

- (1) பக்கங்களின் எண்ணிக்கை _____
- (2) புதுக்கித் திருப்பிய நாள் _____
- (3) ஆதரங் குறிப்பவர் சுருக்கொப்பம் _____

தமிழ்நாடு ஆவணக் காப்பகம்.

தமிழ்நாடு அரசு

மொத்தம் _____ துறை

அரசாணை எண். மு.கோப்புத் தாள் எண்.	அச்சகம் பலவகை
No. No. 2100	
நாள் :	27. 10. 1883
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படி கையாளவோ கூடாது.

Dated 27-10-1883.

[illegible]

GOVERNMENT OF MADRAS.

PUBLIC DEPARTMENT.

READ—the following paper :—

From the Surgeon-General with the Government of Madras, dated 28th June 1883, No. O-138.

ORDER—dated 27th October 1883, No. 2100, Public.

This report is dated the 28th June, but did not actually reach Government until the 3rd October.

2. During the year under review, the number of civil dispensaries rose from 255 to 275; twenty new institutions having been opened, five of which were in the Kurnool district, and three in North Arcot. Of the total number, 156 were conducted in buildings specially provided for the purpose, and 119 in temporary or rented premises.

3. In the following table the character of the medical agency in charge is contrasted for the last three years :—

—				Commis- sioned medical officers.	Native surgeons and apo- thecaries.	Hospital assistants.	Pensioned medical subordi- nates.	Private practi- tioners.	Medical mission- aries.	Total.
1880	..	..	..	41	55	89	1	29	3	218
1881	..	..	..	39	77	94	..	41	4	255
1882	..	..	..	40	86	102	..	43	4	275

The largest increase occurs naturally in the apothecary grade, and is partly due to the substitution of men of that grade for hospital assistants in accordance with the declared policy of Government.

4. There was an increase of 88,984 in the number of persons treated, as compared with the previous year; the total figure for the year being 1,538,576, of whom 37,456 were in-patients and 1,501,120 out-patients. The number of in-patients has varied but little for the last three years, and is about the same now as it was before the famine years 1877-79. On the other hand, there has been a large and continuous increase in the number of out-patients, the great majority of new institutions established since 1876 being intended for patients of that class.

5. With regard to sex the returns show that of the total number of patients treated, 775,905 were men, 358,101 women, and 404,570 children. Dividing the number of children between the sexes in the same proportion as obtains among the adult patients, the result is a total of 485,858 female patients as against 1,052,718

males, or about one-third of the whole number. The classification of the total admissions according to race gives the following proportions:—

	1881.	1882.	Proportions of race in total population.
Europeans	5	47	035
Eurasians	25	261	070
Hindus	70.0	71.22	93.234
Mussalmans	14.0	13.45	6.203
Other classes	13.0	12.25	458
Total	100.0	100.00	100.000

It would thus appear that the medical institutions of the country are less resorted to by "Hindus," in proportion to their numbers, than by any other class of the population.

6. *Vital statistics.*—The rate of mortality among in-patients, 7.16 per cent., was below the average, although slightly higher than in 1881. The improvement noticed in the previous year in the registration of mortality among out-patients still continues, especially as regards mortality from epidemic cholera, but the figures are still very defective. In certain dispensaries the registration of deaths is said to be entirely disregarded. It would be well if, in future reports, the more glaring instances of neglect in this respect were noticed individually, so that the matter might be brought prominently to the notice of the local authorities concerned.

7. *Cholera.*—During the first three months of the year cholera prevailed in an epidemic form in most of the southern districts. As the season advanced, the disease subsided, except in a few localities, where the sanitary conditions were known to be specially defective, but towards the close of the year the epidemic showed signs of revival, confined for the most part to the southern portions of the presidency.

The medical returns show that 10,131 persons suffering from this disease were treated in hospitals or dispensaries. Of these, 9,812 were out-patients, among whom 1,624 deaths were noted. The proportion is admittedly below the truth but it represents, as observed by Mr. Cornish, a closer approximation than any previously attained in regard to this class of patients. Of the 319 in-patients 177 died.

8. *Fevers.*—The total number of persons treated for malarious diseases during the year was 176,380 and exhibits a remarkable decline as compared with the figures of the four preceding years. Regarded as the result of regular seasons and a normal rainfall acting on the physical condition of the population and enabling them to withstand the effects of exposure and the vicissitudes of climate, this decrease is a most satisfactory indication of the state of public health. The out-patients numbered 173,171 with a registered mortality of only ninety-six, against 3,209 in-patients with a mortality of 127.

9. *Dysentery and Diarrhoea.*—With the general increase in the number of patients treated during the year, there has been a small increase in the number of admissions for bowel-complaints, accompanied by a slight decline in the rate of mortality.

10. The admissions under the following classes of disorders have increased with the extension of dispensaries:—

	1880.	1881.	1882.
Venereal diseases	48,122	53,443	54,203
Skin diseases	96,386	109,288	121,616
Ulcers	120,310	122,636	133,406

11. In the number of labor cases brought to hospital for treatment there has been an increase from 2,616 in 1881 to 3,023 in 1882. On the other hand, the number of out-patients in these cases has fallen from 3,225 to 1,717, according to the returns. This apparent falling-off is attributed by the Surgeon-General to the neglect of many local authorities to enter the out-door work of their midwives in the dispensary statistics. The error, it is stated, will be rectified in future reports.

12. *Surgical operations.*—The following abstract shows the number of major operations performed, respectively, by commissioned and subordinate medical officers during the last two years:—

	By commissioned officers.	By subordinate officers.	Total major operations.	Minor operations.	Grand total.
1881	2,189	383	2,572	37,788	40,360
1882	2,080	663	2,811	39,405	42,216

The marked increase observable in the third column is the natural result of the replacement of hospital assistants by civil apothecaries.

13. *Administration.*—Since the severance of the connection of the Deputy Surgeon-General with the Civil Medical department, the inspection and control of civil dispensaries in the interior have devolved on the District Civil Surgeons. Shortly after the close of the year now under review a scheme was sanctioned (G.O., 23rd February 1883, No. 391) by which the District Surgeon was also constituted Sanitary officer of his district and provision was made for the discharge of his duties during his absence on circuit.

14. *Finance.*—The total receipts from all sources during the year amounted to Rs. 8,11,696-7-2 against Rs. 8,07,411-0-5 in 1881. In the following abstract the principal items of receipt are compared for the last three years:—

	1880. RS.	1881. RS.	1882. RS.
From Government	2,76,266	2,79,736	2,73,167
„ Municipal and Local Funds	4,52,437	4,62,235	4,89,672
Interest on capital	17,982	22,804	18,012
Donations and subscriptions	28,219	28,359	30,210

The opening cash balances of the year are given in the present report as Rs. 43,320-13-10. In the report for 1881 the closing balances were stated to amount to Rs. 74,320-5-6. The difference is presumably due to expenditure not finally brought to account at the time the previous year's report was submitted. Including the opening balances, the available income of the year was Rs. 8,55,017-5-0. The closing balances are stated to have aggregated Rs. 53,772-1-11; whence it would appear that the total expenditure amounted to Rs. 8,01,245-3-1.

The expenditure on medicines rose only by Rs. 3,694, implying a reduction in the average annual expenditure per dispensary on this account from Rs. 498 to Rs. 475. This result reflects credit on the care with which estimates are checked and controlled by the District Civil Surgeons and on the supervision exercised at headquarters. The charges incurred on account of European and indigenous drugs, respectively, compare as follows for the last three years:—

	1880. RS.	1881. RS.	1882. RS.
European medicines	1,09,858	1,08,622	1,10,863
Indigenous medicines	15,019	18,454	19,907

15. *Presidency Hospitals.*—Sanction was given for the erection of permanent sheds in connection with the Leper Hospital in the place of the existing temporary structures; and for certain improvements at the General Hospital. The buildings of the General Hospital, the Women and Children's Hospital, and the Eye Infirmary were also repaired during the year. The last-mentioned institution is at present located in a rented building. It has now been decided to build a new Ophthalmic Hospital as soon as funds are available.

The administration of all the presidency institutions was, as usual, highly satisfactory and efficient; and the Government note with especial satisfaction the valuable services rendered by Surgeons-Major Drake-Brockman, Thompson, C.I.E., and Surgeon Branfoot in connection with the institutions respectively under their charge.

16. The thanks of Government will be conveyed by the Surgeon-General to Surgeons-Major Keess and Thompson and Surgeon Branfoot for the professional papers contributed by them and printed as an appendix to this report.

(True Extract.)

Chief Secretary.

To the Surgeon-General with the Government of Madras.
„ the Board of Revenue.
„ all Presidents of Municipalities.
„ the Director of Public Instruction.
„ the Sanitary Commissioner.
„ the Examiner of Medical Accounts.
„ the Accountant-General.

Erd. E. Fernandez.

Gobt. of 1883 Madras.

PUBLIC.

ANNUAL REPORT

ON THE

CIVIL HOSPITALS AND DISPENSARIES

IN THE

Issued

Recd.

Encl.

MADRAS PRESIDENCY,

G.O., 27th October 1883, No. 2100.

FOR THE YEAR

188

OCTOBER.

Administration Reports.

Reviewing the report on civil hospitals and dispensaries in this presidency for the year 1882.

MADRAS

PRINTED BY E. KEYS, AT THE GOVERNMENT PRESS.

1883.

No. $\frac{0}{138}$.

From

W. R. CORNISH, Esq., F.R.C.S., C.I.E.,

Surgeon-General with the Government of Madras,

To

THE HON. C. G. MASTER,

Chief Secretary to Government,

Public Department.

SIR,

I HAVE the honor to submit, for the consideration of the Right Honorable the Governor in Council, the report on Civil Hospitals and Dispensaries in the Madras Presidency for the year 1882.

I regret that the orders of the Government of India in regard to the classification of these institutions were received too late to admit of the preparation of the statistics in conformity thereto, but the subject will receive attention in the preparation of the report for the current year.

G.O., No. 1014, dated
19th May 1883, Public De-
partment.

A.—DISPENSARY STATISTICS.

2. The number of hospitals and dispensaries at the end of 1881 was 255; 20 were added during the year, making the present total 275.

3. New dispensaries were opened in North Arcot, Bellary, Chingleput, Godavari, Kurnool, Madura, Salem, Tanjore, Tinnevely, and Vizagapatam Districts.

4. The following table shows the number of dispensaries established in the several Revenue districts. It will be noticed that in many of the districts more than one centre of medical relief has been established for each taluk. The progress in providing for the medical relief of the population has been very rapid under Local Fund and Municipal administration, but there is still much to be done before the medical provision for the poor is on a really satisfactory footing:—

Districts.	Population according to the Census of 1881.	No. of Taluks.	No. of Dispensaries.	Districts.	Population according to the Census of 1881.	No. of Taluks.	No. of Dispensaries.
Arcot, North ...	1,817,814	16	10	ol ...	702,305	9	8
Do. South ...	1,814,738	8	10		405,848	...	11
Bellary, including new District of Anantapur ...	1,336,696	16	12		2,168,689	8	25
Canara, South ...	959,514	6	8		2,365,035	11	12
Chingleput ...	981,381	6	12		1,220,236	13	19
Coimbatore ...	1,657,690	10	11		91,034	6	5
Cuddapah ...	1,121,038	11	10		1,599,595	9	12
Ganjam ...	1,503,301	16	10		2,130,363	9	36
Godavari ...	1,780,613	13	15	illy ...	1,699,747	9	20
Kistna ...	1,548,480	13	16	opoly ...	1,215,033	5	5
				atam ...	1,790,468	14	15

5. BUILDINGS.—One hundred and fifty in buildings specially designed or set apart on in temporary or rented buildings.

6. AGENTS IN CHARGE.—Of the hospitals were immediately in charge of Commissioners, 17 were attended by Assistant Surgeons, 17 were attended by establishment, 62 by the new grade of Civil

of the dispensaries were conducted for the purpose, and 119 were carried

institutions at head-quarters, 40 Medical Officers, 7 were under the direction of Apothecaries of the Military Hospitals, 102 by Hospital Assistants

of various grades, and 47 by private medical men, local Hospital Assistants, Medical Missionaries, &c. The number of hospitals in charge of Civil Apothecaries increased from 54 to 62, and there has been an increase also of one Apothecary of the Military Department holding such charges. While there are so many supernumeraries of the Apothecary grade of Warrant Officers for whom employment cannot be found in the Military Department, I have not thought it advisable to increase too rapidly the staff of Civil Apothecaries for service under local authorities.

The following table shows the agents in charge during the last two years:—

Grade of Medical Officers.	Number in each Year.	
	1881.	1882.
Surgeon-Major from 20 to 27 years' service ...	10	9
Do. from 10 to 19 do. ...	17	20
Surgeon from 5 to 9 years' service ...	7	6
Do. from 1 to 4 do. ...	5	5
Native Surgeon ...	4	4
Assistant Surgeon ...	3	3
First-class Apothecary ...	4	3
Second-class do. ...	...	1
First-class Assistant Apothecary ...	6	5
Second-class do. ...	6	8
Civil Apothecary ...	54	62
First-class Hospital Assistant ...	17	21
Second-class do. ...	19	26
Third-class do. ...	5	4
Civil Hospital Assistants ...	53	51
Private Hospital Assistant or Medical man ...	41	43
Medical Missionary ...	4	4
Total ...	255	275

7. STATISTICS OF PATIENTS.—With an increase in the number of dispensaries, it was to be expected that the number of patients would also increase. In 1882 there were 1,538,576 patients treated, or 88,984 in excess of the number in 1881. The increase, however, was chiefly in the class of out-patients, as most of the new dispensaries established in 1882 were meant entirely for patients of that class. As regards in-patients, there was only a trifling increase over the numbers of 1881 and a considerable decrease as compared with the years of food distress following on the famine of 1877. There is but normal years. Local authorities for the number dieted at the public expense of in-patients to increase in financial necessities, obliged to restrict uses of urgency.

The following table shows the of in and out patients treated during the last five years :—

The following table shows the results of the public examination of the last five years :—

	Years.			
1878	...	...	...	...
1879	...	...	...	...
1880	...	...	...	...
1881	...	...	...	...
1882	...	...	...	...

8. SEXES.—The returns sh
775,905, or about one-half, were
"children." Of these, 358,10
"children," not distinguishing s
female sex, then of the total p
a proportion in excess of *one-third*
satisfactory as those in any other
whatever difficulties there may be
parts of the country, they have

Out-patients.	Total.
1,074,575	1,140,224
1,260,582	1,310,226
1,274,434	1,313,304
1,412,269	1,449,592
1,501,120	1,538,576

1,538,576 patients treated in 1881, the remainder were "women" and men," and 404,570 were classed as one-half of the children to be of the 36 were females and 978,190 males. These results are probably quite as since, and they show very fairly that les applying for medical relief in other tence in Southern India. That native

20. DYSENTERY AND DIARRHŒA.—not attend public hospitals is probably quite true, dysentery and diarrhœa—have not numbered that persons of this class, although they The slight increase in 1882 is not out ises by the Local Medical Officers, are not entered in that year. patients. That a very large number of respectable

patients. That a very large number of respectable
-in their own houses as private patients by the
ll known. Women in fact are in no worse position
men of the same class. Skilled medical aid is not
as to be within ready reach of every one, but each
direction.

NTS.—The daily average attendance in all the hospitals of the previous year's attendance.

Years.			
1879	...	...	...
1880	...	...	...
1881	...	...	...
1882	...	...	...

21. VENEREAL DISEASES.—The numerous than ever, due, of course of relief. The extent to which they who live “far from the madding” lamentable. Some of the worst and have ever seen came under my notice. It is noticeable that these cases came from the population. Whatever may be said is no doubt that the measures adopted to prevent the spread of this type of disease as it presents itself. The medical practice of all our day is not so extensive in its extent to which this special class of disease is prevalent in the physique of the native population.

Men.	Women.	Children.	Total.
6,805	3,248	2,902	12,955

been slightly increased, viz., from 37,322 in 1881 to 38,000 in 1882. It is to be noted that, even when nothing in the general condition of the country is favourable to the influx of refugees against starvation. The seasons have been abundant and cheap. As already stated, the number of out-patients at the Hospital is greatly restricted by financial considerations, and the number of in-patients is in fact discouraged, except in cases of

the daily average of in-patients :—

Years.	Syphilitic			
	In and Out			
	Admissions.			
1879	...	...	...	25,340
1880	...	...	...	24,335
1881	...	...	...	27,131
1882	...	...	...	28,489

	1881.	1882.
...	1,208	1,304
...	620	615
...	98	101

2,681 deaths amongst the 37,456 in-patients, the 16 per cent., a fraction higher than in the former re.

22. CASES OF PARTURITION.—In the returns, of which number 3, at their own houses by midwives. I have reason to think that the managers to enter the work of midwives is rectified in future reports. The

While there has been a large increase in the number of cases admitted into the President's Prison from 2,616 in 1881 to 3,027 in 1890,

The falling off, therefore, is employed by local authorities not

23. It is very questionable whether to expend money in salaries for supervision is given to their work out to Provincial Hospitals for them to draw their salaries regularly, they in many cases they are accused of being Subordinates. Probably, some system outside of hospitals, if local authorities a greater extension of their service

difficulty in ascertaining the mortality occurring in dispensaries. In the present and past years there being no register of the deaths of the out-patients, though these are of the case, be always more or less imperfect. The registration of deaths is still entirely neglected. In 1882 100 deaths were recorded, while in 1881 the numbers were 150. As a more measure, to a better record of the mortality of out-patients treated for this disease, the deaths recorded do not represent the true proportion of deaths to the number of cases, they are nearer the truth than anything previously recorded, actually resident in hospital.

e public health of the Presidency cannot be said

2 opened with a widely diffused epidemic of cholera. This was a continuation of the newly invading If at the Tirupati festival in October 1881. The nd March were distinctly unhealthy months as southern districts escaped the epidemic. As the began to disappear, except in a few localities, but s of revival towards the end of the year in many

The following table gives the figures of the

	Years.				
1879	...	...	...	...	...
1880	...	...	...	...	...
1881	...	...	...	...	...
1882	...	...	...	...	...

24. SKIN DISEASES.—There has been an increase as might have been expected with the extension of the numbers are shown in the following:

1879	...	...	...	...
1880	...	...	...	...
1881	...	...	...	...
1882	...	...	...	...

25. ULCERS.—Under this heading too there has been an increase in the previous years.

1879	...	...	...	...
1880	...	...	...	...
1881	...	...	...	...
1882	...	...	...	...

26. SURGICAL OPERATIONS.—There has been an increase in surgical operations, both "major" and "minor," the total was 2,811, of which 2,080 were performed by Subordinate Medical Officers. The work of this description by Medical Officers in 1881 being only 383. This is no doubt due to the experience and the confidence of the public in the medical profession, and the confidence of the public in the medical profession will be better accomplished.

The following abstract shows the results for four years:—

	Years.				
1879	...	...	...	...	...
1880	...	...	...	...	...
1881	...	...	...	...	...
1882	...	...	...	...	...

27. CASTE OR NATIONALITY.—There has been an increase in the number of cases of malarial fever, and malarial fever has been less the result of favorable seasons rather physical condition to with- climate. I give below a table of admissions from "fever" have been returned from the preceding. In 1881 there were 380. This I regard as a very

There has been an increase in the number of cases of malarial fever, and malarial fever has been less the result of favorable seasons rather physical condition to with- climate. I give below a table of admissions from "fever" have been returned from the preceding. In 1881 there were 380. This I regard as a very

Years.	Europeans
1880	6,000
1881	6,000
1882	7,000

ing the Cuddapah, Kurnool, and other districts are concerned, showed no increase only to a slight and limited extent. It prevailed also in a minor

31 cholera cases treated in the district are very largely in excess of the number of cases of cholera, until the 1881 only 3,211 cases of cholera were treated in the district.

that medicines are distributed in the district, and that aid is given in the immediate vicinity of the cases, and is scattered over the country.

Cholera comes to be written, and in 1875, 1876, and 1877, it will be seen that the abundance of supplies of medicines it will teach are that good best safeguards against this

usually prevalent and fatal there are no cases in sanitary arrangements. In the district, where the epidemic found out, and domestic hygiene.

es but to a slight extent in the district, its prevalence—347 cases are there were 35 deaths out of 175 per cent.

only 3 deaths being recorded out of 175, valent than usual in the western part of the district, a disposition to become epidemic of public vaccination, it seems to be in subjection. For the last few years the Municipality of Madras, and quite certain that the Municipality of Madras, might banish the disease as

d to cholera and small-pox has been less the result of favorable seasons rather physical condition to with- climate. I give below a table of admissions from "fever" have been returned from the preceding. In 1881 there were 380. This I regard as a very

Year of admission.	Total Cases.
1870	256,798
1878	294,729
1878	207,553
1875	200,906
1875	176,380

B.—ADMINISTRATION.

28. The Presidency Hospitals, and some others which are mainly supported or assisted by the Provincial Government, are under the direct administration of the Surgeon-General with the Government of Madras. The hospitals at head-quarters of districts are mostly under Municipal control, and those established in the interior of districts under Local Fund Boards' management. The District Surgeon is the inspecting and controlling officer in regard to professional matters of all the hospitals within his district, and is, under recent orders, also the Sanitary Officer of his district. The District Surgeon by half-yearly inspection reports keeps the Surgeon-General informed of the condition and progress of medical relief in the district. This has been the practice since Deputy Surgeons-General ceased to have any connection with the Civil Medical Department (April 1880), and the practice has now received the official sanction of Government (G.O., No. 391, of 23rd February 1883).

29. A brief notice of the medical arrangements of each district may here be given.

30. ARCOT, NORTH.—This district, as regards local administration, is under two Local Fund Boards. The Chittoor Circle has 6 dispensaries and the Vellore Circle 4. These have hitherto been supervised by the Civil Surgeons of Chittoor and Vellore respectively. The dispensary in Vellore is under Municipal management.

Public Health.—The Chittoor Division of the district is reported to have been free of epidemics, but the town of Vellore had a very severe outbreak of cholera, and it prevailed extensively in Arcot and Arni Taluks. Small-pox was more prevalent than usual.

Dr. Ratton, the District Surgeon, reports:—

"Every effort has been made during the year under review to reduce expenditure in existing Local Fund Dispensaries, with the view to extending the benefit of medical aid to other portions of the district. Five out of nine taluks in the Chittoor Circle are without dispensaries at present. It is hoped that the economies already introduced will enable the Local Fund Board to open out dispensaries in one or more of these during the current year."

Dr. Lancaster, the Civil Surgeon of Vellore, suggests Ambur, a town of 10,000 inhabitants, as a proper place for a dispensary. With the extension of Municipal government to smaller towns, this suggestion will doubtless be adopted.

The dispensaries in this district appear to have been carefully managed. At Ranipett there is a lying-in hospital in connection with the dispensary, in which 103 women were delivered during the year. In Vellore too a lying-in hospital has been started, which admitted 52 patients.

All the dispensaries were inspected twice during the year by the Civil Surgeons. The head-quarter dispensaries at Chittoor and Vellore were inspected by me in October.

31. ARCOT, SOUTH.—There are 10 dispensaries in this district, and 9 of them have accommodation for in-patients. No new dispensaries have been established in the year.

Public Health.—Epidemic cholera prevailed rather severely in the beginning of the year, and again in June in a few localities. Otherwise, public health has been good, the people in good physique, and food of all kinds cheap and abundant. The dispensaries have been all inspected regularly by the Civil Surgeons Drs. Robertson and Ritchie, whose reports, as well as those of district officers, have generally been favorable.

I inspected the medical institutions of the head-quarters of the district in August.

There is a lying-in hospital in Cuddalore where 94 women were received as in-patients. Midwives are attached to 7 of the district dispensaries, but they seem to have done very little work, the cases attended by the whole number not being equal to the work of the one midwife in Cuddalore.

32. BELLARY.—During the year this district was sub-divided for administrative purposes into Bellary and Anantapur, but no Civil Surgeon has as yet been

appointed to Anantapur, and the medical administration has remained under the supervision of the District Surgeon of Bellary.

There are 12 dispensaries in these districts, two of which were opened in the year under review, one at Kúdligi, and the other in the small state of Sundur, which is maintained at the expense of the Rajah.

Public Health.—Cholera does not appear to have been generally prevalent in the districts, although an outbreak occurred in the town of Bellary, where there were 142 cases and 64 deaths. Small-pox was prevalent in some localities, but the general health of the people appears to have been good.

The Civil Dispensary maintained by the Municipality of Bellary is not, in my opinion, doing the amount of work which might fairly be expected in so large and populous a town. The total number of in and out patients treated was 6,611, while Adóni, with less than half of the population of Bellary, had a total of 15,355 patients. I believe the small attendance at Bellary is, in a measure, due to the faulty situation of the dispensary, which is quite on the outskirts of "Bruce Pettah," one of the two large bazaars of which the town is mainly composed.

The Municipal authorities have it in contemplation to build a new dispensary in a more convenient situation.

The out-station dispensaries were not all inspected during the year as they should have been. This was owing to the difficulty of the Civil Surgeon absenting himself from head-quarter duties.

33. CANARA, SOUTH.—There are seven dispensaries in this district, including the Municipal Dispensary of Mangalore. All are intended for the accommodation of in-patients. No additions were made during the year.

Public Health.—There were some cases of cholera in the southern taluks. Small-pox and fevers are reported to have been less frequent than usually. The monsoon rains were unusually heavy.

The late Acting Civil Surgeon inspected only one dispensary. The attention of the present Civil Surgeon has been called to the subject, and he has since inspected the several hospitals.

The hospitals appear to be maintained at moderate cost. Owing to the healthiness of the season, the patients were fewer than usual.

34. CHINGLEPUT.—There are now 12 dispensaries established in this district. Two were opened during the year, viz., at Tirupórá and Striperumbudur. Of these three are adapted for in-patients.

Public Health.—Cholera and small-pox prevailed in the district to a greater extent than usual, but fevers appear to have been less prevalent.

The late Civil Surgeon Dr. Trimnell, being in bad health, had not inspected all the dispensaries at the time of his death, but this work will be regularly undertaken in future.

35. COIMBATORE.—There are 11 dispensaries in this district, three of which are Municipal, and eight under Local Fund management. All are adapted for the reception of in-patients. No additions to the number have been made during the year.

Public Health.—The health of the district was not good, the death-rate being considerably higher than in the two former years. Cholera and small-pox were prevalent in the latter part of the year, especially in the taluks of Polláchi, Udamalpet, and Palladam. The President of the Local Fund Board took active measures to improve the sanitary state of affected villages, and Medical Subordinates were deputed to distribute medicines.

Inspection.—Owing to the District Surgeon being in executive charge of the jails for three months, most of the dispensaries were inspected but once during the year.

