

(213)

GOVERNMENT GENERAL HOSPITAL, MADRAS.

ANNUAL REPORT AND STATISTICS OF THE GOVERNMENT GENERAL HOSPITAL, MADRAS, FOR THE YEAR 1925.

ADMINISTRATION REPORT.

1. (a) **Accommodation.**—528 beds. The subjoined statement shows the distribution of beds available under each Medical Officer :—

Medical officer.	Wards.	Beds. No.	Medical officer.	Wards.	Beds. No.
1st Physician.	Margaret and Hope I.M. ...	16	1st Surgeon.	Munro and Elphinstone I.M. ...	28
	Pottinger E.M. ...	10		Hut I. I. & E.M. ...	10
	Lansdowne E.W. ...	16		Trevelyan I.M. ...	9
	A Shed I. & E.M. ...	2		Denison E.W. ...	6
	B Shed do. ...	4		Buckingham and Grant Duff I. & E. ...	8
	Hobart and Argyle I. & E. Ch. ...	16		M. & F. Ch. ...	4
	Illington E.W. ...	4		Wenlock E.W. ...	10
	Maitland I.M. ...	6		Mary I.W. ...	4
		74		Illington E. & I.W. ...	79
		10			—
2nd Physician.	Harris E.M. ...	22	2nd Surgeon.	Olive and Dalhousie I.M. ...	32
	Havelock I.M. ...	2		Hut II. I. & E.M. ...	10
	A Shed I. & E.M. ...	2		Mary and Constance I.W. ...	10
	B Shed do. ...	2		Wenlock E.W. ...	10
	Hobart and Argyle I. & E. Ch. ...	9		Denison E.M. ...	4
	E Shed I. & E. ...	3		Illington I. & E.W. ...	7
	F Shed M.F. & Ch. ...	6		Buckingham and Grant Duff I. & E. ...	8
	G Shed do. ...	2		M. & F. Ch. ...	80
	Illington I.W. ...	56		Trevelyan I.M. ...	—
		—			—
3rd Physician.	Victoria I.W. ...	16	3rd Surgeon.	Canning and Elgin I.M. ...	20
	Alexandra I.W. ...	6		Denison E.M. ...	5
		22		Hut III. I. & E.M. ...	10
		—		Illington I. & E.W. ...	4
4th Physician.	Pottinger E.M. ...	6		Buckingham and Grant Duff I. & E. ...	7
	Harris E.M. ...	6		M. & F. Ch. ...	4
	Martha and Florence I.M. ...	32		Wenlock E.W. ...	12
	B Shed I.M. ...	4		Constance I.W. ...	8
	A Shed do. ...	4		Trevelyan I.M. ...	6
	Hobart and Argyle I. & E. Ch. ...	7		C Shed I. & E.M. ...	8
Honorary Physician.	Illington I.W. ...	61		D Shed do. ...	20
	Maitland I.M. ...	10		Isolation Hut I. & E.W. ...	—
	Havelock I.M. ...	10			—
	A Shed I.M. ...	2			—
	Alexandra I.W. ...	10			—
	Total ...	32		Total ...	104
	Total Medical beds ...	245		Total Surgical beds ...	283

The undermentioned wards, which accommodate 20 beds in all, are common to both Physicians and Surgeons :—

First-class paying wards	...	...	...	...	...	Beds.
Do. do.	...	...	...	...	...	8 E. & I.M.
Second-class paying wards	...	...	...	...	...	4 E & I.W.
Cottages	...	...	...	...	...	6 I.M.
						2 common.



Napier Ward (16 beds) is now used as a Reserve Ward during annual repairs.

Statement of beds distributed according to sexes among European and non-European patients with the average daily sick of in-patients treated :—

1 General Hospital, Madras.	2 Number of beds available.			3 Average daily sick of in-patients.			
	Men.	Women.	Total.	Men.	Women.	Children.	Total.
Non-Europeans	209	68	277	276.47	92.55	37.70	406.72
Europeans	48	32	80	51.27	23.56	11.66	91.49
Common to both Europeans and non-Europeans			171				
Total			528	332.74	116.11	49.36	498.21

The largest number of beds occupied on any one day during the year was 551 on the 29th April 1925.

The average daily sick during the year was 498.21 as compared with 507.80 showing a decrease of 9.59.

(b) **Buildings.**—The following statement shows the original works and repairs done in the General Hospital by the Public Works Department and the expenditure incurred thereon during the calendar year 1925 :—

MAJOR WORKS—Nil.

MINOR.

Number and name of work.	Amount of estimate.		Amount expended	
	RS.	RS.	A.	P.
1. Improvements to the Isolation huts for women in General Hospital	1,930	803	4	0
2. Investigation for the drainage in General Hospital	200	11	8	0
3. Sinking trial boring on the North Island in connexion with the extension of General Hospital	500	911	8	0
4. Opening two existing wells in General Hospital	659	122	3	0
5. Additions to complete the new X-Ray Pavillion for cancer treatment, General Hospital	780	578	14	0
6. Providing Cuddapah slab shelves with brackets in the temporary operation shed, General Hospital	80	52	13	0
7. Providing windows in the X-Ray Institute, General Hospital	180	171	0	0
8. Excavating trial pits and taking trial borings in Spur Tank	70	10	0	0
		2,661	2	0

REPAIRS.

1. Annual repairs to main building, General Hospital, for 1924-25.	16,300	4,630	3	0
2. Do. do. Government General Hospital for 1925-26	9,580	3,638	2	0
3. Special repairs to X-Ray Institute, General Hospital	3,250	3,156	14	7
4. Special repairs to Male operation theatre, General Hospital	905	134	0	0
5. Ordinary repairs to rattan chairs in the first and ground floors of the General Hospital for 1925-26	3,720	2,189	0	0
6. Removing the worn out wire-netting and replacing with expanded metal all round the verandahs of the Children's ward, First floor, General Hospital	4,780	1,487	2	0
7. Municipal tax for vacant land acquired for the construction of new General Hospital in the Spur Tank Road, Madras, for 1924-25	615	307	1	8
Total		15,542	7	3

2. Total treated—

(a) Out-patients—

(a) Out-patients—					RS.	RS.
(1) Number treated	...	...	...	(Non-Europeans	...	63,165
				(Europeans	...	4,724
				Total	...	67,689

(2) Average daily sick			Non-Europeans	...	...	456.27	
			Europeans	...	...	25.59	
			Total	...	...	481.86	

(b) In-patients—

(1) Remaining for the year 1925			Non-Europeans	...	...	386	
			Europeans	...	...	84	
			Total	...	...	470	
(2) Admissions			Non-Europeans	...	...	7,886	
			Europeans	...	...	1,560	9,446
			Total	...	...	9,916	

(3) Results —

	Non-Europeans.	Europeans.	Total.
Cured	5,044	1,225	6,269
Relieved	1,311	161	1,472
Otherwise discharged	899	91	990
Died	662	74	736

Out-patients.—A comparison of the above figures with those of the previous year shows an increase in the number of out-patients treated among non-Europeans and a decrease in the Europeans, while the daily sick among both non-Europeans and Europeans increased.

In-patients.—Comparing the figures for 1925 with those of 1924 it is observed that there was a decrease in the number of Europeans, and increase in that of non-European admissions. The average daily attendance among the latter was greater than the previous years.

The following statement shows a comparison of cases treated among Europeans and non-Europeans during 1925 with those of the past ten years with an average for the same period :—

	In-patients.				Out-patients.			
	Total treated.		Average daily sick.		Total treated.		Average daily sick.	
	Non-Europeans.	Europeans.	Non-Europeans.	Europeans.	Non-Europeans.	Europeans.	Non-Europeans.	Europeans.
1915	5,710	1,823	291.59	109.33	56,958	5,900	409.77	27.41
1916	6,176	1,743	284.76	94.47	53,177	5,160	427.30	27.37
1917	5,673	1,968	278.70	93.90	55,183	4,690	459.57	25.79
1918	6,491	1,831	311.12	93.25	57,032	4,689	383.60	25.32
1919	6,551	1,861	328.63	95.08	55,460	4,639	363.48	23.53
1920	6,718	1,892	328.09	100.12	57,096	4,830	356.58	25.93
1921	6,472	1,886	349.68	109.60	55,505	5,143	365.07	23.71
1922	7,496	1,800	393.11	103.38	56,746	4,782	360.93	24.69
1923	7,682	1,782	395.96	106.95	56,229	4,945	406.43	21.43
	7,821	1,627	398.94	108.86	57,093	4,957	386.41	24.35
	7,886	1,560	406.72	91.49	63,165	4,524	456.27	25.59

Results.—The total treated among non-Europeans increased steadily from 1918 with an increase in 1921 and remained largest during the year under report as compared with the average for the past ten years. European admissions totalled only 1,560 being the smallest number recorded during the last ten years.

Out-patients.—The number treated under non-Europeans is greater than the general average for the past ten years.

Daily average sick.—From a reading of the figures it is observed that the daily average sick in both the cases is on the increase over the average for the past ten years.

The following statements show the number of European and non-European admissions during each month of the past ten years:—

Non-Europeans.

Number of years.	Remaining for the year.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
1915	266	441	388	439	430	475	536	493	451	480	479	435	437	5,740
1916	249	437	461	471	508	561	469	547	565	493	447	518	452	6,176
1917	229	435	424	539	448	407	427	490	415	458	469	429	453	5,673
1918	267	456	460	487	521	522	516	579	482	491	584	497	529	6,491
1919	311	507	423	464	489	485	467	613	600	550	551	508	510	6,718
1920	276	564	507	537	580	569	605	584	536	541	508	510	501	6,472
1921	291	450	505	551	517	561	509	525	550	568	482	497	526	7,496
1922	342	551	507	628	507	614	640	645	602	642	629	632	648	7,882
1923	373	605	568	574	599	630	612	603	611	747	685	613	582	8,272
1924	386	653	598	604	705	759	642	690	695	636	662	690	582	8,272

Europeans.

Number of years.	Remaining for the year.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
1915	85	174	135	140	154	136	162	164	169	141	125	137	101	1,823
1916	65	135	125	144	119	158	113	171	169	119	130	145	120	1,748
1917	79	165	135	150	123	145	120	150	148	136	117	123	97	1,688
1918	71	128	120	126	155	148	118	155	117	172	250	189	132	1,861
1919	83	162	121	115	125	120	127	148	176	183	196	166	149	1,881
1920	92	147	126	151	123	160	175	123	148	168	175	159	140	1,892
1921	88	160	192	136	149	162	133	119	156	158	162	141	130	1,886
1922	99	160	138	154	126	139	118	131	137	144	138	164	122	1,800
1923	80	152	137	136	132	132	132	143	151	145	156	158	128	1,782
1924	90	162	150	138	130	133	116	133	141	176	185	151	114	1,827
1925	84	133	132	134	131	162	111	116	122	112	126	131	150	1,644

3. Mortality.—The following table shows the number of deaths during 1924 and 1925 for each disease together with the percentage:—

Diseases.	Non-Europeans.				Europeans.			
	1924.		1925.		1924.		1925.	
	Deaths.	Percentage of deaths to total treated.	Deaths.	Percentage of deaths to total treated.	Deaths.	Percentage of deaths to total treated.	Deaths.	Percentage of deaths to total treated.
1. Cholera, Asiatic	4	100.00	5	100.00	...	...	9	11.11
2. Dysentery	23	13.53	52	18.81	6	9.68	7	9.21
3. Enteric fever	1	1.23	16	8.04	5	3.04	1	3.70
4. Gonococcal infection	3	1.84	8	3.32	...	...	...	...
5. Syphilis (primary and secondary)	16	4.29	7	2.72	4	4.94	4	8.00
6. Kala-Azar	12	5.02	10	3.54	1	3.83	...	...
7. Leprosy	8	1.27	36	4.34	1	9.8	...	...
8. Malaria	...	...	...	...	...	...	2	2.94
9. Plague	3	1.33	2	0.94	...	...	...	...
10. Influenza	12	54.54	14	20.00	2	4.33	11	25.01
11. Relapsing fever	27	13.64	38	14.07	...	...	1	1.02
12. Pneumococcal infection of the lung.	5	4.54	8	11.11	1	9.09	1	12.60
13. Pyrexia of uncertain origin	...	...	1	2.86	...	...	...	...
14. Rheumatic fever	3	13.19	55	17.08	2	3.08	5	17.24
15. Smallpox	27	10.75	10	0.69	7	2.33	...	...
16. Tuberculosis of the lungs	15	6.67	28	10.59	...	...	1	5.88
17. Other tubercular diseases	19	9.95	6	7.50	5	50.00	1	...
18. All other infective diseases	5	12.82	1	1.19	1	7.69	...	...
19. Anæmia	...	...	6	6.17	...	...	...	...
20. Diabetes	3	100.00	9	21.43	...	...	1	25.00
21. Scoury	...	...	7	17.50	...	...	...	16.88
22. Rickets	...	...	16	26.23	...	...	2	...
23. Other diseases due to disorders of nutrition and metabolism.	...	...	...	...	...	...	...	...

Diseases.	Non-Europeans.				Non-Europeans.			
	1924.		1925.		1924.		1925.	
	Deaths.	Percentage of deaths to total treated.	Deaths.	Percentage of deaths to total treated.	Deaths.	Percentage of deaths to total treated.	Deaths.	Percentage of deaths to total treated.
24. Diseases of the ductless or endocrine glands.	...	...	1	1.28	2	100.00	...	...
25. } New growth. { Non-malignant ...	6	7.14	6	3.19	7	35.00	1	2.94
26. } Malignant ...	23	14.46	5	3.26	3	9.38	1	2.44
27. All other general diseases ...	11	6.29	12	5.63	1	1.29	...	...
28. Diseases of the nerves, spinal cord, brain and meninges. Diseases of which the pathological basis is not accurately known. Mental diseases ...	21	10.24	26	16.77	8	11.26	3	5.88
29. Diseases of the eye ...	...	...	3	6.38	...	...	...	...
30. Do. ear ...	...	...	1	1.00	...	...	...	...
31. Do. nose ...	5	22.72	...	...	...	...	...	...
32. Do. circulatory system ...	32	19.88	26	10.97	1	1.64	...	...
33. All diseases of the respiratory system except pneumonia and tuberculosis of the lungs.	7	3.95	11	5.34	6	8.82	5	7.69
34. Diseases of the stomach ...	17	8.81	39	18.31	...	...	...	...
35. Do. intestines ...	24	6.27	11	5.00	4	8.51	7	12.50
36. Abscess of the liver ...	10	22.22	5	7.81	5	38.46	1	10.00
37. All other diseases of liver ...	20	22.70	15	9.20	1	3.84	1	5.00
38. All other diseases of the digestive system.	61	7.56	38	5.21	13	5.35	2	1.52
39. Acute or suppurative inflammation of the lymphatic glands	11	11.00	5	8.62	...	...	...	...
40. Acute and chronic nephritis ...	12	10.34	32	23.53	5	17.28	4	13.38
41. All other diseases of the urinary organs.	6	6.97	1	0.99	3	13.04	...	...
42. Other diseases of the generative system.	5	1.58	6	2.10	2	3.39	1	2.94
43. Diseases of the organs of locomotion.	5	3.28	12	5.66	...	...	...	...
44. Diseases of the areolar tissue	18	4.36	10	4.76	4	6.25	...	...
45. Inflammation, ulcerative ...	8	3.66	8	9.52	...	...	...	...
46. Other diseases of the skin ...	5	4.71	4	5.88	...	...	...	...
47. All other local diseases	21	7.58	12	11.43	...	...	1	8.22
48. Injuries (general and local) ...	33	6.95	30	13.30	...	...	1	8.08
49. Poisoning ... By opium ... By other poisons ... Normal ... Abnormal ...	...	...	2	18.18	...	...	...	...
50. Labour ...	...	...	...	...	...	...	...	...
51. Beri Beri ...	...	...	...	...	...	...	...	...
52. Ankylostomiasis ...	...	...	7	19.44	...	...	...	...
Total ...	547	6.99	662	5.00	109	5.47	74	4.50

Of 8,272 non-European in-patients treated during 1925, 662 died, and of 1,644 Europeans, 74 died. The percentage of death under non-European has considerably increased as compared with 1924, while a slight decrease is noted under European.

Deaths from Septic Causes—

	No.
Cellulitis	10
Abscess	1
Gangrene	9
Tetanus	17
Carbuncle	3
Extravasation of urine	3
Empyema	1
Peritonitis	7
Cancerum oris	4
Septicæmia	8
Burns	15
Injury	4
Toxæmia	1
Cancer penis	2
Erysipelas	2
Sinus (T. B.)	1
Total	88

Eighty-eight deaths from sepsis were recorded against seventy-five in 1924. None of these were acquired in hospital.

The following table shows the total number of deaths occurred in hospital from septic causes and the number of cases admitted and discharged in a moribund condition, with the percentage of deaths, etc., for 1925 as compared with the previous three years :—

Year.	Total number of deaths.	Ratio per cent of deaths to total treated.	Cases admitted moribund.	Cases removed moribund.	Deaths from septic causes		Ratio per cent of deaths to total treated exclusive of cases admitted moribund.
					Acquired in hospital.	Acquired before admission.	
1922	609	6.55	143	10	5	24	5.12
1923	700	7.41	135	4	...	69	6.03
1924	647	6.71	98	8	...	75	5.64
1925	734	7.42	218	6	...	88	5.22

4. Classes of Diseases.—The statement of the important diseases (in and out-patients) treated during 1925 as compared with 1924.

Classes of diseases.	1924.			1925.		Total.
	Total treated.		Total.	Total treated.		
	In-door.	Out-door.		In-door.	Out-door.	
1. Other general diseases	252	3,348	3,600	213	4,276	4,489
2. Malarial fevers	737	7,092	7,829	939	8,691	9,630
3. Diseases of the digestive system	1 050	9,046	10,096	821	8,878	9,699
4. Do. respiratory system except pneu- monia and tubercle of lungs.	245	4,261	4,506	271	6,812	7,113
5. Do. skin	119	2,707	2,916	79	2,141	2,220
6. Do. ear	58	3,520	3,578	111	2,772	2,883
7. Do. generative system	376	2,990	3,366	319	1,489	1,808
8. Do. nervous system	276	1,477	1,753	206	1,815	2,021
9. Do. urinary system	109	273	382	122	175	297
10. Do. connective tissue... ..	477	2,374	2,851	230	2,114	2,344
11. Injuries (general and local)	528	9,058	9,586	257	7,916	8,173
12. Ulcers	89	2,182	2,271	95	2,174	2,269
13. Diseases of stomach	236	354	590	218	134	382
14. Rheumatic fever and rheumatism	54	442	496	101	185	286
15. Dysentery	233	1,223	1,455	365	2,454	2,819
16. Tuberculous affections	571	666	1,237	528	307	835
17. Syphilis	433	1,034	1,472	290	2,159	2,449
18. Gonorrhoea	193	1,104	1,297	168	2,389	2,657

Statement of diseases arranged according to the numbers treated in excess over the previous year—

	No.
Disease of the respiratory system except pneumonia and tubercle of lungs	2,607
Malarial fevers	1,801
Dysentery	1,364
Gonorrhoea	1,360
Syphilis	977
Other general diseases	889
Disease of the nervous system	268

Statement of cases showing a decrease as compared with 1924, enumerated in the order of their decreased numbers.

	No.
Disease of the generative system	1,558
Injuries (general and local)	1,113
Disease of the skin	696
Disease of the ear	695
Disease of the connective tissue	507
Tuberculous affections	402
Disease of the digestive system	397
Rheumatic fever and rheumatism	210
Disease of stomach	208
Disease of the urinary system	85
Ulcers	2

Malaria—

Years.	Number of cases.	Years.	Number of cases.
1901	11,317	1914	9,118
1902	8,213	1915	8,821
1903	6,654	1916	7,495
1904	4,211	1917	6,887
1905	3,482	1918	5,563
1906	3,031	1919	5,320
1907	1,260	1920	5,403
1908	1,843	1921	5,469
1909	1,903	1922	5,850
1910	1,822	1923	7,092
1911	1,871	1924	7,829
1912	3,513	1925	9,630
1913	8,457		

The above figures show that the number of cases of malaria treated has increased steadily from 1919.

Septic Cases—

	Number admitted.
Admitted with sepsis	553

5. Operations.—The following is the comparative statement of work done by the three Surgeons during the past three years :—

Surgeons.	1923.	1924.	1925.
First Surgeon	752	986	916
Second Surgeon	706	522	1,005
Third Surgeon	961	902	1,053
Total	2,461	2,470	2,974

6. Sexes and classes of patients treated.—Vide statement E attached to the report. The following statement shows, in a convenient form, the various classes and sexes of patients treated, both in and out, during the year as compared with the two preceding years :—

Years.	Europeans and Anglo-Indians.				Hindus.				Muhammadans.				Others.				Total treated.
	Adults.		Children.		Adults.		Children.		Adults.		Children.		Adults.		Children.		
	Male.	F. male.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	
In-patients.																	
1925	922	513	134	75	4,348	929	324	140	483	156	40	14	1,120	500	119	92	9,916
1924	1,070	538	152	67	4,389	893	281	116	446	109	41	15	1,018	370	91	54	9,648
1923	1,015	539	180	98	3,943	948	230	129	375	40	23	7	1,238	529	128	82	9,444
Out-patients.																	
1925	2,085	1,311	650	478	33,087	7,527	3,722	2,845	2,479	474	333	207	5,607	2,948	1,860	1,516	67,689
1924	2,428	1,366	673	485	29,903	6,250	3,678	2,542	2,850	348	218	123	5,478	2,608	1,755	1,331	62,050
1923	2,617	1,289	498	621	28,865	5,920	3,309	2,452	3,128	221	208	139	6,234	2,286	1,308	1,120	60,178
Total.																	
1925	3,007	1,824	784	553	37,433	8,456	4,046	2,985	3,462	630	382	221	6,787	3,448	1,979	1,608	77,606
1924	3,498	1,904	830	552	34,292	7,152	3,959	2,658	3,296	457	259	138	6,494	2,978	1,846	1,385	71,698
1923	3,632	1,828	618	619	32,808	6,863	3,538	2,581	3,503	261	231	138	7,517	2,815	1,202	1,202	69,684

7. Epidemics.—Five cases of cholera among non-Europeans were treated during the year and all of them died in the hospital.

During the period when smallpox prevailed in an epidemic form in the city 43 cases (35 non-Europeans and 8 Europeans) were recorded in the hospital against 33 in 1924.

The accompanying table shows the number of enteric cases treated as in-patients during the past three years :—

	1923		1924		1925	
	Euro-peans.	Non-Euro-peans.	Euro-peans.	Non-Euro-peans.	Euro-peans.	Non-Euro-peans.
Admissions	50	72	71	81	76	199
	122		152		275	

8. Training of Medical Students.—Two hundred and fifty-one students as detailed below were given clinical instructions in 1925 against 267 in 1924 :—

		No.
Final year	M.B.	50
	L.M.S.	38
	Apothecary (Women)	10
	Military	4
4th year	M.B.	33
	L.M.S.	18
	Apothecary (Women)	6
	Military	3
3rd year	M.B.	60
	L.M.S.	23
	Apothecary	1
	Military	5
Total		251

9. Training School for Nurses.—During the year under report 179 applications were received from women desirous of joining the hospital as Government probationers.

Probationers.—The following are the figures for the year :—

Existing staff on 1st January 1925	15
Newly entertained	39
Total	54
Qualified and promoted to the staff	18
Left the service	9
Remaining in service on 31st December 1925	27
Total	54

Note.—Nine probationers left the service for the following reasons :—

Found unsuitable	7
Unwilling to work	1
Owing to ill-health	1
Total	9

During the year 27 applications were received from women desirous of joining the hospital as Indian Nurse pupils.

Existing staff on 1st January 1925	5
Newly entertained	5
Total	10

Qualified and promoted to the staff	3
Left service	4
Remaining on the 31st December 1925	3
Total	10

Note.—Four probationers left the service for the following reasons :—

Found unsuitable	3
Transferred to Royapetta Hospital	1
Total	4

Female Ward Attendants.—Probationers.

Existing staff on 1st January 1925	2
Newly entertained	2
Total	4
Remaining on the 31st December 1925	4

10. Special Departments.—Vide professional reports.

11. Finance.—Statement H gives the details of expenditure and income of the hospital during the year 1925.

Income.—The main source of the revenue of the hospital is as follows :—

(1) *Hospital stoppages recovered from paying patients.*—The recoveries effected from such of the in-patients as are liable to pay hospital stoppages as per instructions conveyed in G.O. No. 399, Medical, dated 17th September 1917, are noted below :—

The amounts collected during the past three years are :—

Year.	Amount. RS.
1923	32,396
1924	36,626
1925	33,371

(2) *Hire for motor ambulance car recovered from patients admitted into the hospital and others.*—The amounts collected during the past three years are as follows :—

Year.	Amount. RS.
1923	501
1924	531
1925	649

(3) *The sale-proceeds of garden produce including usufructs of coconut trees in the hospital compound.*—The amounts collected during the past three years are as follows :—

Year.	Amount. RS.
1923	310
1924	300
1925	113

(4) *Fines on contractors.*—The amounts collected during the past three years are :—

Year.	Amount. RS. A. P.
1923	169 3 9
1924	116 2 2
1925	25 14 4

(5) *Sale-proceeds of unserviceable articles, empty packings and tins.*—The amounts collected during the past three years are :—

Year.	Amount. RS. A. P.
1923	677 3 0
1924	701 5 0
1925	1,085 8 0

Expenditure—Salaries.—The increase under the salaries of Nurses is due to the full number of sanctioned Nurses, Sisters in the establishment there being very few vacancies in their grades unlike previous years. The increase in the salary of the inferior servants over

the last year is due to the restorations of certain appointment in the grade of menials. The increase in the expenditure of diet, medicines, etc., is due to the treatment given to the increased number of patients, though strict economy was observed during the year. The decrease in the expenditure under buildings and repairs is due to the fact that major works were not undertaken during the year excepting those of an emergent nature.

Diet.—A careful comparison of the figures available in the hospital for the last 12 years shows that the increased expenditure under this head is entirely due to the increased rates of articles of diet. From the statement below it will be seen that there has been a slight decrease in the average daily consumption of more expensive articles such as milk, eggs, chicken, etc., in 1924 and 1925 as compared with 1913. The figures have been very carefully gone into and they prove quite clearly that this department of the hospital has not been run on extravagant lines. They suggest rather that with the increasing cost of diet articles efforts have been made to reduce the amount allowed by successive Superintendents. The expenditure of ice has been considerably reduced after the introduction of the system of issuing ice in ice bags by Major N. M. Mehta, I.M.S.

Name of articles.	1913.				1924.				1925.			
	Average daily sick = 455.66.				Average daily sick = 495.84.				Average daily sick = 498.21.			
	Total expenditure per annum.	Consumption per head.	Rate.		Total expenditure.	Consumption per head.	Rate.	Increase or decrease per cent in rate.	Total expenditure.	Consumption per head.	Rate.	Increase or decrease per cent in rate.
Milk ... Pints.	Rs. 3,12,707	686.3	0 1 4		Rs. 2,94,046	593.6	0 3 4	+ 100	Rs. 3,01,374	604.9	0 3 5	+ 105
Egg ... No.	89,507	196.4	0 0 5		94,785	191.3	0 0 9	+ 56.5	96,721	194.1	0 0 9	+ 56
Ice ... Lb.	99,990	219.4	0 0 4		1,59,991	323.1	0 0 8	+ 100	1,00,158	201.0	0 0 6	+ 50
Coffee powder ..	5,730	13.0	0 11 0		5,167	10.4	0 11 6	+ 4.5	4,890	9.8	0 13 0	+ 18
Mutton with- out bone ..	18,243	40.0	0 4 8		15,279	38.4	0 7 4	+ 87.1	14,589	29.4	0 7 9	+ 66
Mutton with bone ...	10,319	22.6	0 4 3		15,541	31.3	0 6 4	+ 49.0	16,768	33.6	0 6 6	+ 52
Butter ...	3,102	6.8	0 11 6		3,033	6.1	1 3 0	+ 85.2	3,249	6.5	1 4 0	+ 78
Chicken ... No.	25,293	55.5	0 4 6		8,459	18.0	0 9 6	+ 111.1	6,129	12.3	0 9 3	+ 105
Bread ... Lb.	60,076	131.8	0 1 4		64,964	131.1	0 1 7	+ 18.7	60,541	121.5	0 2 3	+ 68
Rice ...	42,817	97.5	0 1 3		50,718	102.3	0 1 7	+ 25.8	46,720	93.7	0 1 10	+ 41
Fish ...	4,076	8.9	0 3 0		5,254	10.6	0 7 9	+ 158.3	5,547	11.1	0 7 6	+ 150

Ice Plant.—An ice-making plant "Glacia" of 250 lb. capacity manufactured by Messrs. Atlas & Co., Engineers and patented in Copenhagen, Denmark, has been installed in this hospital by Messrs. Massey & Co., Madras, on 20th December 1925. It is driven by electric motor (serial No. Z 7226 B.) of two horse power and 220 volts for 10 hours to produce 250 lb. of ice. The motor is run daily by the Mechanic attached to the Steam Laundry of this hospital from 8 a.m. to 6 p.m. and later if necessary. The sanction of Government is being sought to have the machine transferred to the Electrical Engineer, Public Works Department, as regards its maintenance.

The installation of this machine will result in an efficient and economical supply of ice to the hospital as detailed below—

	RS.	A.	P.
The cost of 9,340 lb. of ice purchased on an average in a month during 1925 at the contract rate	291	14	0
The cost of manufacturing the same quantity in the present ice machine (exclusive of repairing charges, etc.)	40	0	0
The daily outturn of ice is sufficient also to meet the demand from the X-Ray Institute.			
12. Cost per head. —Information is given in Appendix C attached to this report.			
13. General Hospital Aid Fund. —			

Receipts.	Amounts.			Expenditure.	Amounts.		
	RS.	A.	P.		RS.	A.	P.
Opening balance	146	7	3	Expended	1,012	13	10
Volkart Brothers	10	0	0	Opening balance	223	9	5
Mr. Sterling	5	0	0				
Cheque drawn	1,075	0	0				
Total	1,236	7	3	Total	1,236	7	3

14. Supplies—(a) Medicines and Surgical Equipments.—Medicines and instruments required were obtained from the Medical Store Depot, special and unauthorized medicines and instruments on Home Indents, and emergent requisitions by local purchases as usual.

	RS.	A.	P.
The cost of medicines, etc., supplied by the Medical Store Depot	67,962	0	0
Amount of the Home Indent for the year 1925	9,000	0	0
Amount of medicines purchased locally	9,745	0	0

(b) **Diet and non-diet articles.**—These articles are supplied by the contractors annually at the rates proposed by the Superintendent, General Hospital, and approved by the Surgeon-General on the submission of tenders by the contractors. Other articles for use are purchased departmentally or obtained from other departments of Government if procurable.

Bedding and clothing.—These are standardized to suit the hospital requirements and are obtained from the Jail department. Blankets and flannel banians and mosquito nets are supplied by the contractor as per accepted tender rates.

(c) **Hospital necessities.**—These include articles obtained both from Home and by local purchase.

Owing to financial stringency every attempt is being made to reduce expenditure under the above head to the lowest possible degree.

The table below shows the expenditure of a few of the more important surgical dressings, etc., during the year 1925 as compared with the previous three years:—

Articles.	1922.		1923.		1924.		1925.	
	Quantity.	Cost.	Quantity.	Cost.	Quantity.	Cost.	Quantity.	Cost.
		RS. A. P.		RS. A. P.		RS. A. P.		RS. A. P.
Absorbent cotton	1,895½ lb.	2,671 4 0	2,249 lb.	3,378 8 6	2,167 lb.	7,458 12 0	6,324½ lb.	7,510 5 6
Combed cotton	4,434 "	4,434 0 0	4,400 "	4,400 0 0				
Dungy cloth	20,076 pcs	21,380 12 0	22,419 pcs	22,709 4 9	22,527 pcs	23,984 15 0	23,898 pcs	18,670 10 0
Muslin	2,100½ yds.	638 9 4	2,350 yds.	697 10 6	1,391 yds.	372 1 6	1,864 yds.	495 2 0
Long cloth	3,755½ "	1,819 1 2	4,363 "		3,618 "	1,337 14 6	3,535½ "	1,252 2 6
Glycerine	428 lb.	214 0 0	558 lb.		490 lb.	603 12 0	631 lb.	631 0 0
Alcohol	2,537 "	3,171 4 0	3,051 "	2,288 4 0	5,515 "	1,574 14 4	6,070 "	1,517 8 0
Carbolic acid	589 "	202 2 0	708 "	485 6 0	786 "	1,371 0 0	626 "	1,252 0 0
Flannel	732 yds.	366 0 0	1,040 yds.	1,560 0 0	861 "	1,722 0 0	973½ yds.	1,947 0 0
White gauze	24,282 "	2,671 4 0	22,484 "	5,171 5 1	29,144 "	6,411 10 10	17,048 "	3,750 9 0
Total		37,508 4 6		42,868 3 1		44,787 0 2		37,026 5 0

The decrease in total cost has been observed when compared to the previous years.

15. Electric Installation of Punkahs, Lights, Fans, etc.—The plant is in charge of the Electric Foreman and under the supervision of the Electrical Engineer to Government, Madras.

The following statement shows the expenditure incurred on electrical works at the General Hospital, Madras, during the calendar year 1925:—

A.—ORIGINAL MINOR WORKS.

	RS.	A.	P.
1. Providing electric fans in the second floor	69	1	0
2. Providing additional lights and fans in the Out-Patient Department	38	12	8
3. Providing a Sterilizer Board in the Denison Ward	59	11	0
4. Providing a table lamp in the first-class Paying Ward	12	4	0
5. Providing a Sterilizer Board in the Male Operation Theatre, Out-Patient Department	70	4	2
6. Providing additional lights in the Matron Superintendent's office and Reserve Linen Room	35	7	0

A.—ORIGINAL MINOR WORKS—cont.

