official notice that Haiti took of the care of insane patients was the passage of President Nord-Alexis's law for the insane, establishing a leper asylum. Due to lack of funds, however, the insane were kept confined in prison cells until the insane camp at Pont Beudet was established by the Gendarmerie a few years ago, in order to concentrate this group of patients whose only care had been delegated to the police.

"Less than a year ago the care of insane was transferred to the Public Health Service as an administrative measure, and now for the first time in history, the Republic of Haiti has taken paternal cognizance of a large group of unfortunate citizens who are more sick than criminal, more sinned against than sinning.

"It must be borne in mind that "insanity" is not a medical, but a legal term, designating certain persons who have been examined in court and found incapable of managing themselves or their property because of mental disorder. There are more people suffering from mental disorder outside the hospitals than in them all together.

"In the beginning, institutions for the insane were simply places for custodial care, places where those whose mental conditions unfitted them for community life, might be kept. Through the years there began gradually to develop the idea that the mentally afflicted were ill—just as truly ill as those who suffered physical disease only; that they required just as scientific medical care and just as thoughtful nursing as patients in other hospitals.

"One can scarcely visualize the extent of the problem. In countries that have given great attention to this matter, beds in hospitals for the mentally-disordered outnumber the beds in all other hospitals together, including those for tuberculous patients.

"Today interest is particularly directed toward the delinquent. Adequate facilities of a special nature must be provided for that type of delinquent who, though defective mentally, is neither insane or feeble-minded. For his care and treatment particular facilities should be provided aside from the penal institutions. Haiti has provided the Maison Centrale for youthful delinquents, in addition to which the Camp for Boys had been organized at Pont Beudet. In the latter institution the boys have a little democratic community of their own, and they are taught honor and obedience to the established order, as well as the honor of manual work.

"The economic loss to the Nation as a result of inadequate care for mental patients is great for these people may be considered as potentially belonging to the class of producers and tax-payers, the bone and sinew of the State. Humanity demands that as many patients as possible be cured. The community demands that its lost members be restored to their proper stations as speedily as possible. The Republic demands that her citizens shall be returned with renewed health, strength and vigor."

Personnel.—The personnel of the Isolation Camp for Insane consists of the following:

- 1 Medical Officer, U. S. N. (Administrator)
- 1 Chief Pharmacist's Mate, U. S. F. N. R. (Assistant to Administrator)
- 5 Medical attendants, male
- 5 Guards
- 4 Attendants for insane, female
- 1 Seamstress
- 1 Carpenter
- 1 Gardener
- 2 Cooks
- 1 Chief clerk
- 1 Mechanic
- 1 Chauffeur

Grounds.—The Camp, approximately 14 acres, is fenced with wire and topped with three strands of barbed wire. About five acres are under cultivation, and worked by the juveniles and insane. It produces bananas, plantains, papayas, feterita, sweet potatoes and a variety of vegetables. An additional two-acre plot is being cleared preparatory to planting sweet potatoes during the month of October. Fresh fruits and vegetables to the value of Gdes. 1,019.43 were furnished the mess by the Camp garden.

Buildings.—The buildings utilized for the care and treatment of the insane are inadequate and entirely unsuited for this purpose. Being constructed for temporary use no modern facilities were installed which factor creates many problems. The buildings comprise: Six sets of wooden barracks with cement floors; one guard house; one cement cell block containing ten cells; two mess

halls; one cement and stone galley; one two-room stone store-house; one garage; one building which contains two store-rooms and houses the lighting plant and water pump; one combination dispensary building and hospital for juveniles; one store-house for oil and gasoline; one store-house for lime; one hospital for the insane; two sets of quarters for officer personnel; and two sets of quarters for employees.

The capacity of the hospital for the insane is 20 beds. The capacity of the hospital for juveniles is 12 beds. The dispensary comprises an office, dressing room, pharmacy and waiting room. All buildings with the exception of the stone store-rooms, dispensary and personnel living quarters, are in immediate need of repair. A laundry shed and two sheds for shower baths have been constructed during the year. Cement bases as wall supports have been constructed in the two barracks occupied by the male and the female insane, respectively.

Statistics.—The statistics for the year under discussion are as follows:

Daily average of patients	190.27
Total number of admissions	325
Total number of sick days	1,676
Total number discharged improved	183
Total number discharged dead	11

Water supply.—Water is pumped to a tank of 8,000 gallons capacity from a well 60 feet deep cemented to the bottom. The supply is at all times adequate. Recent laboratory examinations of the water have shown some contamination. Steps are being taken to chemically purify the water in the tank by the use of hypochlorite of lime.

Food.—Food furnished is of the best quality obtainable. The increase in quantity furnished during the last year was made possible by increasing the rations allowance from Gdes. 0.65 to Gdes. 0.85 per day.

Clothing.—Clothing consists of a one-piece denim garment for the men and boys and a one-piece blue and white heavy cotton stripe for the women. Five hundred and ninety-eight uniforms for men and 812 uniforms for women were made by the Camp seamstress.

Prevailing diseases.—The prevailing diseases are treponematosiis, malaria and intestinal parasites. The camp is nearly surrounded with low swampy ground, cane fields and banana plantations. These are breeding places for hordes of mosquitoes and exceedingly troublesome gnats. Eradication of these breeding places is practically impossible.

Juveniles.—Male minor delinquents who are sentenced by the Courts and Juges de Paix of Haiti are transferred from the National Penitentiary in Port-au-Prince and the jails throughout Haiti to Pont-Beudet. These sentences vary from one month to indefinite periods. These boys are housed on the same grounds with the insane. Due to the location of the buildings it is impossible to segregate these two classes of inmates. The influence of this environment on the juvenile delinquents with possible criminal tendencies is not considered of the best, but under the present circumstances no alternative exists. There is not sufficient land available on the present site to keep all the inmates employed at

farming. Facilities are not available for any of them to learn a trade, thereby having a vocation to follow and become useful citizens when they are discharged. Due to a decrease in the appropriation for maintaining the camp, all juveniles will be returned to their homes in the near future.

Religious service.—The juveniles are taken once a week to a chapel near the camp where they attend Divine services; also once a week a Catholic priest visits the insane.

Recommendations.—

1. That only repairs be made to the present buildings that are absolutely necessary to keep them in a habitable condition.

2. That a new hospital for the insane be erected as soon as funds can be made available. This is *urgent*. Notice has been given to the Public Health Service that the lease of the ground which expires in September 1931 will not be renewed. If serious effort is not made to provide funds for the construction of an institution for the insane on other land owned by the Government, it may be necessary to return the insane to the prisons. This eventuality is only to be deplored. No other institution is, or can be, spared or successfully re-modeled for that purpose.

Asile Communal

This institution is, as its name implies, an asylum rather than a hospital, for indigent residents of Port-au-Prince and financed through funds supplied by the city authorities. It has a bed capacity of 101. There are not only no vacancies, but also a long list of applicants for admission. The Public Health Service furnishes medical attention to the inmates and assists in the maintenance of both buildings and grounds. There is a great need for more institutions of this nature in Haiti to take care of indigent patients in hospitals who require minor medical treatment but who are friendless and have no place to go. It is not only a waste of funds to maintain homeless indigents in hospital beds, the overhead and upkeep of which is expensive but it also prevents the use of these beds in the treatment and care of those suffering with acute medical and surgical conditions.

CAPE HAITIAN

Personnel.—The staff of the Justinian Hospital consists of the following personnel:

- 1 Public Health Officer (Administrator)
- 1 Public Health Officer (Part time in charge of E.E.N.T.)
- 2 Doctors, 3rd class
- 1 Doctor, 4th class
- 1 Doctor, 5th class
- 1 Doctor, 6th class
- 1 Dentist
- 1 Pharmacist
- 1 Instructor, Dispensary
- 1 Assistant Pharmacist
- 4 Technicians

14	Graduate nurses (Haitian)
10	Sisters (3 Graduate nurses)
5	Laundresses
18	Laborers
4	Clerks, Office
2	Clerks, dispensary
4	Dressers, (Ward and Dispensary)
1	Baker
1	Assistant Baker
1	Mechanic (general)
2	Chauffeurs
1	Carpenter
1	Messenger
7	Cooks
31	Servants

Lieut.-Comdr. Franklin F. Lane, (MC) U. S. N., relieved Lieut.-Comdr. L. H. Williams, (MC) U. S. N. as Administrator just prior to the first of the present year. In August 1930 Pharmacist's Mate F. L. Stafford, U. S. N., was relieved by Pharmacist's Mate M. C. Smith, U. S. N., as Receiving and Disbursing Officer of the hospital and district. Sister Maximin was put on the sick list with pulmonary tuberculosis the early part of the year and a relief was obtained for her a month or two later in the person of Sister Emelda, a trained nurse. Sister Maximin has been sent home to France in a much improved condition.

In November Dr. Livingston L. W., formerly U. S. Consul at Cape-Haitian was added to the staff to take charge of the dispensary and pharmacy. He is both a graduate physician and pharmacist. His addition has been of much benefit to the hospital not only from the standpoint of increased efficiency in the dispensary and increased good will between the hospital and the public but also from a financial standpoint. Shortly after his arrival we started to charge small fees for dispensary service to those whom he knew could afford to pay something especially for arsphenamine. At first the dispensary attendance dropped off but soon came back to normal. This activity has become a small income producing unit.

Celigny Laroche, chief clerk for the hospital for many years, died of carcinoma of the pylorus on December 5th., 1929. By his death the Public Health Service has lost a faithful and high valued employee.

BED CAPACITY

	<i>Normal</i>	<i>At Present</i>	<i>Expand Without Crowding</i>	<i>Total</i>
Men's medical	75	87	14	101
Men's surgical	19	19	0	19
Men's isolation	15	15	0	15
Women's medical	55	64	10	74
Women's surgical	16	16	0	16
Women's isolation	10	10	0	10
Obstetrical	7	7	0	7
Children	15	15	0	15
Private Ward	13	13	80	93
Total	225	246	104	350

The normal capacity as shown in the above table is 225. At present, due to many medical cases, these two wards have beds erected in the center aisle and on the porches, giving a total of 246 beds now set up for use. The beds in the central aisles are about $2\frac{1}{2}$ ft. from the foot of the beds on each side and with the practically open construction of the wards this does not lead to crowding. In fact if all the floor space was so utilized and the second floor of the private ward used and two beds put in each first floor room instead of one as at present the hospital capacity could be 350. In the case of an epidemic this would be useful and there would be no overcrowding for there would be a minimum of 6 ft. allowed between patient's heads and in most instances this space would be 8 to 9 ft. However, there is not sufficient equipment to take care of any such number.

With this thought in view it is deemed advisable that the equipment of the hospital be so increased that beds, bedding, linen and mosquito nets would be available at any time for an epidemic or other emergency to accommodate at least 300. It is the Administrator's belief that there should always be on hand in good repair one mosquito net for each bed. Beds and bedding can always be obtained in some form or other from other organizations and individuals but not mosquito nets, the most necessary adjunct to health and comfort of the healthy as well as the sick in this country.

With this in view and the approval of the then Director General, nets were included in every requisition for monthly supplies but the number received per month was so small that while we now have 118, enough to take care of the malaria, foul ulcer and meningitis cases, yet an epidemic would find us woefully short in these protective coverings.

Buildings and Grounds.—The general repair, upkeep and cleanliness of all buildings inside and out, and of the grounds as a whole have been excellent under Mr. Stafford's supervision. Several changes and additions have been made and will be reported under "projects accomplished." Flowering plants, evergreens, lawns and walks have been renewed, added to, and kept trim and clean. The several pit latrines serving the hospital patients have been cleaned out and the contents buried.

Equipment.—This has been satisfactory, except as noted elsewhere, and well kept up during the year but there are many additions and replacements needed in all departments. For example: there should be an electric cautery outfit for general operating and eye, ear, nose and throat work. Mosquito nets commented upon before are urgently needed. More closed hygienic stools are wanted badly and so it goes.

Finances.—The table given below is self explanatory. All receipts and disbursements were less than last year except receipts from outside sources which were some Gdes. 740.00 per month or Gdes. 9,900.00 more for the year than the previous twelve months.

FINANCIAL STATEMENT—ARTICLE 331.

Balance on hand October 1st., 1929	<i>Gourdes</i> 5,334.69
Total allotments for year	228,000.00
Reimbursements for year	46,147.62
Communal funds collected during year	2,400.00
Total funds available	281,882.31
Total expenditures for year	265,087.78
Balance carried over to 1930-1931	16,794.53
Total expended for provisions	52,782.87
Total number of subsistence days	87,393.00
Average cost of subsistence per day	0,601.00

The above figures speak for themselves. It has not been the aim of the administrator to see how big a monthly balance could be obtained but to be able to run the hospital efficiently on the money received and to show, with the present income, that the long promised raise in pay to worthy employees could be accomplished. One increase was allowed in July 1930 and another has been promised in October 1930. The balance carried forward does not mean that the allotment for the coming year can be decreased. In fact it should go back to the original Gdes. 20,000.00 because two doctors, a dentist, and nurse are needed to function more efficiently and to allow for training of personnel. There will be numerous small increases in salary to those already on the payrolls as required by law and by service from time to time and new equipment and replacements will be badly needed this next year. If we are to branch out into a pre-natal, children's and diagnostic clinic in town, that will require considerable money for additional payroll and equipment. In other words, if we are to advance as a growing institution, filling more and more the needs of the community, we need every cent of the present allotment without deductions providing the hospital income from private patients, X-ray, Laboratory and Dispensary continue to average the same as in the past year. This will certainly be necessary to carry out the plans shown under "projects proposed." Hospital income from consultations and from the private ward broke two records this year. In December it was greater than for any month in the past two administrations, and the income for July established an "all time" record.

Statistics relative to admissions and discharges are as follows:

Remaining 30 Sept.	Med.	T.B.	Surg.	E.E.N.T.	Mat.	Inf.	Total
1929	172	6	29	8	4	3	222
Admitted	1,368	28	366	141	203	162	2,268
Total	1,540	34	395	149	207	165	2,490
Discharged	1,268	12	343	132	192	142	2,092
Died	138	19	17	5	0	16	195
Remaining 1 Oct. 1930.	134	3	35	9	15	7	203
Total	1,540	34	395	149	207	165	2,490

	(Patients)
Average per month—Admissions	189
Discharges	174
Deaths	16
Average per day—Admissions	6.2
Discharges	5.7
Deaths .....	.53
Average per day—Patients in hospital	183.7

Medical service.—This is always a very busy department as can be seen by referring to the above table and has a turnover of about 4 medical patients per day. The daily average of these patients for the year based on figures for the last 10 months was about 131. No record was kept of the various services separately until December 1929.

Surgical service.—About 363 cases were handled during the year or a turnover of 1 per day. This is a small number as compared to former years but the explanation is found elsewhere in this report. Eighty-one (81) major and 779 minor operations were performed, a total of 860. Combined with Eye, Ear, Nose and Throat the total major operative procedures for the year was 130 and minor 956 making a grand total of 1,086. Of the 17 surgical deaths, 8 followed major surgical procedures. Of these 7 were "in extremis" when admitted and the only possible chance of saving them was through an operation. There were 4 others admitted in the same condition, the same chance was taken and they were saved, giving better than 30 per cent of cures in these cases. This is deemed a worthwhile risk although it does increase the number of operative mortalities. Only one death resulted from operation *per se*. A very fat neurotic woman with tremendous ovarian and ligamentary cysts required an anaesthesia of over 3 hours duration at operation. A gastric neurosis which developed four days after operation and which probably was due to the prolonged anaesthesia and accentuated by her mental attitude led to death from cardiac failure two days later. This death gives at 1.2 per cent true operative fatality. The other deaths were of patients who were two seriously injured to permit operation of any kind.

Eye, Ear, Nose and Throat.—This service has been constantly growing and has become increasingly prominent as an income producer. The statistics are as follows:—

	Major operations	Minor operations	First Consultations	After treatments	Total
Average per month	49	117	1.889	9.251	11.386
Average per day	4	15	157	771	949
			6.3	30.6	37.7

The equipment is excellent and has been carefully kept up. The increasing number of consultations, particularly of pay patients, is an indication of the high character of the work done. Only one death followed operative procedures. A girl with Ludwig's angina was admitted after respirations had ceased but as the pulse was still good, an emergency tracheotomy was performed. Artificial respiration failed to revive her.

Obstetrical service.—

This is always a busy service. The well equipped delivery room which was completed this year has been of great benefit. Prior to this all deliveries were made in the middle of the ward under difficult and trying handicaps. Prior to February 1930, male and female births were not recorded separately. Beginning April 1930, a record was kept of cases given prenatal examination, advice and care and an attempt was made to build up this angle of the work in anticipation of establishing such a clinic down in town. How well this very small effort succeeded is shown by the figures. The number that would be taken care of by such a special clinic, however, can only be estimated and this estimate would probably be greatly exceeded by actual count. There is a very decided appreciation of the benefits of such a service among the population.

Great credit should be given Dr. Desmangles and his assistants for having had no maternal deaths. Several cases of eclampsia and puerperal sepsis were admitted as were several mothers with chronic nephritis or myocarditis. All left the hospital as well as they were before conception, due to the untiring efforts of the obstetricians and nurses to save them. The infant deaths reported were all due to death in utero or to delivery prior to admission except two—one a congenital haemophyliac who lived 10 days and one who died 12 hours after birth, from inspired secretions. Only the head of the child had been delivered when the mother was admitted to hospital.

The following statistics regarding the obstetrical service are of interest:

Births	162
Abortions treated	13
Maternal deaths	0
Infant deaths.....	16
Prenatal care, cases	60*

Special investigations.—A survey of school children in Petite-Anse during January 1930, showed 16 per cent to be carriers of malarial parasites. The survey was repeated after extensive drainage and anti-mosquito work had been done but without having given mass treatment with quinine. It was found that the number of carriers had dropped to 11 per cent. It is planned to commence active quinine therapy and then make another survey at a later date.

Of 343 samples of feces which were examined for *Entamoeba Histolytica* only 12 per cent were found to be positive. Flagellates and other intestinal ameba were present in 33 per cent of all specimens examined. It is believed that if the concentration method were used in each case and individuals not specimens were recorded, the percentage would be nearer 30 per cent than 12 per cent. Only 7 per cent of the specimens showed hookworm ova. This figure is believed to be low for the reasons given above. Evidence of infestation with other round worms was found in 52 per cent of the stools examined while tapeworm was found in but one case. The Kahn test was positive in 41 per cent of the cases. This is probably a true figure since negative repeated examinations are

*Six months only. From 5 in April to 14 in September.

few. It would appear from the above, that in this district the old triumvirate of "yaws, malaria and worms" is slowly but surely yielding to treatment with worm infestations about holding their own.

Interesting cases.—During the year 1929, and the fiscal year 1929-1930, eight patients admitted to this hospital developed symptoms of infection with a gas-producing microorganism. Most of these patients had sustained extensive wounds which had been treated by applying manure, dirt, leaves, bark or similar agents. Two patients recovered. In their cases, the wounds were of such nature that extensive debridement with subsequent exposure to air was possible although it may also be stated that both were children with apparently good resistance. Special nursing and care with extensive skin grafting resulted in cures. Although crepitation was present in all cases and the bacillus of Welch was found in stained smears and in anaerobic cultures, yet the condition was always localized. Death it is believed, was due to the injury itself, loss of blood or improper treatment before admission. Age was an important factor in some cases.

Case I.—Admitted January 11, 1929. Following a hysterectomy, the patient developed an infection of the arm which resulted fatally. Diagnosis, malignant edema.

Case II.—Admitted January 29, 1929, with gangrene of arm following traumatism. Amputation of the affected member failed to save the patient's life. Diagnosis, traumatism left arm (gangrene).

Case III.—This patient was admitted in extremis, May 5, 1929. No radial pulse could be elicited. Condition originated from a wound received by contact with a nail several days previously. Death occurred before treatment, other than stimulation, could be administered.

Case IV.—Patient 70 years of age, was admitted March 7, 1930, with injury of hand caused by a cane crusher. The hand was practically denuded of skin and muscle. All tendons and joints, up to the radiocarpel joint, were exposed. There were many fractures of the phalangeal and metacarpal bones. He stated that the wound had been treated by packing with "excellent bourrique (donkey) manure to stop the bleeding," three or four days before. Symptoms of gas infection were present up to the mid-forearm. He died soon after amputation was performed. Diagnosis, traumatism by machine, right hand, complications, gas infection and septicemia.

Case V.—Patient 75 years of age, was admitted July 1, 1930, with a compound fracture of the tibia which had been poulticed with seeds for several days. His general condition was poor and he lived but five days. Although care was taken to discover symptoms of gas infection because treatment before admission was similar to the above case, they were elicited in the immediate vicinity of the wound but a few hours before death. Diagnosis, compound fracture, left tibia. Complication, gas gangrene.

Case VI.—A boy was admitted July 14, 1930, after having been gored in the thigh by a bull. Wound was sutured with drainage. Several days later, symptoms of gas infection were present. Wound was opened and debridement, from knee to crest of ilium, performed. Dakin's solution applied constantly. In about one week, the infection subsided. Thiersch grafts were applied to entire area a week later. Wound healed and patient was discharged, well, on September 15th.

Case VII.—A girl eleven years of age was admitted July 25, 1930. She had been struck by a camion and dragged some distance. Gas bacillus infection developed and debridement from ankle to mid right thigh was performed. Constant treatment with Dakin's solution was followed by Thiersch skin grafts. A sufficient number of the grafts lived so that no contractures will ensue and healing by granulation is progressing well.

Case VIII.—Admitted August 27, 1930, in profound shock with bayonet wound of abdomen. He had been transported by camion from Grande-Rivière, a distance of about 12 miles.

An immediate operation was performed. Multiple intestinal perforations were closed and the abdomen, which was filled with fecal material and blood, was cleaned and drained. Symptoms of gas bacillus infection appeared 2 days after operation, and death occurred a few hours later. Diagnosis, penetrating wound of abdomen by sharp instrument. Complication, gas gangrene.

Laboratory.—There are two technicians and one assistant technician working under the direction of Pharmacist's Mate Thomas, U. S. N. One of the two technicians has recently had two months' instruction at the Public Health Laboratory, Port-au-Prince and the other is now receiving such instruction. These four have handled a total of 21,831 examinations and treatments, averaging 78 per six hour working day.

Laboratory statistics are shown in the following table:

	Number examined	Number positive	Per cent
Hemoglobin estimations	2,405		
Red cell counts	412		
White cell counts	2,733		
Differential cell counts	2,395		
Coagulation time	13		
Fragelites test	1		
Blood smears	2,705	137*	5
		13†	0.5
Widal reactions	18	3	17
Kahn tests, blood	3,707	1,518	41
Kahn tests, spinal fluid	6	1	16
Mastic tests, spinal fluid	6	0	
Urinalyses	2,658		
Urethral and vaginal smears	218		
Eye smears	156		
Throat smears	39		
Pus smears	12		
Skin scrapings	16		
Smears for B. Lepra	5		
Smears from urine sediment	1		
Smears from brain for Negri bodies	7	3	43
Blood cultures	5	1	20
Throat cultures	6		
Urine cultures	1		
Pus cultures	4		
Spinal fluid cultures	4		
Autogenous vaccines	7		
Bacteriological examinations of water	7		
Darkfield examinations	27		
Gastric analyses	7		
Guinea pig inoculations	4		
Sputum examinations	271	65	24
Feces	2,880		
School children vaccinated	865		
Antityphoid inoculations	2		
Autopsies	24		
Total examinations	21,831		

*Malaria †Filaria

The yearly increase of work required of the laboratory is best shown by the following figures:

Total procedures:	1927-1928.....	13,786
	1928-1929.....	15,434
	1929-1930.....	21,831

X-ray Department.—Under the direction of Lieut. Charles H. Behrens, (MC) U.S.N., the Garde d'Haiti District Medical Officer who has volunteered his assistance to this hospital, the service has been increasingly effective and helpful. He has taken charge of the fracture cases, spending three afternoons a week taking pictures, giving X-ray treatments and supervising fracture dressings in the wards. This has been a great help. In all, 602 radiographs and treatments were completed, in addition to the ward work. An average of 50 per month about 4 per working afternoon.

Dispensaries and Rural Clinics.—Service in the hospital dispensary, as in all other departments, has been very active from the clinical standpoint. The work starts about 5 A.M. daily except Sundays and continues until noon. During the afternoon, there are a few accident cases to be taken care of.

The 22 rural clinics are all in charge of dressers and are open daily except Sundays and holidays. The clinics are visited by doctors from the hospital monthly except the Limbé Clinic which is visited weekly. Of the 22 clinics, 10 are held in Government owned standard dispensaries, 9 in rented buildings, 2 in the houses of the priests and 1 in a town hall.

Excluding those who were admitted to hospital, 85,721 patients were treated in the hospital dispensary and 354,240 at rural clinics. At the former 7,950 intravenous injections of neoarsphenamine and 5,084 intramuscular injections of arsenical or bismuth preparations were given while for the latter the figures were 353 and 153,986 respectively. Spiroside treatments which are only given at rural clinics amounted to 8,916. Also 72,881 dressings were applied at hospital and 249,036 at rural clinics. Dental treatments amounted to 3,956 at hospital, and 1,654 at rural clinics.

Projects completed.—

1. Obstetrical delivery room completed, screened and equipped.
2. Screened operating room, children's ward, morgue and galley (latter not quite complete). Installation new galley range.
3. New drainage gutter, draining and cleaning out lower storage caves and additional walks.
4. New protective roof for upper storage caves.
5. Private ward, new galley, shower bath room, cleaning gear locker, laundry and all rooms painted and renovated.
6. New cooling unit for X-ray dark room.
7. Stall obtained in Marché Cluny to store fresh provisions while Sisters are marketing.
8. New trucks (3) and ambulance obtained.
9. Decreased hospital waste and expenses.

- (a) All electric supply lines put on two meters; one for power and one for light. The savings in electric bills will soon pay the cost of this new arrangement.
 - (b) Decreased ration cost.
 - (c) Installation of analytical bookkeeping in
 - (1) Fresh provision buying.
 - (2) Issue of supply table items for hospital and rural clinics resulting in a reduction of Gdes. 9,194.23 between the annual estimate for 1929-30 and 1930-31.
 - (3) Establishment of allowance tables for wards, dispensary and rural clinics.
 - (d) Discharge of inefficient high priced employees and hire of more efficient low salaried ones.
 - (e) Constant effort to keep the wards clear of convalescent ulcer cases that can be taken care of at home.
10. Increase of hospital income by:
- (a) Division of small rooms into semi private cubicles the cost of installation was Gdes. 300.00. The first month after completion they returned Gdes. 405.00 and during the 4 months they have been in use we have received Gdes. 4,185.00 from them.
 - (b) At meeting of the "Propriétaires Salle Privée" a definite understanding was reached as to price schedules and as to who was eligible for half price treatment. The hospital received at this time the maintenance of two rooms which was originally subscribed by organisations now defunct. This gives two rooms out of the 13 from which we derive full income at all times.
 - (c) Establishment of a cash basis for all patients admitted to the private ward and in the cubicles.
 - (d) Small charges to dispensary patients who can afford to pay something no matter how small.
11. A complete and fairly accurate inventory of all hospital property and completion of Kardex files of property.

Projects Proposed.—

- 1. Central linen storeroom and laundry. This would cut down the amount of linens carried in stock, eliminate two or three employees and allow a more accurate inventory than we feel we have at present.
- 2. Obtain more business and cooperation from local doctors. A letter has been prepared and will be submitted for approval.
- 3. Separate private room section from the hospital proper in financial matters. This has been taken up with the Financial Adviser for Haiti and a plan developed which has not yet been put into effect pending the arrival of a Sister suitable to carry out the administration details of the proposition.
- 4. Sink casing of hospital well some 40 feet to insure an adequate water supply during droughts.

5. Training of Haitian doctors in executive and administrative work. This necessitates an additional doctor (recent graduate preferred) for relief in wards and rural clinic work while others are being trained.
6. Increase dental service to hospital and rural clinics by the addition of one recently graduated dentist to the staff.
7. Improvement in accuracy of diagnosis and number of patients treated (first and after treatments) in rural clinics, and admissions and readmissions in the hospital dispensary. A letter is being prepared with suggestions as to changes in present blank forms to help the situation in this district, at least.
8. Installation of electrically operated autoclave and sterilizers in operating room. This is badly needed.
9. Revision of filing system of hospital case records for more ease in obtaining, and more accuracy in, public health statistics.
10. Building of a maternity and children's ward. This is badly needed but probably will have to be postponed due to money stringency.
11. Building of a Sister's home and new chapel. This is needed but not as badly as (8) and will probably not be done at present for the same reason.
12. Prenatal and childrens clinic in town. The house in which we intend to establish this clinic is still involved in litigation. This activity would require additional employees which financial conditions will not allow at present although it is believed that this would greatly increase our usefulness to the community. In three months without any advertizing except word of mouth we have taken care of 30 prenatal cases in the hospital obstetrical service.

PORT DE PAIX

Various changes have been effected in the general administration of the hospital.

Personnel.—The following table gives the status of the personnel on October 1, 1930:

1	Public Health Officer
1	Assistant Public Health Officer
1	Clerk
2	Graduate nurses
6	Dressers, rural clinics
1	Watchman
2	Servants
2	Dressers for Hospital
3	Laborers

During the year Dr. Justin Champagne left the Service and was replaced by Dr. A. Mathurin from Petit-Goâve.

Hospital maintenance and operation.—Due to deterioration, the batteries forming a part of the small electric lighting plant were replaced. Water is obtained from a nearby spring and forced into the distributing system by a gasoline and an electric booster pump. The gasoline pump failed completely



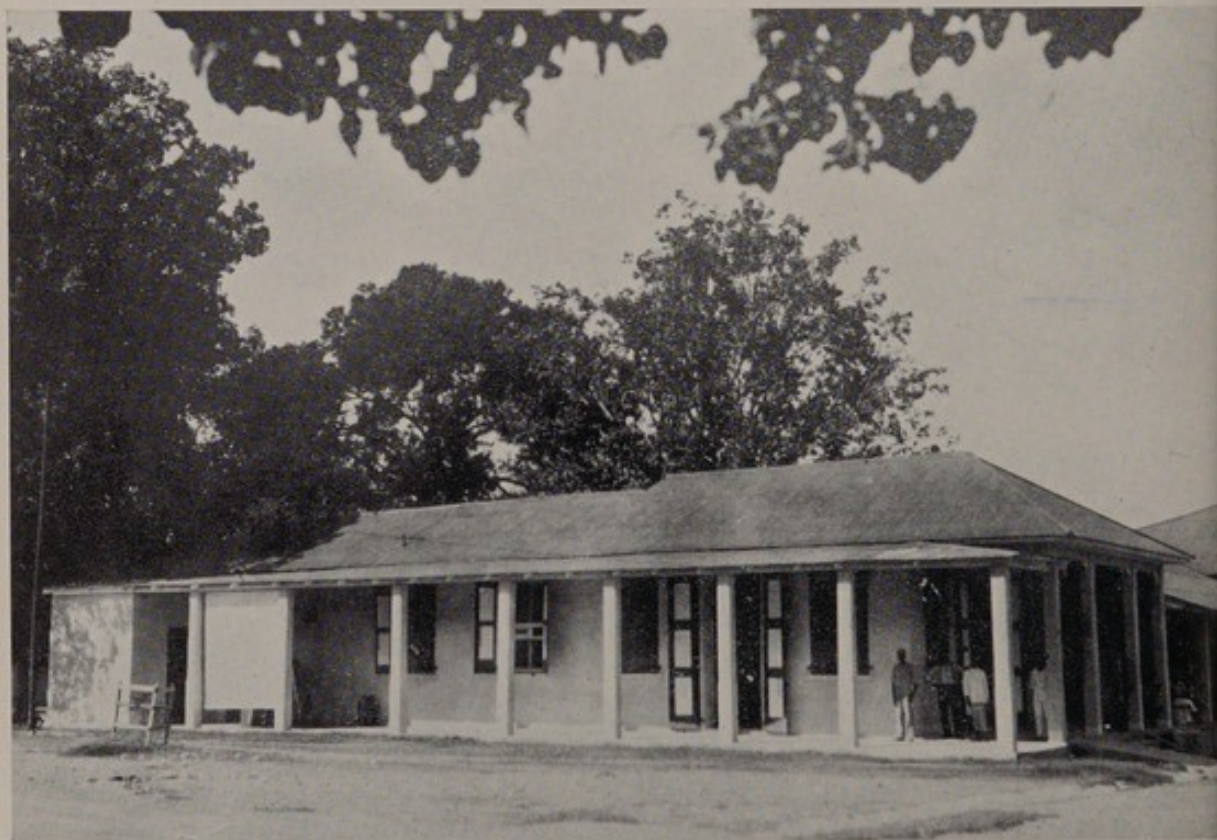
*Chaplain's Residence Under Construction at the Haitian General Hospital,
Port-au-Prince.*



Artisan Workshop, Haitian General Hospital, Port-au-Prince.



New Roadway, Haitian General Hospital, Port-au-Prince.



New X-ray Department, Haitian General Hospital, Port-au-Prince.

in September and has been replaced. The electric pump is being repaired. It became necessary to have the electric refrigerator, in which various biological products are stored, repaired twice during the year. A building was remodeled for use as a temporary morgue. The laboratory and pharmacy were moved from near the entrance to a better location in the building and the operating room improved. No technician is attached to the hospital so all laboratory work must be done by the doctor or his assistant. Glass doors have been installed in the pharmacy, laboratory and office to protect against high north winds. To reduce expense, the sanitation and hospital offices were combined and the services of the clerk dispensed with. The bed capacity of the hospital is 41. Most admissions to hospital are for the ulcers of tertiary yaws, nephritis, hernia, tuberculosis, and venereal disease while most cases of malaria are found in the rural clinics. An isolation ward is needed to accommodate patients with tuberculosis. The Assistant Public Health Officer devotes the mornings to sanitation work and to the inspection of the rural clinics. He assists at the hospital in the afternoon and during the days on which operations are scheduled.

Statistics for the year covered by this report are as follows:

Average number of patients per day.....	26.2
Total admissions for the year.....	304
Total discharges for the year.....	254
Number of deaths.....	33
Total number of treatments.....	13,533
Average number of treatments per month.....	1,127
Total dressings.....	24,490
Autopsy.....	0
Major operations.....	19
Minor operations.....	183
Urine examinations.....	203
Sputum examinations.....	5
Examinations of feces.....	280
Blood examinations.....	253
Injections of Neo-arsphenamine.....	631
Injections of sulpharsphenamine.....	5
Injections of bismuth.....	3,126
Spiroside treatments.....	428
Dental treatments.....	81

Rural Clinics.—During the year, rural clinics were held in 7 different places: St. Louis du Nord, Anse-à-Foleur, Jean-Rabel and Môle St. Nicolas, three times a week; Ile de la Tortue and Bassin Bleu, twice a week; and Bonneau, once a week. A total of 908 clinics were held during the year.

Total consultations.....	66,390
Average consultations.....	5,532
Total dressings.....	20,277
Injections of Neo-arsphenamine.....	29
Injections of bismuth.....	1,893
Spiroside treatments.....	30,842
Dental treatments.....	1,024

Finances.—The District expended, from Art. 331, Gdes. 38,702.19, for maintenance and operation of the hospital dispensaries and rural clinics. The cost of food averaged Gdes. 0.478 per day for each person subsisted by the hospital.

Recommendations.—

1. Construction of an isolation ward for patients with tuberculosis.
2. Engage a laboratory technician, preferably one whose home is in Port-de-Paix.
3. Erection of a chapel. It is necessary to remove the chapel from the hospital, thereby giving more space for patients.
4. Construction of a morgue.

GONAIVES

Personnel.—The hospital staff consisted of the following personnel:

- 1 Medical Officer, U. S. Navy
- 1 Commissioned Haitian physician
- 1 Non-commissioned Haitian physician
- 4 Graduate Haitian nurses
- 5 Sisters
- 4 Dressers
- 1 Technician (laboratory)
- 2 Cooks
- 4 Laundresses
- 2 Servants
- 2 Laborers
- 6 Ward attendants (male)
- 2 Ward attendants (female)

During the year Dr. Charles Brutus left the Service and was replaced by non-commissioned physician, Henri Legros. Mother Superior Julia left the Service and was temporarily replaced by Sister Christine. The laboratory technician was discharged and the laboratory work is now being taken care of by a graduate nurse. A technician is now undergoing training at the Public Health Laboratory. The dresser at Marmelade was also discharged and replaced by a trained dresser from this hospital. It was necessary to employ several ward attendants (male and female), for night and day duty. This abolished the system formerly in use here of using patients ready for discharge for work around hospital, thus preventing other patients in need of hospitalization to be admitted for lack of beds.

Statistics.—There are 76 beds distributed as follows in this hospital:

Male surgical and medical ward	29
Female surgical and medical ward	26
Male isolation ward	12
Female isolation ward	8
Private room	1
Total	76

There have been no epidemics during the year. Statistical data relative to the hospital are as follows:

Daily average of patients	60.44
Total number of admissions	611
Total number of consultations (outpatients)	10,166
Daily average consultations (outpatients)	33.55
Number of sick days	22,065
Discharged dead	31
Autopsy	1
Total major operations	148
Total minor operations	457
Total dressings (outpatients)	17,419

Laboratory work—

Blood smears	1,243
Feces	609
Urinalyses	637
Sputum examinations	20
White blood counts	562
Positive for malaria	228
Positive for filaria	0
Others	773

Alterations and maintenance.—In order to concentrate all activities, the sanitation office was transferred from downtown to the hospital and occupies the room formerly used by the doctors for consultations. The clinic room was moved to the old dispensary building, which necessitated several repairs and improvements. Demolition of this building had formerly been recommended.

Weekly inspection of the hospital buildings and grounds by the Public Health Officer or one of the Haitian doctors was started and has been continued for the past four months. On these inspections, all defects are noted and effort is afterwards made to correct them. This has proved very successful as every one does their best to have their departments in good condition. Maintenance and repair work are continually going forward.

The following new construction and repairs were completed during the year by Public Works:

- Combination storeroom and garage.
- Dispensary building at Terre Neuve.
- Front wall to enclose acquired state land North of hospital.
- Two cement bridges in front of hospital.

The following work was done by the Public Health Service:

- Demolition of old ward for males.
- Fence erected on North and East side of hospital and rickety wooden fence on South side replaced with galvanized iron sheets salvaged from old ward.
- 700 feet of rock and sand driveway constructed in hospital compound with material salvaged from the old ward. Roller from Public Works was loaned for rolling driveway.
- Cement floor and sidewalk around old dispensary building.

Conversion of one room in men's isolation ward into a morgue and erection of a cement morgue table.

Cement coping on well at the hospital.

Cement bassin in the kitchen.

Erection of shelves in store room and garage.

Site of old ward for males and approaches of garage and store room filled and levelled.

Repair to Sisters' bath house.

Several minor repairs, such as painting, white washing and screening were made to the buildings of the hospital.

School inspection.—Several Service Technique rural schools located in this district were inspected during the year and all the sick were treated and the non-immunes vaccinated.

The following is a list of schools inspected and non-immunes vaccinated:

	Number of schools	Non-immunes vaccinated
Gonaives	10	941
Savanne Carree	1	29
St. Michel	3	117
Dubedou	1	90
Gros Morne	2	282
Marmelade	3	63
Bayonnais	3	172
Terre Neuve	1	32
St. Raphael	2	60
	26	1,786

In addition to the above, 273 non-immunes were vaccinated in the rural clinics. A total of 167 school children at Gonaives completed a course of anti-typhoid vaccine.

Rural clinics.—A weekly clinic was started at Bassin with fair attendance for the size of the village. Attempts were made to hold clinics at Petite Riviere de Bayonnais but they were abandoned on account of the lack of a practicable road.

Rural clinic statistics are as follows:

	No. of clinics	Total patients	Average per clinic	Bismosol injections
Bassin	13	281	21.61	140
Ennery	48	2,819	58.70	1,665
Gros Morne	292	12,297	42.11	4,828
Labrande	41	2,708	66.04	1,567
Marmelade	301	16,898	56.13	10,698
St. Michel	301	9,325	30.98	4,141
St. Raphael	17	1,221	70.82	790
Terre Neuve	11	1,125	102.27	562
	1,024	46,674	45.58	24,391

Approximate mileage covered in visiting rural clinics:

Automobile	11,483
Horse	315
Motor boat	0
Airplane	0

Recommendations.—The following buildings, land and equipment are required:

- An adequate water system with storage tank and motor driven pump.
- New operating unit with a 16 bed ward.
- Triangular area of land in front of hospital.
- New wall about the hospital compound.
- Major repairs on Sisters' quarters, chapel and dressing and clinic building.
- Laundry building.
- Shower baths for men's and women's wards.
- A separate electric light unit.
- Obstetric and children's ward for 10 obstertical patients and for 15 infants and small children.

SAINT-MARC

No large building was erected during the fiscal year 1929-1930. The hospital has a capacity of 63 beds of which 3 are cribs for the few babies who are born at the hospital. Only seven deliveries took place at the hospital during the past twelve months.

Personnel.—The personnel of the St. Nicolas Hospital consists of the following:

- 1 Public Health Officer (a commissioned Haitian physician)
- 1 Assistant Public Health Officer (Haitian)
- 2 Commissioned Haitian physicians.
- 2 Graduate nurses.
- 3 Sisters.
- 1 Assistant Pharmacist.
- 5 Dressers.
- 4 Laborers.
- 4 Laundresses.
- 2 Cooks.
- 1 Helper.

Statistics.—With the exception of the total number of consultations which decreased 7,190, the work achieved this year has been greater in some respects than that of the past year. The figures of the last two years as they appear below, illustrate this difference:

	1928-29	1929-30
Total number of admissions.....	473	491
Number of consultations.....	54,727	47,537
Number of major operations.....	54	54
Number of minor operations.....	315	413
Number of deaths.....	35	49
Number of injections of Bismosol, mercury, Neo and sulpharsp- namine	23,898	22,904

Number of dental treatments.....	191	267
Number of stool examinations.....	319	436
Number of urine examinations.....	353	452
Number of sputum examinations.....	56	63
Blood counts.....	249	538
Blood smears.....	405	477
Malaria present.....	52	110
Filaria present.....	2	0
Number of dressings.....	20,654	13,987
Number of vaccinations against small-pox.....	1,616	1,360
Number of chaulmoogra injections.....	17	0
Number of vaccinations against typhoid.....	1,066	945

Deaths.—During the year under review, 49 persons died in the hospital. Practically all of the patients had been ill for so long a time before they were hospitalized that treatment could be of little avail. The cause of death in these 49 cases are detailed as follows: Pulmonary tuberculosis, 9; nephritis, 6; syphilis, 4; septicemia, 4; malaria, 4; intestinal parasites, 3; peritonitis, 3; gastroenteritis, 2; icterus, 3; broncho-pneumonia, 1; puerperal fever, 1; dysentery, 1; elephantiasis, 1; atropic cirrhosis of liver, 1; tetanus, 1; burn, 3rd degree, 1; pneumococcus meningitis, 1; cancer of uterus, 1; utero-scrotal fistula, 1; and urinary infiltration, 1. This year tuberculosis again held the highest rank among the diseases which caused death. In order to check the spread of so dangerous and contagious a disease, it seems necessary to erect an isolation ward where all patients suspected of having pulmonary tuberculosis could be treated.

Laboratory.—Since March of last year, the technician who was trained at the central laboratory of the Public Health Service has been performing the laboratory work. An invariable routine is observed for every patient in the hospital. Within a few hours after admission, the results of blood, urine and stool examinations must be known by the ward physician. The laboratory work included 436 stool examinations, 452 urine examinations, 63 sputum examinations, 538 blood counts, and 477 blood smears. It is believed that this technician should be further trained to perform Kahn tests, blood chemistry and other similar laboratory work.

School inspection and vaccination.—At the beginning of each term this year, the physicians inspected all the schools in the District and vaccinated all scholars who were not previously immunized against small-pox and typhoid fever. Thus, 945 scholars were given anti-typhoid prophylaxis and 1,360, were vaccinated against small-pox. Last year, the work in the schools of the district, in general, was limited to vaccination against these two diseases. It is hoped that during the ensuing year the Central Office will supply the District of St. Marc with a Health Center similar to the one in Port-au-Prince, even though it be instituted on a very small scale. There is no doubt that this Center will render great service to the population from the standpoint of social and school hygiene.

Important and epidemic diseases.—No epidemics were noted this year. Many infectious and contagious diseases, however, were treated. Among in-

interesting cases may be mentioned one case of hypertoxic malignant diphtheria in a child 6 years of age. The sudden death of the patient did not permit an ante-mortem examination of the exudate or the application of intensive serotherapy. In June, a man of 29 years suffering with tetanus was admitted at the hospital. Large doses of antitetanic serum injected intramuscularly and into the spinal canal did not prevent a fatal termination. A woman sent to us from the jail, was found to be suffering with purulent meningitis. Repeated examinations of the cerebrospinal fluid revealed large numbers of pneumococci. Death occurred within a few hours. There were 45 cases of whooping-cough in the district during the year. A case of leprosy was discovered but the patient refused treatment with chaulmoogra oil which was recommended. Among the 47,537 patients who were seen and treated by the physicians of the Service, there were 20 cases of tuberculosis of which 9 terminated fatally; 43 cases of chancroid; 329 of gonococcus infection of urethra; 132 of conjunctivitis; 596 of diarrhea and chronic enteritis; 1,270 of intestinal parasites; and 7,882 of treponematoses. All of the 110 cases of malaria confirmed by laboratory examination were given appropriate treatment with quinine. Again this year no case of dengue, small-pox, measles, or scarlet fever was observed and no case was reported by private physicians.

Rural Clinics.—The medical personnel attended the 14 rural clinics which were conducted at the following places: Lully, Mont-Rouis, Verettes, Dessalines, Pont-Sondé, Carrefour, Grosse Chaudière, Bocozele, Grande-Saline, Petite-Rivière de l'Artibonite, Marche des Armes, La Chapelle, Savanne-à-Roche, Médor and Perodin. In the first seven places, clinics are held once a week, and at Bocozele and Grande Saline, twice a month. Remaining clinics are held every two months. The routine observed during the last five times in visiting the rural clinics is interesting. A doctor and a dresser left St-Marc in automobile at 6 A.M. for Verettes. Thence they rode horses or mules over mountain ranges to reach successively Marche des Armes, La Chapelle and Savanne-à-Roche where they rested a few hours during the night after having examined the last patient. The following day, they started for Perodin where they arrived at 6 P.M., after a stop at Médor between noon and 2 P.M. The next afternoon they arrived at Petite-Rivière where they were met by a car which returned them to St-Marc. During the year, the work accomplished in these 14 rural clinics was as follows: 24,967 consultations, 9,772 Bismosol injections, 6,533 injections of mercury and 1,623 dressings while 5,539 patients received spirocide treatment. At present the service owns five dispensaries. The last one constructed is located at Pont Sondé. It was erected by the Department of Public Works and turned over to the Public Health Service on February 11, 1930.

Permanent Improvements.—

1. Construction of nurses office.
2. Painting of roof, wards 1 and 2, of dispensary, garage and operating room, bath room and latrines.

Recommendations.—

1. Construction of Chapel, Sister's quarters, isolation and women's wards, a new kitchen, food storeroom and morgue.
2. Construction of dispensaries at Petite-Rivière, Dessalines, Savanne-à-Roches and Perodin.
3. Amplification of the public water supply to the hospital.
4. Installation of an electric lighting plant.

HINCHE

Personnel.—The following members of the Public Health Service are employed in connection with the hospital and rural clinics.

1 Medical Officer, U. S. N.	5 Dressers
2 Haitian doctors	1 Chauffeur
1 Laboratory technician	1 Chauffeur (pump operator)
1 Office clerk	2 Cooks
3 Sisters	1 Baker
5 Graduate nurses	1 Carpenter
3 Ward attendants	1 Laundress.

Hospital activities.—Available beds number 80, of which 40 are in the ward for males and the remainder in the ward for females.

Daily average of patients	63.51
Total admissions during the year	771
Total outpatients for the year	11,584
Daily average of outpatients	32
Deaths	6
Number of autopsies	0
Total major operations	24
Total minor operations	593
Total doses of Neo-arsphenamine	2,883
Total doses of sulpharsphenamine	2,030
Spiroicide	256

New construction.—Construction of a stone chapel in the hospital grounds was started with funds saved through careful supervision of all district activities.

Laboratory.—The following work was performed by the technician detailed to the hospital laboratory:

Urinalyses	727
Feces	716
Blood smears	896
Positive for malaria	343 or 38.2%
Sputum	0
Blood counts	742
Hæmoglobin	130

School inspection.—The number of school children registered, the number inspected and the work performed is indicated in the following table:

Pupils registered	312
Pupils seen at inspection	245
Total vaccinations indicated and performed	245
Total positive reactions	83
Reaction not controlled (absence of pupils)	84 or 34.28%

Vaccination of school children is rendered extremely difficult owing to the erratic attendance of the pupils.

Rural Clinics.—Clinics are held in Mirebalais, Lascabobas, and Maïssade, daily except on Sundays and holidays and in Thomonde and Belladère once a week. It is planned to hold a clinic, weekly at Cerça-la-Source as soon as the road is opened. Rural clinic statistics are as follows:

Number of places where clinics were held.....	8
Number of clinics held in all places.....	1,036
Average number of patients per clinic.....	21.15
Average number of patients per month.....	1,826
Total cases for the year.....	21,920
Total doses of sulpharsphenamine.....	446
Total doses of bismosol.....	825
Total doses of mercury.....	80
Total doses of spirocide.....	7,534

The approximate mileage covered in visiting rural clinics was as follows:

Automobile	10,392 miles
Horse	106 miles

Medical supplies and equipment valued at Gdes. 16,776.00 were issued for the purpose of maintaining and conducting rural clinics and dispensaries.

Accomplishments.—

1. Repairs to Public Health Officer's quarters hospital buildings and equipment.
2. Construction of large covered cement bassin.
3. Construction of stone chapel commenced.
4. Installation of a new electric lighting plant.
5. Screening of building housing the operating room started.