The management of the several dispensaries appears to have been fairly effective and economical. The dispensary at Polláchi has cost nearly as much as the Municipal Dispensary at Coimbatore, with only half the number of in-patients. This is partly due to the debit of the Assistant Surgeon's salary to the dispensary, and in future an officer of the Civil Apothecary grade will be in charge of Polláchi.

Midwives are employed at Coimbatore, Erode, Karúr, Polláchi, and Udamalpet. In Coimbatore 44 labor cases were attended to, in Erode 12, in Karúr 30, in Polláchi 31, in Udamalpet 9.

These numbers seem to indicate that the relief afforded is small in proportion to the salaries, ranging from Rs. 15 to 20 per mensem, allowed to the midwives. I inspected the medical institutions of Coimbatore in October.

36. CUDDAPAH.—There are 10 dispensaries in this district, including the hospital maintained by the Municipality of Cuddapah. Of these, only two, i.e., Cuddapah and Madanapalle, afford regular accommodation for in-patients. The remaining dispensaries receive only emergent cases of accident, &c. No additions were made to the number of dispensaries during the year.

Public Health.—The health of the population was fairly good. There was no cholera, and small-pox was not generally prevalent.

All the dispensaries with the exception of Madanapalle, which is under the charge of a First-class Apothecary, were regularly inspected by the Civil Surgeon.

The charges for the Madanapalle Hospital are high, but this is due to the extensive provision made for in-patients, and to the greater portion of the salary and allowances of the Apothecary in charge being debited to the institution.

The dispensaries generally have been working well, and the officers in charge are well reported on.

Midwives on low salaries are employed in five dispensaries, but, with the exception of Cuddapah and Madanapalle, they appear to have attended no cases. In backward part of the country, the people are not yet alive to the advantages of trained women of this description.

37. GANJAM.—Ten dispensaries are established in this district, of which two, at Berhampore and Chicacole, are under Municipal management, and the remainder are supported by Local Funds. The dispensaries at Berhampore and Chicacole receive in-patients, but the others are chiefly intended for out-door relief. In so large a district it is probable that there is room for an addition to the number of dispensaries.

Public Health.—Cholera was prevalent in the district from March until August, and again in December, and appears to have been severe in the Berhampore Taluk and Zemindaries. Small-pox was more prevalent than usual and especially in Goomsur. The following account of the cholera epidemic is taken from Surgeon Leapingwell's report:—

"Cholera was prevalent in the district from the middle of March to the end of August, and it again appeared in December and continued to the end of the year, but on this occasion was almost entirely confined to the town of Berhampore. In all there were 1,133 deaths. The Berhampore Taluk suffered far more than any other part. In the town of Berhampore and in the villages within a radius of 10 miles of the town no less than 595 or more than half the deaths occurred.

"The Goomsur Taluk almost entirely escaped, only 12 deaths being reported.

"The first cases were reported as occurring on the 11th of March, and on that day there was a death in two villages distant from one another 35 miles (as the crow flies).

"One was at Rumba, on the Chilka lake, a spot where many pilgrims embark and disembark on their way to and from Pooree.

"I was not able to visit Rumba to make inquiries, but I learnt that the person attacked was a resident of the place. I have also ascertained from the Magistrate that cholera was prevalent at Pooree at the time, and that the following deaths occurred there during the first three months of the year:—

January	...	...	...	...	...	...	...	...	4
February	...	...	...	...	...	...	...	...	4
March	...	...	...	...	...	...	...	...	52
									—
Total									60
									—

"The other death occurred on the same day at a village 35 miles from Rumba and 11 from Berhampore. I personally inquired into this case and found that there had been no cholera in the village for some years, that no one had been away from the village, and that no one had visited it. It is, however, only a short distance from the trunk road, and alongside the village tank is a much frequented bandy-stand. Two other cases occurred in this village within the week, both fatal.

"The next cases were reported from villages mostly to the north and east of Berhampore, along the Ganjam road, but it was not till the beginning of May that a case occurred within the Municipality.

"On the 4th, 5th, and 6th of that month three cases occurred. Two of those attacked were visitors, and the third a resident who had just returned from the district.

"Two were attacked within four hours of their arrival and one within an hour.

"From this time cases occurred almost daily till the end of August.

"The greatest number of deaths was in June, both in town and district.

"Out of 195 villages which are within a radius of 10 miles of Berhampore, 52 were attacked, and there were 336 deaths.

"The water supply in Berhampore and neighbourhood during the hot weather was very bad, and tanks were very low and many wells were dry.

"The disease again appeared in the town in December. Cholera was at the time prevailing at Pooree and intending pilgrims had been warned not to go there.

"A merchant, a resident of Berhampore, left Pooree on the 28th of November, arrived in Berhampore on the 1st December in a dying state, and died the next morning.

"On the next day a woman was attacked; she had also been to Pooree, had left on the same day as the merchant, and arrived in Berhampore on the same day, but had not travelled with him. These two persons lived in adjoining streets.

"On the 6th two other cases occurred in this neighbourhood, and to the end of the year there had been 67 attacks and 43 deaths.

"It is worthy of notice that in both outbreaks in the town the first sufferers were visitors or residents who had been to parts where cholera was prevalent, that they were attacked within a few hours of their return, and that from that time the town, which had previously escaped, suffered severely.

"The Goomsur Taluk, as already stated, almost entirely escaped. Only 12 deaths were reported.

"The Medical Officer, Russellkonda, reported the first case in June. In his letter he stated: 'Two cartmen with the disease from Berhampore visited Gamundi and Ballipathra where both died of the disease. The inhabitants of Ballipathra are free from the disease, and it is only in Gamundi that it has made its appearance.'

"Again in December the Medical Officer reported as follows:— 'I have the honor to report the occurrence of a case of cholera in Bellahguntah, which is about 5 miles from this station, in the person of a woman who had returned from Pooree.'

"From Aska the Medical Officer reported that the first person attacked was a man from a village 20 miles distant. He arrived at 3 A.M. and died at 9 A.M. This death was closely followed by several other deaths in the town; there had been none previously.

"Only one case occurred in the jail (Berhampore), and, as it was of some interest, I give the main particulars.

"The man was a Moplah State prisoner, 30 years of age, a fine robust fellow. He was the sole occupant of a large airy ward and was allowed to pass the time as he chose. His diet was much superior to that of the other prisoners, and, as he never went outside the jail walls or mixed with other prisoners, he was the last man who ought to have been attacked. There were no cases of diarrhoea in the jail, and up to the hour of his attack he appeared to be in perfect health. I am inclined to think that the attack was due to contaminated milk, or eating (after 24 hours abstinence) a large quantity of cold food that had been cooked some hours previously.

"He usually ate food three times a day, but during the Ramzan festival he only ate once between 12 midnight and 3 A.M., and it was immediately after eating his meal that he was attacked.

"Part of his diet consisted of milk, which was obtained from a village a quarter of a mile distant from the jail. In this village a death had occurred from cholera twenty days before, and another occurred on the same date that the prisoner died. The milk was said to have been boiled in accordance with orders, but very possibly it may not have been. No other prisoners were getting milk.

"On the first appearance of cholera in the district, simple rules for avoidance and treatment in the town. In the first case into which I had an opportunity of inquiry, I ascertained that the clothes had been washed in the village tank, and to prevent this in future the Collector, at my request, issued orders regarding the disposal of the clothes of persons attacked, and village authorities were ordered to report in every case what had been done with the clothes.

"The dispensaries in this district were inspected by Surgeon A. H. Leapingwell. No midwives are as yet employed in the dispensaries of this district, but one is under training for the Municipality of Berhampore."

38. GODÁVARÍ.—There are 14 dispensaries established in this district, in addition to the Seamen's Hospital at Cocanada. Of these, three are under Municipal management, and 11 are supported by Local Fund Boards.

The district is fairly well supplied with institutions for medical relief.

Public Health.—There appears to have been a few isolated cases of cholera, but this disease and small-pox were not at all common. Malarious fevers also were less prevalent than usual.

The dispensaries were nearly all inspected by the Civil Surgeons of Rajahmundry and Cocanada.

Midwives are attached to the hospitals at Cocanada, Rámachandrapuram, Pithápuram, and Tuni; but the cases attended by them as out-patients do not appear to have been entered in the returns. The attention of the District Surgeon will be directed to the omission.

39. KISTNA.—The number of dispensaries in this district remain at 16. No additions were made during the year.

Public Health.—The district was generally healthy. Some cholera occurred in Masulipatam, but there is reason to suppose that the disease was imported from Negapatam by the crew and passengers of a native barque. The disease did not prevail in the interior of the district.

A considerable number of dispensaries were inspected by the Civil Surgeon of Masulipatam.

40. KURNOOL.—There are now eight dispensaries established in this district, five of which date from the end of 1881 or beginning of 1882.

The dispensaries of Kurnool, Cumbum, and Nandyál receive in-patients, but the remainder are intended for out-patients only.

Public Health.—The public health of the district has been good. There has been a complete absence of cholera, and very little small-pox, while malarial fevers were less prevalent than usual.

The District Dispensaries were inspected once during the year by the Acting Civil Surgeon Dr. Bain.

No midwives are employed in this district.

41. MADURA.—There are 25 dispensaries in this district, including the Municipal Dispensaries of Madura and Dindigul: 23 are maintained and supported by the Local Fund Boards, and of these 10 are minor institutions for out-patients only, in charge of locally-trained Hospital Assistants, who work under the supervision of Rev. Mr. Chester, Medical Missionary of the American Madura Mission; 11 dispensaries in the district receive in-patients.

The District Surgeon remarks of these minor dispensaries that they were not regularly inspected during the year owing to changes in Civil Surgeons. "I hope this year to make regular inspections of them."

The District Surgeon complains of delay in the reception of returns and reports from these minor dispensaries, "although repeatedly called for." The inspection notes of the District Surgeon on these dispensaries are, I regret to say, generally unfavorable as regards the capacity of locally-trained men for independent charge.

Public Health.—Cholera prevailed severely in the district, and seems to have been very fatal in the towns of Madura, Ramnad, and Periyakulam. Fevers were not so prevalent as in the preceding year. The following are the District Surgeon's notes on the prevalence of cholera in the district:—

"This epidemic, which made its appearance in the town of Madura towards the end of 1881, lingered on during the month of January 1882, and again made its appearance in the early part of June. The first case was imported into the town from Rámesvaram by a pilgrim on the 6th June 1882. The epidemic continued till the month of July, giving 282 cases registered by the Municipality with a mortality of 107. The epidemic again made its appearance on the 26th October. This time it was imported from Periyakulam, where cholera prevailed in an epidemic form, and since then it has prevailed in the town. The total number of cases registered by the Municipality during the whole year was 529, with a mortality of 323, giving a percentage of 61.06 deaths to attacks.

"Only 15 cases were treated in hospital, of which 5 proved fatal—33 per cent.

"During the outbreak of cholera special efforts were made to improve the sanitary condition of the town. Much was done by the Municipality to check the epidemic. Three Hospital Assistants with special sanitary staff were deputed for cholera duty. They made house-to-house visitations and treated promptly all cases that were reported to them. In almost all cases the cloths and bedding used by the cholera patients were burned and the houses well disinfected and whitewashed.

"The special attention of the Municipality was drawn to the vital necessity of preserving the chief sources of water for drinking and cooking purposes.

"The sanitary condition of the town is very defective. There has been a slight improvement during the latter part of the year, when, at my suggestion, a European Sanitary Inspector was appointed, who sends in a daily report to this office by which means the principal defects in sanitation are brought to my notice, and every means are now being adopted to improve sanitation. It will take a long while yet before any decided change can be seen. The Sanitary Inspector makes daily inspections of the latrines, slaughter-houses, markets, chuttrams, and other public halting places. He also inspects all sources of water-supply, markets, bazaars, &c., reporting on their condition.

"The drainage of the town is bad; most of the drains allow water to stagnate. The main streets are kept fairly clean, but the lanes are in a very bad condition, most of them being used as public latrines. The Municipality are, however, making efforts to improve the sanitary condition of the town. I am glad to observe that they have, during the latter part of the year, commenced to improve the drainage, and I hope to be able to report more favorably on this particular subject in my next report.

"*Ramnad*.—There were two epidemics of cholera in this division, one prevailing from 1st January to 13th February in the town of Ramnad. The second epidemic commenced on the 11th July and continued till 27th August. The total number of attacks registered during the year was 463, giving 194 deaths—41.90 per cent. The second epidemic was confined to villages within a radius of 10 miles of Ramnad town, which it did not affect.

"The following is a brief extract from the Native Surgeon's report of the outbreak of cholera in his station:—

"In the first epidemic of cholera that broke out in Ramnad in 1882, the first case occurred in a woman, aged about 65, who is said to have been a native of Travancore, on her way to Ceylon. She arrived at Ramnad on the night of the 26th December 1881, and stayed in the verandah of a Brahmin's house close to a chuttrum, and about 20 yards from a tank which supplies potable water to nearly one-half of the town. She was said to have travelled about 20 miles that day and exposed to fatigue and cold wind. She was in a moribund state on her admission, and could not give any information about places she passed through previously. The first case was not a patient under treatment in hospital. There were no suspicious cases in the bazaars, city, or neighbourhood generally.

"The second epidemic occurred on the 10th July 1882. The first cases were those of three children of about three to seven years' old who were attacked. They had not been to any of the affected localities previously. They were living near Rause Chuttrum, where the pilgrims to Ramesvaram generally resort to stay for a night or day. They were not suffering from any disease when they were attacked by cholera.

"*Uttamapoliem*.—Cholera is reported to have prevailed in this division of Periyakulam Taluk in an epidemic form nearly throughout the year. The total number of attacks registered for the year was 1,423, with a mortality of 456 or 32.04 per cent.

"The epidemic of cholera in this division commenced on the 2nd July 1882 at Cumbum situated towards the south of Uttamapoliem.

"The Hospital Assistant states that the disease had migrated from other infected localities situated towards Madura and Dindigul, that active steps were taken during the prevalence of the epidemic to prevent its further spread, viz., whitewashing houses, disinfecting the tainted localities with sulphur and tar, guarding water-supply, preventing burial of bodies in situations near water courses and wells, and issue of instructions to people how to avoid the disease.

"*Periyakulam*.—The direction of the spread of the epidemic was in the course of the river. The disease lingered long in such places as were supplied by river water. The villages, Kullapatty and Kylasapatty, which were not supplied by river water, and which were not further than a mile or two from Periyakulam, were left untouched by the epidemic, though most of the inhabitants daily come to Periyakulam being coolies, who went back. Except one solitary instance, not one of the people that drank the water from the well in Therkutheroo was attacked. On a division being made in the river, separating drinking water from that used for washing and other purposes, the upper western half of Periyakulam was free from cases of cholera, and when stricter rules came to force inducing people to go up the river to fetch water, the disease altogether disappeared. The total number of attacks that occurred in the town of Periyakulam was 1,225, with a mortality of 496 or 40.49 per cent.; the number of attacks in the villages around Periyakulam was 1,182, with a mortality of 542 or 45.85 per cent.

"*Tirumangalam*.—Cholera prevailed to a great extent in this taluk during the greater portion of the year. The Hospital Assistant states that the disease was imported from Madura and Virudupati in Tinnevely District. He states that the sanitation of Tirumangalam Cusbah is in a very defective state, and the drinking water is also very much polluted. The total number of attacks during the year was 63 with a mortality of 13 or 20.63 per cent.

"*Permagudy*.—Cholera appeared in this station three times during the course of the year. The Civil Apothecary states that the disease was imported from Ramnad and Rajasingamangalam by pilgrims.

"There is no proper system of drainage, none except what nature supplies. The house drains open directly into the street, into which the foul water, &c., of the houses flow to stagnate, evaporate, or sink into the ground.

"The water-supply of the town is reported to be pure and sufficiently abundant. The water for drinking purposes is derived from the Vaigai river, and during the hot season wells are sunk in the bed of the river. The total number of attacks during the year was 24, with a mortality of 8 or 33 per cent.

"*Ramesvaram*.—Cholera appeared in the station in the latter part of the year. The Hospital Assistant states that cholera first made its appearance on the 9th July and was imported from Madura. The epidemic was comparatively slight.

"*Uvilampatty*.—Cholera prevailed to a very slight extent in this portion of the district. The Hospital Assistant states that the first case was imported from a village in Dindigul Taluk, and reports that the water-supply obtained from wells is of good quality; he states that sanitation is in a very bad condition.

"*Kodaikanal*.—A few sporadic cases, which were imported from Periyakulam, are reported from this division.

"*Dindigul*.—No report received from the Medical Officer of this station as yet, although called for several times.

"The other portions of the district were free from cholera epidemics during the year under report."

Nearly all the major dispensaries were inspected during the year by the Civil Surgeon, and some more than once.

The work was interrupted by the illness and subsequent absence on leave of Surgeon Lancaster, the Civil Surgeon.

The head-quarter medical institutions were inspected by me in August.

42. *MADRAS*.—The Madras hospitals and medical institutions, 11 in number, remained the same as in the former year. An epidemic of cholera visited the town in the beginning of the year, but caused much less mortality than usual. Small-pox was more prevalent towards the end of the year than usual. On the whole the condition of the Presidency town as to health and well-being of the public was good.

The medical institutions of the Presidency are under my own personal inspection.

43. *MALABAR*.—There are 10 dispensaries in this district, besides two special hospitals for small-pox and lepers, which are maintained by Government. Of the dispensaries, five are Municipal and five Local Fund. No additions to the number were made during the year, but a wealthy and populous district like Malabar certainly requires more centres of medical relief than it at present possesses.

Public Health.—Cholera broke out in Palghat, Ponani, and in a few other parts of the district, but it does not appear to have been general. In Palghat 159 cases with 61 deaths are recorded. In Ponani 149 cases are said to have been treated, but no deaths are shown.

Small-pox was more prevalent than usual towards the end of the year.

The out-station dispensaries were inspected by the Civil Surgeon. The medical institutions at Calicut were inspected by me in October.

44. *NELLORE*.—There are 12 dispensaries maintained in this district, including three supported by the Municipalities of Nellore and Ongole.

The Local Fund Dispensaries have been placed in charge of Hospital Assistants trained by Dr. Ross in the Nellore Medical School in the Vernacular. The dispensaries are intended only for out-patients. In addition, the Local Fund Board have employed other men trained in the local school as village practitioners on small salaries, in consideration of their affording medical aid to the poor. These proceedings of the Local Fund Board are professedly experimental, and sufficient time has not yet elapsed to show whether this mode of providing for the medical wants of the people will suffice. The following observations of Dr. O'Hara will be read with interest:—

"The experiment, as far as the minor dispensaries are concerned, is to be regarded as successful and as promising progressive improvement. The medical practitioner's branch of the Local Fund Medical Establishment, although evidently growing in popularity and usefulness, cannot be said to have achieved the objects contemplated by its projectors, viz., that the Vernacular Hospital Assistants, not in charge of dispensaries, should be sent to selected villages to

practise, receiving a certain amount of medicines for gratuitous distribution, but has tended instead towards development into a series of miniature out-door dispensaries. These vary in nothing from the hospitals proper, excepting that they are held in the private residences of the medical practitioners and are not supplied with any establishment whatsoever. Considering the conservation, prejudice, and backwardness of the inhabitants in outlying villages, this result might almost have been anticipated. The question now arises as to whether this nominal distinction between minor hospital and medical practitioner's centres should not be done away with, and the latter converted into regular hospitals. The small increased yearly expenditure of Rs. 50 will be sufficient to ensure this result, and provide meanwhile, on the most economical scale possible, all the advantages of a localised hospital (namely, a monthly outlay of Rs. 25 per mensem will procure a medical subordinate, dispensary building, and medical stores suitable to the requirements of the place). With increasing demands the expenditure will necessarily increase, but it should be the policy in the management of these dispensaries to render them as much as possible locally self-supporting, and to this end the interest of superior and subordinate Civil District officials should be enlisted by their being made to participate in the general management as official visitors, &c.

The change of officers and the uncertain tenure of office prevented inspections during the first half-year; the extent of country to be traversed and important medical cases at headquarters precluded more than one inspection during the second half-year.

The following is a tabular list of midwives with their respective stations. The full complement of 24 has been sanctioned, and six pupil midwives are under tuition at the lying-in hospital. The midwifery work in the district generally is to be regarded as satisfactory, an increase of 176 cases attended over last year being noted. As a class, the moral character of the midwives has not, I regret to say, been above suspicion, but strong efforts have been made in fresh enlistments to obtain candidates with irreproachable antecedents. It has been found advantageous to bring in for a month's tuition, one at a time by regular rotation, the midwives appointed to out-stations.

List showing the Names of Midwives posted to the different Taluks in the District.

Names of Midwives.		Names of Taluks or Divisions.	Total Treated.	
			1881.	1882.
1	Siddy Subbamah	Indukurpett, Nellore Taluk	62	99
2	Subbamah	Buchereddipalliam	27	47
3	Thoyee	Allūr	119	97
4	Gavandla Lutchmee	Nayadupet	10	60
5	Yellamah	Gūdūr	18	20
6	Solungari Subbamah	Venkatagiri	85	99
7	Pagadala Kamatchee	Rāpūr	33	52
8	Muny Rungamah	Atmakūr	17	14
9	Guraramah	Kāvali	...	12
10	Venkatamah	Kota	33	49
11	Golla Naga	Darsi	7	13
12	Jamalagudda Lutchmi	Ongole	23	32
13	Thalamanchi Subbamah	Addanki	11	16
14	Pasoolupati Mahalutchmee	Podili	13	19
15	Seshamah	Kanigiri	40	35
16	M. Mahalutchmee	Kandukūr	8	12
17	Nilam Rungamah	Sulurpett	...	6
18	Paupamah	Lying-in Hospital, Nellore	...	...
Total ...			506	682

45. NĪLGIRIS.—The number of dispensaries in this district remains as last year, i.e., 5. They have been regularly inspected and are working well. The public health has been good.

46. SALEM.—A new dispensary was established this year in Vāniyambādi, making 12 in all. The several institutions are well reported on, and were inspected by the Civil Surgeon.

Public Health.—Cholera and small-pox prevailed to a considerable extent in the town of Salem and in some other localities in the district. Midwives are employed in Salem, Nāmakal, Atūr, and Tirupatūr.

47. TANJORE.—This district maintains 35 hospitals and dispensaries, of which eight are Municipal and 29 Local Fund. Of the whole 12 are adapted for in-patients.

The Civil Surgeon of Tranquebar inspects the dispensaries in the Negapatam Circle.

The public health of the district was not good, cholera having prevailed severely in the beginning and end of the year. In addition to the numerous dispensaries, medicines were distributed throughout the district by Revenue and Police officers.

The dispensaries in the district have been working fairly well, but too many of them are still in charge of Third-class Hospital Assistants.

Twenty-four midwives are employed in the district, who are said to have attended 1,040 cases, but these cases in many instances are not entered in the dispensary returns. The hospitals in Tanjore and Negapatam were inspected by me during the year.

48. TINNEVELLY.—Twenty dispensaries are established in this district, three are supported by Municipalities, 11 by the Local Fund Board, and six by Mission establishment receiving contribution from Local Fund. One new dispensary was opened in the year at Tirukirangudy.

Six of the dispensaries only have accommodation for in-patients.

Public Health.—In the beginning of 1882 cholera prevailed epidemically in the district, but died out after March; a few cases apparently imported from Madura appeared also about the end of the year. Small-pox prevailed also more extensively than usual.

The district dispensaries were regularly inspected by the Civil Surgeon. They appear to have been creditably conducted. The hospitals at Palamcottah, Tinnevely, and Tuticorin were inspected by myself.

Only two midwives are employed in the district.

49. TRICHINOPOLY.—This district has only five hospitals, two of which, in Trichinopoly and Srirangam, are under Municipal management. These are very efficient institutions and afford relief not only to the townspeople but to the surrounding country. There is room in this district for a larger number of Local Fund dispensaries.

Public Health.—Cholera prevailed in Trichinopoly in the beginning and again in the end of the year, the epidemic being especially severe in the town of Trichinopoly, where 1,250 cases and 532 deaths occurred.

Lying-in wards are attached to the Municipal hospitals of Trichinopoly and Srirangam and 57 cases were admitted. There are no midwives attached to the Local Fund dispensaries.

All the dispensaries were regularly inspected by the Civil Surgeon, and those at Trichinopoly and Srirangam were inspected by me in August.

50. VIZAGAPATAM.—There are 15 dispensaries established in this district. One was opened during the year at Gajapathinagarum. Of the 15 seven receive in-patients.

Besides the dispensaries including in this return the Maharajah of Vizianagrum supports a dispensary at Vizianagrum at his own cost, of which no statistical returns are received. Some of the Police hospitals also afford medical relief to out-patients of the general population.

The district was fairly healthy during the year. Fevers were not so prevalent; a few cases of cholera were noted, but the disease was not general. Small-pox was less prevalent than usual.

The dispensaries and other medical institutions were all inspected by the Civil Surgeon Dr. Rogers-Harrison.

C.—FINANCE.

51. The cash balances in the beginning of the year amounted to Rs. 43,320-13-10, and the total income from all sources, inclusive of the cash balances, was Rs. 8,55,017-5-0; of this amount Rs. 3,72,709-3-0 were contributed by Local Fund and Rs. 1,16,963-0-8 from Municipalities, and Rs. 13,076-9-2 were realized by sale of medicines.

The expenditure was as follows:—

	RS.	A.	P.
Establishment	4,13,917	3	1
Bazaar medicines	19,907	12	11
European medicines	1,10,863	7	8
Dieting patients	1,33,069	9	10
Miscellaneous	70,921	12	4
Buildings and repairs	33,257	9	8
Invested during the year	9,405	14	4
Cash balances on the 31st December 1882	53,772	1	11

The following abstract shows the principal sources of income of the hospitals and dispensaries during the past four years:—

	1879.	1880.	1881.	1882.
From Government	RS. 3,04,847 3 3	RS. 2,76,266 5 11	RS. 2,79,736 0 0	RS. 2,73,167 0 6
Municipal and Local, &c., Funds	4,74,403 5 7	4,52,437 0 7	4,62,234 10 7	4,89,672 3 8
Interest on capital	24,830 10 2	17,981 13 0	22,803 10 5	18,011 13 5
European donations and subscriptions	11,574 15 6	13,239 15 10	15,633 13 9	12,391 4 2
Native donations and subscriptions	36,691 8 11	14,978 8 5	12,725 0 2	17,828 5 4
Total	8,52,847 11 5	7,74,903 11 9	7,93,133 2 11	8,11,060 11 2

It will be observed that the Government contributions have slightly decreased, and that the chief increase is in Local and Municipal institutions which are being added to from year to year.

The charges for European and bazaar medicines are slightly in excess of those for 1881, viz., Rs. 3,692-12-4, but when it is considered that 25 new centres of medical relief were established, this slight increase is readily accounted for.