	RS.	A.	P.
7. Providing additional fittings for the new Cancer Treatment Section of X-Ray Department ...	1,654	7	0
8. Providing separate meters for X-Ray Department ...	233	0	0
9. Providing lights in the Store room of the Clinic Ward and Kitchen sheds ...	32	6	1
10. Providing a ceiling fan in the new Dining Room next to Lansdown Ward ...	146	0	0
11. Providing a Sterilizer Board for the erection of two small switch boards in the Cancer Department, X-Ray Department ...	80	14	0
12. Providing for replacing 40 watt bulbs in the wards of the General Hospital with 75 watt half watt bulbs, etc. ...	385	3	9
Total ...	2,797	6	8

B.—REPAIRS.

Provincial Electric Repairs to—

	RS.	A.	P.
1. General Hospital ...	2,633	15	2
2. Second Resident Medical Officer's quarters ...	26	9	10
3. Annual punkah repairs to the General Hospital ...	1,258	11	11
Total ...	4,119	4	11

16. Establishment.—The following changes occurred during the year 1925 in the Medical and Provincial Service Staff:—

Rank.	Name.	Nature of duties.	Period during which the officers were present for duty.		Remarks.
			From	To	
Medical Officers.					
Lieut.-Col., I.M.S.	E. W. C. Bradfield, O.B.E., M.S., M.B. (Lond.), F.R.C.S. (Edin.)	Superintendent ..	1 Jan. 1925	20 Apr. 1925	Acting.
Major, I.M.S.	G. E. Malcomson, M.D. (Lond.), D.P.H. (Lond.)	Do. ...	21 Apr. 1925	11 May 1925	Do.
Lieut.-Col., I.M.S.	M. N. Chaudhuri, M.B., C.M.	Do. ...	12 May 1925	31 Dec. 1925	Do.
Do.	F. F. Elwes, C.I.E., M.D. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.)	First Physician	1 Jan. 1925	28 Oct. 1925	Permanent.
Major, I.M.S.	G. E. Malcomson, M.D. (Lond.), D.P.H. (Lond.)	Do. ...	29 Oct. 1925	31 Dec. 1925	Acting.
Do.	Do.	Second Physician.	1 Jan. 1925	31 May 1925	Permanent.
Lieut.-Col., I.M.S.	F. F. Elwes, C.I.E., M.D. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.)	Do.	1 June 1925	30 June 1925	Acting.
Major, I.M.S.	G. E. Malcomson, M.D., D.P.H. (Lond.)	Do.	1 July 1925	28 Oct. 1925	Permanent.
Do.	J. M. Skinner, M.B., B.Ch., D.T.M.	Do.	29 Oct. 1925	31 Dec. 1925	Acting.
Civil Surgeon	T. S. Tirumurti Ayyar, B.A., M.B., C.M., D.T.M. & H. (Lond.)	Third Physician.	1 Jan. 1925	11 May 1925	Do.
Lieut.-Col., I.M.S.	M. N. Chaudhuri, M.B., C.M.	Do.	12 May 1925	31 Dec. 1925	Do.
Civil Surgeon	M. R. Guruswami Mudaliyar, B.A., M.D., C.M.	Fourth Physician.	1 Jan. 1925	31 May 1925	Permanent.
Lieut.-Col., I.M.S.	M. N. Chaudhuri, M.B., C.M.	Do.	1 June 1925	30 June 1925	Acting.
Civil Surgeon	M. R. Guruswami Mudaliyar, B.A., M.D., C.M.	Do.	1 July 1925	31 Dec. 1925	Permanent.
Do.	N. Venkataswami Chetti, M.B., C.M.	Hon. Physician ...	1 Jan. 1925	2 July 1925	

Rank.	Name	Nature of duties.	Period during which the officers were present for duty.		Remarks.
			From	To	

Medical Officers—cont.

Civil Surgeon	T. Krishna Menon, M.B., C.M., M.R.C.S., L.R.C.P. (Lond.).	Hon. Physician	10 Aug. 1925	31 Dec. 1925	
Lieut.-Col., I.M.S.	E. W. C. Bradfield, O.B.E., M.S., M.B. (Lond.), F.R.C.S. (Edin.).	First Surgeon	1 Jan. 1915	20 Apr. 1925	Permanent.
Major, I.M.S.	K. G. Pandalai, M.B., F.R.C.S.	Do.	21 Apr. 1925	26 Apr. 1925	Acting.
Do.	R. G. G. Croly, M.B., B.Ch., B.A.O., D.T.M. (Lond.).	Do.	27 Apr. 1925	20 Dec. 1925	Do.
Lieut.-Col., I.M.S.	E. W. C. Bradfield, O.B.E., M.S., M.B. (Lond.), F.R.C.S. (Edin.).	Do.	21 Dec. 1925	31 Dec. 1925	Permanent.
Major, I.M.S.	K. G. Pandalai, M.B., F.R.C.S.	Second Surgeon	1 Jan. 1925	10 June 1925	
Civil Surgeon	S. Ranga Acharya, M.B., C.M.	Do.	11 June 1925	25 June 1925	Acting.
Major, I.M.S.	K. G. Pandalai, M.B., F.R.C.S.	Do.	26 June 1925	31 Dec. 1925	Do.
Civil Surgeon	S. Ranga Acharya, M.B., C.M.	Third Surgeon	1 Jan. 1925	16 Nov. 1925	Permanent.
Captain, I.M.S.	P. Verdon, B.A., B.Ch. (Cantab), M.R.C.S., L.R.C.P. (Eng.).	Do.	17 Nov. 1925	1 Dec. 1925	Acting.
Do.	T. Sankara Sastri, M.B., B.Ch. (Cantab), M.R.C.S., L.R.C.P. (Eng.).	Do.	2 Dec. 1925	31 Dec. 1925	Do.
Do.	P. Verdon, B.A., B.Ch. (Cantab), M.R.C.S., L.R.C.P. (Eng.).	Resident Medical Officer.	1 Jan. 1925	18 June 1925	Do.
Third-class Military Assistant Surgeon.	H. T. Ince, I.M.D.	Do.	19 June 1925	22 June 1925	Do.
Captain, I.M.S.	N. M. Mehta, M.R.C.S., L.R.C.P. (Lond.), L.M.S. (Bom.).	Do.	23 June 1925	14 Sep. 1925	Do.
Do.	P. Verdon, B.A., B.Ch. (Cantab), M.R.C.S., L.R.C.P. (Eng.).	Do.	15 Sep. 1925	31 Dec. 1925	Do.

Provincial Service Staff.

Third-class Military Assistant Surgeon	H. T. Ince, I.M.D.	Senior Assistant Surgeon.	1 Jan. 1925	31 Dec. 1925	
Civil Assistant Surgeon.	P. V. Francis, B.A., M.B., B.S.	Assistant to First Physician.	Do.	Do.	
Do.	O. C. Madhavan, I.M.S.	Assistant to Second Physician.	Do.	31 Mar. 1925	
Do.	K. S. Subrahmanya Ayyar, I.M.S.	Do.	1 Apr. 1925	31 Dec. 1925	
Do.	N. Narayithakrishnan, M.B., C.M.	Assistant to Third Physician.	1 Jan. 1925	7 May 1925	
House Physician.	U. Kesava Menon	Do.	8 May 1925	20 May 1925	
Civil Assistant Surgeon.	J. Devasigamani, L.M.S.	Do.	21 May 1925	31 Dec. 1925	
Do.	G. Sivaram, M.B., B.S.	Assistant to Fourth Physician.	1 Jan. 1925	2 July 1925	
Do.	K. Rama Menon, M.B., B.S.	Do.	3 July 1925	31 Dec. 1925	
Do.	P. V. Cherian, M.B., B.S.	Assistant to First Surgeon.	1 Jan. 1925	5 Jan. 1925	
Do.	M. Gopala Kinni, L.M.S.	Do.	6 Jan. 1925	30 Apr. 1925	
Do.	C. Krishnaswami Pillai.	Do.	1 May 1925	31 Dec. 1925	
Third-class Military Assistant Surgeon.	O. A. Martin, I.M.D.	Assistant to Second Surgeon.	1 Jan. 1925	28 Feb. 1925	
House Surgeon	P. T. Krishna Nayar	Do.	21 Feb. 1925	15 Mar. 1925	
Third-class Military Assistant Surgeon.	C. A. Martin, I.M.D.	Do.	16 Mar. 1925	6 Aug. 1925	
House Surgeon	K. Padmanabhaiah...	Do.	7 Aug. 1925	13 Aug. 1925	
Temporary Civil Assistant Surgeon.	K. Vasudeva Rao, M.D.	Do.	14 Aug. 1925	31 Dec. 1925	

Rank.	Name.	Nature of duties.	Period during which the officers were present for duty.		Remarks.
			From	To	

Provincial Service Staff—cont.

Civil Assistant Surgeon.	D. Kanakasabhesan ...	Assistant to Third Surgeon.	1 Jan. 1925	31 Dec. 1925	
Do.	V. R. Natesan, L.M.S....	Assistant to Third Surgeon (Venereal).	Do.	Do.	
Do.	M. Gopala Kinni, L.M.S.	Anaesthetist ...	Do.	5 Jan. 1925	
Do.	C. Krishnaswami Pillai.	Do.	6 Jan. 1925	30 Apr. 1925	
House Physician.	V. Sundaresh ...	Do.	1 May 1925	24 July 1925	
Civil Assistant Surgeon.	N. Mangesha Rao, M.B., C.M.	Do.	25 July 1925	31 Dec. 1925	
Do.	R. Subbarama Ayyar, M.B., B.S.	First Assistant to the Resident Medical Officer.	1 Jan. 1925	3 Feb. 1925	
Do.	C. J. Alexander, L.M.S.	Do.	4 Feb. 1925	21 Apr. 1925	
House Physician.	K. S. Appu, M.B., B.S.	Do.	22 Apr. 1925	14 May 1925	
Civil Assistant Surgeon.	C. J. Alexander, L.M.S.	Do.	15 May 1925	27 Oct. 1925	
House Physician.	S. K. Ramaswami, M.B., B.S.	Do.	28 Oct. 1925	11 Dec. 1925	
Civil Assistant Surgeon.	K. I. John, L.M.S.	Do.	12 Dec. 1925	31 Dec. 1925	
Sel. Gr. Sub-Assistant Surgeon.	C. Duraiswami Mudaliyar.	Second Assistant to the Resident Medical Officer.	1 Jan. 1925	31 Mar. 1925	
Civil Assistant Surgeon.	O. C. Madhavan, L.M.S.	Do.	1 Apr. 1925	31 Dec. 1925	
Do.	F. De Netto, M.B., B.S.	Assistant Surgeon in charge of Chemical Laboratory.	1 Jan. 1925	5 June 1925	
Do.	G. Dinker Rao, M.B., B.S.	Do.	6 June 1925	31 Dec. 1925	

Government X-Ray Institute.

Captain ...	T. W. Barnard, M.B., F.R.C.P.	Radiologist	1 Jan. 1925	31 Dec. 1925	Permanent.
Civil Assistant Surgeon.	M. J. Santanakrishna Pillai, L.M.S.	First Assistant to Radiologist.	1 Jan. 1925	11 May 1925	Do.
			12 June 1925	31 Dec. 1925	
Second-class Military Assistant Surgeon.	A. St. C. Bartley, I.M.D.	Second Assistant to Radiologist.	1 Jan. 1925	11 June 1925	Do.
			12 July 1925	31 Dec. 1925	
Civil Assistant Surgeon.	G. I. Benjamin, L.M.S.	Training in X-rays.	1 Jan. 1925	31 Mar. 1925	
Do.	Do.	Third Assistant to Radiologist.	1 Apr. 1925	31 Dec. 1925	Permanent.
Do.	K. S. Subrahmanyam, L.M.S.	Training in X-rays.	1 Jan. 1925	31 Mar. 1925	
Sub-Assistant Surgeon.	S. Sabhapati Pillai ...	Reserve duty	Do.	14 June 1925	
Do.	C. Raman ...	Do.	Do.	4 Apr. 1925	
Do.	A. Bhavanarayana Rao.	Training in X-rays.	Do.	31 Mar. 1925	
Do.	S. Subrahmanyam ...	Reserve duty	22 Apr. 1925	18 July 1925	
Do.	T. A. Akbar Shah Sahib.	Training in X-rays.	7 Sep. 1925	31 Dec. 1925	
Civil Assistant Surgeon.	A. Krishnappa, L.M.S. ...	Do.	5 Oct. 1925	Do.	

House Physicians and Surgeons.

House Physician.	V. Sundaresh, M.B., B.S.	House Physician to First Physician.	1 Jan. 1925	18 May 1925	
Do.	A. V. Anantanarayanan, M.B., B.S.	Do.	Do.	15 May 1925	
Do.	N. T. Joseph, L.M.S.	Do.	Do.	24 June 1925	
Do.	P. S. Narayanan, M.B., B.S.	Do.	19 May 1925	18 Nov. 1925	
Do.	M. Narasimha Pai, M.B., B.S.	Do.	16 May 1925	12 Oct. 1925	Resigned.
Do.	D. Subba Rao, M.B., B.S.	Do.	15 June 1925	3 July 1925	Sick and left.
Do.	K. C. Mathew M.B., B.S.	Do.	17 July 1925	25 Nov. 1925	Resigned.

Rank.	Name.	Nature of duties.	Period during which the officers were present for duty.		Remarks.
			From	To	

House Physicians and Surgeons—cont.

House Physician.	D. Subba Rao, M.B., B.S.	House Physician to First Physician.	26 Oct. 1925	31 Dec. 1925	
Do.	S. E. D. Masilamani, M.B., B.S.	Do.	19 Nov. 1925	Do.	
Do.	O. P. Visvanathan, M.B., B.S.	Do.	1 Dec. 1925	Do.	
Do.	R. Padmanabha Acharya, L.M.S.	House Physician to Second Physician.	1 Jan. 1925	24 Mar. 1925	
Do.	U. Kesava Menon, L.M.S.	Do.	Do.	16 May 1925	
Do.	Gopala Acharya, L.M.S.	Do.	6 Apr. 1925	5 Oct. 1925	
Do.	C. Rangaswami Reddi, L.M.S.	Do.	8 May 1925	7 Nov. 1925	
Do.	O. P. Visvanathan, M.B., B.S.	Do.	15 Aug. 1925	29 Oct. 1925	Resigned.
Do.	R. Bhimayya, M.B., B.S.	Do.	1 Nov. 1925	31 Dec. 1925	
Do.	R. Bhaskara Rao, L.M.S.	Do.	8 Nov. 1925	Do.	
Do.	M. Govinda Kutti Menon, L.M.S.	Do.	7 Nov. 1925	Do.	
Do.	K. V. Nilakantan, L.M.S.	House Physician to Third Physician.	9 May 1925	29 Sep. 1925	Resigned.
Do.	B. S. Ramaswami, M.B., B.S.	Do.	12 Aug. 1925	31 Dec. 1925	
Do.	T. Rajaratnam, L.M.S.	Do.	3 Oct. 1925	Do.	
Do.	P. R. Kalyanasundaram, M.B., B.S.	House Physician to Fourth Physician.	1 Jan. 1925	17 Mar. 1925	
Do.	S. K. Ramaswami, M.B., B.S.	Do.	18 Mar. 1925	17 Sep. 1925	
Do.	R. Sambamurti, M.B., B.S.	Do.	1 Jan. 1925	17 June 1925	
Do.	P. T. Krishna Nayar, L.M.S.	Do.	11 June 1925	10 Dec. 1925	
Do.	R. Sivasambandam, M.B., B.S.	Do.	18 June 1925	17 Dec. 1925	
Do.	Vepa Purna Rao, L.M.S.	Do.	18 Sep. 1925	31 Dec. 1925	
Do.	C. Raghava Acharya, M.B., B.S.	Do.	11 Dec. 1925	Do.	
Do.	Govinda Pandalai, M.B., B.S.	Do.	18 Dec. 1925	Do.	
Do.	U. Kesava Menon, L.M.S.	Clinical Asst. to Honorary Physician.	1 Nov. 1925	Do.	
House Surgeon ...	P. S. Narayanan, M.B., B.S.	House Surgeon to First Surgeon.	1 Jan. 1925	3 May 1925	
Do.	A. Anantanarayanan, M.B., B.S.	Do.	Do.	18 June 1925	
Do.	V. Rama Ayyangar, L.M.S.	Do.	Do.	6 Mar. 1925	
Do.	R. Sivasambandam, M.B., B.S.	Do.	Do.	18 May 1925	
Do.	M. Sarvatham Mallaya, L.M.S.	Do.	6 May 1925	5 Nov. 1925	
Do.	P. Narayana Rao, L.M.S.	Do.	7 May 1925	6 Nov. 1925	
Do.	S. E. D. Masilamani, M.B., B.S.	Do.	19 May 1925	18 Nov. 1925	
Do.	A. V. Anantanarayanan, M.B., B.S.	Do.	19 June 1925	18 Dec. 1925	
Do.	T. K. Sundaram, L.M.S.	Do.	7 Nov. 1925	31 Dec. 1925	
Do.	T. V. Rajagopalan, L.M.S.	Do.	12 Nov. 1925	Do.	
Do.	K. V. Venkataraman, M.B., B.S.	Do.	9 Dec. 1925	Do.	
Do.	V. Iswarayya, M.B., B.S.	House Surgeon to Second Surgeon.	1 Jan. 1925	15 May 1925	
Do.	P. T. Krishna Nayar, L.M.S.	Do.	Do.	30 Apr. 1925	
Do.	R. Padmanabha Acharya, L.M.S.	Do.	1 May 1925	30 Oct. 1925	
Do.	S. K. Ramaswami, M.B., B.S.	Do.	1 Jan. 1925	17 Feb. 1925	Resigned.
Do.	C. K. Prasad Rao, L.M.S.	Do.	19 Feb. 1925	5 May 1925	
Do.	K. Govinda Pandalai, M.B., B.S.	Do.	21 May 1925	20 Nov. 1925	
Do.	Krishnamurti, L.M.S.	Do.	11 June 1925	10 Dec. 1925	
Do.	P. R. Kalyanasundaram, M.B., B.S.	Do.	30 June 1925	29 Dec. 1925	

Rank.	Name.	Nature of duties.	Period during which the officers were present for duty.		Remarks.
			From	To	

House Physicians and Surgeons—cont.

House Surgeon	S. Sundarajan, L.M.S.	House Surgeon to Second Surgeon.	18 Nov. 1925	31 Dec. 1925	
Do.	R. Sundaram, M.B., B.S.	Do.	21 Nov. 1925	Do.	
Do.	N. Rajagopalan, M.B., B.S.	Do.	19 Dec. 1925	Do.	
Do.	G. S. Venkatesan, M.B., B.S.	House Surgeon to Third Surgeon.	1 Jan. 1925	20 Oct. 1925	Resigned.
Do.	Padmanabha Mallaya, L.M.S.	Do.	Do.	5 May 1925	Do.
Do.	C. K. Prasad Rao, L.M.S.	Do.	Do.	18 Feb. 1925	
Do.	Sarvothama Mallaya, L.M.S.	Do.	25 Feb. 1925	5 May 1925	
Do.	S. Krishna Rao, L.M.S.	Do.	17 May 1925	16 Nov. 1925	
Do.	C. Purushothama Kamath, M.B., B.S.	Do.	11 May 1925	10 Nov. 1925	
Do.	A. Anantnarayana, M.B., B.S.	Do.	29 June 1925	5 July 1925	Resigned.
Do.	S. K. Ranaawami, M.B., B.S.	Do.	19 Oct. 1925	31 Dec. 1925	
Do.	K. V. Anantakrishnan, L.M.S.	Do.	20 Nov. 1925	Do.	
Do.	G. Suryanarayana-murti, L.M.S.	Do.	Do.	Do.	

Sub-Assistant Surgeons.

Senior Sub-Assistant Surgeon.	U. S. Muttuswami Nadar.	Sub-Assistant Surgeon in charge of Out-patient Dispensary.	1 Jan. 1925	18 May 1925	
Do.	C. Duraiswami Mudaliyar.	Do.	19 May 1925	10 June 1925	
Sub-Assistant Surgeon.	G. J. Narayanaswami Nayudu.	Do.	11 June 1925	18 June 1925	
Do.	U. S. Muttuswami Nadar.	Do.	19 June 1925	30 Sep. 1925	
Do.	G. J. Narayanaswami Nayudu.	Do.	1 Oct. 1925	21 Oct. 1925	
Do.	P. K. Ganasagaram	Do.	22 Oct. 1925	10 Nov. 1925	
Do.	C. Duraiswami Mudaliyar.	Do.	11 Nov. 1925	31 Dec. 1925	
Senior Sub-Assistant Surgeon.	R. Rangaswami Ayyar.	Sub-Assistant Surgeon in charge of In-dispensary.	1 Jan. 1925	1 Apr. 1925	
Do.	C. Duraiswami Mudaliyar.	Do.	2 Apr. 1925	10 June 1925	
Do.	G. J. Narayanaswami Nayudu.	Do.	11 June 1925	21 Dec. 1925	
Do.	N. S. Nataraja Ayyar.	Do.	22 Dec. 1925	31 Dec. 1925	

Medical Officer, Assistant Surgeon and Sub-Assistant Surgeons on Reserve duty.

Major, I.M.S.	A. S. Leslie, M.A., M.D., M.R.C.P. (Edin.).	Reserve duty	14 Mar. 1925	28 Mar. 1925	
Lt.-Col. I.M.S.	P. L. O'Neill, C.I.E.	Do.	5 Nov. 1925	7 Nov. 1925	
Captain, I.M.S.	A. J. D'Souza	Do.	20 Aug. 1925	2 Oct. 1925	
Do.	J. B. Vaidya	Do.	20 Aug. 1925	26 Oct. 1925	
Do.	T. S. Shastri	Do.	16 Nov. 1925	1 Dec. 1925	
Do.	Koty Venkataramana Rao	Do.	21 Nov. 1925	10 Dec. 1925	
Clinical Assistant Surgeon.	P. A. Mathew, M.B., B.S.	Do.	4 Apr. 1925	14 Apr. 1925	
Sub-Assistant Surgeon.	B. B. Mitra	Do.	2 Jan. 1925	30 Apr. 1925	
Do.	K. R. Ganasa Mudaliyar.	Do.	1 Jan. 1925	2 Apr. 1925	
Do.	K. V. Nannukutji Nayar, M.B.C.S., L.R.C.P.	Do.	12 Sep. 1925	24 Sep. 1925	

English and Indian trained Sisters.—The sanctioned strength is 9—

Existing staff on 1st January 1925	...	...	...	9
Total	...	...	...	9
Remaining on the 31st December 1925	...	...	...	9
Total	...	...	...	9

Nursing Staff—

Existing staff on 1st January 1925	...	...	...	73
Nurses trained in this Hospital...	...	...	...	18
Total	...	...	...	91
Left service	...	...	...	27
Remaining on the 31st December 1925	...	...	...	64
Total	...	...	...	91

Note.—Twenty-seven nurses left the service for the following reasons:—

Transferred to other Hospitals	...	...	...	3
To better their prospects	...	...	...	16
On account of ill-health	...	...	...	2
Found unsuitable	...	...	...	3
On account of family difficulties	...	...	...	1
Resigned the service	...	...	...	2
Total	...	...	...	27

Indian Nursing Staff—

Existing staff on 1st January 1925	...	...	...	5
Nurses trained in this Hospital...	...	...	...	3
Total	...	...	...	8
Left the service	...	...	...	4
Remaining on 31st December 1925	...	...	...	4
Total	...	...	...	8

Note.—Four nurses left the service on the following grounds:—

Services transferred to Boyapetta Hospital	...	...	...	3
Transferred to Govt. Hospital for Women and Children	...	...	...	1
Total	...	...	...	4

Female Ward attendants.—The sanctioned strength is 22—

Existing staff on 1st January 1925	...	...	...	22
Total	...	...	...	22
Granted two years' leave from 1924 and 1925	...	...	...	2
Remaining on the 31st December 1925	...	...	...	20
Total	...	...	...	22

During the year under report, Government in their Order Mis. No. 2472, P.H., dated 3rd December 1925, were pleased to sanction the reimbursement to the nursing staff of the expenditure actually incurred by them on account of employing servants in the Nurses' Quarters from 1st January 1925 to 2nd December 1925, subject to the maximum of Rs. 388 per mensem which was discontinued in their Order Mis. No. 1940, P.H., dated 19th December 1924. They also sanctioned the employment with effect from the date of this order, viz., 8th December 1925, of the staff required for the Nurses' Quarters as detailed in the annexure to this order.

Further the Government in their Order No. 2471, P.H., dated 3rd December 1925, were pleased to sanction the revised scale of ration allowance as shown below :—

	Madras.	Mufassal.
	RS.	RS.
1. Matron and Assistant Matron Superintendent ...	50	45
2. Nursing Sisters ...	40	35
3. Staff Nurses and Pupils—		
(a) European and Anglo-Indians ...	30	25
(b) Indians ...	20	20

Cleaning charges.—The Government in their above order sanctioned the expenditure from the Provincial funds of the amount required for the purpose of materials for cleaning the Nurses' Quarters. The expenditure in each Hospital should not have exceeded the amount calculated at 4 annas a month for each nurse employed in the Institution.

Linen Department.—The work done in this department is shown in the following table:—

Year	Amount spent under bedding and clothing.	Cost of materials used in the laundry.	Cost of washing 100 pieces in the laundry.	Number of pieces washed in the laundry.	Amount paid by nurses, etc., to replace linen lost.	Amount paid to extra tailors.
		RS. A. P.	RS. A. P.		RS. A. P.	RS. A. P.
1923 ...	...	4,485 10 4	0 15 9	453,888	686 4 8	55 8 0
1924 ...	...	3,631 6 1	0 18 7	427,357	895 12 7	117 0 0
1925 ...	...	3,265 7 10	0 1 0	474,259	608 9 10	33 4 0

The stock of linen was examined quarterly and the work of the Linen Department was satisfactory throughout the year.

Year.	Number of pieces condemned.	Cost of articles condemned.	Number of pieces washed.	Remarks.
		RS. A. P.		
1922-23 ...	5,967	10,417 0 0	351,623	These figures are for the official years.
1923-24 ...	8,499	14,914 10 7	449,919	
1924-25 ...	6,895	10,690 6 7	459,562	

Male Ward Attendants.—Present strength is 32 including 2 theatre attendants and 8 ward attendants newly sanctioned in G.O. No. 271, P.H., dated 19th February 1924.

Steam Laundry.—The plant was in charge of a mechanic. Repairs to the machines were carried out by fitters deputed from the Public Works Workshops and all necessities for the plant were obtained during the year from the General Superintendent, Public Works Stores, Madras.

The mechanic in charge of the steam laundry went on leave during the year and it was found impossible to obtain a substitute owing to the very low rate of starting pay which was offered. Government were addressed on this matter and the rate of minimum pay of mechanic was raised from Rs. 35 to 45 (vide G.O. No. 1770, P.H., Routine, dated 3rd December 1924).

On the recommendation of the Retrenchment Officer, Government passed orders reducing the dhobies from 10 to 6. As a result of this retrenchment the laundry has been run under very great difficulties with the constant danger of a breakdown in this department. Some relief was obtained by employing two coolies (dhobies) pending final orders of Government. But even with this extra help the staff has been very much over-worked and are working daily from 7 a.m. to 6 p.m. on some days even later. It has been very difficult to retain the services of employees under such conditions. Government in their order No. 1038, P.H., dated 20th May 1925, have sanctioned the entertainment of two additional assistant dhobies on Rs. 18 per mensem.

The licence for the boiler was renewed for one year as usual.

Steam Disinfecter (Lyons).—The disinfection work in the hospital was carried out on all days. The Sub-Assistant Surgeon in charge of In-dispensary is deputed to supervise the disinfection of the articles while the installation is in charge of the licensed driver. The licence for the disinfecter was declared not necessary in future as the boiler does not come under purview of the Indian Boilers Act, 1923 (vide correspondence Dis. 764 of 1924, dated 18th September 1924). Beds, etc., from Rayapuram Hospital are also being sterilized.

Motor Ambulance Car.—It is available for public use at any part of the day or the night. The Chauffeur resides on the premises. 848 trips were made covering a distance of 7,643 miles during 1925 against 863 extending over 5,199 during the previous year.

Six hundred and eighty-eight gallons of commercial spirit (Powerin) were consumed and the distance travelled worked out to an average of 11.11 miles a gallon in 1925, against 10.82 in 1924. Owing to the transfer of Dental Department to the Rayapuram Hospital all the State hospitals in the city have to use the car for treatment of patients and their return to the respective hospital. It is also used by the public when available.

Government in their memorandum No. 32476-3, P.H., dated 4th February 1925, communicated in Surgeon-General's No. 1523-G., dated 10th February 1925, have sanctioned a second car for the use of patients and which was converted into a motor lorry at a cost of Rs. 1,300 sanctioned by Government in their order Mis. No. 2038, P.H., dated 5th October 1925. Government have also sanctioned an annual recurring charge of Rs. 1,000 towards its maintenance.

	RS.
Chauffeur at Rs. 40 per mensem ...	480
Petrol, repair, renewals, etc. ...	520
	<u>1,000</u>

Electrical Department.—The electrical foreman is in charge of the installation with a gang of workmen under him. The plant is periodically inspected by the Electrical Engineer and Assistant Engineer who carry out the repairs necessary for maintenance.

During this year the second floor which is occupied by the Nursing Staff has been fitted with electric fans in the place of the old punkahs. It is expected that other parts of the hospital will have a similar arrangement sanctioned.

Sanitary Department.—Health Inspector has taken the place of the Hospital Sergeant and is now in charge of the Sanitary Department. Owing to the suggestion of the Special Retrenchment Officer, the staff of bearers, gardeners and others was reduced and the hospital was put to considerable inconvenience with the result that temporary servants had to be engaged and Government were addressed on the matter of raising the strength of the menial servants of this hospital, and their orders are awaited.

The Resident Medical Officer supervises the work done by the Sanitary Department and gives such orders and suggestions as he thinks necessary to be carried out by the Health Inspector or other departments concerned. The Superintendent makes periodical inspection of the whole hospital building with the Public Works and other departments. Any alterations ordered to the various departments will be executed.

Office Establishment.—The Resident Medical Officer is generally in charge of the internal administration of the hospital assisted by the Head Steward or the Manager with 19 members in his charge.

Telephones.—Telephone plant connecting 8 inter-communications to various departments and residencies within the hospital is available both day and night in charge of telephone clerks. There is a proposal to instal a new automatic telephone apparatus in the hospital premises from 1st April 1926 and necessary fittings have been made in connexion therewith.

Diet Accounts.—These are under the daily check of the Assistant Accountant of this hospital and under the concurrent monthly audit of the Accountant General, Madras.

Articles.	1922.		1923		1924.		1925.	
	Quantity.	Cost.	Quantity.	Cost.	Quantity.	Cost.	Quantity.	Cost.
		RS. A. P.		RS. A. P.		RS. A. P.		RS. A. P.
Coffee powder Lb.	4,776-5	3,682 3 9	5,403-51	4,559 1 4	5,166-11½	3,892 0 0	4,899-2	3,871 6 0
Sugar, brown "	3,102-5	710 1 1	3,550-10	743 8 3	3,828-1½	580 7 1	3,227-15½	476 13 0
Do. white "	12,945-0½	2,860 9 10	15,649-0	3,219 7 3½	15,100-0½	3,829 9 7½	17,372-1½	3,085 12 11
Tea ...	864-8½	382 5 6	458-14½	468 14 9	518-14	518 14 0	697-12½	697 12 3
Soda splits No.	10,743	400 1 10½	16,432	641 14 9	15,647	540 0 3½	20,320	740 13 4
Lemonade splits	7,541	549 15 10	11,481	924 8 6	9,660	740 6 6	12,333	948 5 3
Longcloth Yds.	3,935	1,967 8 0	4,486½	1,752 8 6	3,818½	1,236 7 5	8,535½	1,267 12 1
Milk ... Pints.	284,065	42,906 10 0	314,749	53,273 5 8	294,016	53,709 8 8	301,374-10½	63,957 2 6
Apples ... No.	1,366	284 12 6	1,605	250 12 6	1,651½	250 9 9	2,729	475 10 6
Oranges ...	21,286	997 12 6	16,512	688 0 0	18,849½	848 3 4½	29,552	1,385 4 0
Eggs ...	60,981	2,558 7 9	90,357	4,708 0 6	94,785	4,580 13 10	96,724	4,538 15 0
Ice ...	157,591	9,749 7 0	185,561	7,901 4 3	159,991	6,884 15 11	100,168	8,417 11 0
Wines and Spirits.	...	3,309 1 0	...	1,975 14 1	...	1,154 0 10	...	1,738 11 3

Average daily cost of in-patients.—The following table shows the average daily cost of dieting European and Indian patients per diem in the general wards of the Hospital, together with the average daily attendance of patients dieted during each month of the year from 1923:—

Months.	Indians.						Europeans.					
	1923.			1924.			1923.			1924.		
	Average daily attendance of patients dieted.	Average cost per head per diem.		Average daily attendance of patients dieted.	Average cost per head per diem.		Average daily attendance of patients dieted.	Average cost per head per diem.		Average daily attendance of patients dieted.	Average cost per head per diem.	
January ...	352.84	Rs. A. P. 0 8 4½		378.00	A. P. 9 11¼	Rs. A. P. 3 14 65	9 4	83.13	0 14 2½	94.77	1 0 3½	71.26
February.	373.64	0 8 2½		374.69	9 3¼	404.11	9 7	91.71	0 13 4½	105.22	0 14 7½	88.00
March ..	381.71	0 8 5½		384.13	9 2½	407.77	9 1½	91.71	0 13 8½	101.45	0 14 3½	83.23
April ..	372.88	0 8 2½		388.37	8 3½	409.10	9 1¼	99.10	0 14 2½	97.63	0 14 4½	76.87
May ...	384.22	0 8 1¼		385.48	8 11¼	399.48	9 11½	92.94	0 15 1¼	101.84	0 14 6½	91.65
June ..	400.10	0 8 11¼		384.23	8 3½	396.80	9 2½	84.87	1 0 3½	88.67	0 12 8½	80.83
July ..	3 4 65	0 10 1¼		387.26	8 5½	397.87	9 1¼	84.35	1 1 7½	87.06	0 13 2½	76.90
August ...	400.61	0 9 11¼		389.65	8 4½	401.74	9 0½	90.26	1 1 11½	88.97	0 13 1½	85.61
September.	375.60	0 9 9¼		366.73	8 10½	386.00	9 4½	94.93	1 2 1½	101.83	0 13 7½	81.60
October ...	369.93	0 9 5¼		388.58	8 5½	381.10	9 9¼	104.42	1 0 7½	103.42	0 13 9½	75.35
November.	391.20	0 9 4½		399.97	7 11½	363.90	9 7½	111.03	1 0 5½	96.60	0 14 4	72.53
December.	374.90	0 9 11		386.45	8 11¼	367.20	9 8	94.32	1 0 8½	81.84	0 15 5½	72.90
Total average.	381.02	0 9 8½		383.48	8 9	394.14	9 5	93.56	0 15 10½	95.73	0 14 2	79.73

Water-supply.—The following statement shows the expenditure of water with costs during the past five years:—

Year	Expenditure. Gallons.	Cost. Rs. A. P.
1921 ...	11,820,081	14,498 5 0
1922 ...	13,223,631	16,517 4 0
1923 ...	16,257,297	20,320 0 0
1924 ...	13,955,114	14,423 12 0
1925 ...	14,548,911	17,050 0 0

The expenditure of water has gone high owing to the flush system as well as to the consumption of water used by the Public Works Department for construction purposes. With a view to reduce the expenditure it has been proposed to re-open the wells in the hospital compound and use the water therefrom for gardening and other purposes.