Recommendations.—

1. That an isolation ward be constructed.
2. That a well be drilled on the hospital reservation.
3. That a standard dispensary be built at Belladère or Juan de Verde.

PETIT-GOAVE

Personnel.—The personnel attached to the Hospital is as follows:

1 Public Health Officer, commissioned	3 Laundresses
Physician 3rd class	2 Maids
1 Commissioned Physician 6th class	1 Messenger
1 Graduate Nurse	2 Ward attendants
1 Technician	1 Watchman
1 Clerk	1 Steamstress
1 Assistant Pharmacist	7 Servants
10 Dressers	1 Gang boss
1 Cook	1 Painter

The following table shows the work accomplished during the year at the Petit-Goâve Hospital:

Average daily number of patients in hospital	37
Total admissions for year	442
Total discharged for year	450
Total number of deaths	22
Total number of outpatients	21,677
Average number of consultations per month	1,803
Total number of dressings	15,271
Total number of post-mortem examinations	2
Number of major operations	20
Number of minor operations	232
Number of urine examinations	1,438
Number of sputum examinations	1,445
Number of blood smears	1,710
Number of Neo-arsphenamine injections	2,887
Number of Bismuth injections	13,962
Number of Sulpharsphenamine injections	1,428
Number of dental treatments	174

The Hospital is composed of two wards: the men's ward and the women's ward. Hospital bed capacity is 34. This is obviously inadequate to meet the needs of the district.

Laboratory.—The laboratory is equipped to perform such routine work as examination of feces, sputum, urine, blood smears and to make blood counts.

Schools.—During the year all the schools of the District have been inspected. No case of contagious disease has been discovered. Our limited personnel did not permit us to institute an examination service for school children. 1218 children have been successfully vaccinated against small-pox. We hope to institute anti-typhoid inoculation for school children as soon as we have a refrigerator at our disposal for storing the vaccine.

Rural Clinics.—Rural dispensaries have been established in the most important centers of the District. Those located at a distance are provided with permanent dressers who hold daily clinics, administer drugs and do dressings. Every month at Anse-à-Veau, Petit-Trou, Grand Boucan and Baradères and every week at Miragoâne a clinic is held by the Public Health Officer or by the Assistant Public Health Officer during their inspection trips. The town of l'Asile was transferred to the District of Aux Cayes during the month of August. Yaws, syphilis and intestinal parasites continue to be the principal diseases seen at the clinics. The following table gives the total number of patients treated at the rural clinics during the year:

Number of patients treated during the year	57,067
Average number patients per month	4,735
Total number of dressings	14,291
Number of Bismuth injections	6,484
Number of Spirocid tablets given	39,498
Number of rural clinics held	662

Automobiles were used in visiting all clinics and 14,562 miles were travelled.

Improvements.—During the year extensive paving has been accomplished in the hospital grounds. The part of the hospital grounds facing the main highway has been fenced and a gate constructed.

The money value of medical supplies used in rural clinics was Gdes. 28,413.00.

Recommendations.—

1. Complete fencing of the hospital grounds.
2. Erection of a new ward.
3. Building of an Isolation ward.
4. Construction of a morgue.
5. Building of a Rural Dispensary at Fond-des-Blancs.

JEREMIE

Personnel.—The Haitian staff is composed of the following:

1 Doctor	5 Dressers
2 Assistants	2 Ward attendants
1 Office clerk	2 Cooks
1 Laboratory technician	1 Servant
3 Sisters	1 Laundress
2 Nurses	

Dr. Torchon was relieved as Public Health Officer by Dr. Papillon June 21, 1930. Dr. Nérette reported for duty on July 1, 1930.

Hospital statistics.—The hospital contains 60 beds. During the year, 346 patients were admitted to the hospital. There were 6 deaths. Private consultations produced a revenue of Gdes. 698.00. Major operations amounted to 52 and minor operations to 519. Excellent results were obtained in all cases. Other statistics are as follows:

Total number of outpatients	24,662
Intravenous injections of neoarsphenamine	2,265
Intramuscular injections of bismuth	11,972
Total number of dressings	8,551

Clinics are held at the hospital dispensary four times a week by a doctor assisted by a sister and a dresser. Laboratory work is ordered as necessary. No dentist is on duty at the hospital so that emergency dental treatment must be rendered by the doctor. There were 280 extractions and other dental treatments during the year.

Laboratory.—Work performed in the laboratory by the technician is indicated below:

Urinalyses	374
Blood smears	712
Positive for malaria	146
Positive for filaria	4
Feces	303
Sputum	47
Smears, miscellaneous	17

School inspection.—During the year, 388 pupils in the different schools in the city and in the country were examined and of these 238 were vaccinated against small-pox.

Rural Clinics.—These clinics were held at various places and at intervals as follows: Tiburon, twice a week; Marfranc, Moron and Roseaux, weekly; Chambellon, Gorguette, Dame-Marie, Cap-à-Foux, Previle, Corail and Pestel, twice a month; and Abricots, Anse d'Hainault and Irois, monthly. All clinics were attended by a large number of patients. The following figures bear witness to the amount of work performed:

Number of places.....	14
Total number of patients.....	86,780
Number of treatments of spirocide.....	42,904
Intramuscular injections of bismuth.....	14,230
Number of dressings.....	34,663
Dental treatments.....	6,000

Approximate mileage travelled in visiting rural clinics:

Automobile	5,983
Horse	3,540
Motor boat	1,980

Finances.—Gdes. 46,298.50 were expended from Article 331, for operation of hospital, dispensaries and rural clinics. Average cost of ration was Gdes. 0.85.

Improvements accomplished.—A retaining wall of masonry was constructed along the road leading to the hospital. The kitchens for the Sisters and for the patients were greatly enlarged and improved.

Recommendations.—

1. Construction of standard dispensary buildings at Gorguette, Previle and Roseaux and of two concrete bassins at the Hot Springs of Moron.

JACMEL

Personnel.—There is a staff of 37 attached to the hospital and rural dispensaries, distributed as follows:

1 Medical Officer, U. S. Navy	2 Cooks
1 Chief Pharmacist's Mate, U. S. Navy	1 Assistant cook
2 Haitian doctors	3 Laundresses
2 Haitian graduate nurses	2 Ward attendants
1 Clerk	1 Watchman
1 Graduate pharmacist	2 Gardeners
4 Sisters	2 Janitresses
1 Laboratory technician	1 Maid
7 Dressers	2 Servants
1 Carpenter	

In addition there is one priest who lives at the hospital and is subsisted but is not on the payroll. There is also one invalid sister subsisted but not on the payroll.

There have been many changes in personnel during the year. We now have one Haitian doctor, two Haitian nurses and a graduate pharmacist in excess of former personnel. The addition of two graduate nurses to the staff has been invaluable. Both are good workers and are apparently contented and interested

in their work. The additional doctor was assigned to duty in charge of sanitation activities, enabling the assistant public health officer to concentrate on administrative duties. All present personnel display a fine spirit of cooperation.

New personnel.—

Lieutenant Commander W. J. Pennell, (MC) U. S. Navy, Public Health Officer. Reported 3 February 1930.

Chief Pharmacist's Mate J. R. Edelen, U. S. Navy, reported 21 April 1930, and assigned duty as Assistant Administrator, Assistant Receiving Officer, and Officer in Charge of Transportation and Commissary. Appointed Receiving and Disbursing Officer 1 July 1930.

Dr. André Sam, reported 1 April 1930, and was assigned to duty as Officer in Charge of Sanitation and as assistant in the out-patient dispensary and rural clinics.

Dr. Louverture Alcindor, reported 21 April 1930, and was assigned to duty in charge of in-patient and out-patient dressing rooms and assistant in surgery and rural clinics.

Dr. Joseph Rénélisque, reported 4 August 1930, and was assigned to duty in charge of medical cases, laboratory and autopsies with additional duty in the out-patient dispensary and rural clinics.

Mlle. Georgette Civil, graduate nurse, reported 10 April 1930, and was assigned to duty in charge of the operating room with additional duty in the wards and out-patient dispensary.

Mlle. Francesca Blasse, graduate nurse, reported 19 April 1930, and was assigned to duty in the wards with additional duty in the record office.

M. Emile de Madet, a graduate of the National School of Pharmacy, was employed 16 September 1930. Previously, work in the pharmacy was performed by a dresser or a sister, neither of whom had any special training in pharmacy.

Transfers.—

Lieutenant J. D. Blackwood, Jr., (MC) U. S. Navy, 1 February 1930.

Pharmacist's Mate first class G. B. Germany, U. S. Navy, 30 April 1930.

Dr. Félix Nérette, 17 March 1930.

Dr. Abélard Caries, 11 August 1930.

Bed capacity.—The bed capacity of the hospital is divided as follows:

Number of beds in the surgical wards	36
Number of beds in the medical wards	22
Number of beds in the isolation ward	4
Number of beds in the private ward	8

Total number of beds..... 70

Total bed capacity at the end of the last fiscal year was 74.

The above includes five cubicles for semi-private beds, four of which are in the women's ward and one in the men's ward. They are used for either medical or surgical cases as necessary. It is planned to place three additional cubicles in the men's ward provided there is a demand for them. There have been very few

patients in the private ward during the year. It is hoped that this ward will become more popular during the coming year as it is, potentially, a source of considerable revenue. Plans have been made to utilize a part of the private ward for obstetrical cases provided such cases can be induced to come into the hospital.

Religious activities.—Mass is said every morning in the chapel at 6. There is catechism for the patients at the chapel from 2 to 2:30 in the afternoon. There is also benediction every afternoon at 5. The priest, who lives in a house on the grounds, administers the last rites to seriously ill patients and holds services for those who die in the hospital.

Administration.—The past year has produced many changes in organization. Both the administrative and sanitation offices were previously located in a building owned by the Public Health Service and located in the center of the town, about one-half mile from the hospital. This arrangement proving unsatisfactory, the offices were moved to the dispensary building on the hospital grounds. This concentration enables the public health officer to keep in closer touch with and to exercise a more careful supervision over all activities. The addition to our office equipment of new desks, another typewriter, and adding machine, filing cabinet, and Kardex cabinet, greatly facilitates the routine office work and the keeping of records. A clerk was employed to replace the sanitary inspector who had been doing the office work. The capacity of the storeroom has been increased by the addition of new shelving and all supplies and equipment not actually in use have been stored there.

Hospital statistics.—The statistics for the fiscal year and those for the preceding year, shown for purpose of comparison, are as follows:—

	1928-1929	1929-1930
Total number of admissions.....	224	265
Average number of patients per day.....	53.18	58.16
Total consultations, out-patient department.....	41,251	46,797
Daily average of out-patients.....	135	153
Total number of discharges.....	220	261
Total number of discharges, cured.....	77	111
Total number of discharges, improved.....	105	116
Total number of discharges, no change.....	10	20
Total number of deaths.....	28	14
Total number of autopsies.....	1	5
Percentage of autopsies.....	3.5	35.7
Total number of births.....	2	1
Total number of major operations.....	4	20
Total number of minor operations.....	133	204
Total number of neo-arsphenamine injections.....	632	1,462
Total number of sulpharsphenamine injections.....	2,420	1,756
Total number of bismuth injections.....	9,756	8,822
Total number of mercury injections.....	4	19
Total number of spirocide treatments.....	0	44
Total number of dressings.....	40,029	35,595
Total number of dental treatments.....	5	29
Total number of X-ray examinations.....	6	44
Total number of vaccinations (except school children).....	159	235

Vaccinations.—The numbers of persons vaccinated during the year are shown below:

	1928-29	1929-30
Number of persons receiving cowpox (exclusive of school children)	141	535
Number of persons bitten by dogs	0	5
Number of persons under antirabic vaccine treatment during year	0	2
Number of persons having completed courses of anti-typhoid inoculations	24	7
Number of persons receiving prophylactic anti-tetanus serum	6	48
Number of cases of tetanus	0	1
Number of deaths from tetanus	0	0
Number of lepers under treatment or observation	0	1
Number of persons receiving diphtheria anti-toxin	0	1

X-ray.—The X-ray machine is functioning well but considerable difficulty is experienced in developing plates. The water supply is seldom under 90 degrees Fahrenheit and plates must be read while wet, immediately after development and without adequate fixing. The plates become valueless after a few hours and cannot be kept. A small cooling system similar to the one at Cape-Haitian is considered essential. The voltage loss due to line resistance cuts the capacity of the machine in half. This can only be remedied by the installation of a separate line and transformer for the X-ray machine, at a considerable cost. A Bucky diaphragm for the radiography of heavier parts is considered desirable.

Laboratory.—The laboratory technician is fairly well trained and, when supervised, does quite careful work. Supervision is exercised by the Public Health Officer and by Dr. Rénélisque. With the advice and cooperation of the director of laboratories, changes have been made in existing equipment and new equipment added which considerably increase the scope of our laboratory activities. A dark field apparatus is desirable as numerous chancres are seen each month.

The following is a summary of the work performed in the laboratory during the year as compared to the previous year:

	1928-1929		1929-1930	
	Number	Per cent	Number	Per cent
Number of stool examinations	269		448	
Parasites present	147	54.64	234	52.23
Positive for ascaris	89	53.08	128	28.57
Positive for hookworm	91	33.82	96	21.42
Positive for oxyuris	3	1.11	2	44
Positive for trichuris	89	33.08	108	24.10
Number of urine examinations	290		553	
Number of sputum examinations	53		79	
Positive for T. B.	10	18.86	16	20.25
Blood counts	0		238	
Number of blood smears	500		604	
Positive for malaria	259	51.80	136	22.51
Positive for filaria	0		0	
Number of Kahn blood tests	0		229	
Positive	0		122	53.27
Number of spinal fluid Kahn tests	0		4	
Number of spinal fluid mastic tests	0		3	
Number of all other examinations	174		489	
Total number of examinations	1,286		2,647	

Buildings and grounds.—All buildings are at present in a fair state of repair although the wooden posts of all buildings with the exception of the main ward building, will gradually need to be replaced by concrete posts. Many of these posts as well as the wooden railings are already merely shells due to the activities of termites. A new building on the hospital reservation to serve as a combination garage, stable, gasoline storeroom and sanitation offices is badly needed. The gasoline storeroom was moved from the old bureau to one of the rooms of the old isolation ward at the hospital. This was done because of the impossibility of checking gasoline and oil issues and also because the old storeroom had been broken into several times. While the room in the isolation ward is satisfactory as a storeroom, it is needed for patients.

Although the bed capacity of the hospital would seem to be sufficient when compared to the daily average of patients, actually it is insufficient, as admissions have been increasing and in order to keep the average number of patients within necessary limits, discharges have been increased, patients in many cases being discharged to out-patient treatment when a longer period of hospitalization would be desirable. Another small building to serve as an out-patient waiting room, in which might be combined a women's dressing room, a genito-urinary and a gynecological treatment room, would be desirable. The cost of such a building is roughly estimated at Gdes. 1,200.00.

It is evident that within the next four years, a new building to serve as an obstetrical and children's ward will be desirable. The number of children treated in the hospital is increasing and there is promise of some obstetrical cases, as the population becomes educated to the idea of hospitalization in such cases. It is believed that the establishment of a health center at the site of the old Public Health Service office, which could be done at comparatively little cost by repairing the present building, would be a very considerable factor in the campaign for the hospitalization of children and maternity patients. The present staff of doctors and nurses could probably handle the situation, at least temporarily, by holding clinics there on certain fixed days of the week. There is urgent need for the addition of a dentist to the hospital staff.

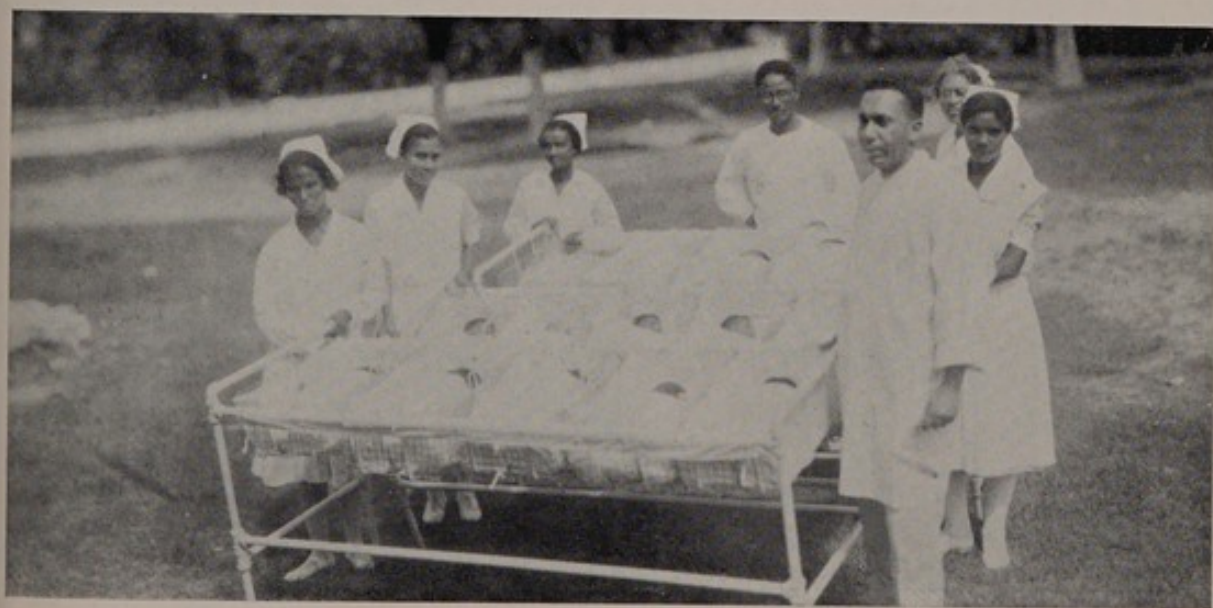
The present latrines at the hospital are unsatisfactory. They are of the pit type and require cleaning about every six months. The septic tank at the hospital is of sufficient capacity to care for all hospital sewage, in fact, the septic tank does not at present function as such, apparently due to an insufficient sewage content. The tank requires constant attention to prevent mosquito breeding but it is planned to remedy this defect in the near future by sealing all openings and cracks. It would seem desirable when funds are available, to construct a small building of four rooms divided into sections for male and for female patients; two rooms to contain three flush toilets each, the other two to contain three shower heads each. The entire sewage and waste water could then be run in one pipe line to the septic tank. At present, waste water from the shower baths runs by a surface drain down the hillside. When practicable, a flush toilet is also desirable in the Sisters' quarters.



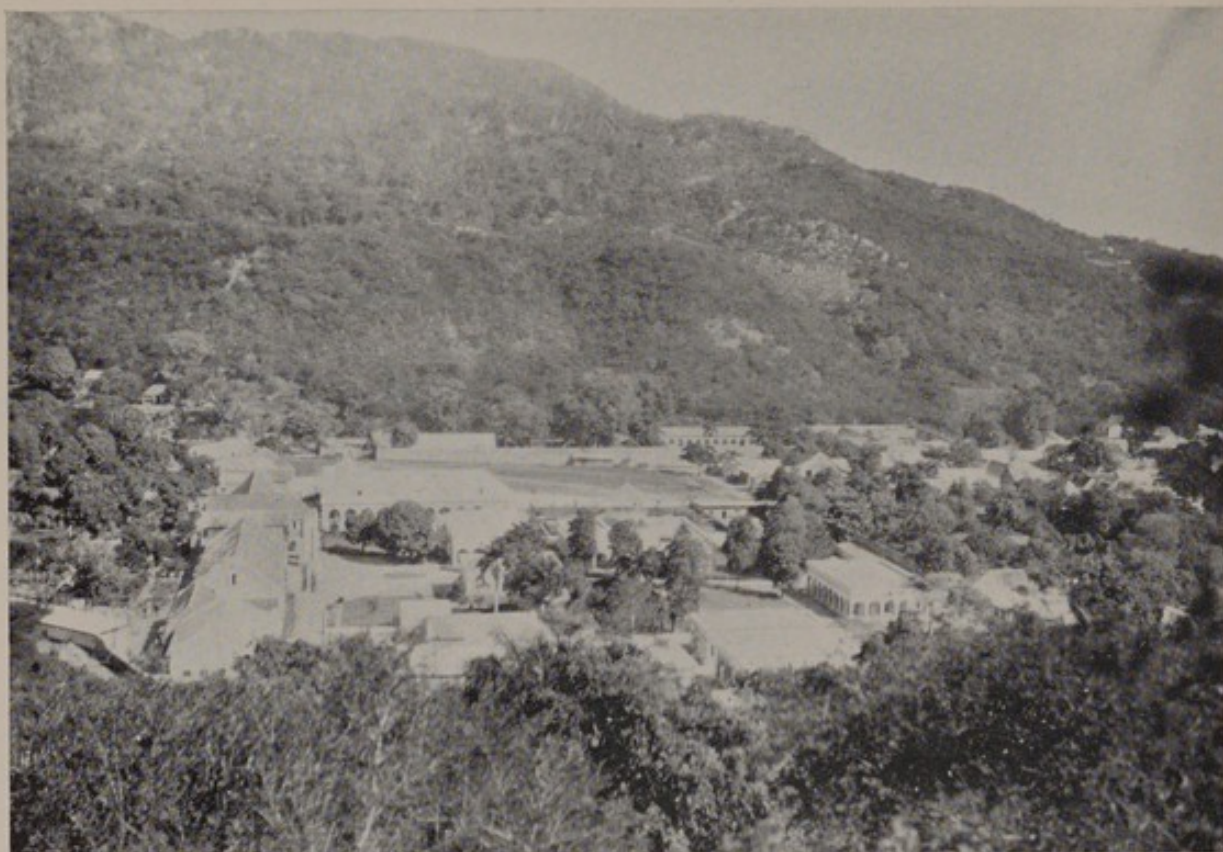
Baby Clinic, Public Health Center, Port-au-Prince.



*A Corner of the Obstetrical Ward, Haitian General Hospital, Port-au-Prince
Over 100 women have been delivered in this ward during the last three months.*



Babies in Their Layettes, Haitian General Hospital, Port-au-Prince.



Justinien Hospital, Cape-Haitian, as Viewed from an Airplane.



Laboratory, Justinien Hospital, Cape-Haitian.

The operating room is badly in need of repair, the woodwork in the north window is badly rotted in places. Materials have been purchased and funds are available for these repairs. The deck is in poor condition and although it has been painted with concrete deck paint, the paint wears off rapidly and the deck never appears clean. It is hoped that we will have sufficient funds to tile this deck in the near future. Some additional surface drains are needed on the hospital grounds. Materials have been purchased and funds are available for this work. Work on levelling and landscaping the tract of land between the dispensary building and the main road has been commenced. This land has been approved as a site for the new building for garage and stables.

Finance.—Receipts and expenditures during the year were as follows:

Balance on hand, 30 September 1929	2,705.69
Budgetary allotment (Article 331)	67,200.00
Reimbursements	2,573.55

Total	72,479.24
Expenditures	72,479.24

Balance on hand, 30 September 1930	000.00
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Total receipts from private consultations and pay patients in the hospital were Gdes. 2,573.55.

The average ration cost per person subsisted per day was Gdes. 0.5958.

School inspection.—A summary of the results netted by the personnel conducting the inspections is shown below:

	1928-1929	1929-1930
Number of schools inspected	15	14
Number of school children examined	1,475	1,788
Number having had smallpox	70 or 4.08%	6 or 3.35%
Number vaccinated previously	585 or 30.0%	698 or 39.0%
Number vaccinated	853 or 57.0%	1,507 or 84.28%

An intensive campaign of inspection and vaccination of school children is contemplated as soon as the schools are reopened.

Rural dispensaries.—The following tables shows the number of consultations and work performed at each rural dispensary during the last two fiscal years:

	1928-1929	1929-1930
Bainet	9,762	11,552
Saltrou	15,220	11,440
Colline des Chênes	10,574	12,764
La Vallée	15,887	9,082
Fond Melon	8,987	9,537
Côtes-de-Fer	2,570	4,715 (9 months only)
Anse-à-Pitres	0	1,344 (3 months only)
Perédo*	24,040	6,476 (6 months only)
Total	87,040	66,910

*Status changed from Rural Dispensary to Rural Clinic April, 1, 1930.

The decrease of 20,130 consultations from last year is apparently chiefly due to a decrease at Perédo and at La Vallée. Although the dispensary at Perédo was discontinued 1 April 1930, the consultations for the first six months were only approximately half of those for the corresponding six months of last year. Whether or not this indicates a decrease in the prevalence of yaws in these sections is at present problematical. It is probable that the weekly clinics at Marigot will reach the people of Perédo, since the clinics are held on market days and Perédo is a relatively short distance from Marigot. The figures shown in the table of treponematoses are not suggestive of decrease in the prevalence of yaws at Perédo.

There are at present six dispensaries where dressers administer to the sick daily except Sunday; Anse-à-Pitres, Colline des Chênes, Saltrou, Fond Melon, La Vallée and Bainet. Of these, the only standard dispensary is at Anse-à-Pitres. The standard dispensary at Côtes-de-Fer was turned over to the district of Aux Cayes 1 August 1930 by order of the Director General. The dispensary at Anse-à-Pitres was completed by Public Works during the year and was opened in July 1930.

The dispensary at La Vallée approximates the standard type and is in good repair. The dispensary at Saltrou, while not of the standard type, is in a good state of repair and does not need replacement at present. The dispensaries at Fond Melon and Colline des Chênes are badly in need of repair and should be replaced by standard-type dispensaries as soon as possible. The dispensary at Perédo was discontinued in April. Since then weekly clinics have been held at Marigot, which is only thirty minutes walk from Perédo. The dispensary at Bainet was abandoned in August. This dispensary was in a poor state of repair and badly located, being about forty minutes horseback from town, on the banks of a river which overflows during the rainy season. A dresser was drowned during the recent flood. All equipment was then moved in to the town where a "caille" near the market place was rented. Standard dispensaries should be built on the land owned at Bainet and Marigot as soon as practicable. It would be desirable to secure title to land at Colline des Chênes, La Vallée and Fond Melon, if possible.

The dressers on the whole are fairly reliable and understand the treatment of the three chief diseases in Haiti, namely, treponematoses, malaria and intestinal parasites. They do not understand the proper use of the clinic form and frequently record early or late yaws instead of new admissions and old admissions and they do not indicate by the proper designation fluorescent yaws and syphilis. As a result, we are unable to offer any accurate figures for the prevalence of yaws in this section. We are endeavoring to correct this by letters and personal instruction. We are trying the policy of bringing each dresser to the hospital for a period of training. Inspections of rural dispensaries are made at frequent intervals by the Public Health Officer or his assistants, the inspection trips being unannounced in advance. This is necessary not only as a check on the work being performed by the dressers but also to check the monthly issues of

supplies to the dispensaries. The motor boat is of a great value in making inspection trips and transporting supplies.

The system of rural dispensaries with permanent dressers which prevails in this district is considered far from ideal. It is impossible to obtain dressers who are well educated and of sufficient intelligence for what we were able to pay. It is considered that we could do more and better work if we were able to make weekly clinics from the hospital at all rural dispensaries. This is of course impossible until such time as roads are constructed throughout this district. It would appear that good roads are a major factor in public health work in Haiti.

Rural Clinics.—Rural clinics have been held during the year at the following places:

	Place held	No. of clinics	No. of Consultations
Marigot	Rented caille	22	2,941
La Montagne la Croix	Church	12	2,337
Cap Rouge	Church	12	2,106
Mohiga	Church	10	2,137
Ravine Normande	Church	10	1,099
Bas Coq qui chante	Church	10	1,625
Grand' Rivière	Church	8	2,074
Haut Coq qui chante	Church	8	1,882
Gaillard	Hydro-electric station	7	1,584
Perédo	Dispensary	6	2,087
Montaigne la Voûte	Church	6	973
Cayes Jacmel	Loaned caille	4	881
Totals		115	21,726

We have recently been holding weekly clinics by automobile at Cayes Jacmel, enabling us to discontinue horseback clinics at Gaillard and Ravine Normande, these places being not far from Cayes Jacmel. The only clinics accessible by automobile are Cayes Jacmel and Marigot. The remaining clinics must be made by horseback. To hold a clinic at each place weekly would require another doctor and two more animals.

Permanent dispensaries with dressers at Cap Rouge and at Grande Rivière are considered desirable when funds become available. We would then be able to hold the remaining clinics weekly, except at times during the rainy season when the trails become impassable.

RURAL CLINICS AND RURAL DISPENSARIES—COMBINED STATISTICS

	1928-1929	1929-1930
Total number of consultations and treatments	98,560	88,636
Total number of clinics held	2,096	2,131
Average of consultations per month	8,213.33	7,386.33
Average of consultations per clinic	47.02	41.59
Total number of bismuth injections	37,635	7,297
Total number of Spiroside treatments	0	43,488
Total number of dressings	40,513	30,070
Total number of dental treatments	0	837
Total number of vaccinations (except school children)	0	300

The value of medical supplies issued to rural dispensaries and rural clinics amounted to Gdes. 27,719. Approximate mileage travelled in visiting these activities was as follows:

Horse and mule.....	4,692 miles (approximate)
Automobile	1,978 miles (approximate)
Motor boat.....	3,768 miles (approximate)
Airplane.....	0 mile
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Total.....	10,438 miles (approximate)

*Treponematosi*s.—The following table is offered to show to some extent the prevalence of yaws in this district as diagnosed by the doctors and trained dressers in the rural clinics. The accuracy of these figures is questionable. However, it is believed that practically all cases of early yaws are recognized and, by including syphilis and rheumatism, we may have a fair idea of the percentage of cases recognized and treated as treponematosi by the doctors and dressers. All cases with diagnosis of rheumatism are routinely given anti-luetic treatment. Ulcers are included with late yaws. The routine blood Kahn tests performed at the hospital were 53.27 per cent positive as compared with 48.05 per cent of cases classified as treponematosi in the following table. These figures are probably from 20 to 30 per cent lower than the actual percentage of treponematosi in the rural population.

	Yaws Early	Yaws Late	Syphilis	Rheumatism	Total Late	Total Consultations all causes	Per cent, Early	Per cent, Late	treponematosi Per cent, Tre-
Marigot	408	844	406	170	1,420	2,941	13.87	48.28	62.15
Cayes Jacmel.....	51	344	78	79	501	881	5.78	56.86	62.64
Grande Rivière.....	294	694	121	63	878	2,074	14.18	40.54	54.72
Mohiga	151	598	132	136	866	2,137	7.06	39.21	46.27
Ravine Normande.....	72	168	69	120	357	1,099	6.55	32.48	39.03
Haut Coq qui Chante.....	98	330	101	192	623	1,882	5.20	33.10	38.30
Bas Coq qui Chante	84	302	89	77	468	1,625	5.16	28.80	33.96
Cap Rouge (Ste. Anne).....	217	575	67	219	861	2,106	10.30	40.88	51.18
Perédo	344	627	146	121	894	2,087	16.48	42.83	59.31
Gaillard	169	291	194	111	596	1,584	10.66	37.62	48.28
Montaigne la Croix.....	206	386	66	64	516	2,337	8.85	22.08	30.93
Montaigne la Voute.....	37	261	34	102	397	973	3.80	40.80	44.60
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Total.....	2,131	5,420	1,503	1,454	8,377	21,726	9.80	38.25	48.05

In recapitulation, the following combined table gives an idea of the magnitude of the work accomplished during the year and the total number of patients treated exclusive of those admitted to hospital. It should be stated, however, that an indeterminate number received more than one consultation or treatment so that the total does not altogether represent different individuals.

TOTAL OF ALL ACTIVITIES

	1928-29	1929-30
Total number of consultations and treatments.....	139,811	135,433
Daily average of consultations.....	457	443
Total number of bismuth injections.....	47,391	16,119
Total number of Spiroside treatments.....	0	43,532
Total number of dressings.....	80,542	65,665
Total number of dental treatments.....	5	866
Total number of vaccinations (except school children).....	159	535

All daily averages are based upon 306 working days in the year.

Construction and repairs.—The following improvements were made during the year:

(1) Operating-room. A Brewster instrument cabinet, a curved instrument and dressing table, a steel dressing stand with four porcelain shelves and two porcelain-enameled tables were received and installed. All of the kerosene burners for sterilizers were repaired. The walls and floor were repainted.

(2) Main wards. Two medicine and supply cabinets, a white-enameled steel dressing carriage, a Balkan frame, six standard hospital beds, and 36 bedside tables were received and put in use. Three bedside screens were made and two tables repaired and painted for use as ward desks. All walls were white-washed. Five cubicles for semi-private beds, four in the women's ward and one in the men's, were constructed. All bedside tables repainted. The old lockers in the main wards were removed and the room between the men's and women's wards, which was not being used, converted into an examining and dressing-room, doors being removed and replaced by muslin curtains.

(3) Administration offices. A bulletin board and cabinet for keys were constructed. An additional filing cabinet and typewriter were received. An adding machine and a 12-drawer, 5 x 8 Kardex cabinet were purchased. Two new desks were made, two old desks and two tables were repaired and refinished. Twenty-four new chairs were purchased for offices and dispensary. A stand was made for the filing cabinet in the record office. A bookcase for the hospital library was constructed.

(4) Laboratory. An electric water bath for Kahn tests was received. New shelves and drawers added to old work bench, new shelves made, table repaired and all working surfaces finished with acid-proof stain. An apparatus to facilitate the reading of Kahn reactions was made. A new cabinet for storage of supplies and equipment was installed.

(5) Pharmacy. Both precision balances were completely overhauled and repaired. A new cabinet and new shelving were constructed and painted. All working surfaces were finished with acid-proof stain.

(6) Medical Storeroom. An electric refrigerator for the preservation of vaccines and sera was received. Two sets of shelves were constructed considerably increasing the capacity of the storeroom.

(7) X-ray. The X-ray machine was completely overhauled and put in use. The darkroom was overhauled and repainted.

(8) Dressing room. The dressing room was overhauled and rearranged, furniture repainted and a new dressing table made.

(9) Gasoline storeroom. The gasoline storeroom was moved from the old Sanitation Office to the isolation ward of the hospital. A rack for gasoline, oil and kerosene drums was made and new shelving installed.

(10) Dispensary. Ten benches for out-patients were made. Four gates for doors of the record office and a new railing for the porch were made. Electric lights were installed in seven rooms and electrical outlets provided for X-ray machine, laboratory equipment, and electric refrigerator.

(11) Miscellaneous. Flower beds were laid out at entrance to old office and a pipe line to supply water installed. The latrines at the hospital were fly-proofed. Materials for the repair of the operating room windows and for the construction of additional drains on the grounds were purchased. A standard dispensary at Anse-à-Pitres was constructed by Public Works. Benches and shelves were made and painted at the hospital. The old incinerator at the hospital was cleaned, repaired and put in use. The lawnmower was repaired. Safety hasps and Yale locks placed on all doors of hospital buildings where needed. Doors of private wards were lettered and numbered. The stove in the galley was overhauled and repaired. All buildings and walls were whitewashed where necessary. Work on levelling and landscaping the tract of land between dispensary building and mainroad was commenced.

Recommendations.—The following are given in the order of their importance:

(1) A new building to serve as a garage, stable, sanitation storeroom and office, gasoline storeroom. Estimated cost Gdes. 10,000.00.

(2) Alteration and repair of the old bureau to serve as a health center. Estimated cost Gdes. 500.00.

(3) Gradual replacement as necessary for all buildings of wooden by concrete posts.

(4) Alteration and repair of old building used as an isolation ward. Estimated cost Gdes. 300.00.

(5) Secure title to land for dispensaries at Colline des Chênes, La Vallée and Fond Melon.

(6) Construction of standard dispensaries at Bainet, Marigot, Colline des Chênes and Fond Melon. Average cost Gdes. 10,000.00.

(7) Acquire land and construct standard dispensaries at Cap-Rouge and Grande Rivière.

(8) Construction of a new building for out-patients, to contain women's dressing room, genito-urinary and gynecological treatment room. Estimated cost Gdes. 1,200.00.

(9) Construction of a four-room building with three toilet seats and three showers each for men and women. Estimated cost Gdes. 10,000.00.

(10) Construction of a new building to serve as an obstetrical and children's ward.

(11) Addition of a dentist to the hospital staff.

It is desired to acknowledge the excellent work in April 1930, of the surgical unit composed of Dr. Gendreau and Mrs. Garner, in reorganizing the surgical service of this hospital.

AUX CAYES

Personnel.—

- 1 Medical Officer, U. S. Navy
- 1 Chief Pharmacist Mate, U. S. Navy
- 1 Commissioned Haitian Physician
- 1 Laboratory Technician
- 8 Sisters
- 1 Graduate Nurse
- 1 Clerk
- 6 Dressers

During the fiscal year there were many changes in personnel. Dr. Pomeroy, U. S. Navy, was relieved December 26, 1929 by Dr. Pennell, U. S. Navy, as Public Health Officer. Dr. Ferguson, U. S. Navy, on January 8, 1930 relieved Dr. Pennell and was himself detached about February 12, 1930. Dr. Soukup, U. S. Navy, arrived and assumed charge of the District as Public Health Officer February 16, 1930. Toward the end of May 1930 an additional Medical Officer of the U. S. Navy, Dr. Cooper, reported for duty. Assistant Public Health Officer Dixon was relieved December 27, 1929 by Chief Pharmacist Mate Edelen, U. S. Navy, who was detached early in April 1930. Toward the end of May his relief, Chief Pharmacist Mate Whitt, U. S. Navy, arrived. On August 8, 1930, Assistant Public Health Officer Minot Smith was detached. His relief had not reported at the end of the fiscal year. Under these conditions any permanent organization was out of the question. More recently, however, an organization has been outlined with a view of increasing efficiency by subdivision of duties and responsibilities, thereby fixing limits of authority.

Hospital statistics.—The hospital has two wards, one for men and the other for women, and four private rooms located on the second floor above the office which are seldom used. The wards contain 76 beds and the private rooms 8. In an emergency the total bed capacity could be increased to 100. Usually all ward beds are occupied. The following table showing the number of patients in hospital at the end of the last fiscal year and the various diseases with which they were afflicted, presents a fair picture of the types of cases ordinarily admitted.

	<i>Men</i>	<i>Women</i>
Syphilis	13	9
Yaws	10	12
Gonorrhea	4	2
Gonorrheal ophthalmia	2	0
Tuberculosis	2	1
Carcinoma, breast, post-operative	0	2
Purulent ophthalmia	0	1
Cataract, both eyes	0	1
Chronic nephritis	0	1
Optic atrophy	1	0
Hernia of iris	1	0
Genito urinary	5	0
Traumatic	2	0
Hernia, umbilical	1	0
Cardio-renal	2	0
Arterio-sclerosis	1	0
Indigents	4	5
Admissions	400	
Average daily number of patients	63	
Discharged as cured	273	
Discharged as improved	47	
Unimproved	19	
Deaths, (8.5 per cent of admissions)	34	
Major operations	85	
Minor operations	113	

During the period May to July inclusive, five patients with typhoid fever were admitted from various places in the country. Typhoid prophylaxis was administered to all known contacts and to others living in the vicinity of the patients' homes, who would submit to the procedure. About 90 per cent of all patients admitted had intestinal worms although few of them were infected with malaria. There have been no cases of small-pox.

Laboratory.—Data pertaining to work performed in the laboratory are given in the following table:

Urinalyses	488
Feces	406
Blood counts	1,240
Blood smears	549
Positive for malaria, 6 per cent	33
Sputum	77
Positive for tuberculosis, 19.5 per cent	15
Kahn tests	410
Positive 38.3 per cent	157
Miscellaneous examinations	171

Finance.—In addition to medical and hospital supplies and the cost of upkeep and operation of motor vehicles, a total of Gdes. 86,533.21 was expended for the hospital, dispensaries and rural clinics. Reimbursements for treatment of patients was Gdes. 4,512.95.

At no time has the hospital ration exceeded 60 centimes a day. However, the hospital is encumbered with subsistence of 32 orphans and 9 indigents. The average number of daily rations has been 123 of which 63 were patients, 32 orphans, 8 Sisters, 8 indigents and 12 employees.

Rural Clinics.—At the end of the fiscal year under review, rural clinics were being held as follows: Daily at Aux Cayes and Côtes-de-Fer; weekly at Aux Cayes Marché, Carrefour Joute, Carpentier, Cavaillon, Chantal, Chardonnières, Dejoie, Ducis, Port-à-Nanette, Roche-à-Bateaux, Port-Salut, St Jean du Sud, St. Louis du Sud, Vieux-Bourg d'Aquin and Randelle; and twice a month at Camp Perrin, Changier, Damassins, Les Anglais, Les Côteaux, Maniche, Port-à-Piment, L'Asile, Morne Nicolas and Ferme Ecole Aquin. Statistical data for the year follows.

Number of locations.....	29
Total number of clinics.....	780
Total number of consultations.....	44,969

The estimated cost of rural clinics for the year was Gdes. 43,813. Mileage is indicated below:

Automobile	15,082
Horse or mule.....	6,370
Total.....	21,452

As a precautionary measure 2,402 children living in different localities were vaccinated against small-pox.

Improvements and alterations.—The ward for men has been screened, an electric plant installed and the buildings wired for electric lights.

Recommendations.—

1. Installation of an X-ray outfit.
2. Construction of an isolation ward.

RURAL AND TRAVELLING CLINICS

*By**PAUL W. WILSON, Lieutenant Commander (MC) U. S. Navy**and**MAURICE S. MATHIS, Lieutenant Commander (MC) U. S. Navy*

Assuming that the population of Haiti is not less than two million, then more than 90 per cent of the people live in the rural districts. If the term "Public Health Service" is applied to Haiti in the full sense of its significance then by far the larger portion of its material and personnel would be placed at the service of the great mass of the people,—the rural population. Certain conditions have prevented this. In the first place Haiti owes it to her commerce and social contacts with other countries to maintain her seaports in a sanitary condition, therefore, quarantine regulations must be enforced and in the second place hospitals have been established and maintained in the centers of population where they would serve the largest number of inhabitants. These two items alone, everyone will agree, are of the first importance, and as a matter of fact, the people residing in the country derive some benefit from both. It must not be forgotten, however, that approximately 90 per cent of the revenue of the country is derived directly or indirectly from the peasant. Duties on imports are always paid by the consumer and the export duties by the producer. It would seem that the government should be under the obligation of expending its funds proportionately, in so far as possible, for the benefit and protection of those who not only form the mass of the people but who, as a class, contribute the most to its maintenance. Governments are stable and progressive in so far as they alleviate the economic conditions and protect the health of their peasant and working classes.

Haiti owes an enormous debt to her country people but her restricted resources have not as yet permitted her to pay off more than a negligible amount of the interest on this obligation. Difficulties of travel throughout most of rural Haiti prevent the sick from going to the nearest hospital for treatment and they are often unable to attend even the nearest rural clinic. Ignorance and fear are also considerable factors in holding them close to the place of their birth. The writers, during their work with a travelling clinic in the vicinity of Furcy, were particularly impressed by the large number of people in each community visited who had never been to Port-au-Prince, or even as far as Kenskoff which is only about five miles away. From the standpoint of the public health worker, the most discouraging finding of this travelling clinic was, that the farther the clinic travelled the more forcibly it was realized that the country people, or a large percentage of them, will only attend just such a clinic, which is easy of access and where, for the most part, they are among friends. It was remarked that people of one section often were apprehensive about going into or through any neighboring section where they had not been before.

The need of rural and travelling clinics need not be entered into here in detail. At present they are the only means available for combating ascariasis, ancylostomiasis and yaws, and certainly they are of enormous help in alleviating the disability from malaria. The difficulty which now confronts the Public Health Service is the lack of funds and personnel to keep these activities going. The general financial depression and consequent diminished government revenues has had its effect on all government activities, and it is becoming increasingly difficult to finance any expensive public health program. A word of warning may not be out of place at this time. The Haitien countryman has been able to work in peace for the past fifteen years and he has moreover seen the growth of the rural dispensary movement during the last eight years. The annual reports of the Director General of the Public Health Service bear out in striking manner the countryman's quick response to this attention to his needs on the part of his government. His reaction will be equally as prompt if this rural clinic work is curtailed in any degree. In the future the Haitien doctors of the Public Health Service will have a very real responsibility, namely, to do their share to keep the Haitien rural population satisfied with their government by efficient work in the rural dispensaries. If travelling clinics can be added to what is now being done, the position of the government with the mass of her population will be just that much stronger.

The travelling clinics mentioned above operated from May 1, to August 1, 1929, in three localities situated in the mountains south of Port-au-Prince. They were Caford, altitude 3,375 feet, and Marche Lamarque, 4,210 feet, Section de la Nouvelle Tourraine, and Ca Juste, 3,400 feet, Section de Berly. Most of the people observed at the first two places were from altitudes of 3,000 or more feet while those at the latter were from areas below 2,500 feet. Our results and experiences were recorded in an article published in the Journal of the American Medical Association of April 26, 1930.

The average number of patients per day for the first ten days was 22 while during the last ten days it was 850. This increase was attributed to the growing popularity of treatment for intestinal worms with oil of chenopodium rather than to other factors.

A malarial survey, using the thick blood film method, was made with groups of 25 children in each locality. Stained smears from children of Caford, Marche Lamarque and the immediate vicinity of Ca Juste were negative for malarial parasites, while smears from children who lived for the most part below an elevation of 2,500 feet but who visited the Ca Juste clinic gave positive result in 21 per cent of the cases. This is in accordance with the findings of Dr. Wm. A. Hoffman who made a survey in connection with the International Board of Health. The greatest elevation at which he found evidence of the breeding of *Anopheles albimanus*, the most efficient vector of malaria in Haiti, was at the nearby town of La Vallée which is about 2,500 feet.

Yaws was similar to malaria in its distribution according to altitude. At Caford, 111 cases of yaws were noted, at Marche Lamarque 186, and at Ca Juste 2,992. This wide variation in the number of cases was attributed to the greater density of the population in the vicinity of the latter town, to the increasing popularity of the acetarsone (Spiroside) treatment, and to the fact that more people were attracted from greater distances as news of the clinic spread. It may also be remarked that the clinic remained at Ca Juste six weeks as compared with one month at Marche Lamarque and two weeks at Caford.

While not substantiated by experimental proof, it is believed that the more abundant insect life constantly present at the lower altitudes and particularly the small gnat, *Hippelates flavipes* Lœw, are important factors in the transmission of yaws. These gnats are frequently seen hovering in swarms around such open lesions as may be present on man or beast and often in such abundance as to completely obscure the outline of the lesion. These insects are not seen at 4,000 feet and rarely at 3,000 feet, but from 2,500 feet to sea level they become increasingly abundant. Personal observation also indicates that the prevalence of yaws decreases as the altitude of habitations increases above 2,500 feet.

Yaws in Haiti during the infectious secondary period is strictly a rural disease. In earlier years, patients with yaws originating in a city have been compelled to go to the hills and remain until the secondary stage had passed. This custom which was supported unanimously by public opinion probably started with the isolation of yaws practiced by the planters during colonial days.

On the other hand, the syphilis of civilization has come into the coast cities unobserved and unmolested, and when recognized no quarantine measures have been taken. The result is that in many of the rural districts almost every person becomes infected with yaws, while the syphilis of the cities is not different from that found in similar races elsewhere. From the standpoint of public health the Haitian countryman received no antisymphilitic treatment until 1923, although yaws or syphilis has been present in Haiti since the first importation of African slaves in 1509. While the city dweller has had some antisymphilitic treatment which has usually been inadequate, he has not had yaws, and it would seem reasonable to suppose that his syphilis has usually been contracted either directly or indirectly from the white race in a fair percentage of cases and perhaps this infection may be due to a more virulent strain of spirochete for him than is the rural spirochete for the countryman who, unaided, has been spending not less than four centuries building up his own immunity or tolerance.

We have seen only one case of undoubted syphilis superimposed on a patient giving a history and showing evidence of a previous untreated yaws. Many characteristic cases of syphilis have been seen among the rural population, but in every such case the patient has denied yaws, and none of them showed evidence of previous yaws infection, such as crab yaw, vitiligo acquisita syphilitica, or periosteal thickening. It would appear that any one who has had an untreated yaws infection possesses a high immunity to syphilis.

While the clinic was in the field, information was gathered from 1,423 consecutive cases of yaws. The age of the patients when the initial lesion or mother yaw appeared and its location on the body are shown in the following table:

LOCATION OF MOTHER YAW, AND AGE INCIDENCE

	Age Group	Legs and Feet	Anus Perineum Genitals	Buttocks and Thighs	Head and Neck	Trunk and Arms	Fore arms and Hands	Breast	Unknown	Totals for Age Groups
Under 5 years	310	40	26	44	15	18	..	139	592—41.6%	
5-10	223	10	12	21	8	10	..	5	289—20.3%	
11-20	219	...	7	23	6	9	5	4	273—19.2%	
21-30	122	...	3	5	3	7	10	3	153—10.7%	
31-40	47	...	...	4	2	5	4	1	63— 4.4%	
41-50	23	...	2	4	1	2	...	1	33— 2.3%	
Above 50 ...	6	...	1	1	1	1	...	...	10— 0.7%	
	950	50	51	102	36	52	19	153	1413	
	66.7%	3.5%	3.5%	7.1%	2.5%	3.5%	1.4%	10.7%		
									Hereditary (?) cases	10— 0.7%
Total.....										1,423 cases

In view of the fact that all the country people go barefoot, it can be readily understood why 67 per cent of the primary lesions are located on the lower extremities, where abrasions and scratches are most frequent. In this group the usual sites of the mother yaw were the external malleolus, shin, knee, and great toe. Those patients giving a history of mother yaw on the genitals, perineum or anus after the age of 10 are not included in this series. Only seven such cases were encountered. Of those in the head-and-neck group, 38 of the lesions were located on the lips. In the breast group, all were women who had borne children, and it was during the nursing period that the mother yaw made its appearance. In the unknown group under 5 years of age, it may be readily understood that many patients would not remember the site of the mother yaw appearing at such an early age unless they were later informed by their parents. The occasional long interval between the appearance of the primary and the appearance of the secondary lesions may easily explain the "unknown" locations in the older age groups. The mother yaw nearly always leaves a scar which persists throughout life, and the patient will usually show the scar in substantiation of the history given. While the exact ages of patients could practically never be ascertained except in very young children, the patients themselves being ignorant on this point, it is believed that the approximate estimates are sufficiently accurate for the purpose of this report. All who gave a history of mother yaw occurring more than three years previously were examined by auscultation for diastolic murmurs over the aortic area.