The funded capital of hospitals and dispensaries stood as Rs. 4,10,694 in the beginning of the year and at Rs. 4,11,996 on 31st December.

On the whole the medical administration of Civil hospitals has been conducted with economy and efficiency. In the hospitals under Local Fund and Municipal management the dieting charges are restricted as much as possible to budget allotments.

D.—PRESIDENCY HOSPITALS.

52. There has been a considerable decrease in the number of patients treated in the Presidency town, but chiefly amongst the class of out-patients. With the exception of a limited and somewhat localised epidemic of cholera in the beginning of the year, and an increase of small-pox towards the end of the year, the general health of the town population has been good.

53. There has been an increase of patients in the Eye Infirmary, Lying-in Hospital, and Native Infirmary, but a decrease in all other medical institutions of the Presidency. The total decrease, including in and out patients, was 8,755 as compared with the former year. About one-fourth of the population of the town obtain medical relief year by year in the public hospitals.

54. Notwithstanding the general decrease in out-patient attendance, there was an increase of in-patients from 9,477 in 1881 to 10,090 in 1882.

The following table shows the number of patients relieved in the last four years:—

	Treated in			Increase over 1881.	Decrease under 1881.
	1880.	1881.	1882.		
Black Town, North Side	10,104	11,492	10,248	...	1,244
Do. Rayapuram Mission	21,479	19,010	16,413	...	2,597
General Hospital	27,440	27,909	26,893	...	1,016
Dispensary for Women and Children, Egmore	22,001	21,398	20,628	...	770
Triplicane	19,672	18,309	17,923	...	386
Hospital for Women and Children	10,401	4,185	1,813	...	2,872
Eye Infirmary	3,663	3,616	4,102	486	...
Leper Hospital	359	302	280	...	22
Lying-in Hospital	1,561	1,333	1,746	413	...
Native Infirmary	1,569	1,572	2,295	723	...
Ramasawmy Lying-in Hospital	...	470	*	...	470
Total	118,249	109,596	101,841	1,622	9,377

55. The following abstract shows the number of in and out patients receiving aid in the several Presidency hospitals for the last ten years.

56. The Hospital for Women and Children shows no out-patients for 1882, as these were attended to in the dispensary connected with the Lying-in Hospital, such patients as required hospital treatment being transferred from thence to the Women and Children Hospital.

	1873.	1874-75.	1875-76.	1876-77.	1877.	1878.	1879.	1880.	1881.	1882.	Total.
General Hospital	In-patients 2,966	3,373	3,464	4,442	6,184	4,098	3,712	3,754	3,296	3,248	38,527
	Out do. 11,066	12,010	12,768	15,870	18,573	24,429	24,380	23,686	24,623	23,645	191,050
Eye Infirmary	In do. 311	388	379	498	580	621	524	508	545	578	4,932
	Out do. 2,099	2,591	2,543	2,784	3,020	2,796	2,972	3,155	3,071	3,524	28,555
Black Town Dispensary	In do. 8,942	9,608	9,993	9,420	10,619	13,996	11,800	10,104	11,492	10,248	106,222
	Out do. 714	893	876	797	938	1,048	1,001	905	901	910	8,983
Triplicane	In do. 15,885	20,390	17,601	16,707	15,597	18,774	17,829	18,767	17,408	17,013	178,971
	Out do. 1,932	1,971	2,100	3,365	5,524	3,170	2,318	1,569	1,572	2,295	25,816
Native Infirmary	In do. 232	263	226	342	405	432	410	427	320	...	3,057
	Out do. 10,754	9,622	9,889	10,698	11,938	14,847	20,435	21,574	21,078	20,623	151,463
Do. Midwifery	In do. 1,212	1,217	1,365	1,501	1,539	1,519	1,620	1,561	1,333	1,746	14,613
	Out do. 984	931	1,021	1,551	3,273	1,695	1,253	998	1,050	1,313	14,079
Hospital for Women and Children	In do. 6,670	9,098	8,207	8,361	9,928	13,051	10,272	9,403	3,135	...	78,125
	Out do. ...	...	...	...	...	...	...	...	...	...	470
Ramasawmy Lying-in Hospital	In do. ...	...	...	...	...	...	...	...	...	...	...
	Out do. ...	...	...	...	...	...	...	...	...	...	...
Total	In-patients 8,351	9,036	9,431	12,506	18,443	12,583	10,838	9,722	9,477	10,090	110,477
	Out do. 53,416	63,319	61,001	63,840	69,675	87,893	87,688	86,689	80,807	75,058	734,386

57. GENERAL HOSPITAL.—The number of patients treated in this institution was in-patients 3,248, out-patients 23,645, a slight falling off as compared with the numbers of the former year. Of these 5,074 were European or Eurasian patients and the remainder Natives, and of European patients 1,027 received treatment in the wards of the hospital.

The item of recoveries on account of paying patients shows a considerable increase this year, viz., Rs. 7,018 against Rs. 5,156 in 1881.

The net cost of the institution, including the entire salaries of Medical Officers, whose duties are partly educational, amounts to Rs. 1,25,009, or Rs. 1,700 less than in 1881. The General Hospital buildings have been under repair during the year. Plans for a new out-patient department and pathological theatre have been sanctioned, and arrangements are being made to supply water to the upper story.

Several changes have occurred in the staff of the hospital. Surgeon-Major H. King was succeeded in April 1882 as Senior Medical Officer and Physician by

* Statistics are included in Native Infirmary.

Surgeon-Major J. Keess, M.D., and Surgeons McNally and Browne, the Second Physician and Resident Medical Officer, were succeeded by Surgeon W. G. King, M.B., as Acting Second Physician, and Surgeon W. E. Johnson, M.D., as Acting Resident Medical Officer. Mrs. Anderson, the Matron Superintendent, obtained six months' leave on medical certificate, and her place was taken by Mrs. Mackintyre, a locally-trained Nurse.

The medical and surgical duties of this institution have been efficiently conducted during the year.

58. WOMEN AND CHILDREN'S HOSPITAL, EGMORE.—There has been a considerable increase in the number of patients in this hospital, which is reserved for in-patients only. 1,313 women were received against 1,050 in the former year.

The buildings have been repaired, and an enclosing wall has been sanctioned to ensure privacy of the grounds, which have been sadly neglected of late years.

The accommodation for female patients is still defective, and so is that for the nurses attending the hospital. The temporary sheds have been repaired, and are now in good order.

The expenses of the hospital have been higher than usual, owing to the increased number for whom diets had to be found. The net charges, after deducting Rs. 1,227 received from paying patients, were Rs. 16,585, or an increase of Rs. 4,794 on the charges of the former year.

The Surgeon of the Second District, Surgeon-Major W. H. Roberts, M.B., has been in charge of the hospital, the special uterine wards being under the care of Surgeon A. M. Branfoot, who utilises them for clinical teaching.

59. EYE INFIRMARY.—The buildings in which this hospital is located are rented, and, in accordance with the terms of the expired lease, have been put into substantial repair. As the sum paid in rent during the last fifty years has more than sufficed to pay the purchase-money of the premises four times over, it has now been decided to build, when funds are available, a new Ophthalmic Hospital. A central site on Government land has been reserved for the purpose.

There was an increase of both in and out patients during the year. 646 operations were performed, of which 480 were major and 166 minor. The increase in operations was 101.

Of the operations for cataract about 84 per cent. were successful.

The institution continues under the charge of Surgeon-Major E. F. Drake-Brockman, of whose zeal, professional ability, methodical administration, and kindness to the native poor I can speak in the highest terms. Dr. Drake-Brockman is ably assisted in the management of the hospital by Assistant Apothecary Judge.

The net expenses of the hospital, including the whole of the Medical Officer's salary, were Rs. 23,916. The sum of Rs. 605 was recovered from Military and other patients as "hospital stoppages."

60. LYING-IN HOSPITAL.—The occupation of the new hospital in 1881 was followed by a slight falling off in the number of labor patients. In 1882 the number of in-patient cases was 1,746, or 431 in excess of the former year.

The out-patient attendance has fallen off slightly, probably owing to the year being a healthy one. Dr. Branfoot reports, "a considerable increase in the number of labors and a diminished mortality."

The new hospital is admirably adapted for the purpose to which it is applied, and the institution in all its branches is most efficiently administered by Surgeon A. M. Branfoot and his assistants.

The net cost of the institution, including the entire salary of the Superintendent, after deducting Rs. 448 recovered from the dieting of paying patients, was Rs. 29,881, or Rs. 2,240 less than in 1881.

61. LEPROY HOSPITAL.—The buildings of the Leper Hospital require extensive repairs. Sanction has been given for the building of permanent sheds in the place of temporary structures which get blown down every year, and estimates for repairs and bringing in water have been submitted. 274 lepers were treated during the year, of whom 47 were Europeans or Eurasians. 34 patients died.

These unhappy people are made as comfortable as their circumstances permit. They have wholesome food, shelter, and clothing, and it seems desirable, in the welfare of the public, that those of the population affected by leprosy should

be subjected to the restraint of an asylum set apart for them. Whether leprosy is increasing or not amongst the population I can offer no opinion on. A large number of lepers still remain outside of the special hospital maintained for their use, and there are no means of keeping inside the hospital those who want to go away.

The hospital is under the charge of Surgeon-Major D. R. Thompson, C.I.E., Surgeon, First District, whose management is humane and efficient.

62. NATIVE INFIRMARY.—The general affairs of the Native Infirmary are managed by the Committee of the Monegar Choultry to which the infirmary is attached.

The returns show a considerable increase of in-patients during the year, which is partly due to the inclusion of 493 cases of labor received in the lying-in ward built and partly endowed by M.R.Ry. Ramasawmy Mudalliar, Esq., and now incorporated with, and managed as a portion of, the Monegar Choultry charity.

The medical affairs of the Monegar Choultry are efficiently superintended by Surgeon-Major D. R. Thompson, C.I.E. The wards of the Native Infirmary afford clinical instruction to the members of the Hospital Assistant class.

The following table shows the cost of the several Government hospitals at the Presidency. It will be seen that the aggregate charges exceed by Rs. 872 only the expenses of the previous year:—

	1881.			1882.			Increase.	Decrease.
	Expenses.	Hospital Stoppages.	Net Cost.	Expenses.	Hospital Stoppages.	Net Cost.		
Eye Infirmary	Rs. 23,453 4 6	Rs. 752 7 0	Rs. 22,700 13 5	Rs. 24,522 1 5	Rs. 605 8 0	Rs. 23,916 9 5	Rs. 1,215 12 0	
General Hospital	1,31,806 3 6	5,166 1 9	1,26,639 1 7	1,32,028 6 2	7,018 12 6	1,25,009 9 8	1,700 8 1	
Leper Hospital	19,354 6 4		19,354 6 4	18,158 0 0		18,158 0 0	1,196 6 4	
Lying-in Hospital and Egmore Dispensary	32,793 4 8	671 11 0	32,121 9 8	30,329 15 7	448 15 0	29,881 0 7	2,240 9 1	
Women and Children's Hospital	12,919 3 11	1,127 12 0	11,791 7 11	17,813 7 3	1,227 8 6	16,585 14 9	4,794 6 10	
Total	2,20,386 6 10	7,707 15 9	2,12,678 7 1	2,22,851 14 5	9,300 12 0	2,13,551 2 5	6,010 2 10	5,187 7 6

The Native Infirmary, Black Town Dispensary, and Triplicane Hospital are not maintained at Government cost. The latter institution is under the medical supervision of the Surgeon of the Fourth District, Surgeon-Major A. Porter, who takes much interest in its efficient working.

The expenses in connection with these institutions are shown in the following table. There has been a considerable increase of the charges on account of the Native Infirmary, due in part to the addition of Ramasawmy's Lying-in Hospital to it:—

Institutions.	1881.			1882.			Increase.	Decrease.
	Expenses.	Hospital Stoppages recovered.	Net Cost.	Expenses.	Hospital Stoppages recovered.	Net Cost.		
Triplicane Dispensary	Rs. 5,967 3 2		5,967 3 2	Rs. 6,399 4 4		6,399 4 4	432 1 2	
Native Infirmary and Black Town Dispensary	13,892 13 4		13,892 13 4	19,632 11 5		19,632 11 5	5,739 14 1	
Ramasawmy's Lying-in Hospital	2,930 2 9		2,930 2 9	The charges of this institution are included in those of Native Infirmary.				
Total	22,790 3 3		22,790 3 3	26,031 15 9		26,031 15 9	6,171 15 3	

I have the honor to be,

Sir,

Your most obedient servant,

W. R. CORNISH, F.R.C.S., C.I.E.,

Surgeon-General with the Govt. of Madras.

APPENDIX.

ARCOT, NORTH.

ÁRNI.

Extracts from the Annual Medical Report by Civil Apothecary F. F. THOMAS.

Dispensary Buildings.—Dispensary opened in November 1882, is located in a building in the Fort. Only out-patients are treated. A dispensary is shortly to be built.

Most Common Diseases.—Ulcers, constipation, dyspepsia, itch, and rheumatism.

Inspection.—Inspected by the Civil Surgeon, Vellore, in December.

Attendance of Patients.—The attendance of patients since November is 2,277 new admissions and a daily average of 89.49.

General Remarks.—A midwife is very much needed in the town of Árni, as the villagers are backward in coming to me to attend on their females.

CHITTOOR.

Extracts from the Annual Medical Report by Surgeon-Major J. J. L. RATTON, M.D.

Dispensary Buildings.—All in good repair.

Most Common Diseases.—Malarious fever, ulcer, inflammation of the external ear, and respiratory affections.

Inspection.—Inspected on the 24th October by the Surgeon-General with the Government of Madras.

Attendance of Patients.—435 in and 12,290 out door patients were treated against 493 in and 11,509 out patients in 1881.

PALMANÉR.

Extracts from the Annual Medical Report by First-class Assistant Apothecary M. DAVANBOO.

Dispensary Buildings.—Repairs needed, but the new dispensary will soon be finished.

Most Common Diseases.—Ague, ophthalmia, inflammation of external ear, respiratory affections, and diarrhoea.

Inspection.—Inspected twice by the Civil Surgeon.

Attendance of Patients.—424 in and 3,517 out door patients were treated compared with 190 in and 3,457 out patients in the previous year.

PÓLÚR.

Extracts from the Annual Medical Report by Civil Hospital Assistant
P. V. RAMASAWMY MOODALI, No. 197.

Dispensary Buildings.—In good order.

Most Common Diseases.—Fevers, rheumatism, ophthalmia, and skin diseases.

Inspection.—Inspected by the Civil Surgeon, Vellore, on 14th December.

Attendance of Patients.—3,712 out-door patients were treated against 1,404 in 1881.

RANIPETT.

Extracts from the Annual Medical Report by Apothecary J. CHADWICK.

Dispensary Buildings.—The main building leaks considerably; otherwise it is in fair order. A new *post-mortem* table is required. The Lying-in Hospital has recently undergone repair.

APPENDIX TO REPORT ON THE

Most Common Diseases.—Abscess, boils, rheumatic affections, ulcers, malarious fevers, injuries.

Inspection.—Inspected by the District Surgeon, Chittoor, twice during the year.

Attendance of Patients.—494 in and 10,245 out door patients were afforded relief, the numbers in the previous year being 375 and 8,998 respectively.

General Remarks.—Lying-in Hospital—103 deliveries in and 10 out of hospital show the work of this institution for the past year.

TIRUPATI.

Extracts from the Annual Medical Report by Second-class Hospital Assistant
C. CUNDASAWMY MOODELLY, No. 98.

Dispensary Buildings.—Present building unsuitable; the erection of a good dispensary has been sanctioned.

Most Common Diseases.—Malarious fevers, syphilitic affections, neuralgia, dysentery, and diarrhoea.

Inspection.—Inspected twice by the District Surgeon, Chittoor.

Attendance of Patients.—54 in and 4,881 out patients were afforded relief; in the previous year the numbers were 128 and 4,546 respectively.

VELLORE.

Extracts from the Annual Medical Report by Surgeon M. ROBINSON.

Dispensary Buildings.—The building is old and of faulty construction, but is in fair repair. The annual white and color washing now requires to be done, and will be immediately commenced. The floor of the Surgery requires some slight repair and new matting must be supplied. The furniture is old but in fair repair and sufficient. The operating table should be replaced by one of a more convenient pattern.

Most Common Diseases.—Ulcer, ophthalmia, rheumatism, fever, and diseases of the skin. There were 28 deaths in hospital. Among out-patient 497 cases of cholera were treated, of which 174 proved fatal.

Epidemics.—In November 1881 the first cholera cases occurred, and the last in March. The total number reported was 439, and of these 195 proved fatal.

Inspection.—Inspected by the Surgeon-General with the Government of Madras on 22nd October 1882.

Attendance of Patients.—The in-patients (529) are about the same in number as previous years; many more patients might have been admitted, but it was necessary to keep the number down in order not to exceed the budget grant. The out-patients' (17,861) attendance has been nearly doubled (9,892).

General Remarks.—The Lying-in Hospital is becoming more popular; 52 cases were admitted during the year, many of these were of an interesting nature. The forceps were applied twice and version performed twice. Eleven infants were still-born; of the mothers none died in hospital, but in one case of retained placenta, which was removed with difficulty; the woman died shortly after leaving hospital. The matron in charge is an intelligent and hardworking person, and the success of the institution is due to her tact and skill. More accommodation is required at this hospital. The establishment should be increased and a matron's house built in the vicinity.

The branch dispensary has been in charge of Hospital Assistant V. P. Moorgasa Moodelly, No. 171, during the year, and the work has been very active. This institution is very much appreciated by the townspeople. It has lately been removed from the small room in the Municipal Office to an adjoining building, which is more convenient both for patients and staff.

VENKATAGIRIKOTA.

Extracts from the Annual Medical Report by First-class Hospital Assistant HOOSMAN KHAN,
No. 774.

Dispensary Buildings.—In good order.

Most Common Diseases.—Ague, rheumatic and syphilitic affections.

Inspection.—Inspected twice by the District Surgeon, Chittoor.

Attendance of Patients.—2,187 out-patients were treated against 1,022 of the previous year.

WÁLAJÁPET.

Extracts from the Annual Medical Report by Third-class Hospital Assistant
A. VEERASAWMY NAIDU.

Dispensary Buildings.—In good state of repair.

Most Common Diseases.—Fevors, rheumatic and syphilitic affections, and ophthalmia.

Inspection.—Inspected twice by the District Surgeon, Chittoor.

Attendance of Patients.—No records left by the Mission in previous years. 5,912 admissions are registered during the year under review.

WANDIWASH.

Extracts from the Annual Medical Report by Third-class Hospital Assistant
MUHAMMAD AAZAM, No. 206.

Dispensary Buildings.—Repairs needed. The dead-house is too near the hospital. The dispensary was opened in July, and is intended for out-patients only.

Most Common Diseases.—Ophthalmia and skin diseases.

Inspection.—The Civil Surgeon, Vellore, inspected the dispensary once.

Attendance of Patients.—1,868 out-patients have been treated.

ARCOT, SOUTH.

CHIDAMBARAM.

Extracts from the Annual Medical Report by Assistant Surgeon M. PARASURAMA NAICKER.

Dispensary Buildings.—The new buildings were occupied in July and answer well. A wall round the hospital is required.

Most Common Diseases.—Injuries, ophthalmia, ulcer, skin diseases, abscess, boils, and rheumatic affections.

Epidemics.—The epidemic of cholera that broke out during December 1881 continued to prevail till the 15th March 1882, causing 25 deaths out of 70 attacked.

Inspection.—Inspected by the District Surgeon on the 8th September.

Attendance of Patients.—172 in and 7,344 out door patients were treated compared with 138 in and 6,993 out patients in 1881.

NEW TOWN, CUDDALORE.

Extracts from the Annual Medical Report by Surgeon-Major J. H. RITCHIE.

Dispensary Buildings.—In a good state of repair.

Most Common Diseases.—Ulcers, injuries, rheumatism, syphilitic affections, and skin diseases.

Epidemics.—At the close of 1881 cholera was prevailing in an epidemic form in the district. Immediately after the festival at Chidambaram, where it was very severe, it appeared at Old Town on 5th January, the first case occurring among strangers who attended that festival. On the 10th January a fatal case occurred in the Police Hospital, and on 14th the disease was prevailing in three different localities. It continued in a very severe form until 12th February. There were 216 attacks and 112 deaths.

Inspection.—The Surgeon-General with the Government of Madras inspected this hospital on 17th January and 5th September.

Attendance of Patients.—

		In-patients.	Out-patients.
1881		245	14,388
1882		241	13,451

APPENDIX TO REPORT ON THE
OLD TOWN, CUDDALORE.

Extracts from the Annual Medical Report by Surgeon-Major J. H. RITCHIE.

Dispensary Buildings.—In good condition.

Most Common Diseases.—Abscess, ulcer, ophthalmia, skin diseases, inflammation of the external ear, and injuries.

Inspection.—The Surgeon-General with the Government of Madras inspected this dispensary on 16th January and 4th September.

Attendance of Patients.—

	1881.	1882.
Out-patients	10,717	10,241
In-patients	120	121

KALLAKURCHI.

Extracts from the Annual Medical Report by First-class Hospital Assistant T. MADURANAYAGUM PILLAY, No. 736.

Dispensary Buildings.—In a very good state of repair. The dead-house and contagious diseases sheds are in course of construction.

Most Common Diseases.—Ague, rheumatic affections, ophthalmia, inflammation of external ear, and skin diseases.

Inspection.—Inspected twice by the District Surgeon during the year.

Attendance of Patients.—79 in and 5,404 out door patients received treatment during the year.

PANRUTI.

Extracts from the Annual Medical Report by Civil Apothecary G. A. W. VELLOMS.

Dispensary Buildings.—The dispensary was removed in November to the new building erected by the Local Fund Board; it is more commodious and is fairly well situated.

Most Common Diseases.—Ulcers, boils, bronchial and rheumatic affections, and ophthalmia.

Inspection.—The dispensary was inspected twice by the District Surgeon.

Attendance of Patients.—6,080 out-door patients were afforded relief.

TINDIVANAM.

Extracts from the Annual Medical Report by Civil Apothecary S. C. STEELING.

Dispensary Buildings.—In good order.

Most Common Diseases.—Ophthalmia, skin diseases, ulcers, malarious fever, abscess, &c., and injuries.

Inspection.—Two inspections by the Zillah Surgeon were made.

Attendance of Patients.—122 in and 6,923 out patients were treated compared with 121 in and 8,738 out patients in 1881.

TIRUKOILÚR.

Extracts from the Annual Medical Report by Civil Apothecary S. CHANDRASAKARA MOODELLIAR.

Dispensary Buildings.—The building leaks a good deal; otherwise in good order. The contagious sheds need repair.

Most Common Diseases.—Rheumatic and syphilitic affections, skin diseases, fevers, anaemia, and abscess.

Inspection.—Inspected twice by the District Surgeon.

Attendance of Patients.—92 in and 5,822 out patients were treated during the year; this shows a small decrease in numbers.

TIRUVANNÁMALAI.

Extracts from the Annual Medical Report by Second-class Hospital Assistant T. M. BALASOONDRUM PILLAY, No. 165.

Dispensary Buildings.—In good condition.

Most Common Diseases.—Malarious fever, rheumatic and syphilitic affections, conjunctivitis, diseases of the ear, and respiratory system.

Inspection.—The District Surgeon inspected the hospital twice during the year.

Attendance of Patients.—80 in and 2,837 out door patients attended.

VILLUPURAM.

Extracts from the Annual Medical Report by Civil Apothecary S. MUTHUSAWMY.

Dispensary Buildings.—In good order.

Most Common Diseases.—Injuries, ulcer, syphilitic affections, ophthalmia, and skin diseases.

Epidemics.—Small-pox prevailed to some extent in the town and its vicinity.

Inspection.—The District Surgeon inspected the dispensary twice during the year.

Attendance of Patients.—97 in and 4,552 out patients were treated, showing a decrease of 64 of the former and 664 of the latter class when compared with the previous year.

VRIDDHÁCHALAM.

Extracts from the Annual Medical Report by Civil Apothecary R. FRANKLIN.

Dispensary Buildings.—The roof needs attention; otherwise in good order.

Most Common Diseases.—Malarious fevers, ulcer, ophthalmia, inflammation of the external ear, abscess, and boil.

Inspection.—Inspected by the District Surgeon twice during the year.

Attendance of Patients.—96 in and 5,734 out patients were treated, showing an increase of 10 in-patients and the large decrease of 3,106 amongst the latter class.

BELLARY DISTRICT.

ADÓNI.

Extracts from the Annual Medical Report by Second-class Hospital Assistant T. KUNNIAH, No. 132.

Dispensary Buildings.—The new dispensary was occupied on 19th September. The latrines are faultily constructed and require alteration.

Most Common Diseases.—Malarious fevers, rheumatic affections, ophthalmia, ulcers, and skin diseases.

Inspection.—Inspected by the District Surgeon on 29th July.

Attendance of Patients.—66 in and 15,289 out patients were treated compared with 45 in and 17,388 out door in the previous year.

ÁLÚR.

Extracts from the Annual Medical Report by Civil Apothecary P. JAYARAM.

Dispensary Buildings.—The buildings are in a bad state of repair. Bedding and clothing are required.

Most Common Diseases.—Syphilitic affections and injuries, conjunctivitis, skin diseases, ulcers, and fevers.

Epidemics.—Small-pox prevailed as an epidemic at the commencement of the year.

Inspection.—The District Surgeon inspected on the 28th October.

Attendance of Patients.—40 in and 3,112 out patients sought relief against 32 in and 2,841 out door in the previous year.

APPENDIX TO REPORT ON THE

ANANTAPUR.

Extracts from the Annual Medical Report by Civil Apothecary E. L. CHALKER, L.M.S.

Dispensary Buildings.—Some repairs have been done during the year, but the out-houses are still in a dilapidated state.

Most Common Diseases.—Ophthalmia, fevers, injuries, respiratory affections, ulcers.

Epidemics.—Slight epidemic of small-pox occurred during the early part of the year.

Inspection.—The District Surgeon inspected the dispensary on the 20th May.

Attendance of Patients.—58 in-patients and 4,513 out-patients were treated, showing a decrease of 20 among the former and an increase of 991 among the latter, as compared with the previous year.

BELLARY.

Extracts from the Annual Medical Report by Surgeon-Major H. G. ARCHDALL.

Dispensary Buildings.—The dispensary buildings are in a most dilapidated state and too old for repair; they were condemned long ago as quite unsuitable; it is therefore contemplated to have a new building which would have been commenced before this only for the high rate of labor now prevailing.

Most Common Diseases.—Malarious fever, cholera, rheumatic and skin affections, ophthalmia, ulcer, and injuries.