Sale of unserviceable articles, empty packing cases, tins, etc.—Public auctions were held during the year and articles condemned sold. The following are the realizations during the past three years:—

Year.	Amount realised. Rs. A. P.
1923 ...	677 3 0
1924 ...	701 5 0
1925 ...	876 7 0

Income.—Sale-proceeds of the garden produce including usufruct of coconut trees in the hospital compound. The amount collected during the past three years are:—

Year.	Amount realised. Rs. A. P.
1923 ...	310 0 0
1924 ...	300 0 0
1925 ...	112 8 0

Sale of garden produce.—As there was no bid for the lease of coconut trees in spite of the wide publicity about sale of the usufructs of coconut trees in the hospital compound during the year, the Surgeon-General, to whom the matter was referred, ordered that coconuts and other products should be collected and sold from time to time by auction and the proceeds credited to Government, vide Surgeon-General's Memo. No. 2423-G., dated 3rd December 1925.

Protection of buildings.—The building is provided with four minimax extinguishers fixed to the walls of the hospital on the south side, where the Medical Stores and the In-dispensary are located. Eighty-four fire buckets are available for emergent use in charge of Health Inspector. The Nurses' quarters are protected with fixing up of two minimax extinguishers and the hand pump with buckets hitherto in use was removed.

Hot-water furnaces.—There are three hot water furnaces connecting the wards and the Nurses' quarters for supply of hot water during day and night.

The supply of water from the boiler to the wards is now suspended provisionally making local arrangements in each ward to effect economy in the expenditure of fuel.

17. Inspection.—The Surgeon-General with the Government of Madras made several visits during the year, both official and non-official.

18. The annual verification of stock of crockery and of furniture was conducted as usual by a Committee of Medical Officers nominated by the Superintendent on the 1st February 1926.

The Medical Stores are in charge of the Fourth Physician and were inspected by him daily as regards medicines and appliances, while the instruments are in charge of First Surgeon who checks them on receipt from home. This latter duty had been transferred to the Third Surgeon as per Surgeon-General's R. No. 444-G., dated 3rd March 1925.

The Resident Medical Officer makes surprise visits to the provision stores and checks stocks. The store-books are checked by the Head Steward. The annual stock-taking of the provision stores was carried out by the Head Steward on the 1st January 1926 and approved by the Superintendent. The estimated value of the stores was Rs. 4,659-8-3 on that day.

The stock of stationery and linen was examined quarterly by the Resident Medical Officer and the Matron Superintendent, respectively.

19. Verification of Service Register.—The service books of both the superior and inferior permanent establishments were verified up to 31st December 1925.

20. Sanctioned establishment.—The strength of the establishment remained the same throughout the year excepting the following:—

(1) The Government sanctioned in their order No. 1832, P.H., dated 1st September 1925, the restoration, with effect from 1st September 1925, of the appointment of linen clerk in the Government General Hospital, Madras, abolished in G. O. No. 293, P.H., dated 20th February 1924.

(2) The post of the Head Steward having fallen vacant consequent on the retirement of M.R.Ry. T. Doraiswami Mudaliyar on 29th July 1925, his place was taken up by M.R.Ry. M. S. Subrahmanya Ayyar.

(3) Menials paid from contract contingencies.—The Government sanctioned the proposal of the Surgeon-General to retain permanently the two additional assistant dobbies on Rs. 18 each sanctioned for the General Hospital in G.O. No. 1038, P.H., dated 20th May 1925, out of the 4 dobbies abolished in G.O. No. 271, P.H., dated 19th February 1924.

(4) The services of a temporary sweeper on Rs. 12 sanctioned in G.O. No. 2168, P.H., dated 24th October 1925, were terminated on 3rd December 1925, the date of sanctioning the servants of the Nurses' quarters as per G.O. No. 2472, P.H., dated 3rd December 1925.

21. Statement of wound and post-mortem certificates, etc.

Number of wound certificates issued during the year 1925.	Number of post-mortem certificates issued during the year 1925.	Number of post-mortem examination.		Number of days during the year spent in courts of justice by Medical officers and subordinates.
		For medico-legal purposes.	For scientific purposes.	
				Third Surgeon ... Captain T. Sankara Sastri, I.M.S. ... 1
				Resident Medical Officer ... Captain N. M. Mehta, I.M.S. ... 1
				Third Class Military Asst. Surgeon. O. A. Martin, I.M.D. ... 1
				Asst. Surgeon ... J. Dorasigamony. ... 3
				Do. ... K. S. Subrahmanya Ayyar ... 2
				Do. ... F. D'Netto ... 3
				Do. ... M. J. Santhana-krishna Pillai. ... 8

21. Statement of wound and post-mortem certificates, etc.—cont.

Number of wound certificates issued during the year 1925.	Number of post-mortem certificates issued during the year 1925.	Number of post-mortem examination.		Number of days during the year spent in courts of justice by Medical officers and subordinates.
		For medico-legal purposes.	For scientific purposes.	
108	35	35	54	Assistant Surgeon ... A. Vasudevan ... 2
				Do. ... O. C. Madhavan ... 2
				Do. ... P. V. Francis ... 4
				Do. ... R. Subbarama ... 1
				Do. ... Ayyar ... 13
				Do. ... C. J. Alexander ... 4
				Do. ... N. Navanitha. ... 3
				Do. ... krishnan ... 2
				Do. ... G. Sivaram ... 3
				Do. ... K. S. Appa ... 3
				Do. ... V. R. Natesan ... 3
				Do. ... D. Kanakasabesan. ... 3
				Do. ... K. Gopala Kiani ... 3
				Do. ... O. Krishnaswami ... 5
				House Physician ... Pillai ... 5
				Do. ... V. Sundaresh ... 3
				Do. ... A. V. Anantanarayana Ayyar ... 3
				Do. ... P. T. Krishna Nayar. ... 3
				Do. ... R. Sambamurti ... 3
				Do. ... R. Sivarambandam. ... 3
				Do. ... P. S. Narayanan ... 3
				Do. ... K. C. Mathew ... 3
				Do. ... P. R. Kalyana-sundaram ... 1
				Do. ... K. V. Nilakantan. ... 1
				Do. ... U. Kesava Menon. ... 1
				Do. ... O. Rangaswami ... 3
				House Surgeon ... Reddi ... 1
				Do. ... V. Rama Ayyar ... 1
				Do. ... P. Narayana Rao. ... 1
				Do. ... P. Sarvothama ... 2
				Do. ... Malleya ... 1
				Do. ... S. Krishna Rao ... 3
				Do. ... N. Govinda Panda-lai ... 3
				Sub-Asst. Surgeon ... K. B. Ganesa Mudaliyar ... 3
				Do. ... U. Muttuswami Nadar ... 5
				Do. ... C. Duraiswami Mudaliyar ... 5
				Total ... 115

22. General Remarks.—The following statement shows receipts and expenditure during the past five years ending with 1925 :—

	1921.	1922.	1923.	1924.	1925.
Receipts ...	Rs. 6,82,624	Rs. 6,85,481	Rs. 7,51,338	Rs. 6,90,797	Rs. 6,90,123
Expenditure—					
Salaries (Medical Officer) ...	1,01,077	1,10,110	1,05,433	1,04,024	1,05,852
Salaries (Nurses) ...	74,581	93,319	1,00,639	1,11,055	1,13,880
Salaries (inferior servants) ...	71,752	69,712	71,672	83,439	65,184
Medicines (Europe) ...	75,622	68,059	92,686	77,302	76,962
Diet ...	1,19,960	1,20,170	1,33,121	1,32,027	1,35,077
Miscellaneous charges ...	1,36,685	1,51,977	1,54,431	1,49,045	1,47,753
Buildings and repairs ...	96,535	57,696	68,392	45,759	35,120
Average daily sick in ...	459.28	496.47	503.91	507.80	496.31
Cost per head of the total average strength ...	Rs. A. P. 771 2 10	Rs. A. P. 739 6 7	Rs. A. P. 770 6 2	Rs. A. P. 735 6 3	Rs. A. P. 649 2 0

GOVT. GENERAL HOSPITAL,
Madras, 29th March 1926.

M. N. CHAUDHURI, Lieut.-Col., I.M.S.,
Acting Superintendent.

APPENDICES.

Comparative statement of the medical work done in the General Hospital, Madras, for the three years ending 1925.

APPENDIX B.

Statement showing the medical work done by each Medical Officer during 1925.

In-patients.

Out-patients.

Medical officers.	Class of patients.	Total treated.				Average daily sick.				Opera- tions.	Post- mortem exami- nation.	
		Men.		Women.		Total.		Men.		Total.		
		Male children.		Female children.		Total.		Male children.		Female children.		
Resident Medical Officer and Assistant Surgeons.	Non-Europeans	41,738	10,940	5,915	4,568	63,165	313.40	68.87	40.72	58.98	2	
	Europeans	2,065	1,511	650	478	4,554	11.34	8.08	3.59	25.59	1,483	
	Total	43,803	12,450	6,565	5,046	67,699	324.74	76.95	44.01	84.56	3	

APPENDIX C.

Statement showing "Cost per head per annum" of the Daily Average Strength of the General Hospital, Madras, for the year 1925, as compared with those of 1920, 1921, 1922, 1923 and 1924.

Name of hospital or dispensary.	Number of medical institutions.	Daily average number of in-patients treated.	Daily average number of out-patients treated.	Total of the daily average strength.	Total cost.		Establishment.		Medicines both European and country.		Diet.		Miscellaneous charges.	
					Cost.	Strength.	Cost.	Strength.	Cost.	Strength.	Cost.	Strength.	Cost.	Strength.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Government General Hospital, Madras. Founded in 1753.	1	428-21	381-46	808-67	7,02,288 0 0	867 6 0	2,32,931 0 0	287 10 6	60,012 0 0	74 2 0	1,45,790 0 0	340 6 8	1,37,712 0 0	170 1 3
1920.	1	459-28	368-78	828-06	6,54,006 0 0	771 2 9	2,47,410 0 0	291 11 9	82,334 0 0	97 1 4	1,19,960 0 0	141 7 3	1,07,767 0 0	127 1 2
1921.	1	496-47	385-02	882-09	6,52,227 0 0	739 6 7	2,73,141 0 0	308 11 4	72,447 0 0	82 2 1	1,30,170 0 0	147 9 1	1,18,773 0 0	184 10 5
1922.	1	502-91	427-86	930-77	7,17,054 0 0	770 6 2	2,80,744 0 0	308 1 2	10,365 0 0	111 5 9	1,33,121 0 0	143 0 4	1,59,431 0 0	171 4 8
1923.	1	607-80	390-76	998-56	6,53,340 0 0	735 6 3	2,75,518 0 0	313 7 2	85,448 0 0	96 2 7	1,32,027 0 0	260 0 0	1,11,588 0 0	125 8 11
1924.	1	498-31	431-56	930-07	6,45,990 0 0	652 2 0	2,84,886 0 0	2 0 10 6	86,707 0 0	88 5 7	1,35,677 0 0	138 7 0	1,13,620 0 0	115 14 11
1925.	1													

Column 6 is the same as column 22 in Statement H, minus column 11 of the same.
Column 7 is the same as column 4 of Statement H.
Column 10 is the total of columns 16 and 17 of Statement H.

Column 12 is the same as column 18 of Statement H.
Column 14 is the same as column 19 of Statement H, minus column 11 of the same.
Cost of petty repairs to buildings is included in column 20 of Statement H.

APPENDIX D.

INDIANS.

Statement showing the in-patients treated with results in the year 1925.

No.	Diseases.	Remained.	Admitted.	Total.	Remarks.						Total.
					Cured.	Relieved.	Discharged otherwise.	Died.	Remaining.		
1	Cholera, Asiatic...	...	5	5	...	...	...	5	...	...	5
2	Dysentery ...	6	278	284	171	38	19	52	...	4	284
3	Enteric fever ...	12	187	199	105	32	36	18	10	...	199
4	Gonococcal infection ...	9	232	241	45	117	61	8	10	24	241
5	Syphilis (primary and secondary) ...	22	235	257	94	96	41	7	19	25	257
6	Kala Azar ...	20	262	282	191	41	28	10	12	26	282
7	Leprosy ...	...	...	...	...	...	...	...	...	...	...
8	Malaria ...	11	818	829	695	60	21	36	17	82	829
9	Plague ...	...	...	...	...	...	...	...	...	...	...
10	Influenza ...	2	317	319	280	16	17	3	3	31	319
11	Relapsing fever...	...	70	70	52	4	...	14	...	7	70
12	Pneumococcal infection of the lung...	9	261	270	174	38	13	38	9	27	270
13	Pyrexia of uncertain origin ...	2	79	81	69	7	2	11	2	8	81
14	Rheumatic fever ...	...	72	72	89	16	7	8	2	7	89
15	Smallpox ...	2	83	85	16	10	8	1	...	8	85
16	Tuberculosis of the lung ...	14	308	322	156	56	40	55	15	32	322
17	Other tubercular diseases ...	21	122	143	80	18	21	10	14	14	143
18	All other infective diseases ...	3	214	217	148	28	17	23	1	21	217
19	Anemia ...	6	74	80	61	7	3	6	3	8	80
20	Diabetes ...	6	78	84	40	19	21	1	3	8	84
21	Scurvy ...	...	42	42	21	5	4	9	...	4	42
22	Rickets ...	...	40	40	21	8	4	7	...	4	40
23	Other diseases due to disorders of nutrition and metabolism.	2	59	61	28	10	7	16	...	6	61
24	Diseases of the ductless or endocrine glands.	...	78	78	55	5	10	1	7	7	78
25	New growths, Non-malignant ...	4	184	188	120	31	29	6	2	18	188
26	Do. Malignant ...	12	141	153	107	14	15	5	12	15	153
27	All other general diseases ...	12	138	150	84	16	33	12	5	16	150
28	Diseases of the nervous system. { Diseases of the nerves, spinal cord, brain and meninges. Diseases of which the pathological basis is not accurately known. Mental diseases ... }	8	147	155	62	32	26	26	9	15	155
29	Diseases of the eye ...	...	47	47	21	11	12	8	...	4	47
30	Do. ear ...	...	100	100	69	12	16	1	2	10	100
31	Do. nose ...	...	52	52	29	8	14	...	1	5	52
32	Do. circulatory system ...	13	224	237	158	31	18	26	9	5	237
33	All diseases of the respiratory system except pneumonia and tuberculosis of the lungs.	18	198	206	151	46	9	11	9	20	206
34	Diseases of the stomach ...	18	195	213	115	25	16	39	14	21	213
35	Do. intestines ...	7	213	220	139	21	21	1	28	22	220
36	Abscess of the liver ...	...	64	64	52	5	2	5	...	6	64
37	All other diseases of the liver ...	5	158	163	63	55	22	15	5	16	163
38	Do. digestive system ...	26	664	690	490	44	112	36	8	6	690
39	Acute or suppurative inflammation of the lymphatic glands.	1	57	58	24	22	5	5	2	5	58
40	Acute and chronic nephritis ...	4	132	136	51	35	12	32	6	13	136
41	All other diseases of the urinary organs ...	9	92	101	54	25	17	1	4	10	101
42	Other diseases of the generative system ...	18	267	285	188	43	31	6	17	28	285
43	Diseases of the organs of locomotion ...	19	193	212	111	86	35	12	18	21	212
44	Do. areolar tissue ...	23	187	210	140	17	23	10	15	21	210
45	Inflammation, ulcerative ...	3	81	84	33	29	9	8	5	8	84
46	Other diseases of the skin ...	8	65	68	29	19	9	4	7	6	68
47	All other local diseases ...	14	91	105	41	44	8	12	...	10	105
48	Injuries (general and local) ...	26	138	224	113	36	8	30	37	22	224
49	Poisoning by opium ...	...	25	25	...	...	2	...	...	2	25
50	Do. by other means ...	...	11	11	5	3	1	2	...	1	11
51	Labour normal ...	...	2	2	...	2	...	...	...	...	2
52	Do. abnormal ...	...	9	9	7	2	...	...	...	9	9
53	Beri beri ...	1	58	57	40	8	...	...	...	5	57
54	Ankylostomiasis ...	...	36	36	8	9	6	7	6	3	36
Total ..		386	7,886	8,272	5,044	1,311	892	662	356	8,272	8,272

APPENDIX E.

EUROPEANS AND ANGLO-INDIANS.

Statement showing the in-patients treated with results in the year 1925.

No.	Diseases.	Remained.	Admitted.	Total.	Remarks.					Total.
					Cured.	Relieved.	Discharged otherwise.	Died.	Remaining.	
1	Cholera, Asiatic	...	...	...	...	...	...	...	...	...
2	Dysentery	3	78	81	66	3	...	...	1	81
3	Enteric fever	15	61	76	57	4	2	...	...	76
4	Gonococcal infection	...	27	27	9	12	5	...	...	27
5	Syphilis (primary and secondary)	...	33	33	23	9	1	...	...	33
6	Kala Asar	7	43	50	36	8	...	...	5	50
7	Leprosy	...	...	...	...	...	...	...	...	...
8	Malaria	1	109	110	101	...	...	...	8	110
9	Plague	...	...	...	...	...	...	...	...	...
10	Influenza	...	68	68	66	...	...	...	...	68
11	Relapsing fever	...	22	22	22	...	...	...	...	22
12	Pneumococcal infection of the lung	7	39	46	32	2	1	11	...	46
13	Pyrexia of uncertain origin	6	46	52	38	7	...	...	5	52
14	Rheumatic fever	...	29	29	18	5	...	...	4	29
15	Smallpox	...	8	8	5	...	...	...	...	8
16	Tuberculosis of the lung	7	22	29	12	6	8	5	3	29
17	Other tubercular diseases	2	32	34	25	2	1	...	6	34
18	All other infective diseases	...	39	39	31	5	1	1	1	39
19	Anæmia	2	15	17	14	...	...	...	1	17
20	Diabetes	...	8	8	6	1	...	...	1	8
21	Scurvy	...	6	6	2	...	...	...	...	6
22	Rickets	...	4	4	2	1	...	...	...	4
23	Other diseases due to disorders of nutrition and metabolism.	2	11	13	10	...	1	...	2	13
24	Diseases of the ductless or endocrine glands.	...	13	13	10	2	...	...	1	13
25	New growths, non-malignant	...	34	34	20	8	5	1	...	34
26	Do. malignant	...	41	41	35	...	8	1	2	41
27	All other general diseases	...	63	63	51	9	6	...	...	63
28	Diseases of the nervous system.	2	49	51	34	7	5	8	2	51
Diseases of which the pathological basis is not accurately known.										
29	Disease of the eye	...	8	8	8	...	...	...	...	8
30	Do. ear	...	11	11	11	...	...	...	...	11
31	Do. nose	...	16	16	16	...	...	...	...	16
32	Do. circulatory system	...	69	69	59	6	1	...	3	69
33	All diseases of the respiratory system except pneumonia and tuberculosis of the lungs.	8	62	63	33	9	4	5	9	69
34	Diseases of the stomach	1	34	35	20	8	...	...	7	35
35	Do. intestines	1	55	56	24	7	...	...	7	56
36	Abcesses of the liver	...	10	10	8	...	1	1	...	10
37	All other diseases of the liver	1	19	20	11	5	1	1	2	20
38	Do. digestive system	5	126	131	112	12	4	2	1	131
39	Acute or suppurative inflammation of the lymphatic glands.	...	14	14	7	4	2	...	1	14
40	Acute and chronic nephritis	...	30	30	20	4	...	...	4	30
41	All other diseases of the urinary organs	1	20	21	19	2	...	...	...	21
42	Other diseases of the generative system	8	31	34	28	4	...	1	1	34
43	Diseases of the organs of locomotion	3	44	47	30	5	...	...	7	47
44	Do. areolar tissue	4	16	20	12	2	...	...	6	20
45	Inflammation ulcerative	...	11	11	7	1	3	...	...	11
46	Other diseases of the skin	...	11	11	11	...	...	...	...	11
47	All other local diseases	1	80	81	26	8	1	1	...	81
48	Injuries (general and local)	7	26	33	18	4	9	1	1	33
49	Poisoning by opium	...	6	6	6	...	...	...	...	6
50	Do. other means	3	8	8	...	...	...	...	...	8
51	Labour normal	...	...	...	...	...	...	...	...	...
52	Do. abnormal	1	1	1	...	...	...	...	...	1
53	Beri beri	5	5	5	2	...	3	...	...	5
54	Ankylostomiasis	2	2	2	...	...	...	...	...	2
Total		84	1,560	1,644	1,225	161	91	74	98	1,644

APPENDIX F.
Table showing the number of admissions, etc., from 1862.

Year.	In-patients.										Out-patients.						Total.						
	Total treated.					Average daily sick.					Total treated.					Average daily sick.					Europeans.	Indians.	
	Europeans.		Indians.		Total.	Europeans.		Indians.		Total.	Europeans.		Indians.		Total.	Europeans.		Indians.		Total.			Average daily sick.
	Medical.	Surgical.	Medical.	Surgical.		Medical.	Surgical.	Medical.	Surgical.		Medical.	Surgical.	Medical.	Surgical.		Medical.	Surgical.	Medical.	Surgical.				
1862	1,118	741	664	794	39	108	145	672	1,344	154	311	1,790	2,085	82	111	1,867	2,196	104	132	2,000	2,328		
1863	1,229	661	824	804	37	78	115	927	1,654	124	203	2,066	2,305	754	1,071	1,868	2,154	104	132	2,000	2,328		
1864	1,326	650	734	814	49	129	139	1,111	2,284	104	203	2,066	2,305	754	1,071	1,868	2,154	104	132	2,000	2,328		
1865	1,490	663	82	62	42	107	149	1,351	2,502	124	22	2,472	2,847	884	1,161	1,868	2,154	104	132	2,000	2,328		
1866	1,378	1,285	924	944	95	144	239	1,251	2,468	124	22	2,472	2,847	884	1,161	1,868	2,154	104	132	2,000	2,328		
1867	1,402	1,265	904	984	68	131	199	1,229	2,468	17	34	3,131	4,723	119	182	1,868	2,154	104	132	2,000	2,328		
1868	1,489	1,469	1,000	97	48	171	180	2,154	4,808	144	23	3,634	6,777	119	182	1,868	2,154	104	132	2,000	2,328		
1869	782	525	701	768	32	75	18	2,154	4,808	144	23	3,634	6,777	119	182	1,868	2,154	104	132	2,000	2,328		
1870	683	492	498	74	39	75	18	1,577	3,062	104	41	2,884	6,628	119	182	1,868	2,154	104	132	2,000	2,328		
1871	738	475	601	324	27	63	30	1,688	3,062	114	53	2,731	7,544	52	126	1,868	2,154	104	132	2,000	2,328		
1872	991	499	1,118	838	41	66	31	2,199	6,607	17	59	3,689	8,613	84	168	1,868	2,154	104	132	2,000	2,328		
1873	930	460	815	688	44	10	74	2,425	8,768	164	71	3,715	10,661	754	1,051	1,868	2,154	104	132	2,000	2,328		
1874	252	123	287	323	46	204	674	2,199	6,607	17	59	3,689	8,613	84	168	1,868	2,154	104	132	2,000	2,328		
1875-76	922	531	995	1,058	42	23	18	2,425	8,768	164	71	3,715	10,661	754	1,051	1,868	2,154	104	132	2,000	2,328		
1876-77	921	468	1,142	1,111	354	48	11	2,425	8,768	164	71	3,715	10,661	754	1,051	1,868	2,154	104	132	2,000	2,328		
1877	978	432	1,104	39	60	441	56	4,096	11,959	27	86	5,508	12,186	84	168	1,868	2,154	104	132	2,000	2,328		
1878	1,314	560	3,306	1,804	80	19	113	5,282	13,281	32	94	7,166	17,511	104	132	1,868	2,154	104	132	2,000	2,328		
1879	1,682	2,886	75	130	76	200	276	4,908	16,994	33	66	7,166	17,511	104	132	1,868	2,154	104	132	2,000	2,328		
1880	1,367	2,346	70	136	46	164	310	4,939	18,441	35	89	6,308	13,786	95	181	1,868	2,154	104	132	2,000	2,328		
1881	1,188	2,566	56	134	57	172	329	5,483	18,023	38	97	6,071	20,769	95	181	1,868	2,154	104	132	2,000	2,328		
1882	1,046	2,240	60	119	58	163	311	6,719	18,904	41	103	6,765	21,144	101	190	1,868	2,154	104	132	2,000	2,328		
1883	1,027	2,088	61	128	57	178	335	6,719	18,904	41	103	6,765	21,144	101	190	1,868	2,154	104	132	2,000	2,328		
1884	1,044	2,088	63	138	49	138	347	6,719	18,904	41	103	6,765	21,144	101	190	1,868	2,154	104	132	2,000	2,328		
1885	1,181	2,178	65	132	77	208	385	6,719	18,904	41	103	6,765	21,144	101	190	1,868	2,154	104	132	2,000	2,328		
1886	1,160	2,313	78	138	49	164	303	6,719	18,904	41	103	6,765	21,144	101	190	1,868	2,154	104	132	2,000	2,328		
1887	1,209	2,288	72	129	71	143	192	6,719	18,904	41	103	6,765	21,144	101	190	1,868	2,154	104	132	2,000	2,328		
1888	1,410	2,527	69	146	66	280	360	6,719	18,904	41	103	6,765	21,144	101	190	1,868	2,154	104	132	2,000	2,328		
1889	1,432	3,432	69	168	64	177	341	6,719	18,904	41	103	6,765	21,144	101	190	1,868	2,154	104	132	2,000	2,328		
1890	1,433	3,461	67	149	89	184	332	6,719	18,904	41	103	6,765	21,144	101	190	1,868	2,154	104	132	2,000	2,328		
1891	1,469	3,946	71	172	67	288	305	6,719	18,904	41	103	6,765	21,144	101	190	1,868	2,154	104	132	2,000	2,328		
1892	1,295	3,416	68	174	75	294	404	6,719	18,904	41	103	6,765	21,144	101	190	1,868	2,154	104	132	2,000	2,328		
1893	1,278	3,077	81	181	74	316	390	6,719	18,904	41	103	6,765	21,144	101	190	1,868	2,154	104	132	2,000	2,328		
1894	1,339	3,181	80	178	62	246	308	6,719	18,904	41	103	6,765	21,144	101	190	1,868	2,154	104	132	2,000	2,328		

Garrison Surgeon.				Surgeon.				Permanent Assistant Surgeon.			
Name.	Acting or permanent.	Tenure of office		Name.	Acting or permanent.	Tenure of office		Name.	Acting or permanent.	Tenure of office	
		From	To			From	To			From	To
T. Sevestre	Permanent.	1 Jan. 1830	1 Jan. 1833	W. Mortimer	Permanent.	Unknown.	1 July 1841	W. Shaw	Permanent.	1 April 1851	1 Jan. 1852
H. A. Atkinson	Acting	1 July 1830	1 April 1831	G. Harding	Do.	1 July 1841	1 April 1851	A. Blacklock	Do.	1 Jan. 1852	24 Aug. 1865
				W. Evans, M.D.	Do.	1 April 1851	24 Feb. 1852		Acting	20 June 1867	13 July 1867
				W. Gilchrist, M.D.	Do.	24 Feb. 1852	24 May 1852	J. B. Thomas	Permanent.	14 July 1867	25 Oct. 1870
				T. A. Arthur, M.D.	Do.	20 Aug. 1852	12 Jan. 1854				
				W. Evans, M.D.	Do.	13 Jan. 1854	14 April 1859				
				T. L. Paul, M.D.	Do.	14 April 1859	2 May 1869				

New Organization.