Lesions and symptoms for which the patient sought relief are listed below:

RELATIVE FREQUENCY OF LESIONS AND SYMPTOMS

	<i>Cases</i>	<i>Per cent</i>
Rheumatic pain	667	46.80
Crab yaw	327	22.90
No lesions and no symptoms	147	10.30
Secondary eruption	106	7.40
Constant pain in one or two joints	106	7.40
Primary lesion only	100	7.00
Chronic ulcer	86	6.00
Periostitis and osteitis	67	4.70
Vitiligo acquisita "syphilitica"	12	0.80
Serpiginous tubercular "syphiloderm"	12	0.80
Chronic rhinitis	10	0.70
Onychia and perionychia	7	0.49
Dactylitis	7	0.49
Saddle nose	7	0.49
Saber shins	6	0.42
Juxta-articular nodes	6	0.42
Gangosa	6	0.42
Diastolic murmur, aortic area	5	0.35
Hemiplegia (in patients under 45 years of age)	4	0.28
Interstitial keratitis	4	0.28
Goundou	4	0.28
Mucous patches, positive for spirochetes	4	0.28
Aneurysm of the carotid artery	2	0.14

The most common complaint in late yaws is rheumatic pain, more accurately designated by the Haitian peasant as "Douleur pian" or "yaws pain." There is no gross joint lesion apparent. It is usually constantly present during the period of the secondary eruption; after that time it is of variable intensity and duration, and it may be present at intervals for many years. Secondary period cases are not included in this group. Specific treatment gives relief, and in this type of case potassium iodide is of considerable benefit. In the group of patients with "constant pain in one or two joints" there is often seen an appreciable enlargement of the joint affected, usually the knee, ankle, wrist or shoulder, although any joint may be attacked. An epiphysitis is present and the pain is constant. The knee is the joint most frequently involved.

Among the patients who had crab yaws, 218 had crab lesions on both feet, 16 on one foot and 59 on one foot with a history and scar of mother yaw on the same leg; 5 had crab yaws of both hands, 2 had crab yaws of one hand, and 27 had crab yaws of both feet and both hands.

The 147 patients not presenting any lesions or complaining of any symptoms that could be attributed to a previous yaws infection are of interest. In this group only seven had received treatments of sulpharsphenamine, neoarsphenamine or bismuth. The majority of these patients came to the clinic for the oil of chenopodium treatment. From experience in other rural communities where practically every one over 40 years of age had had yaws more than ten

years previously, it is believed that a careful survey would reveal that the majority of people who have had yaws for more than ten years show no apparent lesion and do not complain of yaws rheumatism.

The cases of serpiginous tubercular syphiloderm are so designated because, from all appearances, they could not be distinguished from the tertiary syphilitic lesions of the same name. The cases of vitiligo acquisita syphilitica are so called for the same reason. The forearms, hands, legs and feet are the areas most frequently affected. These lesions are often accompanied by some other tertiary lesion, such as crab, ulcer or osteitis, or scars of healed ulcers. They have been found only in adults, and usually in persons over 35 years of age. They should not be confused with the late stage of pinta, which is also found in Haiti. In pinta the palms of the hands, the soles of the feet and the nails are never involved, while in these cases and those seen in other clinics it has been noted that the palms and soles are frequently invaded.

A routine search for mucous patches in the mouth and pharynx was made in all cases of secondary eruption in which a secondary lesion was not present on the lips or in the nares. Smears were taken from mucous patches in sixteen cases, and four of these, or 3.7 per cent of the secondary cases, were found to be positive for spirochetes. There were no facilities for making dark field examinations of the fresh specimens. Preparations were fixed and sent to the Public Health Laboratory at Port-au-Prince, where they were examined by Dr. R. M. Choisser. Lacking the confirmation of dark field examination, it can only be stated that a spirochete was found which, in the stained preparation, had the morphology, size and staining reaction of "*Spirochaeta pertenuis*" or "*Spirochaeta pallida*."

The patients with "saber shins" all gave a history of yaws in early childhood—before the age of 5 years.

There would appear to be evidence of a certain anatomic and regional limitation of the pathologic involvement in a fair percentage of untreated cases of yaws. The frequency with which one encounters a leg ulcer on the site of the mother yaw led us to make a more careful inquiry into the distribution of late lesions with especial reference to their relation to the site of the mother yaw. In this connection the following figures are of interest: proximal tertiary lesions, 119 cases, or 8.3 per cent; persistent primary lesions without secondary or tertiary lesions, 40 cases, or 2.8 per cent; persistent primary lesions with tertiary lesions elsewhere, 19 cases, or 1.3 per cent.

Classified as "proximal tertiary lesions" are those cases in which there was a tertiary lesion in the same region as the mother yaw, and no other lesions or scars of lesions on the rest of the body; for example, a patient, aged 25, with a history of mother yaw on the right shin when he was 5 years old, followed by the usual secondaries, may present crab yaw on the right foot, and no other symptoms or lesions. Or he may have an osteitis of the right tibia with or without ulceration, or a painful right knee with an epiphysitis of the right tibia. All the cases of "proximal tertiary lesions" were found on the lower

extremities. Of the 119 "proximal tertiary lesions," 59 were cases of crab yaw on one foot with a history and scar of mother yaw on the same leg.

The classification "persistent primary lesions without secondary or tertiary lesions" is self explanatory. These were persistent ulcers on the site of the mother yaw appearing not less than one year after the disappearance of the secondary eruption, usually of several years' duration, and all on the lower extremities. Frequently there was periostitis underlying the ulcer.

The group of "persistent primary lesions with tertiary lesion elsewhere" comprise cases of persistent ulcer on the site of the mother yaw, but accompanied by tertiary lesions elsewhere, and not confined to the legs.

There were also 21 cases of tertiary lesions in which there was no history of a secondary eruption having occurred. Each of these cases showed the scar of the primary lesion.

We have seen occasional cases of aortic aneurysm which, in our opinion, are of yaws etiology. The same may be said for hemiplegia following cerebral hemorrhage in young adults. But the incidence of aneurysm, aortitis and cerebral hemorrhage is much less among those who have or have had yaws than in those infected by the city strain of syphilis.

Treatment.—While doctors and dressers attached to a travelling clinic treat, in so far as possible, all patients with diseases and injuries who present themselves, their chief object is to treat those suffering with diseases which cause the greatest amount of human disability in rural districts. Of these, yaws, malaria and intestinal worms are, without doubt, the most common.

Yaws has been and will continue to be treated by many different methods, but as in the treatment of syphilis the most valuable drugs are: (1) Arsenic in the form of the arsphenamines, and acetarsone variously known as Paroxyl, Stovarsol or Spirocide; (2) bismuth and (3) mercury. Because of the difficulties connected with sterilization of instruments and materials in travelling clinics, intravenous injections of arsphenamines are cumbersome, time consuming and dangerous, and therefore cannot be used to advantage. Sulpharsphenamine by intra muscular injection is painful and the patients will not return after their lesions no longer cause them discomfort. Practically no difference has been noted in the therapeutic action of Paroxyl, Stovarsol and Spirocide. Spirocide because of its lower cost is regarded as the arsenical of choice. It has been found to be as effective as the arsphenamines but more easily administered. As an added advantage it can be sent to those who are unable to come to the clinic. Bismuth is considered to be a valuable drug and is probably best employed as intra muscular injections in the form of sodium potassium bismutho-tartrate or Bismosol. Mercury is of use here in the form of an ointment.

As a routine procedure in travelling clinics spirocide should be given in all active cases of yaws in which the patient does not have marked cardio-vascular involvement. The dosage and intervals recommended are given in the circular letter regarding spirocide which was published in the annual report for the preceding year.



Garage and Artisan Shop, Gonaïves.



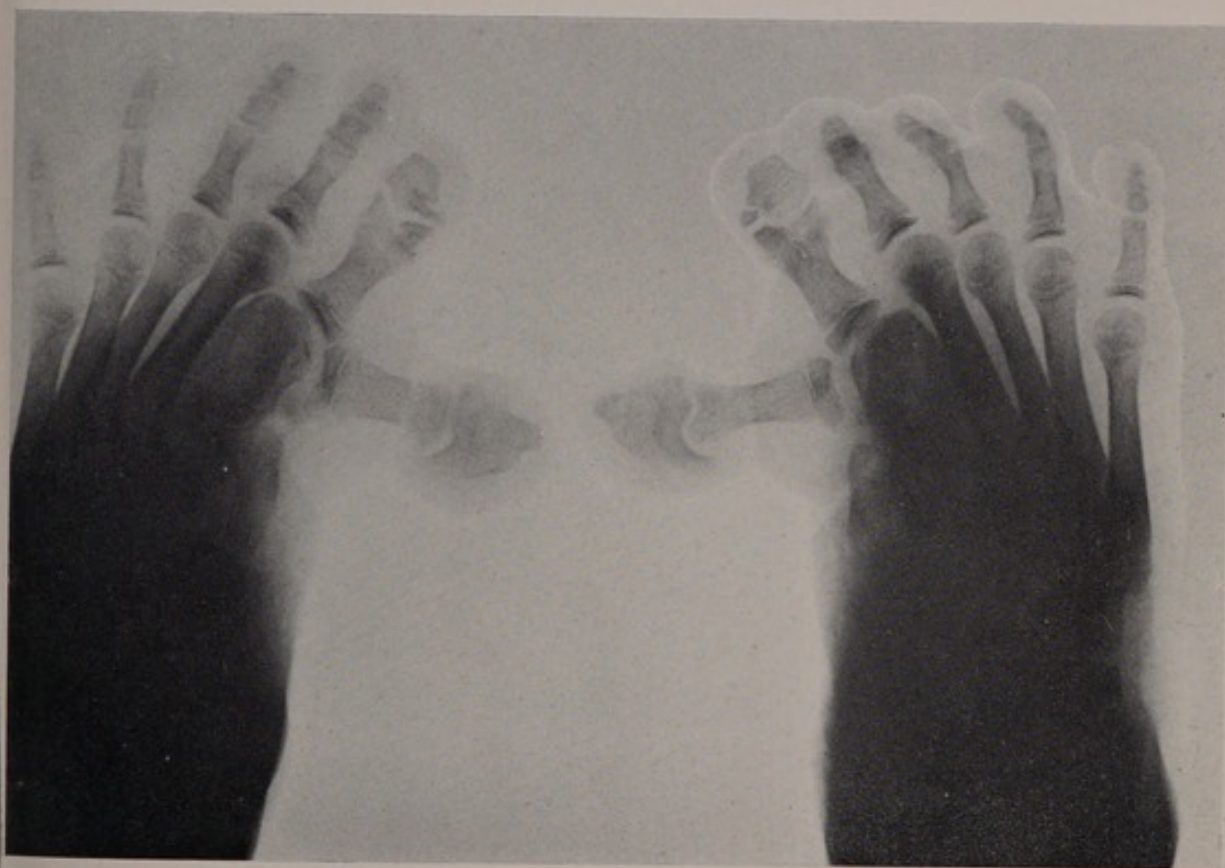
New Chapel at Hinche.



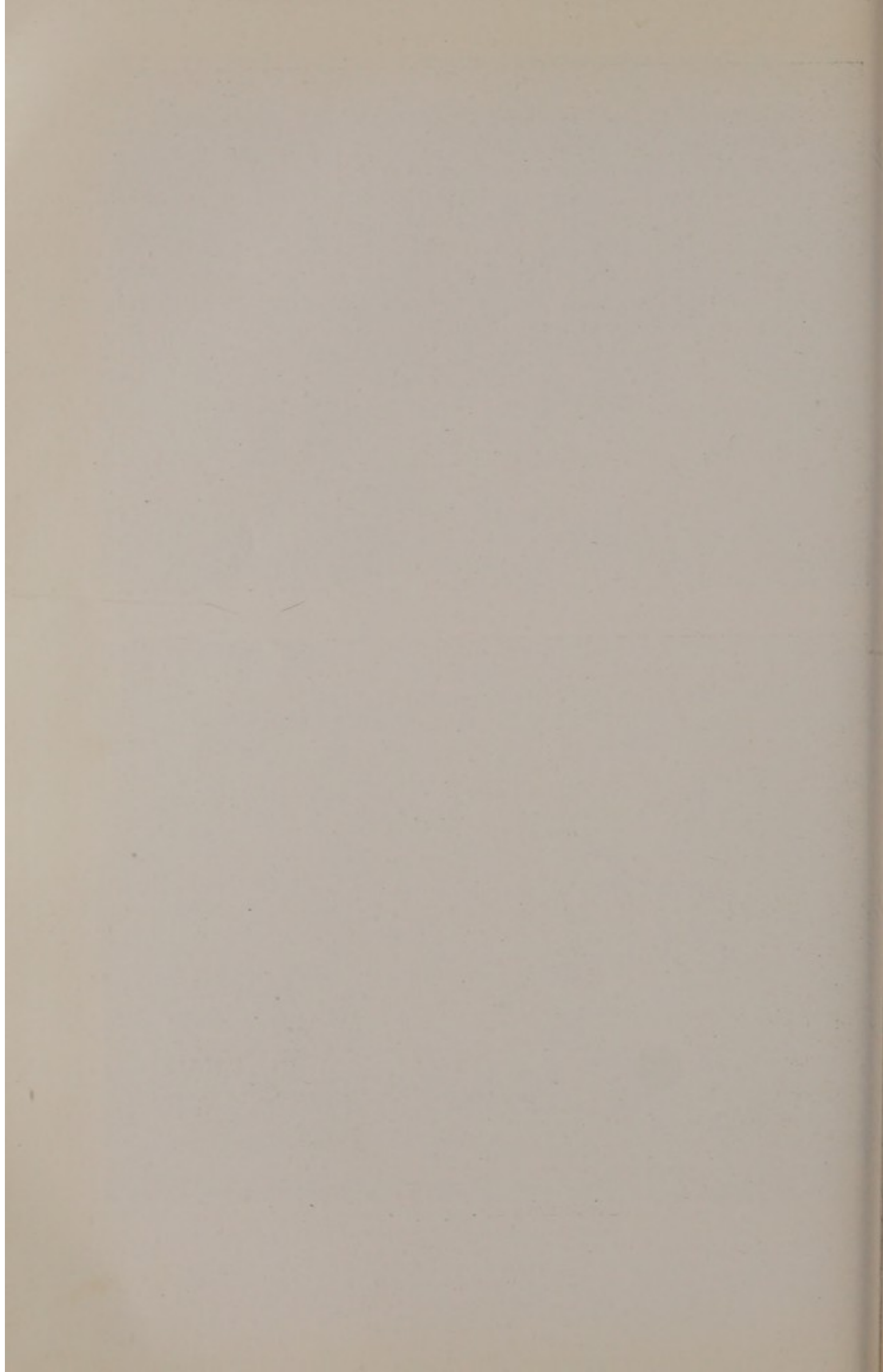
Hospital Staff, St-Marc.



Outpatient Clinic at St-Marc.



An Unusual Case of Polydactylism Submitted by Dr. Jeanty of Petit-Goâve with Radiograph.



It is important to instruct patients to discontinue the drug at once if any of the following symptoms appear: Swelling of the eyes, abdominal cramps, or diarrhea. Herxheimer reactions are frequently seen after the administration of Spiroside and should cause no alarm if recognized as such. As soon as the active lesions have subsided, in those cases with marked cardio vascular involvement and in active yaws, bismuth is the drug of choice.

It should not, however, be used in florid cases of yaws except when the patient can and will return frequently for continuous treatment. While bismuth salicylate has the advantage of being practically painless when given by intra muscular injection, Bismosol by reason of being soluble in water is preferable for use in travelling clinics whenever bismuth is indicated. It should be given in doses of 2 c.c. of a 5 per cent solution each week over a period of 10 to 20 weeks.

In those cases with large ulcers where the patients are unable to come to the clinic daily for dressings, mercury in the form of ammoniated mercury ointment is of value. The patient is instructed to wash the ulcer thoroughly with soap and water, dry, rub the ointment in, at least once a day apply a clean dressing, or better still, no dressing at all. The filthy dressings so frequently seen should be discouraged. The treatment of malaria with quinine is so well known that it need not be discussed here. Suffice it to mention that it should be continued if possible for a period of about three months.

Worms are best treated by oil of chenopodium in castor oil for children and in magnesium sulfate for adults. It has been found that 10 drops of chenopodium in one ounce of castor oil can be given to infants without untoward results, nursing infants may be exempt from treatment. Adults can be given as much as 40 drops. Better results may be obtained if large doses are given, but large doses must be given directly in the castor oil or magnesium sulfate solution to prevent accidents due to absorption of the chenopodium.

Aside from the regular routine of treating cases, travelling and also rural clinics afford abundant opportunity for individual research work. Up to date, yaws has been one of the most neglected of all the diseases and any additional information as to its epidemiology, pathology and treatment will be of great scientific and practical value. Malaria and intestinal parasite surveys, if they could be carried out, would also give valuable information which would help materially in more intelligent public health work among the people of the vicinity studied.

In conclusion it is believed that after sanitation of the centers of population, maintenance of hospitals and the medical school, the most important work of the Public Health Service in Haiti is in the country districts. This phase of the work is not always attractive and often demands considerable physical endurance, and on occasion considerable personal sacrifice. The material recompense is not great, but the satisfaction of having helped large numbers of isolated country folks is a reward in itself, and their affection and gratitude mean more than the salary and certainly last longer.

Summary.—The following summary was reported in the original article heretofore mentioned:

1. Yaws is, in a large percentage of cases, a disease of childhood; 61.9 per cent of the cases reported occurred in children under 10 years of age and 19.2 per cent in the second decade.

2. Breaks in the skin are the usual port of entry of infection, as evidenced by the predominance of the lower extremities as the site of the mother yaw. Practically, peasants go barefoot most of the time.

3. There is a certain predilection of the moist, exposed surfaces to primary infection. The genitals of Haitian country children are as much exposed as the lips.

4. Yaws becomes less prevalent the higher altitude above 2,500 feet. This may be due to the more abundant insect carriers at the lower level.

5. The mother yaw leaves a scar which usually persists throughout the life of the individual.

6. It is believed that yaws is occasionally the cause of aortitis and aneurysm.

7. It is believed that yaws is occasionally the cause of cerebral hemorrhage in young adults.

8. Though not proved, we believe that yaws is occasionally hereditary.

9. Mucous buccal and pharyngeal patches yielding a spirochete have been found in 3.7 per cent of cases of secondary yaws eruption.

10. All patients with "saber shins" gave a history of yaws in early childhood.

11. There appears to be a regional limitation of tertiary yaws lesions in approximately 11.1 per cent of cases. All patients having the mother yaw on one leg had the tertiary lesion on the same leg.

12. The secondary period fails to occur in about 1.4 per cent of cases.

13. The time interval between the appearance of the primary lesion and the secondary eruption is extremely variable, usually about two to four weeks, but not infrequently, this is much prolonged.

14. The secondary eruption is occasionally of the maculopapular type.

15. Yaws may occasionally cause ptosis.

16. Yaws may be an occasional cause of blindness, optic neuritis and perhaps atrophy.

17. Arsenic-resistant cases of yaws occur occasionally.

18. Acetarsonne seems to be the arsenical of choice for general rural clinic treatment of yaws.

SPIROCIDE AND YAWS

By Lieut. F. H. WEBSTER, (MC) U. S. Navy

In the early years of American Occupation in Haiti the Public Health Service, recognising the exceedingly economic importance of such ravaging diseases as yaws, intestinal parasites and malaria, was faced with the problem of reaching all these cases so urgently demanding treatment. Due to the fact that about 90 per cent of the population of Haiti reside in the rural districts, and that the native Haitian is naturally endowed with a highly suspicious and timid disposition and is loath to travel very far from home, it soon became apparent that it was necessary to carry the treatment to them.

Owing to the lack of sufficient funds it was not until the year 1922 that Rural Clinics were inaugurated with Mirebalais, Lascahobas, Hinche and Grande Rivière du Nord as the pioneer locations. From this tiny start the growth has been steady and rapid until at the present time nearly 150 clinics are treating well over a million cases annually. Of course yaws, in all its stages and with all its crippling complications, was encountered in abundance at almost all the rural clinics. During these years various arsenical and bismuth salts were used with gratifying results in combating this disease, but as practically all of these preparations necessitated intravenous or intramuscular administration, the labors of the doctor or dresser in the Rural Clinic, with its lack of facilities for proper sterilization, were fraught with extreme difficulty and with actual danger to the patient.

In September 1928 Spirocide in tablet form for oral administration was introduced. At first it was given a somewhat cursory tryout and was not really put to the test until the start of the Travelling Clinic in May 1929. Drs. Wilson and Mathis, in their heroic and epoch-making attempt throughout that summer, to place the Travelling Clinic on a basis of permanency, used Spirocide extensively, and were highly enthusiastic as to results. It was my good fortune to accompany Dr. Cook in November of 1930 on a survey of the ground covered by Wilson and Mathis, and the extremely few cases of infectious yaws found in those communities was most striking, doubly so when one considers that but one full course of the drug had been given. On the first of October 1929 Spirocide superseded the arsphenamines, and for the most part Bismosol, in all Rural Clinic work throughout the island. This was done after its efficacy had been well substantiated by the results obtained in over a year's trial and the dispensing of nearly one and one half million tablets.

After a period of thirteen months, covering the dispensing of over 130,000 tablets by my assistants and myself, I feel that in Spirocide the Public Health Service of Haiti has a valuable weapon against yaws, a weapon which lends itself so readily to our work through its ease of administration, its adaptability to transportation and its comparative safety together with the fact that additional treatments may be carried home by the patient for use either by

himself, his relatives or his friends. I have found this drug of value in all stages and complications of yaws except the cardio-vascular conditions, but of course its effects are quickest and most startling in those cases exhibiting the secondary granulomatous eruptions. Patients suffering from moist crab of a crippling character have been restored to painless ambulation with one course of treatment.

In administering Spiroside it is necessary to be on the lookout for the cardinal symptoms of arsenical poisoning, but in proper dosage I have been led to the belief that it is very safe. Possibly the greatest argument against the use of Spiroside in Haiti is its rather high cost. Slightly less than two cents U. S. Currency per tablet does not sound alarming, but in Haiti's present financial condition the many thousands of dollars spent yearly for the purchase and free dispensing of this drug is an item to be reckoned with. There is no question but that we have dispensed much Spiroside needlessly. One three week's course of treatment, as outlined in the circular letter regarding the use of this drug which was published in the Annual Report for the fiscal year 1928-1929, is sufficient in the majority of cases, and the patient should be instructed to return in three month's time for further examination, when it may be found that additional treatment is necessary. If the practice existing among some dispensers, of giving Spiroside to fever, grippe and divers other cases without symptoms of yaws or syphilis, could be stopped there is no doubt but that many, many dollars could be saved.

In conclusion I would like to mention the average patient's mental reaction toward Spiroside. After several years observation at clinics, either as patient or interested onlooker, he has come to believe that the "pique," as he calls the intramuscular or intravenous injection, is a sure cure for all ills, and he is very much disgruntled at receiving a few small insignificant-looking tablets in lieu of the excruciatingly painful but curative jab with a needle. However, on his next trip he looks with disdain upon the poor deluded mortals lined up for injections, and proudly demands "Encore de ce bon."

DIVISION OF LABORATORIES

Dr. J. H. CHAMBERS

This division under the supervision of the Director of Laboratories, a Medical Officer of the U. S. Navy, comprises three main sections, e.g.: The Public Health Laboratory; the laboratories of the Haitian National School of Medicine and the Laboratory units of the nine district hospitals of the Public Health Service outside of Port-au-Prince.

The Public Health Laboratory is in Port-au-Prince and serves the Haitian General Hospital and Dispensary as a clinical laboratory. General public health measures such as daily examination of water, milk and ice supplies, rat autopsies and malaria surveys on school children are performed there. Complete post-mortem examinations of the bodies of those who die in the Haitian General Hospital are made in conjunction with the teaching of Pathology at the Medical School. During the past year permission to make these examinations was obtained in 99 per cent of such cases. Histo-pathological examinations of biopsy and autopsy material are reported from this central laboratory. A new and important function is the establishment and maintenance of a Depot for all laboratory supplies. This enables district laboratories to secure needed materials within a few days and at the same time considerably reduces the amount of reserve equipment formerly, of necessity, maintained in all the districts. Stains and reagents are prepared and issued ready for use in small units designed to meet the needs of the district. This assures a uniform product and effects a saving of the time consumed in duplication of work in ten places, and a marked saving financially in reducing the loss from deterioration of reagents when supplied in bulk and unprepared. This activity will include during the next fiscal year all supplies for the School of Medicine. A detached laboratory supplement to the supply table has been prepared, specifying the products available and their unit quantity. A uniform printed laboratory record book has been supplied to all District Laboratories. During the year trained technicians have been transferred to two district hospitals. Two technicians from Cape-Haitian have spent over two months each, at their own expense for additional training in the Public Health Laboratory. One student of the National School of Pharmacy has received a very comprehensive course of practical instruction during the year and is now exceptionally well qualified in all general laboratory work.

The Public Health Laboratory serves as a center for the investigation of the relationship between yaws and syphilis now being conducted with the assistance of the Committee on Research in Syphilis, Inc., of New York. Duplicate records have been made of the 457 complete post-mortem studies performed during the year. Over six thousand micro-sections have been studied and the findings recorded from this group of autopsies. Clinical abstracts on cases of yaws and syphilis, prepared in the Haitian General Hospital and in certain selected districts are collected in the laboratory. All these reports, clinical and post-mortem, are being analyzed as to age, sex, type of lesions, etc., with a view

of eventually having available a detailed record of the clinical and pathological manifestations of the disease. During the fiscal year Dr. Thomas B. Turner of John Hopkins Hospital spent three months in Haiti, and succeeding in establishing strains of yaws secured from nine different sections of the Republic, in rabbits or monkeys. The animals were taken to Johns Hopkins Hospital and the strains are being carried along in the animals for cross immunity studies. Parts of all organs were obtained from the bodies at post-mortem examinations in one hundred selected cases. The tissues were prepared and forwarded to Dr. A. S. Warthin at Ann Arbor, Michigan, for detailed study as to presence of syphilitic lesions and spirochetes.

The laboratory personnel consists of:

- | | |
|-----------------------------|--|
| 1 Director of Laboratories. | 1 Secretary. |
| 1 Chief Pharmacist Mate. | 2 Janitors. |
| 1 Haitian Medical Officer. | 1 Animal Keeper. |
| 1 Haitian Interne. | 1 Technician (employed by the Committee on Research in Syphilis of U. S.). |
| 5 Haitian Technicians. | |

The laboratories of the National School of Medicine are each in charge of a Haitian doctor and carry out the undergraduate instruction of students of Medicine, Dental Surgery and Pharmacy. The Department of Pathology is particularly fortunate because of the excellent post-mortem amphitheatre and cold storage facilities.

The laboratory units of the nine district hospitals are manned by Haitian technicians and are equipped and prepared to furnish the minimal laboratory study now required on every hospital admission. As increased clinical work justifies it, additional personnel and equipment will be supplied. During the past year two districts have added the Kahn reaction as a routine or an occasional test. In all the districts the relative efficiency of the laboratory and the volume of work reflects directly the activity and interest of the Public Health Officer of the district. Semi-annual inspections of the district laboratories by the Director of Laboratories, with equally frank praise and criticism as merited have apparently led to vast improvement in certain cases where it was particularly needed, and increased effort to improve an already high standard in others. In one district a technician showing gross incompetence and indifference was immediately displaced upon recommendation made to the Director General. This particular district of Port-de-Paix has shown an increase in the volume of work and particularly in quality during the past year without a regular technician, due entirely to the effort and interest of the Public Health Officer and his Assistant. All district laboratories combined show an increase of over 17 per cent in volume of work. This includes the district of Cayes which shows an individual decrease in yearly volume of 10 per cent and constitutes the only laboratory activity in the Service failing to show an increase. The laboratory of the district of Jacmel a year ago was very deservedly criticized and now shows a 95 per cent increase in volume and a like improvement in quality of work and material. The Kahn reaction is now done with blood from many of their patients.

During the past year a malaria survey conducted at Hinche through the

cooperation of the District Health Officer, the Director of Sanitation and the Director of Laboratories, was productive of much valuable information, referred to at length in other portions of this report. So effective was this survey that the Director General of the Public Health Service has approved its application to all other districts during the coming year where it is felt it will be of tremendous assistance to the District Officers in controlling the effectiveness of their anti-mosquito and anti-malarial efforts.

The policy of inspections of District Laboratories by the Director of Laboratories has been firmly established and the following comments are taken from the last report of inspection submitted to the Director General.

Personnel.—

CAPE-HAITIAN

1 Pharmacist Mate 1st Class U. S. N. (Part time only)

3 Haitian technicians.

1 Hospital Corpsman of Garde d'Haiti (under two months training)

Regular personnel is of exceptional ability, conscientious and interested.

PORT-DE-PAIX

Personnel.—This District has been without the services of a technician during the entire year and the work has been carried on by the Public Health Officer, and his assistant.

Material.—Much improved as to general condition.

Records.—Well kept.

Most of required minimal work being done.

GONAIVES

Personnel.—During the year, the laboratory technician was dropped from the Public Health Service by order of the Director General and for a number of months the new Public Health Officer had to carry out much of the routine laboratory work in addition to performing his other important duties. A suitable applicant was secured by the Public Health Officer of Saint-Marc and after two months concentrated training in the Public Health Laboratory she was assigned to Gonaives and is at present reported performing her duties in a very satisfactory manner.

Material.—Adequate and in good condition. Considerable excess equipment was turned in to the Laboratory Depot for redistribution.

Records.—Well Kept.

The minimum required laboratory work is now being done in the cases of all patients.

SAINT-MARC

Personnel.—One Haitian technician. She is well trained and does her work in a well systematized efficient manner. The Public Health Officer maintains active contact with the laboratory and the results are excellent.

Material.—Adequate.

Records.—Very well kept.

Minimal laboratory work done in all cases admitted to hospital.

HINCHE

Personnel.—One Haitian technician with one year's experience at the Public Health Laboratory obtained chiefly in work on malaria. At the time of this inspection his laboratory was not clean and much of the apparatus was dirty. It is believed the falling off in quality of work is due entirely to lack of adequate supervision on the part of Medical Officers.

Material.—Microscope in good condition. Has built a lamp-housing for artificial illuminator that is very satisfactory.

Records.—Are well kept.

The minimal required laboratory work is done in all cases, but not promptly.

PETIT-GOAVE

Personnel.—One Haitian technician. He is fairly well trained, and is under adequate supervision, with the result that his work is properly done and shows great improvement over the previous inspection findings.

Material.—Adequate and in good condition.

Records are well kept.

Minimal required laboratory work is being done in the cases of all hospital patients.

JEREMIE

This laboratory has not had second inspection during the current fiscal year, but reports of work done show a considerable increase in volume and the Public Health Officer of the district reports a satisfactory laboratory.

JACMEL

Personnel.—One Haitian technician. She is doing the work in a very capable manner. There is marked interest and supervision by the Public Health Officer and as a result the laboratory has changed from the seeming unfinished room of the previous inspection to an efficient work shop.

Material.—Adequate and well cared for.

Records.—Well kept.

Minimal required work being done in all hospital cases and a considerable volume for dispensary patients.

AUX CAYES

Personnel.—One Haitian technician who is well trained, capable and efficient. He keeps the laboratory work up to date. There should be more supervision or observation of the laboratory work by a Medical Officer.

Material.—Is generally well cared for, but certain apparatus is badly in need of repairs or replacement.

Records.—Well Kept.

The minimal required work is being done for all hospital patients and also a Kahn reaction in addition.

Examinations of the monthly reports submitted show that the district has decreased the volume of laboratory work by 10 per cent over the preceding year.

Recommendations.—At the conclusion of the last inspection of laboratories the following recommendations were submitted to the Director General:—

a. That all District laboratories be supplied with a modern laboratory manual in the French language.

b. That all District Laboratory Technicians be made eligible for rate and pay of Technician First Class so that they can be so rated when their ability and service warrants it.

c. That any excess material in District Laboratories be turned in for redistribution.

d. That District Laboratories be inspected twice a year.

e. That a copy of the District Report be forwarded to the District concerned.

COMBINED LABORATORY STATISTICS FOR ALL DISTRICTS

A summary of the examinations made in the Public Health Service laboratories, exclusive of preparations for undergraduate classes, is appended. District reports submitted monthly do not enumerate many occasional examinations, hence their total of unclassified examinations is much higher than in the Port-au-Prince Laboratory.

Type examination	Port-au-Prince	Districts	Total
Stool examinations	5,527	7,536	13,063
Parasites present	37.8%	.....	.....
Urine	5,395	7,729	13,124
Sputum	705	713	1,418
T. B. present	22.8%	.....	.....
Blood counts	3,108	7,417	10,525
Blood smears	8,661	9,153	17,814
Malaria present	7.64%	23.6%	15.8%
Filaria present	0.58%	.....	.....
Kahn reactions, blood	8,195	4,357	12,552
Kahn reactions, positive	68.7%	.....	.....
Widal reactions	34	18	52
Blood cultures	20	5	25
Milk examinations	327	.....	327
Water examinations	717	7	724
Ice examinations	250	.....	250
Post-mortem examinations	457	13	470
Per cent of hospital deaths autopsied	98.9%	.....	.....
Histo-pathological examinations	6,494	.....	6,494
Cultures, miscellaneous	56	.....	56
Bacteria, smears	212	.....	212
Rat autopsies	40	20	60
Blood chemistry examinations	400	.....	400
Coagulation time	128	.....	128
Kahn reactions, spinal fluid	73	.....	73
Miscellaneous	253	2,036	2,289
Total	41,052	39,004	80,056

DIVISION OF QUARANTINE AND SANITATION

Dr. S. S. COOK

While the marked reduction of funds available for sanitation has prevented the completion of many projects, progress has been made in several directions.

In line with the policy of giving responsibility to Haitians, every effort has been made to acquaint them with the details of the work. This has been particularly true in connection with the sanitary inspectors throughout the island. On all inspection trips emphasis has been placed on this phase of sanitary endeavor. The inspector is the basic unit in all sanitation work and unless he is energetic and understands and properly performs his job it is not possible to have well sanitized cities and towns. His instruction has been somewhat neglected in the past because it has often been easier to do the work than to spend many weary hours in an effort to explain simple procedures to a man who showed no apparent interest. The time spent in instruction during the past year seems to have been worth while.

Water

While there has been no increase in the water supply of Port-au-Prince, inspections of the chlorinating plants, daily testing with orthotolodine and conferences with the Engineer in Charge are believed to have improved the quality. A storage reservoir is being constructed to provide for holding over the night supply from Leclerc springs. Upon its completion it will be possible to install more public fountains in the poorer sections of the city. This will not only give them a safe source for drinking water but will also allow the filling of many shallow wells and springs that are sources of prolific mosquito production.

The supply of the city of Cayes has been greatly improved by the installation of new Diesel engines and pumps and a chlorinator. A large section of this city has been supplied with shallow wells and springs that are often no more than ten feet from a pit latrine. The new supply will furnish water for public fountains and will in some measure correct this.

Cape-Haitian has a woefully inadequate supply. There are several possible sources which are being studied and will doubtless be utilized when funds become available.

Chlorinators have been purchased for Jacmel and Petit-Goâve and will be installed in the near future.

Mosquito control

Mosquito control occupies an important role in the sanitation program and admits of no neglect. Seasonal variations in breeding may and do occur but are not considered of great practical importance. Of course, prolonged rainy seasons increase breeding while absence of water diminishes it. However, neither of these factors operate to decrease the necessity for frequent inspections. It can be correctly stated that all sections with high malaria incidence have sufficient vectors throughout the year to insure transmission.

Mosquito surveys were made in all the district centers and in a number of towns in some of the districts. Larvæ and adults were collected and identified. While it was not considered practicable to go into great detail with the Inspectors, they were taught to recognize anopheles larvæ and also to distinguish common *Culex* and *Aedes*. As a result of the mosquito surveys made during the year more detailed knowledge is available on the life habits and breeding places of the common species than heretofore. As has been stated on several occasions in the past, the malaria vector of Haiti is the *Anopheles albimanus*. To date only one other anopheline, namely *A. grabhamii*, has been found in the island. While the two may vary somewhat in their choice of breeding locations they are not infrequently found together. In regard to the types of water in which *albimanus* will breed, larvæ of that species have been found in practically all kinds of water deposits. While such places as rice fields with abundant algæ and sunlight show the largest concentration, anopheline larvæ have been taken from wells, hoof prints, ponds large and small, along grassy edges of ditches near the sea where the salinity closely approximates sea water, along river banks in the eddies and even in water grossly polluted with animal excreta. *Aedes aegypti* the other important mosquito from a health point of view is almost exclusively domesticated. While dengue is not highly prevalent, cases occur with sufficient frequency to warrant constant efforts in control of this species. The presence of *A. aegypti* is an indication of inefficient house to house inspection. Considerable stress has been laid on this point during the year. The importance of never leaving larvæ behind without destroying them has been especially emphasized. It is now routine practice in many of the towns to insist on dumping all containers found in yards and houses.

During the year 27 species of mosquitoes were found and identified as follows; *Anopheles albimanus*, *A. grabhamii*; *Aedes tortilis*, *A. taeniorhynchus*, *A. mediovittatus*, *A. scapularis*, *A. aegypti*; *A. sollicitans*; *Culex secutor*, *C. floridanus*, *C. inhibitor*, *C. nigripalpus*, *C. bahamensis*, *C. fatigans*, *C. duplicator*, *C. corniger*, *C. habilitator*, *C. atratus*, *C. quinquefasciatus*; *Psorophora jamaicensis*, *P. pygmaea*, *P. infinis*; *Wyeomyia mitchellii*; *Megarhinus portoricensis*; *Deinocerites cancer*; *Orthopodomyia signifer*; and *Uranotaenia sapphirina*. A few of these had not previously been found in Haiti. While the adults of *Culex duplicator* were known the larvæ were not. Their discovery during the year will be a matter of some interest to scientists. We are greatly indebted to Doctor F. M. Root of the School of Hygiene and Public Health, Johns Hopkins University, for his identifications of many of the adults and larvæ.

A preliminary statement of our experience with Paris green as a larvicide was contained in a paper read before the National Malaria Committee meeting at Miami, Florida, in November 1929. The work has been continued and enlarged upon. A paper on this phase of mosquito control will be read before the same committee in Louisville, Kentucky, in November 1930. On January 1, 1930, Paris green was substituted for oil as a mosquito larvicide. Trips

were made to all the districts for the purpose of instructing personnel in its use. These demonstrations showed conclusively the wisdom of the change. Mixed with moist sand in the proportion of one to one hundred by volume, Paris green will effectively destroy the larvæ of all mosquitoes found in Haiti. Its use for the first eight months of 1930 resulted in a saving equivalent to 41 per cent of the money spent for larvicides during the entire previous year.

NATIONAL PUBLIC HEALTH SERVICE

OFFICE OF THE DIRECTOR GENERAL

Port-au-Prince, Haïti.

CIRCULAR LETTER No. 10.

December 6, 1929

To: All Public Health Officers.

Subject: Replacing of oil as a mosquito larvicide by Paris Green.

1. Paris Green will supercede oil in mosquito control on January 1, 1930. It is being sent to all districts and its use should commence immediately on its receipt, in order that all inspectors may become familiar with the methods of application as quickly as possible.

2. It has been found that road dust, lime or other finely powdered substances are desirable diluents. It should be mixed with one of these in the proportion of one pound Paris Green to 99 pounds of the diluent. Mix thoroughly and apply by hand. A moderate breeze aids materially in its distribution, enabling one to cover a much larger area than would otherwise be possible.

3. When it is desirable to kill both anophelines and non-anophelines moist sand is the diluent of choice. Add one part of Paris Green to 99 parts of moist sand and mix thoroughly. Sprinkle this mixture very lightly over the area.

4. All areas treated must be examined the following day to determine the percentage of mortality.

5. No collection of water should be dusted unless larvæ are found.

Caution.—After handling Paris Green wash hands thoroughly with soap and water before eating.

K. C. MELHORN."

Malaria has continued to decline among the personnel of the Garde and the Marine Brigade. The incidence of admissions for malaria among members of the Marine Corps reached a figure during the last fiscal year which was lower than any year since 1926 when the Marines were brought into Port-au-Prince and Cape-Haitian from outlying stations.

Admission rates for malaria, Marine Brigade, for the fiscal years 1926 to 1930, inclusive are indicated below:

Fiscal year	Annual rate per 1000.
1925-1926	124.3
1926-1927	53.4
1927-1928	137.4
1928-1929	90.9
1929-1930	42.6

The rise in 1928 may be attributed to an epidemic among the Marines stationed in Cape Haitian. Careful search for breeding places disclosed large numbers of anopheline larvæ in a swampy area near the Marine Camp. This was oiled and later drained with a prompt drop in the number of cases. Only four cases were reported during the last fiscal year and none since September 1929.

On December 5, 1929, 50 Marines were sent to Cayes and quartered in tents until July 5, 1930. For the first week mosquito nets were not used. During this seven months period 12 cases were reported, an annual rate of 410 per 1000.

The annual admission rate among Garde personnel shows an uninterrupted decline from 1924 to 1930. The rate for the fiscal year 1930 was 90.5 per 1000, the lowest yet recorded.

That malaria incidence may decline without mosquito control or the administration of adequate quinine is shown by the experience at the Isolation Camp for the Insane, Pont Beudet.

A survey was made using thick films prepared from blood taken from the inmates of this institution in July and August 1929. Of the 170 patients examined, 78 per cent were found to have malaria parasites in their peripheral blood. In September 1929 they were given 15 grains of Quinine Sulphate three times daily over a ten day period. Two weeks afterwards a second survey showed 18 per cent positives. In July 1930, all inmates were given 15 grains of Quinine Sulphate three times daily for a period of three days. Two months later an examination of thick blood films showed 9.7 per cent to be positive. Such a reduction can not possibly be attributed to the quinine. While the subjective symptoms of malignant malaria do frequently subside promptly under the administration of small quantities of this drug its effect on the parasites in the blood stream is not so dramatic. In other words some other factor must have played a part.

The location of the Camp in the Cul-de-Sac Plain with large anopheline breeding areas within flight range precluded the possibility of mosquito control. None was attempted. Although stool examinations were not made on the whole group, sufficient were done to indicate a high rate of infestation with intestinal parasites. Accordingly oil of chenopodium was administered to all inmates and this has been repeated at three month intervals for the past year. On July 1, 1929 several changes were made in the ration. The following table sets forth a comparison of the ration of 1928 with that for 1929.

ISOLATION CAMP FOR THE INSANE, PONT BEUDET

TOTAL RATIONS FURNISHED AVERAGE MONTH

Item	July 1, 1928 to June 30, 1929 Quantity, lb (8280)	July 1, 1929 to June 30, 1930 Quantity, lb (8280)	Difference in lb.
Plantain	959	1,050	+ 91
Spices (onions etc)	349	396	+ 47
Fruits	2,579	2,333	- 246
Vegetables	3,542	7,968	+4,426
Biscuits (number)	17,460	17,460	.....
Sugar	586	600	+ 14
Sweet Potatoes	8,462	5,200	-4,262
Beans	909	2,250	+1,341
Fish	40	320	+ 280
Beef and goat	2,608	2,570	- 38
Flour	426	465	+ 39
Lard	416	750	+ 334
Rice	3,217	2,000	-1,217
Corn meal	1,032	2,254	+1,222
Avocados (alligator pears)	.....	942	+ 942

It will be noted from the above table that the main increases have been in vegetables, more than doubling the quantity of mineral salts and vitamins; in beans, more than doubling vegetable protein; in lard made from cotton seed oil, more than doubling the amount of fat; and in the addition of alligator pears which furnish a considerable quantity of vegetable fat. The latter are also rich in vitamins. These additions were made possible by increasing the allowance from daily ration Gde. 0.65 to Gde. 0.85 (\$0.13 to 0.17) per person. It might also be noted that approximately 30 per cent of the inmates had edema in July 1929, while none of them were so afflicted in September 1930.

Subsurface tile drainage and filling has largely eliminated a troublesome breeding area in Gonaives. This swampy section lay in close proximity to one of the principal residential streets. It is said that malaria had given it the name of Rue des Dattes or the Avenue of Death.

West of the city and along the shore line there is a swamp known as "Le Soleil." In January of this year a thick film survey was made with blood obtained from a group of children living near this swamp. For comparison a similar survey was made in three other sections of the city. Children at the Brothers School in the center of town showed 3 per cent positive smears and those near Rue des Dattes showed 21 per cent positives, while of the children living in the vicinity of "Le Soleil" it was found that 51 per cent of them harbored malaria parasites. Trails have been cut through the latter section and regular dusting with Paris green instituted.

The high incidence of malaria in the Hinche district has caused serious study for some years. Casual inspection of this central plateau gives one the impression of dry barren country—almost desert-like in the dry season. However, closer study reveals many rivers and small streams in the hollows and depressions. Along these water courses the population is concentrated. The easy transmission of malaria is thus plainly seen. Mosquito control is economically impossible under such conditions. Due to the winding course of the streams it would be necessary in some instances to dust two or more miles of stream to protect a single family.

In the town of Hinche mosquito control has been carried on for several years. The principal source of anophelines for the town is the Hinquitte river about $\frac{1}{2}$ mile to the southward and two small seepage areas that drain into it. In the rainy season the river flows freely and no pools are found along its banks. With the lowering of water level it ceases to be a river and consists of a series of stagnant pools. These become overgrown with algæ and furnish enormous numbers of anopheline mosquitoes. Paris green dusting controls these places at very low cost. A thick film survey made on March 19, 1930, gives a comparison between groups in the town proper and one living about two miles away:

	No. examined	Positives
Garde personnel	85	5.8%
School children	97	14.4%
Hosp. attendants and laborers	29	6.8%
Farm laborers (2 miles from town)	21	47.6%

It may be stated that 90 per cent of the positives recorded in the above table were of the malignant tertian type.

Milk

The situation as regards the sanitary status of milk is most unsatisfactory. A small herd of cows is kept at the Service Technique Farm. These cows are tuberculin tested, kept in good barns, milked under excellent sanitary conditions and the milk from them regularly pasteurized. Aside from this limited daily supply of about 150 quarts the production, handling and sale of this important article of diet in Haiti is beyond description. Without going into details one may safely state that every known rule of sanitary law is violated. Except for the common practice of boiling milk and the natural immunity of the population, epidemics of milk-borne disease would surely occur. The accompanying pictures (opposite page 122) contrasting the two methods of milk handling illustrate what has been said above. Laboratory examinations of raw milk bought from vendors are detailed below:

Date	Place	Colonies per cc.	Coli Aerogenes Group	Butter Fat
11- 1-30	Petion-Ville	141,200	Positive	2.5%
11- 4-30	Petion-Ville	576,000	Positive	3.0%
11- 6-30	Petion-Ville	176,000	Positive	3.0%
11- 2-30	Port-au-Prince	76,000	Positive	2.7%
11- 9-30	Port-au-Prince	92,800	Positive	2.7%
11-11-30	Port-au-Prince	624,000	Positive	2.5%
11-11-30	Port-au-Prince	409,600	Positive	3.0%

Bacteriological examination of pasteurized milk received from Service Technique Farm for the ten days ending November 13, 1930, showed an average of 7,880 colonies per cc. No bacteria were found which indicated contamination of any kind. The butter fat per cent varies from 3.9 to 4.1 per cent.

It is believed that the time has arrived for Haitians to establish a modern dairy farm and pasteurizing plant under the direct supervision of the Public Health Service to the end that the residents of Port-au-Prince, the Capital City, may be furnished with a safe pasteurized milk. This has been done in Panama and the Technical Service has shown that it can be done here.

Quarantine

No quarantinable diseases have been encountered on any of the 840 ships and 417 airplanes inspected by the Public Health Service during the year. Although the land purchased by the Public Health Service for a quarantine station has no buildings, a plan has been drawn up so that tents could be erected in a few hours time should the necessity arise.

PORT-AU-PRINCE

The personnel of the Sanitation Division numbers six hundred and two and consists of the following:—

1	Public Health Officer
3	Assistant Public Health Officers
1	Haitian Doctor
1	Chief Clerk
2	Clerks
2	Chief Sanitary Inspectors
2	Messengers
32	Sanitary Inspectors
12	Rural Sanitary Inspectors
18	Chauffeurs
9	Watchmen
1	Mechanic
1	Carpenter
1	Mason
49	Chefs d'equipe (including rural)
467	Laborers (including rural)

The following is a list of property inspections made in the city of Port-au-Prince proper covering a three year period:

Fiscal Year:	1927-28	1928-29	1929-30
	433,108	452,996	464,918

In the rural districts during 1929-30 a total of 248,971 property inspections were made. A total of 17,851 notices to abate nuisances and make sanitary improvements were sent to property owners and tenants in Port-au-Prince. In the rural districts 14,753 similar notices were sent to property owners. Three hundred and forty one cases of non-compliances were referred to the courts. Of these, 13 were cancelled by this office and 58 by the courts, the work having been satisfactorily performed. Sixty were ordered to execute the work and fines imposed; no action was taken on the remaining 210 cases.