Epidemics.—Cholera appeared in an epidemic form in the Cowle Bazaar on the 2nd December 1882, and on 31st idem still continued; 144 cases having been reported up to that date with 66 deaths.

Attendance of Patients.—518 in and 6,093 out patients were treated against 443 in and 7,766 out door in the previous year.

GOOTY.

Extracts from the Annual Medical Report by Second-class Apothecary S. E. CARRAPIETT.

Dispensary Buildings.—All in good condition.

Most Common Diseases.—Malarious fevers, eye and rheumatic affections, boils, and injuries.

Attendance of Patients.—80 in and 2,644 out patients were treated compared with 87 in and 2,709 out patients in 1881.

HARPANAHALLI.

Extracts from the Annual Medical Report by First-class Hospital Assistant I. RAMASAWMY NAIDU, No. 41.

Dispensary Buildings.—Buildings leak a good deal; otherwise in good condition.

Most Common Diseases.—Fevers, ulcers, ophthalmia, respiratory and skin diseases.

Attendance of Patients.—31 in and 3,120 out patients were afforded relief during the year.

General Remarks.—The midwife confined 13 cases of natural labor and attended in 2 cases of abortion in the town during the year.

HOSPET.

Extracts from the Annual Medical Report by Civil Apothecary E. STOCKING.

Dispensary Buildings.—All in good order, except the roof of the main building which leaks.

Most Common Diseases.—Malaria, ophthalmia, skin diseases, ulcer, rheumatic affections.

Epidemics.—An epidemic of small-pox prevailed in the town about the middle of the year.

Inspection.—The District Surgeon inspected the dispensary on the 5th September.

Attendance of Patients.—107 in and 4,723 out patients attended against 111 in and 4,247 out door in the previous year.

General Remarks.—The midwife attached to the dispensary attended 3 cases of labor at the hospital and 19 women at their own houses.

KALYÁNDRÚG.

Extracts from the Annual Medical Report by Third-class Hospital Assistant V. PONNOOSAWMY RAJOO, No. 208.

Dispensary Buildings.—The dispensary building is under repairs, which will be completed next year.

Most Common Diseases.—Ulcers, fevers, ophthalmia, skin diseases, rheumatic and syphilitic affections.

Attendance of Patients.—63 in and 2,057 out patients were treated against 23 in and 3,301 out patients in the previous year.

KÚDLIGH.

Extracts from the Annual Medical Report by Civil Apothecary W. E. WATKINS.

Dispensary Buildings.—Dispensary established in July 1882. Is at present located in a dilapidated house. A new building is under construction.

Most Common Diseases.—Ague (quartan), itch and other skin diseases, gonorrhœa and its complications, and syphilitic affections.

Attendance of Patients.—Only intended for out-patients, of whom 129 sought relief.

PENUKONDA.

Extracts from the Annual Medical Report by First-class Hospital Assistant P. RAMALINGUM PILLAY, No. 27.

Dispensary Buildings.—The dispensary is now under repair.

Most Common Diseases.—Fever, ophthalmia, diseases of the lungs and bowels, and syphilis.

Attendance of Patients.—88 in and 3,136 out door patients were afforded relief against 109 in and 4,153 out door in the previous year.

SANDÚR STATE.

Extracts from the Annual Medical Report by Civil Hospital Assistant I. M. LUKSHMIPATI NAIDU, No. 228.

Dispensary Buildings.—Building said to be unsuitable.

Most Common Diseases.—Ague, febricula, conjunctivitis, bronchitis, dysentery, and skin diseases.

Epidemics.—Cholera prevailed in the month of December.

TADPATRI.

Extracts from the Annual Medical Report by First-class Hospital Assistant S. NARAINASAWMY NAIDU, No. 67.

Dispensary Buildings.—The roof leaks in places; the dead-house requires repair.

Most Common Diseases.—Ague, rheumatism, syphilis, ophthalmia, and diarrhœa.

Attendance of Patients.—90 in and 8,608 out patients were afforded relief against 62 in and 8,369 out-patients in the previous year.

CANARA SOUTH.

BANTVÁL.

Extracts from the Annual Medical Report by Civil Apothecary C. F. FRANCIS.

Dispensary Buildings.—A new dispensary was opened during the year, and was taken charge of on the 1st May 1882. The building consists of three large central rooms, and six smaller

APPENDIX TO REPORT ON THE

ones, which are sufficient to accommodate a larger number of patients than have hitherto been admitted. There has been no dead-house or bath-room erected in connection with the building, both of which are badly required.

Most Common Diseases.—Malarious fevers, rheumatic and syphilitic affections, and inflammation of the external ear.

Epidemics.—Cholera prevailed in a village about a mile from Bantvál. Twenty cases have been recorded in all.

Attendance of Patients.—81 in and 1,995 out door patients were treated against 56 in and 1,968 out patients in the previous year.

COONDAPOOR.

Extracts from the Annual Medical Report by Civil Apothecary G. GASCOYNE.

Dispensary Buildings.—Repairs, which are needed, have been sanctioned. The dead-house is too small.

Most Common Diseases.—Malarious fevers, worms, syphilitic and rheumatic affections, and anæmia.

Inspection.—Inspected by the Civil Surgeon, Mangalore, in March.

Attendance of Patients.—33 in and 3,178 out door patients were treated against 16 in and 3,773 out patients in 1881. The decrease is due to the fewer number of cases of malarious fever treated.

KARAKAL.

Extracts from the Annual Medical Report by Third-class Hospital Assistant K. GOVINDEN NAIR, No. 231.

Dispensary Buildings.—In good order.

Most Common Diseases.—Malarious fevers, worms, skin diseases, and syphilis.

Attendance of Patients.—64 in and 1,201 out door patients were afforded relief against 61 in and 1,052 out door in 1881.

KASARAGÓD.

Extracts from the Annual Medical Report by Civil Apothecary THOMAS KORAH.

Dispensary Buildings.—In good state of repair.

Most Common Diseases.—Malarious fever, rheumatic and syphilitic affections, dropsy, and worms.

Epidemics.—At the commencement of the year cholera was prevalent in a village about a mile from the town, but subsided by the beginning of February.

Attendance of Patients.—96 in and 3,017 out patients were relieved against 61 in and 2,120 out door in the previous year.

AMENI DEVI ISLAND.

Extracts from the Annual Medical Report by Second-class Hospital Assistant SYED ABDOL RAHAMAN, No. 1029.

Most Common Diseases.—Diarrhoea, worms, ulcers, and respiratory affections.

Epidemics.—Measles and small-pox.

Attendance of Patients.—327 out-door patients were afforded relief.

MANGALORE.

Extracts from the Annual Medical Report by Surgeon W. A. LEE.

Dispensary Buildings.—In good state of repair. There is only one ward at present for the reception of female patients, and it will therefore be necessary to construct a detached lying-in

ward in order to utilize the services of the midwife, whose entertainment has been sanctioned by Government.

* *Most Common Diseases.*—Fevers, rheumatic, syphilitic and respiratory affections, dysentery, worms.

Epidemics.—Cholera was prevalent in a sporadic form in the town and district during the first four months of the year and caused 42 deaths in the town alone and 139 in the district.

Attendance of Patients.—187 in and 6,227 out door patients were treated during the year.

UDIPL.

Extracts from the Annual Medical Report by Second-class Hospital Assistant G. NARAYANASAWMY NAIDU, No. 86.

Dispensary Buildings.—Repairs required; also a store-room.

Most Common Diseases.—Malarial fevers, rheumatism, worms, and ulcers.

Inspection.—Inspected by the Civil Surgeon of the district on the 1st March.

Attendance of Patients.—80 in and 2,763 out patients were treated, showing an increase of 8 and 655 respectively, on the previous year.

UPPINANGADI.

Extracts from the Annual Medical Report by Third-class Hospital Assistant K. RAMEN NUMBIAR, No. 173.

Dispensary Buildings.—A temporary mud-built building has been used as dispensary for the last seven years.

Most Common Diseases.—Ague, worms, constipation, and skin diseases.

Attendance of Patients.—22 in and 1,955 out patients were treated compared with 14 and 2,284 in and out door, respectively, in the previous year.

CHINGLEPUT DISTRICT.

CHINGLEPUT.

Extracts from the Annual Medical Report by Surgeon H. A. F. NAILER, M.B.

Dispensary Buildings.—In good condition and kept up in good repair.

Most Common Diseases.—Ague, syphilitic affection, ophthalmia, skin diseases, ulcer, and dysentery.

Attendance of Patients.—274 in and 7,114 out patients were relieved against 290 in and 7,092 out-patients in the previous year.

CONJEEVERAM.

Extracts from the Annual Medical Report by Assistant Surgeon T. RUTHNA MOODELLY.

Dispensary Buildings.—The whole building was thoroughly linewashed and the doors and windows repainted. There is, however, a deep crack in the walls of the female bath-room, and the roof on the north verandah was found to leak in many places during the late rains. Funds for tile-turning and repair of the crack have accordingly been provided.

Most Common Diseases.—Syphilis, wounds and injuries, fevers, labors, abscess, constipation, and conjunctivitis.

Epidemics.—There were eight cases of cholera treated in the year, viz., seven in January and one in April. Of these five died.

Inspection.—The dispensary was inspected by the District Surgeon on the 27th December.

Attendance of Patients.—There were 320 paupers received into hospital as in-patients against 267 in 1881, showing an increase of 53 patients. There was a decrease of 2,050 among the out-patients.

MADURÁNTAKAM.

Extracts from the Annual Medical Report by Second-class Hospital Assistant
P. I. COLUNDASAWMY PILLAY, No. 160.

Dispensary Buildings.—In good order.

Most Common Diseases.—Ague, dropsy, respiratory affections, diarrhoea, and dysentery.

Inspection.—Inspected by the District Surgeon on the 9th August.

Attendance of Patients.—6,008 out-patients were treated compared with 5,666 in 1881.

PONNÉRI.

Extracts from the Annual Medical Report by Civil Hospital Assistant B. LUTCHMIAH NAIDU,
No. 192.

Dispensary Buildings.—A more spacious building is said to be required.

Most Common Diseases.—Constipation, skin diseases, abscess and boils, ulcers.

Epidemics.—Five cases of cholera were treated, and three of these died.

Inspection.—Inspected by the District Surgeon on the 30th December.

Attendance of Patients.—4,728 out-patients attended during the year.

POONAMALLEE.

Extracts from the Annual Medical Report by Third-class Hospital Assistant
C. ERUSAPPA MUDALIAR, No. 202.

Dispensary Buildings.—Well suited for its purpose and in good order.

Most Common Diseases.—Constipation, boil, affections of the eye and ear, and rheumatism.

Epidemics.—Cholera was slightly epidemic.

Inspection.—Inspected by the District Surgeon twice during the year.

Attendance of Patients.—4,708 out-door patients attended the dispensary.

SAIDÁPÉT.

Extracts from the Annual Medical Report by Civil Apothecary P. B. SAMBUNTHA MUDALIAR.

Dispensary Buildings.—In good order. A post-mortem room is needed.

Most Common Diseases.—Ulcer, fevers, eye diseases, abscess and boils, and injuries.

Epidemics.—Twenty-five cases of cholera were treated during the year, of these seven died.

Inspection.—Inspected by the District Surgeon twice during the year.

Attendance of Patients.—10,244 out-patients were treated compared with 10,478 in 1881.

SAINT THOMAS' MOUNT.

Extracts from the Annual Medical Report by Brigade-Surgeon R. DEMPSTER.

Dispensary Buildings.—During the past year the building has been re-roofed and put in thorough repair.

Most Common Diseases.—Malarious fevers, worms, respiratory affections, and ulcer.

Epidemics.—An outbreak of cholera occurred in the bazaar in the month of February. Thirteen attacks with five deaths. The visitation lasted seven days only.

Attendance of Patients.—48 in and 4,237 out door patients were treated compared with 89 in and 4,579 out patients in 1881.

SUTHLAVEDU.

Extracts from the Annual Medical Report by First-class Hospital Assistant
C. I. VENKATARAYALU NAIDU, No. 42.

Dispensary Buildings.—Repairs and a pandal are needed.

Most Common Diseases.—Ague, rheumatic affections, anæmia and ophthalmia.

Inspection.—Inspected by the District Surgeon on the 28th December.

Attendance of Patients.—2,795 out-patients were treated during the year.

SEMBIUM.

Extracts from the Annual Medical Report by Hospital Assistant M. VENKATASAWMY NAIDOO.

Dispensary Buildings.—In good order.

Most Common Diseases.—Fever, ophthalmia, inflammation of the ear, abscess, boils, and worms.

Epidemics.—Thirty-two cases of cholera (?) were treated during the year.

Inspection.—Inspected twice by the District Surgeon during the year.

Attendance of Patients.—6,780 out-patients were treated compared with 5,637 in the year preceding.

SRIPERUMBUDUR.

Extracts from the Annual Medical Report by Civil Hospital Assistant C. RAVANIAH NAIDU,
No. 268.

Dispensary Buildings.—Repairs are needed.

Most Common Diseases.—Conjunctivitis, boil, constipation, and rheumatism.

Inspection.—The District Surgeon inspected the dispensary on the 29th December.

Attendance of Patients.—Since the opening of the dispensary in August last, 2,610 out-patients have been treated.

TIRUPÓRÚR.

Extracts from the Annual Medical Report by First-class Hospital Assistant
I. NARRAINASAWMY NAIDU, No. 733.

Dispensary Buildings.—In good order.

Most Common Diseases.—Malarious fevers, rheumatism, syphilitic affections, diseases of the respiratory and digestive organs.

Inspection.—Inspected by the District Surgeon on the 18th October.

Attendance of Patients.—1,280 out-patients were treated during the year.

TIRUVALLÚR.

Extracts from the Annual Medical Report by Third-class Hospital Assistant C. NARASIMMOGLOO,
No. 191.

Dispensary Buildings.—In good condition.

Most Common Diseases.—Abscess, boils, ague, conjunctivitis, rheumatic affections.

Inspection.—Inspected by the District Surgeon on the 28th December.

Attendance of Patients.—5,258 out-patients were treated compared with 5,422 in the preceding year.

COIMBATORE DISTRICT.

BHAVÁNI.

Extracts from the Annual Medical Report by Civil Apothecary WILLIAM BAZELY.

Dispensary Buildings.—In good order.

Most Common Diseases.—Ophthalmia, ulcers, skin diseases, injuries, syphilitic affections.

Epidemics.—Cholera broke out in the early part of January in a hamlet of this taluk, sixteen miles from head-quarters. Twenty-three people were attacked in sixteen days, but only five died.

Inspection.—Inspected by the District Surgeon on the 15th February.

Attendance of Patients.—195 in and 4,370 out door patients were treated against 101 in and 2,580 out patients in the previous year.

COIMBATORE.

Extracts from the Annual Medical Report by Surgeon-Major J. FITZPATRICK.

Dispensary Buildings.—In very good order.

Most Common Diseases.—Malarious fevers, syphilitic and respiratory affections, ophthalmia, dysentery, and ulcer.

Epidemics.—Small-pox was epidemic in the town for the first part of the year and caused three hundred and seventy-seven deaths within municipal limits. About five deaths were caused by cholera.

Inspection.—The Surgeon-General inspected the hospital on the 14th October.

Attendance of Patients.—539 in and 11,787 out patients were relieved against 743 in and 14,611 out door treated in the year previous.

DHARÁPURAM.

Extracts from the Annual Medical Report by Civil Hospital Assistant S. NARAYANASAMY CHETTY, No. 184.

Dispensary Buildings.—In good condition, except the flooring of the verandah of the main building and the roof of the cook-house which are in need of repair.

Most Common Diseases.—Malarial fevers, injuries, worms, inflammation of external ear, rheumatic affections.

Inspection.—The District Surgeon inspected the dispensary in December.

Attendance of Patients.—83 in and 6,333 out door patients were afforded relief against 83 in and 6,554 out door in 1881.

General Remarks.—Seven natural, four premature, and two complex labors were attended among in and out patients.

ERODE.

Extracts from the Annual Medical Report by Civil Apothecary C. R. D'SILVA.

Dispensary Buildings.—In pretty good order.

Most Common Diseases.—Ophthalmia, ulcers, skin diseases, inflammation of the external ear, and malarious fevers.

Inspection.—Inspected by the Civil Surgeon on the 14th February and by the Surgeon-General on the 8th of October.

Attendance of Patients.—7,983 out door and 96 in patients were treated; compared with the previous year this shows an increase of 1,213 among the former and 3 among the latter class.

KARÚR.

Extracts from the Annual Medical Report by Civil Apothecary A. JESUDASEN.

Dispensary Buildings.—In fair state of repair.

Most Common Diseases.—Ulcers, eye and ear diseases, fevers, wounds and skin diseases.

Inspection.—Inspected by the District Surgeon on 17th February.

Attendance of Patients.—The attendance of patients in-door and out-door when contrasted with previous years show a decrease of 5 in-patients and 611 out-patients.

General Remarks.—The services of the hospital midwife are availed of by the educated classes. She has conducted successfully twelve out-door and two in-door cases.

KOLLEGÁL.

Extracts from the Annual Medical Report by Civil Apothecary T. RAJARAM NAIDU.

Dispensary Buildings.—Repairs are needed. A latrine and dead-house are required.

Most Common Diseases.—Ophthalmia, rheumatic affections, fevers, ulcers, skin diseases, and worms.

Epidemics.—Eleven cases of cholera came under treatment, of which five proved fatal.

Inspection.—The District Surgeon inspected the dispensary on 22nd May.

Attendance of Patients.—24 in and 4,698 out patients sought relief; this shows an increase of 822 of the latter class and a decrease of 18 in the former compared with 1881.

METTUPÁLAIYAM.

Extracts from the Annual Medical Report by Civil Apothecary F. J. GONSALVEZ.

Dispensary Buildings.—A more suitable building on a better site is contemplated by the President of the Local Fund Board.

Most Common Diseases.—Malarious fevers, sore eyes, ulcers, rheumatic and syphilitic affections.

Epidemics.—Five cases of cholera occurred about the beginning of April. Small-pox and mumps visited this station in April and have not yet entirely subsided.

Inspection.—Inspected by the District Surgeon in November.

Attendance of Patients.—120 in and 4,848 out patients were treated against 111 in and 5,829 out door in the previous year.

General Remarks.—The sanitation of the place is very defective.

PALLADAM.

Extracts from the Annual Medical Report by First-class Hospital Assistant P. MARISAWMY PILLAY, No. 88.

Dispensary Buildings.—In good order; a dead-house is needed.

Most Common Diseases.—Ophthalmia, ulcers, skin diseases, injuries, rheumatic affections, and fevers.

Inspection.—Inspected by the District Surgeon on the 19th December.

Attendance of Patients.—29 in and 2,122 out patients were treated against 29 in and 1,835 out door in the previous year.

POLLACHI.

Extracts from the Annual Medical Report by Assistant Surgeon P. MOONESAWMY.

Dispensary Buildings.—The hospital building and out-houses in fair condition. The floors of some of the smaller wards were asphalted during the year, and a contagious thatched shed, capable of holding four patients, was constructed at about thirty yards to the east of the main buildings.

Most Common Diseases.—Ophthalmia, malarial fevers, ulcers, chronic diseases of the ear, cutaneous affections.

Epidemics.—Cholera in a modified form prevailed more or less during the year. The type of the epidemic was somewhat peculiar. It was in many cases of a relapsing and intermittent character, and prevailed mostly in places where the surrounding locality of the villages was marshy, and the drinking water was rendered impure by the excessive rain during the year. The attacks were usually mild and amenable to the ordinary treatment in those cases that were treated in time. Many of the mild cases that rapidly recovered were not reported to the Village authorities and were omitted in the village returns, so that the mortality was not, on the whole, so great as might appear from the returns of Village Monigars. I noticed, also, that in very many cases the disease originated in places where contagion was impossible.

Inspection.—Inspected by the District Surgeon on the 12th December.

Attendance of Patients.—The total number of cases treated during the year was 10,425, of which 384 were in and 10,041 out patients; this shows a decrease of 15 in and 1,498 out patients compared with the previous year.

General Remarks.—There were 11 admissions in the lying-in ward, of which 9 were natural cases, and terminated favorably. Of the remaining 2, one was a footling case, and the labor, though tedious, terminated in successful delivery; the other was one of premature labor with adhesion of placenta, which had to be removed; this case also progressed favorably.

SATYAMANGALAM.

Extracts from the Annual Medical Report by Civil Apothecary P. MADAVAROYEN.

Dispensary Buildings.—The building requires thorough repair.

Most Common Diseases.—Ague, conjunctivitis, ulcer, skin diseases, and injuries.

Inspection.—Inspected by the District Surgeon during the year.

Attendance of Patients.—4,114 out-door and 54 in-door patients were treated, showing an increase of 950 out door and 33 in patients compared with the previous year.

UDAMALPET.

Extracts from the Annual Medical Report by Second-class Hospital Assistant F. GOPAULSAWMI NAIDOO, No. 99.

Dispensary Buildings.—Repaired during the year. A dead-house and latrines are required.

Most Common Diseases.—Malarious fevers, rheumatic and syphilitic affections, ophthalmia, diseases of the ear.

Inspection.—Inspected by the District Surgeon on the 14th December.

Attendance of Patients.—69 in and 4,168 out patients were treated against 86 in and 4,665 out door in the previous year.

General Remarks.—A midwife joined the institution on the 5th May, and has treated nine cases of labor successfully. Her services are being appreciated.

CUDDAPAH DISTRICT.

BUDVEL.

Extracts from the Annual Medical Report by Apothecary W. J. J. FREER.

Dispensary Buildings.—Building has been repaired during the year and is now in good order.

Most Common Diseases.—Syphilitic and rheumatic affections, ague, cutaneous and respiratory diseases.

Epidemics.—Small-pox was more or less epidemic throughout the year; it was not very fatal.

Inspection.—The Zillah Surgeon inspected the dispensary twice during the year.

Attendance of Patients.—There is an increase among the out-patients treated, being 7,660 against 5,239 of last year; in-door patients number 21, and this is also a greater number than in previous years.

CHITVEL.

Extracts from Annual Medical Report by Civil Apothecary KARI THARKIKA SIMHACHARI.

Dispensary Buildings.—In good order.

Most Common Diseases.—Malarious fevers, ulcers, rheumatic, cutaneous and respiratory affections.

Inspection.—Twice inspected by the Zillah Surgeon during the year.

Attendance of Patients.—3,319 out-patients were afforded relief against 3,322 the year previous.

CUDDAPAH.

Extracts from the Annual Medical Report by Native Surgeon M. IYASAWMI.

Dispensary Buildings.—In excellent condition, supplied with requisite furniture, fitting, &c.

Most Common Diseases.—Intermittent fever, ulcers, rheumatism, diarrhoea, dysentery, chest and venereal affections.

Attendance of Patients.—The total number of patients treated during the year was 18,304, of which 17,938 were out-patients and 366 in-patients, showing an increase of 1,281 out-patients and a decrease of 226 in-patients on the preceding year.

General Remarks.—The East Indian midwife continues to do good service in the town. People of all classes readily and freely seek her aid, and she has delivered 29 women at their own houses besides 10 in the hospital.

JAMMALAMADUGU.

Extracts from the Annual Medical Report by Civil Apothecary P. PARTHASARATHY NAIDU.

Dispensary Buildings.—A few repairs are needed. A dead-house is much needed.

Most Common Diseases.—Intermittent fevers, ulcers of syphilitic nature, and ophthalmia.

Epidemics.—Small-pox is prevailing to a certain extent in the village and its suburbs.

Inspection.—Inspected by the Civil Surgeon twice during the year.

Attendance of Patients.—There was a considerable decrease in numbers, due to the more healthy condition of year.

KADIRI.

Extracts from the Annual Medical Report by Second-class Hospital Assistant D. RAJAINTHURM, No. 90.

Dispensary Buildings.—The verandah requires repair, and the buildings whitewashing.

Most Common Diseases.—Malarious fevers, ophthalmia, rheumatic and syphilitic affections, and skin diseases.

Epidemics.—Small-pox was general throughout the taluk and in the town from August to December.

Inspection.—The Civil Surgeon inspected the dispensary twice during the year.

Attendance of Patients.—The attendance shows a decrease of 44 out-patients compared with the preceding year.

MADANAPALLE.

Extracts from the Annual Medical Report by Apothecary T. WARD.

Dispensary Buildings.—Buildings in good repair.

Most Common Diseases.—Malarious fevers (many fewer cases), rheumatic and syphilitic affections, ophthalmia and skin diseases.

Epidemics.—Slight epidemic of small-pox in the town in July and August.

Attendance of Patients.—471 in and 8,887 out door patients were treated against 382 in and 9,222 out patients in the previous year.

PILER.

Extracts from the Annual Medical Report by Second-class Hospital Assistant P. JANAKEERAM PILLAY, No. 102.

Dispensary Buildings.—Has been lately repaired. Furniture, &c., are not quite complete yet.

Most Common Diseases.—Ague, cutaneous diseases, rheumatic, venereal and respiratory affections.

Inspection.—The Zillah Surgeon inspected the dispensary twice during the year.

Attendance of Patients.—The average daily attendance of out-patients in 1882 was 31.94 against 37.52 in 1881.

PRODDUTUR.

Extracts from the Annual Medical Report by First-class Hospital Assistant TEERKARAM, No. 29.

Dispensary Buildings.—Buildings in good order; a dead-house is required.

Most Common Diseases.—Malarious fevers, ulcers, skin diseases, respiratory affections, injuries.

Inspection.—Inspected twice by the Zillah Surgeon.

Attendance of Patients.—4,727 out-patients sought relief against 4,830 the year previous. The year has been a more healthy one.

PULIVENDLA.

Extracts from the Annual Medical Report by Civil Apothecary C. O. WATKINS.

Dispensary Buildings.—The present new building in which the civil dispensary is located was lately built by the Local Fund Board and occupied on the 20th September 1882. The building consists of three rooms, one being the surgery, another the store room, and the third being the operating room. There are also three temporary thatched sheds which can accommodate one, two and four patients respectively.

Most Common Diseases.—Malarious fevers of a quartan type, ulcers, rheumatic and syphilitic affections, ophthalmic, respiratory and cutaneous affections. No order has yet been received to admit in-door patients.

Inspection.—Inspected by the Zillah Surgeon on two occasions during the year.

Attendance of Patients.—There were 4,935 out-door patients treated during the year against 4,244 in the previous one.

RÁYACHÓTI.

Extracts from the Annual Medical Report by Third-class Hospital Assistant I. PONNAMBALA MUDELIAR, G. No. 194.

Dispensary Buildings.—In good order.

Most Common Diseases.—Ague, in its quartan type, was the most prevalent disease, causing more than one-fourth of the total admissions.

Inspection.—Inspected by the Zillah Surgeon twice during the year.

Attendance of Patients.—5,505 out-patients were treated against 4,911 in the previous year.