Senior Medical Officer.				Senior Surgeon.				Second Surgeon.				Resident Medical Officer.				First Physician.				Assistant Physician.				Additional Medical Officer.			
Name.	Acting or permanent.	Tenure of office		Name.	Acting or permanent.	Tenure of office		Name.	Acting or permanent.	Tenure of office		Name.	Acting or permanent.	Tenure of office		Name.	Acting or permanent.	Tenure of office		Name.	Acting or permanent.	Tenure of office		Name.	Acting or permanent.	Tenure of office	
		From	To			From	To			From	To			From	To			From	To			From	To			From	To
W. N. Chipperfield.	Perma- nent.	24 Aug. 1865	21 Aug. 1872	R. W. Cockerill	Acting.	3 May 1869	5 May 1874	J. Maitland, M.D.	Perma- nent.	23 Feb. 1882	27 Jan. 1881	E. F. Drake- Brockman.	Acting.	6 July 1870	25 Oct. 1870	W. B. Browning	Perma- nent.	4 May 1895	31 Dec. 1900	A. M. Brantfoot, M.B.	Perma- nent.	12 July 1878	30 June 1881	G. C. Hall	Perma- nent.	19 July 1893	11 Mar. 1895
G. Smith, M.D.	Acting.	22 June 1868	20 Aug. 1872		Perma- nent.	6 May 1874	24 Feb. 1884	C. M. Thompson,	Acting.	10 April 1885	9 July 1885	P. N. Mookerjee	Acting.	7 July 1872	28 Aug. 1872	D. F. Dymott, M.B.	Do.	9 June 1896	29 Aug. 1896	T. K. Rodgers	Acting.	7 April 1878	27 June 1879	D. Simpson, M.B.	Acting.	29 Oct. 1893	18 Mar. 1894
	Perma- nent.	21 Aug. 1872	24 Oct. 1874		Acting.	1 July 1875	31 Aug. 1875	W. R. Browne, M.B.	Do.	18 Oct. 1886	26 Mar. 1887	W. E. Wright	Do.	2 July 1873	27 Dec. 1873	J. Smyth, M.D.	Do.	29 Aug. 1896	10 Nov. 1896	H. Armstrong	Do.	27 June 1879	16 July 1879	C. L. Williams	Do.	19 Mar. 1894	11 April 1895
	Acting.	2 Sep. 1874	30 Sep. 1874		Do.	6 May 1876	24 May 1876	M. H. Smith	Do.	27 Mar. 1887	11 Aug. 1887		Do.														
M. C. Funnell, M.D., C.I.E.	Do.	24 Oct. 1874	28 Feb. 1875	C. Sibthorpe	Do.	3 Aug. 1876	30 Sep. 1876	A. P. Adams	Do.	12 Aug. 1887	8 Sep. 1887	D. R. Thompson, M.D.	Do.	6 Aug. 1874	21 Sep. 1874	D. Simpson, M.B.	Do.	3 April 1897	16 April 1898	C. J. McNally, M.D.	Perma- nent.	1 July 1881	4 July 1884	R. Robertson	Perma- nent.	12 Mar. 1895	...
	Perma- nent.	1 Mar. 1875	5 April 1880	Do.	Do.	7 April 1877	10 April 1877	F. Clarence Smith,	Do.	9 Sep. 1887	10 Dec. 1888		Do.							W. G. King	Acting.	14 April 1892	12 Nov. 1893	W. Molesworth	Acting.	5 June 1895	16 Mar. 1896
R. W. Cockerill	Acting.	14 April 1876	24 May 1876	J. L. Ratton, M.D.	Do.	11 April 1877	19 June 1878	W. B. Browne, M.D.	Do.	22 Mar. 1889	17 April 1889	C. Sibthorpe	Do.	1 Mar. 1875	10 May 1875	Dr. A. C. Rendle, M.B.	Do.	5 June 1898	5 July 1894		Do.			P. C. Gabbett	Do.	17 Mar. 1896	3 Oct. 1896
J. E. Dickenson	Do.	25 May 1876	17 April 1877	C. Sibthorpe	Do.	6 July 1880	5 Aug. 1880	W. B. Browning,	Do.	18 April 1889	30 Aug. 1890		Do.	11 May 1875	16 Aug. 1883	G. G. Giffard	Do.	6 July 1898	13 Mar. 1899	D. F. Dymott,	Perma- nent.	1 April 1884	4 July 1884	J. L. Macrae	Do.	4 Oct. 1896	27 Oct. 1896
Henry King, M.B.	Perma- nent.	6 April 1880	4 April 1882	W. R. Browne, M.D.	Do.	1 July 1881	30 Sep. 1881	F. J. Crawford, M.D.	Perma- nent.	1 Sep. 1890	27 Jan. 1891	W. Butler	Acting.	1 July 1875	30 Aug. 1875	C. Donovan, M.D.	Do.	14 Mar. 1899	10 April 1899		Do.			G. G. Giffard	Do.	16 Sep. 1897	13 Oct. 1897
	Acting.	5 April 1882	15 Aug. 1883	Do.	Do.	9 April 1884	5 Oct. 1884	F. C. Reeves	Acting.	28 Jan. 1891	14 Sep. 1900	J. A. Laing, M.D.	Do.	3 July 1876	30 Sep. 1876	R. Robertson	Do.	17 April 1899	14 June 1900	H. Allison, M.D.	Do.	28 Mar. 1885	25 Jan. 1888	F. C. Pereira	Do.	13 Oct. 1897	31 Jan. 1898
James Keess, M.D.	Perma- nent.	16 Aug. 1883	4 Jan. 1887	J. L. Ratton, M.D.	Perma- nent.	25 Feb. 1885	25 Jan. 1888	D. Simpson, M.B.	Do.	29 July 1891	21 Sep. 1891	A. M. Brantfoot, M.B.	Do.	28 April 1877	11 July 1878	A. N. Fleming, M.B.	Do.	15 June 1900	9 Aug. 1900	F. C. Reeves	Acting.	29 Oct. 1885	10 Dec. 1885	Dr. H. H. G.	Do.	1 Feb. 1898	20 Feb. 1898
A. Porter, M.D.	Do.	5 Jan. 1887	25 July 1890	C. Sibthorpe	Acting.	19 July 1886	31 Aug. 1886	D. Simpson, M.B.	Do.	2 May 1892	2 July 1892	J. J. Moran, M.D.	Do.	2 Dec. 1878	14 Dec. 1878	C. Donovan, M.D.	Do.	10 Aug. 1900	9 Sep. 1900	J. Smyth, M.D.	Do.	11 Dec. 1885	23 Mar. 1886	Dr. V. O. Taylor	Do.	21 Feb. 1898	30 Nov. 1898
C. Sibthorpe	Acting.	12 Aug. 1887	30 Sep. 1887	J. Maitland, M.D.	Do.	1 Sep. 1886	30 Sep. 1886	R. Robertson	Do.	3 July 1892	22 Jan. 1893	A. J. Sturmer	Do.	4 Sep. 1879	5 Dec. 1879		Do.				Do.			Dr. A. C. Rendle,	Do.	1 Dec. 1898	2 May 1899
H. Allison, M.D.	Do.	9 Sep. 1888	30 Sep. 1888	W. R. Browne, M.D.	Do.	1 Oct. 1886	16 Nov. 1886	D. Simpson, M.B.	Do.	23 Jan. 1893	31 Mar. 1893	W. R. Browne, M.D.	Do.	18 Nov. 1880	5 April 1882	W. E. Johnson, M.D.	Do.	6 April 1882	31 Mar. 1883		Perma- nent.			Dr. W. H. Murray, M.B.	Do.	3 May 1899	13 Dec. 1899
J. H. Ritchie, M.D.	Do.	3 April 1889	9 Dec. 1889	Do.	Do.	17 Nov. 1886	25 Jan. 1888	C. L. Williams	Do.	25 Mar. 1895	6 Nov. 1895	J. Smyth, M.D.	Do.	1 April 1883	13 April 1883	G. T. Thomas	Do.	14 April 1883	7 Nov. 1883		Do.			C. B. Harrison	Do.	6 Feb. 1901	3 April 1901
C. Sibthorpe	Do.	10 Dec. 1889	15 April 1890	C. Sibthorpe	Perma- nent.	26 Jan. 1888	8 Dec. 1890	R. Robertson	Do.	7 Nov. 1895	27 Oct. 1896	W. R. Browne, M.D.	Do.	8 Nov. 1883	28 Oct. 1884	J. Smyth, M.D.	Do.	14 June 1890	31 Aug. 1900	J. Smyth, M.D.	Do.	14 June 1890	31 Aug. 1900	H. St. J. Fraser	Do.	17 Aug. 1900	23 Aug. 1900
J. H. Ritchie, M.D.	Perma- nent.	26 July 1890	18 Nov. 1891	H. Allison, M.D.	Acting.	29 July 1888	30 Sep. 1888	P. C. Gabbett	Do.	30 April 1898	12 Mar. 1899	J. Smyth, M.D.	Acting.	29 Oct. 1884	27 Mar. 1885		Do.			A. E. Grant, M.B.	Sub. pro tem.	1 Sep. 1890	7 Mar. 1892	* R. H. Elliot, M.B.	Do.	24 Aug. 1900	5 Feb. 1901
W. Price, M.D.	Acting.	29 Sep. 1891	18 Nov. 1891	W. R. Browne, M.D.	Do.	1 Oct. 1888	30 June 1889	W. J. Niblock, M.B.	Do.	30 Mar. 1900	14 Sep. 1900	D. F. Dymott, M.B.	Do.	28 Mar. 1885	30 June 1886		Do.			T. C. Moore	Acting.	1 April 1893	30 June 1893	C. B. Harrison	Do.	6 Feb. 1901	3 April 1901
	Perma- nent.	19 Nov. 1891	6 April 1896	H. Allison, M.D.	Do.	1 July 1889	31 Aug. 1889	W. J. Niblock,	Perma- nent.	15 Sep. 1900	1 Aug. 1901	H. A. F. Natter, M.B.	Acting.	27 Oct. 1885	7 May 1886		Do.			G. G. Giffard	Do.	12 June 1894	3 July 1894	Dr. W. H. Murray, M.B., C.M.	Do.	4 April 1901	1 Aug. 1901
W. R. Browne, M.D.	Do.	6 Oct. 1893	5 July 1894	W. Price, M.D.	Do.	15 May 1890	28 Sep. 1890		Do.			J. Smyth, M.D.	Perma- nent.	1 July 1889	5 June 1896		Do.			R. Robertson	Do.	4 July 1894	11 Nov. 1895		Do.		
J. Maitland, M.D.	Do.	15 Aug. 1895	14 Sep. 1895	W. R. Browne, M.D.	Do.	1 Sep. 1889	31 Jan. 1890	W. J. Niblock, M.B.	Do.	30 Mar. 1900	14 Sep. 1900	F. C. Reeves	Acting.	7 April 1889	24 Sep. 1889		Do.			Dr. V. O. Taylor	Do.	22 June 1898	5 July 1898		Do.		
W. R. Browne, M.D.	Perma- nent.	7 April 1896	1 Aug. 1901	W. Price, M.D.	Do.	15 May 1890	28 Sep. 1890		Do.			G. C. Hall	Do.	10 April 1891	2 Sep. 1891		Do.			Dr. A. Woodward	Do.	7 April 1899	6 July 1899		Do.		
H. Allison, M.D.	Acting.	2 July 1897	2 Aug. 1897		Do.	29 Sep. 1890	8 Dec. 1890		Do.			A. E. Grant, M.B.	Do.	31 July 1892	11 Aug. 1892		Do.			F. D. S. Fayer	Do.	12 June 1890	12 July 1900		Do.		
J. Maitland, M.D.	Do.	26 May 1898	26 June 1898	W. R. Browne, M.D.	Perma- nent.	9 Dec. 1890	6 April 1896		Do.			E. H. Wright	Do.	12 Aug. 1892	21 Sep. 1892		Do.			C. Donovan, M.D.	Sub. pro tem.	14 Sep. 1900	1 Aug. 1901		Do.		
G. L. Walker, M.D.	Do.	5 April 1900	7 Jan. 1901	J. Maitland, M.D.	Acting.	7 April 1893	5 July 1894		Do.			D. Simpson, M.B.	Do.	7 May 1893	1 June 1893		Do.			G. G. Giffard	Acting.	21 Jan. 1901	2 April 1901		Do.		
				J. Smyth, M.D.	Do.	15 Aug. 1895	14 Sep. 1895		Do.			C. F. Fearnside	Do.	2 June 1893	2 Sep. 1893		Do.			H. St. J. Fraser	Do.	3 April 1901	11 May 1901		Do.		
					Do.	15 Sep. 1895	6 April 1896		Do.			O. L. Williams	Do.	3 Sep. 1893	5 Mar. 1895		Do.			P. C. Gabbett	Do.	12 May 1901	11 Aug. 1901		Do.		
				J. Maitland, M.D.	Perma- nent.	7 April 1896	1 Aug. 1901		Do.			G. G. Giffard	Perma- nent.	5 June 1895	6 Nov. 1899		Do.								Do.		
				J. Smyth, M.D.	Acting.	4 April 1896	3 July 1896		Do.			R. Robertson	Acting.	6 July 1896	11 Aug. 1896		Do.								Do.		
				H. Allison, M.D.	Do.	30 Mar. 1899	8 July 1899		Do.			E. H. Wright	Do.	12 Aug. 1896	4 Oct. 1896		Do.								Do.		
				F. J. Crawford,	Do.	30 Jan. 1900	16 Feb. 1900		Do.			Dr. A. C. Rendle, M.B.	Do.	17 April 1898	1 Dec. 1898		Do.								Do.		
				M.D.	Do.	31 Mar. 1900	11 May 1900		Do.			H. Fraser	Perma- nent.	7 Nov. 1890	1 Aug. 1901		Do.								Do.		
				H. Allison, M.D.	Do.	1 May 1900	25 June 1900		Do.			A. N. Fleming, M.B.	Acting.	6 April 1900	...		Do.								Do.		
				F. J. Crawford,	Do.	26 June 1900	14 Sep. 1900		Do.			T. E. Watson, M.B.	Do.	7 April 1900	3 July 1900		Do.								Do.		
				M.D.	Do.				Do.			R. H. Elliot, M.B.	Do.	1 Jan. 1901	5 Feb. 1901		Do.								Do.		
					Do.				Do.			O. M. Harrison, M.B.	Do.	6 Feb. 1901	8 April 1901		Do.								Do.		
					Do.				Do.			Dr. W. J. Murray, M.B., C.M.	Do.	4 April 1901	1												

STATEMENT A

Showing the number of dispensaries during the year 1925.

[Population of the City, 526,911.]

Class of dispensary.	Number opened on 31st December 1924.	Number opened during the year.	Number closed during the year.	Number opened on the last day of the year.	Remarks.
1	2	3	4	5	6
L—State-Public ...	1	Nil.	...	...	...

STATEMENT B

Showing the number of in-door and out-door patients treated in the State-Public of Government General Hospital, Madras, during the year 1925.

District.	Name of dispensary.	Of what class.	In-door patients.										Out-door patients.										Total number of patients treated, both in-door and out-door.											
			Total treated during the year.					Ratio of deaths per cent to total treated.	Number of beds available.					Daily average number.					Represented by friends socially.	Number treated.					Average daily attendance.									
			Men.	Women.	Children.	Total.	Men.		Women.	Children.	Total.	Men.	Women.	Children.	Total.	Men.	Women.	Children.		Total.	Men.	Women.		Children.	Total.									
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33		
Madras.	Government Dispensary, Madras.	Non-European.	5,946	1,555	462	246	8,372	5,044	1,311	869	682	800	299*	88*	276	47	92	53	25	11	83	400	72	85,165	...	...	...	...	...	...	...	...	...	...
		European ...	823	513	134	75	1,614	1,227	161	91	74	459	49	32	5627	3556	792	374	9149	4,524	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		State-Public.	6,871	3,068	638	331	9,916	6,299	1,472	990	734	734	742	357	100	332	74	116	11	83	90	48821	67,689	...	...	...	...	...	...	...	...	...	...	...
		Total	13,640	5,136	1,234	652	20,662	12,570	2,793	1,070	1,074	890	1,311	541	164	1,916	1,110	2,583	1,148	10,068	9,048	68,170	135,378	...	...	...	...	...	...	...	...	...	...	...

* Resides about 171 beds are common to both European and Non-European.

* Besides these 171 beds are common to both Europeans and Non-Europeans.

INSTRUCTIONS.

- (1) Statement B is intended to comprise only those institutions from which full information can be expected. These are State-Public, Local Fund and Private-aided Institutions.
- (2) The classification of patients should be made according to the following system: (a) In-door patients, (b) Out-door patients, (c) In-door and out-door patients.
- (3) In column 2 individual dispensaries should be named, and then B.—Female dispensaries. The whole statement will conclude with a provincial total for A.—General dispensaries, and a combined provincial total.
- (4) Patients in columns 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, and 31 all persons under 16 years of age should be treated as children.
- (5) Patients in columns 22, 23, 24, 25, 26, 27, 28, 29, 30, and 31 should include both those remaining from the previous year and those admitted during the year under report. The words "total treated" refer to the number of different individual cases. If, for example, the same person attends for 10 days, he should not be counted 10 times; if he reappears as a fresh case he should be counted again.

STATEMENT C

Showing the diseases, etc., of the in-door and out-door patients treated in the several classes of Medical institutions in the Madras Presidency, during the year 1925.

Diseases caused by infection.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
District.	Class of dispensary.	Number of in-door patients treated.		Number of out-door patients treated.		Cholera, Asiatic.		Dysentery.		Enteric fever.		Gono- coccal infection.		Syphilis (primary and second- ary).		Leprosy.		Malaria.		Plague.		Influenza.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
		For males.	For females.	Males.	Females.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
Madras.	{ Class States Public, Government General Hospital, Madras. }	257	100	6,371	3,045	...	...	5	5	365	61	275	23	268	9	290	7	332	14	...	...	539	36	...	...	387	5																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
		...	...	...	...	43,818	23,871	...	...	2,454	...	4	...	2,389	...	2,169	...	222	...	70	...	8,691	...	...	...	2,129	...																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
		257*	100*	6,371	3,045	43,818	23,871	5	5	2,819	61	279	23	2,657	9	2,449	7	554	14	70	...	9,930	36	...	...	2,516	5																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
Diseases caused by infection—cont.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
District.	Class of dispensary.	Relapsing fever.		Pneumo- coccal infection of the lung.		Pyrexia of uncertain origin.		Rheumatic fever.		Smallpox.		Ankylo- stoma.		Round- worms.		Other worms.		Tuber- oncles of the lung.		Other tubercular diseases.		All other infective diseases.		Anemia.		Berri-Beri.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
		Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			

* Besides these 171 beds are common to both Europeans and Indians.

STATEMENT C—cont.

Showing the diseases, etc., of the in-door and out-door patients treated in the several classes of Medical institutions in the Madras Presidency, during the year 1925—cont.

District.	Class of dispensary.	Other general diseases—cont.										Systemic diseases.									
		Diabetes.		Scurvy.		Rickets.		Other diseases due to disorders of nutrition and metabolism.		Diseases of the ductless or endocrine glands.		New growth.		All other general diseases.		Diseases of the nervous system.		Diseases of the eye.			
		Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.
Madras.	In-patients	92	1	48	9	44	8	74	18	91	1	222	7	194	6	213	12	206	29	...	55
	Out-patients	63	...	2	...	...	...	26	...	9	...	49	...	70	...	4,276	...	1,815	...	...	2*
	Total	155	1	50	9	44	8	100	18	100	1	271	7	264	6	4,489	12	2,021	29	...	85
District.	Class of dispensary.	Diseases of the ear.		Diseases of the nose.		Diseases of the circulatory system.		All diseases of the respiratory tract except pneumonia and tuberculosis of the lungs.		Diseases of the stomach.		Diseases of the intestines.		Abscesses of the liver.		All other diseases of the liver.		Acute or suppurative inflammation of the lymphatic glands.		Acute and chronic nephritis.	
		Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.
		Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.
Madras.	In-patients	111	1	68	...	306	26	271	16	248	38	276	16	74	6	193	16	72	5	166	36
	Out-patients	2,772	...	142	...	92	...	6,842	...	134	...	2,021	...	68	...	132	...	108	...	428	...
	Total	2,883	1	210	...	388	26	7,113	16	382	39	2,297	18	142	6	315	16	180	5	594	36

STATEMENT E

Number of in-door and out-door patients, according to class and sex, treated in the State-Public, Government General Hospital, Madras, in the year 1925.

District.	Name and class of dispensary.	Europeans and Anglo-Indians.						Hindus.						Muhammadians.						Others.				Total treated.
		Adults.			Children.			Adults.			Children.			Adults.			Children.			Adults.		Children.		
		Male.		Female.	Male.		Female.	Male.		Female.	Male.		Female.	Male.		Female.	Male.		Female.	Male.		Female.		
		3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19						
Madras.	Government General Hospital, Madras, Class I, State Public, 1925.	In-door	922	512	134	75	4,346	922	324	140	483	153	49	14	1,120	500	119	92	8,916					
			2,085	1,311	680	478	33,087	7,527	3,722	2,845	2,979	474	333	207	5,667	2,948	1,860	1,616		67,688				
			3,007	1,824	784	563	37,433	8,456	4,046	2,985	3,462	630	382	221	6,787	3,448	1,979	1,608		77,605				
		Total ..																						

INSTRUCTIONS.

- (1) Statement E is intended to comprise only those institutions from which full information can be expected. These are State-Public, Local Fund and Private-aided dispensaries (Classes I, III and IV of the classes shown in Statement A).
- (2) In filling up columns 5, 6, 8, 10, 11, 13, 14, 17, 18 all under ten years of age should be reckoned as children.
- (3) The number of individual patients and not the number of visits should be shown throughout.
- (4) The specimen form is primarily adopted for use in provinces of India proper. For the Burma Provincial report the arrangement of the columns may be altered as the Local Government sees fit.

STATEMENT E (SUPPLEMENT)

Number of in-door and out-door patients, according to class and sex, treated in the State-Public, Government General Hospital, Madras, in the year 1925.

District.	Name and class of dispensary.	Europeans and Anglo-Indians.						Hindus.						Muhammadians.						Others.						Total treated.
		Adults.			Children.			Adults.			Children.			Adults.			Children.			Adults.			Children.			
		Male.		Female.	Male.		Female.	Male.		Female.	Male.		Female.	Male.		Female.	Male.		Female.	Male.		Female.	Male.		Female.	
		3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	
Madras.	In-door ...	922	513	134	75	4,346	929	334	140	483	156	49	14	1,120	500	119	92	9,916								
	Out-door labour cases.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
	Other out-door cases reported by friends.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
	Oni-door ...	2,085	1,311	660	478	33,087	7,527	3,723	2,845	2,979	474	333	207	5,667	2,948	1,860	1,616	67,689								
	Total ...	3,007	1,824	784	553	37,433	8,456	4,044	2,985	3,462	630	382	221	6,787	3,448	1,979	1,808	77,605								

INSTRUCTIONS.

- (1) Statement E is intended to comprise only those institutions from which full information can be expected. These are State-Public, Local Fund and Private-aided dispensaries (Classes I, III and IV of the classes shown in Statement A).
- (2) In filling up columns 5, 6, 8, 10, 11, 13, 14, 17, 18 all under ten years of age should be reckoned as children.
- (3) The number of individual patients and not the number of visits should be shown throughout.
- (4) The specimen form is primarily adopted for use in provinces of India proper. For the Burma Provincial report the arrangement of the columns may be altered as the Local Government sees fit.

STATEMENT F

Showing the Results of the Surgical Operations performed in the Government General Hospital, Madras, for the year 1925.

Class of operations	Nature of operations.	Number of patients remaining from last year.	Number of operations performed during the year.			Number of patients operated on in columns 4 to 6.	Results of operations on patients.				Number of patients remaining at the end of the year.
			Primary.	Secondary.	Total.		Cured.	Relieved.	Discharged otherwise.	Died.	
1	2	3	4	5	6	7	8	9	10	11	12
Operations on tumours	1. Removal by excision ...	3	51	1	52	51	49	5	...	...	...
	Do. enucleation ...	...	2	...	2	2	...	...	...	...	...
	Do. curetting ...	...	2	...	2	2	...	...	...	...	...
	2. Destruction by electrolysis ...	...	1	...	1	1	...	...	...	...	...
	Do. cauterizing ...	...	...	...	...	...	...	...	...	...	...
Operations on cysts	Do. diathermy ...	...	...	...	...	...	...	...	...	...	...
	Do. cauterizing ...	...	7	3	10	7	...	...	...	...	...
	Exploratory puncture ...	...	2	...	2	2	...	...	...	...	...
	Removal of part for pathological examination ...	...	11	2	13	11	1	4	5	1	...
	Total ...	4	70	8	84	70	62	20	6	1	1
Operations on abscess	Removal by enucleation or excision ...	...	55	1	56	55	54	...	...	...	...
	Free incision and drainage † ...	...	...	2	2	...	...	...	...	...	...
	Aspiration ‡ ...	...	...	...	...	...	...	...	...	...	...
	Total ...	...	55	4	59	55	54	...	...	1	...
	Acute abscess—incision ...	3	1,321	27	1,348	1,321	1,303	6	4	1	11
Removal of foreign bodies	For chronic abscess—	...	46	8	54	46	37	6	...	2	1
	(a) Incision and drainage ...	...	...	...	...	...	...	...	...	...	...
	(b) Incision with erosion and immediate suture.	...	96	1	97	96	90	...	...	...	...
	(c) Aspiration with or without injection ...	...	...	...	...	...	...	...	...	...	...
	Total ...	3	1,464	36	1,500	1,464	1,480	16	5	3	13
Removal of foreign bodies	In the natural passages (excluding the ear and urethra).	...	20	1	21	20	19	...	...	1	...
	Impacted or imbedded substances (except in the eye ball).	...	42	2	44	42	43	...	...	...	...
	Total ...	...	62	3	65	62	61	...	...	1	...
	Ligature ...	...	...	...	...	...	...	...	...	...	...
	Arterial sympathectomy ...	...	...	...	...	...	...	...	...	...	...

Operations on arteries	Ligature * Intra arterial injections * Arterial sympathectomy	...	...	...	...	...	8	...	4	8	8	3	b	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
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† Preliminary to a radical operation.
 § For case of gastroenterostomy.
 || Secondary to operation on cyst.
 || Secondary after removal of part of thoracic wall.

STATEMENT F—cont.
Showing the results of the Surgical Operations performed in the Government General Hospital, Madras, for the year 1925—cont.

Class of operations.	Nature of operations.	Number of patients remaining from last year.	Number of operations performed during the year.			Number of patients operated on in columns 4 to 6.	Results of operations on patients.				Number of patients remaining at the end of the year.
			Primary.	Secondary.	Total.		Cured.	Relieved otherwise.	Died.		
1	2	3	4	5	6	7	8	9	10	11	12
Operations on bones ...	Incision of periosteum ...	...	1	...	1	1	...	1	...	...	...
	Osteotomy—	...	...	...	...	...	...	...	...	...	...
	Linear ...	...	1	...	1	1	...	1	...	...	...
	Cuneiform ...	2	5	...	5	5	...	2	...	...	...
	Wiring, phasing or otherwise uniting fractured bone.	1	210	9	219	210	193	3	5	7	4
	Removal of sequestra ...	5	61	9	60	61	38	12	1	1	3
	Excision, partial or complete ...	...	10	4	14	10	8	...	...	...	2
	Erosion of disease bone ...	...	21	5	26	21	14	3	2	...	2
	Enucleation of new growth ...	...	1	...	1	1	1	...	...	...	...
	Total ...	8	300	27	327	300	268	23	8	8	11
Operations on joints ...	Reduction of dislocation—	...	...	...	...	...	...	...	...	...	...
	Clavicle ...	...	1	...	1	1	1	...	...	...	...
	Shoulder ...	...	27	...	27	27	27	...	...	...	...
	Elbow ...	...	5	1	6	5	5	...	...	...	...
	Carpal ...	...	1	...	1	1	1	...	...	...	...
	Ankle ...	...	1	...	1	1	...	...	...	...	...
	Passive movements ...	...	13	10	23	13	10	4	2	...	1
	Aspiration of joints with or without injections ...	...	11	5	16	11	5	5	1	...	3
	Arthroscopy with or without drainage ...	...	14	2	16	14	8	3	1	...	...
	Arthroscopy for loose body ...	...	5	...	5	5	5	...	...	...	2
Operations on muscles, Tendons, Bursae and Fascia ...	Arthrodesis, partial or complete ...	...	19	1	19	18	14	5	...	1	...
	Erosion, partial or complete ...	...	...	...	...	...	1	...	...	...	...
	Arthrodesis ...	...	1	...	...	...	1	...	...	...	...
	* Wrenching and plaster casing for deformities.	...	3	2	5	...	...	2	...	...	1
	Total ...	11	99	21	120	99	78	20	4	1	7
	Tenotomy ...	...	2	1	3	2	2	...	...	...	...
	Union of divided tendon ...	...	2	...	2	2	...	...	...	...	...
	Tendon grafting ...	...	1	...	1	1	1	...	...	...	...
	Total ...	...	...	...	...	...	...	...	...	...	...
	Total ...	...	...	...	...	...	...	...	...	...	...

Amputations ...	Incision or removal of bursa ...	...	8	...	8	8	7	1	...	...	...
	Intraosseous injections *	...	3,960	...	3,960	3,960	...	3,960	...	...	...
	Total ...	...	3,973	1	3,974	3,973	12	3,961	...	...	...
	For injury—	...	...	...	...	...	...	...	...	...	...
	Upper arm, upper third ...	...	1	...	1	1	1	...	...	...	...
	Upper arm, middle third ...	...	2	...	2	2	...	...	...	...	2
	Upper arm, lower third ...	...	1	...	1	1	...	...	...	...	...
	Hands and fingers ...	...	8	...	8	8	...	2	1	...	1
	Thigh, middle third ...	...	...	...	...	...	...	...	...	...	...
	Knee ...	...	2	...	2	2	...	...	...	...	...
Operations on the skull ...	Excision of portion of skull ...	...	...	...	...	...	...	...	...	...	...
	Trephining ...	...	3	1	4	3	...	...	2	1	...
	Elevation of depressed bone ...	...	2	...	2	2	...	...	...	...	...
	Total ...	...	8	1	9	8	2	...	4	2	...
	Paracentesis of cerebral ventricles ...	...	3	...	3	3	1	...	2	...	...
	Lobar puncture of subarachnoid space with or without drainage ...	...	44	...	44	44	...	43	2	...	...
	Operation for spina bifida ...	...	1	...	1	1	1	...	...	...	...
	Total ...	...	45	...	45	45	1	43	2	...	...
	Plastic operation on face and lip—Face ...	...	1	1	2	1	1	...	...	...	...
	Plastic operation for harelip ...	...	3	...	3	3	3	...	...	...	...
Operations on the spine and spinal cord and meninges ...	Plastic operation on the parotid gland—	...	2	1	3	2	1	...	...	...	...
	For abscess ...	...	...	...	...	...	...	...	...	...	...
	Total ...	...	...	...	...	...	...	...	...	...	...
	Plastic operation on face and lip—Face ...	...	1	1	2	1	1	...	...	...	...
	Plastic operation for harelip ...	...	3	...	3	3	3	...	...	...	...
	Operations on the parotid gland—	...	2	...	2	2	1	...	...	...	...
	For abscess ...	...	...	...	...	...	...	...	...	...	...
	Total ...	...	...	...	...	...	...	...	...	...	...
	Plastic operation on face and lip—Face ...	...	1	1	2	1	1	...	...	...	...
	Plastic operation for harelip ...	...	3	...	3	3	3	...	...	...	...

* Secondary following on excision of elbow.

STATEMENT F—cont.
 Showing the results of the Surgical Operations performed in the General Hospital, Madras, for the year 1925—cont.

Showing the results of the surgical operations performed during the year.

Class of operations.	Nature of operations.	Number of patients remaining from last year.	Number of operations performed during the year.			Number of patients operated on in columns 4 to 6.	Results of operations on patients.				Number of patients remaining at the end of the year.
			Primary.	Secondary.	Total.		Cured.	Relieved otherwise.	Discharged otherwise.	Died.	
Operations on the parotid gland.	2	3	4	5	6	7	8	9	10	11	12
	For fistula ...	...	1	...	1	1	1	...	...	...	...
Operations within the mouth.	For new growth ...	...	3	...	3	3	3	...	...	...	...
	Total ...	...	10	2	12	10	9	1	...	...	...
	For cleft palate ...	...	2	...	2	2	2	...	...	...	...
	Removal of uvula ...	...	1	...	1	1	1	...	...	...	2
	Removal of tonsil ...	1	98	1	99	98	97	...	...	...	...
	Incision of peritonsillar abscess ...	...	5	...	5	5	5	...	...	...	...
	Removal of tongue, partial or complete ...	...	5	...	5	5	1	...	...	...	1
	On the teeth and gums ...	...	443	...	...	...	...	...	...	...	...
	Extraction ...	...	87	9	457	448	442	...	...	...	...
	Other dental operations ...	...	38	6	44	38	37	...	...	...	4
Operations on the nasal cavity and accessory sinuses.	Removal of new growths ...	...	684	...	...	684	654	...	...	...	7
	Total ...	1	684	17	701	684	654	18	4	2	...
Operations on the nasal cavity and accessory sinuses.	On nasal septum ...	...	1	...	1	1	1	...	...	...	...
	On turbinates ...	...	10	2	12	10	10	...	...	...	...
Operations on the nasal cavity and accessory sinuses.	For removal of polypus or other new growths ...	...	7	2	9	7	7	...	...	...	...
	On maxillary sinus ...	...	19	5	24	19	18	...	1	...	...
Operations on nasopharynx ...	Removal of adenoid growths ...	...	1	...	1	1	1	...	...	...	...
	Removal of new growths ...	...	1	...	1	1	1	...	...	...	...
Operations on nasopharynx ...	Total ...	...	2	...	2	2	2	...	...	...	...
	For new growths ...	...	1	...	1	1	1	...	...	...	...
Operations on the ear and mastoid process.	Incision of mastoid abscess ...	...	6	...	6	6	6	...	...	...	4
	Opening of mastoid antrum ...	...	14	...	14	14	9	...	...	...	...
	Complete mastoid operation ...	2	14	1	15	14	14	...	1	...	...
	Total ...	2	35	1	36	35	29	2	1	1	4

Operations on the larynx trachea and bronchi.	Laryngotomy ...	...	1	1	2	1	...	...	...	...	...
	Tracheotomy ...	...	3	2	5	3	...	...	...	...	...
Operation on the thyroid gland and accessory glands.	Removal of laryngeal growth ...	...	1	...	1	1	...	...	...	...	...
	Excision of larynx, partial or complete ...	...	7	4	11	7	3	...	...	...	...
Operations on the neck ...	Removal of new growths ...	...	2	...	2	2	2	...	...	...	...
	Excision of lymphatic glands ...	...	27	3	30	27	19	5	4	1	...
Operations on the naso-pharynx, pharynx, and oesophagus.	Passage of oesophageal bougie tube or catheter.	...	6	4	10	6	...	...	...	...	...
	Incision of abscess ...	...	6	...	6	6	4	...	...	...	2
Operations on the breast ...	Removal of breast complete with axillary glands.	...	1	...	1	1	10	...	...	...	1
	Removal of cyst or new growth ...	...	13	...	12	12	1	...	...	...	...
Operations on the thorax and its contents.	* Operation for gynaecomastia ...	...	8	...	8	8	8	...	...	...	...
	Pneumothorax of pleural cavity ...	...	22	...	22	22	18	1	...	...	3
Operations on the abdominal wall and cavity.	Removal of part of thoracic wall or of pleura ...	...	57	3	60	57	58	...	...	...	...
	Incision of abscess or laceration ...	...	5	62	67	62	3	60	...	...	3
Operations on the stomach ...	Gastrostomy ...	...	10	...	10	10	7	...	...	...	...
	Operation for external hernia for strangulation.	...	34	...	34	34	23	2	...	...	...
Operations on the intestines...	Paracentesis ...	...	225	...	225	225	216	...	...	...	...
	Laparotomy, exploratory ...	...	326	...	326	326	326	...	...	...	...
Total ...	Laparotomy, curative ...	...	44	...	44	44	14	...	...	...	...
	Gastrostomy ...	...	16	...	16	16	6	...	...	...	...
Operations on the stomach ...	Gastrostomy ...	...	655	5	660	655	271	350	8	26	8
	Suture for perforation ...	...	1	...	1	1	...	...	...	...	...
Total ...	Gastroenterostomy ...	...	263	...	263	263	236	...	...	...	...
	Gastrostomy with Gastroenterostomy ...	...	5	...	5	5	4	...	...	...	...
Operations on the intestines...	Enterostomy ...	...	272	1	273	272	244	...	...	...	...
	* Suture for perforation ...	...	1	...	1	1	...	...	...	...	...
Total ...	* For foecal fistula ...	...	6	...	6	6	...	...	...	...	...
	Ostostomy ...	...	1	...	1	1	...	...	...	...	...

STATEMENT II—cont.
Showing the results of the Surgical Operations performed in the General Hospital, Madras, for the year 1925—cont.

Class of operations.	Nature of operations.	Number of patients remaining from last year.	Number of operations performed during the year.			Number of patients operated on in columns 4 to 6.	Results of operations on patients.				Number of patients remaining at the end of the year.
			Primary.	Secondary.	Total.		Cured.	Relieved.	Discharged otherwise.	Died.	
1	2	3	4	5	6	7	8	9	10	11	12
Operations on the intestines— cont.	Intestinal anastomosis—										
	(a) With excision of small intestines	...	2	...	2	2	...	...	...	2	...
	(b) With excision of colon	...	3	...	3	3	...	...	...	2	...
	(c) Simple anastomosis of ileum and colon.	...	7	...	7	7	...	...	1	1	...
	Removal of Appendix of Caecum—										
Operations on the rectum and anus	(a) In the stage of acute inflammation	1	4	...	4	4	...	...	...	2	4
	(b) Do. Chronic inflammation	4	96	...	96	96	...	...	...	2	1
	(c) For appendicular abscess	...	7	...	7	7	...	...	...	...	...
	For intestinal obstruction...	...	9	...	9	9	...	...	...	...	...
	Total	5	141	1	142	142	141	110	11	5	16	6
Operations on the liver, gall bladder and bile ducts.	For congenital malformation	...	1	...	1	1	...	...	...	...	...
	Removal of hemorrhoids	...	114	...	114	114	...	...	...	...	...
	Dilatation of sphincter ani	...	3	...	3	3	...	...	...	...	...
	Incision or excision of anal fissure	...	6	...	6	6	...	...	...	...	...
	Do. fistula	2	84	1	85	84	...	...	...	...	...
Operations on the pancreas	* For prolapse recti	...	1	...	1	1	...	...	...	...	...
	* Sigmoidoscopy	...	9	...	13	9	...	...	...	...	...
	Total	5	218	4	222	218	200	15	6	...	2
	* Exploratory puncture	...	144	2	146	144	...	...	...	...	...
	Paracentesis of abscess	...	7	3	10	7	...	...	...	...	...
Operations on the spleen	Cholecystectomy	...	1	...	1	1	...	...	...	...	...
	Cholecystostomy	...	8	...	8	8	...	...	...	...	...
	Cholecystotomy	...	1	...	1	1	...	...	...	...	...
	Cholecystotomy	...	161	5	166	161	13	142	...	6	...
	Total	...	1	...	1	1	...	...	...	...	...
Operations on the spleen	Incision and drainage	...	96	...	96	96	...	...	...	...	...
	* Splenic puncture	...	4	...	4	4	...	...	...	...	...
	Splenectomy	...	99	...	99	99	...	...	...	...	...
	Total	...	...	...	...	...	...	...	...	...	...
	Total	...	...	...	...	...	...	...	...	...	...