The following is a tabulation of notices sent:

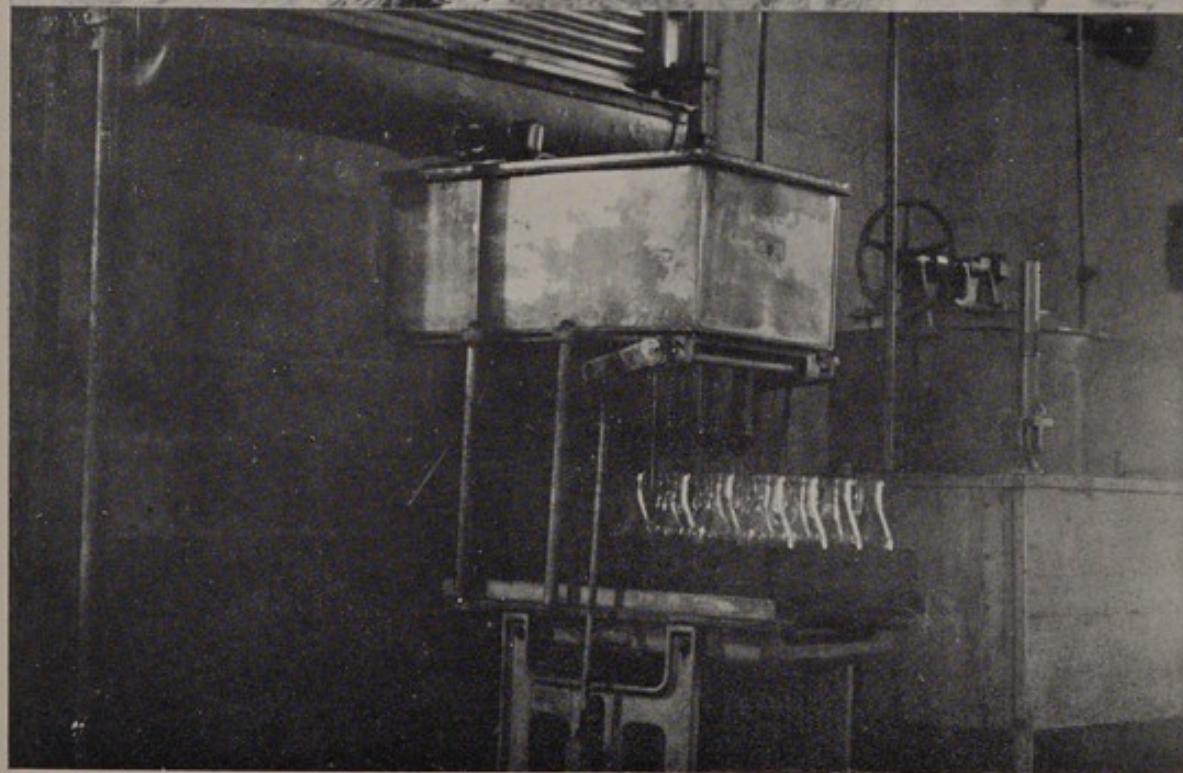
Repair latrines	3,771
Clean latrines	1,720
Construct latrines	869
Disinfect latrines	2,025
Construct canals and bassins	245
Repair canals and bassins	1,521
Clean yards	2,625
Stagnant areas filled	239
Construction or repair of stables	82

A total of 40,036 truck loads (one and one-half ton trucks) of refuse was hauled during the year. All of this was used as fill along the sea shore. A total of 5,585 gallons of crude oil, 781 gallons of kerosene, 448 gallons of creosote and 139 pounds of Paris green was used in mosquito control work and disinfection of latrines.



*Native Milk Vendor. A Basket Picnic
for Bacteria*

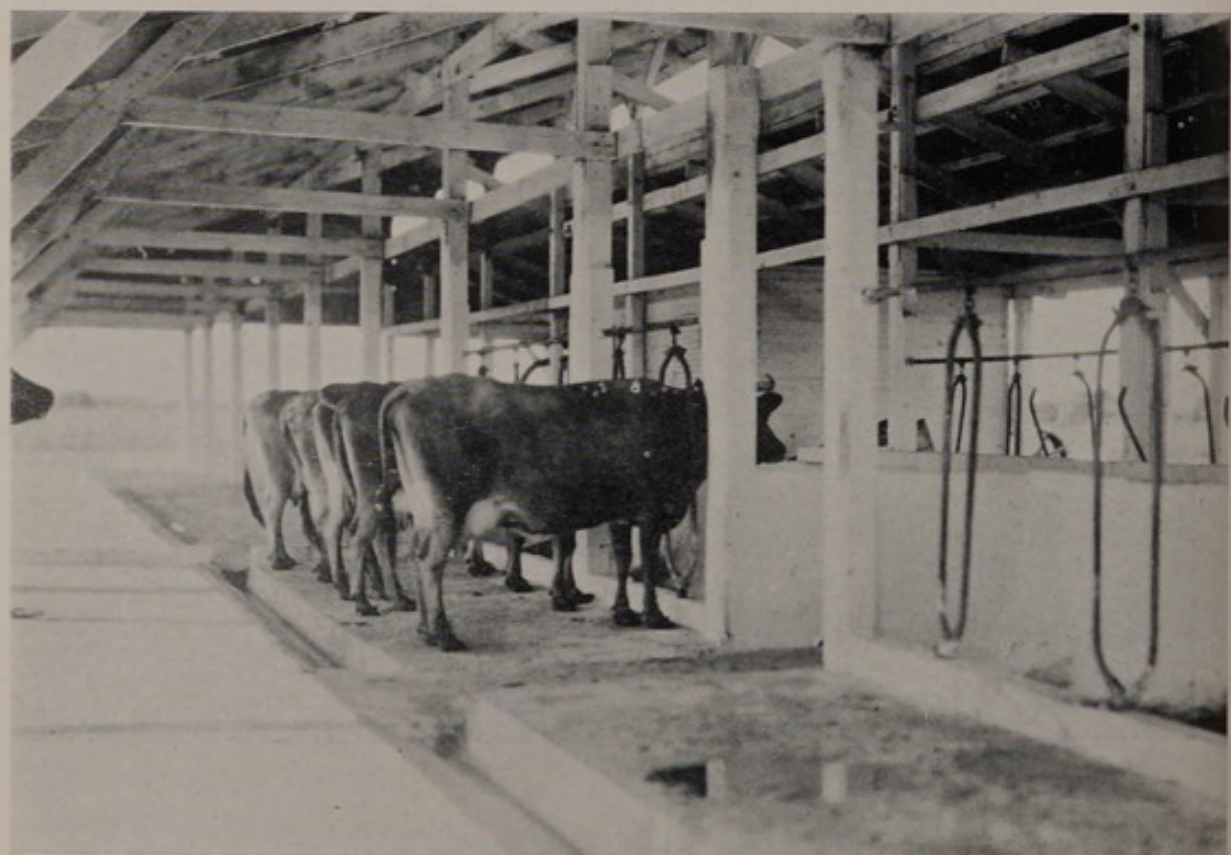
*Same Milk Vendor Standing
with Basket on Her Head.*



Modern Pasteurizing Plant, Damien.



Dairy Units, Damien.



Cow Stalls, Damien.

Mosquito Control.—The problem of mosquito control is changed little from year to year. Underground sewers lessen the work of the Service by the elimination of ditches and the drainage or filling of stagnant areas make it possible to divert labor to other projects. These improvements eliminate labor and save material. The real problem, however, has been, is and will be that of inspection by personnel trained for this duty.

Mosquito larvæ are found breeding in the tin can, the bassin, etc., in the yards of houses tenanted by Haitian or foreigner, rich man or peasant. Propaganda is an aid. Law enforcement short of making the Service unpopular has resulted in some benefit. However, when a Public Health Officer lessens his observation, the controllers follow his lead, then the inspectors, and we have many mosquitoes.

The use of oil has been eliminated in the work of mosquito control except on rare occasions and in each instance the use of oil is especially authorized. Oil is expensive and when a larvicide is necessary Paris green will serve the purpose. There are vast areas in this district where mosquito control has been and is at present impracticable. In rice paddies, the large swamps and in low lands under cultivation any method known today, if applied, would prove to be so expensive that it would be unwise to attempt control except in and near centers of population.

The following is an index to mosquito control in Port-au-Prince during the fiscal year:

<i>Month</i>	<i>Number of properties inspected</i>	<i>Properties on which mosquito larvæ were found</i>	<i>Per cent of properties inspected having larvæ</i>	<i>Number of receptacles found containing larvæ</i>
October	41,112	524	1.27	615
November	36,560	394	1.06	504
December	38,614	420	1.08	456
January	38,786	447	1.15	531
February	37,164	375	1.00	453
March	39,992	461	1.15	529
April	36,671	373	1.01	408
May	36,552	694	1.89	887
June	38,000	1,510	3.90	1,734
July	42,455	1,712	4.03	2,101
August	38,658	1,663	4.30	2,018
September	40,174	1,684	4.10	2,179

Nightsoil Removal.—Two hundred and seven private and twenty-three public latrines were cleaned by this Service during the year.

Dogs.—Four thousand five hundred and twelve dogs were captured, 4,355 were destroyed, 104 were reclaimed by owners and 53 were held under observation. Thirty-three reports of persons bitten by dogs were received. No cases of human rabies were reported.

Rats.—Eight hundred and four rats were trapped. Laboratory examination was negative for rodent plague. An attempt has been made to reduce the number of rats in certain localities by the extensive use of traps and poison. The principal value of this activity is to check against the presence of infected animals.

Quarantine Service.—Five hundred and thirty-seven foreign ships were boarded during the year, an increase of seventeen over the previous year. Four hundred and fourteen airplanes were inspected. None were denied permission to dock or to land.

Projects for 1930-1931.—

In Port-au-Prince.

1. Filling and draining of La Saline section from Rue Tiremasse on south and Avenue Dessalines on east, westward to sea. This section of the city has been plotted into streets. For the most part it is so low that after a heavy rain the mud constitutes a serious problem. This section is a breeding place for anopheline mosquitoes. This work is underway but will be interrupted during and after heavy rains as it is impossible to enter this area except during dry weather.

2. Filling and draining of the Croix-des-Bossales. When it is impossible to enter the La Saline section a fill will be made at Croix-des-Bossales. The shore line has been staked and will be filled to this line. A grade of approximately three feet will be made to drain this entire area into the ditches at each side. The ditch through the center of this area will be filled. This work is partly completed.

3. Extension of Nightsoil Dock and Shore Latrine. To be extended into the sea a distance of 50 feet. This work is classed as urgent.

4. Construction of Meat Markets. At the present time approximately 22 "shacks" located throughout the city are used as meat markets. None are sanitary or modern; their existence, however, is justified by their proximity to populous centers some distance from the main markets at Marché Valliere and Marché Salomon. Three propositions of financing are being considered: (a) to cover cost of construction by extraordinary credit of Government funds; (b) the Commune to finance construction and charge rental; (c) compel the merchant to erect a modern building or prohibit selling.

5. Control of hotels, restaurants, cafés, bakeries, etc., vendors of milk, foodstuffs, soft drinks, candy, etc., in stores and on streets. Control and licensing of these establishments and vendors has been tried with varying degrees of success. It is proposed to organize a Department of Public Markets in this Service and at least bring the hotels, restaurants, bakeries and milk vendors under control.

6. *Asile Communal.* The construction of an isolation ward for men is of urgent necessity. Many repairs and small structural projects are necessary and will be completed during the year if funds are available.

Recommendations.—

1. That the Chief Sanitary Inspector (Superintendent of Street Cleaning) be sent to the United States during 1931 to inspect and study the Departments of Street Cleaning of New York City and Boston. The present incumbent has served as Superintendent of Street Cleaning since 1916 and it seems fitting and proper that he should be given opportunity to observe methods of trash disposal, sanitary procedures and organization of street cleaning departments as carried out in large cities. The value received from such a visit would be profitable to our Service.

2. The extension of trash removal to new residential sections is taxing this Service to the limit and a need for a minimum of 20 trucks is apparent. At present it is possible to maintain a fairly satisfactory service only, by providing short hauls and by authorizing only the most urgent additional hauling.

3. A representative of this office to be a member of the Commission on Building and Zoning for the purpose of enforcing proprietors, contractors and others interested in construction or repair of buildings, houses, etc., to follow the sanitary code with regard to light, ventilation, the disposal of water and similar matters.

4. A free and unlimited water supply, piped to entire city in order that all wells now in use as a source of drinking water may be filled. The water supply of Port-au-Prince has been inspected as to source, chlorination, etc., and appears to be excellent with this exception. The supply is insufficient to maintain pressure on the pipes throughout the 24 hours and is therefore shut off at the source for a few hours each day. This is an extremely bad and dangerous practice. If this were not done, the water would be potable but at present the stranger must treat city water before drinking it. A city to be progressive can not afford to warn the visitor against its water supply.

Many joints of each water line leak and forms about them a pocket of polluted water. When the source is closed this polluted water does not just seep back into the pipe, it is drawn in by the vacuum created. A continuous pressure in the water mains is one of the greatest needs of this city.

5. That the building of a bassin with a capacity of over 8 cubic feet, on property within the city limits, be prohibited. Abolition of all bassins, however, is preferable.

6. That building of native houses in that section of the city known as La Saline, particularly the portion between the railroad and the sea, be prohibited. That the building of houses in any ravine within the city limits be forbidden on account of danger from floods and interference with natural drainage.

Finance.—Total receipts: Gdes. 469,109.91.

CAPE-HAITIAN

Personnel.—The personnel of the Sanitary Division of this district consists of the following:

- 1 Public Health Officer (nominal)
- 1 Sanitary Officer (full time)
- 1 Chief Clerk
- 1 Chief Sanitary Inspector
- 6 Sanitary Inspectors for the town, as follows
 - 3 District Inspectors
 - 1 Market Inspector
 - 1 Milk Inspector
 - 1 Meat Inspector
- 1 Chief Mechanic
- 1 Mechanic
- 3 Chauffeurs
- 1 Assistant mechanic
- 1 Coxswain, motor boat
- 1 Seaman, motor boat
- 9 District Inspectors
- 2 Carpenters
- 1 Mason
- 2 Painters
- 16 Gang bosses
- 2 Watchmen
- 122 Laborers

Under Dr. Shipley and Chief Sanitary Inspector Fouche much has been accomplished in both the Commune and the District of Cape-Haitian. The personnel has changed slightly from time to time but this has involved only the inspectors of the smaller communes. The inspectors at Vallières and Sainte-Suzanne were discontinued due to financial stress and lack of real necessity for them in these two localities.

General Sanitation.—Mosquito control. Early in the year this was changed from the old crude oil method to the newer and apparently effective one of using Paris green. With the aid of Dr. Cook and Mr. Turner of the Public Health Service all of our inspectors were taught how to look more effectively for mosquito breeding and how to use Paris green. This involved a rather careful combing of the district by these two and by Dr. Shipley. The training of the inspectors was done on several days by having inspectors from each local community appear at a central town for instruction. All of this involved considerable consideration, forethought and planning by the Sanitation Officer but no delay was experienced. The closing of borrow pits along the highways was stressed and this seemingly endless task has been going on more actively than before and without interruption. The general routine sanitation of the various communes has been of a high order and has been kept so in spite of lack of support by the local authorities in some communes.

Property inspection.—During the year 30,523 properties were inspected in Cape-Haitian and 14,879 in the district. As a result 3,717 notices of

insanitary conditions were sent to residents of the city and 3,022 to residents of the district outside the city while 356 cases of non-compliance were referred to the Courts. Of these, 88 were in the city and 268 in the outlying portions of the district.

Abattoir and meat inspection.—During the year 3,729 animals were inspected and passed for slaughtering. This number comprised 2,604 cattle, 955 hogs, 107 sheep and 63 goats. Although very few animals were condemned in their entirety nearly 500 organs such as livers, spleens and kidneys were pronounced unfit for human consumption and forthwith destroyed.

Trash removal.—There were 3,177 truck and cart loads of trash removed from streets and properties.

Dog catching.—Five hundred and eight dogs were captured of which only 30 per cent were redeemed by the owners. This indicates the large proportion of ownerless dogs at large in the city.

Sanitation projects completed

Rural.—1. Drainage canals completed: (a) At Limbé, 3,100 feet long; (b) at Ouanaminthe, one of 300 ft. in length, another of 500 ft.; (c) at Petite Anse, two of 1,000 ft. in length.

2. Filling of one of the brackish pools at Petite Anse was 60 per cent completed. Filling also eliminated a brackish well in this town.

3. Drainage of the Haut-du-Cap area was continued. This is a large and long job. It requires the full time services of one gang boss and five laborers to keep drainage canals open and at that the work is only done as time and funds permit.

4. Latrines constructed.—(Materials furnished only) (a) Ste. Suzanne, movable type, 3; (b) Bahon, pit type, 3; (c) Limbé, pit type, 1 (labor also furnished for this); (d) Le Borgne, waterside, 1; a total of 8.

5. Abattoirs built.—(Materials furnished only) (a) Pilate, cement and tin supplied; (b) Grande Rivière, cement and tin supplied; (c) Fort Liberté, cement only. This is under construction.

6. Constant mosquito control, borrow pit filling, street cleaning, keeping drains open, house to house inspection and to a lesser extent control of animals roaming at large, has been carried out routinely by our sanitary inspectors in each of the communes.

7. Collection of mosquito specimens has been instituted for dispatch to the central office for identification.

Town of Cape Haitian.—1. Concrete canals were completed at the following locations: (a) La Fossette district; (b) from Abattoir to bay; (c) outside hospital grounds, 5 were necessary to carry off the rainfall of this large area.

2. Latrines.—(a) Marché Cluny, repaired and put into commission; (b) upkeep of 10 water latrines and 12 box latrines (this work is routine for one carpenter who makes the rounds once a month); (c) more than 189 trash

boxes and latrine boxes were built during the year and all other boxes of these types in use kept in repair. The construction of the trash boxes was changed to increase their strength and life of usefulness.

3. Installation of an electric water pump, to supply water for the toilet at Marché Cluny and running water elsewhere in the market.

4. Abattoir cleaned up, put and kept in sanitary condition.

5. Pilings and preservation of shore line: (a) pilings to protect the seaward wall of our garage; (b) 450 piles put in at various points on contract; (c) 177 piles put in at various points by our own labor; (d) the filling behind these pilings was completed by our own labor; (e) pilings and fill at Abattoir and filling of numerous holes around the abattoir.

6. The routine sanitation measures were continued without interruption during the year. These consisted of: (a) Street cleaning; (b) Cutting weeds; (c) Clearing of drains; (d) Mosquito control; (e) House to house inspections; (f) Animal inspection; (g) Trash removal; (h) Dog catching; (i) Rat catching.

7. Several times during the year excessively heavy rains have filled the streets, large drains, ditches and gutters with sand, stones and débris of every sort. It has taken at least 10 days work with extra labor to put these areas back into their normal functioning condition after each of these rains.

8. Garage.—Much work in construction has been done: (a) concrete flooring laid in original building; (b) new wing built and floored with concrete, making a total of 3,422 sq. ft. of cement work; (c) the whole building, old and new parts, painted inside and out; (d) lime storage bin built; (e) wash stand for cars constructed; (f) improved equipment; (g) protective piling mentioned before; (h) adjacent piece of land procured for further enlargement if necessary.

9. Transportation.—The three trash trucks have been replaced by three new Ford Trucks. One Ford touring car for inspection and rural clinic work was bought out of sanitation savings and the two old units remaining have been overhauled, repainted and put in good condition. The motor boat was beached, hull scraped, some rotted planking in the bottom replaced, caulked, repainted and a new canopy bought and installed.

10. During the last two months of the year we commenced to concrete the gutters and under drains of the city streets.

Finances.—

	<i>Gourdes</i>
Received by allotment from Central Government.....	128,500.00
From other sources.....	14,046.45
	<hr/>
	142,546.45
Expended	142,546.45
	<hr/>
Balance on hand September 30, 1930.....	00.00

Sanitation projects proposed

1. Water supply, adequate and pure, for Cape-Haitian. This is the Public Health Officer's largest and most important project. He hopes to see it started, at least, before he leaves Haiti. To this end he has been constantly investigating possible sources of supply; he has talked the proposition to as many as possible of the more responsible and influential citizens and has awakened the interest of the Prefet of the Arrondissement. He believes that this Communal Administration will try to do something toward meeting the demands of the central Government to supply 50 per cent of the funds needed.

Recommendations

1. Better meat inspection for the city and the outlying towns by a veterinarian trained for this work.

2. Drainage ditch at Quartier-Morin.

3. Repairs to Marche-Cluny.

4. Sanitary fish stalls.

5. Replacement of 12 public box latrines or use the latrine pit boring machine in this work.

6. Transportation unit replacement. The two cars recently overhauled, repainted and returned will probably have to be replaced late in 1931 or early in 1932.

7. Increase in charges for trash collection and nightsoil removal.

PORT-DE-PAIX

Personnel.—The personnel of the Sanitary Division of this District consists of the following:

- 1 Assistant Public Health Officer
- 2 Sanitary Inspectors
- 2 Gang bosses
- 1 Chauffeur
- 1 Mechanic
- 1 Janitor
- 20 Laborers

Sanitation.—During the fiscal year under review conscientious efforts have been made to improve the sanitary condition of the District of Port-de-Paix. Sanitary inspection of properties is made systematically so that the entire city of Port-de-Paix is inspected regularly every week. At present the city is divided into two zones which are in turn sub-divided into six sections. An inspector is in charge of each zone and every section represents a days' work. The removal of street sweepings is made according to the same system of zoning. The five mule carts have been replaced during the year by one truck which covers the city every two days. Two foremen are in charge of daily street cleaning service, which is performed by two groups of nine men each. During the year the personnel of this service have been reduced in number in order that funds might be available for urgent sanitary projects.

Paris green has been added to other mosquito control measures. This product is efficient indeed, especially in Port-de-Paix where during the rainy season stagnant pools are formed which are oiled with difficulty. Many anopheline larvæ have been found in the very center of the city especially in the Port-de-Paix river. It is not a rare occurrence to find those larvæ in the many wells in use, the city not being provided with a hydraulic system of water supply.

The following work has been accomplished during the year:

(1) Construction, with the cooperation of the Department Engineer, of cement gutters.

(2) Reconstruction of cement drain, approximately 350 feet long, at the Parc Communal for the drainage of large stagnant pools which formerly contained thousands of anopheline larvæ.

(3) Repair and whitewashing of the shed at the market used for selling meat.

(4) Control and regulation of milk selling.

(5) Institution of a special service for garbage removal similar to that in effect at Port-au-Prince.

(6) As a result of the systematic sanitary inspection, spoken of above, a large number of latrines have been or are being constructed.

(7) Several filling projects have been or are being undertaken especially at La Saline, a place situated at the gate of the city which becomes a large lake during the rainy season; also provisional drainage work, as necessary. Several men have been detailed to keep the mouth of the Port-de-Paix river clear.

(8) A rat control service has been instituted during the year with the result that 549 rats have been destroyed. The number of dogs apparently increases daily. A total of 59 dogs have been destroyed during the year.

Recommendations.—

1. Another truck for the district of Port-de-Paix.
2. Construction of a sanitary Garage.
3. Installation of a gasoline pump.
4. Extraordinary credits for canal construction.
5. Take up with the Public Works the question of hydraulic system.
6. Construction of an abattoir and a larger market for the sale of meat.

GONAIVES

Personnel.—The personnel of the Sanitary Division of this District consists of the following:

1 Assistant Public Health Officer	1 Messenger
1 Chief Clerk	1 Mason
3 Inspectors	1 Carpenter
6 Gang bosses	60 Laborers
2 Chauffeurs	

Cleaning, filling and inspecting.—Five gangs were detailed to street cleaning during the first part of the year. The last four months of the year, this work was divided between two gangs, who take care of street, canal and gutter work downtown. One gang boss and nine men were detailed to clean and drain canals from swamps and cover the swamps, that can not be drained, with Paris green lime mixture.

Three dumping grounds have been used during the year. The area near the sea adjacent to the Customs depot has been refilled. The "Soleil" area was partly filled. The work has been discontinued at this area and the grounds of the abattoir are now being used as a dumping place in addition to filling in approximately 9,375 square feet of sea.

House to house inspection is made weekly. People maintaining nuisances such as dirty yards and fly breeding places are given a Form 5. If the order is not obeyed, a second notice is sent. If not cleaned they are sent to the Justice of the Peace. The cooperation of the Justice of Peace during the past five months has improved.

The canal alongside Rue Louverture was completely cleaned. 75 truck loads of dirt, stone and debris were removed from this canal.

All public lands and grounds surrounding public buildings and vacant lots where owners could not be reached were taken care of in a sanitary way.

All houses and wells have been counted in the city; 2,122 houses and 745 wells were found. The city of Gonaives has been divided into 3 zones. Zone 1, Avenue des Dattes; Zone 2, the city proper; Zone 3, South salines. Zone 1 has been completed and Form S-800 made for every house. Work has commenced in Zone 2.

The water from 481 wells is used for drinking and cooking purposes. These wells are marked with a green circle and fish placed in each well. All of the remaining 264 wells the water from which is used for animals and washing purposes, have been treated with Paris Green sand mixture and marked with a red circle.

One thousand six hundred and ninety-seven stakes were placed in the sea at the abattoir to form a break-water. This space is being filled with trash. The road and bridges approaching the abattoir had to be rebuilt by the Public Health Service. The road required 38 truck loads of dirt and stone to make the necessary repairs.

Part of cement gutters on streets St. Charles and Lavaud have been repaired. Repairs have been made to the canal alongside Avenue des Dattes; 200 stakes have been used for this purpose.

Swamps.—Regular monthly inspection of swamps and canals are made by the Public Health Officer and his Assistant; weekly inspections by Chief Inspector. All canals are cleaned weekly excepting the canal along the Avenue des Dattes which is cleaned monthly. Fourteen paths, 100 feet apart were cut through the swamp adjacent to the Soleil. This allows a more even distribution of the Paris green lime mixture with the blower.

Market.—Paving of the central market was not continued due to the lack of funds. The only improvement at the market was the scrubbing of the building where meats were sold.

Rainfall.—The rainfall has been unusually light this year. Vigilance in mosquito control was necessary due to the fact that about 90 per cent of all wells in Gonaives were heavily infested with mosquito larvæ.

Transportation.—A touring car and two trucks were replaced by new and less expensive vehicles of another make. All units are cleaned, greased, oiled and inspected weekly.

Outside sanitation.—During the year sanitary inspections were made at: Ennery, Marmelade, St. Michel, St. Raphael, Gros Morne and Terre Neuve. Arrangements have been made to take over sanitation at Gros Morne, St. Michel, and Marmelade.

Statistical data.—

Notices to property owners to clean properties	1,150
Complied with	1,046
Accusations for failure to comply	104
Convicted	45
No action taken	39
Charges withdrawn by Public Health Service	20
<i>Trash:</i>	
Number of loads hauled by trucks	4,073
Number of loads hauled by hand carts	8,073
<i>Ships boarded:</i>	
Number of ships arriving from foreign ports boarded for inspection	13

Money received from the Communes during the year amounted to Gdes. 3,456.75.

Plans for the future.—Taking over sanitation at Gros Morne, St. Michel and Marmelade. Erection of several public latrines. A new market. A new abattoir. Completion of pavement in central market. Concrete drainage canals on several streets. Drainage of swamp at Gros Morne. A new fish market. A central animal parking place and dog pound.

SAINT-MARC

Personnel.—An assistant Public Health Officer is in charge of Public Health work in the district of St.-Marc. Under the supervision of the Public Health Officer he takes all necessary measures for the betterment of the sanitary conditions of the Communes of the District. He is assisted by five sanitary inspectors.

The personnel consists of the following employees:

1 Assistant Public Health Officer	4 Gang bosses
5 Sanitary Inspectors	1 Janitor
1 Watchman	50 Laborers

The employees of the communes of Dessalines, Verrettes and Petite-Rivière of Artibonite are included in the above personnel. Upon the written request of

the Magistrate Communal of Petite-Rivière the Public Health Service employed a trained sanitary inspector and five laborers on March 2, 1929. These men have kept the city in proper sanitary condition.

Inspection of houses.—The city of St.-Marc is divided into three zones which are controlled by three sanitary inspectors. The sanitary inspector is required to check up the sanitary condition of his zone, to inspect properties, street canals, private canals, gardens, to search for water receptacles and to look for anything likely to contain mosquito larvæ and if found warn the owners to destroy them at the earliest possible moment or to apply adequate measures himself, in case of non-compliance or neglect. These three inspectors alternate working a month in each zone. Thus, it is very easy for them to control each other's work, correct certain oversights and to check slight mistakes any of them may commit by carelessness. Stimulated by this reciprocal control they execute their duty with more care and attention. Sanitary inspections are in this way made several times in the same house and consequently the application of a sanitary measure deemed necessary is more promptly complied with by the owner.

Every day from 7 A. M. to 12.00 noon and from 1 to 3 P. M., Sundays and holidays excepted, the sanitary inspectors visit regularly the houses and properties located in their respective zone. In this manner they were able during the year to visit 115,583 houses and properties and inspect on request 224 places where anopheline larvæ were found, and 551 swamps where culicine mosquitoes, taking advantage of collected rain water, lay their eggs. All these 775 places were filled in. Upon the inspector's advice, 1,488 latrines have been supplied with a good iron or wood cover, the owners having understood the immediate need of protection against mosquitoes. The role of sanitary inspectors can be fulfilled satisfactorily only by those who have at least received some instruction and have trained for some time in the Service. For this reason only intelligent and active gang bosses who have by constant carefulness become familiar with the particularities of the sanitary inspection and have thereby proved themselves capable of executing this higher duty are employed as sanitary inspectors.

Mosquito control.—This year, as in previous years, the problem of mosquito control has been the one that has absorbed the most attention of the Sanitary personnel. In reading the comparative table for the fiscal year 1929-30 and that of the preceding year, one can note the continued effort made in application of urgent sanitary measures.

	1928-1929	1929-1930
Number of properties inspected.....	124,566	115,583
Inspections made upon request.....	184	285
Forms 5 and 6 sent out.....	2,600	1,935
Forms 7 sent out.....	262	172
Number of convictions.....		48
Places where anopheline larvæ were found.....	160	224
Places where culicine larvæ were found.....	680	551
Insanitary latrines.....	1,285	1,488

During the year 3,917 loads of garbage, gravel and rock were used for filling in 775 ditches where anopheline and culicine larvæ were breeding. Two hundred and five feet of gutter were constructed at Marché Dartiguenave and 600 feet at Rue Orius Paultre in front of the Bureau of Garde d'Haiti. Beginning January 1st, the Director General's office decided to use Paris green in lieu of oil. On 19 December, Dr. Cook, Officer in charge of the Sanitation Division, arrived at St.-Marc for the purpose of teaching the sanitary inspectors the use of Paris green as a larvicide. On the 29th of the same month the Public Health Officer visited Verrettes, Dessalines and Petite-Rivière in order to repeat the demonstrations previously made at St.-Marc. The canal Venotte located outside the city limits on the east was regularly cleaned. A laborer has been constantly detailed for cleaning and weeding the Grande-Rivière of St.-Marc. Thousands of small fish have been removed from the river at Verrettes and placed in the 85 wells in the city. At present there are a very large number of fish in these wells. An intensive campaign has been made to convince property owners of the necessity of covering each water receptacle after use, to see that bassins are emptied at least three times a week, and to see that no depressions occur in the canals where water could remain stagnant thus facilitating mosquito breeding. The mouths of Grande-Rivière and Petite-Rivière have at least six times been freed of the sand collecting there due to tidal action and thus blocking their outlets. The sanitary inspectors have regularly distributed a one per cent mixture of Paris green in sand, in those rivers and in water on 22 different properties, among which may be mentioned 9 distilleries, 7 tanyards, 2 factories and in 2 properties having sugar cane mills. In spite of all precautions taken, it cannot be asserted that there was not a marked increase in mosquito population during the rainy season. Doubtless, the majority of these mosquitoes, helped by the winds during their migration, came from ditches located at places not far distant from the city. For this reason it would seem desirable to detail a man to inspect the area for a distance of 100 meters around the city.

The cleaning of the general market and meat market is also done by the Public Health Service. Strict instructions have been issued providing that bread, candy and fish exposed for sale be protected against flies. An inspector makes daily visits to the meat market, to see that the floor and tables are washed at least twice each day. It is to be regretted that, up to the present, the project of improving the market cannot be accomplished because of the lack of funds.

Abattoir.—The commune of St.-Marc is provided with an abattoir for slaughtering cattle. No improvements have been made to this structure since the floor was repaired in 1928. It is very probable that this abattoir will remain in use for some time to come, for the revenues of the commune have decreased. However, it would be desirable for the commune to make every effort to construct a modern abattoir with stables for cattle, hogs and goats, where these animals could be sheltered and properly examined by a veterinary prior to slaughtering.

Nightsoil removal.—Under the supervision of sanitary inspectors, property owners hire laborers for transporting nightsoil for disposal in ditches dug for this purpose in places distant from the city.

Dogs.—During the year 100 dogs have been caught. There were two persons bitten by dogs suspected of rabies. The dogs were held under observation for 21 days. No symptoms developed.

Inspection of milk and food.—As much as possible the meat and milk consumed at St.-Marc and other communes in the district are inspected. During this year an order has been issued to the sellers of candy, bread, cakes, etc. to exhibit these articles in screened containers only.

Water supply.—The water supply of the city of St.-Marc is collected in a 113,056 gallon reservoir. This supply seems to be sufficient for the city. No outbreak of disease could be traced to this source. Chlorination, however, is urgently needed.

Street cleaning.—Thirty-five laborers, three gang bosses and one supervisor have been detailed for cleaning the streets and gutters in the city of St.-Marc. Each gang boss is responsible for the condition of the streets and drainage canals within his zone.

Garbage removal.—Refuse is collected on certain days but at least twice a week. Property owners are requested either to place the box containing the trash collected on their premises on the pavement in front of their houses early in the morning on these days or to empty them into the numerous boxes placed in the streets of St.-Marc. These boxes are emptied by trucks of this Service. The rubbish and trash are used for filling in ditches.

Sanitary depot.—Sanitation material and tools are stored in a part of the garage located in the rear of the Hospital.

Transportation material.—During the year the two Dodge trucks and the Chevrolet touring car have been replaced by two Ford trucks and by two Ford touring cars. Upon instructions, the small Ford truck was returned to the Central Garage. Both trucks are used for garbage removal, but sometimes they are also used for hauling the sand, rock and gravel necessary for certain work. The two Ford cars are used in clinic work. The number of miles covered by both, trucks and cars, was 42,701. The Service possesses at present a horse which was donated to us by the Magistrate Communal of St.-Marc. In order to hold the five mountain clinics and a few others located in places impracticable for motor vehicles, the doctors have ridden over 280 miles on this animal.

Permanent improvements.—A six-seat public latrine, flush system, was constructed by this Service at Place Dartiguenave at the site called "Marché Gonave" during the month of September. Seven hundred and five feet of gutters at Place Dartiguenave and 600 feet at Rue Orius Paultre in front of the Garde Station, were also built.

Dessalines.—At Dessalines the sanitary work is done by an inspector and four laborers. The former not only makes house and property inspections and controls the laborers, but also acts as dresser on clinic days. Paris green mixture

is sprayed weekly into eight pools. During the year, 5,735 property inspections were made, 58 of which were upon request; 156 Forms 5 and 6 were issued to property owners; and 22 copies of Form 7 were issued for non-compliance with orders. As a result 13 persons were fined by the Court, and 9 acquitted.

Number of places where anopheline mosquito larvæ were found	56
Number of places where culicine mosquito larvæ were found	49
Number of insanitary latrines	98

Verrettes.—The personnel at Verrettes consists of one Inspector and three laborers. The laborers are detailed to street cleaning. During the year, the Sanitary Inspector made 4,288 inspection of properties of which 105 were made upon request.

Number of Forms 5 and 6 sent	242
Number of Forms 7 sent	21
Number of Forms 7 cancelled	8
Comdemned by the court	13
Number of places where anopheline mosquito larvæ were found	54
Number of places where culicine mosquito larvæ were found	104
Number of insanitary latrines	341

Grande Saline.—Owing to the lack of funds, no sanitation personnel are employed at Grande Saline.

Recommendations.—

1. Construction of a depot for the material of the sanitation service.
2. Construction of a garage for cars and trucks.
3. Construction of a public market with a section for fish.
4. Institution of measures for chlorinating the water supply of St.-Marc.
5. Construction of cement street gutters where needed.
6. Construction of Petite-Rivière canal.
7. Construction of public latrines at Portail Guêpes.
8. Construction of a small modern abattoir at St.-Marc.

HINCHE

Personnel.—The personnel of the Sanitary Division of this District consists of the following:

1 Assistant Public Health Officer
1 Sanitary Inspector
2 Gang bosses
39 Laborers

One Sanitary Inspector was employed during the year until September. His work was becoming very unsatisfactory and he was released. His work was taken over by a gang boss who is doing very well under the supervision and instruction of the Assistant Public Health Officer. He makes sanitary inspections of Hinche, Maissade and Thomonde and supervises the oiling and Paris-greening of mosquito breeding places. During the year, two barrels of mosquito oil and fifty pounds of Paris green were used.

In the towns of Hinche, Maissade, Thomonde, Lascabobas and Mirebalais rubbish boxes and rubbish barrels are provided in convenient places. These are

emptied in Hinche by a truck and in the other towns by wheelbarrows and the material is being used to fill low places which during the rainy season are breeding places for mosquitoes. Two hundred and sixty-four truck loads of rubbish were disposed of as well as an indeterminate amount moved by wheelbarrows. One gang boss and about fifteen laborers are used to clean the abattoir, market and streets.

For the purpose of curtailing expenses, the traveling sanitary unit, composed of a gang boss and about 25 laborers and used to clean up the largest towns in this District, was discharged in January 1930 and has been supplanted by four permanent laborers in each town except Hinche where about ten men are employed for this purpose.

No cases of canine or human rabies have occurred in this District during the year.

The water supply of the Hospital is obtained from the Hinquitte river and is pumped by a steam and auxiliary gas pump some 300 yards to a 10,000 gallon reservoir, which is about 150 feet elevation above the river. Six sets of Garde d'Haiti Officers' quarters are supplied with water from this system. The pumphouse and infiltration gallery are protected by a concrete dyke. The water supply is ample most of the year, but becomes scant toward the end of the dry season.

The work of providing each individual property with a latrine has been continued.

Other sanitary activities in the District are shown below:

Sanitary Inspectors' inspections	1,843
Public latrines built	0
New latrines built by property owners	71
Enforced building of latrines	10
Notices of work to be done	1,036
Number of persons brought to court for violations of sanitary regulations	14

Prostitution is fairly prevalent in all the larger towns, but accurate statistics concerning it cannot be obtained.

During the year the Communes of the District contributed to Sanitation by way of the usual 5 per cent of Communal funds to the following extent:

	<i>Gourdes</i>
Hinche	938.78
Lascahobas	574.57
Mirebalais	1,179.35
Maissade	476.81
Total	3,169.51

Sanitation.—Concrete surface drains on reservation completed. New culverts and drainage ditches built at Maissade market.

Drainage ditches and connecting canals dug in towns of Hinche, Lascahobas, Mirebalais and Maissade.

Paving for new market in town of Hinche completed.

Reconstruction of lagoon and drainage canals in vicinity of Hinquitte river back of reservation.

Drainage of all pools in ravine bordering Guayamouc river.

In all drainage projects we have been greatly aided by working parties of prisoners supplied by the Garde d'Haiti.

Plans for the future.—

(a) Construction of small abattoirs and meat markets for Mirebalais, Lascahobas and Maissade as funds will permit.

(b) Construction of new public latrines.

(c) Enlargement of garage.

Recommendation.—That a well be drilled on the Hospital grounds.

PETIT-GOAVE

Personnel.—The personnel of the Sanitary Division of this District consists of the following:

- 1 Public Health Officer, Commissioned Physician 3rd class
- 1 Assistant Public Health Officer, Commissioned Physician 6th class
- 1 Sanitary Inspector in chief
- 1 Chief Clerk
- 6 Sanitary Inspectors
- 2 Chauffeurs
- 1 Mechanic
- 4 Gang bosses
- 1 Cook
- 1 Janitor
- 67 Laborers

Street cleaning.—The streets of the city are swept twice a day. Between 40 and 50 laborers, according to the season, are employed in this service. As regards the cleaning of the city two great problems are to be solved. First, to indoctrinate the inhabitants of the city with the fact that they should not throw garbage in the streets or to place them in front of their gate at any time. It is not unusual to see them place their garbage in front of their gate after 4 P. M. just when the laborers and the trucks finish with their day's work. Second, most of the drains are not paved and it is necessary to clean them of weeds every week. We have tried in vain to work out a plan of cooperation, as regards to construction of cement drains between the Commune, the Public Works and this Service.

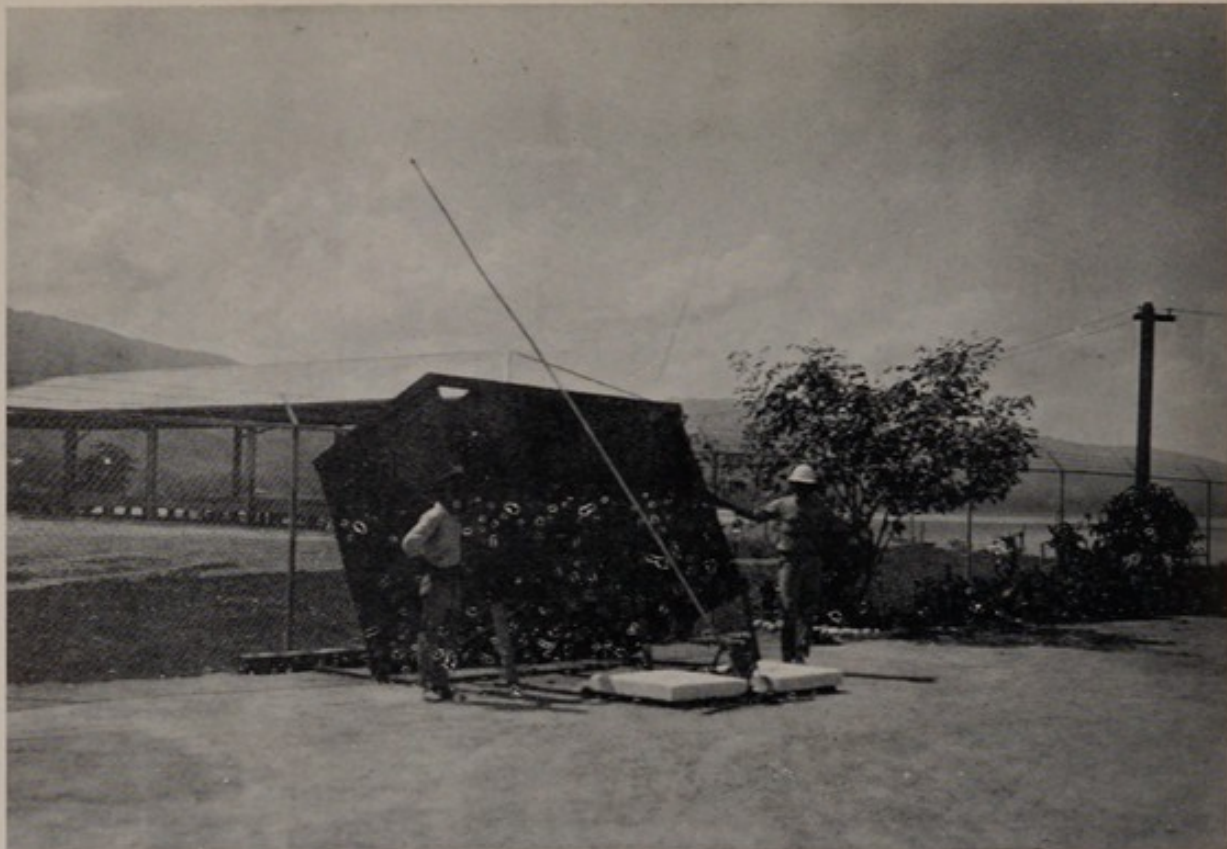
Market.—In Petit-Goâve there exists no market in the true sense of the word. This year we have been able to erect a meat market, our service contributing two-thirds of the cost of construction. As regards the market, it consists of sacking used as tents and presents the most primitive appearance. The Commune does not consider the erection of a new market. The market place and the meat market are cleaned daily. We thought that we could use the material salvaged from the former meat market for erecting a market for the sale of milk and fish. The Commune is until the present time unable to help us to accomplish this project.



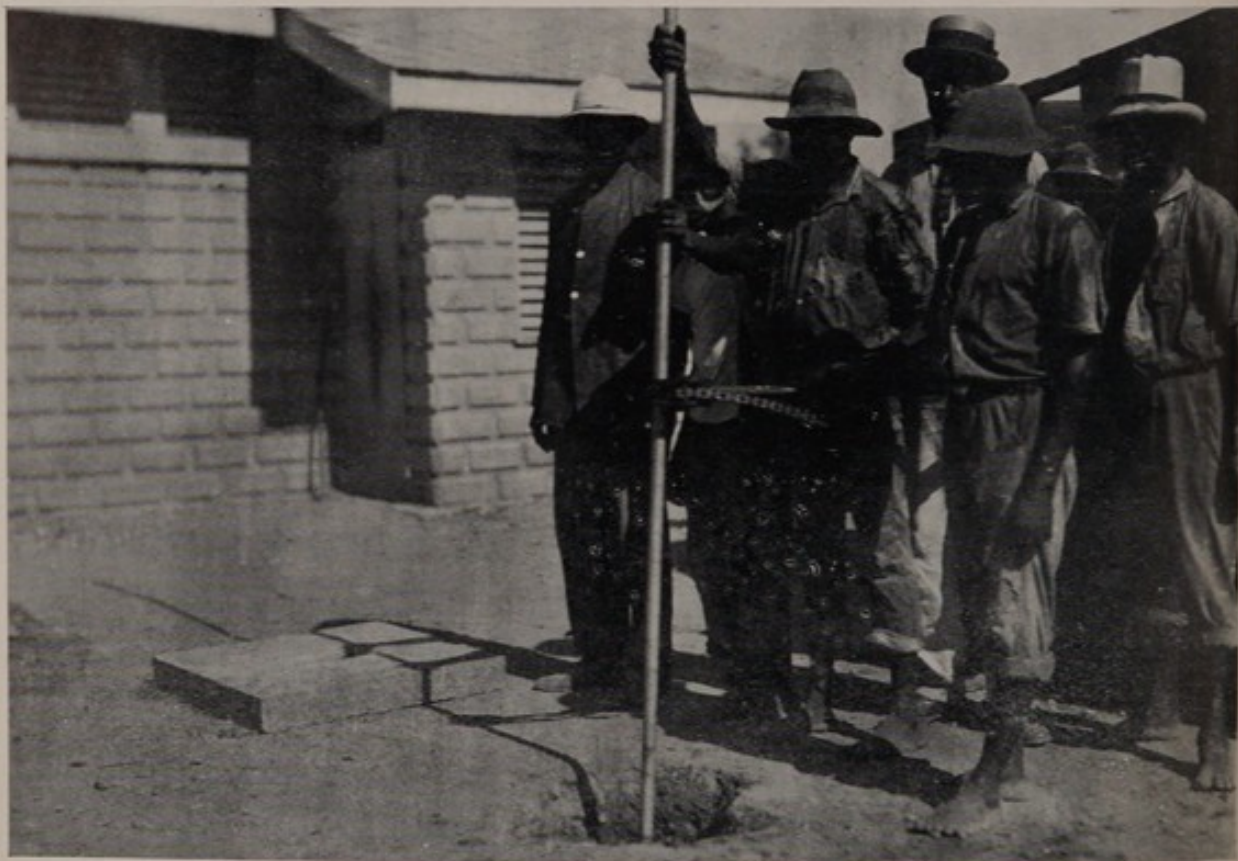
Fill in the Martissant, Port-au-Prince, with Street Sweepings.



Marché Salomon, Port-au-Prince.



Latrine, New Type, in Use at Marché Solomon, Port-au-Prince.



Laborers Boring Latrine.

Mosquitoes.—The city of Petit-Goâve especially in the western section, presents a sanitary problem very difficult to be solved. The level of this whole section is lower than sea level. After a rain there are formed many stagnant pools. It has been possible to make extensive improvements in certain sections by building drains. In spite of the great number of the drainage canals it is necessary to continue ditching for preventing formation of stagnant pools. During this year 1,430 feet of drainage canals have been dug. Because of this and systematic use of Paris green the city did not suffer on account of mosquitoes. In spite of the numerous rains of the summer season there was a very low percentage of malaria cases. There are two places at Petit-Goâve that contain large pools, one at Pont Roche and the other at l'Acul. These places are continually being filled in with street refuse. It is hoped that in time these places will be completely filled in.

Abattoir.—If it were not due to its position which is close to the Hospital the abattoir would leave nothing to be desired. The abattoir is cleaned every day by a laborer after slaughtering is completed.

Prostitution.—Prostitution is rampant in the city. There exists no law permitting control of this situation.

Transportation.—The transportation units of this district consist of two Ford touring cars and two trucks. During the year the Ford cars have been entirely overhauled and repainted at the Garage. The two old Dodge trucks have been replaced by new Ford trucks. Saturday afternoons are devoted to the cleaning of cars and trucks. During the year 4,034 truck loads of refuse have been removed and 1,271 cart loads have been hauled at Miragoâne. This material has been used to fill in swamps.

Inspections.—All inspections are made by the Public Health Officer, the Assistant Public Health Officer, the Chief Inspector and two Sanitary Inspectors. Work accomplished during the year is as follows:

Total number of properties inspected.....	13,932
Total number of Forms 5 and 6 issued.....	500
Total number of Forms 7 sent to Justice of Peace.....	10
Total number of convictions.....	10

Communal funds.—The five per cent communal funds have been regularly received from the following communes:

	Gourdes
Petit-Goâve	2,231.23
Miragoâne	1,163.89
Grand-Goâve	421.21
Anse-à-Veau	454.69

Public latrines.—There are a few public latrines in Petit-Goâve, but they are inadequate in number. We intend to increase their number whenever the Commune will be able to help us.

Dogs.—There are numerous stray dogs in this city. During the night time, they use the Hospital grounds as their headquarters. This made necessary an extensive campaign. During the year 126 dogs have been destroyed.

Water supply.—The city water supply is distributed by a hydraulic system controlled by the Public Works Service. If a chlorinating apparatus could be obtained for Petit-Goâve, the water supply would leave nothing to be desired.

Quarantine service.—During the year 12 ships coming direct from foreign ports have been boarded. No case of contagious disease has been discovered.