GANJAM DISTRICT.

ASKA.

Extracts from the Annual Medical Report by Civil Apothecary A. J. HESTERLOW.

Dispensary Buildings.—The dispensary is located in a rented building which is sadly in want of repairs. A new dispensary is being built.

Most Common Diseases.—Ague, rheumatism, bronchitis, dysentery, diarrhoea, worms.

Epidemics.—Cholera was epidemic in June and July. Small-pox was rather prevalent in the town throughout the year.

Inspection.—Inspected twice during the year by the District Surgeon.

Attendance of Patients.—The number of out-door patients treated was 4,579. In the previous year 3,495 sought relief.

BERHAMPORE.

Extracts from the Annual Medical Report by Third-class Hospital Assistant B. RAMAKRISTNAMMA, No. 279.

Dispensary Buildings.—A few repairs are needed.

Most Common Diseases.—Malarious fevers, skin diseases, worms, eye and rheumatic affections.

Epidemics.—There have been two cholera epidemics during the year, viz., in the months of May, June, July, August, and again in the month of December. In the first epidemic there were 510 attacks and 185 deaths; in the second there were 73 attacks and 44 deaths.

Attendance of Patients.—219 in-patients and 5,618 out-door were treated against 165 in and 5,670 out-patients in the previous year.

CALINGAPATAM.

Extracts from the Annual Medical Report by Third-class Hospital Assistant T. SOORYANARAYANA, No. 300.

Dispensary Buildings.—The hospital was only built in 1881, and was repaired during the present year. It is now again in need of repair.

Most Common Diseases.—Malarial fevers, rheumatic and syphilitic affections, ophthalmia, dropsy.

Inspection.—The Civil Surgeon, Chicacole, inspected the dispensary twice during the year.

Attendance of Patients.—2,155 out-door patients were treated.

CHICACOLE.

Extracts from the Annual Medical Report by Honorary Surgeon P. KINSLEY.

Dispensary Buildings.—Some petty repairs are still required and will be undertaken shortly.

Most Common Diseases.—Malarious fevers, rheumatic and respiratory affections, inflammation of external ear and skin diseases.

Epidemics.—Cholera prevailed as an epidemic during the early months of the year throughout the entire sub-division. Previous to its appearance, the Principal Assistant Collector had been addressed on the subject of Circular No. 38, dated 6th September 1881, from the Surgeon-General with the Government of Madras, and steps had been taken to have the houses in the villages lime-washed, rubbish removed and burned, and to prevent the fouling of drinking water. There is no doubt that these precautionary measures had the desired effect in preventing the spread of the epidemic when it appeared. The town of Chicacole itself enjoyed a thorough immunity from the disease.

Attendance of Patients.—There was a slight increase in the number of out-patients 140 and 22 intern.

GANJAM.

Extracts from the Annual Medical Report by Civil Apothecary AUGUSTUS GALLYÔT.

Dispensary Buildings.—The out-houses used as cook rooms are in a very bad state and have not been repaired for some years. There is no latrine attached to this dispensary. Bedding and clothing are insufficient.

Most Common Diseases.—Malarious fevers, skin diseases, rheumatic and respiratory affections.

Epidemics.—Cholera appeared in the months of May, June, July, August, October and December, and out of 26 cases treated in the dispensary there were 7 deaths. Small-pox prevailed at the end of the year.

Inspection.—Visited twice during the year by the Zillah Surgeon, Berhampore.

Attendance of Patients.—5,140 patients were treated against 3,305 in the year previous.

GOPÁLPUR.

Extracts from the Annual Medical Report by First-class Assistant Apothecary ROBERT COLLINS.

Dispensary Buildings.—The dispensary building was purchased by the Local Fund Board during the year for Rs. 1,900. It at present requires whitewashing and some minor repairs. The out-houses, which are of mud and thatch are in a dilapidated condition.

Most Common Diseases.—Ague, ophthalmia, skin-diseases, worms, injuries, ulcer.

Epidemics.—There was no case of cholera in this station, although it prevailed epidemically in the district.

Inspection.—Inspected twice by the Zillah Surgeon.

Attendance of Patients.—92 patients were treated in excess of the number admitted in the previous year.

General Remarks.—The sanitation of the town continues unsatisfactory and greater pressure must be brought to bear on the inhabitants before any improvements can be effected. The wells are polluted by the people bathing and washing their clothes round them; no attempt is made to reserve any of them for drinking purposes only.

PARLÁKIMEDI.

Extracts from the Annual Medical Report by Assistant Apothecary W. A. COLLE.

Dispensary Buildings.—In good order.

Most Common Diseases.—Malarious fevers, debility, ophthalmia, ulcers, and injuries.

Epidemics.—Cholera prevailed to a small extent in the town. It was very severe in the surrounding villages.

Inspection.—Inspected twice during the year by the Civil Surgeon.

Attendance of Patients.—208 intern and 6,239 out-door patients were treated, against 151 and 5,400 in and out respectively the previous year.

SÓMPET.

Extracts from the Annual Medical Report by Civil Apothecary C. PARTHASARATHY NAIDU.

Most Common Diseases.—Ophthalmia, skin diseases, ulcers, malarious fevers.

Inspection.—Inspected twice by the Zillah Surgeon, Berhampore.

Attendance of Patients.—The attendance of out-patients has been satisfactory.

SURADÁ.

Extracts from the Annual Medical Report by Civil Apothecary B. FIGREDO.

Dispensary Buildings.—The present dispensary is a wretched building. A new one is to be erected shortly. Another almshouse is needed.

Most Common Diseases.—Ague, skin diseases, and worms.

Epidemics.—Small-pox prevailed in the town and in its vicinity.

Inspection.—Inspected by the Civil Surgeon, Berhampore, in December 1882.

Attendance of Patients.—The attendance has increased greatly.

TEKKALI RAGHUNÁTHAPURAM.

Extracts from the Annual Medical Report by Civil Hospital Assistant SYED LAUL, No. 234.

Dispensary Buildings.—In good order. A well is wanted.

Most Common Diseases.—Malarious fevers, rheumatic and syphilitic affections, cholera, bowel complaints, conjunctivitis.

Epidemics.—Cholera prevailed in an epidemic form for three months of the year. 497 patients came under treatment.

Inspection.—Visited twice by the Civil Surgeon, Chicacole Circle.

Attendance of Patients.—3,568 out-patients were treated, against 1,721 in the previous year.

GODÁVARI DISTRICT.

AMALÁPURAM.

Extracts from the Annual Medical Report by Second-class Civil Hospital Assistant Y. PAUJIAH, No. 128.

Dispensary Buildings.—Located in a rented house which is in good order.

Most Common Diseases.—Malarious fevers, rheumatic and respiratory affections, skin diseases.

Inspection.—The District Surgeon, Cocanada, inspected the dispensary on 18th April.

Attendance of Patients.—The attendance of out-patients shows a slight increase over that of the previous year.

BHADRÁCHALAM.

Extracts from the Annual Medical Report by Civil Hospital Assistant Y. RUNGIAH NAIDU, No. 226.

Dispensary Buildings.—The dispensary which is located in a rented building was opened on 1st October.

Most Common Diseases.—Malarious fevers, rheumatic affections, skin diseases and ulcers.

Attendance of Patients.—Four hundred and ninety-six out-patients have been treated since the opening of the dispensary.

CHINTALAPUDI.

Extracts from the Annual Medical Report by Third-class Civil Hospital Assistant G. MOOTHIALU NAIDU, No. 216.

Dispensary Buildings.—More shelves are required and also a *post-mortem* and store-room.

Most Common Diseases.—Ague, rheumatic and respiratory affections, dropsy, ophthalmia, dysentery.

Inspections.—The District Surgeon once visited the dispensary.

Attendance of Patients.—2,572 out-door patients were treated, against 1,234 in the year preceding.

COCANADA.

Extracts from the Annual Medical Report by Surgeon L. BEECH.

Dispensary Buildings.—The main building requires to be thoroughly repaired. Tiles and considerable portions of the roof are constantly falling down, especially after rain.

Most Common Diseases.—Admissions for malarious fevers are steadily decreasing every year. The admissions from skin diseases and worms are increasing, whilst admissions for respiratory affections remain stationary. Ulcers, syphilitic affections and injuries are steadily on the increase.

Attendance of Patients.—371 intern and 7,426 out-door patients were afforded relief, compared with 277 and 6,491 in and out respectively, in the previous year.

COCANADA SEAMEN'S HOSPITAL.

Extracts from the Annual Medical Report by Surgeon L. BEECH.

Dispensary Buildings.—In good repair.

Most Common Diseases.—The number of admissions from syphilitic diseases have more than doubled. Dysentery and injuries also give an increase. There were no deaths during the year under review.

Attendance of Patients.—50 seamen were treated against 26 in 1881.

General Remarks.—The daily charge for seamen admitted into hospital is Rs. 2. The cost of their up-keep for the year is Rs. 381-14-1. The amount of fees recovered being Rs. 796, showing a profit to the hospital of Rs. 414-1-11, which is credited to the Municipal Dispensary. The scale of diet is complained of as being insufficient, and extras have to be ordered for them. I propose raising the diet tables so as to meet these requirements.

KISTNA DISTRICT.

BEZVÁDA.

Extracts from the Annual Medical Report by Assistant Apothecary T. H. BONNER.

Dispensary Buildings.—A new building has been provided for in-patients in lieu of the thatched shed which previously existed. There is ample accommodation for twelve men and six women.

Most Common Diseases.—Ague, rheumatism, ophthalmia, syphilitic and respiratory affections.

Inspection.—The District Surgeon, Masulipatam, inspected the hospital on the 11th October.

Attendance of Patients.—There has been an increase of 49 patients among the in and 700 among the out-door patients.

General Remarks.—The Hospital midwife attended 31 cases, of which three cases were instrumental, two remained as out-patients and one was admitted into hospital.

CHALLAPALLI.

Extracts from the Annual Medical Report by Civil Apothecary T. K. RAJOO CHETTIAR.

Dispensary Buildings.—Dispensary said to be inconveniently situated.

Most Common Diseases.—Ague, rheumatic and syphilitic affections, bronchitis, asthma, dysentery.

Inspection.—The District Surgeon inspected the dispensary in the month of September.

Attendance of Patients.—There is a great falling off in the daily average attendance from 29.02 in 1881 to 15.35 in the present year.

CHIRELA.

Extracts from the Annual Medical Report by First-class Hospital Assistant R. JAGANAIKALOO, No. 79.

Dispensary Buildings.—No repairs are necessary. Another almirah is required.

Most Common Diseases.—Malarious fever, skin diseases, worms, rheumatism and injuries.

Attendance of Patients.—2,989 out-patients were treated, against 3,121 in 1881.

DACHEPALLE.

Extracts from the Annual Medical Report by Civil Apothecary P. VENCATARAMIAH.

Dispensary Buildings.—In good order.

Most Common Diseases.—Ague, ophthalmia, respiratory and rheumatic affections.

Attendance of Patients.—3,487 out-patients were treated against 2,649 in 1881.

GUDIVÁDA.

Extracts from the Annual Medical Report by Assistant Apothecary J. G. HINDLEY.

Dispensary Buildings.—The dispensary was removed into the new building constructed for the purpose in June; this, though small, answers all the requirements.

Most Common Diseases.—Skin diseases, rheumatic affections, abscess and boils, and ulcers.

Inspection.—The District Surgeon inspected the dispensary on the 24th January.

Attendance of Patients.—The number treated (2,669) shows a falling off of about 7 per cent. This is probably due to the new building being half a mile from the town.

GUNTÚR.

Extracts from the Annual Medical Report by Honorary Surgeon P. ANDERSON.

Dispensary Buildings.—In good order.

Most Common Diseases.—Malarious fevers, ulcers, skin diseases and injuries.

Attendance of Patients.—There were 307 in and 8,954 out-door patients treated during the year. This shows an increase of 24 among the former and 145 among the latter compared with 1881.

JAGGAYAPET.

Extracts from the Annual Medical Report by Civil Apothecary J. REARDON.

Dispensary Buildings.—In good order. Quarters for the apothecary close to the hospital are needed.

Most Common Diseases.—Malarious fevers, skin diseases, ulcer, rheumatic and syphilitic affections.

Inspection.—The Civil Surgeon, Masulipatam, inspected the hospital on the 14th October.

Attendance of Patients.—2,081 out-door patients were treated, against 2,548 in 1881.

KAREMPUDY.

Extracts from the Annual Medical Report by Third-class Hospital Assistant V. RUNGASAWMY CHETTY, No. 239.

Dispensary Buildings.—The building is not a convenient one for a dispensary.

Most Common Diseases.—Ague, ophthalmia, skin diseases and worms.

Attendance of Patients.—The average daily attendance of out-patients for the years 1881 and 1882 is 44.69 and 32.89 respectively.

MASULIPATAM.

Extracts from the Annual Medical Report by Surgeon H. CARRUTHERS.

Dispensary Buildings.—Considerable repairs are required to the main building.

Most Common Diseases.—Malarious fevers, dysentery, respiratory and skin diseases.

Attendance of Patients.—175 in and 10,240 out-door patients were treated, against 140 and 8,786 in and out respectively, in the year previous.

NARSARAOPET.

Extracts from the Annual Medical Report by Civil Apothecary B. D'PRAZER.

Dispensary Buildings.—The dispensary has been removed from the native habitation referred to in last Annual Report, and is now held in a building which once was a Public Works Department Storshed, but which has since become the property of the Local Fund Board, Guntūr Circle. Repairs are needed.

Most Common Diseases.—Skin diseases, rheumatic affections, malarious fevers and ulcer.

Attendance of Patients.—3,815 out-patients were treated, an increase of 2,015 on the previous year.

NÚZVÍD.

Extracts from the Annual Medical Report by Civil Apothecary H. C. HITCHCOCK.

Most Common Diseases.—Fevers, respiratory disease, skin and rheumatic affections.

Inspection.—Visited by the District Surgeon on the 25th January.

Attendance of Patients.—There is a decrease of 302 patients treated this year.

RÉPALLE.

Extracts from the Annual Medical Report by Civil Apothecary R. NARRAINASAWMY NAIDÚ.

Dispensary Buildings.—The dispensary is held in a small, ill-ventilated native house.

Most Common Diseases.—Skin diseases, ulcers and rheumatic affections.

Inspection.—Inspected by the District Surgeon at Masulipatam on the 6th September.

Attendance of Patients.—1,831 out-patients treated, in 1881, and in this year 2,430, an increase of 594.

SATTENAPALLE.

Extracts from the Annual Medical Report by Civil Apothecary S. PERAJEE.

Dispensary Buildings.—Repairs, which are greatly needed, have been sanctioned.

Most Common Diseases.—Skin diseases and rheumatic affections.

Attendance of Patients.—2,470 out-patients were afforded relief, against 1,956 in the previous year.

TIRUVUR.

Extracts from the Annual Medical Report by Civil Apothecary D. C. D'ROZARIO.

Dispensary Buildings.—Repairs greatly needed for the out-buildings.

Most Common Diseases.—Ague, ulcers, syphilitic and skin affections.

Inspection.—Inspected by the District Surgeon on the 26th of January.

Attendance of Patients.—The attendance shows a slight falling off.

TUMURCODE.

Extracts from the Annual Medical Report by Second-class Hospital Assistant T. V. GOVINDURAJULU, No. 162.

Dispensary Buildings.—More furniture is required.

Most Common Diseases.—Ague, ophthalmia, ulcers and skin diseases.

Attendance of Patients.—2,129 out-patients were afforded relief.

VINUKONDA.

Extracts from the Annual Medical Report by Second-class Hospital Assistant D. VENKATASWAMY, No. 92.

Dispensary Buildings.—Dispensary small. Repairs needed. A dead-house is to be erected.

Most Common Diseases.—Ague, rheumatic and respiratory affections, ophthalmia and dysentery.

Attendance of Patients.—2,632 out-patients were treated, against 1,965 in the previous year.

KURNOOL DISTRICT.

ATMAKÚR.

Extracts from the Annual Medical Report by Third-class Hospital Assistant J. DANIEL, No. 253.

Dispensary Buildings.—An almirah and some furniture are required.

Most Common Diseases.—Ague, rheumatic, respiratory, and cutaneous diseases.

Inspection.—Inspected by Civil Surgeon on the 29th July.

Attendance of Patients.—4,219 out-patients were afforded relief during the year.

CUMBUM.

Extracts from the Annual Medical Report by First-class Hospital Assistant SYED NIZAMUDDIN, No. 31.

Dispensary Buildings.—Buildings in good repair. A female ward, two bath-rooms, two latrines, two cook-houses, and a dead-house are in process of construction.

Most Common Diseases.—Malarious fevers, rheumatic affections, conjunctivitis, bowel-complaints, inflammation of the memb. tympani.

Inspection.—The District Surgeon inspected the dispensary on the 18th July.

Attendance of Patients.—210 in and 6,732 out door patients attended, showing a decrease of 15 in and an increase of 39 out patients over the number treated in 1881.

General Remarks.—The sanitary condition of the town is exceedingly bad.

OWK.

Extracts from the Annual Medical Report by Third-class Hospital Assistant C. M. VADIVALOO PILLAY, No. 302.

Dispensary Buildings.—In good order.

Most Common Diseases.—Malarious fevers, ulcers, dysentery, diarrhoea, and spleen diseases.

Attendance of Patients.—3,205 out-patients were treated during the year.

KURNOOL.

Extracts from the Annual Medical Report by Surgeon D. S. E. BAIX.

Dispensary Buildings.—The dispensary buildings are in a fair state of repair; the new out-patient department is almost completed and will shortly be used. The furniture is of a very scanty description.

Most Common Diseases.—Malarious fever, ophthalmia, worms, ulcers, rheumatic and respiratory affections.

Attendance of Patients.—227 in and 8,866 out patients were treated, against 445 in and 21,281 out door the previous year. The decrease is due to three new dispensaries having been opened in the district during the year, and also to a decrease in the number of fever cases treated.

MÁRKÁPUR.

Extracts from the Annual Medical Report by Third-class Hospital Assistant J. ANTONY, No. 179.

Dispensary Buildings.—The dispensary is now located in the Taluk Cutcherry, the rented building in which it was formerly held having collapsed in the rains. More furniture is required.

Most Common Diseases.—Malarious fevers, rheumatic affections, ophthalmia, worms, and skin diseases.

Inspection.—Inspected by the District Surgeon on the 26th July.

Attendance of Patients.—2,439 out-patients have been treated during the year, which is the first of the dispensary's existence.

NANDYÁL.

Extracts from the Annual Medical Report by Second-class Hospital Assistant S. ANTONY, No. 124.

Dispensary Buildings.—Repairs needed; dispensary located in a rented building.

Most Common Diseases.—Malarious fevers, ulcers, ophthalmia, and worms.

Inspection.—The Civil Surgeon inspected the dispensary in July.

Attendance of Patients.—46 in and 8,842 out door patients attended, against 42 and 9,668 in and out, respectively, the previous year.

APPENDIX TO REPORT ON THE

PATTIKONDA.

Extracts from the Annual Medical Report by Third-class Civil Hospital Assistant
C. COOPOOSAWMY AUCHARY, No. 283.

Dispensary Buildings.—Dispensary opened on the 1st January; is located in a rented house.

Most Common Diseases.—Fevers, skin diseases, and ophthalmia.

Inspection.—Inspected by the District Surgeon on the 11th July.

Attendance of Patients.—Attendance of out-patients this year, 1,493.

SIRVEL.

Extracts from the Annual Medical Report by Third-class Hospital Assistant
V. COOPOOSAWMI NAIDU, No. 271.

Dispensary Buildings.—Located in a rented house, which is badly ventilated. The dispensary was only opened this year.

Most Common Diseases.—Malarious fever, rheumatism, respiratory and syphilitic affections.

Inspection.—Inspected by the District Surgeon on the 18th July.

Attendance of Patients.—2,184 out-patients were treated during the year.

MADRAS.

BLACK TOWN, NORTH SIDE.

Extracts from the Annual Medical Report by Surgeon-Major D. R. THOMPSON, M.D.

Dispensary Buildings.—In good repair.

Most Common Diseases.—Rheumatism, diarrhoea, worms, abscess and boils, and injuries.

Inspection.—Was inspected twice during the year by the Surgeon-General.

Attendance of Patients.—1,416 European out-patients were treated against 1,127 in the previous year, and 8,832 Natives against 10,365 in 1881.

MEDICAL MISSION DISPENSARY, RÁYAPURAM.

Extracts from the Annual Medical Report by Rev. W. ELDER.

Dispensary Buildings.—In good order and well furnished. A house for the Apothecary beside the dispensary was built last year, and the dispensary also enlarged.

Most Common Diseases.—Ophthalmia was very prevalent during the months of September and October.

General Remarks.—It is intended to open a small hospital in connection with this dispensary.

MEDICAL MISSION DISPENSARY, BLACK TOWN.

Extracts from the Annual Medical Report by Rev. W. ELDER.

General Remarks.—The Black Town Dispensary, supported by the Free Church Medical Mission, was closed during the year owing to a want of funds.

EYE INFIRMARY.

Extracts from the Annual Medical Report by Surgeon-Major E. F. DEAKE-BROCKMAN, F.R.C.S.

Dispensary Buildings.—During the past year the hospital buildings underwent almost a thorough repair under the supervision of the Department of Public Works. A good deal yet requires to be done to render the buildings perfectly efficient, and a further sum of Rs. 7,000 has

been allotted by the Government for this purpose. More recently it has been decided by the Government to build a new ophthalmic hospital.

Most Common Diseases.—Diseases of the conjunctiva, iris, and lens, have been the most prevalent during the past year, but not to any unusual extent so as to demand comment. No fatal case occurred.

Inspection.—Visited by the Surgeon-General with the Madras Government several times during the past twelve months.

Attendance of Patients.—The attendance of patients has been very good. There were 545 admissions among in-patients and 3,424 among out-patients. In comparing this with the previous year, it may be noticed that there has been an increase of 28 in the former and of 451 in the latter class.

Years	1878.		1879.		1880.		1881.		1882.	
Class of Patients	In.	Out.	In.	Out.	In.	Out.	In.	Out.	In.	Out.
Average daily sick ..	35.26	53.54	31.60	68.69	27.63	63.88	30.12	69.12	31.09	81.30

General Remarks.—The total number of operations performed during the past twelve months has amounted to 646, of which 480 were major and 166 minor, showing an increase of 101 over the number of the previous year. Cataract operations, as usual, rank first in importance as well as in numbers. Taking all the classes of cataract operated on, the percentage of successful cases will be found to stand at 83.72 per cent.

GENERAL HOSPITAL.

Extracts from the Annual Medical Report by Surgeon-Major J. KEESS, M.D.

Dispensary Buildings.—The following improvements are being executed. The whole building is being whitewashed with lime and the ceiling repainted. The three huts containing thirty beds for medical cases have been reconstructed and the basement raised and plastered with Portland cement. Sanction has been accorded for bringing in water for the use of the European patients and nurses in the upper floors of the hospital, and the punkahs of the officers' quarters are to be connected with the general arrangement for working punkahs by steam power. A new building for the use of out-patients' department—the want of which is becoming daily more pressing—is also sanctioned, and it is hoped will shortly be begun.

Most Common Diseases.—Malarious fever, syphilitic, rheumatic, and respiratory affections, worms, and injuries.

Epidemics.—39 cases of cholera were admitted, of these 22 died, giving a percentage of 56.41.

Inspection.—The hospital has been occasionally inspected by the Surgeon-General with the Government of Madras.

Attendance of Patients.—Of Europeans 1,027 in-door and 4,947 out-door patients were treated compared with 1,046 in and 5,719 out patients in 1881. Of Natives 2,221 in-door and 18,698 out-door patients were treated, in comparison with 2,240 in and 18,904 out patients attending in the preceding year.

LEPER HOSPITAL.

Extracts from the Annual Medical Report by Surgeon-Major D. R. THOMPSON, M.D.

Dispensary Buildings.—There were four sheds in use at the beginning of the year; one of these was thrown down by the gale in June 1882, and another in November; the other two still exist, but they are unsafe, and are not in use, as the patients have been removed to the verandahs of the permanent wards. Permanent sheds have been sanctioned by Government, but the work has not yet begun.

A portion of the verandah of the native female ward was thrown down by the storm in November, but has not yet been repaired.

The buildings require the usual repairs and limewashing.

Inspection.—The Surgeon-General visited the hospital twice during the year.

Attendance of Patients.—487 in and 8 out patients were treated, against 461 in and 2 out in 1881.

General Remarks.—There were 34 deaths; of this number 21 were amongst those who had been admitted into hospital before 1882 and 13 were from fresh admissions; of the 34 deaths 21 occurred amongst those who were below forty years of age.

The principal intercurrent diseases were debility, bronchitis, diarrhoea, dysentery, ulcer, dropsy, and albuminuria.

EGMORE FEMALE DISPENSARY AND GOVERNMENT LYING-IN HOSPITAL FOR NATIVES.

Extracts from the Annual Medical Report by Surgeon A. M. BRANFOOT, M.B.

Dispensary Buildings.—The buildings and furniture are in good order.

Most Common Diseases.—Uterine diseases, bronchitis and catarrh, dysentery, diarrhoea, worms, and fevers. The percentage of deaths of Native in-patients has been 2.8, which is a decrease of 0.24. Among European and East Indian in-patients the percentage has been 1.3, which is a decrease of 1.72 as compared with the previous year. Among out-patients no deaths have been recorded, cases of serious illness being transferred to the Hospital for Women and Children.

Inspection.—Inspected by Surgeon-General with the Madras Government on several occasions.

Attendance of Patients.—There has been an increase of 127 among Native in-door patients and a decrease of 34 among European and East Indian patients of the same class. Out-door Native patients have decreased by 1,543 as compared with the year 1881, whereas there is an increase of 1,093 among European and East Indian patients.

General Remarks.—There has been a considerable increase in the number of labours during the year and a diminished mortality.

NATIVE INFIRMARY.

Extracts from the Annual Medical Report by Surgeon-Major D. R. THOMPSON, M.D.

Dispensary Buildings.—The buildings are in good repair. During the heavy rains in November the wards became very damp and had to be warmed by large charcoal fires kept up in the day as well as at night.

Most Common Diseases.—Malarial fevers, diarrhoea, general debility, wounds and injuries, and cholera.

Epidemics.—During the months of January, February, and March cholera was present in the district, and 43 cases were admitted, of these 29 died.

Inspection.—Inspected by the Surgeon-General twice during the year.

Attendance of Patients.—2,295 in-patients were treated against 1,572 in 1881.

TRIPLICANE.

Extracts from the Annual Medical Report by Surgeon-Major A. PORTER, M.D.

Dispensary Buildings.—In good order.

Most Common Diseases.—Malarious fevers, rheumatic affections, skin diseases, injuries, and diarrhoea.