Operations on the kidney	Neoplasia	...	3	1	4	3	2	1	...	...	...	...
	Nephrolithotomy	...	1	...	1	1	1	1	...	...	...	...
	Nephrectomy	...	1	...	1	1	2	...	...	...	...	...
	Total	...	5	1	6	5	5	1	...	...	...	...
Operations on the bladder	Bleeding	...	1	...	1	1	...	...	1	...	...	...
	Cystoscopy	...	6	...	13	6	4	...	...	...	...	...
	Cystostomy suprapubic	...	9	...	14	9	3	...	...	...	...	...
	Lithotomy do.	...	2	...	2	2	1	...	...	...	...	...
Operations on the prostate	Plastic operation for Ectopia vesicae	...	...	...	...	...	...	...	...	...	...	...
	Total	...	18	14	32	18	7	5	2	4	1	...
	Prostatectomy suprapubic	...	4	1	5	4	8	1	...	...	...	...
	Urethrosomy	...	108	97	205	108	...	...	...	...	...	...
Operations on the urethra	Dilatation of stricture (rapid)	...	16	1	17	16	9	1	...	...	...	...
	Urethrotomy, external	...	3	1	4	3	...	...	...	...	...	...
	Plastic operation	...	12	...	12	12	8	2	...	...	...	...
	* For extravasation of urine	...	140	99	239	140	107	28	4	...	...	...
Operations on male generative organs.	For paraphimosis	...	76	...	76	76	76	...	...	...	...	...
	Circumcision	...	186	...	187	186	...	...	...	...	...	...
	Amputation of penis, partial, or complete	...	28	...	28	28	30	1	...	...	...	...
	For misplaced testis	...	1	...	1	1	1	...	...	...	...	...
Operations on female generative organs.	Puncture or incision of tunica vaginalis—	...	349	...	349	349	333	17	...	...	...	...
	(a) For hydrocele	...	9	...	9	9	9	...	...	...	...	...
	(b) For haematocoele	...	31	...	34	31	28	...	...	...	...	...
	Removal of testis	...	1	...	2	1	...	...	...	...	...	...
Operations on female generative organs.	Vasectomy, partial	...	8	...	6	8	...	...	...	...	...	...
	Operation for varicocele	...	1	...	1	1	1	...	...	...	...	...
	* For hydrocele of the cord	...	37	...	37	37	85	1	...	...	...	...
	* For elephantoid scrotum by excision	...	10	6	727	722	695	20	4	5	8	...
Operations on female generative organs.	Total	...	722	...	727	722	...	...	...	...	...	...
	Ovariectomy	...	8	...	8	8	6	...	...	...	...	...
	Salpingectomy, partial or complete	...	1	...	1	1	1	...	...	...	...	...
	Fixation uterus ventral	...	1	...	1	1	1	...	...	...	...	...
Operations on female generative organs.	Currying of uterus	...	1	...	1	1	1	...	...	...	...	...
	Hysterectomy, partial or complete	...	5	...	6	5	4	...	...	...	...	...
	Canalisation of imperforata vagina	...	1	...	1	1	1	...	...	...	...	...
	Total	...	17	...	17	17	14	...	1	1	1	...

STATEMENT F (I) (REVISED).
Showing the results of Surgical Operations in the Government General Hospital, Madras, for the year 1925.

Class of operations.	Nature of operations.	Remaining from 1920.	Number of operations during the year.			Number of patients operated on in columns 3 and 4.	Results.				Remaining.
			Primary.	Secondary.	Total.		Cured.	Relieved, otherwise.	Died.		
1	2	3	4	5	6	7	8	9	10	11	12
Operations on tumors {	Removal by excision	3	51	1	52	51	49	5	...	...	...
	Removal by enucleation... ..	...	2	...	2	2	2	...	...	...	...
	Removal by diathermy	1	7	3	10	7	...	...	7	1	...
Operations on cysts ...	Total ...	4	60	4	64	60	51	12	1	...	...
	Removal by enucleation or excision	...	55	1	56	55	54	...	...	1	...
	Ligature	...	6	...	6	6	1	5	...	...	...
Operations on arteries ...	Ligature of artery proximal	...	1	...	1	1	...	...	1	...	...
Operations for aneurysm {	Removal of lymphatic glands by excision	1	23	4	27	23	17	3	...	2	2
Operations on lymphatics {	Removal of varicose lymphatic vessels	...	2	...	2	2	2	...	...	...	...
	Total ...	1	25	4	29	25	19	3	...	2	2
	Removal of ganglion gasserian... ..	...	1	...	1	1	1	...	...	...	...
Operations on nerves ...	Plastic operations for cicatrices and congenital malformations.	2	6	2	8	6	6	2	...	...	...
Operations on skin and subcutaneous tissue. {	Excision of elephantoid tissues	...	7	2	9	7	1	6	...	...	...
	Total ...	2	13	4	17	13	7	8	...	...	...
	Incision of periosteum	...	1	...	1	1	...	...	...	...	...
Operations on bones ... {	Osteotomy linear	...	1	...	1	1	...	...	...	...	...
	Do. cuneiform... ..	2	6	...	6	6	5	2	...	...	...
	Plating fractured bone	...	8	...	8	8	6	...	...	1	...
	Removal of sequestra	5	51	9	60	51	38	13	1	1	...
	Excision, partial or complete	...	10	4	14	10	8	...	...	...	...
	Enucleation of new growth	...	1	...	1	1	1	...	...	...	...
	Total ...	7	77	13	90	77	58	17	1	2	6

Operations on joints	Arthrocentesis for loose body	...	5	...	5	5	5	...	...	...	...
	Arthrocentesis, partial or complete	...	13	...	13	13	14	...	...	...	...
...	Arthrodesis	...	...	...	...	...	...	...	...	...	...
	Total	...	18	...	18	18	19	...	...	...	...
Amputations	For injury, arm, upper third	...	1	...	1	1	1	...	...	...	...
	Do. do. middle third	...	2	...	2	2	...	...	...	...	...
...	Do. do. lower third	...	1	...	1	1	1	...	...	...	...
	Do. thigh, middle third	...	...	...	...	...	...	...	...	...	...
...	Do. knee	...	2	...	2	2	2	...	...	...	...
	Do. leg, middle third	...	1	...	1	1	1	...	...	...	...
...	For disease through shoulder	...	...	...	...	...	...	...	...	...	...
	Do. arm, middle third	...	...	...	...	...	...	...	...	...	...
...	Do. arm, lower third	...	...	...	...	...	...	...	...	...	...
	Do. forearm, lower third	...	...	...	...	...	...	...	...	...	...
...	Do. thigh, upper third	...	...	...	...	...	...	...	...	...	...
	Do. thigh, middle third	...	...	...	...	...	...	...	...	...	...
...	Do. thigh, lower third	...	...	...	...	...	...	...	...	...	...
	Do. through the knee	...	...	...	...	...	...	...	...	...	...
...	Do. leg, upper third	...	...	...	...	...	...	...	...	...	...
	Do. leg, middle third	...	...	...	...	...	...	...	...	...	...
...	Do. leg, lower third	...	...	...	...	...	...	...	...	...	...
	Total	...	28	7	35	28	31	2	...	...	...
Operations on the skull	Excision of portion of skull	...	3	1	4	3	...	...	...	...	...
	Trephining	...	2	...	2	2	1	...	...	...	...
...	Elevation of depressed bone	...	3	...	3	3	1	...	...	...	...
	Total	...	8	1	9	8	2	...	...	...	...
Operation on the spine and spinal cord and meninges.	Operation for spina disca	...	1	...	1	1	1	...	...	...	...
	For harelip	...	3	...	3	3	3	...	...	...	...
Operations on the face	For new growth	...	3	...	3	3	3	...	...	...	...
	For cleft palate	...	2	...	2	2	2	...	...	...	...
Operations on the parotid gland.	Removal of tonsils	...	98	1	99	98	97	...	...	...	...
	Removal of tongue, partial or complete	...	5	1	6	5	1	...	...	...	...
Operations within the mouth.	Removal of new growths	...	17	2	19	17	6	...	...	...	...
	Total	...	122	4	126	122	106	7	1	2	7
Operations on nasal cavities and accessory sinuses	On nasolacrimal	...	1	...	1	1	1	...	...	...	...
	On maxillary sinus	...	7	...	7	7	7	...	...	...	...
...	...	...	8	2	10	8	8	...	...	...	...
	...	...	...	...	...	...	...	...	...	...	...

* Secondary to excision elbow.

STATEMENT F (I) REVISED—cont.

Showing the results of the Surgical Operations in the Government General Hospital, Madras, for the year 1925—cont.

Class of operations.	Name of operations.	Remaining from 1920.	Number of operations during the year.			Number of patients operated on in columns 4 to 6.	Results.				Remaining.
			Total.				Cured.	Relieved.	Discharged otherwise.	Died.	
			Primary.	Secondary.	Total.						
1	2	3	4	5	6	7	8	9	10	11	12
Operations on the nasopharynx.	Removal of new growth	...	1	...	1	1	1	...	...	...	...
	Opening of mastoid antrum	...	14	...	14	14	9	...	...	1	4
	Complete mastoid operation	...	14	1	15	14	14	1	1	...	...
Operations on the ear and mastoid process.	Total	2	28	1	29	28	23	1	1	1	4
	Removal of laryngeal growth	...	2	...	2	2	2	...	...	...	1
	Excision of larynx, partial or complete	...	1	...	1	...	1	...	...	...	...
Operations on the larynx, trachea and bronchi.	Total	...	3	1	4	2	3	...	...	...	...
	Removal of new growth	...	2	...	2	2	2	...	...	...	...
	Excision of lymphatic gland	...	27	3	30	27	19	5	4	1	...
Operations on the thyroid glands and accessory glands.	Removal of breast, complete with axillary glands	1	13	...	13	13	10	1	...	1	...
	Removal of cyst or new growth	...	1	...	1	1	1	...	...	...	1
	Total	1	13	...	13	13	11	1	...	1	1
Operations on breast.	Removal of part of thoracic wall or pleura	4	5	6	11	5	3	2	...	1	8
	Operations for external hernia	...	34	...	34	...	28	...	...	...	5
	Do. for strangulations	...	225	...	225	225	216	2	1	...	4
Operations on the abdominal wall and cavity.	Do. for Radical cure	3	44	...	44	44	14	10	5	13	1
	Laparotomy exploratory	...	16	...	16	16	6	4	2	2	3
	Do. curative	...	...	...	...	...	...	...	...	...	...
Operations on the thorax and its contents.	Total	8	319	6	324	319	264	22	8	25	8

Operations on stomach	Gastrostomy	...	1	...	1	1	...	...	...	...	...	1
	Gastrostomy with gastro-antrostomy	...	5	...	5	5	...	...	...	...	...	8
	Gastro-antrostomy	...	268	...	268	268	239	...	4	...	20	...
	Suture for perforation	...	3	...	3	3	1	...	...	...	2	...
	Total	11	272	1	273	272	244	4	4	22	9	...
Operations on the intestines.	Antrostomy	...	1	...	1	1	...	...	...	...	...	1
	Suture for perforation	...	6	...	6	6	...	...	...	...	...	...
	Colostomy	...	5	...	5	5	...	...	...	...	...	...
	Intestinal anastomosis after excision of small intestine.	...	2	...	2	2	...	...	...	...	...	...
	Do. ileo colostomy, simple	...	3	...	3	3	...	...	...	...	...	...
	Removal of appendix caecum—	...	...	...	...	...	...	...	...	...	...	...
	(a) In the stage of acute inflammation	...	4	...	4	4	...	...	...	...	...	1
	(b) In the stage of chronic inflammation	...	96	...	96	96	89	...	...	...	...	4
	(c) For appendicular abscess	...	7	...	7	7	...	...	...	...	...	...
	For intestinal obstruction	...	9	...	9	9	5	...	...	...	...	...
	Total	5	140	1	141	140	110	10	3	16	6	...
Operations on the rectum and anus.	For congenital malformation	...	1	...	1	1	...	...	...	...	...	...
	For prolapse rectum (by operation)	...	1	...	1	1	...	...	...	...	...	...
	Total	...	2	...	2	2	1	1	...	...	...	...
Operations on the liver, gall bladder and bile ducts.	Paracentesis of abscess	...	7	...	7	7	4	...	...	...	...	...
	Cholecystectomy	...	1	...	1	1	...	...	...	...	...	...
	Cholecystectomy	...	8	...	8	8	...	...	...	...	...	...
	Cholecystectomy	...	1	...	1	1	...	...	...	...	...	...
Operations on the pancreas.	Incision and drainage	...	17	...	17	17	11	...	...	...	...	...
	Splenectomy	...	1	...	1	1	...	...	...	...	...	...
Operations on the kidney and ureter.	Decapsulation	...	3	...	3	3	2	...	...	...	...	...
	Nephrolithotomy	...	1	...	1	1	1	...	...	...	...	...
	Nephrectomy	...	1	...	1	1	...	...	...	...	...	...
	Total	1	5	1	6	5	5	1	...	...	...	...
Operations on the bladder.	Cystostomy supra pubic	...	9	...	9	9	2	...	...	...	...	...
	Lithotomy do.	...	2	...	2	2	1	...	...	...	...	...
	Plastic operation for ectopia vesical	...	...	...	...	...	...	...	...	...	...	...
	Total	1	11	7	18	11	3	4	...	4	1	...

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STATEMENT F (I) REVISED—cont.

Showing the results of the Surgical Operations in the Government General Hospital, Madras, for the year 1925—cont.

Class of operations.	Name of operations.	Remaining from 1920.	Number of operations during the year.				Number of patients operated on in columns 4 to 6.	Results.				Remaining.
			Primary.	Secondary.	Total.	Cured.		Relieved.	Discharged otherwise.	Died.		
1	2	3	4	5	6	7	8	9	10	11	12	
Operations on the prostate. Operations on the urethra.	Prostatectomy ...	...	4	1	5	4	3	1	...	...	...	
	Urethrotomy external ...	1	16	1	17	16	9	5	1	...	2	
	* For extravasation of urine ...	...	12	...	12	12	8	2	2	...	...	
	Total ...	1	28	1	29	28	17	7	3	...	2	
		1	23	...	23	23	20	1	1	2	...	
Operations on the male generative organs.	Amputation of penis, partial or complete ...	...	...	...	...	...	...	...	...	...	...	
	Puncture or incision of tunica vaginalis—	...	...	...	...	...	...	...	...	...	...	
	(1) For hydrocele ...	6	317	...	317	317	318	...	...	...	5	
	(2) For Hematocoele ...	...	9	...	9	9	9	...	...	...	...	
	(3) Hydrocele of the cord ...	...	1	...	1	1	1	...	...	...	...	
Operations on the female generative organs.	Removal of testis ...	1	31	...	34	31	28	...	2	1	...	
	Operations for varicocele ...	...	8	...	8	8	8	...	...	...	...	
	* Removal of elephantoid scrotum ...	2	37	...	37	37	35	...	1	2	...	
	Total ...	10	426	3	429	426	419	2	3	5	7	
		...	8	...	8	8	6	...	1	...	...	
Operations on the female generative organs.	Ovariectomy ...	...	1	...	1	1	1	...	...	...	...	
	Salpingectomy, partial or complete ...	...	5	...	5	5	4	...	...	...	...	
	Fixation of uterus ventral ...	...	...	...	...	...	...	...	...	...	...	
	Hysterectomy, partial or complete ...	...	...	...	...	...	...	...	...	...	...	
	Total ...	...	15	...	15	15	12	...	1	1	1	
	Grand total ...	68	1,765	75	1,840	1,765	1,515	121	80	100	67	

SUPPLEMENTARY STATEMENT

Showing venereal diseases of in-door and out-door patients, by sexes, treated in the Government General Hospital, Madras, during the year 1925.

District.	Class of dispensary.	GONOCOCCAL INFECTION.										SYPHILIS (PRIMARY AND SECONDARY).									
		State, Public, Local Fund and private aided.					State-Special and Railway.					Private non-aided.					State, Public, Local Fund and private aided.				
		In-door.		Out-door.		Total treated.	In-door.		Out-door.		Total treated.	In-door and out-door.		Total treated.	Deaths.	Total treated.	In-door.		Out-door.		Total treated.
		Total treated.	Deaths.	Total treated.	Deaths.		Total treated.	Deaths.	Total treated.	Deaths.		Total treated.	Deaths.				Total treated.	Deaths.	Total treated.	Deaths.	
		Males.	Females.	Males.	Females.		Males.	Females.	Males.	Females.		Males.	Females.	Males.	Females.		Males.	Females.	Males.	Females.	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Madras.	Government General Hospital, Madras—	72	48	1	1,815	525	...	...	...	...	...	...	...	178	271	2	3	2,027	112	...	...
	Indians ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Europeans ...	9	3	...	31	18	...	...	...	...	...	...	...	16	6	2	...	16	4	...	...
	Total ...	81	46	1	1,846	543	...	...	...	...	...	...	...	194	277	4	3	2,043	116	...	...
	State, Public, Local Fund and private aided.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	State-Special and Railway.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Private non-aided.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Deaths ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total treated ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Males ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Females ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Indians ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Europeans ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

* Among these are included gonorrhoeal ophthalmia, gonorrhoea, rheumatism and salpingitis, pelvic abscess, gonorrhoeal cystitis and tertiary syphilitic lesions of the brain, spinal cord, skin, liver, bone and testis, etc.

STATEMENT III-B.

Selected List of Operations performed by each Medical Officer, Government General Hospital, Madras, for the year 1925.

Number.	Names of Surgeons.	Period on duty.	Operations performed																																		
			4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35			
			Excision of tumours.	Excision of joints.	Operations on bones.	Amputations through and above metacarpus.	Amputations through and above metatarsus.	Abdominal section.	Laryngectomy.	Removal of vesical calculus by incision.	Removal of vesical calculus by crushing.	Unexcision of tonsils and adenoids.	Operations on skull.	Operation for cleft palate.	Operation for detached nasal septum.	Operations for naso-pharyngeal polypus.	Excision of cheek or jaw for new growth.	Excision of tongue.	Excision of breast with glands.	(Operation on stomach.	Operation on intestines.	(Operation on gall bladder.	Operation on spleen.	Operation on kidney.	Operation for hernia.	Operation for strangulated hernia.	Operation for appendicitis.	Operations for ectopia vesicæ.	Operation on mastoid radical cure.	(Operation excision of testis.	Operations for elephantiasis.	Operations on prostate.	Operations for hydrocele or hæmatocele.	Amputation for cancer penis, partial or complete.			
1	Lieut.-Col. E. W. C. Bradfield, M.S., O.B.E., I.M.S.	1st Jan. to 20th Apr. and 21st to 31st Dec.	2	2	28	1	2	7	..	..	..	18	1	..	..	2	9	1	1	29	4	2	1	..	19	2	10	2	8	..	2	..	29	2			
2	Lieut.-Col. R. G. G. Croly, I.M.S.	27th Apr. to 20th Dec.	9	5	22	2	5	10	..	..	..	4	2	..	..	..	7	4	3	47	4	1	..	3	43	3	20	..	6	..	6	..	73	2			
3	Major K. G. Pandalar, I.M.S.	1st Jan. to 10th June and 26th June to 31st Dec.	20	9	44	3	17	24	2	2	..	46	8	2	1	7	9	1	2	107	6	6	2	3	92	6	39	..	3	..	11	3	118	4			
4	Dr. S. Ranga Acharyar.	1st Jan. to 16th Nov.	13	2	33	..	8	26	..	..	..	27	4	..	..	4	16	..	7	77	12	1	1	..	69	6	38	..	8	..	18	1	112	15			
5	Capt. T. Sankara Sastri, I.M.S.	2nd to 31st Dec.	1	1	4	..	..	1	..	..	..	..	..	..	..	..	1	..	..	5	..	..	..	..	1	2	..	..	2	..	..	..	5	..			
6	Capt. N. M. Mehta, I.M.S.	23rd June to 14th Sep.	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..			
7	Capt. P. Verdon, I.M.S.	1st Jan. to 18th June and 15th Sep. to 31st Dec.	..	..	2	2	3	8	..	..	..	..	..	..	..	..	..	..	..	8	..	..	..	..	..	16	..	2	2	..	2	..	2	..			
	Total	...	51	19	138	8	35	76	2	2	...	95	11	2	1	13	42	6	13	273	26	10	4	6	234	35	107	2	29	...	37	4	339	28			

STATEMENT H

Showing the Income and Expenditure of the Government General Hospital, Madras, in the year 1925.

District.	Name of dispensary.	Income.										Expenditure.										Closing balance.	
		Cash balance.	Government contribution.			Local fund contribution.	Municipal fund contribution.	Interest on investment.	Subscriptions.		Miscellaneous receipts (to include sale of securities).	Total receipts.	Salaries.				Medicines.			Buildings or repairs.	Investments.		Total expenditure.
			As salary.	Other wise.	As.				Euro-pean.	Indian.			Medical officers.	Nurses.	Inferior servants.	Euro-pean.	Bazaar.	Diet.	Miscellaneous charges.				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
Madras.	Government General Hospital, Madras-I Class, State-Public.	Rs. Nil.	Rs. 2,84,800	Rs. 3,01,124	Rs. ...	Rs. ...	Rs. ...	Rs. ...	Rs. ...	Rs. 34,133	Rs. 6,40,123	Rs. 1,06,462	Rs. 1,13,890	Rs. 65,134	Rs. 76,962	Rs. 9,746	Rs. 1,46,677	Rs. 1,47,753	Rs. 25,120	Rs. ...	Rs. 6,40,123	...	

INSTRUCTIONS.

(1) Statement is intended to comprise only those institutions from which complete information can be expected. These are: State-Public, Local Fund and Private-sided dispensaries (Classes I, III and IV of the classes shown in Statement A).

(2) Figures for individual dispensaries should be given, and dispensaries should be arranged in column 2 as in Statement B, except that district totals for general, female or combined institutions need not be given.

(3) Amounts and place should be omitted throughout.

(4) In column 18 should be shown (1) the pay of Surgeons, Assistant Surgeons, Apothecaries, Hospital Assistants and Indian Doctors, including special dispensary allowances (if any), and (2) the special dispensary allowances (if any) for medical officers and nurses, and (3) the pay of Civil Surgeons or other medical officers holding charge of the dispensary in addition to their ordinary civil work. The pay of Civil Surgeons or other medical officers should be shown in column 19.

(5) In column 15 should be shown the salaries of (1) compounders, dressers, etc., (2) manual servants, e.g., cooks, sweepers, chaukidars, etc.

FIRST PHYSICIAN'S WARDS.

These wards were in charge of Lt.-Col. F. F. Elwes, C.I.E., M.D., I.M.S., till the 28th October 1925 when I assumed charge of them.

The following is a comparative statement of the number of cases treated and deaths for the three years 1923 to 1925 :—

Class of patients.	1923.		1924.		1925.	
	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.
Non-Europeans	994	111	826	76	803	94
Europeans	686	43	726	40	662	32
Total	1,680	154	1,552	116	1,465	126

The following table shows the number of admissions and the result of treatment during the year under review :—

Class of patients.	Admissions.								Average daily sick.	Death rate per 1,000.
	Remained.	Admitted.	Total.	Cured.	Relieved.	Discharged otherwise.	Died.	Remaining.		
Non-Europeans	34	769	803	477	111	81	94	40	40.82	117.06
Europeans	31	631	662	474	82	34	32	40	36.28	48.33
Total	65	1,400	1,485	951	193	115	126	80	77.10	86.00

Minor operations performed during the year 1925.

Operations.	Non-Europeans.	Europeans.	Total.
1. Intramuscular and subcutaneous injections.	1,052	652	1,704
2. Intravenous injections	645	483	1,128
3. Paracentesis abdominis	87	4	71
4. Paracentesis thoracis	14	4	18
5. Lumbar puncture	9	1	10
6. Liver puncture	52	20	72
7. Spleen puncture	15	8	23
8. Venesection	12	7	19
9. Abscess opened	35	21	56
Total	1,901	1,200	3,101

Intramuscular and subcutaneous injections were mainly those of quinine, emetine, iron arsenite, sodium morrhuate, digalen, pituitrin, calcium chloride, morphia, omnopon, insulin, peptone and various vaccines and sera. Intravenous injections were mostly of antimony tartrate, urea stibamine, aminostiburea, salvarzan derivatives, quinine, iodine, alkaline glucose, saline glucose and one was blood transfusion.

Percentage of mortality.

Class of patients.	Total treated.	Deaths.	Percentage	Moribund cases.	Percentage excluding moribund cases.
Non-Europeans	803	94	11.70	28	8.22
Europeans	662	32	4.84	7	3.77
Total	1,465	126	8.60	35	6.21

Principal diseases treated and deaths.

Diseases.	Non-Europeans.			Europeans.			Total.	
	Total treated.	Deaths.	Remarks.	Total treated.	Deaths.	Remarks.	Cases treated.	Deaths.
Malaria { Benign tertian	64	...	...	48	...	...	107	...
Malaria { Malignant tertian	41	2	Both moribund.	30	1	Mixed infection of quartan.	71	3
Malaria { Quartan	4	...	...	...	...	...	4	...
Malaria { Chronic	21	...	...	...	...	...	29	...
Enteric	38	5	One complicated with pneumonia	35	3	One sudden heart failure, one complicated with pneumonia, one complicated with prolonged septicæmia.	73	8
Influenza	10	...	...	3	...	...	13	...
Pneumonia	62	14	Two double, five moribund.	39	4	One old man of 63, another admitted moribund.	91	18
Dengue	14	...	...	11	...	...	25	...
P.U.O.	33	3	All three admitted moribund.	29	2	One moribund ..	62	5
Kala Azar	67	4	Two complicated with pneumonia.	28	1	One complicated with pneumonia.	95	5
T.P.	44	9	Two moribund ...	38	3	One complicated with chronic parenchymatous nephritis	82	12
Asthma	20	...	...	15	...	...	35	...
Bronchitis	21	1	...	11	...	...	32	1
Pleurisy	9	...	...	4	...	...	13	...
Diseases of the heart	55	9	Two admitted moribund.	28	1	...	83	10
Pernicious anæmia	9	1	...	2	1	...	11	2
Hepatitis	6	...	...	6	...	...	12	...
Cirrhosis liver	39	6	Two admitted moribund, one infantile biliary cirrhosis.	2	...	...	40	6
Catarrhal jaundice	11	...	...	4	...	...	15	...
Diseases of the stomach	22	1	...	14	...	...	36	1
Diseases of the intestines	38	7	...	23	3	...	63	10
Dysentery { Amoebic	37	2	...	20	1	Admitted moribund.	57	3
Dysentery { Bacillary	30	4	Two cases moribund.	12	...	...	42	4
Nephritis { Acute parenchymatous	5	2	...	...	...	...	5	2
Nephritis { Chronic do.	16	1	...	4	...	...	20	1
Diseases of the brain	3	...	...	1	...	...	4	...
Diseases of the nervous system	18	4	Two admitted moribund.	12	3	One admitted moribund.	30	7
Diabetes mellitus	21	1	...	12	...	...	33	1
Other intestinal worms	11	1	Admitted with coma.	...	1	Admitted with coma.	17	2
Ankylostomiasis	27	...	...	3	...	...	30	...
Deficiency diseases	22	...	...	14	...	...	36	...
Rheumatism	25	2	...	4	...	...	29	2
Rheumatism	14	...	...	9	...	...	23	...

SPECIAL ANKYLOSTOMIASIS REPORT.

A.—Non-Europeans.

Place of residence.	Number treated.	Place of residence.	Number treated.
Royapuram	1	Malabar	2
Periamet	2	Cochin State... ..	1
Egmore	1	Arcoot	1
Washermanpet	1	Arkonam	1
Georgetown	3	Tindivanam	1
Chintadripet	1	Saidapet	2
Pudupet	1	Nellore	3
Park Town	1	Tiruvallur	1
		Cuddapah	1
		Destitute	3
		Total	27

Occupation.	Number treated.
Ryot	5
Student	4
Merchant	1
Cook	2
Cooly	9
No particular occupation	6
Total	27

Result of treatment.	
Cured	20
Relieved	6
Discharged otherwise	1
Died	Nil.
Total	27

B.—Europeans.

Place of residence.	Number treated.	Occupation.	Number treated.
Georgetown	1	Nil	1
Parasawakam	1	Nil	1
Negapatam	1	Nil	1
Total	3	Total	3

Result of treatment.	
Cured	3
Relieved	Nil.
Discharged otherwise	Nil.
Died	Nil.
Total	3

INTERESTING CASES AND OBSERVATIONS.

1. **An unusual case of cerebral malaria.**—R.V.T. aet. 23, student, was admitted on 5th November 1925 for fever, drowsiness and inability to talk. According to the history of his friend who brought him to the hospital, the patient suddenly developed fever on 1st November 1925 which subsided on the administration of some quinine, and he was apparently well on 2nd November 1925. But on 3rd November 1925 the fever recurred with distinct shivering, and the administration of quinine had no effect and the patient was observed to have become drowsy and not talking. Slight twitchings of the muscles all over were also noticed about this time.

At the time of admission on 5th November 1925 patient had a temperature of 101°, was in a semi-stuporose condition, apparently oblivious of his surroundings, unable to talk or understand direction. But he was not entirely unconscious, for when disturbed to make the necessary physical examination, he would look round in a dazed sort of way and sit up or lie down of his own accord. Slight tremors of the lips and fingers were noticeable. Examination revealed slight rigidity of all the muscles particularly on the right side, slight ptosis of the left eyelid, the knee jerks were brisk on both sides, but more on the right. Abdominal reflexes were sluggish. Plantar reflexes were flexor. Motor and sensory functions could not be investigated. The pupils were slightly contracted but equal and reacting to light.

There was no history or evidence of any trauma or middle ear disease. Heart sounds were normal, other systems too normal.

Examination of the blood revealed a well-marked Leucopenia, and repeated examinations failed to show any malarial parasites.

At 12-30 p.m. on 6th November 1925 the patient had a Jacksonian fit lasting about 3 minutes. He had another fit at 3 p.m. the same day.

Seven grains of acid quinine hydrochloride was administered intravenously the same afternoon and repeated the next morning with rapid amelioration of the symptoms. After the third injection of quinine the patient had completely recovered, temperature remained normal, and patient was able to talk and understand speech. He did not remember anything that happened during the three days of his unconsciousness. The injections were stopped and quinine was administered to him orally and the patient was apparently all right until 18th November 1925 when he got a rigor and sudden rise of temperature to 104°. Blood examination again failed to show any parasite, but the fever subsided on an intravenous injection of quinine. He was given two more injections and afterwards had an uneventful recovery. This was evidently a case of malignant tertian malaria which had affected the central nervous system in a manner not hitherto observed.

2. **A case of Diabetic Coma In a boy of ten.**—M.D. aet. 10, school boy, was admitted on the evening of 12th November 1925 for dyspnoea and pain in the chest. The only history which could be gathered from the relatives was that the boy was apparently in good health till the evening of 12th November 1925 when he was suddenly seized with difficulty of breathing and so was taken to the hospital. This attack lasted for over an hour and he was comfortable for the rest of the night. In the morning he had another attack lasting for half an hour. He had again another attack at 10 a.m. and another still at 12 noon. During these attacks, he showed marked air hunger, hyperpnoea and pain in the abdomen. A catheterised specimen of the urine showed: specific gravity 1028 with a trace of sugar but no albumin or ketone bodies. The patient was too bad for any investigations to be made on his alveolar air or his blood sugar. He was given straightaway 10 units of insulin at 12 noon with another 10 units at 2 p.m. Bowels were freely opened by means of enema and glucose and soda bicarb. administered by mouth. He had no attacks after the second dose of insulin. Blood sugar estimated 20 hours after the second dose of insulin, showed the rather high percentage of 0.16. Patient made a good recovery.

On 20th November 1925 the patient was found to have developed a pityriasisiform rash all over the body without any rise in temperature. No apparent cause could be found for the rash and it disappeared completely in three days' time without any treatment.

In this connection, it may be mentioned, that two cases of diabetes mellitus were admitted into the wards in a comatose condition where the onset of coma was precipitated by an attack of fever. Both were old men, long-standing cases of diabetes mellitus observing strict diet, and the only reason that brought on the coma was an attack of fever.

Both were put on energetic treatment: and one recovered; but the other, which was complicated from the onset with very bad intestinal paralysis and meteorism, succumbed.

Another interesting case was a unilateral diabetic neuritis resembling anaesthetic leprosy.

3. **A case of unilateral Diabetic Neuritis.**—S. M. aet. 32, was admitted on 7th December 1925 with anaesthesia of the right leg of one and a half years' duration. He gave a history of syphilis one year ago. His present complaint began with tingling of the dorsum of the right foot, which gradually spread up the leg. He did not feel any sensation on the part at the time of admission. Since the last three months, he stated that he notices desquamation of the toes of the affected foot commencing on the inner side of the great toe which had gradually spread to two more toes.