Sub-districts.—Miragoâne, Grand-Goâve, Anse-à-Veau, Petit Trou and Baradères each have a dresser who acts also as Sanitary Inspector. Construction of a new market place has been started at Miragoâne, but was discontinued because it was impracticable to continue the work with the means available. Except Petit Trou the sanitary condition of all these cities is good. Miragoâne and Anse-à-Veau each have a system of water supply originating in the hills which gives ample hydraulic pressure.

Recommendations. —

1. That a dump truck be assigned to this district.
2. Construction of a general market.
3. Construction of a meat and fish market.
4. Construction on the Hospital grounds of a garage and an office for the Public Health Officer.
5. Construction of cement drains in the city and in the swamps.
6. Construction of an abattoir at Grand-Goâve.
7. Repair of the abattoir and meat market at Miragoâne.

JEREMIE

Personnel.—The personnel of the Sanitary Division of this District consists of the following:

- 1 Assistant Public Health Officer
- 1 Chief Inspector
- 3 Inspectors
- 3 Gang bosses
- 1 Mechanic
- 1 Chauffeur
- 1 Helmsman (motor boat)
- 1 Janitor
- 1 Watchman
- 32 Laborers.

Street cleaning.—The cleaning of streets and canals is done by competent men under the control of gang bosses. By 8 o'clock A.M. all the streets are swept and the remainder of the day is devoted to the cleaning of remote places.

Market.—The Commune having allotted Gdes. 2,000.00 for the erection of a new market, the old construction on the market place which was used for the sale of meat, has been demolished. Four private butcher's shops have been set up, working under the control of an inspector.

Public latrines.—In the district there are 17 public latrines of which 11 are at Jérémie and 6 in the small coast towns: Dame-Marie, Anse d'Hainault, Pestel, Corail and Moron. These latrines are built mostly near the sea-side,

which offers the advantage that it is not necessary to clean them. They are, however, kept under control complying with the sanitary regulations of the town. Forty latrines have been erected and several others are in process of construction.

Inspection service.—During this year 30,541 houses and properties were inspected, 1,569 Forms Nos. 5 and 6 were distributed and 3 convictions obtained.

Rubbish removal.—Rubbish from animals is collected daily and transported by trucks and carts to places outside of the town, to be burned and later used as filling material. A private service for the removal of rubbish has been instituted, and consequently, all garbage boxes were removed from the street corners. Individuals owning four of the principal animal parks are subscribers to this service, which brings in the sum of Gdes. 355. The truck for private service has made 1,040 trips and carts 5,423.

Mosquito control.—Mosquito control is supervised by the inspectors and the Assistant Public Health Officer who make a weekly visit to each house. This visit is done for the purpose of verifying the sanitary state of yards and latrines but more particularly the nature of drinking water and how it is collected. Notices are sent to owners on whose properties stagnant water is found and they must, under penalty of being sent to Court, comply with the law. During these inspections 1,723 water receptacles (barrels and cans) were found to contain mosquito larvæ. Paris green in the proportion of from $2\frac{1}{2}$ to 3 per cent mixed with lime is dusted in wells that are not hermetically sealed. We have seldom found anopheline larvæ among those collected. These larvæ are found along the river bank about one mile from the city.

Dogs.—No case of rabies was reported during the year. Fifteen dogs were captured and killed.

Ships inspected.—Seventeen ships coming from foreign ports were inspected. No epidemic disease was found.

We have received this year from the Communes of the District the sum of Gdes. 2,485.82 and the Special Service Gdes. 1,205.00 making a total of Gdes. 3,690.82.

New building.—Due to the great lack of funds we were unable to meet all the urgent sanitary needs of the town and district. However, two latrines were erected at Moron, and 50 meters of canal were built in two streets of the city.

Improvements.—The money collected by the special service was saved for the financing of certain projects. In this way, we were able to save Gdes. 4,089.00 of the estimated amount of Gdes. 5,000.00 for building the first unit of the market. We will be able to start construction very soon and hope also to begin drainage works, in replacing paved drains by cement canals. The canals after their completion will reach the sea. A quay to connect the wharf to "La Pointe" would offer the advantage of improving the appearance of the waterfront and abolishing nuisances.

Projects for the future.—

- (1) Continuation of drainage works at Dame-Marie.
- (2) Filling in of the swamps at Dame-Marie.
- (3) Construction of drainage canals at Corail.
- (4) Truck for garbage removal.

JACMEL

Personnel.—The personnel of the Sanitary Division of this District consists of the following:

- 1 Haitian physician
- 1 Chief Sanitary Inspector
- 6 Sanitary Inspectors
- 1 Mechanic
- 2 Chauffeurs
- 1 Pilot (motor boat)
- 3 Gang bosses
- 50 Laborers.

Many changes in organisation and personnel have occurred during the year. Dr. Sam relieved Mr. G. B. Germany as officer in charge of sanitation activities in April 1930. The Chief Sanitary Inspector and all sanitary inspectors except one are new employees, having replaced those who resigned or were discharged for various reasons.

Property inspection service.—The system of property inspections has been changed during the year. The city is now divided into 4 zones with an inspector in charge of each zone. The first zone is divided into 7 sections, the second zone 9 sections, the third zone 7 sections and the fourth zone 7 sections.

Under the present system, each property is inspected every 10 days. In order to make inspections ahead of the mosquito cycle, preferably every 7 days, it will be necessary to divide the city into 5 zones and employ an additional inspector.

The following table shows the work performed during the year:

Number of properties inspected.....	29,116
Number of inspections made on request.....	147
Number of notices of work to be done (Forms 5 and 6).....	1,700
Number complied with (since 1 April 1930).....	545
Number of cases referred to the Court (Form 7).....	70
Number of convictions (95.71%).....	67
Number of cases in which no action was taken.....	3
Number of cases dismissed.....	3
Number of cases cancelled by Public Health Service.....	0
Number of insanitary latrines found.....	829
Number of latrines fly-proofed.....	178
New latrines built by property owners.....	16
Number of cases of enforced building of latrines.....	44
Number of latrines under construction.....	43
Number of public latrines built.....	0

There is no record available of the number of notices of work to be done which were complied with, prior to April 1930.

There are at present 635 insanitary latrines in town. It is hoped that this number will be materially reduced during the coming year.

There follows a tabulation of notices sent out since 1 April 1930. There is no record of the type of work ordered before that date:

Type of work ordered	Number of orders
Construct latrines.....	291
Repair latrines.....	151
Clean latrines.....	78
Construct canals.....	32
Clean canals.....	9
Repair leaking faucets and pipes.....	12
Clean yards.....	193
Disinfect latrines.....	72
Clean stables.....	76

Mosquito control.—The city of Jacmel is relatively free from mosquitoes, largely due to the nature of the terrain. The city, for the most part, lies on a hillside and surface water quickly drains to the sea or evaporates. During the rainy season there is some stagnation of water in different sections of the city, due to a lack of properly functioning street gutters.

Anopheles mosquitoes have been found in six different localities during the year. From time to time they have been found in the swamp which lies at the mouth of the Rivière des Orangers. This swamp is being filled as rapidly as possible. The large swamp to the west of the town, Mare Bremen, also harbors anopheles during the rainy season. This swamp could be drained but the cost, as estimated by Public Works from a survey made in 1929, would be Gdes. 205,000.00. Recently anopheles have been found in a small swamp at Portail Léogane. This swamp has been drained. There are small swamps near the Service Technique school at Carrefour Raymond and a swamp near the Garde d'Haiti Caserne at Marigot where anopheles have been found. Paris green has been substituted for oil as a larvicide on 1 January 1930. Culex mosquitoes are constantly found breeding in various receptacles containing water in houses and yards. We are endeavoring to correct this by frequent inspections and education of property owners.

The following table is compiled from notices sent out since 1 April 1930. There are no records available prior to the date.

Month	Number of properties inspected	Receptacles found containing larvæ
April	1,348	42
May	1,184	19
June	4,490	47
July	3,198	85
August	4,010	61
September	3,815	68

Nightsoil disposal.—Nightsoil is deposited chiefly in latrines but in the section of the city known as Les Raquettes, the inhabitants are too poor, in many cases, to build latrines. A public latrine in this section is considered desirable. There is no public latrine near the public market and the construction

of one in this vicinity is also desirable. There are only two public latrines in town, one near the abattoir and one near the mouth of Rivière des Orangers. The latrine near the abattoir has no roof and is not fly-proof. Materials have been purchased and this latrine is to be repaired and roofed in the near future. As we have no cart suitable for this purpose, private latrines are cleaned by owners and public latrines for the Public Health Service by contract. Both public latrines were cleaned during the year.

Streets and gutters.—The main streets are swept twice daily and the other streets once a day. Three gang bosses in charge of 25 laborers are more or less constantly engaged in weeding and cleaning street gutters. The present system of collecting refuse from converted oil drums placed in the streets, is unsatisfactory, as the people are careless and throw much of the refuse in the street beside the garbage cans. House to house collection is to be instituted early in October.

All refuse has been hauled to the swamp at the mouth of the Rivière des Orangers. At the present rate, this swamp will be practically filled by the end of the coming fiscal year.

New cement gutters were constructed by Public Works during the year in Rue de la Réunion. New gutters or repair of the old gutters are badly needed in Rue des Cayes, Rue de la Comédie, Rue de Montgolfier, Rue St. Cyr, Rue Dauphine, Rue St.-Jacques and Rue Normande. The ditches of the Grand Rue should be replaced by concrete gutters.

Water supply.—The city water supply is from source Ferau in the hills, about 4 miles from town. There are three capitations, all emptying into one main pipe line. Although there have been no water-borne epidemics during the year, the water is a potential danger in that contamination from surface water takes place. During the rainy season the water is muddy at times, apparently due to leaks in the capitations. The main pipe line runs on the surface of the ground, in the bed of a small stream for the greater part of the distance. In some places in the town, surface drains containing sewage empty near the water pipes. There are considerable leaks along the water line and, as the water is shut off once weekly, to clean the capitation, there is a chance for contamination with this surface water. A single specimen drawn from a faucet at the hospital and transported, packed in ice, to the Haitian General Hospital, showed an average of 35 per cent gas (average of six tubes) after 48 hours incubation.

For correction of this condition, two measures are proposed: (1) Removal of the water main from the river bed and running it in a straight line, over dry ground, from the source to the city; (2) chlorination of the water at its source.

* With the cooperation of the district engineer and with the approval of the Directors General of Public Health Service and Public Works, the chlorinator at Cayes was brought to Jacmel and a survey made by the district engineer for a new pipe line. It was understood that this work would be promptly completed but we are informed that difficulty in securing title to land along the

right-of-way is at present holding up the work. It is hoped that this work will be completed in the near future.

The water supply on the whole is ample for the needs of the inhabitants. From 6 A.M. to 12 noon the water is turned on downtown and from 12 noon to 5 P.M. uptown. During the night there is half pressure both uptown and downtown. The district engineer estimates that a $\frac{1}{2}$ -inch pipe line in the uptown section will deliver 550 gallons of water per hour or 2,750 gallons in five hours.

A great deal of water taken by outlets tapped into the pipe line outside the city for summer homes is wasted. These outlets are continually delivering water except when it is shut off for a few hours once weekly. We are informed that this condition cannot be corrected due to technicalities in the contract for right-of-way. In town much water is wasted through leaking pipe lines, faucets and bassins, also due to the fact that the people are careless about turning off faucets. This condition might be controlled by strict metering.

There are but four public sources for the supply of water to city residents, one near the cemetery, one at the public market, one at the wharf and one in the Rue Normande. These are considered to be insufficient for the needs of the town. The one at the market has no faucet and delivers water continuously. It seems desirable to replace these faucets with a standard type of automatic fountain similar to those recently installed at Petit-Goâve. Also additional fountains in Rue St.-Cyr, Marché Jefferard and one near the Industrial School are considered desirable.

Public market.—The public market is in a deplorable state of repair. A section of the public market was recently repaired, screened, painted, piped for water and concrete tables with wooden meat blocks installed. There are four tables for fish, six for beef and fourteen for pork and goat meat. The Communal Commission expressed surprise and satisfaction with this work and promised to undertake further painting and repair during the coming year. We have materials available for some of the most urgent repairs. If a definite plan of expenditure could be developed by the commune and a certain sum set aside each year for the repair of one section at a time, the whole market could be completed. If allowed to continue as at present, the whole structure will be beyond repair in a few years. The present Communal Commission promises to follow out such a plan but due to the uncertainty of tenure of office, the practicability of the plan is problematical.

The present market is not sufficiently large to accommodate all the people, as a result they overflow throughout the adjacent streets. Another tract of land for a market is desirable.

Abattoir.—The present abattoir is of a crude type and should be replaced by a modern one. At present, refuse is collected in receptacles, the liquids being absorbed by sand, and all transported daily to the sea by truck. Due to various objections to possible sites at the seashore, the present site is considered the most desirable for a new abattoir, solid refuse to be hauled daily to the seashore

and liquids to be run through a grease trap into a seepage pit. All cattle are inspected before being killed, by a sanitary inspector, and beginning 1 October 1930, meat is also to be inspected after the animal is slaughtered. Goats and hogs are at present killed in the hills and the carcasses transported to the market for sale. An attempt is being made to gradually induce the people to have all slaughtering done at the abattoir.

Dogs.—Stray dogs constitute a constant nuisance and although there have been no cases of proved rabies, two persons bitten by dogs were given Pasteur treatment. Unfortunately, the dogs could not be found but were later reported to have been killed by citizens.

During the past six months a dog-catching campaign has been instituted, unlicensed dogs being caught, and if not licensed by their owners, killed.

Rats.—As all ships anchor in the harbor and do not tie up to the dock, there is little opportunity for invasion of foreign rats. No organized campaign of rat catching has been carried out during the year.

Prostitution.—Prostitution is known to exist but it is not regulated. No estimate of the number of prostitutes can be given but many cases received treatment for venereal disease at the hospital during the year.

Communicable diseases.—There have been no major epidemics reported during the year. Yaws is rampant throughout the rural population. Blood smears and stool examinations made from residents of the district were 21.51 per cent positive for malaria and 52.23 per cent positive for intestinal parasites. There have been no epidemics of dysentery and no cases of typhoid fever were reported although the latter must exist. One case of unproved diphtheria was treated at the hospital. A mild epidemic of whooping-cough, reaching its peak in July, occurred during the months of June, July, August and September.

Transportation.—At the beginning of the year, transportation equipment consisted of 1 Dodge touring car, 1 Dodge truck, 4 mule carts, 4 mules and one decrepit horse. During the year, the Dodge touring car was replaced by a Ford touring car and the Dodge truck by a Ford truck. With the receipt of an additional Ford truck, the mule carts were discontinued. The horse and one of the mules died and the other three mules were sold, the money being deposited to the credit of Article 302. Two mules and two horses were purchased for use in clinic work.

The district is handicapped at present by having no suitable garage and stable. It is hoped that a new building for this purpose can be erected during the coming year.

Milk and food inspection.—The inspection of milk and foods is performed by a sanitary inspector. Enforced screening of receptacles, in which food and candy are offered for sale, has been attempted but has not as yet been entirely successful. Milk is inspected for specific gravity at various intervals at the trails and roads entering town. This service is somewhat curtailed at



Low Land at La Saline, Port-au-Prince, Before Fill with Street Sweepings.



Low Land at La Saline, Port-au-Prince, After Fill with Street Sweepings.



Market, Petit-Goâve.



New Meat Market At Petit-Goâve.

present due to shortage of personnel. There is no central distributing agency for milk in town at present, milk being sold from house to house and in the market by the country people.

Census.—A census of properties made during the year shows a total of 2,092 houses and 404 properties vacant or having uncompleted buildings. A census of the city population has not yet been attempted.

Quarantine service.—Sixty-seven foreign ships were boarded during the year, a decrease of twenty-six from the previous year.

Rural sanitation.—At Bainet, the Service maintains a sanitary inspector and two laborers. The sanitary inspector now acts as dresser for the dispensary. The dresser at Anse-à-Pitres also acts as a sanitary inspector. There are few latrines and no abattoirs in Bainet, Marigot, Saltrou or Anse-à-Pitres. The magistrate at Bainet has promised money for the construction of an abattoir but no communal funds are received from the other towns.

At Bodarie, there is a small stream, originating from a spring, which supplies enough water for the local population, but as the stream is also used as a laundry and a watering place for animals, the spring should be capped.

The water supply at Grand Gosier is from a brackish well near the beach. This water is used chiefly for animals and laundry. Most of the drinking water is brought from Bodarie. Water is obtained at Saltrou from saline wells, rainfall and the Saltrou River by pack animals. This river is about seven kilometers northeast of Saltrou.

Bainet, Anse-à-Pitres and Marigot are well supplied with water from nearby rivers.

An excellent water survey of this district was made in June 1926 for Public Works by Mr. R. S. Lieurance. He recommends that a well be dug at the base of the mountains, about five kilometers north of Bodarie, one at the junction of the trails leading to Grand Gosier and Saltrou, about five kilometers south of Bodarie, and one at Mapou. These are recommended because the people from the interior and from Grand Gosier come to Bodarie for their water and, as a result the supply is insufficient.

At Grand Gosier, he recommends digging a well in the ravine, about one kilometer north of the town.

At Saltrou, he recommends that water be piped to the town from the Saltrou River or from the Ravine Guilby, 4 or 5 kilometers north of town.

Finance.—Receipts and expenditures during the year were as follows:

	Gourdes
Balance on hand, 30 September 1929.....	000.00
Budgetary allotment (Article 311).....	47,300.00
Special allotment, May 1930 (Article 311).....	500.00
Special allotment, June 1930 (Article 311).....	5,000.00
Reimbursements	4,372.59
Total	57,172.59
Expenditures	57,172.59
Balance	00,000.00

The following is a summary of reimbursements during the year:

	Gourdes
Communal allocations, Jacmel	2,306.25
Communal allocations, Bainet	1,228.70
Communal allocations, Côtes-de-Fer	45.34
Removal of refuse, Jacmel	792.30
Total	4,372.59

The commune of Jacmel has not paid the 5 per cent communal allocation since April. The commune of Bainet has paid nothing since May. Funds were received from Côtes-de-Fer for one month only. The communes of Jacmel and Bainet have both promised to pay all allocations due at the end of October 1930. The commune of Jacmel has promised, commencing the new fiscal year, to pay an exact 5 per cent monthly instead of a fixed amount per month as was arranged last year. If this plan can be carried out, we will receive considerably more than we have in the past. The present communal commission has expressed a desire to cooperate with the Public Health Service in any way possible and it is hoped that we will be able to secure funds in addition to the 5 per cent for various projects.

Construction and repair.—The following is a summary of the construction and repair done during the year:

(1) A section of the public market was repaired, screened, painted, water pipes laid and concrete tables built, for use as a meat market. This work was performed by Public Works at a cost of Gdes. 5,500.00.

(2) The road to the abattoir was repaired by Public Works at a cost of Gdes. 500.00.

(3) Materials were purchased for the repair and roofing of the public latrine near the abattoir.

(4) A mahogany desk was made for the officer in charge of sanitation.

(5) A large table with six drawers, to serve as desks for the sanitary inspectors, was made.

(6) The engine of the motor boat was overhauled at Port-au-Prince. The boat was completely overhauled, repaired and repainted in June 1930. The boat was again painted in September.

(7) The yard at the old bureau was filled with gravel, flower beds and trees were planted at the entrance, a pipe line for fresh water was laid and all buildings were whitewashed.

(8) A board to show in which district each sanitary inspector is working was constructed.

(9) All riding equipment was overhauled and repaired.

(10) All mule carts and trash cans were painted and lettered.

(11) The filling of the swamp at the mouth of the Riviere des Orangers was continued, all refuse being dumped there.

Recommendations.—In the order of their importance.

- (1) Construction of an abattoir.
- (2) Repair of capitations at Source Ferau.
- (3) Installation of chlorinator and relocation of water pipe line.
- (4) Construction of two public latrines.
- (5) Installation of standard type, automatic fountains.
- (6) Repair and painting of public market.
- (7) Construction and repair of street gutters.
- (8) Filling and drainage of swamp at Marigot.
- (9) Filling and drainage of swamp near Ecole Raymond.
- (10) Digging of well at Ecole Raymond.
- (11) Secure site for public market.
- (12) Construct abattoirs at Bainet, Marigot and Anse-à-Pitres.
- (13) Provide domestic water supply for Bodarie, Grand Gosier and Saltrou.

CAYES

Personnel.—The personnel of the Sanitary Division of this district consists of the following:

- 1 Assistant Public Health Officer
- 1 Haitian Physician
- 1 Chief Sanitary Inspector
- 1 Controller
- 7 Inspectors
- 1 Chief mechanic
- 1 Mechanic
- 5 Gang bosses
- 4 Chauffeurs
- 1 Carpenter
- 1 Messenger
- 1 Helper
- 1 Stable boy
- 31 Laborers
- 3 District Inspectors.

During the fiscal year there were many changes in personnel. These have been enumerated in the section containing hospital reports.

Sanitation.—Prevention of malaria has been a hard, unremitting and fairly expensive struggle during the entire year. The results have been gratifying. Local residents volunteer the information that there is less malaria and far less mosquitoes than formerly. This in spite of the fact that after heavy rains the culex mosquitoes are quite a nuisance. Viewed from the laboratory point of view the results are equally gratifying. Reference to the annual report of last year shows that of all blood smears examined for presence of malarial organisms 32 per cent were positive last year and 42 per cent the preceding year. During the present fiscal year 6 per cent were positive and a glance at the following table showing monthly incidence brings out the fact that the percentage is much

higher because of increase during January—a time of unsettled and disorganized personnel consequent upon the disorders of December 6, 1929.

Month	Number of smears made	Number of positive smears	Percentage of positive smears
October 1929.....	33	2	6
November	27	1	4
December	84	4	5
January, 1930	65	13	20*
February	37	2	6
March	50	4	8
April	44	2	5
May	44	1	2
June	47	1	2
July	33	0	—
August	39	2	5
September	46	1	2
Total	549	33	6

All the smears have been examined by the same individual during the last three years.

The malaria chain has been attacked by rendering unsuitable the conditions required for development of mosquito larvæ or destroying them. The city of Cayes is situated in a triangular plain whose base lies parallel to the sea and whose apex forms a narrowing valley ascending by imperceptible degrees toward the mountains which encircle the valley like seats of an amphitheater. The whole plain, especially the part occupied by the city, is very low and the whole plain is furrowed by numerous shallow water courses and dotted with low swampy areas. There are two wet seasons a year and occasionally much rain out of season. The prevention of mosquito development becomes dependent on maintenance of drainage. Efforts toward this end have been limited to the town of Cayes and vicinity. It has long been recognized that the basic project was a survey of the town to determine existing levels. This was started during the last month of the fiscal year in cooperation with Public Works.

In addition to ditches already in existence a main ditch and several laterals were dug during the year to drain a swamp in the Gabion section.

During the last two months of the fiscal year about one-fourth of a projected concrete drain in Rue Châteaudun was completed. When further funds are available this project will be continued. Ordinary ditches become unsatisfactory in the town. It is necessary to clear the vegetation on the sides and this leads to continual enlargement and in case of heavy rains they clear so slowly that prolonged inundation of the surrounding area follows. While such overflow cannot be prevented, with a concrete drain properly constructed, the velocity of the flow can be accelerated so that surrounding inundation is of short duration and often insufficient for development of mosquito larvæ.

A large amount of filling of swampy areas was done during the year. An additional dump truck was received and has assisted greatly in filling swampy areas. Most of the filling has been done in Vieille Comédie, the section adjoining the hospital. Filling in the Savane swamp has been done by employing "burros" to haul the sand as funds have been available.

In addition to measures of a permanent nature much time and effort has been expended on temporary expedients. Ditches are continually being cleaned. Inspectors responsible for individual areas are continually making their rounds and Paris green mixed with 99 parts of sand is continually being dusted by hand whenever larvæ are found. In house-to-house inspection oil is used.

The inspectors and laborers engaged in this work cover their respective territories at approximately weekly intervals. For the purpose of house-to-house inspection the city is divided into zones, each one being assigned to one inspector. The zones are subdivided into sections and each inspector works in a different section each day.

The following are the amounts of oil, kerosene and Paris green used for mosquito control, during the fiscal year 1929-1930:

Crude oil	2,570 gallons
Kerosene	607 gallons
Paris green.	700 pounds

Unremitting insistence on use of proper latrines, periodical cleaning of such latrines and occasional flushing of the town by torrential rain have been successful in preventing outbreak of intestinal disease during the year. Contents of latrines are disposed of by dumping into the sea where the current is strong enough to carry the material away from the shore.

Apparatus has been received for the construction of post-hole latrines and is capable of making excavations up to a depth of 16 feet. Two latrines of this type have been constructed for the Garde d'Haiti and appear to function in a satisfactory manner. Another built on private property located too near the sea has not given good service. In digging this pit, the boring apparatus was nearly lost while penetrating a layer of sand a short distance below the surface, when the sand caved.

The protection of water supply is somewhat complex. Natives do not hesitate to dip water out of the nearest stream for drinking purposes. Many, of course, obtain their water from the city mains. This water is pumped into the city from a covered well and has been uncontaminated if one may judge from the absence of intestinal diseases during the year. A chlorinator has been purchased for Cayes and installed. Operation is to begin in a few days.

Regular daily inspections have been conducted of all food handling, slaughtering, marketing and baking.

Stray dogs, if not claimed and licensed by owner within 48 hours, are asphyxiated by automobile exhaust gas. During the fiscal year 50 dogs were caught. Of these, 20 were licensed and 28 asphyxiated.

Garbage is collected daily from houses of subscribers who make arrangements in advance. All others must deposit their rubbish in public receptacles which are emptied by the Public Health Service.

A census of the city proper has been started during the year and is fairly well on its way toward completion. It is believed desirable to continue this in the suburbs.

Sanitation in the District.—The communities are small. The policy during the year has been to accomplish the greatest good for the largest number of people. With the limited funds available efforts have been concentrated on the city of Cayes. It was felt that subdivision of funds available to carry on projects in small communities would give ineffectual results.

In Aquin, St.-Louis and Cavaillon rubbish has been collected and used in filling low areas. Ditches in the swamp near St.-Louis have been kept open. Weeds along the banks of the Cavaillon river have been cut and blind pockets filled with rocks. Paris green has been used to prevent development of mosquito larvæ in the vicinity of inhabited places. Lack of funds has precluded permanent sanitary improvements.

Income.—The income other than Central Government allotments has been as follows:

	<i>Gourdes</i>
From Communes	7,911.80
From labor performed (sanitation)	5,701.25
Total	13,613.05

Future needs.—The completion of adequate drainage of the city of Cayes is essential. Toward this end it is desirable to:

- (1) Complete the topographical survey. This project has been started.
- (2) Fill areas lower than sea level at Vieille Comédie, Savane, Faubourg St.-Eugène and Faubourg Renaud.
- (3) Complete concrete drain on Rue Châteaudun.
- (4) Construct concrete drains on two sides of Quatre Chemins and Rue General Marion.

DIVISION OF FINANCE

Mr. W. R. JOINER

From the beginning of the National Public Health Service in 1917, with practically no funds with which to carry on necessary work, until the fiscal year 1919-1920 when Gdes. 1,320,000.00 were appropriated by the National government for the ordinary maintenance and operation of the service, appropriations have increased each year up to and including the fiscal year 1929-1930.

In the latter year, appropriations by the National Government for ordinary maintenance and operation of the service were Gdes. 3,903,229.92, or Gdes. 2,583,229.92 in excess of appropriations for similar purposes in the fiscal year 1919-1920. In addition to appropriations for ordinary maintenance and operation, the National Government has appropriated several million gourdes, during the past ten years, for construction of rural dispensaries, enlargement of hospitals, large sanitary improvements, and similar projects which were beyond the scope of the ordinary appropriations. During the past year all extraordinary appropriations for major projects and expansion of the service were exhausted and requests for additional appropriations to carry out further plans for major improvements have been returned without action due to the reduced revenues of the National Government. It would appear that the second phase of the expansion program cannot be carried out at the present time, if at all.

From present indications the fiscal year 1929-1930, will stand out as the banner year in so far as appropriations for ordinary maintenance and operation are concerned; for the fiscal year 1930-1931 similar appropriations have been reduced Gdes. 118,641.60. The trend of ordinary appropriations is clearly shown in the following tabulation:

ORDINARY APPROPRIATIONS

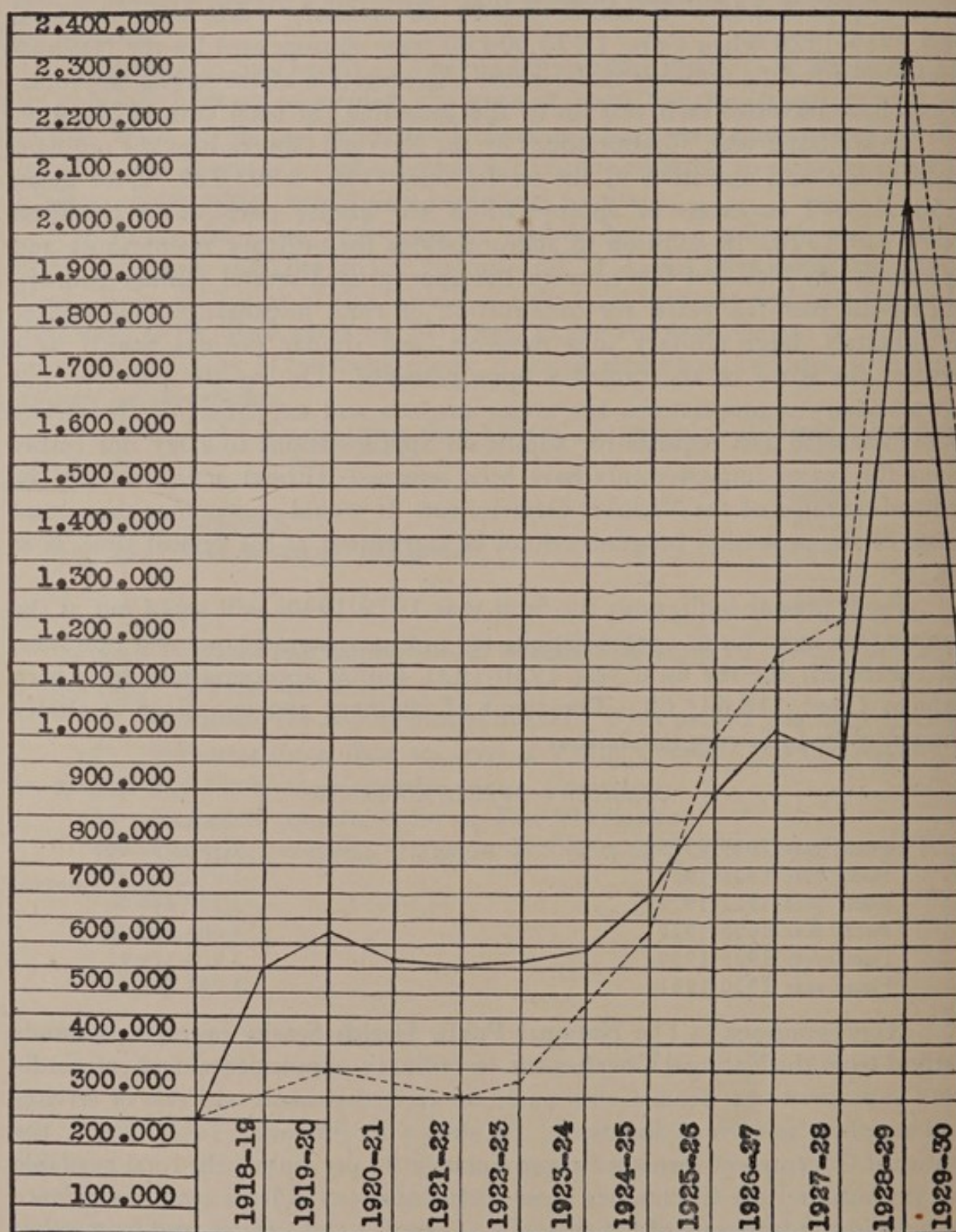
	<i>Gourdes</i>
Fiscal year 1925-1926.....	2,250,000.00
Fiscal year 1926-1927.....	3,070,634.17
Fiscal year 1927-1928.....	3,167,940.00
Fiscal year 1928-1929.....	3,603,230.00
Fiscal year 1929-1930.....	3,903,229.92
Fiscal year 1930-1931.....	3,784,588.32*

Appropriations.—The National Public Health Service operates on funds derived from the National Government, as ordinary, supplemental and extraordinary appropriations; from Communes; for care of patients and sale of services and supplies; and from donations. As shown in Financial Table No. 1, the National Government furnished approximately 90 per cent of the total available for expenditure; the Communes 3 per cent; donations .06 per cent; the balance being made up from care of patients, sale of supplies and services, and from other like sources.

*As of October 1, 1930.

CHART No. 4

TOTAL EXPENSES FOR HOSPITAL AND SANITATION—1918-1930



Dotted line=Hospitals. Solid line=Hygiene and quarantine.

CHART No. 5

COST PER PERSON TREATED—1918-1930

Gourdes

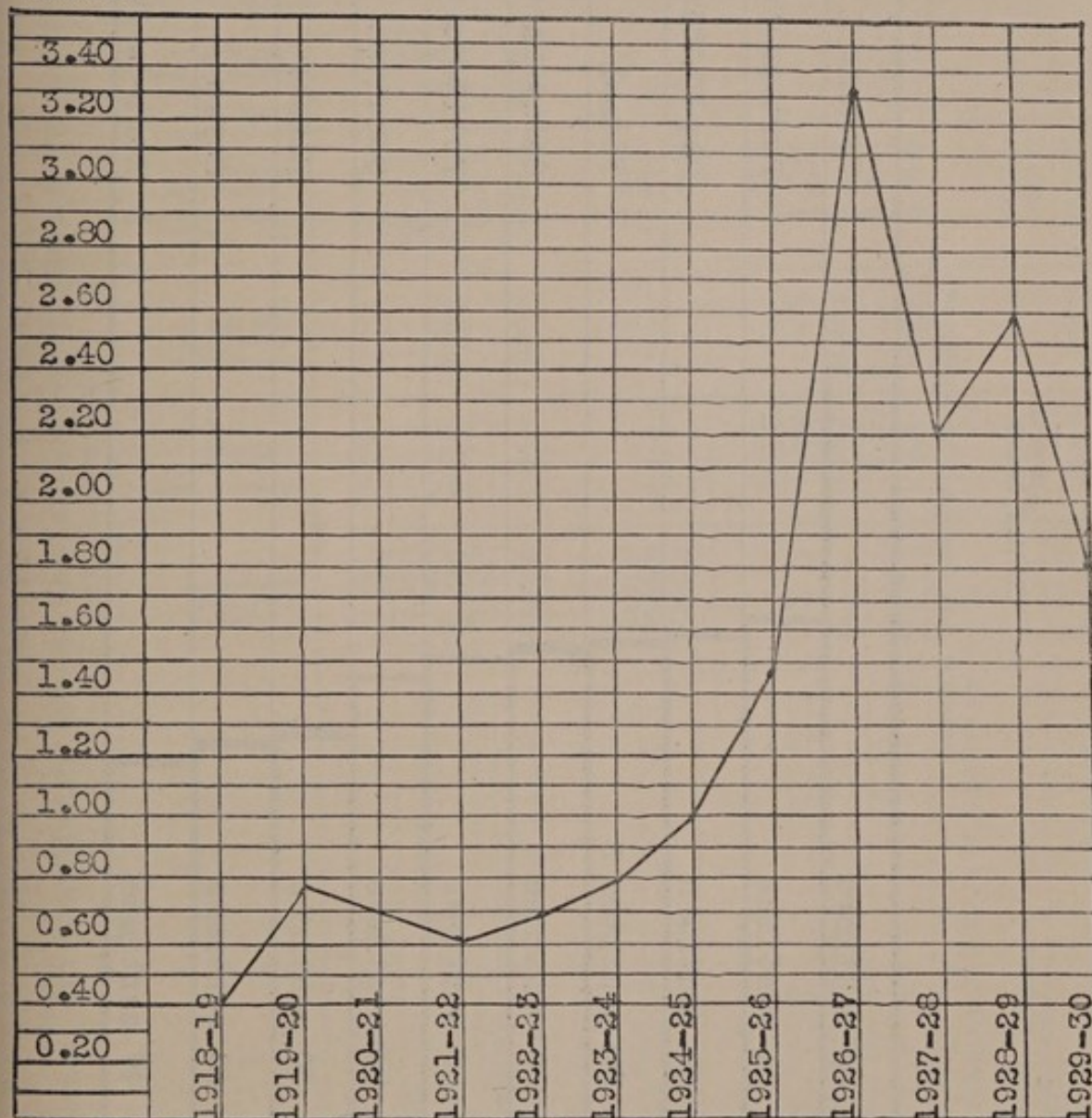


CHART No. 6

HOSPITAL RATIONS—ARTICLE 331—1929-1930

85 centimes		Jeremie
61 centimes		Port-au-Prince
60 centimes		Cap-Haitien
59 centimes 5		Jacmel
59 centimes		Saint-Marco
58 centimes		Petit-Ga ve
56 centimes		Gonaives
50 centimes		Hinche
49 centimes		Cayes
47 centimes		Port-de-Paix

FINANCIAL TABLE No. 1
ORDINARY AND EXTRAORDINARY APPROPRIATIONS, REIMBURSEMENTS, COMMUNAL FUNDS AND DONATIONS
FISCAL YEAR 1929-1930

	Appropriations by National Government	Amounts carried over from 1928-1929	Reduction in Appropriations 1929-1930	Net Amounts Available from National Gov- ernment	Reimbursements 1929-1930	Communal Funds 1929-1930	Donations Rockefeller Foundation 1929-1930	Total Funds Available from All Sources for Fiscal Year 1929-1930.
Ordinary	<i>Gourdes</i>	<i>Gourdes</i>	<i>Gourdes</i>	<i>Gourdes</i>	<i>Gourdes</i>	<i>Gourdes</i>	<i>Gourdes</i>	<i>Gourdes</i>
301 Administration.....	155,000.00			155,000.00	68,808.83			1,170,358.83
302 Material and Supplies.....	1,103,490.00			1,103,490.00	2,749.75			249,543.25
310 Medical School.....	216,000.00			216,000.00				1,153,224.89
311 Sanitation and Quarantine.....	1,045,740.00	6,123.28	16,000.00	1,035,863.28	32,624.02	84,737.59		1,540,204.89
331 Hospitals.....	1,310,999.92	12,686.72	9,000.00	1,314,686.64	165,528.44	59,979.81		72,000.00
341 Training School for Nurses.....	72,000.00			72,000.00				
Total.....	3,903,229.92	18,820.00	25,000.00	3,897,049.92	267,771.04	144,717.40	30,793.50	4,340,331.86
Extraordinary								
<i>Appropriated-Fiscal Year 1929-1930.</i>								
1312 Rockefeller Found. Fellowship.....	33,502.00			33,502.00				33,502.00
1327 Relief for Hurricane Sufferers Santo Domingo.....	100,000.00			100,000.00				100,000.00
Total.....	133,502.00			133,502.00				133,502.00
<i>Balance remaining from 1928-1929</i>								
1221 Improvements on Sanitation.....		5,062.31		5,062.31				5,062.31
1225 Rockefeller Found. Fellowship.....		12,698.35		12,698.35				12,698.35
1227 Purchase of land for hospitals.....		5,423.80	3,248.80	2,175.00				2,175.00
1228 Permanent Sanitary Improvements.....		9,244.75		9,244.75				9,244.75
1229 Purchase of land for rural dispensaries.....		18,450.22	18,450.22	0.00				0.00
1278 Permanent Sanitary Improvements.....		18,648.63		18,648.63				18,648.63
1279 Tuition abroad for nurses.....		1,808.85		1,808.85				1,808.85
Total.....		71,336.91	21,699.02	49,637.89				49,637.89
<i>Balance remaining from 1928-1929 to be expended by Public Works.</i>								
1219 Construction of rural dispensaries.....		38,367.17	4,000.00	34,367.17				34,367.17
1247 Enlargement Hospital—Gonaives.....		19,838.82		19,838.82				19,838.82
Total.....		58,205.99	4,000.00	54,205.99				54,205.99
Grand total.....	4,036,731.92	148,362.90	50,699.02	4,134,395.80	267,771.04	144,717.40	30,793.50	4,577,677.74

Communal funds.—A comparison of Financial Table No. 2, with Financial Table No. 6, shows that the amounts collected from each district are very small compared with expenditures. It will be necessary to curtail certain sanitary work in the districts unless the Communes materially increase their subventions. There was expended during the past year a total of Gdes. 1,147,734.02, for sanitation of which the Communes contributed Gdes. 84,737.59, or approximately 7 per cent of the amount expended. Every effort will be made in the forthcoming year to increase the percentage to 25 per cent of the total. Each Commune should assume the cost of cleaning the streets and of inspecting food and local properties. The National Government may be expected to appropriate funds for the larger sanitary projects that are for the common good of Haiti.

Financial support given district hospitals by the Communes of each district is almost negligible. Deducting the subvention of Port-au-Prince (Gdes. 48,000.00) which is used for the maintenance and operation of the Asile Communal, the total support given by Communes for operation of hospitals is Gdes. 11,979.81, or less than 1 per cent of the total expended for the maintenance and operation of hospitals.

Hospitals are maintained in each district primarily for the care of the sick of that district and they should be supported by the Communes to a greater extent than they are at present.

FINANCIAL TABLE No. 2
COMMUNAL FUNDS COLLECTED, BY DISTRICTS
FISCAL YEAR 1929-1930

	Article 311 Sanitation	Article 331 Hospital	Total
District:	<i>Gourdes</i>	<i>Gourdes</i>	<i>Gourdes</i>
Cape-Haitien.....	8,145.20	2,400.00	10,545.20
Aux Cayes.....	6,356.99	1,554.81	7,911.80
Gonaïves.....	3,456.75	5,250.00	8,706.75
Hinche.....	3,147.88	.....	3,147.88
Jacmel.....	3,580.29	.....	3,580.29
Jérémie.....	3,073.08	.....	3,073.08
Petit-Goâve.....	5,111.42	.....	5,111.42
Port-au-Prince.....	41,635.28	*48,000.00	89,635.28
Port-de-Paix.....	3,004.37	.....	3,004.37
Saint-Marc.....	7,226.33	2,775.00	10,001.33
Total.....	84,737.59	59,979.81	144,717.40

*Used exclusively for upkeep and operation of the Asile Communal.

Reimbursements.—Reimbursements under Articles 302 and 311 represent material and supplies or services sold at cost, therefore, are not to be considered as an income for the reason that the expenditures would not have been made unless reimbursements were assured. Conditions are somewhat different under Articles 310 and 331 as expenditures would have been made regardless of the probability of reimbursement.

The reimbursement under Article 310 represents income derived from the treatment of dental patients at the Medical School dental clinic.

The small number of patients admitted to hospitals who can or will pay is reflected in the total reimbursements to Article 331. Of the total expended for hospitals during the past year less than 11 per cent was collected from patients. Patients should be taught that they ought to help support the institutions maintained for their benefit.

FINANCIAL TABLE No. 3

REIMBURSEMENTS TO APPROPRIATIONS FOR CARE OF PATIENTS, WORK PERFORMED,
AND SALE OF SUPPLIES AND SERVICES DURING THE FISCAL YEAR 1929-1930.

	Article 302 Supplies and Equipment	Article 310 Medical School	Article 311 Sanitation	Article 331 Hospital	Total
District:					
Cape-Haitien.....			873.75	46,147.62	47,021.37
Aux Cayes.....			5,701.25	4,512.95	10,214.20
Gonaïves.....			25.00	4,248.30	4,273.30
Hinche.....				2,980.51	2,980.51
Jacmel.....			792.30	2,573.55	3,365.85
Jérémie.....			2,692.00	698.50	3,390.50
Petit-Goâve.....				1,452.40	1,452.40
Port-au-Prince.....					
Central Office.....			265.87	596.40	862.27
Haitian General Hospital				97,091.26	97,091.26
Supply Office.....	66,868.83				66,868.83
Public Health Officer.....			20,140.35		20,140.35
Medical School.....		2,749.75			2,749.75
Port-de-Paix.....			458.50	2,511.95	2,970.45
Saint-Marc.....			1,675.00	2,715.00	4,390.00
Total.....	66,868.83	2,749.75	32,624.02	165,528.44	267,771.04

Donations.—The Rockefeller Foundation donated Gdes. 75,000.00 during the fiscal year 1928-1929 for the purchase of equipment for the Medical School. Of this amount Gdes. 44,206.50 were expended during the fiscal year 1928-1929; Gdes. 19,114.71 during the fiscal year 1929-1930; and Gdes. 11,678.79 were carried over to be expended during the fiscal year 1930-1931.

Expenditures.—Total expenditures, as shown in Financial Table No. 4, for the fiscal year were Gdes. 4,506,634.24, of which Gdes. 4,288,218.32 were for ordinary maintenance and operation, including the replacement of worn out equipment, but not including major sanitary improvements or expansion of existing facilities. The National Government furnished Gdes. 3,875,729.88, Communes, Reimbursements and Donations furnished Gdes. 412,488.44, of the total expended (Gdes. 4,288,218.32) for maintenance and operation. The two factors noted below operate to increase expenditures, thereby actually reducing appropriations available for the past year and materially reducing appropriations for the forthcoming fiscal year:

- (a) Pont Beudet and Health Center.
- (b) Increase in Salaries.

FINANCIAL TABLE No. 4
EXPENDITURES, REVERSIONS AND TRANSFERS

	Net Expendi- tures from Government. Funds of National	Net Expendi- tures from Communal Funds. Reimbursements and Donations.	Total Expendi- tures All Funds.	Reverted to Treasury.	Reimbursements Transferred to 1930-1931	Total Available
Ordinary	<i>Gourdes</i>	<i>Gourdes</i>	<i>Gourdes</i>	<i>Gourdes</i>	<i>Gourdes</i>	<i>Gourdes</i>
301 Administration.....	155,000.00	.....	155,000.00	.....	.....	155,000.00
302 Material and Supplies.....	1,102,904.05	66,888.83	1,169,792.88	585.95	.....	1,170,388.83
310 Medical School.....	235,114.71	2,749.75	237,864.46	.....	11,678.79	249,543.25
311 Sanitation and Quarantine.....	1,030,372.41	117,361.61	1,147,734.02	.....	5,490.87	1,153,224.89
331 Hospitals.....	1,280,339.07	225,508.25	1,505,847.32	.....	34,357.57	1,540,204.89
341 Training School for Nurses.....	71,999.64	.....	71,999.64	.36	.....	72,000.00
Total.....	3,875,729.88	412,488.44	4,288,218.32	586.31	51,527.23	4,340,331.86
Extraordinary						
<i>Appropriated — Fiscal Year 1929-1930</i>						
1312 Rockefeller Foundation Scholarships.....	28,098.30	.....	28,098.30	.....	5,403.70	33,502.00
1327 Relief for Hurricane Sufferers Santo Domingo.....	*86,586.81	.....	86,586.81	+13,413.19	.....	100,000.00
Total.....	114,685.11	.....	114,685.11	13,413.19	5,403.70	133,502.00
<i>Balance remaining from 1928-1929</i>						
1221 Improvements in Sanitation.....	5,062.21	.....	5,062.21	.10	.....	5,062.31
1225 Rockefeller Foundation Scholarships.....	12,698.35	.....	12,698.35	.....	.....	12,698.35
1227 Purchase of land for Hospitals.....	2,175.00	.....	2,175.00	.....	.....	2,175.00
1228 Permanent Sanitary Improvements.....	9,244.75	.....	9,244.75	.....	.....	9,244.75
1229 Purchase of land for Rural Dispensaries.....	.00	.....	.00	.....	.....	.00
1278 Permanent Sanitary Improvements.....	18,648.56	.....	18,648.56	.07	.....	18,648.63
1279 Tuition abroad for Nurses.....	1,808.85	.....	1,808.85	.....	.....	1,808.85
Total.....	49,637.72	.....	49,637.72	.17	.....	49,637.89
<i>Balance remaining from 1928-1929. Expended by Public Works</i>						
1219 Construction of Rural Dispensaries.....	34,256.35	.....	34,256.35	110.82	.....	34,367.17
1247 Enlargement of Hospital Gonaïves.....	19,836.74	.....	19,836.74	2.08	.....	19,838.82
Total.....	54,093.09	.....	54,093.09	112.90	.....	54,205.99
Grand total.....	4,094,145.80	412,488.44	4,506,634.24	14,112.57	56,930.93	4,577,677.74

* Exclusive of 610 Gds. not redeposited until Oct. 3, 1930.

† Includes 610 Gds. not redeposited until Oct. 3, 1930.

The Health Center of Port-au-Prince, inaugurated in March 1929, together with the Isolation Camp for the Insane, transferred from the Garde d'Haiti, July 1, 1929, have increased expenditures for the past year by Gdes. 234,773.29, in addition to the increased cost of transportation, medical supplies and equipment for these activities. As appropriations are not made to cover the cost of operation it has been necessary to curtail expenditures in all districts to provide funds for these two additional activities.

Due to an agreement between the Haitian Government and a number of Haitian doctors who perused special courses provided by the Rockefeller Foundation, it was necessary to increase the pay of these doctors to the amount agreed upon. In addition native nurses are given an annual increase in pay for the first five years of service. Also many deserving and capable employees have been with the service for many years and were fully entitled to an increase in pay. Increases in pay granted Haitian personnel during the fiscal year 1929-1930, have augmented expenditures over Gdes. 100,000.00.

Financial Table No. 5, shows the objects for which expenditures were made. It will be noted that Administration and Operation amounted to Gdes. 3,890,981.07; Repairs and Maintenance to Gdes. 151,664.52; Acquisition of property to Gdes. 401,324.90; and for tuition Gdes. 62,663.75.