Epidemics.—Cholera was prevalent only for a short time in the beginning of the year. Measles and small-pox were more or less prevalent all through the year.

Inspection.—Inspected by the Surgeon-General with the Government of Madras on 6th April.

Attendance of Patients.—910 in-door and 17,013 out-door patients were treated, against 901 in and 17,403 out door patients in 1881.

EGMORE HOSPITAL FOR WOMEN AND CHILDREN.

Extracts from the Annual Medical Report by Surgeon-Major W. H. ROBERTS, M.D.

Dispensary Buildings.—In a fair state of repair. The buildings were renovated by the Department of Public Works at an expense of Rs. 2,000.

Most Common Diseases.—Diarrhoea, dysentery, respiratory affections, malarious fever, and injuries.

Inspection.—Inspections frequent by Surgeon-General with the Government of Madras.

Attendance of Patients.—There is no out-door relief, except to people of the Gun Carriage Factory. The in-door work has increased by 263, as compared with last year, viz., 1881, 1,050 and 1882, 1,313. This number would most probably have been larger, had not one-third of the hospital been closed for three months of the year when under repair.

MADURA DISTRICT.

ARUPPUKÓTA.

Extracts from the Annual Medical Report by Hospital Assistant Y. GURUBATHUM.

Dispensary Buildings.—Repairs, &c., done by the owner of the house in which the dispensary is located.

Most Common Diseases.—Ulcers, ophthalmia, skin diseases, and rheumatic affections.

Epidemics.—40 cases of cholera came under treatment.

Inspection.—Inspected by District Surgeon on the 13th May.

Attendance of Patients.—Total number of out-patients treated is 4,598.

General Remarks.—A native midwife trained in the Lying-in Hospital at Madura was employed from the 1st March, and since then she has attended upon 37 cases.

BUTLAGUNDU.

Extracts from the Annual Medical Report by Hospital Assistant A. THAMBU PILLAI.

Dispensary Buildings.—In good state of repair.

Most Common Diseases.—Skin diseases, conjunctivitis, ulcers, fevers, rheumatism, and syphilis.

Attendance of Patients.—The total number of out-patients treated is 3,325.

BODINÁYAKANÚR.

Extracts from the Annual Medical Report by Hospital Assistant H. KANDASAWMY PILLAI.

Dispensary Buildings.—Accommodation insufficient. Building in good order.

Most Common Diseases.—Malarious fevers, cholera, anaemia, diarrhoea, and skin diseases.

Epidemics.—658 cases of cholera are said to have been treated. Of these only 77 proved fatal.

Attendance of Patients.—7,023 out-patients were treated, an increase of 4,171 compared with the preceding year.

DEVAKÓTA.

Extracts from the Annual Medical Report by Civil Apothecary V. MOHANARUNGUM NAIDU.

Dispensary Buildings.—The building at present leaks very much. Two benches are required for out-patients.

Most Common Diseases.—Fevers, rheumatic and syphilitic affections, ophthalmia and affections of the ear.

Attendance of Patients.—50 in and 6,157 out patients were treated, showing an increase of 37 in and a decrease of 74 of the latter class.

DINDIGUL.

Extracts from the Annual Medical Report by EDWARD CHESTER, M.D.

Dispensary Buildings.—The new dispensary building will probably be completed next year. New buildings for the Lying-in Hospital will also be erected.

Most Common Diseases.—Fever, scrofula, syphilis, leprosy, dysentery, and diarrhoea.

Epidemics.—Small-pox has been more severe and fatal in the town than in any year for many years past.

Attendance of Patients.—198 in and 8,205 out patients have been treated, compared with 578 in and 8,219 out patients in the previous year.

KAMUDY.

Extracts from the Annual Medical Report by Hospital Assistant C. DEVARAJU.

Dispensary Buildings.—No repairs needed. The dispensary is to be removed shortly to a more commodious building.

Most Common Diseases.—Skin diseases, ulcers, ague and ophthalmia.

Epidemics.—Cholera made its appearance in the town in the months of January, November, and December.

Inspection.—Inspected by the District Surgeon on the 11th May.

Attendance of Patients.—4,253 out patients have been treated.

KODAIKANAL.

Extracts from the Annual Medical Report by Civil Apothecary F. LAWRENCE.

Dispensary Buildings.—Accommodation insufficient.

Most Common Diseases.—Malarious fever, respiratory diseases, worms, injuries.

Inspection.—Inspected once during the year by District Surgeon.

Attendance of Patients.—In 1881 there were 1,837 patients and this year 1,819 were treated.

MADURA.

Extracts from the Annual Medical Report by Surgeon-Major W. J. HASTINGS, M.D.

Dispensary Buildings.—The dispensary building and Lying-in Hospital are in good order. The addition of a few more chairs and another compounding table is much wanted.

Most Common Diseases.—Fever, rheumatic, syphilitic, and respiratory affections, ophthalmia, dropsy, and dysentery.

Epidemics.—The epidemic of cholera, which made its appearance towards the end of 1881, lingered on in a sporadic form during the month of January 1882. The town was free from this epidemic till the early part of June, when it again made its appearance, the first case reported being on the 6th June. This was in the case of a pilgrim on his way to Rameswaram. The epidemic continued till the month of July, giving 282 cases as registered by the Municipality of which 107 proved fatal. The epidemic again made its appearance on the 26th October. The first case was on that of a silk weaver, a resident of Madura, who imported the disease from Periyakulam. Since the above case cholera has prevailed in the town and still continues, but now it is dying out. The total number of cases registered by the Municipality during the year under report was 529 with a mortality of 323, giving a percentage of 61.06.

Inspection.—Inspected by the Surgeon-General with the Government of Madras on the 26th August 1882.

Attendance of Patients.

	1878.	1879.	1880.	1881.	1882.
In-door	1,322	902	585	698	563
Out-door	31,588	38,927	28,759	30,875	31,941
Total ..	32,910	39,829	29,344	31,573	32,504

General Remarks.—The number of cases confined in the Lying-in Hospital this year was 93 against 115 of the previous year.

MÁNA MADURA.

Extracts from the Annual Medical Report by Third-class Hospital Assistant A. SAMUEL PILLAY.

Dispensary Buildings.—More light and some repairs are needed.

Most Common Diseases.—Ague, conjunctivitis, rheumatic affections, skin diseases and injuries.

Inspection.—The District Surgeon inspected the dispensary on the 12th October.

Attendance of Patients.—4,584 out-patients were treated during the year.

MELÚR.

Extracts from the Annual Medical Report by Third-class Hospital Assistant G. NEWLAND.

Dispensary Buildings.—In a good state of repair.

Most Common Diseases.—Febricula, stomach and bowel complication, and guinea-worms.

Epidemics.—20 cases of cholera were treated in the latter part of the year.

Inspection.—The District Surgeon visited the dispensary twice during the year.

Attendance of Patients.—3,396 out-patients were treated, an increase of 250 compared with 1881.

PALNI.

Extracts from the Annual Medical Report by Second-class Hospital Assistant THONDAVAROYA PILLAY, No. 94.

Dispensary Building.—Is in pretty good repair.

Most Common Diseases.—Ague, rheumatic and syphilitic affections, disease of the stomach and bowels.

Epidemics.—Small-pox and whooping-cough have been prevalent since October.

Attendance of Patients.—96 in and 6,133 out patients were treated, against 107 in and 5,787 out door in 1881.

General Remarks.—The native midwife attached to this institution has conducted 34 cases of natural labor during the year.

PÁMBAN.

Extracts from the Annual Medical Report by Assistant Apothecary E. AILSWORTH.

Dispensary Buildings.—Some of the wards leak a good deal.

Most Common Diseases.—Malarious fevers, rheumatism, respiratory affections, ophthalmia, dysentery, and diarrhoea.

Attendance of Patients.—The total number of patients treated was 4,733 out and 133 in door. As contrasted with the previous year, there is a decrease of 1,963 among the out-door and an increase of 16 among the latter class.

PARAMAKUDI.

Extracts from the Annual Medical Report by Civil Apothecary P. GIBBONS.

Dispensary Buildings.—In good order.

Most Common Diseases.—Injuries, ulcers, skin diseases, abscess, ophthalmia, and worms.

Epidemics.—During the year cholera appeared three times in the town. 24 cases occurred with 8 deaths.

Inspection.—Inspected by the District Surgeon on the 12th October.

Attendance of Patients.—150 in and 13,161 out door patients were treated against 48 in and 13,696 out patients in the preceding year.

PERIYAKULAM.

Extracts from the Annual Medical Report by Civil Apothecary C. B. RAMA RAU.

Dispensary Buildings.—In good order, except roof, which is cracked. A dead-house is much needed.

Most Common Diseases.—Diseases of eye, cholera, ulcers, diseases of stomach and bowels.

Epidemics.—An epidemic of cholera visited this station on the 4th October 1882, being imported from Chinnamanore, where it was then prevailing, and spread to all parts of the town through the medium of river water, which is used indiscriminately for all purposes by all classes; and it soon extended to all surrounding villages, except some of those not supplied by river water. Of cases that came to my notice there were 1,226, and of deaths 496 in this station.

Inspection.—Inspected by the District Surgeon.

Attendance of Patients.—73 in and 8,946 out door patients were treated, against 49 in and 8,409 out patients in 1881.

RAJASINGAMUNGALAM.

Extracts from the Annual Medical Report by Hospital Assistant DEVAPERIAM.

Dispensary Buildings.—In good order.

Most Common Diseases.—Ague, conjunctivitis, rheumatic and syphilitic affections.

Attendance of Patients.—4,868 out-patients were afforded relief, an increase of 92 on the previous year's attendance.

RAMESVARAM.

Extracts from the Annual Medical Report by Hospital Assistant J. BACKIYAM PILLAY.

Dispensary Buildings.—In good order.

Most Common Diseases.—Fevers, worms, abscess, skin and rheumatic affections, and ulcers.

Epidemics.—Cholera prevailed to a slight extent in July.

Attendance of Patients.—2,489 out-patients were treated.

RAMNAD.

Extracts from the Annual Medical Report by Native Surgeon Y. ANTHONY.

Dispensary Buildings.—In good condition, with the exception of the office, surgery, kitchen, and latrine, which need some repair.

Most Common Diseases.—Fevers of various kinds, cholera, general dropsy, ophthalmia, ulcers, and injuries.

Epidemics.—There were two epidemics of cholera in the station during the year. In the first there were 69 admissions with 22 deaths; in the second there were 394 attacks, of which 172 proved fatal. In both instances the epidemic was imported by pilgrims.

Inspection.—Inspected by the District Surgeon on the 11th October.

Attendance of Patients.—681 in and 17,420 out door patients were treated, against 754 in and 18,100 out patients relieved in the previous year.

General Remarks.—The midwife, assisted by a pupil, conducted 74 cases.

SIVAGANGA.

Extracts from the Annual Medical Report by Civil Apothecary C. JANAKERAM NAIDU.

Dispensary Buildings.—The roof of the main building leaks very much and is in want of urgent repair.

Most Common Diseases.—Malarious fevers, cholera, bowel affections, ulcer, and ophthalmia.

Epidemics.—Cholera appeared twice during the year.

Inspection.—Inspected by the District Surgeon three times during the year.

Attendance of Patients.—116 in and 6,584 out patients were treated during the year.

General Remarks.—The total number of cases attended by the midwife during the year was 90.

TIRUPATÚR.

Extracts from the Annual Medical Report by Hospital Assistant C. BREENKRIDGE PILLAY.

Dispensary Buildings.—Repairs needed, as the roof leaks.

Most Common Diseases.—Ague, rheumatism, syphilis, and skin diseases.

Epidemics.—Cholera occurred in July and lasted for two months. 148 cases were admitted.

Attendance of Patients.—3,297 out-patients have attended since the opening of the dispensary on 1st July.

TIRUSHULI.

Extracts from the Annual Medical Report by Second-class Hospital Assistant P. VEERASAWMY NAIDU, No 137.

Dispensary Buildings.—In good condition.

Most Common Diseases.—Fevers, rheumatic and respiratory affections, diseases of the eye and ear.

Epidemics.—Cholera prevailed to some extent during the months of January, May, July, and August in the suburbs of the station.

Inspection.—Inspected by the District Surgeon on the 10th May.

Attendance of Patients.—55 in and 4,795 out patients attended the dispensary, against 47 in and 5,348 out patients in the year previous.

TIRUMANGALAM.

Extracts from the Annual Medical Report by Hospital Assistant A. DAVID.

Dispensary Buildings.—In good order.

Most Common Diseases.—Diarrhoea, dysentery, fevers, ulcers, and conjunctivitis.

Epidemics.—62 cases of cholera came under notice.

Inspection.—Inspected by the District Surgeon on the 11th November.

Attendance of Patients.—5,290 out-patients, against 8,412 in the year before, came for treatment.

TIRUPUVANAM.

Extracts from the Annual Medical Report by Hospital Assistant SAMUEL KITTO.

Dispensary Buildings.—In good order.

Most Common Diseases.—Fevers, ulcers, conjunctivitis, and dysentery.

Epidemics.—42 cases of cholera were treated during the year.

Inspection.—The District Surgeon inspected the dispensary twice during the year.

Attendance of Patients.—4,677 out-patients attended.

USILAMPATTI.

Extracts from the Annual Medical Report by Civil Hospital Assistant T. MUTHUKUMARA PILLAY, No. 203.

Dispensary Buildings.—In good order, although stated to be unfit for the purposes of a dispensary.

Most Common Diseases.—Fevers, conjunctivitis, diseases of the stomach and bowels, and ulcers.

Epidemics.—38 cases of cholera were treated during the year.

Inspection.—Inspected by the District Surgeon on the 25th March.

Attendance of Patients.—22 in and 3,352 out door patients were afforded relief, the attendance showing a decrease of 536 patients contrasted with the previous year.

General Remarks.—The midwife, attached to the dispensary, has treated 51 cases of labour successfully, and she is highly thought of by the public.

UTTAMAPOLLIUM.

Extracts from the Annual Medical Report by First-class Hospital Assistant P. ABOYE, No. 36.

Dispensary Buildings.—In good order and need no repair.

Most Common Diseases.—Cholera, syphilis, ophthalmia, ague, and ulcers.

Epidemics.—Cholera was epidemic in the town and neighbouring villages during the year; 1,423 cases were treated as out-patients, and of these 456 died.

Attendance of Patients.—94 in and 8,811 out patients sought relief, against 49 in and 8,004 out in the preceding year.

VEDASANDOOR.

Extracts from the Annual Medical Report by Hospital Assistant M. SIVARAM.

Dispensary Buildings.—In good order.

Most Common Diseases.—Fevers, rheumatic and syphilitic affections, anaemia, conjunctivitis, and dyspepsia.

Epidemic.—41 cases of cholera were treated during the year.

Attendance of Patients.—The total number of out-door patients treated during the year was 3,314.

MALABAR DISTRICT.

BADAGARA.

Extracts from the Annual Medical Report by Civil Apothecary P. BAPPU.

Dispensary Buildings.—In good order.

Most Common Diseases.—Fevers, rheumatic, syphilitic and respiratory affections, diseases of the eye, anaemia.

Inspection.—Inspected twice by the District Surgeon during the year.

Attendance of Patients.—2,770 out-patients were treated against 2,714 in 1881.

CALICUT.

Extracts from the Annual Medical Report by Surgeon-Major H. D. Cook, M.B.

Dispensary Buildings.—In good repair. The building of a new hospital is to be commenced shortly.

Most Common Diseases.—Fever, rheumatic and syphilitic affections, dysentery, diarrhoea.

Inspection.—The Surgeon-General with the Government of Madras inspected the dispensary on the 18th of October.

Attendance of Patients.—600 in and 18,508 out patients were treated, against 588 in and 15,645 out door in 1881.

CALICUT LEPRO HOSPITAL.

Extracts from the Annual Medical Report by Surgeon-Major H. D. Cook, M.B.

The total number of cases treated in this hospital during the period under review amounts to 35, of which 3 died.

The average daily number of sick has been 13·84.

The hospital, in the year 1878, was permitted to afford shelter to 15 patients only, of both sexes.

The restriction in number is owing to the inability of the Municipality to provide funds for the support of more; and the municipality has lately determined to do away with this hospital altogether. They wish there to be no Hospital Assistant, no dhoby, no scavenger, no bedding and clothing, no medicine. I have recommended, however, with the approval of the President, that huts should be erected for lepers on a piece of ground to be selected hereafter.

The following varieties of leprosy were treated in the hospital:—

Ulcerative	..	..	..	..	..	..	..	..	..	14
Tubercular	..	..	..	..	..	..	..	..	..	3
Scaly	..	..	..	..	..	..	..	..	..	12
Anæsthetic	..	..	..	..	..	..	..	..	..	6
Total										35

The result is:—

Relieved	..	..	..	..	..	..	..	..	..	17
Died	..	..	..	..	..	..	..	..	..	3
Remaining	..	..	..	..	..	..	..	..	..	15

The treatment is chiefly palliative. Bedding and clothing sufficient.

CALICUT SMALL-POX HOSPITAL.

Extracts from the Annual Medical Report by Surgeon-Major H. D. Cook, M.B.

The following table shows the working of this hospital:—

Remained	..	..	..	..	..	..	..	..	..	<i>Nil.</i>
Admitted	..	..	..	..	..	..	..	..	..	40
Cured	..	..	..	..	..	..	..	..	..	24
Died	..	..	..	..	..	..	..	..	..	18
Absconded	..	..	..	..	..	..	..	..	..	1
Remaining	..	..	..	..	..	..	..	..	..	2

The admissions have been more than last year as small-pox has prevailed in the town, but only the worst and poorest of cases seek admission and are generally unvaccinated and confluent cases.

Bedding and clothing none. All condemned bedding and clothing is sent to this hospital from the various hospitals in Calicut to be used up by small-pox patients.

CANNANORE.

Extracts from the Annual Medical Report by Surgeon S. C. SARKIES.

Dispensary Buildings.—At present under thorough repairs.

Most Common Diseases.—Ague, worms, injuries, ulcers, dysentery, and dropsy.

Epidemics.—Small-pox appeared in an epidemic form during the months of January and February.

Attendance of Patients.—248 in and 3,735 out patients were treated, showing a total increase of 198.

COCHIN.

Extracts from the Annual Medical Report by Brigade-Surgeon W. H. MORGAN.

Dispensary Buildings.—In good order.

Most Common Diseases.—Fever, rheumatism, syphilis, bronchitis, dyspepsia, and dysentery.

Attendance of Patients.—661 intern and 15,564 out door patients were treated during the year.

MANANTODDY.

Extracts from the Annual Medical Report by Dr. A. HEWSTON.

Dispensary Buildings.—A considerable portion of the roof of the dead-house and latrine has fallen in, and the planking of walls of latter building is dangerous. The floors, doors, and windows of the general building are greatly damaged, and these, as also the roof of the general building (especially that portion over the female ward which leaks badly), should be repaired before the south-west monsoon sets in, else the buildings will be scarcely habitable. The stoves have not been replaced, and the old ones are quite burnt out and useless.

No furniture or bedding or clothing has been supplied, and each of these is urgently required.

Most Common Diseases.—Malarious fevers, constipation, worms, respiratory affections, skin diseases, diarrhoea.

Epidemics.—Small-pox and cholera during February and March and small-pox of a malignant type at various parts of the district during December.

Attendance of Patients.—378 in and 2,116 out door patients have been treated, compared with 331 in and 2,602 out patients in 1881.

MANJERI.

Extracts from the Annual Medical Report by Civil Apothecary C. KANNAN.

Dispensary Buildings.—Buildings need repair, and estimates have been prepared.

Most Common Diseases.—Intermittent fever, rheumatic affections, anæmia, worms, and dropsy.

Inspection.—Inspected twice during the year by the District Surgeon of Malabar.

Attendance of Patients.—There were 8,358 out and 448 in patients treated, against 10,858 out and 422 in door of the previous year.

PÁLGHAT.

Extracts from the Annual Medical Report by Assistant Apothecary T. H. GOVINDSINGH.

Dispensary Buildings.—In good repair; the temporary sheds are now useless and need repair.

Most Common Diseases.—Fever, ulcers, worms, ophthalmia, and diarrhoea.

Epidemics.—Cholera broke out in February; it was imported by infected pilgrims returning from Pulney car festival. It again appeared in the months of June, September, October, and December; total number of cases treated have been 161, of these 62 died.

Inspection.—Inspected by the District Surgeon, Malabar, twice during the year.

Attendance of Patients.—164 in against 229, and 8,252 out door against 8,733 of the previous year came under treatment.

PALLIPORT.

Extracts from the Annual Medical Report by Brigade Surgeon W. H. MORGAN.

Dispensary Buildings.—The buildings are in fair repair, but will require overhauling before the south-west monsoon sets in.

Most Common Diseases.—The patients are lepers, who frequently suffer from bronchitis, fevers, colic, dysentery, diarrhoea, &c.

Attendance of Patients.—There are usually 34 lepers in hospital, and this number has been usually under treatment during the year, except at short intervals following the death or discharge of a case.

General Remarks.—32 lepers remained on the roll on 1st January 1883, out of which 3 left the Lazaretto of their own accord, 2 absconded, 3 were discharged for disobedience, and 2 Coochin. Beyond a slight improvement in the general health of nearly all the cases, there are none exhibiting any marked improvement in the complaint for which this hospital has been kept up. The Hospital Assistant reports nearly as follows about the patients treated, respectively, by chaalmogra oil or gurjon oil and carbolic acid fumigation.

Chaalmogra Oil.—Of 18 cases under treatment, 2 were discharged for disobedience of orders and 1 died, leaving 15. 10 of these are tubercular cases, and only 1 is somewhat improved, the others seem to be rather worse than they were when the last report was written, although they state themselves that they are better. There is a partial restoration of sensation in the remaining 5 cases, which are of the anæsthetic variety.

Gurjon Oil.—14 cases were under treatment, of these 1 left somewhat improved; 2 were discharged for disobedience of orders, leaving 11 to be accounted for. Of these 3 were tubercular and 8 anæsthetic, and only 1 of the former shows some improvement.

Carbolic Acid Fumigation.—12 cases were under treatment, 1 is said to have died from apoplexy, 4 were discharged for disobedience, and in 7 (anæsthetic) cases remaining under treatment there seems to be no improvement.

PONANI.

Extracts from the Annual Medical Report by First-class Hospital Assistant GOOLAM NABBY, No. 50.

Dispensary Building.—Has been lately repaired. Another almirah is required.

Most Common Diseases.—Small-pox, cholera, diarrhoea, dysentery, worms, and fevers.

Epidemics.—Cholera broke out in Ponani on the 19th of July and lasted for three months, it was imported from Pálghat. 149 cases were treated, of these 61 died. Small-pox is still raging to a great extent.

Inspection.—Inspected by Civil Surgeon, Malabar, in November.

Attendance of Patients.—148 in and 5,798 out patients were treated, against 97 in and 3,894 out door in the previous year.

TELLICHERRY.

Extracts from the Annual Medical Report by Surgeon F. C. REEVES.

Dispensary Buildings.—The building is in good repair, possessed of all necessary furniture, fittings, &c.

Most Common Diseases.—Ague, rheumatism, syphilis, dyspepsia, and worms.

Attendance of Patients.—The number of in-patients was 307 and out-patients 7,675, against 291 and 5,425, respectively, in the preceding year.

VAYITRI.

Extracts from the Annual Medical Report by Second-class Hospital Assistant M. VEERIAH NAIDU, No. 155.

Dispensary Buildings.—Roof requires repair. A latrine should be built.

Most Common Diseases.—Malarial fevers, dysentery, ulcers, rheumatic and syphilitic affections.

Inspection.—Inspected twice by the District Surgeon in May and December.

Attendance of Patients.—This year 422 in and 3,438 out, against 435 in and 3,183 out door patients in 1881 were afforded relief.

NELLORE DISTRICT.

ADDANKI.

Extracts from the Annual Medical Report by Third-class Hospital Assistant P. CHENCHUREDDY.

Dispensary Buildings.—Dispensary said to be too far from the town.

Most Common Diseases.—Skin, venereal and malarious diseases, and rheumatic affections.

Inspection.—Inspected once by the District Surgeon.

Attendance of Patients.—696 out-patients were treated.

ATMAKÚR.

Extracts from the Annual Medical Report by Hospital Assistant ASADULLAKHAN.

Most Common Diseases.—Ague, worms, ulcers, gonorrhœa, and dysentery.

Attendance of Patients.—1,091 patients were treated.

GÚDÚR.

Extracts from the Annual Medical Report by Hospital Assistant SYED HOMER.

Dispensary Buildings.—House in which dispensary is located said to be unsuitable.

Most Common Diseases.—Rheumatism, gonorrhœa, primary syphilis, and respiratory affection.

Inspection.—Inspected by the Zillah Surgeon twice during the year.

Attendance of Patients.—2,521 out-patients have been treated.

KANDUKÚR.

Extracts from the Annual Medical Report by Third-class Hospital Assistant MAHAMMAD BAUKER.

Most Common Diseases.—Malarious fevers and small-pox.

Inspection.—Inspected once by the District Surgeon.

Attendance of Patients.—1,716 out-door patients were treated in 1881, and in this year the number was 2,305.

KANIGIRI.

Extracts from the Annual Medical Report by Medical Practitioner R. NARAYANASAWMY.

There is no dispensary, but the Medical Practitioner attended 514 cases during the year. Inspected once by the District Surgeon.

NELLORE.

Extracts from the Annual Medical Report by Surgeon W. O'HARA.

Dispensary Buildings.—Main building and out-houses in a fair state of repair; the flooring, however, requires to be re-made. The caste and contagious disease wards remain still unfinished, funds to complete them being insufficient.

Most Common Diseases.—Malarial fevers, ulcers, skin diseases, respiratory and rheumatic affections, injuries and syphilis.

Attendance of Patients.—282 in and 6,600 out door patients were relieved, compared with 180 in and 6,629 out patients treated in the previous year.

General Remarks.—On the 30th November 1882 the river rose to 28 feet 2 inches, and a breach, about 85 yards in extent, occurred in the southern embankment near the caste wards. A great volume of water swept through the low-lying parts of the town, carrying away roads and communications of kinds; no lives were lost, and the damages have been nearly all repaired.

NELLORE BRANCH DISPENSARY.

Extracts from the Annual Medical Report by Hospital Assistant A. ALLEN.

Dispensary Buildings.—Centrally situated and in good repair.

Most Common Diseases.—Fevers, rheumatic and syphilitic affections, dropsy, ophthalmia.

Inspection.—Inspected occasionally by the Zillah Surgeon.

Attendance of Patients.—The number treated was 7,226 against 6,663 in the preceding year.

ONGOLE.

Extracts from the Annual Medical Report by Assistant Apothecary B. F. PRICHARD.