Physical examination elicited normal reflexes and sensation on the left side, but greatly diminished sensation on the right. There was practically no sensation to touch at all on the right leg till about the upper third of the right tibia. Thermal sensation was lost for a higher distance; vibration sense lost over the anaesthetic area; pupil reflexes normal; no enlargement of the ulnar or peroneal nerve.

Desquamation of the skin over the medial three toes of the right side. There was a small ulcer present under the ball of the third toe which was quite painless. Other systems were normal.

A portion of the skin over the upper third of his right tibia was cut out and sent to the Pathologist who reported it negative for acid-fast bacilli. The patient never felt any pain while his skin was being cut. His nasal smear too was negative for acid fast bacilli. Urine showed a specific gravity of 1028 with 2 per cent sugar and no albumin or ketone bodies. Blood sugar after 12 hours' starvation showed a percentage of 0.18. A carbohydrate tolerance estimation showed the curve of a mild diabetes.

The patient was put on strict diet and the sugar disappeared from the urine. But the condition of the leg was not much improved after treatment.

3. A case of amoebic abscess occurring in the left lobe of the liver and bursting into the left lung.—M., aet. 36, European, Planter, was admitted on 9th December 1925 with a history of irregular fever, cough, and spitting of blood. He did not give any previous history of lung trouble of any sort, but admitted he had colitis in the beginning of the year for which he took 2 injections of emetine, and the condition improving, he dropped it off. The present complaint started with pain in the left shoulder and left side of the chest about 3 months ago. The pain was worse when he lay on his left side. Later on he began to cough bringing up blood-stained sputum which gradually increased in quantity, and on his admission into the hospital on 9th December 1925 he was found to be continuously coughing, bringing up copious amounts of expectoration deeply mixed with blood. He was running an intermittent temperature ranging between 101° and normal. Physical examination of the chest showed the whole left base absolutely dull without any breath sounds in that area. X-Ray examination on 16th December 1925 showed a patch of opacity involving the left base with the left diaphragm pulled up. Wassermann reaction of the blood was negative. Repeated examination of the sputum failed to show any tubercle bacilli or evidence of malignant growth or broncho spirochaetosis. On 25th December 1925 the patient was put on hypodermic injections of emetine hydrochloride one grain a day. There was immediate improvement in the condition of the patient: the temperature, cough, and expectoration diminishing markedly. After the 4th day of emetine therapy, the temperature remained normal throughout, and the expectoration was almost nil. He was given 6 more injections of emetine making a total of 10, and then X-rayed again, when his left base appeared much clearer. His improvement was steady and uneventful and when discharged on 11th January 1926, he was found to have increased in weight by a stone. This was evidently a case of amoebic abscess occurring in the left lobe of the liver and bursting into the left lung. The colitis he said he was suffering from in the beginning of the year was really amoebic dysentery, the careless handling of which brought about the hepatic abscess.

Kala-Azar and its treatment.—The year started with potassium and sodium antimony tartarate being the main drugs in the treatment of kala-azar, the course of treatment being 20 injections. Towards the latter half of the year urea stibamine has been extensively used in the treatment of the disease; and it is found to be the most satisfactory drug in combating the malarial. It is certainly an improvement on the old tartar-emetie treatment inasmuch as the course of treatment is much shorter and the improvement in the condition of the patient more rapid. In the 35 cases treated last year with the drug it was observed that after the 3rd or 4th injection the temperature remained normal, the spleen diminished markedly in size and the cachexia appreciably lessened. The course of treatment extended from 8 to 10 injections, the total quantity of the drug used being 1.3 to 1.7 grams. No untoward effects were noticed either during the administration of the drug or in the course of the treatment. A spleen puncture was made in a few cases on the completion of treatment and the splenic juice on culture showed no trace of *L. Donovanii*. Except for the price of the drug which still remains rather high, urea stibamine could be considered the most popular drug in the treatment of kala-azar.

Amino Stiburea.—Three cases of kala-azar were treated with Amino-Stiburea. One absconded from the hospital before the completion of the treatment; but the other two received the full course of 8 injections. The improvement in these cases was quite noticeable and spleen puncture at the end of the course was negative. Amino-stiburea is also quite satisfactory in the treatment.

Hymenolepis nana.—It is worth mentioning that one case of infection by hymenolepis nana was under treatment in my wards during the year. The patient was a Policeman in the City of Madras and was admitted into hospital for dysentery. While his motions were being examined for amoebae the ova of hymenolepis nana were detected in numbers. His motions further contained amoebic cysts and ova of ankylostoma duodenalis, and ascaris lumbricoides. He was put on a course of tæniacide treatment which however failed to produce the worm.

Encephalitis Lethargica in South India.—That encephalitis lethargica is far from rare in South India is shown by the number of cases exhibiting the sequela of this disease, who are admitted to the General Hospital, Madras. The acute form is less commonly seen.

Patient No. 1 described in this report as an unusual case of cerebral malaria was suspected by me for some time as being of such a nature, but the prompt effect of intravenous quinine and the rapid clearing up of the condition pointed very strongly to this being a case of cerebral malaria. The following are the notes of another case which I am more inclined to regard as one of encephalitis lethargica in its acute condition :—

Hindu, male, student, age 16 years. Complained of fever and headache with pain all over the limbs for 3 days. He gave a history of malaria 6 months previously and recurrent precordial pain which used to go on month after month lasting an hour or so and accompanied by giddiness. The present illness began 10 days before admission. When he was walking in the streets of Madras he felt dizzy, sat down on the side of the road and was brought home unconscious by some friends. This unconscious condition lasted for about one hour and since then he has had three or four similar attacks. He has had no convulsions. For the last three days he had continuous fever with headache but no rigor. He complains of pain generally throughout the joints. On admission he was found to be in a lethargic condition but capable of being aroused and of giving sensible answers when questioned. His blood was repeatedly negative to malarial parasites and his temperature which was on admission a 102.6° came down to normal in a few days without the administration of quinine. On examination, his deep reflexes were distinctly brisk, the abdominal reflex was absent on the left side and the planter response was flexor. His pupils were dilated, the left being more so than the right, and sluggish to light. There appeared to be some paresis of the left external rectus muscle and there was some ptosis on the same side. Otherwise his cranial nerve functions seemed normal. Sensation appeared to be normal all over. Kernig's sign was described as being slightly present on the left side. On lumbar puncture, the cerebral fluid was perhaps under slightly increased pressure. Microscopically a few Red Blood cells and Polymorpho-nuclears were found in the sediment. The Albumin was 1 per cent. No specific organism could be isolated. The patient made an uninterrupted recovery and was discharged after a stay in hospital of four weeks apparently perfectly cured.

Pernicious Anaemia.—Out of the eleven cases of Pernicious Anæmia treated in the wards, one presented a typical picture of sub-acute combined degeneration, one other case presented early signs of the onset of this condition.

Diabetes.—Seventeen cases of Diabetes in all were treated. Two were admitted comatose and died. Most of the others refused to submit to prolonged treatment in hospital, but of those who did, nearly all were found to have very septic mouths, and this condition having been remedied the carbo-hydrate tolerance was very much improved. One case which was admitted to hospital with aceto-acetic acid in the urine was discharged on approximately normal diet with sugar-free urine after 2½ months' treatment with gradually decreasing doses of Insulin.

G. E. MALCOMSON, M.D., Major, I.M.S.,
Acting First Physician.

SECOND PHYSICIAN'S WARDS.

The wards were in charge of the following Medical Officers during the year 1925:—

Major G. E. Malcomson, I.M.S., from 1st January to 31st May 1925 and 1st July to 28th October 1925.

Lt.-Col. F. F. Elwes, I.M.S., from 1st to 30th June 1925.

Major Skinner, I.M.S., from 29th October to 31st December 1925.

I.—Table showing the number of admissions and the result of treatment during the year 1925.

Class of patients.	Admissions.								Average daily sick.	Death-rate per 1,000.
	Remained.	Admitted.	Total.	Cured.	Relieved.	Discharged otherwise.	Died.	Remaining.		
Europeans	17	189	206	145	20	17	15	9	12.71	72.61
Non-Europeans	41	792	833	487	184	70	114	28	39.09	136.85
Total	58	981	1,039	632	154	87	129	37	51.80	124.15

II.—Percentage of mortality.

Class of patients.	Total treated.	Deaths.	Percentage of deaths.	Moribund cases.	Percentage of deaths excluding moribund cases.
Europeans	206	15	7.28	4	5.34
Non-Europeans	833	114	13.68	46	8.16
Total	1,039	129	12.41	50	7.60

III.—Minor operations.

Nature of operations.	Europeans.	Non-Europeans.	Total.
Intravenous injections	185	710	895
Liver Puncture	10	31	41
Spleen Puncture	7	37	44
Opening of abscesses	3	42	45
Paracentesis abdominis	8	120	128
" thoracic	2	14	16
" spinal canal	7	18	25
Total	222	974	1,196

IV.—Principal diseases treated.

Diseases.	Europeans.			Non-Europeans.			Total treated.
	Total treated.	Deaths.	Remarks.	Total treated.	Deaths.	Remarks.	
Malaria { Benign tertian	18	...	.....	71	...	.....	84
{ Malignant tertian... ..	9	1	1 case admitted moribund ...	45	8	4 cases admitted moribund.	54
{ Quartan ... ..	...	...	.....	3	...	.....	3
{ Chronic	3	...	.....	19	...	.....	22
Kala-Azar	13	1	1 case complicated with canceromoris.	46	4	2 cases admitted moribund.	59
Enteric	12	2	.....	32	4	Do.	45
Lobar Pneumonia	7	1	.....	46	9	4 cases admitted moribund.	53
Influenza	4	...	.....	22	...	.....	26
Dengue fever	12	...	.....	27	...	.....	39
Smallpox ... ..	...	...	.....	18	...	.....	18
Chicken-pox	1	...	.....	3	...	.....	4
Measles	3	...	.....	9	1	4 cases complicated with broncho pneumonia.	12
Whooping cough	2	...	.....	3	...	.....	5
Diphtheria	5	...	.....	9	4	3 cases admitted moribund, 1 case complicated with pneumonia	14
Cholera Asiatica	2	2	2 cases admitted moribund.	17	10	9 cases admitted moribund.	19
Hydrophobia ... ..	...	...	.....	4	4	4 cases admitted moribund.	4
Tubercle of the lungs	9	1	.....	40	14	1 case admitted moribund.	49
Other tuberculous infections	2	...	.....	12	2	2 cases complicated with diarrhoea.	14
Diseases of the stomach	3	1	1 case of cancer	9	...	...	12
Enteritis	3	...	.....	21	3	3 cases of acute enteritis in children.	24
Dysentery { Amoebic	8	...	.....	34	2	1 case admitted moribund; 1 case chronic dysentery	42
{ Bacillary	3	...	.....	20	5	5 cases admitted moribund.	23
Cirrhosis of liver	2	...	.....	26	7	2 cases admitted moribund.	28
Other diseases of liver	6	...	.....	11	...	.....	17
Pleurisy { Dry	3	...	.....	7	...	.....	10
{ With effusion	1	...	.....	8	...	.....	9
Asthma	6	...	.....	11	...	.....	17
Bronchitis	3	...	.....	17	...	.....	20
Broncho-pneumonia	7	1	.....	31	13	2 cases admitted moribund.	38
Valvular diseases of the heart.	2	...	.....	14	1	.....	16
Myocarditis	5	2	.....	20	6	2 cases admitted moribund.	25
Nephritis, acute	1	...	.....	12	1	.....	13
Nephritis, chronic paraneurymatous.	1	...	.....	8	2	.....	9
Nephritis, chronic interstitial.	3	1	.....	8	3	1 case admitted moribund.	11

IV.—Principal diseases treated—cont.

Diseases.	Europeans.			Non-Europeans.			Total treated.
	Total treated.	Deaths.	Remarks.	Total treated.	Deaths.	Remarks.	
Meningitis (cerebro spinal) ...	4	2	.....	7	3	.....	11
Diseases of nervous system ...	7	...	.....	38	2	.....	45
Hemiplegia ...	3	...	.....	12	2	.....	15
Ankylostomiasis ...	3	...	.....	13	...	.....	16
Other intestinal worm infection.	1	...	.....	10	...	.....	11
Deficiency disease ...	3	...	.....	11	...	.....	14
Diabetes mellitus ...	1	...	.....	9	2	1 case admitted moribund, 2 cases admitted with coma.	10
Pernicious anæmia ...	...	...	.....	6	2	.....	6
Diseases of the skin ...	2	...	.....	6	...	.....	8

V.—Ankylostomiasis report.

A.—Non-Europeans.

Place of residence.	Number treated.	Occupation.	Number treated.
Madras—Georgetown ...	1	No occupation ...	4
Choolai ...	2	Destitute ...	1
Vepery ...	1	Coolie ...	1
Royapuram ...	1	Clerk ...	1
Malabar ...	2	Labourers ...	3
Chingleput ...	2	Traders ...	2
North Arcot ...	1	Police constable ...	1
Travancore ...	1		
Destitute ...	2		
Total...	13	Total...	13
		Result of treatment—Cured ...	10
		Relieved ...	3
		Discharged otherwise... Nil.	
		Died ...	Nil.

B.—Europeans.

Madras—Vepery ...	1	No occupation ...	3
Royapuram ...	1	Result of treatment—Cured ...	3
Georgetown ...	1		
	3		

A constant difficulty in adequate treatment arises from the fact that a large number of cases requiring after treatment, specially in the form of adequate nourishment, cannot be kept in as the beds are required for more urgent cases. In the two months during my charge of the wards there were no cases calling for special remarks.

J. M. SKINNER, Lt.-Col., I.M.S.,
Second Physician.

THIRD PHYSICIAN'S WARDS.

I took charge of the wards from Dr. T. S. Tirumurthi, B.A., M.B. & C.M., who was in charge from the beginning of the year till 12th May 1925.

I. Statement of admissions and discharges.

Admissions and discharges.						Deaths.	Remaining.	Average daily sick.	Death rate per 1,000.
Remained.	Admitted.	Total.	Cured.	Relieved.	Discharged otherwise.				
17	407	424	272	62	28	42	20	21.67	99.05

II. Percentage of mortality.

Total treated.	Deaths.	Percentage of deaths.	Moribund cases.	Percentage of deaths excluding moribund cases.
424	42	9.9	12	7.07

III. Minor operations.

Intramuscular injections ...	24
Intravenous injections ...	149
Paracentesis abdominis ...	21
Do. thoracis ...	6
Liver puncture ...	18
Lumbar puncture ...	Nil
Abscess opened ...	15
Total ...	233

IV. Principal diseases treated with their mortality.

Diseases.	Total treated.	Deaths.	Remarks.
Malaria, benign tertian ...	46	...	
" malignant tertian ...	14	2	
" malignant and benign tertian ...	2	...	
" chronic ...	8	...	
Enteric ...	14	3	
Influenza ...	19	3	
Pneumonia ...	18	2	
Kala-azar ...	10	5	3 complicated with dysentery, 1 complicated with T.P. and 1 cancrum oris and dysentery.
P.U.O. ...	5	...	
Tuberculosis of lung ...	45	2	
" of intestines ...	8	2	
" of spine ...	1	...	
Bronchial asthma ...	12	...	
Pleurisy, dry ...	2	...	
" with effusion ...	4	1	
Bronchitis ...	4	...	
Diseases of heart ...	25	5	
" stomach ...	9	...	
" intestines ...	9	1	
" nervous system ...	15	...	
Cirrhosis of the liver ...	7	...	
Catarrhal jaundice ...	3	...	
Dysentery, amebic ...	6	...	
" bacillary ...	1	1	
Nephritis, acute, parenchymatous ...	14	4	
" chronic, interstitial ...	2	...	
Hemiplegia ...	6	...	
Diabetes mellitus ...	2	...	
Diseases of the generative organs ...	8	...	
Ankylostomiasis ...	15	...	
Syphilis ...	4	...	
Pernicious anæmia ...	3	...	
Arteriosclerosis ...	2	...	
Tonsillitis ...	2	...	
Rheumatism ...	8	...	
Deficiency diseases ...	1	...	
Measles ...	1	...	
Smallpox ...	1	...	
Myellium niger ...	1	...	
Poisoning ...	1	...	
Exophthalmic goitre ...	1	...	
Retention of urine ...	1	...	
Chyluria ...	1	...	

V.—Report on hookworm disease.

Place of residence.					Number treated.
Madras ...	Georgetown	...	...	...	5
	Periamet	...	...	...	2
	Triplicane	...	...	...	2
	Perambar	...	...	...	1
	Park Town	...	...	...	2
	Mylapore	...	...	...	2
	Teynampet	...	...	...	1
					15
Result cured					11
Relieved					4
Total					15

Kala-azar and its treatment.—Nineteen cases of kala-azar were treated in these wards during the year. Prior to my taking over charge, 8 cases were treated with injections of tartar-emetic alone. These required from 16 to 26 injections of the drug for complete subsidence of the fever and marked diminution in the size of the spleen. One of these cases proved fatal being complicated with T.P. and one was discharged early at the patient's request and the remaining 6 were discharged cured.

In 4 cases treatment was begun with tartar-emetic, but the temperature not having reached normal after 8 to 12 injections, treatment by urea stibamine had to be resorted to; a course of 4 to 6 injections was enough to stop the fever and to effect a rapid decrease in the size of the spleen. All of these cases were discharged cured.

For the remaining 7 cases urea stibamine alone was used. One of these cases, after 3 injections, died, being complicated with cancrum oris and dysentery. Another case was an old patient suffering from kala-azar treated 6 months' back with a course of 11 injections of tartar-emetic but had relapsed and this was discharged cured after a course of 12 injections of urea stibamine. In the remaining 6 cases, 4 injections of urea stibamine was sufficient to bring down the fever. But a further course of 4 injections were required to keep the temperature down permanently and to reduce the size of the spleen appreciably. All of these were discharged cured. Thus our observations tend to show that urea stibamine has all the advantages over tartar-emetic claimed for it except of course the cost and that a course of 8 injections of the drug suffice for a complete cure of the disease.

AN UNUSUAL CASE OF HYSTERIA.

Name S. Age 23. Hindu female. Admitted on 1st June 1925 into Victoria Ward with a history of having had convulsions for ten days. On admission into Hospital she seems to have had two fits in succession lasting for five minutes. The patient on admission was in a drowsy condition lying quite helpless with her eyes closed. She would not answer any question put to her. In about half an hour after admission she got another fit.

Description of the fit.—The fit started as a clonic spasm beginning with face muscles with the head distorted, eyes staring, tongue protruding between the teeth and drawn to one side. Both the extremities took part in the convulsive movements. The patient also injured her tongue slightly and the lips badly during the fit. Corneal reflex was absent. It was noteworthy that the patient passed motions and urine during the fits.

Past history—Patient had an attack of convulsions five years ago, three months after her first delivery. It lasted for about six days with a couple of fits a day. No recurrence of the fits at or after the second confinement. No trouble about menstrual periods. The present complaint began about ten days prior to admission to hospital and she was getting ten to twenty fits a day not regaining her consciousness in the interval.

Condition of the patient on admission.—Temperature 102·8. Well nourished, muscular, inclined to be adipose. Patient semi-conscious, does not understand what is spoken to her, but takes her food all right.

Examination.—Blood: No parasites found. Urine: Drawn by catheter: contains no albumin, no sugar, Sp. Gr. 1020 Blood Pressure: Systolic 130, Diastolic 90.

Treatment and progress.—The patient was put on triple Bromides with Tr. Valerian, etc., on 18th June 1925. On 19th June 1925, the patient put on effervescent quinine mixture. Pulvis calomel was given.

On the 20th June the temperature came down to normal and the fits appreciably decreased. On the 21st, she was talking freely and answering questions put to her. On the 22nd she was found walking about the ward and was quite alright. On the 24th the patient was discharged from hospital hale and hearty at her own request, she having had no fits after the 20th June 1925. This case is reported for its marked similarity to epilepsy which it resembles in the following respects:—

1. Absence of corneal reflex during fits.
2. Passing of motions and urine in bed involuntarily during the fit.
3. Injury to the tongue.

I have much pleasure in recording my appreciation of the good work done by my Assistant Surgeon Mr. John Devasikhamoni, L.M. & S., who carried out the duties of an Assistant with zeal and to my entire satisfaction.

GOVERNMENT GENERAL HOSPITAL,
Madras, 23rd March 1926.

M. N. CHAUDHURI, Lt.-Col., I.M.S.,
Acting Third Physician.

FOURTH PHYSICIAN'S WARDS.

These wards were in my charge from 1st January to 31st December 1925 except the period between 1st June to 30th June 1925 when Lieut.-Col. M. N. Chaudhuri, I.M.S., was in charge.

I. Tabular statement of admissions and discharges.

	Admissions and discharges.					Discharged otherwise.	Died.	Remaining.	Average daily sick.	Death rate per 1,000.
	Remained.	Admitted.	Total.	Cured.	Relieved.					
Europeans	11	212	223	175	18	7	10	18	18.59	44.84
Indians	42	1,062	1,104	692	182	93	104	38	45.45	94.20
Total	53	1,274	1,327	867	200	100	114	46	50.04	85.91

II. Principal diseases and their mortality.

Diseases.	Total treated.			Deaths.		
	Non-Europeans.	Europeans.	Total.	Non-Europeans.	Europeans.	Total.
Amæbic dysentery	54	15	69	3	...	3
Bacillary dysentery	1	1	2	...	...	...
Enteric	28	9	37	5	2	7
Pneumonia	18	7	25	5	1	6
Broncho pneumonia	19	2	21	4	...	4
Pleurisy with effusion	15	1	16	1	...	1
Do. dry	...	2	2	...	...	...
Diaphragmatic pleurisy	1	2	3	...	...	...
Influenza	55	14	69	1	1	2
Malaria { Benign tertian	131	27	158	2	...	2
{ Malignant tertian	34	9	43	4	...	4
{ Chronic	23	1	24	1	...	1
{ Quartan	1	1	2	...	...	...
{ Acute	6	1	7	...	...	...
Nephritis { Sub-acute	25	3	28	4	...	4
{ Chronic	8	1	9	1	...	1
Hemiplegia	4	2	6	...	...	...
Epilepsy	3	1	4	...	...	...
Diseases of the nervous system	21	10	31	...	...	...
Hepatitis	9	2	11	...	...	...
Liver abscess	3	...	3	...	...	...
Tuberculosis of lung	61	10	71	13	2	15
P.U.O.	7	...	7	2	...	2
Hypothyroidism	2	...	2	...	...	...
Pernicious anemia	4	...	4	1	...	1
Ascariasis	18	6	24	1	...	1
Kala-azar	71	10	81	12	1	13
Acute rheumatism	4	1	5	...	1	1
V.D.H.	39	3	42	11	1	12
Myocarditis	14	...	14	3	...	3
Aneurysm	1	...	1	...	...	...
Anæmia	3	...	3	...	...	...
Chronic gastritis	17	2	19	...	...	...
Peptic ulcers	15	1	16	...	...	...
Cirrhosis liver	48	2	50	1	...	1
Tubercular peritonitis	38	...	38	7	...	7
Diabetes	3	2	5	...	...	...
Beri beri	1	1	2	...	...	...
Deficiency disease	9	3	12	...	...	...
Ankylostomiasis	61	1	62	1	...	1
Rheumatoid arthritis	5	...	5	1	...	1
Dengue	6	1	7	...	...	...
Asthma	13	6	19	...	...	...

III. Tabular statement of minor operations.

	Indians.	Europeans.
Paracentesis abdominis	72	6
Do. thoracis	8	...
Intravenous injections	1,066	144
Intramuscular injections	129	32
Venesection	6	3
Lumbar puncture	3	...
Total	1,384	184

All relieved.

IV. Percentage of mortality.

	Total treated.	Deaths.	Percentage of deaths.	Moribund cases.	Percentage of deaths excluding moribund cases
Europeans	223	10	4.48	2	8.58
Indians	1,104	104	9.42	22	7.42
Total	1,327	114	8.59	24	6.77

V. Hookworm Report.

Total treated 62. Died 1.

Madras District—		Malabar	6
Choolai	5	Chingleput	2
Chintadripet	4	Arkonam	3
Georgetown	9	Nellore	2
Parasawakam	3	St. Thomas' Mount	1
Periamet	2	Tanjore	3
Royapetta	4		
Triplicane	3		
Destitute	15	Total	62

Occupation.

Wanderers and unemployed	24	Servants	4
Coolies and sweepers	9	Ryots	14
Clerks	6		
Constables	2		
Students	3	Total	62

Results.

Cured	48	Discharged otherwise	6
Relieved	7	Death	1
		Total	62

CASE REPORTS.

Tumours of spleen.—

1. *Gumma spleen.*—A Muhammadan, male, aged 35, was transferred to the ward from the Surgical side on 1st July 1925 with an enlarged spleen and a low temperature. The spleen extended as far as the umbilicus (6" below costal margin) below and 1½ inches to the right of the mid sternal line. A tender area over the middle of the spleen with apparent fluctuation was explored by the Surgical side with a syringe, but no pus was found and so he was transferred to Medical. The patient gave a previous history of Malaria, and was given a course of quinine treatment, with intravenous neutral iodine, and X-ray exposures for the spleen, but with no reduction in the size of the spleen. Wasserman reaction was found to be positive. Hence given a course of Neo-Salvarsan injection. After the first injection the spleen began to decrease in size rapidly and when the patient was discharged on 6th August 1925 the spleen was only 1½ inches below the costal margin in the left nipple line. From the response to treatment and tender spots in spleen, one is led to believe the case to have been really a syphilitic spleen—probably gumma.

2. *Cyst of the spleen.*—A Hindu, male, aged 28, was admitted in the ward on 8th July 1925 with a large tumour in abdomen mainly on the left side extending below as far as the iliac fossa and to about 8 inches to the right of the mid-sternal line. It was fluctuating and the edges were rounded. A cyst of the spleen was suspected and the case transferred to the

Surgical side for exploration and treatment. On opening a large cyst containing brownish fluid was found arising from the spleen. The splenic tissue was flattened and adherent to the cyst. The cyst along with the spleen was removed.

Syphilitic myelitis.—A Muhammadan, male, aged 40, was admitted for inability to use lower limbs and retentions of urine in my wards on 26th September 1925.

Nervous system.—Pupils active, grips equal on both sides, abdominal and epigastric reflexes present on both sides. Complained of girdle pain about the level of the posterior superior iliac spine. The right lower limb lying helpless on its outer side. It was slightly warmer than the left. Knee jerks and Babinski's signs absent on the right but present on the left. Flexor plantar response on the right side. Sensations normal on both sides. Cremasteric reflex present on both sides. The whole trouble started 20 days previously with pain and stiffness of the 3 outer toes of the right foot. Then pain over the right limb and then girdle pain at the level of the posterior superior iliac spine. Then inability to use the right limb and later on inability to pass urine set in. Had intense pain over the first lumbar spine.

Wasserman reaction positive strong. A course of Neo-Salvarsan given and after the first injection the symptoms improved considerably. After the second he was able to walk, and pass urine voluntarily.

Treatment of Kala-azar with antimony salts and herpes.

Four consecutive cases of Herpes were observed within a short period of 3½ months. All the cases were treated with 2% solution of Antimony Tartarate.

Case II showed the distribution along the course of 1st, 2nd and 3rd dorsal nerves and occurred after 9 injections of Sodium Antimony Tartarate (7 gm.).

Case III showed the distribution along the course of 8th, 9th and 10th dorsal nerves and occurred after 13 injections of Sodium Antimony Tartarate (1.1 gms.).

Case IV showed the distribution along the course of 5th, 6th and 7th dorsal nerves and occurred after 23 injections of Sodium Antimony Tartarate (2.15 gms.).

Case I showed distribution along the course of 8th, 9th and 10th dorsal nerves.

In Case III the juice from the Herpes vesicle showed L.D. Bodies. Culture proved negative as the media became contaminated and no flagellates could be grown. It is of interest to note that the distribution in these cases is entirely restricted to the Dorsal nerve roots.

M. R. GURUSWAMI MUDALIYAR, B.A., M.D., C.M.,
Fourth Physician.

HONORARY PHYSICIAN'S WARDS.

Dr. N. Venkataswami Chettiyar Avargal, M.B. & C.M., continued to hold charge of these wards from 1st January to 2nd July 1925 when he left to join his appointment to the Provincial Medical Service. I took over charge on 20th August 1925. During the interval the beds relapsed to their original units and were absorbed into the 1st, 2nd and 3rd Physician's Wards.

Statement of admissions and discharges.

	Admissions and discharges.								Average daily sick.	Death rate per 1000.
	Remained.	Admitted.	Total.	Cured.	Relieved.	Discharged otherwise.	Died.	Remaining.		
Europeans ...	...	...	...	...	...	...	...	...	...	...
Non-Europeans ...	31	596	627	388	114	44	58	23	28.09	92.50
Total ...	31	596	627	388	114	44	58	23	28.09	92.50

Percentage of mortality.

	Total treated.	Deaths.	Percentage of deaths.	Moribund cases.	Percentage of deaths excluding moribund cases.
	627	58	9.25	10	7.65

Minor operations performed during the year 1925.

Operations.	Number.
1. Intravenous injections ...	725
2. Intramuscular injections ...	430
3. Paracentesis abdominis ...	28
4. Do thoracis ...	3
5. Spleen puncture ...	28
6. Liver puncture ...	5
7. Lumbar puncture ...	3
8. Venesection ...	10
9. Abscess opened ...	3
Total ...	1,235

Report on hookworm diseases.

Localities.	Number treated.	Cured.	Relieved.	Died.
Poonamallee ...	1	1	...	...
Nellore ...	1	1	...	...
Saidapet ...	1	1	...	...
Madras ...	4	4	...	...
Malabar ...	4	1	...	...
Chingleput ...	1	1	...	...
South Arcot ...	1	1	...	...
Valavanur ...	1	1	...	...
Vellore ...	1	1	...	...
Malapalli ...	1	1	...	...
Perambur ...	1	1	...	...
Destitute ...	11	10	...	1
Total ...	28	27	...	1

Principal diseases treated with their mortality.

Diseases.	Total treated.	Deaths.	Remarks.
Malaria ... { Benign tertian 54	...	...	Both cerebral types.
... { Malignant tertian 44	...	2	
... { Quartan 4	...	...	
... { Chronic 27	...	...	
Kala-azar 33	1	...	Complicated with pneumonia.
Enteric 19	4	...	One complicated with pneumonia.
... { Lobar 27	10	...	Three moribund and 4 with double pneumonia.
Pneumonia ... { Broncho 25	2	...	
Influenza 30	1	...	Complicated with pneumonia.
Bronchitis 7	...	...	
Dengue 7	...	...	
Asthma 8	...	...	
Pyrexia due to uncertain cause 1	...	...	
Pyrexia due to fœcalis alkaligenes 2	1	...	
... { Lung 46	7	...	One admitted moribund and one complicated with diarrhoea.
Tuberculosis ... { Glands 8	...	...	
... { Intestines 6	2	...	
... { Peritonitis 5	1	...	
Caries of the spine 1	...	...	
Pleurisy ... { Dry 2	...	...	
... { With effusion 1	...	...	
Bronchiectasis 3	1	...	
Diseases of the heart 34	4	...	One moribund.
Do. stomach 21	...	...	
Do. intestines 28	3	...	One admitted moribund.
Do. nervous system 7	...	...	
Do. muscles 4	...	...	
Hemiplegia 7	...	...	
Pernicious anaemia 6	1	...	
Splenomedullary leukaemia 1	...	...	
Anaemia 6	...	...	
Hepatitis 8	...	...	
Hepatic abscess 1	...	...	
Cirrhosis of liver 21	4	...	One admitted moribund.
Catarrhal jaundice 1	...	...	
Obstructive jaundice 1	...	...	
Cancer of liver 1	...	...	
Banti's disease 2	...	...	
Dysentery ... { Amœbic 31	...	...	
... { Bacillary 9	4	...	One admitted moribund.
Nephritis ... { Acute parenchymatous 3	...	...	
... { Chronic parenchymatous 5	1	...	
... { Chronic interstitial 8	8	...	One complicated with cerebral hæmorrhage.
Uraemia 1	1	...	Comatose and admitted moribund.
Beri beri 2	...	...	
Diabetes mellitus 3	...	...	
Encephalitis lethargica 1	1	...	
Mediastinitis 1	1	...	
Smallpox 3	...	...	
Measles 1	...	...	
Neurasthenia 3	...	...	
Endocrine deficiency 2	...	...	
Starvation acidosis 1	1	...	Admitted moribund.
Diseases of brain 5	1	...	
Do. skin 4	...	...	
Filariasis 5	...	...	
Meningitis 1	...	...	
Rheumatism 2	...	...	
Ankylostomiasis 28	1	...	Complicated with diarrhoea.
Diseases due to other intestinal worms 2	...	...	
Tetanus 1	...	...	
Gumma liver 1	...	...	
Syphilis 2	...	...	
Cancer of uterus 1	...	...	
Arthritis knee 1	...	...	
Rheumatoid arthritis 3	...	...	
Gon. arthritis 1	...	...	
Cellulitis leg 1	...	...	
Aneurysm 1	...	...	

C.—OBSERVATIONS.

Banti's disease.—Two cases of Banti's disease were treated in the wards. In both X-ray exposures reduced the size of the spleen and improved the condition of the patient. Another point now turning up in the differential diagnosis of Banti's disease from other splenic enlargements is the Urea-stibamined Kala-azar cases where the spleen puncture is sterile but the spleen still remains enlarged.

Bacillus Faecalis Alkaligenes.—One Indian male and one Indian female patient showed infection with *Bacillus Faecalis Alkaligenes*. The main clinical symptoms were like Typhoid fever. The *Bacillus* was isolated in one case, and the other gave positive serum reaction 1 in 100. Subsequent cultures proved sterile. Widal's test for *Bacillus Typhosus*, Para Typhoid A, B and C were negative in both cases.

Diagnosis of Kala Azar.—(1) (*Gel. Test*).—This has been found unsatisfactory as an aid to diagnosis. Apart from other diverse conditions giving a positive reaction, cases of Kala Azar have given negative readings with this test.