FINANCIAL TABLE No 5
TOTAL CLASSIFICATION OF EXPENDITURES BY OBJECTS
FISCAL YEAR 1929-1930

		<i>Gourdes</i>
A - 1	Salaries and Wages.....	2,128,481.50
A-2-A	Supplies and Material.....	270,089.51
A-2-B	Cleaning and Toilet Supplies.....	9,650.11
A-2-C	Medical and Hospital Supplies.....	480,904.48
A-2-D	Fuel	28,717.65
A-2-E	Provisions	426,965.30
A - 3	Transportation	515,145.50
A - 4	Communication Service.....	13,337.85
A - 5	Rents	10,157.70
A - 6	Special and Miscellaneous Current Expenses.....	7,531.47
R	Repairs and Maintenance.....	151,664.52
P - 1	Equipment	286,243.68
P - 2	Purchase of land.....	4,063.82
P - 3	Structural and Non-structural Improvements.....	111,017.40
C - 4	Tuition	62,663.75
	Total expenditures.....	4,506,634.24

In Financial Table No. 6, is shown the total expenditures by districts and by the Central Office for administration also expenditures by the Central Office and Public Works for the benefit of all districts. The item "expenditures made by the Central Office for all districts, Gdes. 1,349,764.69," includes all medical supplies, hospital equipment, transportation supplies and equipment, etc., purchased by the Central Office and distributed to districts as required.

FINANCIAL TABLE No. 6

CLASSIFICATION OF EXPENDITURES BY DISTRICTS AND CENTRAL OFFICE

FISCAL YEAR 1929-1930

District:	Gourdes
Cape-Haitien	407,606.73
Aux Cayes.....	198,697.52
Gonaïves	103,814.59
Hinche	98,370.02
Jacmel	123,651.83
Jérémie	91,274.19
Petit-Goâve	109,496.73
Port-au-Prince:	
Haitian General Hospital.....	543,617.60
Public Health Office.....	487,336.41
Asile Communal.....	47,426.03
Pont-Beudet and Health Center.....	234,773.29
Port-de-Paix	78,068.92
Saint-Marc	99,191.33
Central Office.....	155,000.00
Expenditures made by Central Office for all districts.....	1,349,764.69
Expenditures made by Public Works for Public Health Service.....	54,093.09
Medical School.....	237,864.46
Santo Domingo Relief.....	86,586.81
Total	4,506,634.24

Additional funds required.—In setting forth the need for additional funds to operate the present activities of the service; for needed repairs and replacement of equipment, and for new construction and expansions of existing facilities only those projects considered essential, are included. No attempt has been made to include many items that are deemed highly desirable. Requirements are listed below under two classifications, "Annual" and "Extraordinary."

Annual.—For the present activities of the service to function properly an annual increase in appropriations of Gdes. 565,000.00 will be required for the following projects:

(a) Since assuming complete control of the Isolation Camp for the Insane at Pont-Beudet, insane patients have steadily increased. An annual appropriation of Gdes. 150,000.00 should be granted in order that funds now diverted from all districts where they are so urgently needed, may again be used for maintenance of district hospitals.

(b) To maintain the Public Health Center, School Inspection and Public Health Nursing Activities of Port-au-Prince, and to extend these extremely important services to other cities, and annual increase of Gdes. 200,000.00 will be required. The value of this service to mothers and children cannot be overestimated. It is considered one of the most important factors in the promotion of public health work among coming generations of Haitians.

(c) Increased salaries of professors at the Medical School to carry out contract stipulations between the Haitian Government and the Rockefeller Foundation will require an annual increase of Gdes. 50,000.00.



Miragoane Lake. Along the Shore Line of This Lake There Is a Strip of Water Grass, in Which Anophelines Breed Profusely.



Drainage Ditch, Aux Cayes.



Market Scene, Aux Cayes.



Santo Domingo Relief Unit. From Left to Right the Members Are Drs. Pierre-Louis, Bourand, Johnson, Nicolas, and Lévêque.

(d) To maintain the present clinics and sanitary conditions throughout Haiti it is necessary to replace sanitation trucks and clinic cars that wear out in service and to meet the growing demand for medical supplies and equipment, an annual increase of Gdes. 150,000.00, will be required.

(e) To meet the stipulations of the Pan-American Sanitary Code and adherence to the Narcotic and Opium Laws of the League of Nations, additional personnel is required for compilation of statistics pertaining thereto. An annual increase of Gdes. 15,000.00, will be required for this purpose.

Extraordinary.—The essential projects listed below will require an extraordinary appropriation of Gdes. 493,000.00:

(a) Repairs to Sisters' Quarters and Obstetrical Wards, Haitian General Hospital, Gdes. 48,000.00. The galleries of the Sisters' Quarters and Obstetrical wards are of wooden construction. Ravages of time and insects have rendered these galleries so unsafe that they are a menace to the occupants.

(b) New X-ray Unit, complete, for Haitian General Hospital, Gdes. 50,000.00. At the present time Haiti does not possess an X-ray unit of sufficient capacity to meet requirements.

(c) New Ward (40 beds) for Hospital at Petit-Goâve, Gdes. 35,000.00.

(d) Maternity Ward for Justinian Hospital (20 beds) at Cape Haitian, Gdes. 20,000.00.

(e) Four combination garages, supply depots and sanitation office buildings for the Districts of Jacmel, St.-Marc, Port-de-Paix and Petit-Goâve, Gdes. 40,000.00.

(f) For improvement of sanitary conditions, such as draining areas adjacent to cities, filling in low places, a total of Gdes. 300,000.00, will be required.

THE SANTO DOMINGO HURRICANE

Following the conference called by the President of Haiti on September 4, 1930, to devise ways and means for the relief of the people of Santo Domingo City which was almost totally destroyed by the terrific hurricane of the preceding day, a credit of 100,000 gourdes was placed at the disposal of the Public Health Service for the purchase and transportation of various supplies destined for the immediate relief of the persons who suffered as a result of this storm. A summary of expenditures made and charged against this credit is appended.

To understand conditions as they existed at that time, it should be stated that all bridges and roads leading to the city were washed out, the field at the airport was littered with debris making landing impossible, all telephone, telegraph lines, radio towers and antennæ were blown down and the submarine cable was disabled so that communication with the rest of the world was impossible. The first authentic information was sent about 24 hours after the disturbance had passed by the short wave radio set at the aviation field after it had been repaired.

Dr. Martial Bourand of the Haitian General Hospital and Mr. Lassiter of the Financial Adviser's Office travelling by automobile and taking a quantity of medical and surgical supplies left Port-au-Prince at 5.40 P. M., the day of the conference in an attempt to reach the stricken city in some manner by land. After almost insuperable hardships, they arrived at Santo-Domingo City two days later with the supplies intact. Six small planes carrying Drs. L. W. Johnson, Antoni Lévêque, René Nicolas and Constant Pierre-Louis of the Haitian General Hospital, and such medical and surgical supplies as could be accommodated, left on the morning of September 6th. Soon after his arrival Dr. Johnson was appointed coordinator of all relief activities by the President of Santo-Domingo. In this capacity he had general supervision of all hospitals, transportation, and the distribution of supplies of every description.

All knowledge of the intervening country acquired previously by those who had been there, advices and information indicated that transportation of personnel and supplies by automobile or auto truck would probably not be practicable or even possible. Large aeroplanes were not procurable at this time. The first available steamship, the "Genevieve Lykes" which was due at Port-au-Prince on September 5th, did not actually arrive until the evening of the following day. Donation and collection of material, however, by various societies, committees and individuals was started immediately after the conference. To avoid duplication of effort, a message of inquiry was addressed to the Governor of Porto Rico by Colonel R. M. Cutts, U. S. M. C., and on September 5th, a reply was received stating that "all advices indicate conditions such that there can be no duplication on food."

With this knowledge in mind, the actual purchase of foodstuffs with the funds supplied by the Haitian Government was started. The articles purchased are enumerated in the attached summary. In addition, a large quantity of food, wearing apparel and medical supplies were given and assembled by members of the Haitian Committee, Haitian Chapter of the Red Cross, Student's Committee, le Comité de Secours, the Boy Scouts and the people of Port-au-Prince and environs.

On Saturday afternoon September 6th, when two large metal trimotored planes of the Cuban National Airway Curtis Service were made available for the immediate transportation of urgently needed material, the moving of these supplies direct to the stricken city was begun.

The local agent for the Lykes Bros. Steamship Lines generously offered to transport free of charge on board the "SS. Genevieve Lykes," any and all supplies consigned to those who suffered by the hurricane, while the Hasco Co., not only donated 100 sacks of sugar of 100 pounds each, but transported, without charge, all supplies going by sea, from the Customs Warehouses to the dock, and furnished men to load them on board ship.

It may be mentioned here that the only available landing place accessible to Santo-Domingo City is at the docks on the Ozama River which limits the city on the east. Navigation was rendered particularly difficult by the sinking of a dredge and the formation of a sand bar at the mouth of the river, also by the flood and strong current resulting from the storm. Moreover, practically all small boats and lighters had been rendered useless or destroyed.

After loading, the "Genevieve Lykes" departed at about 3.00 A. M. September 7th, and anchored off Santo-Domingo City at approximately 2.00 A. M. September 9th. The draft of the vessel precluded her docking. Upon arrival, the cargo was transferred to a large barge which had been found adrift on the open sea about 70 miles west of the city, picked up and towed into port by the ship. This lighter made unloading possible and prevented undue delay of the steamer. It is stated that the "S. S. Genevieve Lykes" was one of the first vessels carrying a general cargo of provisions to anchor off Santo-Domingo City. Most of the ships arriving previously brought medical and surgical supplies, tentage, cots and similar material.

Other supplies were carried daily to the devastated area by large trimotored planes of the Cuban National Airway Curtis Service, U. S. Navy and U. S. Marine Corps, until September 15th, when further transportation of large quantities of material by plane was terminated. Three days later, or on September 18th, all remaining supplies were loaded on two trucks of the Public Health Service and after a difficult trip delivery in Santo-Domingo City was effected the next day. These trucks carried Haitian refugees on the return trip, who were forthwith repatriated. In the convoy was the touring car which had taken Dr. Bourand and Mr. Lassiter to the scene of the disaster. This car was totally wrecked a few miles east of Asua, a town about half way between Santo-Domingo City and the Haitian border, by the failure of a front wheel.

In conclusion, it may be stated that all personnel, both Haitian and American, who assisted in the relief work in Santo-Domingo City won by their patient and efficient work, cheerful disposition and untiring energy, the praise and unreserved commendation of the inhabitants of the devastated city. Dr. Johnson wrote in regard to the services of the Haitian doctors. "These doctors volunteered for this work and came over by plane on September 6th. They were at once distributed to various hospitals where they worked faithfully and incessantly until there was no longer need for their services. All the doctors have spoken in the highest terms of the conduct and of the work done by the Haitian doctors. They were most grateful for the timely assistance. These four doctors are deserving of the highest praise for their fine spirit and for the excellent work they performed." Other employees of the Public Health Service, although engaged in less spectacular work, labored unceasingly in assembling and transporting supplies to the customs house, docks, and aviation field. Their immediate, untiring and cheerful response to the emergency may be pointed to with pride by the people of Haiti.

SUMMARY OF EXPENDITURES

SANTO DOMINGO RELIEF FUND

	<i>Gourdes</i>	
Credit		100,000.00
<i>Expenditures:—</i>		
Ed. Esteve & Co:	<i>Gourdes</i>	
200 sacks flour.....	8,624.00	
2 bbls. codfish.....	580.00	
3 bbls. codfish.....	813.75	
2 sacks sugar.....	67.50	
Louis Lajat:—		
2000 sacks rice.....	52,000.00	
6 sacks rice.....	156.00	
Usine à Mantègue		
10 bbls. lard.....	2,630.55	
Pierre-Louis:—		
8 sacks beans.....	180.00	
Replacement of clothing and suit case lost in transit.....	278.00	
Medical Supplies, cost of transportation, etc., furnished by Public Health Service.....	11,189.56	
Feeding indigent Haitians returned from Santo-Domingo..	90.45	
Purchase of provisions at Commissary Store for subsistence of staff.....	378.90	
Payment to Cuban National Airway as part compensation for expenses incurred in transportation of supplies from Port-au-Prince to Santo-Domingo by plane...	5,000.00	
Purchase of provisions at Louis Lajat for subsistence of staff	26.00	
Miscellaneous expenses in connection with Haitian person- nel employed in Santo-Domingo.....	4,572.10	86,586.81
Balance reverted to Treasury.....		13,413.19

DIVISION OF SUPPLIES

Mr. A. F. BIGELOW

The total appropriation, Article No. 302, for the fiscal year under review to be expended for medical supplies, equipment and items of transportation was Gdes. 1,103,490. Of this sum, 55 per cent was expended for medical supplies and equipment; 36 per cent for transportation and 9 per cent for miscellaneous items such as newspapers, periodicals, printing and mailing the annual report, electric light bills, telephone and telegraph bills and photography.

As is well known, the activities of the Public Health Service have not, since its inception, remained stationary. Each year has seen an increase in work performed. The system of estimating requirements annually for non-expendable supplies, although a necessary business procedure, fails in its purpose in that the approved estimates fluctuate widely throughout a fiscal year. The acquisition of additional activities, without necessary increases in funds to cover cost of supplies and transportation, necessitates reapportionments of approved estimates, if other methods of finance are not available. Under this system it is impossible to build up a reserve.

Although operating without a reserve stock of supplies has not, as yet, caused any undue amount of hardship, it has to some extent, hindered routine. Under circumstances such as are common to Haiti, namely (a) far removed from sources of supply; (b) in the hurricane zone; (c) probability of epidemic disease and (d) the more internal organization problems, as the isolation of some stations, principally Port-de-Paix and Jérémie,—it would seem that a six months' Central Storeroom reserve and one month's District reserve of all Supply Table items would be none too much to have on hand. When funds are available this matter should be given primary consideration.

During the year stores weighing 209,034 pounds were received from foreign countries,—France, England, Switzerland and the United States; 952 requisitions weighing 282,414 pounds were packed and shipped to the various Districts; 397 shipments were made by steamship; 42 by sailboat; 56 by truck; 76 by railroad; 80 by mail and 143 by airplane. All this work has been performed most satisfactorily by the Supply Depot personnel.

For the most part, delivery of stores to outlying Districts on the coast has been conveniently and quickly handled by steamship and sailboat except to Port-de-Paix which is a considerable distance from Port-au-Prince and is seldom visited by steamships. Although this method is cheap, on account of the great delay in effecting delivery, the system has been changed and trucks of this Service take the supplies every other month.

The cost of materials issued by the Depot during the fiscal year 1929-1930 amounted to Gdes. 647,342.15 as compared with Gdes. 524,466.88 for the year 1928-1929 and Gdes. 521,677.47 for the year 1927-1928. The increase

during the fiscal year 1929-1930 represents the cost of materials issued to the Health Center, Pont Beudet, and a slight general increase at other activities. By subtracting this increase, the total quantity of supplies issued to the 10 Districts during each of the last three years is practically the same.

This permits the drawing up of a table of usage which should approximate a constant annual figure which may be used in computing future requirements. It is assumed that the three-year period represents the amount of work that can be performed with present funds and personnel. When analyzing the table of usage and comparing the data with actual performance, the results seem to give a reasonable index for apportioning supplies on a percentage basis, insofar as this may be practicable.

By this method Districts will be guided by a definite allotment of money when submitting annual estimates for supply table items. The Central Office can budget Article No. 302 accordingly and since a percentage distribution specializes a budget, this method will minimize the task of making such adjustments as might be necessary during a year.

Customs duties for the past three years were as follows:

	<i>Gourdes</i>
Fiscal year 1927-1928	88,049.40
Fiscal year 1928-1929	83,399.73
Fiscal year 1929-1930	76,009.54

Clinics made heavy demands upon the issue of certain drugs such as potassium iodide, quinine, magnesium sulphate and castor oil, even though there was a reduction in the total number of out-patients in rural clinics.

The following table gives a résumé of treatments over a three-year period:

	<i>Fiscal Year</i> 1927-1928	<i>Fiscal Year</i> 1928-1929	<i>Fiscal Year</i> 1929-1930
Hospital admissions.	8,844	10,399	10,351
Major operations	1,586	1,835	1,566
Minor operations	4,242	5,501	6,175
Injections (arsenicals)	550,945	649,635	599,563
Outpatients in rural clinics	866,673	1,341,596	1,196,956

The reduction in the number of patients treated in rural clinics seems to indicate that the fiscal year 1929-1930 saw a stabilization in the amount of work that can be done with present mode of treatment, present number of personnel and with funds as now allotted. As has been mentioned elsewhere in the Report, Spiroside tablets have reduced the number of arsenical injections. The practice of giving Spiroside to patients who will take the medicine without returning to clinic, as well as the fact that the travelling clinic did not operate this year, caused a reduction in the number of patients in rural clinics.

Ten (10) per cent of the total amount of Article No. 302 was expended for the purchase of Spiroside. All of this drug was issued in accordance with the plan laid down in Circular Letter No. 35, dated 11 July 1929, published in last year's Annual Report on pages 25 and 26.

Experience during the year has demonstrated that the present types of packages containing Supply Table items are best suited for the particular needs of the Service. The types of containers adopted after various trials are not only appropriate to hospital and dispensary use, but also ones that can be transported to clinics in original packages. During the coming year the Supply Table will be revised to bring it up to date. Minor changes only are believed to be necessary except the sections Laboratory Supplies and Biological Products, Dispensary and Laboratory Equipment, and Blank Forms, which will have to be rewritten.

A decided change has been made in the personnel of the Supply Depot. The Chief Pharmacist's Mate was transferred and his position filled by a Haitian. The Depot is now functioning under the immediate control of Haitian personnel. Although the change was made only three months ago it has afforded an opportunity to observe the regular work of the personnel, as well as work performed during one experience which called for exceptional ability on their part. This was occasioned by the recent disaster in Santo-Domingo. Their response to this emergency was more than satisfactory; the heavy work, overtime, ingenuity in devising new methods and other details were all accomplished in a manner which proved their qualification and ability to handle supply depot work. Medical supplies valued at Gdes. 12,000 were shipped to the devastated area by airplane.

Steel shelving, open type, steel lockers and tables to replace the wooden type fixtures have been received and are being installed in the Depot. The superiority of this type of equipment requires no comment. A water main for fire fighting purposes was laid along the street in front of the Depot; however, water was not piped into the building. This should be done immediately. Attention is again invited to the fact that an additional small door should be placed in the north wall to facilitate exit or entrance in case of fire. For the present, the equipment of the Depot is adequate. Another, or a larger refrigerator is necessary as the present facilities are entirely inadequate to properly store the few biologicals kept on hand.

DIVISION OF TRANSPORTATION

Mr. A. F. BIGELOW

Of the total sum allotted under Article No. 302, during the year, 36 per cent was expended for transportation.

An analysis of these expenditures shows that the cost of gasoline, oil, accessories and garage supplies has exceeded the maximum apportionment consistent with the budgetary details of the total Article.

The consumption of gasoline has reached the maximum that can be permitted under the funds appropriated: 34,692 gallons were used during fiscal year 1927-1928; 76,564 gallons during 1928-1929; and 90,958 gallons in 1929-1930.

The transportation fleet was increased by the addition of forty motor units during the period 1 October 1927—1 October 1929. This accounts for the increased consumption of gasoline in the fiscal year 1928-1929. The number of motor units in commission on 1 October 1930, however, was practically the same as the number listed one year before while thirty old units were replaced by new ones this year. Nevertheless there was an increased consumption of 14,000 gallons of gasoline over last year even though the number of rural clinics remained practically the same and no change occurred in the number of miscellaneous units of equipment using gasoline fuel.

During the latter half of the year, the gasoline purchased and expended constituted 9 per cent of the total of Article No. 302. When cost of tires, tubes, oil and other accessories are added to this percentage, it is apparent that the total cost of transportation expenditures during these six months was not in harmony with the total sum appropriated. This situation will be met by allotting, not only to Districts, but also to individuals, a gasoline allowance. It will be necessary to replace 9 touring cars and 4 trucks as soon as funds are available because these cars are so old that their cost of upkeep and operation is excessive. Furthermore, it is believed the Service can operate within the 30 per cent of the total of Article No. 302 that has been budgeted to the Division of Transportation for the next year, by making these changes early since it is planned to bring the motor units to one type, the spare parts for which are now on hand. The purchase of spare parts for 6 or more different types of motor units is too costly a procedure under present appropriation. Therefore, before the end of next fiscal year, all trucks and practically all touring cars will be of the same manufacture.

The Central Garage is well equipped and only a few items were added during the year. With present equipment, purchased during the last three years, it should not be necessary to increase equipment or personnel, unless Article No. 302 is changed.

The following partial summary of work is an index of the requirements necessary to keep 85 motor units, pumps and other machinery, in working condition:

Major repairs.....	206
Minor repairs.....	1,257
Cars greased.....	1,697
Tires vulcanized.....	78
Tubes vulcanized.....	897
Batteries charged.....	393
Punctures repaired.....	1,932
Batteries repaired.....	64

In a country where skilled mechanics are at a premium and the people do not have elementary knowledge of machinery, the aptitude of the mechanics of the Public Health Service compels approbation. In addition to performing the routine duties listed above, they have built truck bodies, painted cars, repaired cushions and tops, made seat covers, built furniture and crated furniture and other materials for shipment.

Aside from their regular work, they have manufactured spare parts calling for exacting lathe work; have repaired electric generators, car lighting systems and speedometers; have reground cylinders, fitted oversize pistons and the like, exceeding by far the type of work carried on in most garages, except those employing skilled mechanics for special work.

The Chief Mechanic has made trips to the various Districts inspecting, overhauling and repairing automotive equipment and other machinery propelled by internal combustion engines, such as electric light plants, gasoline engine water pumps and steam pumps. While on these inspections he has given much valuable advice to those in charge of such equipment.

The chauffeurs, in general, have shown more than reasonable care in the operation and upkeep of their vehicles. No serious accident occurred during the year.

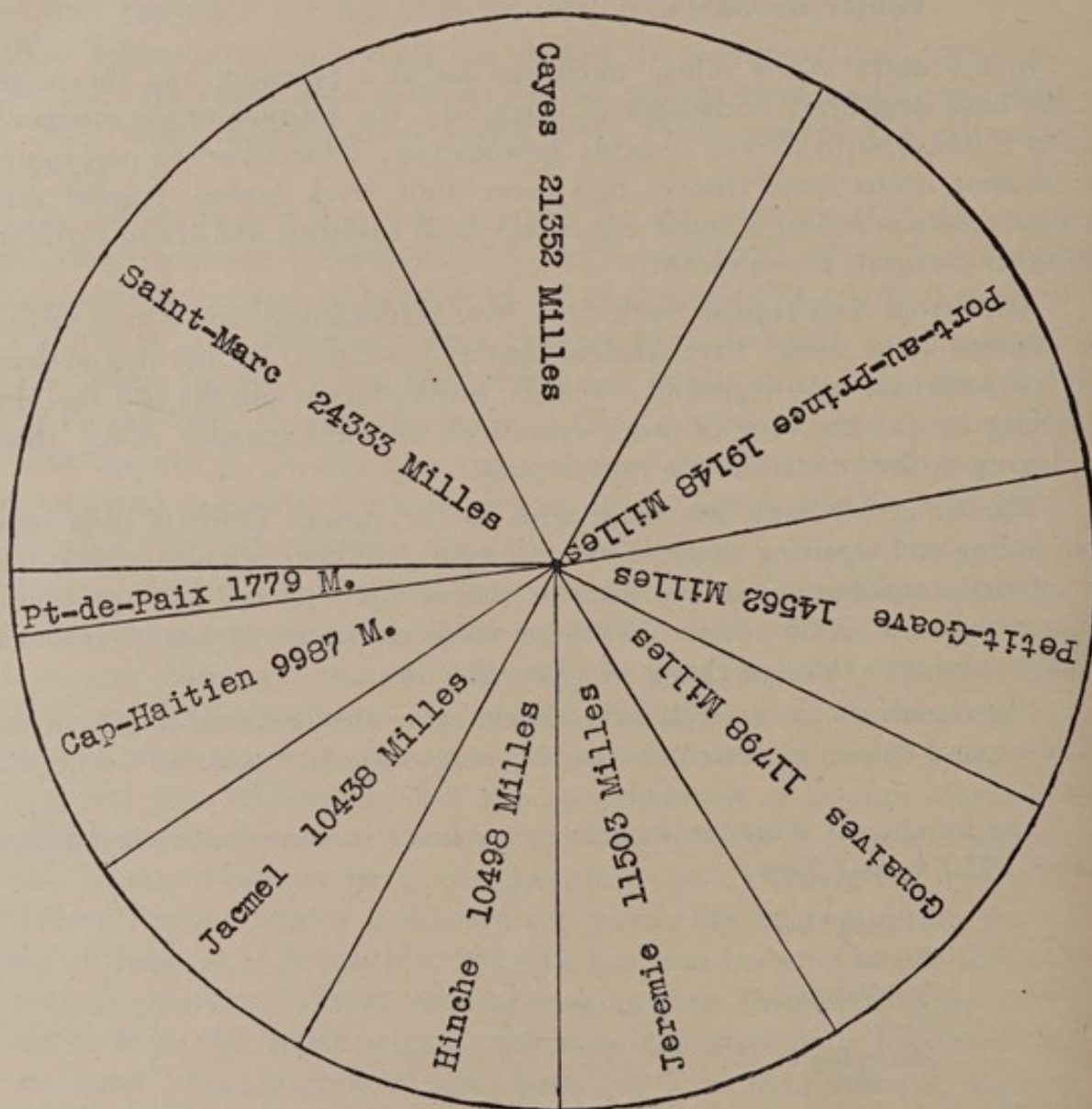
The number of motor units and motor boats in commission on 30 September 1930, is as follows:

Touring cars.....	32
Trucks.....	49
Ambulances.....	3
Hearse.....	1
Motor boats.....	4

The total mileage covered by all units was 792,923. Actual cost per mile was Gdes. 0.37. Cost per mile, including pay of mechanics, chauffers, etc., was Gdes. 0.524. Average mileage per gallon of gasoline was 10.1.

CHART No. 7

DISTANCES COVERED BY AUTOMOBILE, AIRPLANE, BOAT AND HORSE.—1929-1930



DIVISION OF LEGAL MEDICINE AND VITAL STATISTICS

*FELIX V. JEAN-LOUIS, Attorney at Law***Laws and regulations**

The status of the laws and regulations governing the National Public Health Service as viewed in the last annual report remain unchanged. Several proposed laws which are regarded as of the utmost importance for the proper functioning of certain activities of this Service have not been enacted. It is hoped that this may be done in the near future.

During the year under discussion the personnel of this Division made a compilation of all laws which pertained to public health work, and which were still in effect. These laws were published last summer in a volume entitled "Collection of Laws, National Public Health Service" and forms the Legal Handbook of the Service. Requests for this volume exceeded expectancy. Copies have been issued to members of the various services of the Government, as well as to members of the Bar, commercial and other organizations. In this connection, it is fitting to quote the introduction written by Captain K. C. Melhorn, (M.C.) U. S. Navy, who was then Director General of the National Public Health Service.

"Never since the creation of the National Public Health Service of Haiti in 1929 has there been available a ready reference book covering the legal aspect of public health work. The need for such a manual has been increasingly apparent for a long time.

"With the creation last year of the Division of Legal Medicine and Vital Statistics in the Office of the Director General the first step was taken for remedying that condition. With commendable zeal, painstaking effort, and conscientious attention to detail Messrs. Dixon and Jean-Louis have now made available for the entire service this useful book. No claim for perfection is made. On the contrary it is realized that revisions from time to time must be made.

"I know that I voice the sentiments of all our personnel when I extend to them the thanks and appreciation of a grateful service."

Proposed legislation.—The following proposed acts of legislation are under consideration as necessary laws touching matters of public health and sanitation.

Building and zoning.—A law specifying the sanitary requirements of projects of construction and permitting the zoning of cities for sanitary regulation. Such a law would be of material benefit both to property owners and to the Government. Following its passage a building code can be prepared spe-

cifying the requirements as to lighting, ventilation, garbage and waste disposal, ratproofing, etc. Inclusion of approved devices would relieve the owners of the expense of adding them later and would obviate the necessity for many inspections by the Public Health Service.

Food and drugs.—A law regulating the handling and sale of articles of food and of drugs and fixing the penalties for adulteration of same. There is no existing law fixing the exact method of control of the handling and sale of food and drugs. Such a law is a basic necessity in modern public health practice. Adulteration of food and drugs is a criminal act, affecting the health and well being of the nation. The law should be stringent and severe.

Law regarding the insane.—A law to assist in providing for the modernization of the care and treatment of the insane through the establishment of an adequate institution for those afflicted with mental disease. Detention of these unfortunate people in jails and penitentiaries is disgraceful and should not be tolerated.

Market law.—A law permitting Communes to establish market regulations in harmony with local sanitary conditions and requirements. Under existing laws, Communes are required to conform to standards incompatible with their financial status. The law should be liberalized to permit them to handle their problems through local ordinances. Existing laws have been rendered obsolete by the progress in these branches of medical science. Their revision to comply with modern standards is urgently needed.

Practice of medicine, pharmacy, dentistry, nursing and midwifery.—A law regulating the practice of medicine, pharmacy, dentistry, nursing and midwifery and requiring registration for practice of same.

Civil service.—A law fixing the requirements for employment, classification, promotion and retirement of Government employees and the salaries of the various grades. Such a law, properly administered, ensures permanency of employment, regular promotion with increases in pay at stated intervals, assures expectancy of retirement and pension after a specified period of service or upon attaining a stated age. It, further, removes the employee from the uncertainties of political appointment.

Violations

This year the reported violations against the Sanitary Code have been limited to contraventions of the sanitary rules and regulations. The number of cases referred to the courts amounted to 1,485 as compared to 1,157 for last year. Data regarding the action taken by the courts are either incomplete or not available at this time. Other than the violations of sanitary rules and regulations, no case involving transgression of laws dealing with the Public Health has been brought to the attention of this Office.

Vital statistics

Another year has passed without visible improvement in the reporting of communicable diseases, or of births, deaths and marriages. In general, statistics serve to (a) set standards of accomplishment, (b) indicate whether or not progress is being made, (c) show where there is need of special effort and (d) furnish data to be utilized in an endeavor to rouse interest in, or to assist in proving a problem. Thus, a reduction in the malarial rate for a town, city or district would tend to reflect the results accomplished in sanitation and to indicate what could be done under similar conditions in other places. Conversely, an increase in the attack rate from malaria for a certain section would clearly call attention to the immediate need of concentrated effort in improving sanitation in that district. Reliable returns regarding an outbreak of a communicable disease could be used in interesting a population group in methods of prevention.

It is regrettable that no measures of importance for the proper collection of vital statistics have been taken. Reporting by members of the Public Health Service is usually good, but as they are limited in number and their primary mission is to solve problems in sanitation and to treat the sick, they can hardly be expected to collect, compile, and forward all vital facts from the entire Republic. The latter is one of the duties required by law, of the *Officiers d'Etat-Civil*. They are in rather close contact with the people especially in the smaller centers and could, therefore, and without undue effort, submit figures which would more truly reflect local environmental conditions. As stated elsewhere in this report, there is an insufficient number of these officials, the majority of whom show a decided lack of cooperation; a registration tax is imposed which most of the people are unable to pay and, furthermore, there is no existing means of enforcing the law. Births are, undoubtedly, reported with greater fidelity than deaths probably because the documentary evidence presented by the certificate may be of use to the individual later on in life. People ordinarily are much more solicitous of their offspring than of their deceased.

The death rate, of 5.52 per 1,000 of population, Haiti as a whole, for the year 1929, is much too low and should probably be about five times greater. The corresponding rate for the city of Port-au-Prince which was 19.1 per 1,000, is believed to be fairly accurate. All deaths which occurred in this city during the year 1929, are listed separately and by cause in the general mortality table attached to this report.

The following vital statistics, Port-au-Prince, for the six years 1924-1929, are of interest:

VITAL STATISTICS—PORT-AU-PRINCE

YEARS 1924-1929

Years	1924			1925			1926			1927			1928			1929		
	B.	D.	M.	B.	D.	M.	B.	D.	M.	B.	D.	M.	B.	D.	M.	B.	D.	M.
January	209	135	...	247	117	...	237	108	36	182	132	30	187	127	21	178	171	32
February	264	113	...	211	88	...	259	106	29	220	90	18	242	65	30	244	134	23
March	266	116	...	240	127	...	259	139	62	221	105	30	229	141	22	190	146	24
April	197	105	...	196	121	...	248	152	69	211	109	22	213	137	28	234	160	34
May	282	118	...	236	87	...	208	133	47	205	107	23	207	146	23	204	128	19
June	248	108	...	231	107	...	186	121	20	185	129	14	226	162	16	205	104	17
July	262	107	...	223	95	...	192	125	28	185	155	14	194	138	17	185	109	22
August	272	112	...	242	94	...	119	146	7	132	114	18	201	135	30	227	112	16
September	225	116	...	218	100	...	241	110	9	192	146	17	145	137	8	196	139	27
October	263	123	...	296	120	...	245	155	22	255	159	25	235	162	28	203	112	23
November	276	108	...	283	103	...	227	123	17	303	156	13	267	140	19	258	110	12
December	335	87	...	324	124	...	246	150	48	286	94	46	278	208	41	148	107	22
Total	3,099	1,348	...	2,947	1,283	...	2,667	1,568	394	2,477	1,496	270	2,624	1,698	283	2,475	1,532	271
Rate per thousand*	38.7	16.8	...	36.8	16	...	33.3	19.6	4	30.9	18.7	3.3	32.8	21.2	3.5	30.9	19.1	3.3

*The rate per thousand has been calculated on the basis of 80,000 inhabitants. According to the census made by the Public Health Service in 1928, the population of Port-au-Prince was 79,797, at that time.

The number of marriages, births and deaths for the entire Republic, as reported by the Officers d'Etat-Civil for the year 1929, are given in the following tables:

MARRIAGES REPORTED IN HAITI—YEAR 1929

Districts	Jan.	Febr.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Cap-Haïtien	18	40	30	9	2	17	10	8	7	6	0	5	152
Cayes	24	7	1	20	6	15	11	18	11	6	8	4	131
Gonaïves	16	33	67	78	48	27	15	18	7	12	9	32	362
Hinche	0	20	4	6	8	5	5	3	0	1	8	1	61
Jacmel	14	19	15	15	14	18	10	8	5	3	10	22	153
Jérémie	17	12	10	7	12	10	15	8	13	7	11	5	127
Petit-Goâve	22	18	18	13	11	10	8	3	4	2	10	17	136
Port-au-Prince	73	65	52	85	31	36	36	29	12	12	18	50	499
Port-de-Paix	20	34	27	41	39	38	35	11	15	12	10	13	295
Saint-Marc	4	20	21	12	49	28	19	10	3	2	10	3	181
Total	208	268	245	286	220	204	164	116	77	63	94	152	2,097

BIRTHS REPORTED IN HAITI FOR THE YEAR 1929

Districts	Jan.	Febr.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Cap-Haïtien	M 170 F 170	221 219	79 90	71 42	33 18	121 81	92 82	87 98	93 91	182 153	32 25	98 96	1,279 1,165
Cayes	M 154 F 141	195 176	108 138	167 132	100 101	90 74	135 134	135 134	123 102	159 114	142 134	41 52	1,549 1,432
Gonaïves	M 319 F 308	340 351	227 233	448 502	389 378	269 257	225 240	256 250	227 199	452 419	286 243	335 385	3,773 3,765
Hinche	M 77 F 60	120 165	18 19	24 35	180 87	32 41	32 41	51 55	11 13	41 39	5 7	4 5	595 567
Jacmel	M 102 F 146	163 147	196 168	141 134	111 92	75 88	67 76	65 55	49 33	98 102	205 271	265 246	1,537 1,558
Jérémie	M 182 F 127	186 165	150 121	115 94	116 134	129 126	69 60	86 65	108 98	137 136	209 168	106 94	1,593 1,388
Petit-Goâve	M 277 F 303	317 368	297 301	270 277	172 185	122 113	180 161	110 114	165 125	293 328	485 199	236 245	2,924 2,719
Port-au-Prince	M 436 F 456	701 669	418 429	650 602	480 486	421 448	404 400	429 377	330 287	230 220	541 544	443 400	5,483 5,318
Port-de-Paix	M 267 F 252	220 226	117 133	277 277	243 244	203 213	230 200	97 73	148 116	248 260	148 150	147 165	2,345 2,309
Saint-Marc	M 221 F 218	302 314	345 387	198 231	457 445	266 229	203 217	140 141	73 84	51 49	164 159	191 178	2,611 2,652
Total	M 2,205 F 2,181	2,765 2,800	1,955 2,019	2,361 2,326	2,281 2,170	1,728 1,670	1,637 1,611	1,456 1,362	1,327 1,148	1,891 1,820	2,217 1,900	1,866 1,866	23,689 22,873
Total général	4,386	5,565	3,974	4,687	4,451	3,398	3,248	2,818	2,475	3,711	4,117	3,732	46,562

DEATHS REPORTED IN HAITI FOR THE YEAR 1929.

Districts	Jan.	Febr.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Cap-Haïtien	M 68 F 62	52 69	63 69	50 51	54 56	45 54	58 52	47 38	27 33	30 51	17 14	45 47	556 596
Cayes	M 45 F 36	41 44	35 36	37 30	27 33	31 32	30 25	28 27	31 33	15 26	47 41	32 29	399 392
Gonaïves	M 73 F 67	87 85	74 68	67 69	61 46	66 66	56 65	66 58	67 65	67 77	56 39	63 63	803 768
Hinche	M 8 F 15	13 13	8 9	1 1	13 10	3 5	6 10	9 8	8 4	13 8	6 10	4 1	92 94
Jacmel	M 29 F 35	25 25	15 19	14 15	9 9	27 23	19 12	14 19	18 17	13 19	24 18	22 19	229 230
Jérémie	M 15 F 14	11 13	29 15	7 11	18 13	14 15	6 11	15 15	20 15	18 17	10 21	18 23	181 193
Petit-Goâve	M 90 F 86	78 82	78 67	57 70	37 37	49 48	48 45	49 58	53 48	80 80	55 50	60 66	734 737
Port-au-Prince	M 180 F 198	165 109	149 139	148 159	135 122	123 104	133 122	166 104	74 79	65 58	119 121	55 55	1,512 1,370
Port-de-Paix	M 39 F 48	38 49	36 40	33 39	32 41	25 26	35 43	28 42	38 43	39 48	45 47	44 50	432 516
Saint-Marc	M 52 F 46	54 65	61 55	41 37	69 53	51 42	31 38	77 70	43 42	17 26	54 87	42 61	592 622
Total	M 599 F 607	564 554	548 517	455 482	455 420	434 415	422 423	499 439	379 379	357 410	433 448	385 424	5,530 5,518
Total général	1,206	1,118	1,065	937	875	849	845	938	758	767	881	809	11,048

With an estimated population of 2,000,000 the annual death rate per 1,000 is 5.52

SOME THOUGHTS FOR THE FUTURE

by

CAPTAIN K. C. MELHORN. (M.C.) U.S.N.

In this, the last time that I shall have the privilege of appearing on the program of the Society, I will ask your indulgence for a few moments in talking frankly regarding the future of your Public Health Service as I see it. If I say some things that are unpleasant or perhaps disagreeable they are mentioned only because they should be and because we are not a group of "yes-man" always saying nice things to please. God help you all if this Society ever permits its meeting to degenerate into such a state of affairs that members hesitate to frankly and fully voice their opinions.

How true the saying: "Where there is no vision the people perish." If there ever was a time when broad vision is required in Haiti's Public Health Service it is now—daily and hourly—in every unit where the comfort and good will of people are properly considered. Executives and their staffs who lack imagination cannot appreciate mental attitudes. In no phase of public health work can we afford to be complacent. The policy of a powerful organization is definitely concerned with the winning and holding of the confidence of the people and, before that can be done, it must sell itself to the public. People must be made to feel that on coming into our hospitals and meeting members of the staff, that they are coming into the professional homes of our doctors and nurses.

As stated in a recent publication: "Hospitality in a hospital should begin at the front door. The courtesy and the cordiality one receives with his first greetings after admission, and during his stay in the hospital, are the things that sell the hospital to him and through him to the community. A hospital in bad repute that has a reputation for being cold, unsympathetic, rude, soon loses the confidence of its patients, and this will contribute in no small degree to their discomfort as well as retard their recovery. A disgruntled physician or nurse will react adversely on a patient and can easily influence his prejudice against the hospital. These matters are not in any wise inconsistent with good organization, good order or discipline. As a matter of fact, satisfied patients make for good order and progress, because their praise invariably increases the morale of the hospital personnel and good morale is one of the most vital reasons for the success of any business."

All health matters must depend in their final disposition on the will of the people and this in turn must be the result of a developed intelligence which will sweep aside ignorance and selfishness. Health is purchasable as so often stated but not so much in terms of dollars and cents as in the contributions of individual loyalty to the standards proclaimed by our authorities.

You are seeking permanent, not temporary, foundations for the Health of Haiti and must seek them candidly and fearlessly. As always the right will prove to be expedient.

What shall you do then, to push this great campaign for health to its righteous conclusion? You must clear away with a thorough hand all impediments to success and you must make every adjustment of law that will facilitate the full and free use of your whole capacity and force as a fighting unit.

Two tremendous obstacles stand in your way. They are the weak support of your courts and your lack of social service work. Regarding the first we have discussed it on several occasions and shall not renew it here. With respect to the second, how many have ever stopped to think how little has been attempted in Haiti in the field of social service. How feeble has been the response to the call: "Who is my neighbor?" Do you know that in this city of 80,000 people there are but four ladies who, without financial return of any kind, are engaged in real social service activities, who are doing a magnificent work in a quiet way, who are finding out what are the handicaps to health in their city, where the disease ridden sections are and what the practical solution is? When Haiti can enlist 1,000 more such women in the cause of Public Health, you need have no fear for the future. When the group consciousness that has manifested itself so strikingly in Haiti during the past year will direct its attentions to the needs of the Public Health Service and will actually participate by organized effort in practical welfare work the result of your battle for Health will no longer be in doubt.

To succeed, organized effort in the future must be directed not only to the continued support of hospitals, clinics and sanitation units, but the program of medical examination of school children, oral hygiene and public health nursing must be firmly established as the supporting frame work of the whole structure. If travelling clinics, health centers and public health education measures are not developed as strong reserves for your front line units of hospitals, dispensaries and rural clinics, you will not succeed. In other words without these things, the present position of your public health service cannot be maintained; it will not endure.

In conclusion I wish to tell you what every Haitian should be keenly interested in:—that our program for 1930 to 1933 calls for the complete withdrawal of United States Naval personnel from the districts of Jacmel, Cayes, and Hinche and from Cap-Haitien, Gonaives and Port-au-Prince in the years 1933 to 1936. In this, as you also know, there is nothing new. The plan is *not* the result of the exciting times through which we all have passed in the last year. It is the same program that has been in effect since June 15th, 1927—a program that in three years has effected the complete Haitianization of 4 of the 10 districts.

Finally, may we never forget that "Until public health becomes a private responsibility it will not become a public achievement."

STATISTICAL SECTION: TABLES

CAUSES OF DEATHS FOR 1929

	<i>Port-au-Prince</i>		<i>All other Districts</i>		<i>Total</i>
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	
1a Typhoid fever	1	1	1	0	3
5 Malaria	22	24	421	427	894
9 Whooping-cough	0	0	3	2	5
11b Grippe	11	6	2	3	22
15 Cholera	0	0	1	1	2
16a Dysentery, amebic	2	2	4	3	11
16b Dysentery, bacillary	0	3	9	5	17
29 Tetanus	22	11	4	2	39
31 Pulmonary tuberculosis	96	87	102	114	399
31 Tuberculous pneumonia	1	1	1	1	4
32 Tuberculous meningitis	1	0	0	0	1
33 Tuberculosis of intestine	1	2	0	0	3
33 Tuberculous peritonitis	4	2	0	0	6
36b Tuberculosis of bones	0	0	1	0	1
37a Acute military tuberculosis	3	2	0	0	5
38 Heredo-syphilis	24	25	0	0	49
38 Syphilis	14	6	37	26	83
41 Septicemia	10	6	4	1	21
43 Cancer of tongue	1	0	0	0	1
44 Cancer of liver	1	1	0	0	2
44 Cancer of stomach	3	4	0	2	9
45 Cancer of intestine	0	1	0	0	1
46 Cancer of uterus	0	5	0	1	6
47 Cancer of breast	0	2	0	2	4
48 Cancer of nose	1	0	0	0	1
49 Cancer	0	3	3	5	11
49 Sarcoma of thigh	3	0	0	0	3
51 Rheumatism, articular	0	0	0	3	3
52 Arthritis	2	2	1	0	5
52 Rheumatism, chronic	0	0	68	66	134
54 Pellagra	1	3	0	0	4
56 Rickets	2	0	0	0	2
58a Pernicious anemia	0	5	5	2	12
69 Auto-intoxication	0	0	0	1	1
69 Congenital infection	0	0	0	1	1
69 Hemophilia	0	1	0	0	1
71 Meningitis, simple	8	4	1	2	15
71b Cerebro-spinal meningitis	3	0	3	1	7
73 Myelitis	2	0	0	0	2
74a Cerebral apoplexy	2	5	1	4	12
74a Cerebral congestion	3	8	1	1	13
74a Cerebral hemorrhage	6	12	3	1	22
75 General paralysis	0	1	5	6	12
75a Hemiplegia	2	0	1	0	3
75b Paraplegia	0	0	1	0	1
77 Dementia	1	0	0	0	1
78 Epilepsia	4	0	1	2	7
80 Infantile convulsions	0	0	1	1	2

CAUSES OF DEATHS FOR 1929—Continued

	Port-au-Prince		All other Districts		Total
	Male	Female	Male	Female	
83 Cerebral softening.....	2	0	0	0	2
84 Encephalopathy	0	1	0	0	1
87 Pericarditis	1	1	0	0	2
88 Endocarditis	0	1	0	0	1
88 Endocarditis, infectious.....	1	0	0	0	1
88 Myocarditis	7	6	1	4	18
90 Aortic insufficiency.....	1	2	0	0	3
90 Asystoly	0	1	0	0	1
90 Cardiac disease.....	0	0	13	11	24
90 Cardiac insufficiency.....	2	2	1	1	6
90 Cardiopathy	28	34	2	0	64
90 Mitral disease.....	1	5	0	1	7
90 Myocarditis, chronic.....	6	0	0	3	9
91a Aneurysm of aorta.....	5	2	1	0	8
91a Aneurysm of heart.....	1	0	0	0	1
91b Arterio-sclerosis	1	4	0	1	6
91c Aortitis	4	5	1	0	10
93 Phlebitis	0	1	0	1	2
95 Internal hemorrhage.....	4	1	0	0	5
96a Aneurysm	0	0	0	1	1
99a Bronchitis, acute	6	10	5	5	26
99b Bronchitis, chronic.....	0	3	0	0	3
99c Bronchitis	1	0	10	10	21
100a Broncho-pneumonia	17	9	13	3	42
100b Capillary bronchitis.....	4	0	0	0	4
101a Pneumonia	19	10	19	13	61
101b Lobar pneumonia.....	3	0	3	3	9
102 Pleurisy	6	0	1	1	8
103 Congestion of lung.....	0	5	2	2	9
103 Pulmonary œdema.....	3	0	0	0	3
104 Gangrene of lung.....	0	1	0	0	1
105 Asthma	0	2	14	14	30
106 Pulmonary emphysema.....	2	1	2	0	5
107 Hemoptysis	0	1	0	0	1
107c Pulmonary abscess.....	0	0	1	2	3
110a Ulcer of stomach.....	1	4	0	0	5
112 Dilatation of stomach.....	0	0	0	1	1
112 Gastritis, acute.....	7	0	0	0	7
112 Gastritis, chronic.....	1	0	1	1	3
113 Acute colitis	0	0	7	14	21
113 Athrepsia	6	6	1	1	14
113 Diarrhea	0	1	1	2	4
114 Colitis	1	0	0	2	3
114 Diarrhea and enteritis.....	1	1	34	25	61
114 Entero-colitis	4	1	0	1	6
114 Gastro-enteritis	13	14	3	3	33
114 Gastro-intestinal infections.....	45	46	1	0	92
116f Helminthiasis	30	23	0	0	53
116f Intestinal parasites	28	20	3	2	53
117 Appendicitis	1	0	1	1	3
118 Hernia	1	0	0	0	1

CAUSES OF DEATHS FOR 1929—*Continued*

	<i>Port-au-Prince</i>		<i>All other Districts</i>		<i>Total</i>
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	
118 Hernia, strangulated.....	1	0	0	0	1
118 Intestinal occlusion.....	1	5	3	1	10
119 Constipation.....	0	0	0	1	1
119b Intestinal hemorrhage.....	0	1	0	0	1
122a Alcoholic cirrhosis of liver.....	1	1	1	0	3
122b Atrophic cirrhosis of liver.....	10	5	3	4	22
124 Hepatic disease.....	5	2	0	0	7
124 Hepatitis.....	2	5	0	4	11
124 Jaundice.....	0	0	4	4	8
126 Peritonitis.....	10	4	1	2	17
128 Nephritis, acute.....	4	6	5	5	20
129 Nephritis.....	0	0	15	18	33
129 Nephritis, chronic.....	34	36	59	46	175
129 Uremia.....	2	4	2	0	8
131 Pyelonephritis.....	1	0	0	0	1
131 Pyo-nephrosis.....	2	0	0	0	2
133 Cystitis.....	3	1	1	0	5
133 Retention of urine.....	2	0	1	0	3
134 Stricture of urethra.....	2	0	0	0	2
134 Urinary fistula.....	0	2	0	0	2
135 Hypertrophy of prostate.....	3	0	0	0	3
140 Uterine hemorrhage, non puerp. .	0	1	0	1	2
141a Endometritis, acute.....	0	1	0	0	1
145 Accidents of labor.....	0	0	0	8	8
145c Accouchement.....	0	0	0	13	13
146 Puerperal fever.....	0	0	0	11	11
146 Puerperal septicemia.....	0	2	0	2	4
146 Puerperal infection.....	0	1	0	2	3
148 Eclampsia.....	0	3	0	1	4
149 Puerperal insanity.....	0	0	0	1	1
151 Gangrene.....	1	1	0	2	4
153 Abscess.....	1	0	3	0	4
153 Abscess of breast.....	0	0	0	1	1
153 Phlegmon of thigh.....	1	0	0	0	1
153 Umbilical infection.....	0	0	1	0	1
156 Necrosis of ethmoid.....	1	0	0	0	1
156 Osteo-myelitis.....	1	1	0	0	2
159 Congenital hydrocephalus.....	1	0	0	0	1
160 Congenital debility.....	0	1	0	0	1
160 Malnutrition.....	0	0	3	1	4
161 Premature birth.....	3	2	0	1	6
162 Cyanosis of new-born.....	0	0	1	0	1
164 Senility.....	17	33	93	133	276
174 Suicide.....	0	0	1	0	1
177 Accidental poisoning.....	2	0	1	1	4
179 Accidental burn.....	2	1	3	2	8
182 Accidental drowning.....	4	1	1	0	6
183 Traumatism by fire arm.....	0	1	1	2	4
192b Inanition.....	0	2	0	0	2
197 Homicide by fire arm.....	1	0	0	0	1

CAUSES OF DEATHS FOR 1929—*Continued*

		<i>Port-au-Prince</i>		<i>All other Districts</i>		<i>Total</i>
		<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	
197	Penetrating wound of abdomen....	1	0	0	0	1
198	Homicide by cutting instrument :	0	0	1	0	1
201	Fracture	13	3	1	1	18
202	Accident	0	0	2	0	2
202	Perforation of rectum.....	0	1	0	0	1
202	Traumatism, accidental.....	5	2	0	3	10
204	Sudden death	0	0	8	4	12
205	Congestion	0	0	9	16	25
205a	Bilious fever.....	1	1	0	0	2
205a	Dentition	0	0	11	8	19
205a	Inflammation	0	0	21	25	46
205a	Fever unqualified.....	0	15	533	465	1,013
205a	Surgical shock.....	0	0	1	0	1
205a	Unknown cause.....	807	732	2,401	2,543	6,483
	Still births.....	46	34	1	1	82
Total		1,512	1,370	4,018	4,148	11,048

There were 11,048 reported deaths for Haiti as a whole in 1929 exclusive Public Health Hospitals which, assuming the population to be two millions, would make the annual death rate 5.52 per 1,000. Deaths reported by Public Health Hospitals as listed in the table following amounted to 866. This makes a grand total of 11,914 deaths. In an indeterminate number of cases, deaths were reported both by Public Health Hospitals and by *Officiers d'Etat Civil*. If the totals of both of these tables are added together there will be some overlapping or duplication. It is hoped to have this corrected next year.