Dispensary Buildings.—Present building is too small, and is unfit for the purposes of a dispensary.

Most Common Diseases.—Malarious fevers, rheumatic and respiratory affections, inflammation of external ear, worms.

Inspection.—Inspected by the Zillah Surgeon on the 18th September.

Attendance of Patients.—Out-door patients numbered 1,995, being 387 in excess of last year. Of in-patients 146 were treated, being an increase of 16.

RAPUR.

Extracts from the Annual Medical Report by Medical Practitioner SYED HOMED.

Dispensary Buildings.—Medical Practitioner in charge. No dispensary.

Most Common Diseases.—Fevers, skin diseases, abscess, boils.

Inspection.—Inspected by the District Surgeon on the 28th November.

Attendance of Patients.—1,077 out-patients were treated, against 493 in 1881.

VENKATAGHERRY.

Extracts from the Annual Medical Report by Third-class Hospital Assistant HIDAYAT KHAN.

Dispensary Building.—Building said to be too small.

Most Common Diseases.—Venereal diseases and ague.

Inspection.—Inspected once by the District Surgeon.

Attendance of Patients.—1,367 out-door patients were prescribed for during the year.

UDAYAGHIRI.

Extracts from the Annual Medical Report by Medical Practitioner MAHOMED SAHIB.

Most Common Diseases.—Ague more prevalent than during last year.

Attendance of Patients.—1,104 patients were attended to during the year by the Medical Practitioner. There is no dispensary.

NÍLGIRI.

COONOOR.

Extracts from the Annual Medical Report by Surgeon-Major S. B. HUNT.

Dispensary Buildings.—Buildings in a good state of repair.

Most Common Diseases.—Malarious fevers, rheumatic and respiratory affections, dysentery and diarrhoea.

Epidemics.—There was an outbreak of small-pox in July; several cases occurred in the town.

Inspection.—The Surgeon-General inspected the dispensary on the 18th August.

Attendance of Patients.—The attendance of out-patients has been less than the previous year by 657, and of in-patients less by 11.

DEVALA.

Extracts from the Annual Medical Report by Assistant Apothecary P. CRUMMEY.

Dispensary Buildings.—In good condition during the year. A dead-house and a double latrine were added. These are built of timber with iron roofing and cost Rs. 506.

Most Common Diseases.—Malarial fevers, diseases of the respiratory system, worms, bowel-complaints, and injuries.

Epidemics.—In the month of June cholera appeared among a batch of coolies recently arrived from the Western Coast, but the disease did not spread. Of the 16 cases treated, 7 proved fatal.

Inspection.—The District Surgeon inspected this dispensary twice during the year.

Attendance of Patients.—462 in and 2,506 out patients were treated, against 527 in and 2,356 out patients in the preceding year.

GÚDALÚR.

Extracts from the Annual Medical Report by Civil Apothecary H. WALE.

Dispensary Buildings.—No improvements have taken place since last report. The main civil ward of the hospital has been considerably damaged and is now in a dangerous state. This is owing to a landslip having taken place at the back of the hospital. The roofing of the Apothecary's quarters is also in a state of disrepair. A dead-house has not been erected as yet, although repeatedly represented for the past four years.

Most Common Diseases.—Malarious fevers, respiratory affections, diarrhoea, dysentery, worms.

Inspection.—Inspected twice by the Senior Medical Officer, Nilgiris.

Attendance of Patients.—1,909 out-door and 299 intern patients were treated, being an increase of 359 out and 87 in patients over the previous year.

General Remarks.—The rains this year have been very heavy and caused a great deal of damage, in the way of causing landslips, washing away bridges, and cutting up roads, thus preventing all traffic and cutting off all communications for a couple of days. The water-channel referred to in last report, in connection with the hospital, has been constructed at a cost of Rs. 70.

KOTAGIRI.

Extracts from the Annual Medical Report by Apothecary C. TRUTWEIN.

Dispensary Buildings.—In a fair state of repair, but the place at its best is quite unfitted for the purposes of a hospital, being low, damp, and dark, while the accommodation is very limited.

Most Common Diseases.—Fevers, rheumatic affections, anæmia, dropsy, and chest affections.

Inspection.—The Medical Officer, Coonoor, visited the dispensary twice during the year.

Attendance of Patients.—3,641 out and 38 in patients were treated against 2,169 out and 22 in the previous year.

OOTACAMUND.

Extracts from the Annual Medical Report by Surgeon-Major W. FARQUHAR, M.D.

Dispensary Buildings.—In good order.

Most Common Diseases.—Malarious fever, diseases of respiratory and digestive system.

Epidemics.—Small-pox has been prevalent in the bazaar for the latter months.

Inspection.—Inspected by the Surgeon-General several times during the year.

Attendance of Patients.—648 in and 7,302 out door patients were afforded relief, compared with 536 in and 7,727 out patients in the year preceding.

SALEM DISTRICT.

ATÚR.

Extracts from the Annual Medical Report by Civil Apothecary W. J. DUNLOP.

Dispensary Buildings.—In fair order.

Most Common Diseases.—Malarious fever, skin diseases, rheumatic and syphilitic affections, and injuries.

Epidemics.—26 cases of cholera were treated, and of these 9 proved fatal.

Inspection.—The District Surgeon inspected the dispensary on the 6th February.

Attendance of Patients.—71 in and 4,960 out patients were treated, against 39 in and 4,466 out in the previous year.

DHARMAPURI.

Extracts from the Annual Medical Report by Civil Apothecary G. E. LEACH.

Dispensary Buildings.—The building was repaired during the year, and a new *post-mortem* shed erected in lieu of the old one, which tumbled down during the monsoon.

Most Common Diseases.—Malarious fever, diseases of the digestive system and skin, ophthalmia, and injuries.

Inspection.—Inspected by the District Surgeon on the 13th February.

Attendance of Patients.—90 in and 5,130 out door patients were afforded relief, compared with 91 of the former and 5,038 of the latter class treated in the preceding year.

HARUR.

Extracts from the Annual Medical Report by Second-class Hospital Assistant B. LAULSINGH.

Dispensary Buildings.—In good order, except a portion of the verandah.

Most Common Diseases.—Malarious fevers, ophthalmia, ulcers, injuries, skin diseases, and diarrhoea.

Inspection.—The District Surgeon inspected on the 23rd February.

Attendance of Patients.—There were 3,016 out and 47 in door patients treated, against 2,733 out and 29 in patients in the previous year.

HOSÚR.

Extracts from the Annual Medical Report by Civil Apothecary B. F. POWELL.

Dispensary Buildings.—In fair order.

Most Common Diseases.—Ophthalmia, fevers, ulcer, cutaneous and respiratory diseases.

Inspection.—Inspected twice by the District Surgeon.

Attendance of Patients.—The number of out-patients was 6,688, against 7,834 treated the year previous. In-patients numbered 63 against 68 in 1881.

KRISHNAGIRI.

Extracts from the Annual Medical Report by Civil Apothecary EUNOOS KHAN.

Dispensary Buildings.—In good order.

Most Common Diseases.—Ophthalmia, malarious fevers, skin diseases, ulcers, abscesses, and respiratory affections.

Inspection.—Inspected by the District Surgeon on the 31st October.

Attendance of Patients.—78 in and 5,257 out patients were relieved, against 71 in and 4,751 out patients in 1881.

NÁMAKAL.

Extracts from the Annual Medical Report by First-class Hospital Assistant SHAIKH TIPU SAHIB.

Dispensary Buildings.—Buildings are in good order.

Most Common Diseases.—Ulcer, skin diseases, fever, abscess, and ophthalmia.

Attendance of Patients.—60 in and 5,130 out door patients were treated.

General Remarks.—The midwife is very popular, and her services are well appreciated.

APPENDIX TO REPORT ON THE
SALEM.

Extracts from the Annual Medical Report by Surgeon-Major H. P. HAZLETT.

Dispensary Buildings.—The buildings are in fairly good state.

Most Common Diseases.—Skin diseases, malarious fevers, ulcers, ophthalmia, respiratory and syphilitic affections, and cholera.

Epidemics.—Cholera broke out twice during the year, first on the 5th April and continued until 21st June—total cases reported 336, deaths 119. The second outbreak occurred in December, and is still going on, but only to a slight extent—total seizures reported 155, deaths 68. Small-pox prevailed to some extent throughout a considerable portion of the year.

Inspection.—Inspected by the Surgeon-General on 14th September.

Attendance of Patients.—The number of in-patients was 332, the same as in the preceding year. There was a large decrease in the attendance of out-patients as compared with 1881, the figures, respectively, being 12,946 and 14,977. I attribute this falling off to the following causes: improved general health due to cheap food and lessened prevalence of malarious fevers; to the riots and the ill-feeling between the Hindus and Muhammadans which caused many people to leave the town and prevented others, through fear, attending the hospital; to the hospital being left almost unprovided with medicines for about three months.

SANKARIDRUG.

Extracts from the Annual Medical Report by Hospital Assistant NARRAINSAWMY PILLAI.

Dispensary Buildings.—They have been lately repaired and are in good condition.

Most Common Diseases.—Conjunctivitis, ulcer, skin diseases, fever, and rheumatic affections.

Inspection.—Inspected by the District Surgeon on the 19th July.

Attendance of Patients.—81 in and 5,196 out patients were treated, against 58 in and 5,463 out in 1881.

TIRUPATŪR.

Extracts from the Annual Medical Report by Civil Apothecary G. M. GREEN.

Dispensary Buildings.—Some minor repairs executed during the year.

Most Common Diseases.—Malarious fever, ophthalmia, syphilitic affections, and injuries.

Epidemics.—Towards the latter end of February cholera was epidemic. 87 cases were treated with a mortality of 26.

Inspection.—Inspected by the District Surgeon on the 2nd October.

Attendance of Patients.—202 in and 4,038 out patients were treated during the year.

ŪTTANKARAI.

Extracts from the Annual Medical Report by Civil Hospital Assistant V. COMARASAWMY MUDELLY.

Dispensary Buildings.—In fair order. Another almirah is required.

Most Common Diseases.—Malarious fever, spleen diseases, rheumatic and skin affections.

Inspection.—The District Surgeon inspected this dispensary once during the year.

Attendance of Patients.—2,159 out-patients were treated, compared with 954 in 1881.

VANIYAMBADI.

Extracts from the Annual Medical Report by Third-class Hospital Assistant S. STEADY, No. 265.

Dispensary Buildings.—The old Police station is used as the dispensary, which was opened on the 16th October; repairs are needed.

Most Common Diseases.—Rheumatic and ear affections, venereal complaints, ulcers, and skin diseases.

Epidemics.—The total number of cases attacked by cholera, and which proved fatal, are, respectively, 253 and 121.

Inspection.—The District Surgeon inspected this dispensary in November.

Attendance of Patients.—1,665 out-patients have been relieved since the opening of the dispensary.

YERCAUD.

Extracts from the Annual Medical Report by Civil Apothecary S. T. BROWNE.

Dispensary Buildings.—The buildings have been lately put in repair.

Most Common Diseases.—Malarious fever, respiratory and rheumatic affections, injuries, debility, and dysentery.

Inspection.—Inspected by the District Surgeon twice during the year.

Attendance of Patients.—117 in and 4,820 out patients were treated, against 127 in and 4,624 out door patients in 1881.

General Remarks.—The want of a trained native midwife is much felt.

TANJORE.

AMMÁPET.

Extracts from the Annual Medical Report by First-class Hospital Assistant C. COOMARASAWMY MOODELLIAR, No. 66.

Dispensary Buildings.—Very much in need of repair. A new hospital is much required.

Most Common Diseases.—Ague, cholera, rheumatism, sore eyes, ear-ache, respiratory affections.

Epidemics.—Cholera prevailed to a small extent in the town and in the surrounding villages during the first quarter of the year, causing 65 admissions and 16 deaths.

Inspection.—Inspected by the District Surgeon during the year.

Attendance of Patients.—3,439 out-patients were treated against 4,246 in the year 1881.

ARANTÁNGI.

Extracts from the Annual Medical Report by Third-class Hospital Assistant C. NARRAINSAWMY NAIDU, No. 212.

Dispensary Buildings.—In good order.

Most Common Diseases.—Conjunctivitis, ulcers, fevers and rheumatic affections.

Attendance of Patients.—8,453 out-patients were afforded relief.

AVIDIARCOVIL.

Extracts from the Annual Medical Report by Third-class Hospital Assistant M. KASIVISVANATH, No. 227.

Dispensary Buildings.—A rented building.

Most Common Diseases.—Dyspepsia, rheumatism, conjunctivitis, fever and skin diseases.

Attendance of Patients.—2,718 out-patients attended during the year.

AYYAMPET.

Extracts from the Annual Medical Report by Third-class Hospital Assistant A. VISVANATHA PILLAI, No. 242.

Dispensary Buildings.—Rented building.

Most Common Diseases.—Fevers, rheumatic affections, diarrhoea, dysentery.

Attendance of Patients.—3,046 out-door patients were treated.

KUDAVASEL.

Extracts from the Annual Medical Report by Third-class Hospital Assistant
V. A. IYAHUNNOO PILLAY, No. 218.

Dispensary Buildings.—A post-mortem shed is required.

Most Common Diseases.—Ulcer, ophthalmia, skin diseases, rheumatic affections, worms.

Epidemics.—Cholera was epidemic for the first three months of the year.

Inspection.—Inspected by the Civil Surgeon, Tranquebar, on the 21st of October.

Attendance of Patients.—6,346 out-patients were treated during the year, compared with 4,122 in 1881.

General Remarks.—Thirty-four labor cases were conducted by the midwife during the year.

MANUMBUCHAVADY AND KARANTHATANGUDI.

Extracts from the Annual Medical Report by Second-class Hospital Assistant
V. V. RAMASAWMY NAIDU, No. 146.

Dispensary Buildings.—Repairs are needed as the roof leaks.

Most Common Diseases.—Bowel-complaints, rheumatic and venereal affections and sore eyes.

Epidemics.—Seven cases of cholera, all of which ended fatally, occurred during the year.

Inspection.—The District Surgeon continues to inspect frequently, as usual.

Attendance of Patients.—16,108 out-patients sought relief compared with 14,853 the number that attended in the previous year.

KUMBAKONAM.

Extracts from the Annual Medical Report by Apothecary J. G. ASHWORTH.

Dispensary Buildings.—The high-caste wards leaked considerably during the late rains and sadly need repairs. The kitchen also needs attention.

Most Common Diseases.—Fevers, rheumatic and syphilitic affections, anæmia, ophthalmia.

Epidemics.—The cholera epidemic, which commenced in November of the previous year, continued up to March 14th. A fresh outbreak began on December 13th and still continues. In all, there were 851 cases reported; 417 males and 434 females. Of this number, 380 proved fatal, giving a percentage of 44.65 deaths to attacks.

Attendance of Patients.—435 in and 6,794 out door patients were treated against 429 intern and 6,727 out-door in the preceding year.

KUMBAKONAM BRANCH DISPENSARY.

Extracts from the Annual Medical Report by Hospital Assistant C. SOOBARAYAH NAIDU.

Dispensary Buildings.—More room is required.

Most Common Diseases.—Skin diseases, inflammation of external ear, abscess, ulcer, injuries.

Epidemics.—144 patients attacked with cholera were treated here; of this number 51 died.

Attendance of Patients.—The total number of patients treated amounts to 9,022 against 7,903 of the previous year.

MADUKUR.

Extracts from the Annual Medical Report by Third-class Hospital Assistant
C. GNANAPRAGASAM, No. 205.

Dispensary Buildings.—Located in a rented native house.

Most Common Diseases.—Skin diseases, conjunctivitis, ulcers, fevers, rheumatic affections.

Inspection.—Inspected by the District Surgeon on 13th March.

Attendance of Patients.—4,926 out-patients were treated, an increase of 283 over the previous year.

MANAMELGOODY.

Extracts from the Annual Medical Report by Third-class Hospital Assistant
P. G. AMIRTHUM, No. 222.

Dispensary Buildings.—In good order.

Most Common Diseases.—Ophthalmia, skin diseases, anæmia, dysentery, worms.

Attendance of Patients.—The number of out-patients during the year was 2,564 and that of the previous year 2,357. There was a decrease of 12 among intern patients treated.

MANNARGUDI.

Extracts from the Annual Medical Report by First-class Assistant Apothecary J. JOHN.

Dispensary Buildings.—Buildings need repair.

Most Common Diseases.—Anæmia, dropsy, ulcer, fevers, rheumatic and syphilitic affections, sore eyes.

Epidemics.—273 cases of cholera occurred in January and February. The disease re-appeared in December.

Inspection.—Inspected by the District Surgeon, Tanjore, on the 10th March.

Attendance of Patients.—250 in and 10,275 out door patients were treated against 273 intern and 10,918 out-door in the previous year.

MAYAVARAM.

Extracts from the Annual Medical Report by Civil Apothecary P. D. S. AMIRTHASAWMY PILLAY.

Dispensary Buildings.—In good order, except the cholera shed which is unfit for use.

Most Common Diseases.—Fevers, rheumatic and syphilitic affections, anæmia, dropsy and conjunctivitis.

Epidemics.—Cholera, which broke out in this town about the end of last year, prevailed till the end of January this year, when it gradually disappeared. It again appeared towards the middle of December.

Inspection.—Inspected by the Civil Surgeon, Tranquebar, on 19th October.

Attendance of Patients.—5,121 out-patients were treated, compared with 5,505 in the preceding year. 104 in-patients were also treated, which is ten less than the number in 1881.

MIMISAL.

Extracts from the Annual Medical Report by First-class Hospital Assistant
M. LUTCHMANEN, No. 78.

Dispensary Buildings.—Buildings have been a long time under repair.

Most Common Diseases.—Fevers, rheumatic affections, disease of the eye, disease of the skin, disease of stomach and bowels.

Attendance of Patients.—127 in and 1,209 out patients were treated, against 180 in and 1,193 out door the preceding year.

MUTUPET.

Extracts from the Annual Medical Report by First-class Hospital Assistant
LOGANATHUM PERMAUL DOSS, No. 54.

Dispensary Buildings.—A rented building in good repair.

Most Common Diseases.—Malarious fever, rheumatism, syphilis, diseases of eye and respiratory system.

Epidemics.—There were 77 cases of cholera admitted from the station and its vicinity, 16 of which proved fatal.

Inspection.—Inspected by the Zillah Surgeon, Tranquebar, on the 24th October.

Attendance of Patients.—5,862 out-patients attended, against 6,062 in the preceding year.

NAGORE.

Extracts from the Annual Medical Report by Hospital Assistant P. NAGAPPA PILLAY.

Dispensary Buildings.—In good repair.

Most Common Diseases.—Fever, rheumatic affections, abscess, ulcers, skin diseases.

Epidemics.—326 cases of cholera occurred during the first quarter of the year.

Inspection.—Inspected by the Surgeon-General on the 20th January.

Attendance of Patients.—6,762 out-patients were afforded relief, against 5,311 in 1881.

NANNILAM.

Extracts from the Annual Medical Report by Second-class Hospital Assistant M. MANICKUM MUDALI, No. 111.

Dispensary Buildings.—At present under repair.

Most Common Diseases.—Ague, rheumatic affections, ophthalmia, infl. ext. meatus and constipation.

Epidemics.—Cholera was prevalent in the station and in the adjoining villages up to 2nd February; 50 cases were treated, and of these 21 died.

Inspection.—Inspected by the Zillah Surgeon of Tranquebar on the 20th October.

Attendance of Patients.—The number of cases treated was 3,982, against 3,789 in the previous year.

NEGAPATAM.

Extracts from the Annual Medical Report by Apothecary E. A. MORRIS, L.R.C.P. and S.E.

Dispensary Buildings.—Building at present undergoing thorough repair.

Most Common Diseases.—Cholera, fever, rheumatism, worms, diarrhoea, ulcer and injuries.

Epidemics.—Cholera was epidemic in the town from 3rd January till 16th March 1882, after which the disease disappeared; the number of deaths was 462.

Inspection.—The dispensary was visited by the Surgeon-General in the early part of the year.

Attendance of Patients.—The daily average attendance was 98.43 for in and out patients and in the previous year 97.38.

NIDAMANGALAM.

Extracts from the Annual Medical Report by Third-class Hospital Assistant C. V. GOVINDASAMY NAIDU, No. 238.

Dispensary Buildings.—Located in the chattram; building quite unsuited to its present purposes.

Most Common Diseases.—Rheumatism, ulcer, fever, conjunctivitis, worms, skin diseases.

Epidemics.—87 cases of cholera occurred in the two first months of the year.

Inspection.—Inspected by the District Surgeon, Tanjore, on the 9th March.

Attendance of Patients.—311 intern and 5,076 out-door patients were afforded relief.

ORATHANAD.

Extracts from the Annual Medical Report by Second-class Hospital Assistant R. RAGAVALLU NAIDU, No. 163.

Dispensary Buildings.—Not adapted for a dispensary. A latrine and dead-house are required.

Most Common Diseases.—General debility, rheumatic affections, anæmia, ophthalmia, ulcers and fevers.

Epidemics.—Cholera broke out in the town and adjoining villages during the first quarter of the year in a sporadic form.

Inspection.—Inspected by the District Surgeon on the 16th March.

Attendance of Patients.—340 in and 5,370 out-door patients were afforded relief, compared with 352 intern and 4,852 out patients treated in the year previous.

PÁPANASAM.

Extracts from the Annual Medical Report by Civil Hospital Assistant M. ABOYEE NAIDU, No. 213.

Dispensary Buildings.—In good order.

Most Common Diseases.—Ague, rheumatism, ophthalmia, inflammation of the external ear.

Epidemics.—36 cases of cholera occurred in January and February; the disease reappeared in December.

Attendance of Patients.—3,567 out-patients were relieved, against 3,103 in the preceding year.

PERUVALANDAN.

Extracts from the Annual Medical Report by Third-class Hospital Assistant M. MOOTHOSAWMY, No. 210.

Dispensary Buildings.—Repairs needed.

Most Common Diseases.—Diseases of stomach and bowels including worms, skin diseases, abscess and ulcers.

Epidemic.—Cholera was epidemic at the beginning of the year.

Inspection.—The District Surgeon, Tanjore, inspected the dispensary on the 11th March.

Attendance of Patients.—2,619 out-door patients were afforded relief.

PATUKÓTA.

Extracts from the Annual Medical Report by Civil Apothecary M. DENADAYALU.

Dispensary Buildings.—The new dispensary is now completed, but has not been occupied as yet.

Most Common Diseases.—Ophthalmia, ague, ulcer, rheumatism and skin diseases.

Inspection.—Inspected by the District Surgeon, Tanjore, on the 15th March.

Attendance of Patients.—4,652 out-patients were treated against 5,258 in 1881.

RAJAHMADAM.

Extracts from the Annual Medical Report by Civil Hospital Assistant K. M. STRENIYASSA NAIDU, No. 219.

Dispensary Buildings.—Rs. 4,000 have been granted by the Local Fund Board for the erection of a dispensary.

Most Common Diseases.—Fever, skin diseases, ulcers, worms, and rheumatic affections.

Epidemic.—Cholera was epidemic in the months of January, February, and March.

Inspection.—Inspected by the District Surgeon, Tanjore.

Attendance of Patients.—147 intern and 3,745 out-door patients were relieved during the year.

SHIYALI.

Extracts from the Annual Medical Report by Civil Apothecary C. A. BAMPFORD.

Dispensary Buildings.—Latrines have no roofs. A few minor repairs are needed to the buildings.

Most Common Diseases.—Fever, rheumatic and syphilitic affections, ophthalmia and ulcers.

Epidemics.—Cholera was epidemic in the first two months of the year.

Inspection.—Inspected by the Civil Surgeon of Tranquebar on the 18th of October.

Attendance of Patients.—96 in and 5,885 out door patients attended, against 134 in and 6,438 out door in the preceding year.

TANJORE.

Extracts from the Annual Medical Report by Brigade Surgeon E. E. LLOYD.

Dispensary Buildings.—The buildings already show signs of needing repairs.

Most Common Diseases.—Fever, ophthalmia, syphilis, rheumatism, dropsies, dysentery, diarrhoea, and abscesses.

Epidemics.—Cholera, which broke out in the town in November 1881, continued till March 1882, but made its appearance again on the 18th December last.

Inspection.—The hospital was twice inspected by the Surgeon-General with the Government of Madras.

Attendance of Patients.—1,093 in and 17,883 out-door patients were treated, compared with 789 in and 13,968 out patients in the preceding year.

TIRUKATTUPALLY.

Extracts from the Annual Medical Report by Civil Hospital Assistant N. RUNGASAWMY NAIDU, No. 182.

Dispensary Buildings.—In good repair. Ventilation deficient.

Most Common Diseases.—Malarious fevers, cholera, rheumatic affections, ophthalmia, worms and injuries.

Epidemics.—Epidemic cholera has been prevalent in this and surrounding villages during the first and last quarters of the year.

Inspection.—Inspected by the District Surgeon, Tanjore, on the 5th April.

Attendance of Patients.—6,910 out-patients were treated against 11,283 in the previous year; decrease attributed to general healthiness of the year.

TIRUTARAIPUNDI.

Extracts from the Annual Medical Report by Civil Apothecary M. PURUSHOTHAMA PILLAY.

Dispensary Buildings.—The roof leaks badly. The latrines are much too near the wards.

Most Common Diseases.—Malarious fevers, rheumatic affections, dropsy, conjunctivitis, inflammation of external ear.

Epidemics.—For the first 2½ months of the year cholera was prevalent; 156 cases occurred and of these 32 ended fatally.

Inspection.—Inspected by the Zillah Surgeon, Tranquebar, on the 24th October.

Attendance of Patients.—The total number of out-door patients amounts to 8,488 against 8,798 treated in the previous year.

TIRUVADAMARUDUR.

Extracts from the Annual Medical Report by Third-class Hospital Assistant R. OLAGASUNDARAM PILLAY, No. 243.

Dispensary Buildings.—Are at present under repair.

Most Common Diseases.—Scabies, ringworm, abscess, ulcer, worms, rheumatism.

Epidemics.—The epidemic of cholera, which appeared in December 1881 in the station and its vicinity, lasted till the month of March 1882. Out of 252 attacked, there were 92 deaths.

Attendance of Patients.—4,817 out-patients were treated during the year.

TRIVADY.

Extracts from the Annual Medical Report by Third-class Hospital Assistant C. PAETHASARATHY, No. 230.

Dispensary Buildings.—In good order.

Most Common Diseases.—Fever, diarrhoea, dysentery, rheumatic affections, ophthalmia.

Epidemics.—During the first quarter of the year cholera was prevalent.

Inspection.—Inspected by the District Surgeon, Tanjore, on the 23rd February.

Attendance of Patients.—The number of out-patients treated was 5,338 against 4,563 in 1881.