(2) *Ratio of white Blood Corpuscles to Red Blood Corpuscles.*—This has been also found unreliable.

(3) *Spleen puncture.*—Where peripheral blood does not show Kala Azar parasites, spleen puncture is resorted to in these wards. It has been found that in the present cases peripheral findings have been few as compared to the very large number of cases (over 90 per cent) where they were detected by me while working under Donovan. Probably this is due to the milder type of cases that come to the ward now. In some cases whilst liver puncture has given negative results, spleen puncture has been positive.

Urea Stibamine in Kala Azar has been found very satisfactory. Cases are discharged cured after 6 to 10 injections, thus reducing the stay in hospital from 25 to 40 days. No severe reaction has been noticed nor any untoward results. All cases after Urea Stibamine have their spleen juice cultured and are discharged cured only if the culture is sterile.

GOVERNMENT GENERAL HOSPITAL,

Madras, 10th March 1926.

T. KRISHNA MENON,

M.B., C.M., M.R.C.S., L.R.C.P.,

Honorary Physician.

FIRST SURGEON'S WARDS, 1925.

Lieut.-Col. E. W. C. Bradfield, O.B.E., M.S., I.M.S., from 1st January to 10th April and Lieut.-Col. R. G. G. Croly, I.M.S., from April to December were in charge of S-1 wards during the year.

The following table shows the number of patients treated during the year :—

Class.	Remaining.	Admission.	Total.	Cured.	Relieved.	Discharged otherwise.	Died.	Remaining.
Europeans	8	208	214	187	15	11	10	11
Non-Europeans	61	1,068	1,129	745	144	100	75	65
Total	69	1,274	1,343	912	159	111	85	76

Mortality—

The following table shows the operative work done during the year 1925 :—

Class.	Remaining on 1 Jan. 1925.	Operated during the year.	Total.	Cured.	Relieved.	Discharged otherwise.	Died.	Remaining.
Europeans	8	107	110	87	18	2	4	3
Non-Europeans	33	773	806	545	182	10	37	28
Total	41	880	916	632	200	12	41	31

Mortality—

The following table shows the important operations done during the year 1925 in the First Surgeon's Wards :—

Name of disease.	Total number operated.	Cured and relieved.	Discharged otherwise.	Died.	Remaining.
Removal of tumours—					
By Excision	5	5	...	...	...
By Enucleation	1	1	...	...	...
By Diathermy	6	6	...	...	...
Removal of cyst	8	8	...	...	...
Operation on Bones—					
Cuneiform Osteotomy	3	3	...	...	...
Sequestrectomy	21	20	1	...	...
Operation on Joints—					
Excision Semi-Lunar cartilage	3	3	...	...	...
Excision of joint	6	6	...	...	...
Operation on Skull and Brain—					
Trephining for Cerebral Tumour	2	...	1	...	1
Elevation of depressed fracture	2	...	1	...	1
Operation on Parotid tumour	1	1	...	...	...
Operation on lip—					
Removal of new growth	2	1	...	...	1
Operation on Jaw—					
Removal of new growth	12	12	...	...	...
Operation on Mouth—					
Removal of Tonsils	25	25	...	...	...
Operation on Ear—					
Schwartz's operation	14	11	1	...	2
Operation on Lymphatics—					
Glands neck tubercular	9	8	...	1	...
Gland submaxillary (Growth fibroma)	1	1	...	...	...
Gland neck (Cancerous)	1	...	1	...	...
Glands in other places	4	4	...	...	...
Gland groin (Cancerous)	1	...	1	...	...
Operation on Breast—					
Removal of growth with or without glands	3	2	...	...	1
Removal of cyst	1	1	...	...	...
Operation for abscess (Acute)... ..	36	32	...	...	4
Do. do. (Chronic)	24	22	...	...	2
Operation for External Hernia—					
Ventral	2	2	...	...	...
Inguinal Hernia	55	50	2	...	...
Strangulated Hernia	3	3	...	...	...
Laparotomy curative for Tubercle	2	...	...	...	2
Exploratory Laparotomy for Acute abdomen and Tumours	15	9	5	1	...

Name of disease.	Total number operated.	Cured and relieved.	Discharged otherwise.	Died.	Remaining.
Operation on Stomach—					
Gastrostomy with Gastroenterostomy	3	2	...	...	1
Gastroenterostomy	76	68	5	1	...
For perforated Duodenal ulcer	2	1	1	...	...
Operation on Intestines—					
For Tub. caecum (Excision and Lateral anastomosis)	5	4	1	...	...
For Typhoid perforation	2	1	1	...	...
For Intestinal Obstruction	8	1	2	...	...
Operation on Appendix—					
Acute appendicitis	2	1	1	...	...
Chronic appendicitis	28	26	...	...	2
Operation on Rectum and Anus—					
For Piles	31	31	...	...	...
For Fissure	4	4	...	...	...
For Fist-in-ano	7	7	...	...	...
For Stricture	1	1	...	...	...
Sigmoidoscopy	5	4	...	1	...
Operations on Liver—					
Cholecystectomy	2	1	1	...	...
Cholecystotomy	1	1	...	...	...
Operation on Spleen—					
Removal of spleen	1	...	1	...	...
Operations on Kidney—					
Decapsulation	1	1	...	...	...
Nephrolithotomy	1	1	...	...	...
Nephrectomy	1	1	...	...	...
Operations on Urethra—					
Dilatation of stricture for Urinary fistula	21	21	...	...	...
External Urethrotomy	6	6	...	...	...
Plastic operation for Urinary fistula	1	1	...	...	...
Operation for cancer penis	4	4	...	...	...
Operation for Hydrocele	108	104	...	...	2
Operation for Elephantoid scrotum	8	7	...	...	1

The following table taken from the wards of seven surgeons shows the increasing amount of gastric surgery that is being done at the General Hospital. Many of these patients were a very poor operative risk and the operative mortality rate is not excessive. With increasing experience especially in nursing, our own figures have shown steady improvement but it is still very difficult to carry out thorough pre-operation treatment amongst Indian patients. We have entirely given up the Fowler position after operation except for lung complications and as a result the patients are happier, their convalescence is easier, post-operative vomiting is less and we have practically eliminated those deaths from cardiac failure upon which we commented in a previous report. The operations have been mainly Gastroenterostomy. We do not feel justified in performing partial Gastrectomies for gastric ulcers on the poor material (physically) which comes to a Indian hospital and though we have not been able to do any follow-up work this year the increasing numbers of these patients seeking admission and who now often demand an operation, would seem to fully justify our practice.

(A)

	Total number operated.	Mortality.
1918	8	2
1919	6	1
1920	9	2
1921	12	0
1922	118	10 (8.4 per cent.)
1923	208	29 (13.9 do.)
1924	199	22 (11.0 do.)
1925	259	19 (7.3 do.)
Total	821	85 (10.35 do.)

Table B shows the sites and characters of the ulcers found at operation.

1. Ulcers of Duodenum—

First part	527	...
Junction of 1st and 2nd part	33	...
Second	4	564

2. Ulcers or stenosis of Pylorus

(These are probably all duodenal.)

126

3. Ulcers of the stomach—					
Lesser curvature	...	...	...	36	...
Greater curvature	...	...	...	4	...
Anterior surface	...	...	...	10	...
Posterior surface	...	...	...	10	60
4. Ulcers not classified	...	...	...	...	24
5. Multiple ulcers (i.e. found in both stomach and duodenum).	...	...	...	...	17
6. Cancer of stomach—					
Pylorus (1)	...	...	...	17	...
Lesser curvature	...	...	...	5	...
Cardiac end	...	...	...	1	...
Not classified	...	...	...	2	25
7. Growths (Cancer) duodenum	...	...	...	...	2
					818

(1) Some of these not submitted to Pathological Examination were probably inflammatory.

Six duodenal ulcers and two pyloric ulcers were described as perforated. Perforation does not appear to be a common complication among Indian patients.

Appendicitis.—In a former report, we commented upon the increasing prevalence of this disease amongst Indians and the following table shows the admissions during the year :—

	Chronic.	Acute.	Total.
Hindus	48	4	52
Muhammadans	5	...	5
Indian Christians	17	...	17
Anglo-Indians	3	...	3
Other castes	1	...	1
Europeans	18	6	24
	92	10	102

Tetanus.—In the past two years, 63 patients were admitted for this disease among whom only 36.3 were cured. Treatment has generally been too late and our isolation sheds are very unsuitable places in which to treat this and in fact any contagious disease.

Fractures.—A review of the types of fracture met with among Indian patients has proved very interesting and the incidence of fractures of the lower extremity, since all are admitted, is reproduced. Why is Pott's fracture so rare amongst Indians? Is it because of their footwear or because there are no curbs on Indian pavements?

	1923.	1924.	1925.	Total.
Fracture pelvis	5	4	8	12
Fracture femur (Neck of femur) Extracapsular fracture	20	34	23	77
neck of femur including fractures of trochanter.	...	8	2	5
Fracture shaft of femur	35	83	38	101
Fracture lower end	1	...	4	5
Fracture both bones leg	29	45	45	119
Pott's Fracture	8	1	6	10
	98	120	116	329

GOVT. GENERAL HOSPITAL,
Madras, 3rd June 1926.

E. W. C. BRADFIELD, M.S.,
Lieut.-Col., I.M.S.,
First Surgeon.

SECOND SURGEON'S WARDS.

These wards were in charge of Major K. G. Pandalai, M.B., F.R.C.S., I.M.S., throughout the year.

Table I shows the total admissions during the year :—

Class of patients.	Remained.	Admitted.	Total.	Cured.	Relieved.	Discharged otherwise.	Died.	Remaining.
European	7	142	149	116	7	11	3	12
Indian	67	1,272	1,339	851	151	200	97	60
Total	74	1,414	1,488	967	158	211	100	72

The average mortality is 6.7 per cent including moribund cases which comprised roughly about one-third of the total figure. Neglected and moribund cases continue to be a problem both in medical and surgical wards; besides increasing the mortality rate of the Institution, they take up beds which could be more fruitfully utilized for less hopeless cases and until the general practitioners and the public realize the advantages of earlier treatment and good Nursing in a well-equipped modern Hospital, the situation would remain unchanged.

Table II gives an analysis of the operative work done during the year :—

Class of patients.	Remained.	Operated.	Total.	Cured.	Relieved.	Discharged otherwise.	Died.	Remaining.
European	...	99	99	61	24	5	3	6
Indian	26	880	906	668	140	27	43	33
Total	26	979	1,005	724	164	32	46	39

Operative mortality—4.56 per cent.

Nature of operations.	Number of operations	Cured.	Relieved.	Discharged otherwise.	Died.	Remaining.	Remarks.
Operation on tumour by excision	8	5	3	...	...	...	
Curetting	2	...	1	...	...	1	
Diathermy	1	...	...	1	...	...	
Removal of a section of a growth or gland.	3	1	2	...	...	...	
Operation on cysts, Enucleation and removal	10	8	1	...	1	...	
Opening of abscess, acute by incision	43	29	10	2	1	1	
Opening of chronic abscess	8	5	2	...	1	...	
Aspiration of cold abscess	6	4	2	...	...	...	
Removal of foreign bodies	8	6	2	...	...	...	
Periarterial sympathectomy	2	1	1	...	...	...	
Transfusion of blood	2	2	...	...	...	...	
Removal of lymphatic glands	8	4	3	...	1	...	
Injections into nerve or ganglion	5	1	4	...	...	...	
Removal of ganglion, gasserian	1	...	1	...	...	...	
Plastic operations of skin and subcutaneous tissue.	6	3	2	...	...	1	
Skin grafting	1	1	...	...	...	...	
Curetting of sinuses	16	7	8	...	...	1	
Cellulitis of different parts	10	4	8	...	3	...	
Excision of carbuncles	15	10	2	...	2	1	
Repairing of wounds	2	2	...	...	...	...	
Operation on the skull for trigeminal neuralgia.	1	1	...	...	...	...	
Paracentesis of cerebral ventricles	2	1	...	...	1	...	
Hare lip	2	2	...	...	...	...	
Removal of new growth on lip	7	1	3	1	...	2	
Tumour of the parotid gland	1	1	...	...	...	...	
Cleft palate	2	2	...	...	...	...	
Removal of tonsils	48	46	...	...	...	2	
Removal of tongue (cancer)	1	...	...	...	1	...	
Operation on teeth and gums	2	1	...	1	...	...	

Nature of operations.	Number of operations.	Cured.	Relieved.	Discharged otherwise.	Died.	Remain- ing.	Remarks.
Deflected nasal septum ...	1	1	...	...	...	...	
Removal of new growth ...	2	2	...	...	...	...	
Removal of hypertrophied inferior turbinals ...	1	...	1	...	...	...	
Removal of nasal polypus ...	5	3	2	...	...	...	
Operations on maxillary antrum ...	5	4	1	...	...	...	
Operation on oesophagus dilata- tion.	6	2	4	...	...	...	
Incision for Mastoid abscess ...	4	4	...	...	...	...	
Opening of the Mastoid antrum ...	8	8	...	...	...	...	
Laryngectomy ...	2	1	...	...	...	1	
Laryngo fissure ...	2	2	...	...	...	...	
Cut Throat ...	2	2	...	...	...	...	
Removal of Laryngeal growth ...	1	1	...	...	...	...	
Removal of new growth of thyroid.	1	1	...	...	...	...	
Excision of lymphatic glands ...	4	2	2	...	...	...	
Abscess breast ...	3	3	...	...	...	...	
Cancer breast ...	2	1	...	...	1	...	
Paracentesis thoracis ...	1	...	1	...	...	...	
Thoracoplasty ...	3	2	...	...	1	...	
Empyema Lung ...	5	...	2	1	...	2	
Operations on abdominal wall ...	4	3	1	...	...	...	
Ventral Hernia ...	3	3	...	...	...	...	
Inguinal Hernia ...	81	82	2	...	2	5	
Strangulated Hernia ...	5	4	...	...	1	...	
Laparotomy ...	21	3	18	3	3	...	
Gastrostomy ...	3	2	1	...	...	...	
Partial Gastrostomy with gastro- enterostomy	2	2	...	...	...	...	
Gastro enterostomy ...	102	85	1	3	9	4	In 75 cases appendec- tomy was also done. In 4 cases cholecystec- tomy was performed.
Acute peritonitis due to perforat- ing gastric ulcer.	1	...	...	...	1	...	
Jejunostomy ...	1	...	...	...	...	1	
Enterectomy with lateral anas- tomosis.	1	...	...	1	...	...	
Faecal fistula ...	1	...	1	...	...	...	
Colostomy ...	1	...	...	1	...	...	
Caecostomy ...	1	...	1	...	...	...	
Appendicectomy ...	34	30	...	...	1	3	
Appendicular abscess ...	4	4	...	...	...	...	
Intestinal obstruction ...	2	...	...	...	2	...	
Removal of Haemorrhoids ...	51	49	...	1	...	1	
Operations for fistulae in ano ...	20	16	2	1	...	1	
Polypus rectum ...	1	1	...	...	...	...	
Dilatation rectum ...	1	1	...	...	...	...	
Sigmoidoscopy ...	3	1	2	...	...	...	
Excision of Keloids ...	1	1	...	...	...	...	
Wiring or plating or otherwise uniting fractures.	21	11	3	3	3	1	
Sequestrotomy ...	16	9	6	...	...	1	
Excision of bone, partial or com- plete.	7	5	1	...	...	1	
Evacuation of an abscess and removal of diseased bone.	10	6	2	...	...	...	
Putting up in plaster of Paris ...	5	1	4	...	...	...	
Wiring of clavicle ...	1	1	...	...	...	...	
Passive movements ...	3	1	...	1	...	1	
Aspiration of joints ...	9	2	6	1	...	...	
Arthrotomy with or without drainage.	1	1	...	...	...	...	
Excision of joints partial or com- plete.	9	5	3	...	...	1	
Torticollis ...	1	1	...	...	...	...	
Wrenching and plaster for deformity.	2	2	...	...	...	...	
Incision and removal of Bursa ...	3	2	1	...	...	...	
Amputation, lower third arm ...	1	1	...	...	...	...	
Amputation, fingers ...	3	2	...	1	...	...	
Amputation, middle of thigh ...	7	3	2	1	1	...	
Disarticulation, knee ...	5	3	1	...	1	...	
Amputation, leg ...	4	4	...	...	...	...	
Amputation, toes ...	1	...	...	1	...	...	
Liver abscess ...	7	2	3	3	...	...	
Gall stones (cholecystostomy) ...	1	1	...	...	...	...	

Nature of operations.	Number of opera- tions.	Cured.	Relieved.	Discharged otherwise.	Died.	Remain- ing.	Remarks.
Cholecystectomy ...	5	3	...	...	2	...	
Sub-acute Pancreatitis ...	1	...	...	...	...	1	
Splenectomy ...	2	...	...	...	1	1	
Decapsulation kidney ...	3	3	...	...	...	...	
Cystoscopy ...	13*	...	11	2	...	...	
Supra-pubic cystotomy ...	12	1	7	...	4	...	
Prostatectomy ...	4	2	1	1	...	...	
Removal of calculus bladder ...	2	1	...	...	...	1	
External urethrotomy ...	5	4	...	...	...	...	
Dilatation of stricture urethrae.	23	...	22	...	...	...	
Circumcision ...	4	4	...	...	...	...	
Amputation Penis ...	4	4	...	...	...	...	
Steinach's operation (Vasec- tomy).	2	2	...	...	...	...	
Operation for Varicocele ...	4	4	...	...	...	...	
Operation for undescended testis.	2	2	...	...	...	...	
Hydrocele ...	137	136	...	...	...	1	
Incision and drainage for inflam- med Hydrocele.	4	2	1	...	...	1	
Haematocoele ...	2	2	...	...	...	...	
Elephantoid scrotum ...	11	9	...	...	2	...	
Examination under anaesthetic.	3	...	2	1	...	...	
Operation on sinuses ...	5	4	1	...	...	...	
Excision Testis ...	6	4	...	...	1	1	
Operation on uterus and append- ages.	5	3	...	1	...	1	
Total ...	1,005	724	164	82	46	39	

Anaesthesia.—Chloroform administered through Junker's inhaler is still the mainstay in the great majority of the cases. The risks of chloroform inhalation are constantly before our eyes and one death occurred which is directly attributable to its effects on the heart. Further accidents have been prevented by the timely use of adrenalin hydrochloride, 1: 1000, injected directly into the heart. This was employed successfully in three cases. During an operation for harelip on a girl of seven the pulse disappeared and did not return for seven minutes in spite of oxygen inhalation, artificial respiration, and rhythmical cardiac compression. 1 cc. of adrenalin, 1: 1000, was then injected directly into the heart and in about twenty seconds the heart beats returned followed very soon by respiratory movements. The operation was continued and the child was discharged cured after ten days.

In a second case of an infant of three years with a piece of metal which had been impacted in the upper end of the oesophagus for nine days, the heart and respirations stopped for nearly ten minutes at the very commencement of the anaesthesia and oxygen and artificial respiration were fruitless; an injection of 1 cc. of adrenalin into the left ventricle with rhythmical compression of the heart from without caused a return of the heart beats in about a minute. The child was in too bad a state for further manipulation and was returned to bed with a rapid but regular pulse and respiration. Twelve hours later the child died. Immediate death on the table was averted undoubtedly by adrenalin. In a third case of tubercular caecum associated with enlargement of the spleen in a Hindu male, age 32, the abdomen had just been opened when the anaesthetist reported arrest of the heart and respirations. Oxygen and artificial respirations were unsuccessful for five minutes; an intracardiac injection of 1 cc. of adrenalin hydrochloride into the left ventricle in the fourth left inter-costal space close to the left border of the sternum followed by cardiac massage between one hand over the pre-cardiac region and another hand under the diaphragm soon restored the heart beats. The contemplated operation of transverse ileo-colostomy was successfully completed and the patient returned to bed in good condition, but twelve hours later he developed pulmonary oedema and died.

Splanchnic anaesthesia.—In cases in which the patient's condition precludes a general anaesthetic, a combination of abdominal field block with anaesthetisation of the splanchnic nerves by the method of Kappis (deep injection of novocaine 1 per cent 25 cc. below the centre of each 12th rib) is most useful in upper abdominal surgery. This has been employed in a number of cases of gastro jejunostomy for duodenal ulcers and cholecystostomy and the operations completed without shock.

Sacral anaesthesia is being employed in cystoscopic work. This consists in the injection of 30 cc. of 1 per cent novocaine solution into the extra dural space of the spinal canal through the sacral hiatus, the patient being placed on his face with the pelvis raised on pillows. The method is reliable and although it involves waiting for nearly twenty minutes after the injection is made, there have been no failures.

Excision of the gasserian ganglion for trigeminal neuralgia.—A case of this condition in a Hindu male, 36 years of age, was admitted on 6th February 1925. The attacks of painful spasm were frequent and the skin of the cheek on the affected side was indurated and horny, as a result of rubbing with the hands whenever the spasms occurred. All the teeth on the affected side had been extracted elsewhere with no benefit. Injections of 90 per cent alcohol into the gasserian ganglion were tried three times with only temporary benefit lasting from three to five days. The ganglion was then excised through a temporal craniotomy which was facilitated by the division of the zygoma to help in the removal of bone from the lower edge of the cranial defect; much oozing necessitated completing the operation in two stages. The ganglion was completely removed and on section showed chronic inflammation of the glial elements. No anaesthesia of the cornea occurred and the patient was discharged cured a month after the operation.

Syphilitic disease of the cervical vertebrae.—An adult Hindu male, age 32, was admitted for pain and rigidity of the neck of three years' duration. His general condition was good, there was no rise of temperature and all organs were normal. There was a history of syphilis ten years ago. His Wassermann reaction was strongly positive. X-rays showed disease of the second and third cervical vertebrae. Anti-syphilitic treatment rapidly improved the condition and the patient was discharged cured and able to move his head in all directions. He returned to his duty as an office peon.

Carcinoma of Larynx.—Two cases of fairly advanced intrinsic cancer of the larynx were treated during the year. Both were adult males and the complaint was hoarseness and gradual loss of voice. Laryngoscopic examination demonstrated the growth and the narrowed aperture in the larynx. At operation, the pre-laryngeal lymphatic gland situated over the crico-thyroid space was enlarged in both cases. Total laryngectomy was performed, the cut end of the trachea being fixed at the root of the neck just above the sternum. Healing by primary intention followed in one case and in the other healing was delayed by sepsis. One case, an old Anglo-Indian, age 60, who was operated upon eight months ago, already shows signs of recurrence in the shape of hard nodular masses under the skin immediately around the tracheal opening. He also gets slight haemoptysis occasionally. There are no signs of recurrence at the site of the upper operation wound. In the other case, a Hindu, age 40, operated on six months ago there has been no recurrence up to date.

Extra pleural thoracoplasty.—Two cases of tuberculosis of the lungs were treated by this method. In both, artificial pneumothorax treatment had been tried unsuccessfully at the Tuberculosis Hospital in Royapetta and the cases were referred to me as unsuitable for pneumothorax treatment on account of difficulty in injecting the air from the presence of dense pleural adhesions. Both patients were young adults and their general condition was fair. Sauerbruch's J shaped posterior incision was employed and the operation done in two stages. Portions of all ribs excepting the last were removed commencing from below. The total length of rib excised was 35 to 40 inches in length and the pieces were cut off as close as possible to the spine. In one case para-vertebral inter-costal anaesthesia with $\frac{1}{2}$ per cent novocaine solution was solely employed, the injections being made into the inter-costal spaces close to the spine in series on the affected side. Anaesthesia was satisfactory. In the second case chloroform inhalation was employed without detriment to the patient. In both cases apical cavities had been demonstrated by the X-rays and bacilli were present in the sputum. The disease on one side was advanced but stationary and on the other the process was only in the initial stage. The first case done 10 months ago is now well, has put on weight, and is keeping good health. Cough and fever have disappeared. In the second case done 6 weeks ago, there is marked improvement in the cough and pyrexia.

Gastric and duodenal ulcer.—The number treated was 102. The age of patients varied from 20 to 45. The proportion of males to females was 1:50. Every community is represented. The general condition was on the average poor and the average weight of patients on arrival was 90 lb. Diagnosis is easy and made principally on the history. X-Rays and test meals are only exceptionally employed. The proportion of duodenal to gastric ulcers is 17:1. In two cases ulcers were present both in the stomach and duodenum. The clinical diagnosis has been correct in 93 per cent of cases and in the others, such conditions as early hepatic cirrhosis, chronic appendicitis, cholecystitis, tubercular peritonitis, and tuberculosis of the intestines have been found. Rarely ulcer patients have had co-existing diseases such as diabetes, tuberculosis of the lungs, intestinal worms, and severe anaemia. Pyorrhoea alveolaris is present in 30 per cent of cases. In three cases giving ulcer histories, laparotomy disclosed no obvious pathological lesion and the abdomen has been closed after removal of the appendix. Temporary relief followed the operation, but the patients have returned from 6 to 12 months later with a return of symptoms. A second laparotomy has then disclosed the presence of a well marked duodenal ulcer and a gastro-

enterostomy has then cured the condition. Two possibilities are present to explain these cases (a) that ulcers were present but were missed at the first operation; this is unlikely, for with the experience already gained, there is no difficulty in recognizing an ulcer if it is present, (b) that the symptoms of dyspepsia in these cases are due to functional errors of secretion and motility which without producing specific palpable changes, antedate their development by many months. This second explanation seems to be the more probable one. If such is the case, it follows that the classical symptoms of ulcer are late manifestations of the disease, which in the beginning is an error of gastric function, curable by medicinal and diatetic measures. Although gastro enterostomy cures duodenal and gastric ulcers in the majority of the cases, yet a certain percentage of them continue to have the symptoms, although much relieved by the operation and in these cases the causative factors whatever they may be, whether hereditary, toxic or endocrine in nature, continue to operate and unless the surgical treatment is followed up by medicinal and hygienic measures permanent benefit cannot be assured. These, the ordinary hospital patients are unable to carry out after return to their home surroundings and this accounts for the recurrence of the symptoms in a number of cases. There has been only one case of gastro jejunal ulcer operated upon during the year. In this case the original operation had been performed by another Surgeon and on resecting the original anastomosis a piece of silk was seen hanging loose in the base of the ulcer.

In three cases of old standing ulcers which had produced much deterioration of the general condition of the patient, gastro enterostomy or partial gastrectomy had been performed. Following the operation these patients developed a severe degree of anaemia with oedema of the feet and face and ascites. This anaemia was absent before operation. The urine was normal and the motions contained no parasites. All organs were normal. The cause of the anaemia developing so soon after the operation is difficult to explain. This condition persisted in spite of treatment for as long as six months when the patients were lost sight of.

The mortality in this list of 102 cases was 8.8 per cent and was accounted for by peritonitis three, lung complications two, shock four cases.

It is known that an ulcer may perforate even after a gastro enterostomy has been performed. Two such cases occurred during the year. The ulcer itself had not been dealt with in any way at the original operation.

As regards the technique employed, a right paramedian incision along the inner border of the right rectus, whose fibres are split, is generally employed. Cat-gut is solely used and no clamps are employed for the anastomosis. A large-sized opening about 3" long, is always made in the stomach. The incision in the stomach is generally vertical, the highest available part of the jejunum without undue tension is chosen for the junction. Rarely when the stomach is small or comparatively immobile, an oblique and occasionally a transverse incision is made. The appendix is also removed in about 75 per cent of the cases and in a small number the gall bladder, if showing signs of disease, is also removed at the same time. The abdomen is closed with through and through silk sutures.

Gall bladder and Liver diseases.—In every case of laparotomy, particularly for gastric and duodenal ulcers, the condition of these organs has been scrutinized. In a large proportion of cases, about 50 per cent, the liver shows gross pathological changes, as regards its size, its colour and its capsule. I consider that lesions (cirrhosis) of the liver and of the gall bladder frequently co-exist with duodenal and gastric ulcers and account partly for the poor general condition of these patients. Until recently gall bladder lesions were considered rare in the ordinary hospital patients in this side of India, but these lesions are now observed more frequently. Cholelithiasis and cholecystitis, acute and chronic, are not rare in Madras—one cholecystostomy and eight cholecystectomies were performed during the year. In all the cases in which the gall bladder was removed, microscopical examination disclosed signs of chronic inflammation. Considering the frequency of liver diseases for example, cirrhosis, malarial and dysenteric hepatitis, in Madras, it would be surprising if lesions of the gall bladder were not more common than is generally recognized. It is possible that the toxic or other agent which by long continued action produces symptoms which we recognize as due to ulcers of stomach and duodenum, simultaneously affects the other organs of the right upper quadrant of the abdomen in which the stomach, duodenum, pancreas, liver and gall bladder are more or less involved and as such mere operative procedures more or less drastic, will not completely solve the problem of such extensive pathological involvement. Until further research discloses the causative agents of the process, prevention of such lesions is impossible.

Treatment of Acute general peritonitis.—An adult Hindu male, age 35, was admitted with an acute abdominal condition. There was much distension and rigidity of the abdomen. Pulse was 140 per minute. Respiration 45, temperature 102, Hippocratic facies was present. The history was that the patient was quite well till two days ago when he felt sudden pain in the lower abdomen, vomited several times and then became

seriously ill. A provisional diagnosis of perforated appendix was made. The abdomen was immediately opened and the peritoneum was found full of thin creamy yellow pus, of which about a pint was rapidly mopped up. The gut was distended and inflamed. A search was made for the cause, the appendix was normal, but on following the small intestine upwards a small perforation about $\frac{1}{8}$ inch. in diameter was found at the anti-mesenteric border of the lower ilium about 8 inches proximal to the ileocaecal junction. This was closed by a purse string suture and a drainage tube was placed in the Douglas' pouch and the abdomen closed. The patient's condition was now very bad. Pulse hardly perceptible, 160 per minute. The skin was cold and covered with perspiration. His condition was obviously desperate. Feeling that the patient would most probably die, it was decided to give him a chance by performing lymphaticostomy—an operation which has been performed in a few desperate cases elsewhere with success. Without any more anaesthetic, the termination of the thoracic duct on the left side at the root of the neck was exposed. Its junction with the vein was ligatured and the duct divided proximally. A profuse escape of lymph followed, the wound was lightly packed with gauze and left open. Restorative treatment was continued in the wards. There was profuse discharge of lymph from the neck for a week. It then ceased gradually, the wound granulated and healed in three weeks, the patient recovered.

It is not claimed that lymphaticostomy was the cause of his recovery, but it probably contributed to the result. The method is worth a trial in otherwise hopeless cases, although the thoracic duct is variable in its termination. In a second case of general peritonitis, whose condition was very bad and in whom all other measures had been tried without avail, the duct could not be found in its ordinary position after careful dissection.

A case of simple oesophageal stricture.—Simple strictures of the oesophagus are known to follow the swallowing of caustics, but a case supervening a short time after an attack of cholera has not been reported. The patient suffered from Asiatic cholera 14 months ago. About two months after his recovery, he noticed some difficulty in swallowing solids and sought admission into this hospital when slight stricture of the oesophagus was diagnosed. It was easily dilated by the passage of bougies and the patient was discharged cured. He returned a year later complaining of difficulty in swallowing even liquids and he was much emaciated weighing only 84 lb. Even the finest bougie could not be passed, the obstruction being located 12 inches from the teeth. A Bismuth meal disclosed a tight stricture through which the emulsion slowly trickled, the oesophagus above its level being dilated. The oesophagoscope revealed a very tight stricture through which no bougie could be negotiated. A gastrostomy was performed and the patient fed through a tube, the food consisting mainly of milk and soft foods for a fortnight. His general condition improved greatly. Ten days later a second attempt was made to pass a bougie through the oesophagoscope; this attempt also failed. The patient was then given a long piece of silk No. 1 to swallow slowly at leisure and in 24 hours he had swallowed about a yard. Through the gastrostomy opening a crotchet hook was introduced into the stomach and the end of the thread fished out by the patient himself. Increasingly larger sizes of silk were tied to the upper end of this silk and drawn out through the gastrostomy opening until in a few days it was possible to pull through the stricture a short piece of No. 6 soft rubber catheter, which was then left in. Through this tube whose upper end terminated just above the stricture and the lower end was in the stomach, feeding by mouth with fluids was possible. Larger sizes of rubber catheter were then drawn through the stricture and left in for periods varying from 24 to 72 hours until in about ten days it was possible to pass through the stricture the smallest sized olive-headed bougie we had in stock. We then realized that the patient had not one but two strictures at a distance of one inch from each other. Gradual dilatation was carried out until the largest bougie could be passed easily by the patient himself. The gastrostomy wound closed spontaneously and had healed before the patient was discharged.

Periarterial sympathectomy.—Removal of the tunica adventitia of the femoral artery in Hunter's canal has been known to be of service in certain cases of chronic inflammation and ulcers of the leg, whose persistence is presumed to be the result of sympathetic over-action with consequent tissue anaemia. I have had opportunities of testing the method in a number of cases and can say that sympathectomy of the femoral artery may be found useful in certain selected cases. In the last three years this method has been used in seven cases—two cases of tubercular disease of the ankle and metatarsal bones, one case of neglected chronic ulcer in a beggar—one of chronic ulcer of the heel in an old man of 60 years—two cases of senile gangrene in old men of 58 and 60 respectively and one in a case of symmetrical endarteritis obliterans. In all the cases the disease had been present for so many years that amputation was the only alternative to sympathectomy. In all the senile cases the femoral arteries were on dissection found to be in a state of calcification, annular, or patchy, and sympathectomy proved useless as may be expected from the inability of the arteries to carry more blood even if the sympathetic over-action is removed. In one case the operation

was curative, viz., in a patient of 60 years there was chronic ulceration of the heel for two years before he sought admission into the hospital. Wassermann was negative; there was no sign of tuberculosis anywhere. X-ray showed that the bones were rarified. On dissection the artery was found to be elastic and healthy, and sympathectomy—removal of the sheath of the femoral artery as close as possible to the tunica media over a length of 3 inches in Hunter's canal—cured the condition. No other treatment was adopted. In a month the ulcer had healed and the patient was discharged cured. In all the other cases the operation proved fruitless and amputation had to be performed.