CAUSES OF DEATHS, PUBLIC HEALTH HOSPITALS, YEAR 1929—Continued

Int. No.	CAUSE OF DEATH	Total	Under 1 year	1 to 5	6 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 79	80 to 100	Age unknown
41	Septicemia.....M.	9				1	2	2	3	1			
	F.	4				1	2			1			
42	Yaws (Frambesia).....M.												
	F.	1									1		
	Total for Class I.....M.	213	22	8	5	20	52	30	26	25	21	4	
	F.	178	23	7	8	15	45	33	18	9	18	2	
		391	45	15	13	35	97	63	44	34	39	6	
<i>II.—General Diseases Not Included in Class I.</i>													
44	Cancer of the colon.....M.												
	F.	1									1		
44	Cancer of the liver.....M.	4						3			1		
	F.												
44	Cancer of the pylorus.....M.	1							1				
	F.	1						1					
44	Cancer of the stomach.....M.	2						1	1				
	F.												
45	Cancer of the rectum.....M.												
	F.	1						1					
46	Cancer of the ovary.....M.												
	F.	1							1				
46	Cancer of the uterus.....M.												
	F.	2						2					
47	Cancer of the breast.....M.												
	F.	1								1			
48	Cancer of the nose.....M.	1								1			
	F.												
49	Cancer.....M.												
	F.	2									1	1	
49	Cancer of the pancreas.....M.	1								1			
	F.	1							1				
49	Sarcoma.....M.	1		1									
	F.												
52	Arthritis, chronic.....M.	1									1		
	F.	1						1					
52	Rheumatism, chronic.....M.	3						1	1	1			
	F.												
58a	Pernicious anemia.....M.												
	F.	1				1							
58b	Chlorosis (anemia).....M.												
	F.	1				1							

CAUSES OF DEATHS, PUBLIC HEALTH HOSPITALS, YEAR 1929—Continued

Int. No.	CAUSE OF DEATH	Total	Under 1 year	1 to 5	6 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 79	80 to 100	Age unknown
60b	Goiter.....M. F.	1							1				
66	Alcoholism, acute.....M. F.	1						1					
67	Poisoning, arsenical.....M. F.	3					2			1			
67	Poisoning, lead.....M. F.	1										1	
69	Poisoning, food.....M. F.	1						1					
69	Hemophilia.....M. F.	1					1						
	Total for Class II.....M. F.	17 18		1		1	3	7 5	2 4	4 2	3 2	1	
		35		1		1	3	12	6	6	5	1	
<i>III.—Diseases of Nervous System of the Organs of Special Sense.</i>													
70	Abscess, brain.....M. F.	1	1										
71	Meningitis.....M. F.	10 4		1 1	2	2 1	1	2	1	1	1	1	
71	Meningomyelitis.....M. F.	1								1			
73	Myelitis.....M. F.	1					1						
74	Hemorrhage, cerebral.....M. F.	2 4						1	1 1	1	2		
74	Hemorrhage, meningeal.....M. F.	1										1	
74b	Edema of the brain.....M. F.	1					1						
75a	Hemiplegia.....M. F.	1									1		
76	Paralysis, general.....M. F.	1					1						
78	Epilepsy.....M. F.	1							1				
80	Convulsions.....M. F.	1		1									
83	Cerebral softening.....M. F.	1							1				

CAUSES OF DEATHS, PUBLIC HEALTH HOSPITALS, YEAR 1929—Continued

Int. No.	CAUSE OF DEATH	Total	Under 1 year	1 to 5	6 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 79	80 to 100	Age unknown
84	Parkinson's disease.....M. F.	1							1				
86	Mastoiditis, suppurative.....M. F.	1							1				
	Total for Class III.....M. F.	19 13		2 1	2	2 1	1 3	3	5 2	2 1	2 3	1	
		32	1	3	2	3	4	3	7	3	5	1	
<i>IV.—Diseases of the Circulatory System.</i>													
87	Pericarditis.....M. F.	2					1		1				
88	Endocarditis.....M. F.	1						1					
88	Myocarditis.....M. F.	6 3					1	1	2 1		3		
88	Myocarditis, acute.....M. F.	2					1		1				
90	Myocarditis, chronic.....M. F.	3					1	1	1				
90	Aortic insufficiency.....M. F.	1									1		
90	Cardiac disease.....M. F.	2							1		1		
90	Cardiosclerosis.....M. F.	1							1				
90	Dilatation of heart.....M. F.	1									1		
91a	Aneurysm.....M. F.	3							1	1	1		
91b	Arteriosclerosis.....M. F.	3									3		
91c	Aortitis.....M. F.	4 3						2		1 1	1 2		
91c	Aortitis, acute.....M. F.	1								1			
94	Adenitis, cervical.....M. F.	1					1						
94	Lymphangitis.....M. F.	1			1								
95	Hemorrhage.....M. F.	2							1	1			
95	Hemorrhage, internal.....M. F.	1 1							1		1		
	Total for Class IV.....M. F.	28 14			1		3 2	5 1	8 3	4 1	8 6		
		42			1		5	6	11	5	14		

CAUSES OF DEATHS, PUBLIC HEALTH HOSPITALS, YEAR 1929—Continued

Int. No.	CAUSE OF DEATH	Total	Under 1 year	1 to 5	6 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 79	80 to 100	Age unknown
	<i>V.—Diseases of the Respiratory System.</i>												
98	Laryngitis, stridulous.....M. F.	1 1	1										
98	Pylorospasm.....M. F.	1 1	1										
99a	Bronchitis, acute.....M. F.	1 1		1									
99c	Bronchitis, chronic.....M. F.	1 1		1									
100	Pneumonia, broncho.....M. F.	7 4	1		1		1					4	
101	Pneumonia.....M. F.	22 3				1 1	5	2	7	2	5 2		
101	Pneumonia, lobar.....M. F.	4 3					1 1	1	1		1 1		
101	Pleuropneumonia.....M. F.	1 1							1				
102	Empyema.....M. F.	1 1		1		1							
102	Fistula, intercostal.....M. F.	1 1				1							
102	Hemothorax.....M. F.	1 1							1				
102	Pleurisy.....M. F.	2 2					1				1		
102	Pleurisy, purulent.....M. F.	2 3		1					1 1		1 1		
103	Congestion, lung.....M. F.	1 1								1			
103	Edema, lung.....M. F.	3 3					1		2				
104	Gangrene, lung.....M. F.	1 1					1						
105	Bronchitis, chronic.....M. F.	1 1								1			
106	Emphysema, pulmonary.....M. F.	1 1									1		
107	Abscess of lung.....M. F.	1 2		1			1	1					
	Total for Class V.....M. F.	49 23	2 3	3 5	1	2 2	10 4	3 1	13 2	3 1	12 5		
		72	5	8	1	4	14	4	15	4	17		

CAUSES OF DEATHS, PUBLIC HEALTH HOSPITALS, YEAR 1929—Continued

Int. No.	CAUSE OF DEATH	Total	Under 1 year	1 to 5	6 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 79	80 to 100	Age unknown
	<i>VI.—Diseases of the Digestive System.</i>												
108	Stomatitis.....M. F.	1		1									
109	Amygdalitis.....M. F.	1										1	
111	Ulcer, gastric.....M. F.	2						2					
112	Dilatation, stomach, acuteM. F.	1						1					
112	Gastritis.....M. F.	2							1		1		
113	Athrepsia.....M. F.	6 2	2 1	3 1	1								
113	Diarrhea (under 2 years)M. F.	2		1				1					
113	Enteritis (under 2 years)M. F.	4 1	2	2 1									
113	Gastroenteritis (under 2 ys.)M. F.	2 5	2 2	3									
114	Colitis.....M. F.	3					1		1		1		
114	Enteritis.....M. F.	1								1			
114	Enteritis, acute.....M. F.	1		1									
114	Enteritis, chronic.....M. F.	1 3					1					2	1
114	Enterocolitis.....M. F.	4 1							1	1	2 1		
114	Gastroenteritis.....M. F.	1		1									
116	Intestinal parasites.....M. F.	6 1		3	1	1		1					
117	Appendicitis.....M. F.	1		1									
118	Hernia.....M. F.	1						1				1	
118	Hernia, gangrene, intestinalM. F.	1										1	
118	Hernia, strangulated.....M. F.	1									1		
118	Obstruction, intestinal.....M. F.	6 1	1 1					1	3	1			

CAUSES OF DEATHS, PUBLIC HEALTH HOSPITALS, YEAR 1929—*Continued*

Int. No.	CAUSE OF DEATH	Total	Under 1 year	1 to 5	6 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 79	80 to 100	Age unknown
118	Occlusion, intestinal.....M.	1							1				
	F.	1							1		1		
119b	Hemorrhage, intestinal.....M.												
	F.	1									1		
119b	Paralysis, intestinal.....M.												
	F.	1									1		
119b	Perforation, intestinal.....M.	2					2						
	F.												
119b	Rectitis.....M.												
	F.	2					2						
120	Icterus gravis.....M.												
	F.	1				1							
122	Cirrhosis.....M.	5						1	1	1	2		
	F.												
122b	Cirrhosis of liver.....M.	7					1		4	1	1		
	F.	4						2	1		1		
122b	Hepatitis, chronic.....M.	1									1		
	F.												
124	Hepatitis.....M.												
	F.	1					1						
124	Hepatitis, acute.....M.												
	F.	1					1						
126	Pelviperitonitis.....M.												
	F.	1					1						
126	Peritonitis.....M.	12		1		2	3	3		2	1		
	F.	4					1	1	1	1			
126	Peritonitis, acute.....M.	1				1							
	F.												
	Total for Class VI.....M.	74	7	12	2	4	7	9	12	8	10	3	
	F.	35	4	7		1	8	5	3	1	6		
		109	11	19	2	5	15	14	15	9	16	3	
	VII.—Nonvenereal Diseases of the Genito-urinary System and Annexa.												
128	Nephritis (under 10 yrs.).....M.	1							1				
	F.	2		1				1					
128	Nephritis, acute.....M.	4		2					1	1			
	F.	6		2				3	1				
128	Nephritis, infectious.....M.												
	F.	1						1					
129	Nephritis, unspecified.....M.	26				1	4	5	8	5	3		
	F.	18				2	2	3	7	3	1		

CAUSES OF DEATHS, PUBLIC HEALTH HOSPITALS, YEAR 1929—Continued

Int. No.	CAUSE OF DEATH	Total	Under 1 year	1 to 5	6 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 79	80 to 100	Age unknown
129	Nephritis, chronic.....M.	7						2	2		3		
	F.	5						1	3		1		
129	Uremia.....M.	1							1				
	F.	1							1				
131	Hemoglobinuric fever.....M.	1				1							
	F.												
131	Pyelonephritis.....M.	2						1		1			
	F.												
133	Cystitis.....M.	1									1		
	F.	2				1			1				
133	Retention of urine.....M.	1				1							
	F.												
134a	Stricture of urethra.....M.	2						1	1				
	F.												
134b	Abscess, urinary.....M.	1								1			
	F.												
134b	Fistula, vesico-vaginal.....M.	1									1		
	F.	2						1			1		
135	Hypertrophy of prostate.....M.	2									2		
	F.												
137	Cyst of ovary.....M.												
	F.	1								1			
140	Hemorrhage of uterus.....M.												
	F.	2					1		1				
141a	Endometritis, acute.....M.	1						1					
	F.												
141b	Hysterectomy.....M.												
	F.	1								1			
	Total for Class VII.....M.	51		2		2	5	10	14	7	11		
	F.	41		3		3	3	10	14	5	3		
		92		5		5	8	20	28	12	14		
<i>VIII.—Puerperal State.</i>													
143b	Accidents of pregnancy.....M.												
	F.	1							1				
144	Placenta praevia.....M.												
	F.	1					1						
146	Infection, puerperal.....M.												
	F.	1						1					
146	Peritonitis, puerperal.....M.												
	F.	1						1					
148	Eclampsia.....M.												
	F.	2					1		1				
	Total for Class VIII.....M.												
	F.	6					2	2	2				
		6					2	2	2				

[illegible]

CAUSES OF DEATHS, PUBLIC HEALTH HOSPITALS, YEAR 1929—Continued

Int. No.	CAUSE OF DEATH	Total	Under 1 year	1 to 5	6 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 79	80 to 100	Age unknown
	<i>XII.—Early Infancy.</i>												
160b	Debility.....M. F.	1	1										
161	Asphyxia at birth.....M. F.	1	1										
161	Premature birth.....M. F.	2	2										
	Total for Class XII.....M. F.	3 1	3 1	—	—	—	—	—	—	—	—	—	—
		4	4										
	<i>XIII.—Old Age.</i>												
164	Senility.....M. F.	6 15	—	—	—	—	—	—	—	—	5 8	1 6	—
	Total for Class XIII.....M. F.	6 15	—	—	—	—	—	—	—	—	5 8	1 6	—
		21	—	—	—	—	—	—	—	—	13	7	1
	<i>XIV.—External Causes.</i>												
165	Poisoning.....M. F.	1						1					
171	Suicide by cutting instru- ment.....M. F.	1						1					
179	Burns.....M. F.	1	1										
179	Burn, accidental.....M. F.	1 1					1				1		
179	Burn of body.....M. F.	1 2					1		1			1	
179	Burn, infected.....M. F.	1		1									
181	Poisoning by sulphuric acid.....M. F.	1									1		
188	Traumatism by automobileM. F.	1 1						1			1		
188	Traumatism by other crushings.....M. F.	4					1	2	1				
192	Inanition.....M. F.	2 1	1	1								1	
197	Wound of abdomen.....M. F.	1					1						

CAUSES OF DEATHS, PUBLIC HEALTH HOSPITALS, YEAR 1929—Continued

Int. No.	CAUSE OF DEATH	Total	Under 1 year	1 to 5	6 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 79	80 to 100	Age unknown
198	Wound by cutting instru- ment.....	M. F. 1											1
201c	Fracture.....	M. F. 2						1 1		1	1		
201c	Fracture of neck.....	M. F. 1						1					
201c	Fracture of skull.....	M. F. 4 1				2 1	1	1					
202	Traumatism.....	M. F. 1						1					
	Total for Class XIV.....	M. F. 21 11	1 1	2		2 1	4 1	7 2	3	2 3	2		1
		32	2	2		3	5	9	3	5	2		
	<i>XV.—Ill Defined Diseases.</i>												
205a	Adynamia.....	M. F. 4				1			1		2		
205a	Cachexia.....	M. F. 1 1							1		1		
205a	Edema, generalized.....	M. F. 1									1		
205a	Surgical chock.....	M. F. 1							1				
205a	Ill defined diseases.....	M. F. 4 4				1	2	1	1	2	1		
	Total for Class XV.....	M. F. 10 6				1 1	2	3 1	3		4 1		
		16				2	2	1	6		5		
	Male.....	497	36	28	10	33	85	76	89	55	77	8	
	Female.....	369	33	25	9	25	73	60	53	23	56	10	2
	Deaths from all causes...	866	69	53	19	58	158	136	142	78	133	18	2

NATIONAL PUBLIC HEALTH SERVICE. MORBIDITY STATISTICS FOR
PUBLIC HEALTH HOSPITALS INCLUDING INPATIENTS AND
HOSPITAL DISPENSARIES OUTPATIENTS, YEAR 1929

Int. No.	DISEASE	Hospitals			Outpatients, Hospital Dispensaries			Rural Disp. Rural Cl.
		Admissions	Readmissions	Sickdays	Admissions	Readmissions	Total No. cons. and treatm.	Number of patients
	<i>I.—Epidemics, Endemics and Infectious Diseases.</i>							
1a	Typhoid fever.....	15	0	378	0	0	0	2
5a	Malaria.....	494	23	6,277	7,696	488	12,023	44,161
7	Measles.....	3	0	17	47	1	55	1
9	Whooping cough.....	6	1	73	238	23	658	1,044
10	Diphtheria.....	5	0	30	6	0	33	0
11a	Influenza.....	57	2	632	1,651	95	2,486	3,792
12	Sweating fever.....	0	0	0	2	1	4	0
13	Mumps.....	1	1	10	7	0	11	82
15	Cholera nostras.....	1	0	6	0	0	0	81
16a	Amebic dysentery.....	100	3	285	0	0	0	0
16b	Bacillary dysentery.....	0	0	0	6	4	21	5
16c	Dysentery (unspecified).....	32	1	630	78	0	160	675
20	Leprosy.....	8	2	335	35	1	81	14
21	Erysipelas.....	2	0	23	1	0	2	0
22	Anterior poliomyelitis.....	0	0	0	1	0	2	0
24	Cerebrospinal meningitis.....	50	0	510	14	0	15	0
25	Varicella.....	6	0	49	7	0	29	0
25c	Dengue.....	0	0	0	0	0	0	3
25c	Gangosa.....	0	0	0	0	0	0	10
27	Anthrax.....	3	0	43	4	0	23	2
28	Rabies.....	0	0	0	0	0	0	1
29	Tetanus.....	56	0	625	5	0	3	2
29	Trismus of new-born.....	0	0	0	1	0	1	0
30	Mycosis.....	5	0	174	22	3	176	3
31	Phthisis.....	324	8	7,110	142	13	680	122
33	Tuberculosis of intestine.....	18	0	759	0	0	0	0
34	Pott's disease.....	11	0	286	0	0	0	6
35	Tuberculosis of joints.....	4	0	349	5	1	8	0
36a	Tuberculosis of skin.....	1	0	121	2	0	3	0
36b	Tuberculosis of bones.....	1	0	111	2	0	2	0
36c	Scrofulosis.....	17	0	1,098	35	1	78	78
36d	Tuberculosis of the genitou- rinary system.....	0	0	0	0	0	0	1
37a	Acute miliary tuberculosis.....	2	0	8	0	0	0	0
37b	Generalized tuberculosis.....	1	0	37	0	0	0	0
38a	Primary syphilis.....	107	0	3,642	921	38	3,920	4
38b	Secondary syphilis.....	4	0	22	0	0	0	0
38c	Tertiary syphilis.....	376	16	12,490	1,510	2	14,238	4
38d	Hereditary syphilis.....	15	0	484	151	0	377	0
38e	Syphilis (unspecified).....	2,162	220	97,514	28,842	4,388	123,629	158,600
39	Chancroid.....	58	1	1,620	192	68	620	475

NATIONAL PUBLIC HEALTH SERVICE. MORBIDITY STATISTICS—*Continued*

Int. No.	DISEASE	Hospitals			Outpatients, Hospital Dispensaries			Rural Disp. Rural Cl.
		Admissions	Readmissions	Sickdays	Admissions	Readmissions	Total No. cons. and treatm.	Number of patients
40a	Gonococcic infection, other than that of the eye and annexa.....	176	904	3,147	1,136	133	5,159	4,329
40b	Gonococcic ophthalmia.....	66	2	1,165	124	2	1,461	125
41	Gas gangrene.....	1	0	1	0	0	0	0
41	Pyemia.....	1	0	4	0	0	0	0
41	Septicemia.....	2	0	5	0	0	0	0
41	Vaccinal infection.....	0	0	0	1	0	6	0
42	Filariasis.....	11	4	192	5	2	6	196
42	Yaws or treponematosis.....	95	6	6,766	3,299	190	24,972	345,072
<i>II.—General Diseases Not In- cluded in Class I.</i>								
43	Cancer of lip.....	2	0	36	1	0	1	0
43	Cancer of maxilla.....	5	0	147	0	0	0	1
43	Cancer of tongue.....	3	0	42	1	0	16	6
44	Cancer of liver.....	7	0	160	3	3	0	0
44	Cancer of esophagus.....	2	0	37	0	0	0	0
44	Cancer of stomach.....	17	1	407	0	0	0	0
44	Cancer of throat.....	1	0	43	0	0	0	0
45	Cancer of anus and rectum.....	2	1	23	0	0	0	0
45	Cancer of colon.....	0	0	0	1	0	3	0
46	Cancer of ovary.....	1	0	9	0	0	0	0
46	Cancer of uterus.....	20	1	506	1	0	1	0
46	Cancer of vagina and vulva.....	2	0	27	1	0	3	0
47	Cancer of breast.....	13	0	363	5	0	9	12
48	Epithelioma.....	3	0	170	0	0	0	9
49	Cancer of bladder.....	5	0	191	0	0	0	0
49	Cancer of eye and annexa.....	6	0	175	0	0	0	0
49	Cancer of pancreas.....	4	0	42	0	0	0	0
49	Cancer of prostate.....	1	0	73	0	0	0	0
49	Cancer (unspecified).....	17	2	668	11	0	187	2
49	Sarcoma.....	2	0	73	0	0	0	2
49	Sarcoma of neck.....	2	0	80	0	0	0	0
50	Benign tumors and tumors not returned as malignant (tumors of the female ge- nital organs excepted).....	69	2	1,402	104	11	197	127
51	Acute rheumatic fever.....	185	2	3,795	1,836	153	4,791	3,945
52	Chronic rheumatism.....	57	3	1,268	1,626	15	3,380	1,909
52	Gout.....	0	0	0	1	0	1	0
54	Pellagra.....	5	1	173	1	0	6	42
55	Beriberi.....	1	0	1	0	0	0	0
56	Rachitis.....	3	0	94	10	0	10	0

NATIONAL PUBLIC HEALTH SERVICE. MORBIDITY STATISTICS—Continued

Int. No.	DISEASE	Hospitals			Hospital Dispensaries Outpatients,			Rural Disp. Rural Cl.
		Admissions	Readmissions	Sickdays	Admissions	Readmissions	Total No. cons. and treatm.	Number of patients
57	Diabetes.....	5	0	103	5	0	5	2
58b	Chlorosis.....	18	0	411	701	92	1,113	630
60a	Goiter, exophthalmic.....	0	0	0	0	0	0	15
60b	Other diseases of the thyroid gland.....	17	0	300	33	1	175	160
61	Tetany.....	1	0	18	0	0	0	0
62	Disease of thymus gland.....	0	0	0	0	0	0	2
63	Adrenal insufficiency.....	0	0	0	8	0	50	0
64	Splenomegalia.....	1	0	7	6	2	20	0
65a	Leukemia.....	1	0	24	2	0	3	8
65b	Lymphadenia.....	0	0	0	1	0	1	0
66	Alcoholism, acute.....	21	0	42	15	0	17	3
67	Arsenical intoxication.....	4	1	110	0	0	0	0
67	Intoxication by other mineral substances.....	7	1	35	1	0	1	0
69	Auto-intoxication.....	1	0	2	7	0	7	0
69	Congenital infection.....	1	0	2	0	0	0	0
69	General infection.....	4	0	45	28	0	142	0
69	Hemophilia.....	1	0	1	0	0	0	0
69	Obesity.....	1	0	4	7	2	17	0
<i>III.—Diseases of the Nervous System and of the Organs of Special Sense.</i>								
70	Abscess of brain.....	1	0	7	0	0	0	0
70	Cephalitis.....	1	0	1	5	0	5	0
71	Meningitis.....	42	0	758	1	0	1	15
72	Locomotor ataxia.....	0	0	0	1	0	2	0
72	Tabes.....	4	0	129	0	1	8	0
73	Morvan's disease.....	0	0	0	1	0	3	0
73	Myelitis.....	2	0	50	0	0	0	0
73	Sclerosis.....	1	0	6	3	0	27	0
73	Spastic paralysis.....	0	1	365	0	0	0	0
73	Syringomyelitis.....	1	0	99	0	0	0	0
74a	Cerebral congestion.....	3	0	11	5	0	5	0
74a	Cerebral hemorrhage.....	16	0	316	4	1	5	5
75a	Hemiplegia.....	1	1	33	2	0	2	0
75b	Monoplegia.....	1	1	33	2	0	2	0
75b	Facial paralysis.....	2	0	38	1	0	19	13
75b	Paralysis.....	6	0	12	12	4	50	46
75b	Paraplegia.....	12	0	529	1	0	2	6
76	General paralysis.....	1	0	23	3	1	3	0
77	Mental alienation.....	10	0	521	6	0	7	2
78	Epilepsy.....	52	5	606	79	7	182	260

NATIONAL PUBLIC HEALTH SERVICE. MORBIDITY STATISTICS—*Continued*

Int. No.	DISEASE	Hospitals			Outpatients, Hospital Dispensaries			Rural Disp. Rural Cl.
		Admissions	Readmissions	Sickdays	Admissions	Readmissions	Total No. cons. and treatm.	Number of patients
80	Infantile convulsions.....	6	0	18	7	0	9	19
81	Chorea.....	2	0	44	1	0	1	1
82a	Hemicrania.....	3	0	38	38	0	65	0
82a	Hysteria.....	13	0	175	28	3	51	38
82a	Migraine.....	0	0	0	115	24	213	0
82a	Neuralgia.....	3	0	20	235	42	474	903
82b	Neuritis.....	1	0	1	20	7	59	17
83	Softening of brain.....	1	0	21	0	0	0	0
84	Amnesia, partial.....	1	0	7	0	0	18	0
84	Aphasia.....	0	0	0	1	0	1	0
84	Cerebral anemia.....	1	0	3	0	0	1	0
84	Cerebral tumor.....	1	0	36	0	0	0	0
84	Idiocy.....	1	0	16	1	0	1	0
84	Neurasthenia.....	3	0	12	10	0	18	1
84	Neurosis.....	0	0	0	4	0	11	3
84	Parkinson's disease.....	8	0	275	1	0	3	18
84	Paralysis agitans.....	0	0	0	0	0	0	1
84	Vertigo.....	1	0	14	6	0	7	24
84	Other diseases of the nervous system.....	0	0	0	0	0	0	1
85a	Atrophy of optic nerve.....	6	0	239	28	1	197	0
85a	Cataract.....	43	0	1,888	213	2	3,435	202
85a	Conjunctivitis.....	21	0	423	1,371	265	16,493	5,775
85a	Glaucoma.....	2	0	730	17	1	331	6
85a	Hernia of iris.....	0	0	0	3	0	67	0
85a	Iritis.....	10	0	318	319	37	4,530	774
85a	Keratitis.....	35	1	868	455	48	4,989	168
85a	Keratitis, suppurative.....	1	0	34	0	0	0	0
85a	Neuritis, optic.....	0	0	0	20	3	104	0
85a	Ophthalmia.....	0	0	0	14	0	157	277
85a	Panophthalmia.....	5	0	55	10	1	25	0
85a	Pinguecula.....	0	0	0	18	0	262	0
85a	Pterygium.....	0	0	0	207	6	151	50
85a	Retinitis.....	0	0	0	4	0	79	0
85a	Staphyloma.....	9	0	245	28	3	582	9
85a	Ulcer of cornea.....	1	0	36	56	0	1,153	8
85b	Conjunctivitis, follicular.....	0	0	0	10	0	239	0
85b	Conjunctivitis, granular.....	0	0	0	225	0	2,434	0
85c	Pannus.....	1	0	15	25	0	484	0
85c	Trachoma.....	3	0	69	95	5	1,292	0
85e	Amaurosis.....	0	0	0	2	1	4	0
85e	Blepharitis.....	4	1	131	100	0	1,751	0
85e	Blepharo-keratitis.....	2	0	38	0	0	0	0
85e	Chalazion.....	3	0	78	57	1	593	0
85e	Choroiditis.....	0	0	0	3	1	6	0

NATIONAL PUBLIC HEALTH SERVICE. MORBIDITY STATISTICS—*Continued*

Int. No.	DISEASE	Hospitals			Outpatients, Hospital Dispensaries			Rural Disp. Rural Cl.
		Admissions	Readmissions	Sickdays	Admissions	Readmissions	Total No. cons. and treatm.	Number of patients
85e	Dacryocystitis.....	1	0	1	27	0	923	1
85e	Disease of cornea.....	0	0	0	0	0	0	9
85e	Disease of lacrimal gland.....	0	0	0	0	0	0	2
85e	Foreign body of eye.....	2	0	25	13	0	13	7
85e	Ectropion.....	5	2	297	12	0	547	3
85e	Entropion.....	4	0	187	8	0	330	5
85e	Keratitis.....	0	0	0	2	0	22	0
85e	Lipoma of eye.....	2	0	48	0	0	0	0
85e	Paralysis of eye.....	0	0	0	2	0	16	0
85e	Strabismus.....	0	0	0	2	0	16	0
85e	Trichiasis.....	0	0	0	2	0	26	0
85e	Tumor of eye.....	3	0	175	0	0	0	0
85e	Other diseases of the eye and annexa.....	0	0	0	0	0	0	113
86	Abscess of ear.....	0	0	0	3	0	37	17
86	Disease of ear (unspecified)....	0	0	0	0	0	0	439
86	Disease of the ear and of mastoid process (unspeci- fied).....	0	0	0	0	0	0	138
86	Otalgia.....	0	0	0	16	2	21	0
86	Otitis (unspecified).....	4	0	86	686	15	5,602	1,349
86	Otitis externa.....	3	1	52	233	34	3,413	359
86	Otitis media.....	5	2	126	254	29	1,551	782
86	Otitis media, chronic.....	0	0	0	0	0	0	86
86	Otitis suppurative.....	5	0	91	112	0	763	972
86	Perforation of tympanum.....	0	0	0	4	0	22	0
86	Tympanitis.....	0	0	0	17	0	93	0
86b	Mastoiditis, suppurative.....	16	0	435	35	1	675	1
<i>IV.—Diseases of the Circu- latory System.</i>								
87	Pericarditis.....	4	0	55	1	0	1	0
89	Angina pectoris.....	2	0	13	0	0	0	0
89	Cardiac neuralgia.....	0	0	0	0	0	0	1
90	Aortic stricture.....	3	1	109	0	0	0	0
90	Aortic insufficiency.....	0	0	0	8	0	10	0
90	Asystole.....	4	0	55	0	0	0	0
90	Cardiosclerosis.....	1	0	5	0	0	0	0
90	Cardiac disease.....	0	0	0	4	0	8	0
90	Cardiac insufficiency.....	4	0	84	3	0	39	4
90	Cardiopathy.....	7	0	89	14	0	21	0
90	Chronic valvular disease of heart.....	0	0	0	2	0	5	58
90	Endocarditis.....	2	0	35	0	0	0	0
90	Insufficiency of valve of heart.	0	0	0	0	0	0	8

NATIONAL PUBLIC HEALTH SERVICE. MORBIDITY STATISTICS—*Continued*

Int. No.	DISEASE	Hospitals			Outpatients, Hospital Dispensaries			Rural Disp. Rural Cl.
		Admissions	Readmissions	Sickdays	Admissions	Readmissions	Total No. cons. and treatm.	Number of patients
90	Myocarditis, chronic (45 y +)	26	3	1,015	5	6	23	20
90	Palpitation of heart.....	4	0	36	2	0	2	5
90	Tachycardia.....	1	0	9	2	1	4	27
91a	Aneurysm.....	13	0	285	2	0	3	32
91a	Aneurysm of aorta.....	7	0	342	3	1	5	0
91b	Arteriosclerosis.....	11	0	239	76	18	180	32
91c	Aortitis.....	60	4	1,175	26	0	69	7
92	Phlegmasia alba dolens.....	1	0	126	0	0	0	0
93	Hemorrhoids.....	23	0	775	57	4	96	22
93	Phlebitis.....	2	0	56	2	0	3	0
93	Varices.....	0	0	0	3	0	13	46
93	Varicocele.....	2	0	19	2	1	4	0
94	Abscess, axillary.....	2	0	45	65	7	315	1
94	Adenitis (unspecified).....	16	0	404	251	11	1,307	623
94	Adenitis, axillary.....	0	0	0	0	0	0	67
94	Adenitis, cervical.....	3	0	132	125	14	687	0
94	Adenitis, infectious.....	0	0	0	0	0	0	34
94	Adenitis, inguinal.....	28	0	677	508	44	2,878	181
94	Adenitis, suppurative.....	0	0	0	9	0	22	0
94	Adenopathy.....	4	0	51	4	1	6	0
94	Bubo.....	1	0	19	3	0	3	1
94	Disease of gland.....	1	0	86	2	0	6	17
94	Disease of the lymphatic system.....	0	0	0	0	0	0	170
94	Ganglion.....	0	0	0	0	0	0	79
94	Lymphangitis.....	26	2	358	210	27	334	100
94	Polyadenitis.....	0	0	0	2	3	17	0
95	Epistaxis.....	1	0	1	25	0	304	2
95	Hemorrhage.....	4	1	19	42	3	171	17
95	Internal hemorrhage.....	1	0	1	0	0	0	0
<i>V.—Diseases of the Respiratory System.</i>								
97a	Abscess of nose.....	0	0	0	0	0	0	4
97a	Atrophic rhinitis.....	0	0	0	2	0	60	0
97a	Coryza.....	6	1	45	40	7	67	101
97a	Diseases of the nasal fossæ and their annexa.....	5	0	320	16	1	273	20
97a	Hypertrophy of nose.....	0	0	0	2	0	9	0
97a	Hypertrophic rhinitis.....	0	0	0	21	2	295	0
97a	Rhinitis.....	0	0	0	0	0	0	118
97a	Ulcer of nasal passage.....	2	0	41	4	0	10	0
97b	Abscess of maxillary sinus....	0	0	0	0	0	0	4
97b	Ethmoiditis.....	0	0	0	6	0	101	0

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Int. No.	DISEASE	Hospitals			Outpatients, Hospital Dispensaries			Rural Disp. Rural Cl.
		Admissions	Readmissions	Sickdays	Admissions	Readmissions	Total No. cons. and treatm.	Number of patients
97b	Sinusitis.....	4	0	36	33	1	252	14
98	Laryngitis.....	0	0	6	67	8	356	112
98	Stridulous laryngitis.....	1	0	1	0	0	0	0
99a	Bronchitis, acute.....	0	0	0	0	0	0	1,045
99a	Tracheitis.....	0	0	0	2	0	18	0
99a	Tracheobronchitis.....	1	0	5	0	0	0	0
99b	Bronchitis, chronic.....	14	0	272	48	3	80	146
99b	Pulmonary catarrh.....	5	0	95	1	0	1	0
99c	Bronchitis (—5y).....	0	0	0	104	38	477	0
99d	Bronchitis (5y +).....	0	0	0	97	10	116	0
100	Bronchopneumonia.....	24	2	473	11	0	14	32
100	Capillary pneumonia.....	0	0	0	2	0	2	0
100a	Pneumonia.....	35	1	552	1	0	2	4
101a	Pneumonia, double.....	5	0	45	0	0	0	0
101a	Pneumonia, lobar.....	12	0	128	3	0	3	12
102	Abscess of thorax.....	1	0	14	0	0	0	0
102	Empyema.....	2	0	95	0	0	0	0
102	Hemothorax.....	1	0	55	0	0	0	0
102	Pleurisy.....	28	0	731	2	0	3	11
102	Purulent pleurisy.....	8	1	197	0	0	0	0
102	Serofibrinous pleurisy.....	4	0	236	0	0	0	0
102	Pleuropericarditis.....	1	0	1	0	0	0	0
103	Pulmonary congestion.....	7	1	122	12	4	30	0
103	Pulmonary edema.....	2	0	2	0	0	0	0
104	Pulmonary gangrene.....	1	0	14	0	0	0	0
105	Asthma.....	23	5	365	220	87	527	1,623
107c	Abscess of lung.....	7	0	255	0	0	0	0
107c	Cough.....	0	0	0	42	3	123	354
107c	Hemoptysis.....	1	0	5	6	0	6	1
<i>VI.—Diseases of the Digestive System.</i>								
108	Abscess, alveolar.....	0	0	0	0	0	15	16
108	Abscess of parotid gland.....	1	0	35	3	0	3	0
108	Abscess of salivary gland.....	1	1	5	0	0	0	0
108a	Dental abscess.....	3	0	47	36	3	52	1
108a	Dental caries.....	4	0	29	2,683	378	3,435	1,837
108a	Disease of teeth.....	0	0	0	1,405	0	1,622	2,831
108a	Fistula of salivary gland.....	4	0	17	7	0	108	8
108a	Gingivitis.....	1	0	10	41	7	163	8
108a	Odontalgia.....	0	0	0	6	0	7	257
108a	Pyorrhea, alveolaris.....	0	0	0	0	0	0	45
108b	Diseases of the mouth and annexa.....	0	0	0	0	0	0	168
108b	Epulis.....	1	0	10	10	0	168	6
108b	Glossitis.....	0	0	0	44	0	200	0

NATIONAL PUBLIC HEALTH SERVICE. MORBIDITY STATISTICS—*Continued*

Int. No.	DISEASE	Hospitals			Outpatients, Hospital Dispensaries			Rural Disp. Rural Cl.
		Admissions	Readmissions	Sickdays	Admissions	Readmissions	Total No. cons. and treatm.	Number of patients
108b	Ludwig's angina.....	1	0	15	4	0	27	0
108b	Parotiditis (not mumps).....	2	0	61	14	0	137	0
108b	Stomatitis.....	4	0	73	89	11	200	197
109	Abscess of throat.....	3	0	13	16	0	105	0
109	Amygdalitis.....	8	1	188	126	26	231	540
109	Amygdalitis, chronic.....	0	0	0	0	0	0	146
109	Adenoid vegetations.....	1	0	23	17	0	135	0
109	Angina.....	0	0	0	0	0	0	17
109	Disease of throat.....	0	0	0	1	0	1	45
109	Hypertrophy of tonsils.....	0	0	0	10	0	30	12
109	Labial herpes.....	0	0	0	1	0	1	0
109	Pharyngitis.....	0	0	0	0	0	0	94
109	Retropharyngeal abscess.....	1	0	1	0	0	0	0
109	Ulcer of throat.....	0	0	0	0	0	0	24
109	Vincent's angina.....	0	0	0	0	0	0	5
110	Esophagitis.....	0	0	0	2	0	9	0
110	Ulcer of esophagus.....	0	0	0	0	0	0	7
111a	Ulcer of stomach.....	28	0	1,183	199	11	211	0
111b	Ulcer of duodenum.....	2	0	12	1	1	5	0
112	Catarrhal gastritis.....	1	0	67	0	0	0	0
112	Dilatation of stomach.....	0	0	0	5	0	5	0
112	Gastritis.....	8	0	64	335	37	822	1,245
112	Gastritis, chronic.....	24	0	414	162	0	386	2,504
112	Gastralgia.....	5	1	77	143	2	362	2
112	Gastro-enteritis.....	0	0	0	10	0	26	0
112	Hyperacidity.....	0	0	0	93	24	154	0
112	Indigestion.....	39	4	730	359	58	993	1,572
112	Other diseases of the stomach	0	0	0	0	0	0	271
112	Perforation of stomach.....	2	0	13	0	0	0	0
112	Stenosis of pylorus.....	1	0	37	0	0	0	0
112	Vomiting.....	2	0	25	5	0	5	0
113	Cholera infantum.....	1	0	1	0	0	0	0
113	Colic.....	0	0	0	62	0	92	877
113	Colitis.....	6	0	111	31	0	67	87
113	Diarrhea and enteritis.....	65	2	665	139	15	449	953
113	Enterocolitis.....	2	0	57	1	0	1	0
113	Gastrocolitis.....	2	0	57	1	0	1	0
114	Athrepsia.....	3	1	80	1	0	1	0
114	Colitis.....	1	0	17	43	2	133	0
114	Diarrhea.....	10	1	174	55	5	56	0
114	Diarrhea and enteritis (—2y)	0	0	0	0	0	0	795
114	Enteritis.....	51	0	1,134	327	21	408	129
114	Dyspepsia (—2y).....	1	0	5	59	10	294	0
114	Gastroenteritis.....	12	0	158	278	0	471	2,266
114	Green diarrhea.....	1	0	7	34	0	71	17

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Int. No.	DISEASE	Hospitals			Outpatients, Hospital Dispensaries			Rural Disp. Rural Cl.
		Admissions	Readmissions	Sickdays	Admissions	Readmissions	Total No. cons. and treatm.	Number of patients
114	Intestinal colic.....	0	0	0	0	0	0	153
114	Intestinal toxemia.....	1	1	9	0	0	0	0
114	Membranous enteritis.....	1	0	41	0	0	0	0
115	Ancylostomiasis.....	17	2	421	577	231	1,157	13,470
116a	Teniasis.....	2	0	44	0	0	0	0
116c	Ascariasis.....	27	0	540	338	50	636	188
116c	Trichiniasis.....	1	0	4	2	0	17	0
116f	Helminthiasis, type not specified.....	252	0	2,747	5,324	491	7,761	50,582
118	Hernia.....	0	0	0	0	0	0	250
118	Hernia, congenital.....	0	0	0	0	0	0	1
118	Hernia, inguinal.....	217	4	6,045	186	5	244	4
118	Hernia, strangulated.....	10	0	1,184	0	0	0	6
118	Hernia, umbilical.....	52	0	1,193	27	0	43	4
118	Intestinal occlusion.....	4	0	20	0	0	0	0
119a	Abscess of anus.....	3	0	28	34	5	39	0
119a	Fissure of anus.....	7	2	282	3	0	3	0
119a	Prolapse of rectum.....	9	0	249	7	0	7	0
119a	Rectovaginal fistula.....	7	3	304	0	0	0	0
119b	Constipation.....	15	1	234	427	25	678	4,026
119b	Enteroptosis.....	0	0	0	1	0	1	0
119b	Rectitis.....	12	0	388	15	1	25	112
119b	Stricture of rectum.....	5	0	89	2	0	2	2
119b	Other diseases of the intestines.....	0	0	0	0	0	0	1,453
120	Icterus gravis.....	1	1	1	0	0	0	1
122a	Alcoholic cirrhosis.....	4	0	141	0	0	0	0
122b	Atrophic cirrhosis.....	7	0	194	1	2	10	4
122b	Cirrhosis of liver.....	0	0	0	0	0	0	5
122b	Hypertrophic cirrhosis of liver.....	19	2	1,006	7	0	8	0
123	Hepatic colic.....	2	0	194	1	2	10	0
124	Abscess of liver.....	1	0	40	0	0	0	0
124	Catarrhal icterus (ly +).....	0	0	0	1	0	1	0
124	Cholecystitis.....	25	0	412	23	2	32	102
124	Congestion of liver.....	1	0	11	0	0	0	0
124	Hepatitis.....	29	2	532	133	4	285	50
124	Hypertrophy of liver.....	0	0	0	0	0	0	1
124	Other diseases of liver.....	0	0	0	0	0	0	6
126	Abdominal abscess.....	0	0	0	0	0	0	7
126	Adhesion of peritoneum.....	1	0	9	0	0	0	0
126	Pelvipерitonitis.....	3	0	28	0	0	0	0
126	Peritonitis.....	6	0	24	1	0	1	7
127	Diseases of the digestive system.....	0	0	0	0	0	0	21

NATIONAL PUBLIC HEALTH SERVICE. MORBIDITY STATISTICS—*Continued*

Int. No.	DISEASE	Hospitals			Outpatients, Hospital Dispensaries			Rural Disp. Rural Cl.
		Admissions	Readmissions	Sick days	Admissions	Readmissions	Total No. cons. and treatm.	Number of patients
	<i>VII.—Non Venereal Diseases of the Genitourinary Sys- tem and Annexa.</i>							
128	Nephritis (—10y).....	0	0	0	0	0	0	115
128	Nephritis, acute.....	50	2	2,201	272	55	324	75
128	Albuminuria (—10y).....	0	0	0	1	0	2	1
129	Nephritis (+ 10y).....	0	0	0	0	0	0	67
129	Nephritis, chronic.....	147	34	4,110	87	4	205	36
129	Uremia.....	2	0	4	0	0	0	0
131	Hematuria.....	2	0	9	3	0	6	8
131	Hydronephrosis.....	1	0	6	0	0	0	0
131	Perinephric phlegmon.....	1	0	17	0	0	0	0
131	Pyelitis.....	3	0	63	0	0	0	0
131	Pyelonephritis.....	2	0	18	0	0	0	0
131	Renal abscess.....	2	0	32	0	0	0	0
131	Renal insufficiency.....	3	0	16	0	0	0	0
131	Other diseases of the kidneys and annexa.....	0	0	0	0	0	0	1
132	Nephritic colic.....	1	0	13	0	0	0	6
132	Renal calculus.....	2	0	40	3	0	5	1
132	Urinary lithiasis.....	1	0	56	0	0	0	0
133	Cystitis.....	8	0	135	34	8	59	36
133	Cystitis, acute.....	9	0	227	12	0	28	1
133	Cystocele.....	2	0	45	5	0	15	0
133	Disease of bladder.....	0	0	0	0	0	0	3
133	Incontinence of urine.....	1	0	23	2	0	2	0
133	Retention of urine.....	22	1	344	24	0	27	13
134a	Stricture of urethra.....	88	13	2,078	112	6	208	72
134b	Fistula of perineum.....	1	0	35	4	0	12	0
134b	Infiltration of urine.....	5	0	273	1	0	3	0
134b	Rupture of urethra.....	2	0	14	1	0	1	0
134b	Urinary abscess.....	3	0	148	1	0	6	0
134b	Urinary fistula.....	3	0	219	0	0	0	0
134b	Urinary infection.....	3	0	162	1	0	15	0
134b	Urethral fistula.....	20	0	721	5	2	26	0
134b	Urethritis (not gonorrheal).....	1	0	8	0	0	0	1
134b	Vesico-vaginal fistula.....	10	0	855	2	0	2	1
135	Abscess of prostate.....	1	0	11	0	0	0	0
135	Hypertrophy of prostate.....	15	0	467	3	0	6	3
135	Prostatitis.....	5	0	102	3	0	8	0
135	Prostatocystitis.....	0	0	0	3	0	3	0
136	Abscess of scrotum.....	1	0	13	0	0	0	0
136	Circumcision.....	2	0	14	12	6	64	0
136	Epididymitis.....	1	0	7	5	0	8	13

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Int. No.	DISEASE	Hospitals			Outpatients, Hospital Dispensaries			Rural Disp. Rural Cl.
		Admissions	Readmissions	Sickdays	Admissions	Readmissions	Total No. cons. and treatm.	Number of patients
136	Hematocele.....	5	0	179	2	0	3	0
136	Hydrocele.....	118	5	3,544	82	0	133	108
136	Orchitis unspecified.....	12	0	201	112	2	255	66
136	Paraphimosis.....	6	0	67	21	0	61	21
136	Phimosis.....	39	0	737	94	6	426	13
136	Non venereal diseases of the male genital organs.....	0	0	0	0	0	0	60
137	Cyst of ovary.....	5	0	84	10	2	43	0
138	Annexitis.....	1	0	47	0	0	0	0
138	Hematosalpinx.....	1	0	7	0	0	0	0
138	Metrosalpingitis.....	9	3	363	2	0	5	0
138	Salpingitis.....	33	1	897	15	2	34	10
139	Fibroma of uterus.....	56	2	2,077	42	2	163	5
140	Hemorrhagic metritis.....	6	0	119	7	0	15	0
140	Menorrhagia.....	8	0	28	8	0	10	14
140	Metrorrhagia.....	12	0	263	38	0	65	0
141a	Cervical metritis.....	2	0	52	0	0	0	0
141a	Endometritis (non puerperal)	22	1	459	22	0	22	1
141a	Metritis.....	84	1	2,351	529	20	1,191	897
141b	Abscess of labium majus.....	1	0	57	0	0	0	0
141b	Amenorrhea.....	1	0	77	133	2	354	265
141b	Anteflexion of uterus.....	1	0	36	7	0	26	0
141b	Anteversio of uterus.....	1	0	11	7	0	53	0
141b	Atresia of vagina.....	1	1	39	0	0	0	0
141b	Bartholinitis.....	4	0	158	4	0	32	0
141b	Dysmenorrhea.....	7	0	44	110	7	113	196
141b	Leukorrhea.....	2	0	38	27	4	55	115
141t	Menopause.....	7	0	90	94	18	207	0
141b	Ovaritis.....	5	0	94	13	2	19	0
141b	Prolapse of uterus.....	7	0	165	13	0	27	10
141b	Retroversion of uterus.....	15	1	557	17	0	52	0
141b	Vaginismus.....	1	0	9	0	0	0	0
141b	Vulvitis.....	1	0	44	27	7	51	76
142	Abscess of breast, non pu- erperal.....	13	0	431	34	5	203	211
142	Mammitis.....	1	0	22	5	2	5	17
142	Mastitis.....	1	0	27	61	2	130	115
142	Ulcer of breast.....	3	0	99	0	0	0	0
<i>VII.—Puerperal State.</i>								
143a	Normal childbirth.....	575	10	9,655	15	0	21	0
143b	Abortion.....	38	4	300	1	0	1	1
143b	Accidents of pregnancy.....	0	0	0	0	0	0	63
143b	Persistent vomiting of preg- nancy.....	0	0	0	0	0	0	1