Decapsulation of kidneys.—This operation was performed in three cases under local anaesthesia. In one a Hindu female of 50 years complained of haematuria for four years, attacks occurred every six months, bleeding lasting a couple of days each time, but was not profuse. Her general condition was good, pulse and temperature were normal. X-ray examination was negative. Cystoscopic examination revealed blood exuding from the left ureteric orifice. It was therefore decided to explore this kidney and on exploration the kidney looked normal in size and the capsule was slightly adherent in places, but mostly peeled off easily; on palpation it felt normal in consistency, it did not bleed more or less than normal. Healing took place by first intention. The operation was done one year ago and there has been no return of symptoms. In a case of sub-acute parenchymatous nephritis in a boy of 19 years the operation was tried also under local anaesthesia. In a week after the removal of the capsule from the right kidney there was slight improvement in the anasarca, but this soon returned, and the decapsulation of the second kidney (left) was performed three weeks later with no benefit. Two months later the patient gradually sank and died of the original disease.

Radiography of the gall bladder and kidneys.—Captain Barnard and I have tried to confirm the experience of workers in the United States of America and England regarding the success of sodium tetra brom phenolphthalein in demonstrating gall bladders. Both oral and intravenous methods have been tried. The dose employed is 0.5 g.m. per kilo of body weight.

After a preparatory purgative overnight, two capsules containing each 0.2 g.m. of the drug are administered orally every 15 minutes until the required dose is administered. Radiographs are taken at intervals of 4, 8, 12, 15 and 18 hours after administration. It cannot be said that the oral method is satisfactory as it does not always demonstrate even a healthy gall bladder. The intravenous method is reliable but is more risky. In a case of mine in which the intravenous method was tried, a quiescent focus of tubercle in the lung which was not suspected and which had given no symptoms or physical signs flared up and tubercle bacilli appeared in the sputum, with haemoptysis and rise of temperature. The results of the intravenous administration are satisfactory as far as demonstration of the gall bladder is concerned.

Good pyelograms continue to be obtained with injections of a 15 per cent solution of sodium iodide into the pelvis of the kidney through a ureteral catheter. The amount employed is 6 to 10 c.c. for each kidney. No untoward effects have at any time been seen and the drug is reliable.

GOVT. GENERAL HOSPITAL,
MADRAS, 23rd March 1926.

GOPINATH PANDALAI, Major, I.M.S.,
Second Surgeon.

THIRD SURGEON'S WARDS (GENERAL SURGICAL).

Class of patients.	Remained.	Admitted.	Total.	Cured.	Relieved.	Discharged otherwise.	Died.	Remain- ing.	Admitted moribund.
Indians	60	1,348	1,408	839	213	281	63	57	22
Europeans	8	144	152	127	7	8	2	8	1
Total	68	1,492	1,560	966	220	289	70	65	23

Mortality including moribund cases :—Indians 4.12 per cent ; Europeans 1.32 per cent.

Mortality excluding moribund cases :—Indians 3.27 per cent ; Europeans 0.66 per cent.

The following table shows the operative work done during the year :—

Class of patients.	Remained.	Operated.	Total.	Cured.	Relieved.	Discharged otherwise.	Died.	Remain- ing.	Operative mortality.
Indians	26	944	970	667	193	45	34	31	3.5 %
Europeans	7	76	83	75	4	—	—	4	Nil.
Total	33	1,020	1,053	742	197	45	34	35	—

These wards were under the charge of Dr. S. Ranga Achariyar Avargal, M.B. & C.M., from 1st January 1925 to 16th November 1925, under the charge of Captain P. Verdon, I.M.S., from 17th November 1925 to 1st December 1925 and under my charge from 2nd December 1925 to the end of the year.

The following table shows the more important operations performed during the year 1925 :—

Nature of operations.	Cured.	Relieved.	Discharged otherwise.	Died.	Remain- ing.	Total.
Decompression for Tumour Brain	...	...	...	2	...	2
Operation for Depressed Fracture	1	...	...	1	...	2
Operations on the Face (removal of new growths)	4	2	1	...	1	8
Removal of upper or lower jaw	6	3	...	...	...	9
Removal of Tonsils	26	1	...	...	...	27
Removal of Nasal Polypus	3	...	...	...	...	3
Mastoid operations	9	...	1	...	...	10
Antrum of Highmore — operation for em- pyema of.	2	...	...	...	...	2
Empyema — Resection of rib for	1	...	...	...	...	1
Spina Rifics	1	...	...	...	...	1
Removal of Breast with glands	7	...	...	...	...	7
Gynecomastia	2	...	...	...	...	2
Removal of glands (Tub., malign., etc.)	21	6	1	...	2	30
Removal of tumours	16	3	...	...	...	19

Nature of operations.	Cured.	Relieved.	Discharged otherwise.	Died.	Remain- ing.	Total.
Laparotomy	8	6	2	7	1	24
Castro-jejunostomy	78	1	...	5	2	86
Lateral anastomosis (ileocolostomy) only	...	2	...	...	...	2
Resection of bowel with lateral or end to end anastomosis.	...	...	...	4	...	4
Operation for intestinal obstruction	2	...	...	...	...	2
Appendicectomy (for acute appendicitis)	...	...	...	1	...	1
Appendicectomy (for chronic appendicitis)	31	1	1	1	...	34
Splenectomy	...	...	...	1	...	1
Cholecystectomy	1	...	...	...	...	1
Reducible Inguinal Hernia	67	...	1	...	...	68
Strangulated Inguinal Hernia	6	...	...	...	2	8
Ventral Hernia	1	1	...	...	...	2
Ventral fixation of the uterus	1	...	...	...	...	1
Hysterectomy (Total)	1	...	...	1	...	2
Hysterectomy (Supra Vaginal)	2	...	...	...	...	2
Ovariectomy	6	...	...	...	...	6
Salpingectomy	1	...	...	...	...	1
Prestatotomy	1	...	...	...	...	1
Cancer Penis (Total or Partial amputation)	12	...	1	2	...	15
Castration	9	1	1	...	...	11
Hydrocele and Haematocoele (Eversion or excision of sac).	116	2	...	...	1	118
Elephantoid Scrotum (operation for)	18	...	...	...	...	18
Suprapubic cystotomy	1	...	...	1	...	2
Operation for Extravasation of urine	4	2	2	...	...	8
External Urethrotomy	1	1	1	...	2	5
Stricture of Urethra (Dilatation)	15	15	...	...	...	30
Varicocele	4	...	...	...	...	4
Amputations (Major)	9	...	...	...	...	9
Excision of Bones	2	...	...	...	...	2
Excision of joints	2	...	...	1	...	3
Osteotomy (Linear or cuneiform)	1	1	...	...	...	2
Open operation for fractures	1	...	...	...	...	1
Sequestrotomy	14	5	1	...	2	22
Filariasis of limbs (kondoleon's operation)	...	2	...	...	...	2
Varicose veins (Excision of)	1	...	...	...	...	1
Carbuncle	4	1	...	1	1	7

MALE AND FEMALE IN-PATIENT VENEREAL WARDS.

	Admissions.							Remain- ing.	Death rate per 1,000.
	Remained.	Admit- ted.	Total.	Cured.	Relieved.	Discharged otherwise.	Died.		
Europeans ...	2	36	38	21	12	3	2	Nil.	52.68
Indians ...	33	572	605	313	200	52	10	30	16.52
Total ...	35	608	643	334	212	55	12	30	18.66

GOVT. GENERAL HOSPITAL,
Madras, 7th February 1926.

T. SANKARA SASTRI, Capt., I.M.S.,
Acting Third Surgeon.

OUT-PATIENT DEPARTMENT.

The Out-patient Department was in charge of the following officers during the year 1925:—

Capt. P. Verdon, I.M.S., 1st January to 18th June 1925.
Third-class Military Assistant Surgeon H. T. Ince, I.M.D., 19th to 22nd June 1925.
Capt. N. M. Mehta, I.M.S., 23rd June to 14th September 1925.
Capt. P. Verdon, I.M.S., 15th September to 31st December 1925.

The following Assistant and Sub-Assistant Surgeons were on the out-patient staff during the year:—

	From	To
(1) Senior Assistant Surgeon— Third-Class Military Assistant Surgeon H. T. Ince, I.M.D.	1 Jan. 1925	31 Dec. 1925
(2) First Assistant to the Resident Medical Officer— Civil Assistant Surgeon R. Subbarama Ayyar, M.B., B.S.	1 Jan. 1925	3 Feb. 1925
Civil Assistant Surgeon C. J. Alexander, L.M.S. ...	4 Feb. 1925	21 Apr. 1925
House Physician K. S. Appu, M.B., B.S. ...	22 Apr. 1925	14 May 1925
Civil Assistant Surgeon C. J. Alexander, L.M.S. ...	15 May 1925	27 Oct. 1925
House Physician S. K. Ramaswami, M.B., B.S. ...	28 Oct. 1925	11 Dec. 1925
Civil Assistant Surgeon K. I. John, L.M.S. ...	12 Dec. 1925	31 Dec. 1925
(3) Second Assistant to the Resident Medical Officer— Selection Grade Sub-Assistant Surgeon C. Duraiswami Mudaliyar	1 Jan. 1925	31 Mar. 1925
Civil Assistant Surgeon O. C. Madhavan, L.M.S. ...	1 Apr. 1925	31 Dec. 1925
Sub-Assistant Surgeons in charge of Out-patient Dispensary— Sub-Assistant Surgeon U. S. Muthuswami Nadar ...	1 Jan. 1925	18 May 1925
Do. C. Duraiswami Mudaliyar ...	19 May 1925	10 June 1925
Sub-Assistant Surgeon G. J. Narayanaswami Nayudu	11 June 1925	18 June 1925
Sub-Assistant Surgeon U. S. Muthuswami Nadar ...	19 June 1925	30 Sep. 1925
Sub-Assistant Surgeon G. J. Narayanaswami Nayudu	1 Oct. 1925	21 Oct. 1925
Sub-Assistant Surgeon P. K. Gunasagaram ...	22 Oct. 1925	10 Nov. 1925
Do. C. Duraiswami Mudaliyar ...	11 Nov. 1925	31 Dec. 1925

The following table shows the work done in the Out-patient Department during 1925:—

	Total treated.					Average daily sick.				
	Men.	Women.	Male children.	Female children.	Total.	Men.	Women.	Male children.	Female children.	Total.
Non-Europeans ...	41,733	10,949	5,915	4,568	63,165	313.40	68.87	40.72	38.28	456.27
Europeans ...	2,085	1,311	650	478	4,524	11.34	8.08	3.29	2.88	25.59
Total ...	43,818	12,260	6,565	5,046	67,689	324.74	76.95	44.01	36.16	481.86

The working of the Out-patient Department has been carried on more or less on the same lines as that of the previous year. There has been one alteration. The Out patient Department is now opened at 6-30 a.m. instead of 7 o'clock in order that the patients who arrive before 7 o'clock may be admitted to the department instead of waiting in the room outside the main gate.

Casualty Department.—The Casualty Department is opened to receive cases any time day and night. There is an Assistant Surgeon on duty for the whole 24 hours. The Emergency Operation Theatre which forms part of this department has been somewhat improved. New marble flooring has been put down, new porcelain basins that were previously in the Male Operation Theatre have been transferred to the Emergency Operation Theatre, all the basins that were unsatisfactory and would not stand have been discarded. Also a new lamp has been instituted which greatly improves the Theatre for night work.

Skin Department.—A new Skin Department has been opened during this year. Cases are collected in the Out-patient Department and instructed to attend the skin department twice a week and clinical demonstrations are being given by the Second and Fourth Physicians on these skin cases.

Antirabic Department.—The work has been carried on the same lines as that of the previous year.

The work done during 1925 is as follows:—
Total number of cases attended 471. Of these 392 completed the full course and 79 discontinued treatment and could not be traced. Only one case developed hydrophobia and this was a Chuckler boy who was bitten on 23rd May 1925; was treated from 26th May to 8th June 1925 having completed the full course and died of hydrophobia on 22nd June 1925. I am of opinion that this should be run as a separate department with a staff of its own.

Staff.—The staff is insufficient and leaves no room for casualties as pointed out in the report for 1924. Two more Assistant Surgeons and one Sub-Assistant Surgeon are required.

GOVT. GENERAL HOSPITAL,
Madras, 12th June 1926.

P. VERDON, Capt., I.M.S.,
Resident Medical Officer.

GOVERNMENT X-RAY INSTITUTE, MADRAS.

ANNUAL REPORT AND STATISTICS OF THE GOVERNMENT X-RAY
INSTITUTE, MADRAS, FOR THE YEAR 1925.

The Institute was in the charge of Captain T. W. Barnard, Radiologist, during the year.

Buildings.—Annual repairs to buildings are being carried out by the Government General Hospital, Madras.

Training.—Three Civil Assistant Surgeons and two Sub-Assistant Surgeons were under training during the year, sanctioned in G.O. Mis. No. 639, P.H., dated 23rd April 1924, G.O. Mis. No. 687, P.H., dated 2nd May 1924 and G.O. Mis. No. 962, P.H., dated 11th May 1925.

Finance.—Statement H gives the details of expenditure and income of the Institute during the year 1925.

Income.—X-ray fees were recovered from "private" patients attending this Institute and credited to Government as per rules contained in G.O. No. 917, dated 11th June 1923, and G.O. Mis. No. 785, P.H., dated 11th May 1923.

The amounts credited to Government during the past three years are:—

	RS.	A.	P.
1923	1,247	8	0
1924	3,589	2	0
1925	3,854	15	0

Expenditure—Salaries.—The increase is due to the payment of leave and acting allowances to Photographer, X-ray attendant and peon, the pay of a Civil Assistant Surgeon posted to take up the Third Assistant Surgeon's post and a female ward attendant which was sanctioned in G.O. Mis. No. 1688, P.H., dated 15th August 1925, to assist female patients.

Expenditure on hospital necessities and medicines is higher than that of the previous year owing to the increase in prices of certain drugs supplied by the Medical Stores.

Cost per head.—Information is given in statement III attached to this report.

Government X-Ray Institute Emergency Fund.—This fund is supported by voluntary contributions. The object of the fund is to provide transport charges for the destitute and other charges which cannot be met from the official funds—

Receipts.	Amount.	Expenditure.	Amount.
	RS. A. P.		RS. A. P.
Opening balance	0 8 0	Expenditure during the year	63 9 0
Anonymous	18 1 6	Opening balance	48 7 6
Captain T. W. Barnard	73 7 0		
Mr. Fyson	10 0 0		
Total	112 0 6	Total	112 0 6

Supplies.—(a) Medicines and apparatus—Medicines are, as a rule, obtained from the Medical Store Depot, Madras, and emergent requisitions, not available at the Medical Store Depot, by local purchase occasionally. Repairs to electrical apparatus which cannot be done in the Institute are done locally. New apparatus is obtained by indent through the India Office.

	RS.	A.	P.
Cost of medicines, etc., supplied by the Medical Store Depot	2,366	11	0
Amount of medicines and chemicals and photographic goods purchased locally	589	3	5

Amount of the home indent for the year 1925. (The Institute supplies mufassal hospitals with ordinary X-ray stores) ... 19,013 12 0

(b) *Diet articles.*—Milk and bread were supplied by the Government General Hospital for cases which required to be examined by Bismuth meal.

(c) *Non-diet articles.*—These articles are being obtained at the local markets. Soaps are being obtained from the Kerala Soap Institute, Calicut.

(d) *Linen.*—This is being supplied by the linen department of the Government General Hospital.

(e) *Hospital necessities.*—These are obtained by local purchase as required.

Electric Installation.—The supply of electric power is being made at the expense of the Government General Hospital.

Establishment.—The following changes occurred during the year 1925 in the Gazetted and Non-Gazetted staff:—

Rank.	Name.	Nature of duties.	Period during which the officers were present for duty.		Remarks.
			From	To	
Captain ...	T. W. Barnard, M.S.B., F.R.P.S.	Radiologist ...	1 Jan. 1925	31 Dec. 1925	
Civil Assistant Surgeon.	M. J. Santanakrishna Pillai, L.M.S.	First Assistant to Radiologist.	1 Jan. 1925	11 May 1925	
Do.	Do.	Do.	12 June 1925	31 Dec. 1925	
Second Class Military Assistant Surgeon.	A. St. C. Bartley, O.M.D.	Second Assistant to Radiologist.	1 Jan. 1925	11 June 1925	
Do.	Do.	Do.	12 July 1925	31 Dec. 1925	
Civil Assistant Surgeon.	G. I. Benjamin, L.M.S.	Under training in X-rays.	1 Jan. 1925	31 Mar. 1925	
Do.	Do.	Third Assistant to Radiologist.	1 Apr. 1925	31 Dec. 1925	
Do.	K. S. Subrahmanyam, L.M.S.	Under training in X-rays.	1 Jan. 1925	31 Mar. 1925	
Sub-Assistant Surgeon.	S. Sahapathi Pillai ...	Reserve duty ...	1 Jan. 1925	14 June 1925	
Do.	C. Raman ...	Do. ...	1 Jan. 1925	4 Apr. 1925	
Do.	A. Bhavanarayana Rao.	Under training in X-rays.	1 Jan. 1925	31 Mar. 1925	
Do.	S. Subrahmanyam ...	Reserve duty ...	22 Apr. 1925	18 July 1925	
Do.	T. A. Akbar Shah Sahib.	Under training in X-rays.	7 Sep. 1925	31 Dec. 1925	
Civil Assistant Surgeon.	A. Krishnappa, L.M.S.	Do.	5 Oct. 1925	31 Dec. 1925	
	A. D. Adias ...	Photographer and Dark Room Assistant.	1 Jan. 1925	21 Sep. 1925	
	Do. ...	Do.	7 Oct. 1925	31 Dec. 1925	
	N. Radhakrishnan ...	X-Ray Department Assistant.	1 Jan. 1925	31 Dec. 1925	
	T. Buchibabu Nayudu.	Electrical Treatment Assistant.	1 Jan. 1925	31 Dec. 1925	
	M. Kannappa Nayudu.	Clerk-typist 2 X-ray Attendants.	1 Jan. 1925	31 Dec. 1925	

INFERIOR AND MENIAL STAFF.

Peons ...	2
Female Ward Attendant ...	1
Menials ...	5

Nurses.—Three nurses are detailed from General Hospital to do part-time work in X-Ray Institute. These nurses are posted for two or three months during which time they are able to grasp the practical application of Electrical and Light treatment and to give simple treatments under the supervision of one of the medical staff.

Office Establishment.—The Radiologist is in charge of the administration of the Institute. The accounts and clerical work of the Institute have been done by the Clerk-typist and found to be too heavy for one man.

Telephone.—One of the inter-communications is extended to the Institute from the General Hospital line, the cost of which is met by the hospital.

Water-supply.—The cost of water-supply obtained in this Institute is met by the General Hospital.

Sale of unserviceable Articles.—The articles found unserviceable were sent to the auction room of the General Hospital for public auction and the receipts for these are included in the General Hospital return.

Verification of Stock.—The stock of Government property was verified and found correct.

Verification of Service Registers.—The services of both the superior and inferior permanent establishments were verified up to 31st December 1925.

Sanctioned Establishments.—The strength of the establishment remained the same throughout the year except for the addition of one female ward attendant to the staff of the Institute in G.O. Mis. No. 1683, P.H., dated 15th August 1925.

Additional Staff.—A request for two Sub-Assistant Surgeons, one Assistant Photographer and the increased rate of pay for Clerk-typist of this Institute is now before Government for consideration.

Extension.—The great and continued increase in the number of patients dealt with by the Institute, together with the installation of new apparatus, requires additional staff and an extension to the building. A scheme for the latter was submitted by the Radiologist and has been approved by the authorities, provision being made in the 1926-27 budget for its completion. The intention is to build another storey over the Clinical Laboratory adjoining the Institute to which the present Laboratory will be moved. The vacated building will then be converted by partitions into cubicles for Electrical Treatment, this addition giving to the Institute another eleven rooms and cubicles, which are badly needed.

Exhibitions.—During the year radiographs taken at the Institute were exhibited at the Madras Fine Arts Exhibition and also in London, at the Seventieth Annual International Exhibition of the Royal Photographic Society (Scientific Section).

The specimens shown at the Madras Fine Arts Exhibition were of shells, taken for, and now installed in, the Madras Government Museum. We have now received a request from the Director of the Zoological Survey of India for copies for the Indian Museum at Calcutta.

At the London Exhibition there were 1,300 Photographic Exhibits from all parts of the world, most countries being represented. Only 78 radiographic negatives, prints, transparencies and micro-radiographs were accepted, 21 specimens being from this Institute; a very good notice of these appeared in "The Lancet" of September 19, 1925. After the Exhibition the Madras Radiographs were accepted by the British Institute of Radiology for permanent exhibition in London.

New Apparatus.—During the year a considerable quantity of new apparatus has been installed, in addition to the Deep Therapy X-Ray Outfit.

A "Radiostat" High Tension Transformer for diagnosis has replaced the coil set in the Radiographic Room and is giving excellent results with almost instantaneous exposures. The coil set has replaced some old apparatus in the superficial X-Ray Treatment Department. A new screening stand has taken the place of the one already in use which has been transferred to Royapetta Hospital.

Quin Ozonisers have been installed in several of the departments which have thus been provided with a source of "artificial sea air," this keeping the atmosphere of the departments fresh and pure. A "Hospital Set" for treating infected sinuses and other similar conditions is also in use.

Tungsten Arc Lamps and Mercury Vapour Lamps for producing Ultraviolet Rays have been provided and much benefit to patients has been the result of their use.

A new Diathermy apparatus, with which more than one patient can be treated at the same time has just been assembled. This is intended to replace our present apparatus which eventually will be transferred to Vizagapatam.

Three Sollux Lamps have been obtained and these, combined with X-Ray Exposure, are giving good results in cases of deafness.

Three "Whirlpool Baths" are on the way out from England. These will be put into use in the Electrical Treatment Department.

The Tables I and II show the number of "sittings" given during the year 1925, the total being 45 per cent over that of the previous year's figures.

Comparative Statistics of the work performed from 1920 to 1925.

TABLE I.

Nature of work performed.	1920.	1921.	1922.	1923.	1924.	1925.
I. (a) Radiographs ...	1,758	3,863	5,383	5,617	7,394	8,448
(b) Screen examinations ...	49	...	...	...	...	...
II. (a) Clinical photographs ...	28	10	51	87	41	65
(b) Radiographic and photographic prints ...	...	77	410	189	211	660
III. Radio-therapeutic exposures ...	680	1,342	1,386	2,578	3,608	5,285
IV. Electro-therapeutic sittings—						
(a) Galvanisation ...	141	821	1,213	1,487	5,576	8,831
(b) Faradisation and Sinusoidal-currents ...	280	179	441	2,036	1,962	3,406
(c) Ionic medication ...	396	898	1,524	2,061	1,527	2,651
(d) Electrolysis ...	4	13	6	35	11	91
(e) Cauterisation ...	60	38	...	...	1	...
(f) Vibratory massage ...	80	25	48	85	86	...
(g) Muscle testing ...	...	67	52	60	59	47
(h) Diathermy, high frequency ...	...	...	1,348	2,958	5,707	4,652
(i) Light Treatment and Radiant Heat ...	...	...	...	...	...	3,896
(j) Carbon-di-oxide snow ...	...	...	...	...	...	9
(k) Aural ...	...	...	...	...	...	149
(l) Orthopaedic exercises ...	...	...	...	590	854	1,281
Total ...	3,465	7,315	11,757	17,778	26,937	39,001

TABLE II.

Hospitals from which patients were sent for radiographic examination and treatment.

Hospitals.	Radiographs.	Electrical treatment, (a) to (l) IV above.	X-ray treatment.	Photographs and prints.
Government General Hospital ...	6,762	22,864	4,744	602
Do. Rayapuran Hospital ...	605	58	207	4
Do. Royapetta Hospital ...	6	...	...	...
Do. Tuberculosis Hospital and Institute ...	493	...	...	...
Do. Ophthalmic Hospital ...	140	15	88	98
Do. Hospital for Women and Children ...	19	...	15	19
Do. Mental Hospital ...	32	1	...	...
Do. Victoria Gosha Hospital ...	42	1	...	...
Do. Penitentiary ...	9	375	3	...
Do. House Dispensary ...	9	48	...	...
Do. House Surgery ...	...	...	21	...
Do. Leper Hospital ...	1	...	...	...
British Station Hospital ...	260	1,148	130	...
Indian Station Hospital ...	14	26	4	2
Rainy Hospital ...	48	...	39	...
Kalyani Hospital ...	8	...	38	...
Staff Surgeon, Fort ...	...	18	...	...
Total ...	8,448	24,548	5,285	725

STATEMENT H.

Showing the Income and Expenditure of the Government X-Ray Institute, Madras, in the year 1925.

Name of Institution.	Income.				Expenditure.									Total.
	Year.	As salary.	Otherwise.	X-Ray fees credited to Government.	Pay of officers.	Pay of inferior and mental servants.	Cost of indented Europe stores.	Hospital necessaries and medicines supplied by Military Department.	Miscellaneous.	Books and periodicals.	Contract Contingencies.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	
Govt. X-Ray Institute, Madras.	1923 ...	Rs. A. P. 25,437 9 4	Rs. A. P. 14,520 0 0	Rs. A. P. 1,247 8 0	Rs. A. P. 22,749 4 4	Rs. A. P. 2,678 5 0	Rs. A. P. 948 0 0	Rs. A. P. 11,967 0 0	Rs. A. P. 2,854 8 0	...	...	Rs. A. P. 41,195 1 4	...	
	1924 ..	Rs. A. P. 20,923 14 6	Rs. A. P. 14,294 14 4	Rs. A. P. 3,589 2 0	Rs. A. P. 17,686 0 6	Rs. A. P. 3,286 14 0	Rs. A. P. 1,080 0 0	Rs. A. P. 14,227 0 0	Rs. A. P. 2,577 0 0	...	...	Rs. A. P. 38,806 14 10	...	
	1925 ...	Rs. A. P. 24,513 3 0	Rs. A. P. 23,438 14 5	Rs. A. P. 3,854 15 0	Rs. A. P. 30,339 11 0	Rs. A. P. 3,675 8 0	Rs. A. P. 1,131 12 0	Rs. A. P. 19,013 12 0	Rs. A. P. 6,005 1 5	Rs. A. P. 941 9 7	Rs. A. P. 93 15 5	Rs. A. P. 100 11 0	Rs. A. P. 61,802 0 5	

* The salary of Radiologist who was on leave for 8 months is not taken into account for that period.

† These amounts include the cost of X-Ray plates, chemicals, etc., supplied to various X-Ray Departments in the Presidency as required.

STATEMENT III.

Showing "Cost per head" per annum of the Government X-Ray Institute, Madras, for the year 1925 as compared with those of 1923 and 1924.

Year.	Total treated.	Daily average treated.	Pay of officers.	Pay of inferior and mental servants.	Cost of indented Europe stores.	Hospital necessaries and medicines supplied by Military Department.	Miscellaneous.	Books and periodicals.	Contract contingencies.	Total amount.	Average cost per head per annum.
1923 ...	17,778	568	Rs. A. P. 22,749 4 4	Rs. A. P. 2,678 5 0	Rs. A. P. 11,967 0 0	Rs. A. P. 2,854 8 0	...	...	...	Rs. A. P. 41,195 1 4	Rs. A. P. 2 5 0
1924 ...	25,937	861	Rs. A. P. 17,686 0 6	Rs. A. P. 3,286 14 0	Rs. A. P. 14,227 0 0	Rs. A. P. 2,577 0 0	...	...	...	Rs. A. P. 38,806 14 10	Rs. A. P. 1 7 0
1925 ...	38,001	1246	Rs. A. P. 30,339 11 0	Rs. A. P. 3,675 8 0	Rs. A. P. 19,013 12 0	Rs. A. P. 6,005 1 5	Rs. A. P. 941 9 7	Rs. A. P. 93 15 5	Rs. A. P. 100 11 0	Rs. A. P. 61,802 0 5	Rs. A. P. 1 9 4

* The salary of Radiologist who was on leave for 8 months is not taken into account for that period.

† The Institute supplies various X-Ray Departments in the Presidency with X-Ray plates, chemicals, etc.

Bismuth meals.—There were 317 cases in which bismuth meals were administered and the medical officers in charge of these patients were considerably helped by the radiographic examinations. When operations were performed, the findings were compared with the X-ray results and in the majority of cases confirmed these.

Visualization of the gall bladder.—In collaboration with, and at the request of Major K. G. Pandalai, I.M.S., a supply of the sodium salt of tetrabromphenol-phthalein was obtained and administered to a few selected cases. Major Pandalai is referring to this work in his report but, briefly, our experience was that when given orally the results were not good. One case was given an intravenous injection of the preparation and a very good picture of the gall bladder was obtained, but the effect on the patient was unsatisfactory. A modification of this method will probably be the one used ultimately unless a more satisfactory drug is discovered which can be given orally.

Thoracic examination.—One thousand one hundred and eighteen cases were radiographed during the year against 503 in 1924. Apart from the routine examination of lung conditions, a number of cases of artificial pneumothorax were dealt with, the radiographic results showing the various degrees of inflation with air, the several stages of collapse of the lung, together with the various forms of adhesions of the pleura to the parietis and the subsequent formation of fluid at the base in particular. All these cases of artificial pneumothorax were radiographed at the request of Dr. Kesava Pai and a series was shown by him at one of his lectures to the medical profession in Madras.

Examination of skull.—During 1925, 353 radiographs were taken, this figure showing a slight increase over that for 1924. The majority of these cases were examined at the request of the Superintendent of the Government Ophthalmic Hospital to elucidate condition of the pituitary fossa and sinuses, in relation to optic atrophy, sinus infections and tumours. Major Wright is still continuing his research in this direction.

Dental radiography.—The importance of X-ray examination of the roots of the teeth, which often show the cause of apparently remote conditions, is being more appreciated by the medical profession. Many cases of rheumatism and indefinite pain have been traced to the root abscess which but for the X-rays would have remained undetected.

Electrical treatment.—The figures in Statement No. 1 show the nature of the work carried out and comment is unnecessary except to call attention to the great increase in the number of sittings given.

Radio-therapy.—Superficial and deep therapy.—The number of exposures given exceeds that of the previous year by 1,677 and many very good results have been obtained in superficial conditions and, considering the comparatively simple apparatus available up to now, also in deep seated disease.

The new deep-therapy pavilion.—The new department for X-ray treatment of cancer and other deep-seated conditions has not yet been opened owing to technical difficulties which have now been surmounted. In this pavilion we shall be able to deal with patients requiring deep-therapy for such conditions as cancer, fibroids and tumours. We shall also be able to augment this treatment by radium exposures as provision has been made in the year 1926-27 budget for a first supply of this costly element, with which so much good can be accomplished. In carrying out this treatment the operators will be exposed to great risks. The apparatus will produce a high tension current of 200,000 to 300,000 volts, the Coolidge tubes used giving off very penetrating X-rays and increasing the dangers to the staff. That it is impossible to avoid this dangers will be seen by the following quotations:—

1. "The Medical Annual" of 1925, page 368.

"Radiation dangers."—Amundsen publishes the results of his investigations extending over several years on the blood pictures of radiologists and their personnel always show a deviation from the normal. . . . These changes affected the staff and attendants even after as little as two months of work. The blood pictures improved after a long leave of absence. . . . Radiologists and staffs are exposing themselves day after day to radiations which are not good for them in the long run and, in spite of the universally employed means of protection, some of the injurious rays reach the operator. The Coolidge tubes are dangerous and the penetration power of the gamma rays is fabulous.

2. "The American Journal of Roentgenology," for March 1925.

Russell D. Carman—"Occupational hazards of the Radiologist with special reference to changes in the blood."

"Roentgenologists are not, and cannot be, shielded completely from irradiation during work. Protection can be only relative and the Gamma Rays of Radium and Roentgen rays of short wave length penetrate ordinary barriers appreciably. Even with customary safeguards some degree of scattered and secondary radiation is inevitable and minimal doses repeated day after day through the years may be expected to produce results that will have to be reckoned with. The Roentgenologist already recognizes all the dangers of roentgen dermatitis and the chance of emasculation. Considerable recent evidence points to a type of intestinal injury characterized by diarrhoea, loss of weight and mucous casts in the stools.

No less than six deaths from aplastic anaemia have occurred among Roentgenologic workers and have been reported in literature.

Attention is also directed to the possibility of injuries and fatalities due to high tension currents.

For the prevention of cumulative effects upon workers in Roentgen Ray Departments it is recommended that all practical safeguards be installed and that the workers be allowed frequent holidays and alternation of duties that will permit a break in possible continuous action of radiation.

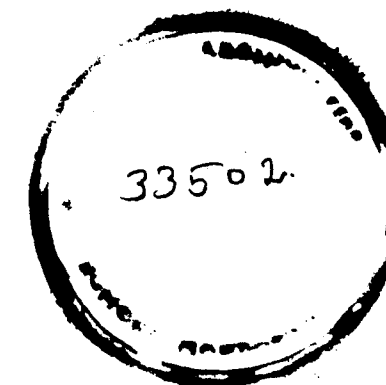
Departmental Staff.—During the year under review Civil Assistant Surgeon M. J. Santanakrishna Pillai, L.M.S., First Assistant to Radiologist and Military Assistant Surgeon A. St. C. Bartley, I.M.D., Second Assistant to Radiologist, were on duty for eleven months and were on leave on average pay for one month, during which leave period the services of a trained Sub-Assistant Surgeon from Headquarter Hospital, Ootacamund, were placed at the disposal of the Institute. We have also had the assistance of one Civil Assistant Surgeon and one Sub-Assistant Surgeon deputed for training.

The staff of the Institute have carried out their arduous duties in a very satisfactory manner and I desire to record my high appreciation of their services. With the continually increasing number of patients the work is very exacting and is difficult to cope with, indeed, would be impossible without the co-operation and self-sacrifice of those working with me.

T. W. BARNARD, Capt.

Radiologist

29 March 1925.



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