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Int. No.	DISEASE	Hospitals			Outpatients, Hospital Dispensaries			Rural Disp. Rural Cl.
		Admissions	Readmissions	Sickdays	Admissions	Readmissions	Total No. cons. and treatm.	Number of patients
143b	Pregnancy.....	22	0	242	57	1	106	25
144	Puerperal hemorrhage.....	2	0	6	0	0	0	0
144	Retention of placenta.....	6	1	58	0	0	0	0
144	Rupture of perineum.....	7	2	166	0	0	0	0
146	Puerperal infection.....	10	0	180	2	0	3	21
147	Puerperal syncope.....	0	0	0	1	0	3	0
149	Puerperal accidents, not otherwise defined.....	0	0	0	0	0	0	2
150	Abscess of breast (puerperal)	3	0	61	30	0	216	0
<i>IX.—Diseases of the Skin and the Celular Tissue.</i>								
151	Eschar.....	0	0	0	3	0	13	0
151	Gangrene (unspecified).....	12	0	141	0	0	0	9
151	Gangrene of foot.....	6	0	200	3	0	23	0
151	Gangrene of scrotum.....	2	1	50	0	0	0	0
151	Gangrene of vulva.....	2	0	163	0	0	0	0
151	Noma.....	0	0	0	0	0	0	1
152	Furunculosis.....	0	0	0	7	0	57	339
153	Abscess.....	155	13	1,199	353	30	4,436	1,777
153	Abscess of arm.....	3	0	30	51	0	76	57
153	Abscess of buttock.....	2	0	71	18	15	151	19
153	Abscess of hand.....	1	0	30	17	13	74	51
153	Abscess of head.....	0	0	0	4	0	25	20
153	Abscess of leg.....	6	0	147	38	0	52	110
153	Abscess of neck.....	3	0	75	32	12	177	73
153	Abscess of perineum.....	4	1	140	1	0	6	0
153	Abscess of thigh.....	0	0	0	0	0	0	1
153	Cellulitis.....	4	1	95	32	5	295	0
153	Cellulitis of hand.....	0	0	0	20	1	200	0
153	Cellulitis of thigh.....	0	0	0	1	0	6	0
153	Inguinal abscess.....	5	0	79	69	13	261	0
153	Phlegmon.....	38	0	974	167	10	844	20
153	Phlegmon of hand.....	1	0	7	30	0	44	5
153	Suppurative cellulitis.....	6	0	229	0	0	0	0
154	Acne.....	2	0	4	32	0	291	0
154	Onychia.....	0	0	0	31	0	55	0
154	Dermatitis.....	8	0	203	14	0	25	0
154	Dermatosis.....	4	0	95	223	4	459	0
154	Ecthyma.....	4	0	62	20	2	45	2
154	Erythema.....	1	0	12	0	0	0	0
154	Elephantiasis.....	17	1	1,047	16	0	38	53
154	Elephantiasis of vulva.....	4	0	123	3	0	4	0
154	Herpes.....	5	0	175	27	4	87	86

NATIONAL PUBLIC HEALTH SERVICE. MORBIDITY STATISTICS—Continued

Int. No.	DISEASE	Hospitals			Outpatients, Hospital Dispensaries			Rural Disp. Rural Cl.
		Admissions	Readmissions	Sickdays	Admissions	Readmissions	Total No. cons. and treatm.	Number of patients
154	Impetigo.....	3	1	223	75	34	281	0
154	Intertrigo.....	0	0	0	4	0	5	0
154	Ingrowing nail.....	5	0	49	8	0	9	2
154	Keloid.....	2	0	4	46	8	325	78
154	Pemphigus.....	2	0	76	16	10	79	0
154	Perforating ulcer.....	0	0	0	1	0	3	0
154	Polysarcia.....	0	0	0	1	0	1	0
154	Prurigo.....	1	0	30	100	3	480	345
154	Psoriasis.....	1	0	17	9	1	15	0
154	Scabies.....	28	0	1,470	472	27	1,866	908
154	Urticaria.....	0	0	0	26	0	68	7
154	Ulcer (unspecified).....	42	0	1,338	101	0	473	106
154	Verruca.....	1	0	13	3	0	6	2
<i>X.—Diseases of the Bones and of the Organs of Locomotion.</i>								
155	Necrosis.....	1	0	1	446	0	672	0
155	Necrosis of maxilla.....	1	0	30	0	0	0	0
155	Osteomyelitis.....	10	1	442	0	0	0	3
155	Osteitis.....	6	0	65	30	0	231	61
155	Osteitis deformans.....	4	0	201	21	0	37	0
155	Perforation of palatine vault.....	3	0	92	13	0	120	1
155	Periosteitis.....	1	0	45	3	0	12	0
155	Periostosis.....	0	0	0	3	3	17	0
156	Ankylosis.....	6	0	245	12	0	54	39
156	Arthritis, acute.....	0	0	0	1	0	3	65
156	Foreign body in joint.....	0	0	0	0	0	0	25
156	Genu valgum.....	0	0	0	1	0	7	0
156	Hydrarthrosis.....	1	0	13	2	0	3	0
156	Sprain.....	3	0	23	2	0	2	0
156	Synovitis.....	1	0	10	0	0	0	0
157	Amputation.....	2	0	49	1	0	6	2
158	Ganglion.....	0	0	0	5	0	94	0
158	Bursitis.....	1	0	21	0	0	0	0
158	Lumbago.....	3	0	24	101	14	408	58
158	Myopathy.....	0	0	0	4	0	6	0
158	Myositis.....	2	0	60	3	0	3	1
158	Rheumatism of muscle.....	1	0	6	2	0	3	0
158	Rupture of muscle.....	0	0	0	1	0	8	0
158	Torticollis.....	3	0	68	64	7	196	18
158	Other diseases of the organs of locomotion.....	0	0	0	0	0	0	139

NATIONAL PUBLIC HEALTH SERVICE. MORBIDITY STATISTICS—*Continued*

Int. No.	DISEASE				Outpatients, Hospital Dispensaries			Rural Disp. Rural Cl.
		Admissions	Readmissions	Sickdays	Admissions	Readmissions	Total No. cons. and treatm.	Number of patients
	<i>XI.—Malformations.</i>							
159a	Hydrocephalus.....	8	0	418	17	0	71	12
159c	Congenital club foot.....	0	0	0	3	0	3	0
159c	Congenital hernia.....	1	0	25	7	0	7	0
159c	Congenital phimosis.....	2	0	59	0	0	0	0
159c	Ectopia.....	0	0	0	1	0	1	16
159c	Ectopia of bladder.....	0	0	0	0	0	0	16
159c	Exomphalos.....	0	0	0	0	0	0	3
159c	Harelip.....	1	0	11	4	0	50	0
159c	Hydrorrhachis.....	0	0	0	0	0	0	16
159c	Imperforate anus.....	2	0	15	0	0	0	1
159c	Malformation (unspecified) ..	0	0	0	2	0	3	10
	<i>XII.—Early Infancy.</i>							
160a	Malnutrition (—1y).....	2	0	108	2	0	2	1
160b	Asthenia (—1y).....	0	0	0	102	0	257	0
160b	Atrophy (—1y).....	0	0	0	0	0	0	8
160b	Congenital debility.....	0	0	0	0	0	0	98
160b	Congenital hepatitis.....	2	0	59	46	6	224	0
160b	Hepatitis (—1y).....	0	0	0	0	0	0	5
160b	Icterus (—1y).....	0	0	0	3	0	6	2
161	Birth (unspecified).....	113	0	1,182	0	0	0	0
162	Inflammation of umbilicus....	0	0	0	3	0	4	0
162	Other diseases of early infancy.....	0	0	0	0	0	0	1
	<i>XII.—Old Age.</i>							
164	Senility.....	28	8	1,722	13	5	23	162
	<i>XIV.—External Causes.</i>							
167	Intoxication by kerosene.....	1	0	3	0	0	0	0
174	Suicidal wound.....	1	0	73	0	0	0	0
175	Poisoning by food.....	3	0	24	0	0	0	0
176	Bite of insects.....	0	0	0	19	0	38	0
176	Venomous bite.....	0	0	0	0	0	0	9
177	Accidental poisoning.....	24	0	91	3	0	4	0
177	Poisoning by acid.....	2	0	4	0	0	0	0
179	Accidental burn.....	55	1	1,428	259	17	1,373	410
179	Burn by boiling water.....	21	1	837	54	2	788	16
183	Wound by firearm.....	8	0	232	4	0	25	4

NATIONAL PUBLIC HEALTH SERVICE. MORBIDITY STATISTICS—*Continued*

Int. No.	DISEASE	Hospitals			Outpatients, Hospital Dispensaries			Rural Disp. Rural Cl.
		Admissions	Readmissions	Sickdays	Admissions	Readmissions	Total No. cons. and treatm.	Number of patients
184	Traumatism by cutting or piercing instruments.....	112	1	1,388	432	23	2,159	1,051
185	Traumatism by falling.....	143	4	2,757	271	66	1,440	61
187	Traumatism by machinery.....	33	0	958	18	0	101	10
188c	Automobile accident.....	137	1	3,397	1,592	0	4,276	0
188c	Crushing.....	35	0	720	54	28	423	0
188e	Bicycle accident.....	2	1	24	0	0	0	0
188e	Motorcycle accident.....	2	1	24	0	0	0	0
188e	Traumatism by railroad.....	2	0	51	0	0	0	0
189	Bites of animals.....	16	0	273	159	11	536	65
189	Injuries by animals.....	6	0	108	13	2	176	0
190	Wounds.....	27	0	446	11	0	20	4
192	Inanition.....	9	0	181	10	0	17	0
193	Congelation (high altitude).....	0	0	0	1	1	3	0
195	Lightning.....	1	0	9	0	0	0	0
196	Accidental electrocution.....	1	0	8	1	0	29	0
198	Wound by machette (homi- cidal).....	1	0	5	2	0	7	0
199	Bite of human being.....	4	0	105	75	0	408	0
201a	Luxation.....	51	1	305	29	1	138	57
201a	Subluxation.....	4	0	185	4	0	6	0
201b	Sprain.....	0	0	0	9	0	12	101
201c	Dislocation.....	12	1	315	19	1	55	0
201c	Fracture.....	95	3	2,218	22	1	77	100
202	Contusions.....	21	0	605	451	33	1,831	0
202	External violence.....	1	0	34	17	7	35	1,074
202	Foreign body.....	7	0	98	39	5	155	36
202	Lacerations.....	1	0	4	14	0	124	4
202	Traumatism (unspecified).....	203	1	2,983	825	2	2,161	0
202	Traumatism orchitis.....	1	0	14	9	0	15	1
202	Wounds.....	75	2	1,471	250	25	2,073	412
<i>XV.—Ill Defined Diseases.</i>								
204	Fatal syncope.....	3	0	4	0	0	0	0
205a	Anasarca.....	1	0	59	0	0	0	0
205a	Ascites.....	3	0	43	0	0	0	1
205a	Asthma.....	0	0	0	1	0	1	0
205a	Cachexia (1y—69y).....	2	0	16	0	0	0	0
205a	Coma.....	8	0	45	0	0	0	0
205a	Congestion.....	9	0	92	1	0	5	33
205a	Dentition.....	1	0	15	17	0	18	0
205a	Dyspnea.....	0	0	0	6	0	13	0
205a	Fever (unspecified).....	6	0	133	331	13	641	530
205a	Fever, catarrhal.....	0	0	0	0	0	0	51

NATIONAL PUBLIC HEALTH SERVICE. MORBIDITY STATISTICS—*Continued*

Int. No.	DISEASE	Hospitals			Outpatients, Hospital Dispensaries			Rural Disp. Rural Cl.
		Admissions	Readmissions	Sickdays	Admissions	Readmissions	Total No. cons. and treatm.	Number of patients
205a	Fistula.....	1	0	24	8	0	38	0
205a	Headache.....	0	0	0	30	2	48	12,287
205a	Hypertrophy (unspecified)...	0	0	0	1	0	12	0
205a	Ill defined diseases.....	33	3	453	493	24	1,437	7,080
205a	Inanition from disease (1y— 69y)	1	0	82	0	0	0	0
205a	Infection.....	15	2	287	12	3	113	2
205a	Inflammation.....	1	0	17	5	0	7	0
205a	Insomnia.....	0	0	0	2	0	2	0
205a	Malnutrition (1y—69y).....	2	1	69	0	0	0	0
205a	Edema (1y +).....	3	0	49	10	0	43	0
205a	Transfusion of blood.....	1	0	4	0	0	0	0
205a	Unknown diseases.....	8	0	179	480	22	1,592	12,287

SURGICAL OPERATIONS, PUBLIC HEALTH HOSPITALS, YEAR 1929

DISEASE OR CONDITION	NAME OF CHARACTER OF OPERATION	RESULTS					ANESTHESIC			
		Number	Cured	Died	Improved	Unimproved	Ether	Chlorof.	Local	None
Abscess, abdominal wall.....	Incision and drainage.....	2	2	0	0	0	1	0	1	0
Abscess, alveolar process.....	Incision and drainage.....	3	3	0	0	0	0	0	3	0
Abscess, anus.....	Incision and drainage.....	1	1	0	0	0	0	0	1	0
Abscess, arm.....	Incision and drainage.....	25	25	0	0	0	0	0	25	0
Abscess, axilla.....	Incision and drainage.....	29	29	0	0	0	2	0	27	0
Abscess, back.....	Incision and drainage.....	23	23	0	0	0	0	0	23	0
Abscess, breast.....	Incision and drainage.....	43	43	0	0	0	0	0	43	0
Abscess, buttock.....	Incision and drainage.....	12	12	0	0	0	0	0	12	0
Abscess, chest wall.....	Incision and drainage.....	16	16	0	0	0	0	0	16	0
Abscess, chin.....	Incision and drainage.....	3	3	0	0	0	0	0	3	0
Abscess, cold.....	Incision and drainage.....	1	1	0	0	0	1	0	0	0
Abscess, ear.....	Incision and drainage.....	21	21	0	0	0	0	0	17	4
Abscess, elbow.....	Incision and drainage.....	5	5	0	0	0	0	0	5	0
Abscess, face.....	Incision and drainage.....	23	23	0	0	0	0	0	22	1
Abscess, finger.....	Incision and drainage.....	11	11	0	0	0	0	0	9	2
Abscess, foot.....	Incision and drainage.....	5	5	0	0	0	0	0	5	0
Abscess, forehead.....	Incision and drainage.....	4	4	0	0	0	0	0	4	0
Abscess, groin.....	Incision and drainage.....	70	70	0	0	0	0	0	70	0
Abscess, hand.....	Incision and drainage.....	21	21	0	0	0	0	0	20	1
Abscess, head.....	Incision and drainage.....	14	14	0	0	0	0	0	14	0
Abscess, heel.....	Incision and drainage.....	1	1	0	0	0	0	0	1	0
Abscess, hip.....	Incision and drainage.....	3	2	1	0	0	0	0	3	0
Abscess, kidney.....	Nephrotomy.....	2	2	0	0	0	2	0	0	0
Abscess, knee.....	Incision and drainage.....	3	3	0	0	0	0	0	3	0
Abscess, leg.....	Incision and drainage.....	38	38	0	0	0	1	0	33	4
Abscess, liver.....	Incision and drainage.....	3	3	0	0	0	3	0	0	0
Abscess, mastoid region.....	Incision and drainage.....	1	1	0	0	0	0	0	1	0
Abscess, maxillary sinus.....	Incision and drainage.....	11	11	0	0	0	0	0	11	0
Abscess, neck.....	Incision and drainage.....	25	25	0	0	0	0	0	23	2
Abscess, nose.....	Incision and drainage.....	4	4	0	0	0	0	0	1	3
Abscess, palatine vault.....	Incision and drainage.....	1	1	0	0	0	0	0	1	0
Abscess, penis.....	Incision and drainage.....	1	1	0	0	0	0	0	1	0
Abscess, perineal space.....	Incision and drainage.....	5	3	0	2	0	0	0	5	0
Abscess, peritoneal cavity.....	Incision and drainage.....	1	1	0	0	0	1	0	0	0
Abscess, peritoneal cavity.....	Exploratory Laparotomy.....	6	4	2	0	0	6	0	0	0
Abscess, pharynx.....	Incision and drainage.....	1	1	0	0	0	0	0	1	0
Abscess, popliteal space.....	Incision and drainage.....	1	1	0	0	0	0	0	1	0
Abscess, prostate.....	Prostatotomy.....	1	1	0	0	0	1	0	0	0
Abscess, scrotum.....	Incision and drainage.....	4	4	0	0	0	0	0	3	1
Abscess, shoulder.....	Incision and drainage.....	13	13	0	0	0	0	0	13	0
Abscess, temporal region.....	Incision and drainage.....	2	2	0	0	0	0	0	2	0
Abscess, tendons of hand.....	Incision and drainage.....	1	1	0	0	0	0	0	1	0
Abscess, thigh.....	Incision and drainage.....	19	19	0	0	0	0	0	19	0
Abscess, tonsils.....	Incision and drainage.....	1	1	0	0	0	0	0	1	0
Abscess, vulva.....	Incision and drainage.....	10	10	0	0	0	0	0	10	0

SURGICAL OPERATIONS, PUBLIC HEALTH HOSPITALS, YEAR 1929—*Continued*

DISEASE OR CONDITION	NAME OF CHARACTER OF OPERATION	RESULTS					ANESTHESIC			
		Number	Cured	Died	Improved	Unimproved	Ether	Chlorof.	Local	None
Abscess, wrist.....	Incision and drainage.....	3	3	0	0	0	0	0	3	0
Adenitis, cervical.....	Incision and drainage.....	8	8	0	0	0	0	0	8	0
Adenitis, inguinal.....	Incision and drainage.....	5	5	0	0	0	0	0	5	0
Adenitis, tuberculous.....	Enucleation of lymphnodes.....	2	0	0	2	0	2	0	0	0
Adenopathy, inguinal.....	Excision.....	3	3	0	0	0	3	0	0	0
Adhesions, intestinal.....	Laparotomy.....	2	0	0	2	0	2	0	0	0
Amputation, ear.....	Amputation.....	1	1	0	0	0	0	0	1	0
Amputation, finger.....	Amputation.....	2	2	0	0	0	0	0	2	0
Amputation, leg.....	Amputation.....	1	0	1	0	0	1	0	0	0
Aneurism, femoral (artery).....	Ligature of artery.....	1	0	0	1	0	0	0	1	0
Aneurism, iliac artery.....	Ligature of artery.....	1	0	0	0	1	1	0	0	0
Angina, Ludwig's.....	Tracheotomy.....	1	0	1	0	0	1	0	0	0
Ankylosis, arm.....	Resection and drainage.....	5	5	0	0	0	5	0	0	0
Anthrax.....	Incision and drainage.....	1	1	0	0	0	0	0	1	0
Appendicitis.....	Appendectomy.....	22	22	0	0	0	20	0	2	0
Arthritis, knee.....	Arthrotomy.....	3	2	1	0	0	3	0	0	0
Ascites.....	Paracentesis.....	44	44	0	0	0	0	0	44	0
Atrophy, testicle.....	Castration.....	3	2	0	1	0	0	0	3	0
Bite, leg.....	Repair.....	1	1	0	1	0	0	0	0	1
Bite, lips.....	Repair.....	2	1	0	1	0	0	0	1	1
Bubo, inguinal.....	Incision and drainage.....	52	52	0	0	0	3	0	49	0
Calculus, bladder.....	Extraction.....	1	0	0	1	0	1	0	0	0
Calculus, salivary gland.....	Incision and drainage.....	2	0	0	2	0	2	0	0	0
Callus, radius, excessive.....	Removal.....	1	1	0	0	0	0	0	1	0
Cancer, ano-rectal.....	Artificial anus.....	2	0	1	1	0	2	0	0	0
Cancer, axilla.....	Excision.....	1	1	0	0	0	1	0	0	0
Cancer, breast.....	Amputation.....	3	1	0	2	0	3	0	0	0
Cancer, breast.....	Excision.....	1	1	0	0	0	1	0	0	0
Cancer, heel.....	Excision.....	1	1	0	0	0	1	0	0	0
Cancer, penis.....	Total emasculation.....	2	2	0	0	0	2	0	0	0
Cancer, penis.....	External urethrotomy.....	8	8	0	0	0	0	0	8	0
Cancer, prostate.....	Prostatectomy.....	2	2	0	0	0	1	0	1	0
Cancer, stomach.....	Gastro-enterostomy.....	2	1	0	1	0	2	0	0	0
Cancer, umbilicus.....	Exploratory laparotomy.....	2	2	0	0	0	0	0	2	0
Cancer, uterus.....	Hysterectomy.....	1	1	0	0	0	1	0	0	0
Caries, dental.....	Extraction.....	8	8	0	0	0	0	0	6	2
Cataract.....	Excision.....	32	25	0	7	0	1	0	31	0
Cataract, secondary.....	Iridectomy.....	2	0	0	2	0	0	0	2	0
Cellulitis, finger.....	Incision and drainage.....	7	7	0	0	0	0	0	7	0
Cellulitis, foot.....	Incision and drainage.....	2	2	0	0	0	0	0	2	0
Cellulitis, hand.....	Incision and drainage.....	4	4	0	0	0	0	0	4	0
Cellulitis, thumb.....	Incision and drainage.....	1	1	0	0	0	0	0	1	0
Chalazion.....	Excision.....	13	11	0	2	0	0	0	13	0
Cirrhosis, liver.....	Exploratory laparotomy.....	14	14	0	0	0	5	0	9	0
Clavus.....	Extirpation.....	2	2	0	0	0	0	0	2	0
Contracted pelvis.....	Delivery with forceps.....	2	1	0	0	0	1	0	0	0

SURGICAL OPERATIONS, PUBLIC HEALTH HOSPITALS, YEAR 1929—Continued

DISEASE OR CONDITION	NAME OF CHARACTER OF OPERATION	RESULTS					ANESTHESIC			
		Number	Cured	Died	Improved	Unimproved	Ether	Chlorof.	Local	None
Contusion, finger.....	Amputation.....	2	2	0	0	0	0	0	2	0
Cyst.....	Ablation.....	1	1	0	0	0	0	0	1	0
Cystocele.....	Perineorrhaphy.....	4	4	0	0	0	3	0	1	0
Cyst, buttock.....	Excision.....	1	1	0	0	0	0	0	1	0
Cyst, cord.....	Extirpation.....	2	2	0	0	0	2	0	0	0
Cyst, face.....	Excision.....	1	1	0	0	0	0	0	1	0
Cyst, foot.....	Extirpation.....	1	1	0	0	0	1	0	0	0
Cyst, kidney.....	Nephrectomy.....	1	1	0	0	0	1	0	0	0
Cyst, maxillary.....	Curettage.....	2	2	0	0	0	2	0	0	0
Cyst, neck.....	Excision.....	1	1	0	0	0	0	0	1	0
Cyst, ovarian.....	Laparotomy, excision.....	4	2	2	0	0	3	0	1	0
Cyst, retro-auricular.....	Extirpation.....	2	2	0	0	0	2	0	0	0
Cyst, scalp.....	Excision.....	2	2	0	0	0	0	0	2	0
Cyst, scrotum.....	Excision.....	1	1	0	0	0	1	0	0	0
Cyst, tendons.....	Excision.....	1	1	0	0	0	0	0	1	0
Cyst, tongue.....	Excision.....	1	1	0	0	0	0	0	1	0
Cyst, wrist.....	Extirpation.....	1	1	0	0	0	1	0	0	0
Dacryocystitis, acute.....	Incision.....	1	1	0	0	0	1	0	0	0
Dacryocystitis, chronic.....	Excision.....	1	1	0	0	0	0	0	1	0
Deviation, nasal septum.....	Sub-mucous resection.....	3	3	0	0	0	3	0	0	0
Difficult labor.....	Delivery with forceps.....	15	15	0	0	0	15	0	0	0
Dislocation, costal cartilage.....	Reduction.....	1	1	0	0	0	1	0	0	0
Dystocia.....	Cesarean section.....	7	5	2	0	0	7	0	0	0
Eclampsia.....	Delivery by forceps.....	3	2	1	0	0	1	2	0	0
Ectropion.....	Tarsorrhaphy.....	8	6	0	2	0	0	0	8	0
Elephantiasis, vulva.....	Excision.....	3	3	0	0	0	1	0	2	0
Elephantiasis, scrotum.....	Resection of scrotum.....	4	4	0	0	0	4	0	0	0
Endometritis.....	Curettage.....	19	18	0	1	0	12	0	7	0
Epithelioma, nose.....	Excision.....	3	3	0	0	0	0	0	3	0
Epulis.....	Excision.....	8	8	0	0	0	5	0	3	0
Eventration.....	Replacement and repair.....	1	1	0	0	0	1	0	0	0
Evulsion, finger.....	Repair.....	1	1	0	0	0	0	0	1	0
Evulsion, finger.....	Amputation.....	2	2	0	0	0	0	0	2	0
Exostosis, tibia.....	Ablation.....	2	0	0	2	0	0	0	2	0
Fibroma, face.....	Excision.....	1	1	0	0	0	0	0	1	0
Fibroma, uterus.....	Laparotomy-excision.....	1	1	0	0	0	1	0	0	0
Fibroma, uterus.....	Hysterectomy.....	37	35	2	0	0	37	0	0	0
Fistula, anal.....	Excision-curettage.....	3	3	0	0	0	0	1	2	0
Fistula, ano-rectal.....	Incision.....	1	1	0	0	0	0	0	1	0
Fistula, cornea.....	Plastic operation.....	2	2	0	0	0	0	0	2	0
Fistula, neck.....	Excision-drainage.....	2	2	0	0	0	2	0	0	0
Fistula, penile-urethra.....	Repair.....	2	2	0	0	0	0	0	2	0
Fistula, perineal.....	Excision-curettage.....	3	2	0	1	0	2	0	1	0
Fistula, rib.....	Debridement.....	2	0	1	1	0	1	0	1	0
Fistula, urethral.....	Excision.....	9	7	0	2	0	3	0	6	0
Fistula, urethral.....	Urethroplasty.....	2	1	0	1	0	0	0	2	0

SURGICAL OPERATIONS, PUBLIC HEALTH HOSPITALS, YEAR 1929—*Continued*

DISEASE OR CONDITION	NAME OF CHARACTER OF OPERATION	RESULTS					ANESTHESIC			
		Number	Cured	Died	Improved	Unimproved	Ether	Chlorof.	Local	None
Fistula, vesicovaginal.....	Perineorrhaphy and repair...	4	4	0	0	0	1	0	3	0
Foreign body, arm.....	Extraction.....	3	3	0	0	0	1	0	2	0
Foreign body, finger.....	Extraction.....	1	1	0	0	0	0	0	1	0
Foreign body, foot.....	Extraction.....	18	18	0	0	0	0	1	17	0
Foreign body, larynx.....	Bronchoscopy.....	1	1	0	0	0	1	0	0	0
Foreign body, vertebral column.....	Extraction.....	1	1	0	0	0	1	0	0	0
Foreign body, wrist.....	Extraction.....	2	2	0	0	0	0	0	2	0
Fracture, ankle.....	Osteosynthesis.....	1	1	0	0	0	0	0	0	1
Fracture, arm.....	Operative reduction.....	1	1	0	0	0	0	0	0	1
Fracture, arm.....	Amputation.....	2	1	0	1	0	1	0	1	0
Fracture, base of skull.....	Lumbar puncture.....	1	1	0	0	0	0	0	1	0
Fracture, clavicle.....	Operative reduction.....	1	1	0	0	0	0	0	0	1
Fracture, coccyx, compound..	Curettage-drainage.....	1	1	0	0	0	0	0	1	0
Fracture, elbow.....	Osteosynthesis.....	4	4	0	0	0	2	0	0	2
Fracture, femur.....	Operative reduction.....	18	16	1	0	1	11	0	7	0
Fracture, femur.....	Traction and suspension.....	6	5	0	1	0	6	0	0	0
Fracture, fibula.....	Osteosynthesis-suspension....	1	1	0	0	0	0	0	0	1
Fracture, finger.....	Osteosynthesis and traction....	1	1	0	0	0	0	0	0	1
Fracture, foot, multiple.....	Operative reduction and Bradford frame.....	3	3	0	0	0	0	0	3	0
Fracture, forearm.....	Osteosynthesis.....	8	7	0	0	1	8	0	0	0
Fracture, forearm.....	Operative reduction.....	4	4	0	0	0	1	0	3	0
Fracture, humerus.....	Osteosynthesis.....	8	7	0	0	1	0	0	0	8
Fracture, humerus condylar....	Osteosynthesis.....	1	1	0	0	0	1	0	0	0
Fracture, leg.....	Reduction and suspension.....	10	9	0	1	0	3	0	1	6
Fracture, neck of femur.....	Reduction and plaster cast....	1	1	0	0	0	0	0	0	1
Fracture, patella.....	Osteosynthesis.....	1	1	0	0	0	0	0	0	1
Fracture, pelvis.....	Immobilization.....	2	2	0	0	0	0	0	0	2
Fracture, Pott's complicated....	Incision and drainage.....	1	1	0	0	0	0	0	0	1
Fracture, radius.....	Osteosynthesis and sus- pension.....	1	1	0	0	0	0	0	0	1
Fracture, ribs.....	Adhesive plaster.....	1	1	0	0	0	0	0	0	1
Fracture, scaphoid.....	Excision of bone.....	1	1	0	0	0	0	0	1	0
Fracture, shoulder.....	Osteosynthesis.....	1	1	0	0	0	1	0	0	0
Fracture, skull.....	Removal of fragments.....	4	3	1	0	0	4	0	0	0
Fracture, tibia.....	Osteosynthesis and sus- pension.....	7	7	0	0	0	1	0	0	6
Fracture, tibia and fibula.....	Amputation.....	3	2	1	0	0	3	0	0	0
Fracture, vault of skull.....	Trephinement.....	1	1	0	0	0	1	0	0	0
Fracture, wrist.....	Reduction.....	7	7	0	0	0	3	0	2	2
Furuncle.....	Incision.....	1	1	0	0	0	0	0	0	1
Gangrene, arm.....	Amputation.....	5	5	0	0	0	5	0	0	0
Gangrene, foot.....	Amputation.....	2	1	1	0	0	0	0	2	0
Gangrene, hand.....	Amputation.....	1	1	0	0	0	0	0	1	0
Gangrene, leg.....	Amputation.....	6	5	1	0	0	3	0	3	0

SURGICAL OPERATIONS, PUBLIC HEALTH HOSPITALS, YEAR 1929—Continued

DISEASE OR CONDITION	NAME OF CHARACTER OF OPERATION	RESULTS					ANESTHESIC			
		Number	Cured	Died	Improved	Unimproved	Ether	Chlorof.	Local	None
Gangrene, penis.....	Debridement.....	2	1	0	1	0	0	0	2	0
Gangrene, perineum.....	Urethrotomy.....	1	1	0	0	0	0	0	1	0
Glaucoma.....	Enucleation.....	1	1	0	0	0	1	0	0	0
Glaucoma.....	Paracentesis.....	2	1	0	1	0	1	0	1	0
Goiter.....	Thyroidectomy.....	5	4	1	0	0	3	0	2	0
Gumma, syphilitic.....	Incision and drainage.....	1	1	0	0	0	0	0	1	0
Harelip.....	Autoplasty.....	4	4	0	0	0	0	0	4	0
Hematocele.....	Castration.....	9	9	0	0	0	7	0	2	0
Hemorrhage, tissue of heel.....	Excision.....	1	0	0	1	0	0	0	1	0
Hemorrhage, tissue of urethra.....	Plastic operation.....	1	0	0	1	0	0	0	1	0
Hemorrhoids.....	Hemorrhoidectomy.....	14	14	0	0	0	7	0	7	0
Hernia.....	Herniotomy.....	162	159	1	2	0	99	0	63	0
Hernia-hydrocele, double.....	Herniotomy and excision.....	1	1	0	0	0	0	0	1	0
Hernia, omental.....	Herniotomy.....	1	1	0	0	0	0	0	1	0
Hernia, strangulated.....	Herniotomy.....	4	0	4	0	0	0	0	4	0
Hernia, umbilical.....	Herniotomy.....	2	1	1	0	0	1	0	1	0
Hygroma, knee.....	Excision.....	1	1	0	0	0	0	0	1	0
Hydrocele.....	Bottle operation.....	114	114	0	0	0	66	0	48	0
Hydrocele.....	Incision.....	1	1	0	0	0	0	0	0	1
Hydrocele-hematocele.....	Paracentesis.....	1	0	0	1	0	0	0	0	1
Hypertrophy, prostate.....	Paracentesis of bladder.....	1	1	0	0	0	0	0	1	0
Hypertrophy, prostate.....	Catheterization.....	1	1	0	0	0	0	0	1	0
Hypertrophy, tonsils.....	Tonsillectomy.....	2	2	0	0	0	0	0	2	0
Imperforation of anus.....	Artificial anus.....	1	1	0	0	0	1	0	0	0
Imperforation of vagina.....	Incision.....	1	1	0	0	0	1	0	0	0
Incontinence of urine.....	Dilatation.....	1	0	0	1	0	0	0	1	0
Infection, ankle.....	Incision and drainage.....	2	2	0	0	0	1	0	1	0
Infection, face.....	Incision and drainage.....	2	2	0	0	0	1	0	1	0
Infection, foot.....	Incision and drainage.....	14	13	0	1	0	0	0	14	0
Infection, hand.....	Incision and drainage.....	18	18	0	0	0	2	0	16	0
Infection, leg.....	Incision and drainage.....	2	2	0	0	0	0	0	0	2
Infection, leg.....	Amputation.....	1	0	1	0	0	0	0	1	0
Infection, mouth.....	Incision and drainage.....	1	1	0	0	0	0	0	1	0
Infection, parotid gland.....	Incision and drainage.....	1	1	0	0	0	0	0	1	0
Infection, penis.....	Debridement.....	3	3	0	0	0	0	0	3	0
Infection, perineum.....	Incision and drainage.....	1	1	0	0	0	0	0	1	0
Infection, prevesical.....	Incision and drainage.....	1	1	0	0	0	0	0	1	0
Infection, scrotum.....	Incision and drainage.....	6	5	0	1	0	0	0	6	0
Infection, thumb.....	Excision of nail.....	1	1	0	0	0	0	0	1	0
Infection, toe.....	Incision and drainage.....	2	2	0	0	0	0	0	2	0
Keloid.....	Excision.....	10	10	0	0	0	0	0	10	0
Keratitis, interstitial.....	Iridectomy.....	1	0	0	1	0	0	0	1	0
Laceration, hand.....	Repair.....	1	1	0	0	0	0	0	1	0
Laceration, nose.....	Suture.....	1	1	0	0	0	0	0	1	0
Laceration, perineum.....	Perineorrhaphy.....	4	4	0	0	0	3	0	1	0
Laceration, right eye.....	Suture.....	2	2	0	0	0	0	0	2	0

SURGICAL OPERATIONS, PUBLIC HEALTH HOSPITALS, YEAR 1929—*Continued*

DISEASE OR CONDITION	NAME OF CHARACTER OF OPERATION	RESULTS					ANESTHESIC			
		Number	Cured	Died	Improved	Unimproved	Ether	Chlorof.	Local	None
Leukoma.....	Iridectomy.....	2	0	0	2	0	0	0	2	0
Lipoma.....	Excision.....	2	2	0	0	0	0	0	2	0
Lipoma, arm.....	Excision.....	1	1	0	0	0	1	0	0	0
Lipoma, back.....	Excision.....	8	8	0	0	0	1	0	7	0
Lipoma, face.....	Excision.....	7	7	0	0	0	2	0	5	0
Lipoma, hip.....	Excision.....	1	1	0	0	0	0	0	1	0
Lipoma, leg.....	Excision.....	1	1	0	0	0	1	0	0	0
Lipoma, neck.....	Excision.....	3	3	0	0	0	1	0	2	0
Lipoma, orbit.....	Excision.....	1	1	0	0	0	0	0	1	0
Lipoma, umbilicus.....	Excision.....	2	2	0	0	0	0	0	2	0
Lipoma, thigh.....	Incision and suture.....	1	1	0	0	0	0	0	1	0
Lipoma, thorax.....	Excision.....	1	1	0	0	0	0	0	1	0
Luxation, elbow.....	Reduction.....	1	1	0	0	0	0	0	1	0
Luxation, hip.....	Reduction.....	2	2	0	0	0	2	0	0	0
Luxation, shoulder.....	Reduction.....	4	4	0	0	0	2	0	2	0
Luxation, wrist.....	Reduction.....	1	1	0	0	0	0	0	0	1
Lymphangitis, cancerous.....	Total ablation.....	1	1	0	0	0	1	0	0	0
Mastoiditis.....	Mastoidectomy.....	11	10	0	1	0	11	0	0	0
Metritis.....	Dilatation and curettage.....	5	5	0	0	0	5	0	0	0
Metritis, hemorrhagic.....	Curettage.....	1	1	0	0	0	1	0	0	0
Mutilation, leg.....	Amputation.....	1	0	1	0	0	1	0	0	0
Nail, ingrowing.....	Excision.....	7	7	0	0	0	0	0	6	1
Obstruction, intestinal.....	Laparotomy.....	2	1	1	0	0	2	0	0	0
Occlusion, intestinal.....	Exploratory laparotomy.....	5	3	2	0	0	5	0	0	0
Osteitis, femur.....	Posterior splint.....	3	0	0	3	0	0	0	0	3
Osteitis, mastoid.....	Trephinement.....	1	0	1	0	0	0	0	0	1
Osteitis, maxilla.....	Esquillectomy.....	1	1	0	0	0	1	0	0	0
Osteitis, tibia.....	Curettage.....	1	1	0	0	0	1	0	0	0
Osteitis, suppurative.....	Curettage.....	1	1	0	0	0	1	0	0	0
Osteomyelitis.....	Osteotomy.....	16	10	1	5	0	9	0	7	0
Osteomyelitis, face.....	Sequestrectomy.....	1	0	0	0	1	1	0	0	0
Osteomyelitis, leg.....	Incision and drainage.....	1	0	0	0	1	1	0	0	0
Osteomyelitis, leg.....	Amputation.....	1	1	0	0	0	0	0	1	0
Osteomyelitis, secondary.....	Disarticulation.....	1	1	0	0	0	0	0	1	0
Osteomyelitis, suppurative.....	Curettage.....	1	1	0	0	0	1	0	0	0
Otitis, media.....	Incision.....	1	1	0	0	0	0	0	1	0
Otitis, media, acute.....	Paracentesis.....	1	1	0	0	0	1	0	0	0
Panophthalmia.....	Enucleation.....	6	5	0	1	0	2	0	4	0
Paraphimosis.....	Dorsal incision.....	8	3	0	5	0	0	0	8	0
Paronychia.....	Incision.....	56	56	0	0	0	0	0	56	0
Perforation, cornea.....	Enucleation.....	1	1	0	0	0	1	0	0	0
Perforation, eye ball.....	Enucleation.....	1	1	0	0	0	1	0	0	0
Perforation, intestinal.....	Laparotomy and suture.....	1	1	0	0	0	1	0	0	0
Periostitis, foot.....	Arthrotomy.....	1	1	0	0	0	1	0	0	0
Peritonitis, tuberculous.....	Exploratory laparotomy.....	1	0	0	1	0	1	0	0	0
Phimosis.....	Circumcision.....	25	25	0	0	0	0	0	25	0

SURGICAL OPERATIONS, PUBLIC HEALTH HOSPITALS, YEAR 1929—Continued

DISEASE OR CONDITION	NAME OF CHARACTER OF OPERATION	RESULTS					ANESTHESIC			
		Number	Cured	Died	Improved	Unimproved	Ether	Chlorof.	Local	None
Pleurisy.....	Paracentesis.....	21	13	0	8	0	0	0	21	0
Pleurisy, purulent.....	Thoracentesis.....	1	0	0	1	0	1	0	0	0
Polyp, uterus.....	Removal.....	2	2	0	0	0	2	0	0	0
Polyp, nasal.....	Excision.....	2	2	0	0	0	0	0	2	0
Pregnancy, ectopic.....	Extraction of fœtus.....	1	1	0	0	0	1	0	0	0
Prepuce, redundant.....	Circumcision.....	3	3	0	0	0	0	0	3	0
Prolapse, uterus.....	Hysteropexy.....	5	5	0	0	0	4	0	1	0
Prolapse, rectum.....	Reduction.....	2	1	0	1	0	0	0	1	0
Prolapse, uterus.....	Amputation, cervix.....	4	4	0	0	0	2	0	2	0
Prolapse, vagina.....	Hysterectomy.....	2	2	0	0	0	1	0	1	0
Prolapse, vagina.....	Colpoperineorrhaphy.....	2	2	0	0	0	0	0	2	0
Prostatitis.....	Prostatectomy.....	1	0	0	1	0	1	0	0	0
Pterygium.....	Excision.....	10	10	0	0	0	0	0	10	0
Puncture, lumbar region.....	Exploration.....	1	0	0	1	0	0	0	1	0
Pyo-nephritis.....	Cystoscopy.....	3	0	0	0	0	3	0	3	0
Relaxation, ligament.....	Ligamentopexy.....	3	3	0	0	0	3	0	0	0
Retention, fœtus.....	Cesarian section.....	1	0	1	0	0	0	0	1	0
Retention, placenta.....	Manual delivery.....	6	6	0	0	0	0	6	0	0
Retention, placenta.....	Hysterectomy.....	7	7	0	0	0	6	0	1	0
Retention, urine.....	Cystotomy.....	18	10	1	4	3	8	0	10	0
Retention, urine.....	Cystoscopy.....	1	0	0	1	0	0	0	1	0
Retention, urine.....	Dilatation-catheterization.....	2	1	0	1	0	0	0	2	0
Rectocele and laceration of perineum.....	Perineorrhaphy.....	1	1	0	0	0	1	0	0	0
Retroversion, uterus.....	Ventral suspension.....	3	3	0	0	0	1	0	0	0
Retroversion, uterus.....	Ligamentopexy.....	3	3	0	0	0	3	0	0	0
Salpingitis, chronic.....	Salpingectomy.....	5	5	0	0	0	5	0	0	0
Salphingo-ovaritis.....	Salphingo-ovariectomy.....	25	24	1	0	0	24	0	1	0
Sarcoma, eye.....	Enucleation.....	2	1	0	1	0	1	0	1	0
Sarcoma, finger.....	Amputation.....	1	1	0	0	0	1	0	1	0
Sarcoma, leg.....	Amputation.....	1	1	0	0	0	1	0	0	0
Sarcoma, maxilla.....	Resection.....	2	2	0	0	0	2	0	0	0
Sarcoma, orbit.....	Evisceration.....	1	0	0	0	1	1	0	0	0
Sinusitis, ethmoidal.....	Ethmoidectomy.....	1	1	0	0	0	0	0	1	0
Sinusitis, maxillary.....	Drainage.....	8	7	0	1	0	1	0	7	0
Staphyloma.....	Keratotomy.....	2	1	0	1	0	0	0	2	0
Staphyloma.....	Enucleation.....	6	6	0	0	0	2	0	4	0
Stenosis, esophagus.....	Gastrotomy.....	1	0	0	1	0	0	0	1	0
Stricture, esophagus.....	Esophagoscopy.....	2	2	0	0	0	0	0	2	0
Stricture, urethra.....	Urethrotomy.....	78	22	0	56	0	4	0	74	0
Strabismus, eye.....	Shortening of muscle.....	1	1	0	0	0	0	0	1	0
Synechia, posterior.....	Iridectomy.....	1	0	0	1	0	0	0	1	0
Tonsillitis, chronic.....	Tonsillectomy.....	223	223	0	0	0	59	0	164	0
Traumatism, arm.....	Repair.....	1	1	0	0	0	0	0	1	0
Traumatism, arm.....	Amputation and rescution of lacerated tissue.....	7	7	0	0	0	0	0	7	0

SURGICAL OPERATIONS, PUBLIC HEALTH HOSPITALS, YEAR 1929—*Continued*

DISEASE OR CONDITION	NAME OF CHARACTER OF OPERATION	RESULTS					ANESTHESIC			
		Number	Cured	Died	Improved	Unimproved	Ether	Chlorof.	Local	None
Traumatism cutting instrument	Ligation of artery	2	2	0	0	0	0	0	2	0
Traumatism, finger	Repair	2	2	0	0	0	0	0	2	0
Traumatism, foot	Suture of tendon	1	0	0	1	0	0	0	1	0
Traumatism, forehead	Repair	2	2	0	0	0	0	0	2	0
Traumatism, hand	Repair	5	5	0	0	0	0	0	0	5
Traumatism, hand	Amputation	1	1	0	0	0	1	0	0	0
Traumatism, head	Repair	3	3	0	0	0	0	0	3	0
Traumatism, leg	Repair	1	1	0	0	0	0	0	1	0
Traumatism, mouth	Repair	1	1	0	0	0	0	0	1	0
Traumatism, toe	Removal of nail	1	1	0	0	0	0	0	1	0
Tuberculosis, eye ball	Enucleation	1	1	0	0	0	0	0	1	0
Tuberculosis, mouth	Incision and drainage	2	2	0	0	0	2	0	0	0
Tuberculosis, perineum	Laparotomy	1	1	0	0	0	1	0	0	0
Tuberculosis, testicle	Castration	4	4	0	0	0	1	0	3	0
Tumor, back	Excision	3	3	0	0	0	0	0	3	0
Tumor, breast	Excision	6	6	0	0	0	2	0	4	0
Tumor, breast	Amputation	1	1	0	0	0	1	0	0	0
Tumor, face	Extirpation	3	3	0	0	0	1	0	2	0
Tumor, heel	Excision	1	0	0	0	1	0	0	1	0
Tumor, liver	Exploratory laparotomy	3	2	1	0	0	3	0	0	0
Tumor, orbit	Evisceration orbit	1	0	0	0	1	1	0	0	0
Tumor, parotid gland	Excision	2	2	0	0	0	1	0	1	0
Tumor, peno-rectal	Extirpation	1	1	0	0	0	1	0	0	0
Tumor, prostate	Prostatectomy	2	2	0	0	0	1	0	1	0
Tumor, temporal region	Excision	1	1	0	0	0	0	0	1	0
Tumor, thigh	Excision	3	3	0	0	0	0	0	3	0
Tumor, unqualified	Excision	4	3	0	1	0	0	0	4	0
Ulcer, cornea	Enucleation	2	2	0	0	0	0	0	2	0
Ulcer, leg	Skin graft	28	24	0	4	0	2	0	26	0
Ulcer, leg	Sympathectomy	32	24	0	8	0	3	1	0	1
Ulcer, rectum	Colostomy	1	0	0	1	0	1	0	0	0
Ulcer, thigh	Amputation	1	1	0	0	0	0	0	1	0
Ulcer, thigh gangreous	Amputation	1	1	0	0	0	0	0	1	0
Vaginismus	Plastic operation	1	1	0	0	0	1	0	0	0
Verruca	Incision	1	1	0	0	0	0	0	0	0
Wound, abdomen	Intestinal suture	1	1	0	0	0	1	0	0	0
Wound, abdomen, penetrating	Exploratory-laparotomy	3	2	1	0	0	3	0	0	0
Wound, arm	Suture	4	4	0	0	0	0	0	0	4
Wound, by crushing	Disarticulation	1	1	0	0	0	1	0	0	0
Wound, by crushing	Amputation	1	1	0	0	0	1	0	0	0
Wound, chest	Suture	2	2	0	0	0	0	0	1	1
Wound, contused	Excision and drainage	5	4	0	1	0	2	0	3	0
Wound, cutting instrument	Suture	6	6	0	0	0	0	0	0	6
Wound, eyelid	Suture	2	2	0	0	0	0	0	0	2
Wound, face	Suture	2	2	0	0	0	0	0	0	2

SURGICAL OPERATIONS, PUBLIC HEALTH HOSPITALS, YEAR 1929—*Continued*

DISEASE OR CONDITION	NAME OF CHARACTER OF OPERATION	RESULTS					ANESTHESIC			
		Number	Cured	Died	Improved	Unimproved	Ether	Chlorof.	Local	None
Wound, finger.....	Suture.....	2	2	0	0	0	0	0	0	2
Wound, fire arm.....	Removal of bullet.....	1	0	0	1	0	0	0	1	0
Wound, foot.....	Suture.....	2	2	0	0	0	0	0	0	2
Wound, forehead.....	Suture.....	6	6	0	0	0	0	0	0	6
Wound, hand.....	Suture.....	5	5	0	0	0	0	0	0	5
Wound, leg.....	Suture.....	2	2	0	0	0	0	0	1	1
Wound, leg.....	Incision and extraction of foreign body.....	1	1	0	0	0	0	0	1	0
Wound, perineum.....	Suture.....	1	1	0	0	0	0	0	1	0
Wound, surgical opened.....	Suture, secondary.....	2	2	0	0	0	2	0	0	0
Wound, unqualified.....	Curettement.....	3	3	0	0	0	0	0	3	0
Wound, unqualified.....	Suture.....	12	12	0	0	0	0	0	12	0
Xanthoma, eye.....	Enucleation.....	1	1	0	0	0	0	0	1	0