TIRUVÁLÚR.

Extracts from the Annual Medical Report by Civil Apothecary J. W. WRIGHT.

Dispensary Buildings.—Still located in an unsuitable bazaar house.

Most Common Diseases.—Fever, skin diseases, ophthalmia, rheumatic affections, venereal diseases and worms.

Epidemics.—Cholera was prevalent in the months of January and February in the town, its suburbs and outlying villages. There were altogether 117 cases treated from the hospital, of these 29 died.

Inspection.—The annual inspection by the Zillah Surgeon took place during the month of October.

Attendance of Patients.—The number of patients treated during the year was 10,598 in comparison with 7,826, the number treated in 1881.

TRANQUEBAR.

Extracts from the Annual Medical Report by Surgeon F. CLARENCE SMITH.

Dispensary Buildings.—Buildings were repaired and whitewashed during the early part of the year. Most of the windows want attending to, and sheds for the latrines are urgently required. There is no dead-house or post-mortem room, nor is there any separate ward or shed where foul-smelling ulcer cases can be put. They are greatly needed. The dispensary itself was formerly a native house and does not make a good hospital. The situation is fairly good, but the building is not fitted for the purpose for which it is used.

Most Common Diseases.—Ophthalmia, worms, ulcers, malarious fevers, &c., skin diseases.

Epidemics.—In January 1882 a fatal case of cholera occurred in Poriar. The epidemic was not at all a severe one; only 31 cases are reported as having occurred in Poriar, 18 of which were treated from the dispensary, and of these latter only three died.

Attendance of Patients.—The number of in-patients that have been admitted during the year is 274 and that of the out-patients 5,018.

TRANQUEBAR BRANCH DISPENSARY.

Extracts from the Annual Medical Report by Surgeon F. C. SMITH.

Dispensary Buildings.—Buildings are in much need of repair.

Most Common Diseases.—Malarious fevers, worms, ophthalmia, rheumatic affections, skin diseases, ulcers.

Attendance of Patients.—3,804 out-patients were treated, or 643 more than in 1881.

VEDARNIEM.

Extracts from the Annual Medical Report by Third-class Hospital Assistant N. A. VEERASAWMY NAIDU, No. 196.

Dispensary Buildings.—A dead-house and latrine are much needed.

Most Common Diseases.—Rheumatic affections, fever, bowel complaints, ulcers.

Epidemics.—Cholera was epidemic in the neighbourhood at the commencement of the year. *Attendance of Patients.*—4,688 out-patients were afforded relief, showing a decrease of 183 compared with the previous year.

General Remarks.—The midwife attached to the dispensary attended 13 cases during the year.

VALANGIMAN.

Extracts from the Annual Medical Report by Civil Hospital Assistant
N. DEVASIGAMONEY MUDÉLLY, No. 207.

Dispensary Buildings.—In good order.

Most Common Diseases.—Ague, dysentery, diarrhoea, dyspepsia, and worms.

Attendance of Patients.—4,273 out-patients were treated; this shows a slight decrease in numbers.

VALLAM.

Extracts from the Annual Medical Report by Third-class Hospital Assistant
V. JAGANATHA PILLAY, No. 301.

Dispensary Buildings.—In good condition.

Most Common Diseases.—Rheumatic affections, ulcers, intermittent fevers, dyspepsia.

Epidemics.—Cholera made its appearance in Tanjore Taluk towards the close of the year, but no cases have occurred in the town of Vallam.

Attendance of Patients.—5,849 out-patients were treated—a decrease of 47 as compared with 1881.

VELANGULAM.

Extracts from the Annual Medical Report by Third-class Hospital Assistant
C. MOOREGASSEM MOODELLY, No. 169.

Dispensary Buildings.—Located in a room of the local chatraim.

Most Common Diseases.—Fevers, rheumatic and respiratory affections, abscesses, boils.

Attendance of Patients.—Since the opening of the dispensary in August, 356 patients have been treated.

TINNEVELLY.

AMBÁSAMUDRAM.

Extracts from the Annual Medical Report by Civil Apothecary W. J. COOPER.

Dispensary Buildings.—Although recently erected, it is in need of repairs. Furniture said to be inadequate.

Most Common Diseases.—Diseases of the digestive system, eye and skin affections, syphilis.

Epidemics.—47 cases of cholera were treated, of which 8 proved fatal.

Inspection.—Inspected twice by the District Surgeon.

Attendance of Patients.—8,860 out-patients were treated, compared with 4,592 in 1881.

EDEYENGUDI.

Extracts from the Annual Medical Report by Second-class Hospital Assistant
S. SIMEON, No. 113.

Dispensary Buildings.—In bad order. A dead-house and store-room are required, as well as bedding and clothing.

Most Common Diseases.—Fevers, disease of stomach and bowels, respiratory system and skin affections.

Inspection.—The Zillah Surgeon inspected the dispensary twice during the year.

Attendance of Patients.—32 in and 3,771 out patients were afforded relief, compared with 30 in and 3,444 out patients in 1881.

MEGNÁNAPURAM.

Extracts from the Annual Medical Report by Medical Practitioner M. H. COOKSLEY.

Dispensary Buildings.—In good repair.

Most Common Diseases.—Eye and skin diseases and injuries.

Inspection.—The District Surgeon inspected the dispensary twice during the year.

Attendance of Patients.—37 in and 3,152 out door patients were treated, as compared with 35 and 3,028 respectively in 1881.

NÁGALÁPURAM.

Extracts from the Annual Medical Report by Medical Practitioner P. SAVARIMUTHU.

Dispensary Buildings.—In good order.

Most Common Diseases.—Ulcer, fever, ophthalmia, and rheumatism.

Inspection.—Inspected by the District Surgeon on the 5th August.

Attendance of Patients.—37 in and 2,371 out door patients attended, compared with 43 intern and 2,723 out patients in the year previous.

NÁNGUNÉRI.

Extracts from the Annual Medical Report by Civil Apothecary VEDANTAYYA.

Dispensary Buildings.—Located in a native house, in good order.

Most Common Diseases.—Ague, rheumatism, syphilis, conjunctivitis, dysentery, diarrhoea, worms.

Epidemics.—Cholera prevailed epidemically during the early part of the year in the villages adjoining Nángunéri. The total number of deaths from it was 439. Small-pox in an intense form prevailed in the cusba and adjacent villages in the months of November and December.

Inspection.—The dispensary was visited by the Zillah Surgeon twice during the year.

Attendance of Patients.—35 in and 5,570 out door patients were treated against 65 in and 6,417 out patients in the previous year.

NAZARETH.

Extracts from the Annual Medical Report by Rev. A. MARGOSCHIS.

Dispensary Buildings.—In good repair.

Most Common Diseases.—Fevers, diarrhoea, dysentery, rheumatism, conjunctivitis, and skin diseases.

Epidemics.—Twenty-six cases of cholera were treated in January.

Inspection.—The District Surgeon visited the dispensary on two occasions during the year.

Attendance of Patients.—103 in and 5,694 out door patients were treated compared with 220 in and 9,205 out patients in 1881. The decrease is attributable to the system of levying a fee of one anna for every new admission.

OTAPIDÁRAM.

Extracts from the Annual Medical Report by Civil Apothecary T. THYREUM PILLAY.

Dispensary Buildings.—New building occupied since October. A post-mortem room is needed.

Most Common Diseases.—Skin affections, ulcers, worms, ophthalmia, ear diseases, rheumatism.

Inspection.—Inspected twice by the District Surgeon.

Attendance of Patients.—4,697 out-patients were treated; about a third more than in 1881.

PALAMCOTTAH.

Extracts from the Annual Medical Report by Surgeon G. T. THOMAS.

Dispensary Buildings.—The dispensary was repaired during the year: the latrines require retiling, &c.

Most Common Diseases.—Fever, rheumatic, syphilitic, and respiratory affections, ophthalmia, dysentery, diarrhoea.

Epidemics.—23 cases of cholera were treated during the year.

Inspection.—The Surgeon-General inspected the dispensary on 23rd August.

Attendance of Patients.—299 in and 4,399 out patients were relieved, compared with 334 in and 7,398 out patients in the previous year. The decrease is due chiefly to the introduction of a system of collecting a fee of 2 annas from every fresh admission; but, owing to the falling off in numbers, this practice was discontinued.

RÁDHÁPURAM

Extracts from the Annual Medical Report by Medical Practitioner G. TANNERAM.

Dispensary Buildings.—In good condition.

Most Common Diseases.—Rheumatism, bronchial affections, ulcers, wounds, skin diseases.

Epidemics.—59 cases of cholera were attended to during the year.

Inspection.—Inspected twice by the District Surgeon.

Attendance of Patients.—2,021 out-patients were treated compared with 2,336 in 1881.

SANKARANAINARKOIL.

Extracts from the Annual Medical Report by Civil Hospital Assistant P. SIMON, No. 324.

Dispensary Buildings.—Located in a portion of the Local Fund Chattram.

Most Common Diseases.—Fever, rheumatic and syphilitic affections, and conjunctivitis.

Inspection.—Inspected by the District Surgeon twice during the year.

Attendance of Patients.—2,996 out-patients were treated against 3,485 in 1881.

SÁTÚR.

Extracts from the Annual Medical Report by Civil Apothecary E. A. HOLMES.

Dispensary Buildings.—In urgent need of repairs. A dead-house is required.

Most Common Diseases.—Ophthalmia, worms, skin diseases, ulcers, rheumatism, and malarious fevers.

Inspection.—Inspected on the 10th October by the District Surgeon.

Attendance of Patients.—2,566 out-patients were treated, compared with 2,643 in 1881.

SAWYERPURAM.

Extracts from the Annual Medical Report by Hospital Assistant A. JOSEPH.

Dispensary Buildings.—In good condition.

Most Common Diseases.—Ague, ophthalmia, skin diseases, rheumatic and respiratory affections.

Epidemics.—32 cases of cholera were treated.

Inspection.—Inspected twice by the District Surgeon.

Attendance of Patients.—27 in and 5,309 out door patients were relieved, compared with 17 in and 3,513 out patients in 1881.

SIVAKASI.

Extracts from the Annual Medical Report by Hospital Assistant S. DAVID.

Dispensary Buildings.—The building, which was erected last year, is still in an unfinished state.

Most Common Diseases.—Fever, rheumatic affections, inflammation of the external ear, and ulcer.

Epidemics.—Small-pox prevailed very severely for about six months.

Inspection.—The District Surgeon visited the dispensary twice during the year.

Attendance of Patients.—2,806 out-patients were treated, an increase of 216 over the preceding year.

SRIVILLIPUTUR.

Extracts from the Annual Medical Report by Medical Practitioner J. WERKEY.

Dispensary Buildings.—In good order.

Most Common Diseases.—Worms, fever, skin diseases, ulcer, ophthalmia, rheumatic affections.

Inspection.—Inspected by the District Surgeon twice during the year.

Attendance of Patients.—137 in and 10,043 out door patients were relieved, compared with 174 in and 10,024 out patients in the year preceding.

SRIVAIKUNTHAM.

Extracts from the Annual Medical Report by Civil Apothecary J. A. FRANKLIN.

Dispensary Buildings.—A small tiled building, consisting of two rooms with a front verandah, has, since last report, been built, and the dispensary was removed into it from the rented buildings on the 1st March 1882.

Most Common Diseases.—Rheumatic affections, conjunctivitis, inflammation of external ear, worms.

Epidemics.—60 cases of cholera were treated during the year.

Inspection.—Inspected twice by the District Surgeon.

Attendance of Patients.—4,987 out-patients came under treatment against 2,817 in the previous year.

TENKASI.

Extracts from the Annual Medical Report by Civil Apothecary W. NUGENT.

Dispensary Buildings.—The building is greatly in need of repairs, and the accommodation is insufficient.

Most Common Diseases.—Fever, syphilitic and rheumatic affections, eye diseases and bowel-complaints.

Epidemics.—Cholera, which visited the place in December 1881, kept on till April 1882. 37 cases were treated.

Inspection.—Inspected by the District Surgeon twice during the year.

Attendance of Patients.—6,833 out-patients were treated against 4,827 in 1881.

TERUKARANGUDY.

Extracts from the Annual Medical Report by Hospital Assistant A. CHOCKALINGUM-PILLAI.

Dispensary Buildings.—The dispensary, which was opened in December 1882, is located in a building belonging to the chattram; it is in good order. Furniture is required.

Most Common Diseases.—Skin affections, ulcer, worms, ophthalmia.

VIZAGAPATAM.

ANAKAPALLE.

Extracts from the Annual Medical Report by Hospital Assistant KAREEM SAHIB.

Dispensary Buildings.—In good order. A latrine and *post-mortem* room are greatly needed.

Most Common Diseases.—Ague, dysentery, ulcers, rheumatic affections, and anaemia.

Inspection.—Inspected by the District Surgeon twice during the year.

Attendance of Patients.—There was an increase of 169 out-patients and a decrease of 28 in-patients, the figures being 106 and 78 in and 6,017 and 6,186 out door.

BIMLIPATAM.

Extracts from the Annual Medical Report by First-class Assistant Apothecary C. G. ROBERTS.

Dispensary Buildings.—In good order.

Most Common Diseases.—Worms, malarial fever, rheumatic and syphilitic affections, ulcers.

Epidemics.—Small-pox prevailed to some extent in the vicinity and a few cases were reported in the town.

Inspection.—The District Surgeon, Vizagapatam, inspected the hospital twice during the year.

Attendance of Patients.—140 in, against 180 the previous year, and 5,760 out door patients, against 5,580, were treated.

BOBBILI.

Extracts from the Annual Medical Report by Hospital Assistant C. M. SRINIVASA RAU.

Dispensary Buildings.—A roof to the latrine and a dead-house are much wanted.

Most Common Diseases.—Fever, rheumatic, syphilitic and respiratory affections, diseases of the eye and digestive system.

Epidemics.—Cholera and small-pox.

Inspection.—Inspected by the Civil Surgeon twice in the year.

Attendance of Patients.—There is a slight increase of both in and out door patients.

CHIPURUPALLE.

Extracts from the Annual Medical Report by Third-class Hospital Assistant A. SATHARAMASAMY, No. 244.

Dispensary Buildings.—Doors and windows require repair and the floor, plastering. A dead-house is also required.

Most Common Diseases.—Fever, rheumatic and respiratory affections, conjunctivitis, skin diseases.

Epidemics.—Small-pox prevailed in the town and its vicinity to a slight extent.

Inspection.—The District Surgeon inspected the dispensary once.

Attendance of Patients.—4,007 out-patients were treated, or a decrease of 255 on the previous year. Police in-patients are now admitted.

CHODAYARAM.

Extracts from the Annual Medical Report by Hospital Assistant THIRAPATHI RAJ.

Dispensary Buildings.—Buildings require whitewashing.

Most Common Diseases.—Fever, rheumatic and syphilitic affections, dropsy, inflammation membrana tympani.

Inspection.—Inspected by the Civil Surgeon on the 18th February.

Attendance of Patients.—5,190 out and 16 in door were treated against 4,971 out and 68 in patients in the previous year.

GAJAPATINAGAR.

Extracts from the Annual Medical Report by Civil Apothecary KRISHNASAWMY MOODELLIAR.

Dispensary Buildings.—The dispensary, which was opened on the 9th September, is located in a rented building which is not in good repair. Only out-patients are treated.

Most Common Diseases.—Ague, rheumatic affections, ophthalmia and inflammation of the external ear.

Inspection.—Inspected by the Civil Surgeon on the 19th December.

Attendance of Patients.—1,914 patients have been treated since the dispensary was opened.

GUNIPORE.

Extracts from the Annual Medical Report by First-class Hospital Assistant T. GOOROSAWMY NAICK, No. 60.

Dispensary Buildings.—The civil sick are treated at the Police Hospital, which is small and unsuitable for the purposes of a dispensary.

Most Common Diseases.—Ague, ophthalmia, ulcers, skin diseases and dysentery.

Inspection.—The District Surgeon, Vizagapatam, made his annual inspection of this hospital on the 9th December.

Attendance of Patients.—1,242 out-door patients were afforded relief against 915 in 1881.

NARSAPATNAM.

Extracts from the Annual Medical Report by Civil Apothecary F. W. HARRIS.

Dispensary Buildings.—Repairs urgently needed. Has not been whitewashed for last eighteen months.

Most Common Diseases.—Malarial fevers, rheumatism, skin diseases, ulcers and worms.

Inspection.—The Civil Surgeon visited the dispensary in February.

Attendance of Patients.—147 intern and 3,697 out-door patients were treated, against 95 and 4,238 in and out door respectively, the previous year.

PÁLKONDA.

Extracts from the Annual Medical Report by Civil Apothecary G. LOGANATHA PILLAY.

Dispensary Buildings.—In good order, having lately been repaired.

Most Common Diseases.—Malarious fevers, ulcers, worms, dropsy, rheumatic affections.

Inspection.—The Civil Surgeon inspected the dispensary twice during the year.

Attendance of Patients.—The number of out-patients treated during the year is 5,725 against 5,417 in 1881 and of in-patients 80 against 93.

PÁRVATIPUR.

Extracts from the Annual Medical Report by Hospital Assistant S. SURYANARAYANA NAIDU.

Dispensary Buildings.—In good repair.

Most Common Diseases.—Ague, rheumatic and respiratory affections, ulcers, dyspepsia, ophthalmia.

Epidemics.—Of 17 cases of cholera treated, five died.

Inspection.—Inspected by the District Surgeon twice during the year.

Attendance of Patients.—5,311 out-patients received relief, showing an increase of 1,270, on the previous year.

SÁLÚR.

Extracts from the Annual Medical Report by Hospital Assistant P. NARRAINSAMY.

Dispensary Buildings.—In good order.

Most Common Diseases.—Malarious fevers, rheumatic and syphilitic affections, anemia.

Inspection.—The Civil Surgeon twice inspected the dispensary.

Attendance of Patients.—5,511 out-door patients were treated, being an increase of 1,944 compared with the previous year.

SRUNGAVARAPUKOTA.

Extracts from the Annual Medical Report by Hospital Assistant MAHOMED HOMER.

Dispensary Buildings.—In good order.

Most Common Diseases.—Malarious fevers, rheumatic and skin affections, injuries.

Epidemics.—Small-pox in the station and its vicinity.

Inspection.—The Civil Surgeon twice inspected the dispensary.

Attendance of Patients.—Only the Police are admitted as in-patients. 3,797 out-door patients were treated against 3,673 the previous year.

VIZAGAPATAM.

Extracts from the Annual Medical Report by Surgeon A. N. ROGERS-HARRISON.

Dispensary Buildings.—The buildings are in good condition generally, but the timber in the verandah roof of the main building is rotting away gradually. Funds have been sanctioned and are available to carry out all necessary repairs and also to build a contagious disease ward, and these works will be carried out as soon as possible.

Most Common Diseases.—Ague, syphilis, anæmia, rheumatism and injuries.

Epidemics.—Small-pox has prevailed in a sporadic form in the town. Intermittent fever existed in an epidemic form in the village of Waltair till April when it commenced to abate and gradually diminished. In August the branch dispensary established in the village on account of the prevalence of sickness was closed.

Attendance of Patients.—227 in and 7,685 out patients were treated during the year. There is a decrease of 30 among the former and 1,295 among the latter, compared with the attendance in 1881.

General Remarks.—The two midwives attached to the dispensary attended 94 cases of labor, of which 6 were difficult cases. One of these women was sick and unable to work from September, and subsequently died. The amount of work done by these midwives is not great, but it is not their fault so much as that of the people who give but little care about the welfare of their wives and women-folk during their confinements.

YELLAMANCHILI.

Extracts from the Annual Medical Report by Second-class Hospital Assistant A. M. SIMON, No. 145.

Dispensary Buildings.—In good order.

Most Common Diseases.—Fever, rheumatism, syphilis, gonorrhœa, scrofula, anæmia.

Inspection.—Inspected by the District Surgeon on the 16th February.

Attendance of Patients.—63 in-patients were treated, against 101 in the previous year, and 3,169 out-patients, against 3,648.

PROFESSIONAL PAPERS SELECTED FROM THE RECORDS
OF THE MEDICAL DEPARTMENT, 1882.

No. I.—GENERAL HOSPITAL.

REVIEW OF THE MEDICAL WORK FOR THE YEAR 1882.

By SURGEON-MAJOR J. KEESS, M.D., M.R.C.P.I.

The following is a statement showing the number of sick Europeans and Natives treated at the dispensary, during the past twenty years, in quinquennial periods:—

Europeans and Eurasians.	Natives.
7,236	14,476
9,899	32,162
15,605	46,745
26,006	91,040

From the foregoing statement it is clear that the numbers seeking relief have steadily increased. The total registered during the first five years is, Europeans 7,236 and Natives 14,476; and during the last five years, Europeans 26,006 and Natives 91,040. This marked increase may be due partly to the increase in the population and partly also, I presume, to the greater value attached by the people to the European system of treating diseases.

During the past five years the prevailing diseases amongst Europeans were malarious fevers, lung and bowel affections; and amongst the Natives malarial fevers, lung diseases, rheumatic and syphilitic affections, skin diseases, ulcers, and ear affections.

Subjoined is a statement exhibiting the number of sick Europeans and Natives treated as in-patients, during the past twenty years, in quinquennial periods.

Europeans and Eurasians.	Natives.
6,915	4,467
6,564	7,870
7,801	13,256
6,190	11,908

The number of Natives admitted in 1876-77 is high. This is probably owing to the great numbers of the poorer classes that flocked into Madras during the famine and remained here; and who, from inanition, contracted diseases, a cause which, to some extent, must have operated even upon the destitute permanent residents in and about the city of Madras.

Sick treated in the Wards of the General Hospital from 1878 to 1882.

	Europeans.						Natives.					
	1878.	1879.	1880.	1881.	1882.	Total.	1878.	1879.	1880.	1881.	1882.	Total.
Small-pox	..	2	7	29	7	45	..	10	9	43	8	70
Malarious fevers ..	276	237	159	111	134	917	360	302	261	158	138	1,219
Cholera	10	1	..	..	21	32	10	1	..	..	18	29
Rheumatic affections ..	32	26	48	39	21	166	44	49	76	76	52	297
Syphilitic affections ..	68	78	46	56	58	306	173	161	171	156	164	825
Phthisis	30	29	17	28	18	122	86	92	90	114	88	470
Respiratory affections ..	105	112	74	56	79	426	128	120	118	107	103	576
Dysentery	84	40	65	47	41	277	79	70	111	79	71	410
Diarrhœa	92	40	24	27	34	217	130	64	60	48	55	347
Abscesses	42	37	36	24	21	160	111	73	76	78	50	413
Injuries	66	82	82	46	77	353	310	331	388	241	279	1,549
Other diseases	767	683	630	583	516	3,169	1,105	1,082	1,208	1,145	1,165	5,703
Total	1,562	1,367	1,188	1,046	1,027	6,190	2,536	2,345	2,566	2,240	2,221	11,908

I. REMARKS ON THE PRINCIPAL DISEASES.

Anæmia.—Most of the cases of anæmia that have come under treatment present a history of malaria which has doubtless been an important factor in the production of blood deterioration. The other causes have been excessive tissue waste from over-work without corresponding increase of food; actual deficiency of nutritive food; exhausting discharges of various kinds; structural changes in some of the hæmagenetic organs, especially of the spleen. In a few cases, the lymphatic

tic glands have been enlarged and their faulty condition has been the only apparent cause of blood deterioration. The secondary results of anemia have been various and troublesome, such as oedema of the lungs, effusion into the various serous cavities, diarrhoea, and anasarca. In the treatment of such cases, reliance has been placed on ferruginous preparations, varying them according to the state of the bowels. The liquor ferri pernitritatis has been useful in cases attended with diarrhoea, and the tinct. ferri perchloridi, Easton's triple syrup, ferri carbonas saccharata and ferri sulphas have all been beneficial in other cases, coupled with such diet as the weakened digestive organs were capable of acting upon. The daily progress of such cases has been watched by observing the gradual improvement of the blanched conjunctivæ, but before long, it is hoped that, with a hæmato-cytometer, such changes would be much earlier detected. In most of these cases, hæmic murmurs have been heard in the cardiac region and at the root of the neck, which have gradually disappeared with the restoration of the blood to its healthy condition, and in several cases I have observed a displacement of the apex beat outwards, attributable to a dilated heart, the result of mal-nutrition of the muscular fibre of the organ. The return of the apex beat to its normal position has been coincident with a restoration of the blood to its healthy condition.

Malarial Fever.—The above table shows that during the two or three years following the famine, there were more admissions from malarial fevers than in 1881-82. This may be due either to the greater production of the ague poison or to the usual amount of malaria acting on constitutions impaired by the defective hygienic conditions that obtained during the previous famine years. The usual types of quotidian, tertian and quartan have been observed, the first, as is well known, being generally due to recent exposure to malaria and the remaining two types to the operation of ordinary exciting causes on systems saturated with malaria. The spleen and liver have generally been found enlarged in the tertian and quartan types,—organic lesions which are strong evidences of malarial poisoning. The lungs have been occasionally found congested in malarial fevers. The tartrate of quinine, which is a combination of all the cinchona alkaloids, and the cinchona alkaloids separately have been successfully used as antiperiodics. Quinine has been resorted to in those cases which have been intolerant of the inferior sister alkaloids of cinchona. Nausea and vomiting have been the most troublesome symptoms that have followed the administration of the cinchona alkaloids, other than quinine. The anomalous symptoms of malarial poisoning that have been noticed are mental hebetude, sleeplessness, intermittent cough, rheumatic affections, neuralgia, lethargy, anorexia, despondency, jaundice and constipation. All these symptoms have been removed by the use of the cinchona alkaloids combined with other appropriate remedies.

Syphilis.—Several cases have come under observation in which the history and symptoms have clearly pointed to syphilis as the cause of pulmonary consolidation, lardaceous degeneration of liver and kidneys, and atheromatous degeneration of cerebral arteries giving rise to hemiplegia.

Phthisis.—gives a total, among Europeans and Eurasians, of 122 for the last quinquennial period, and 470 among Natives during the same period. These have been partly of tubercular and partly of pneumonic origin. Several of the clinical clerks have, notwithstanding the imperfect appliances at our disposal, succeeded in detecting the bacillus of tubercle in the sputa of phthisical patients. These little micro-organisms are now believed to be intimately associated with tubercle, if not the actual exciting cause.

Pneumonia.—accounts for 33 out of the 426 cases of respiratory affections among Europeans and 118 among Natives out of 576. While rust-colored sputum has been sometimes observed, it is noteworthy that many cases of undoubted pneumonia present all the general and physical signs of this disease without the rust-colored sputum; mucoid and mucopurulent expectoration often replacing it. The treatment ordinarily adopted is veratrum viride, aconite or tartar emetic, to slow the action of the heart, whereby the flow of blood to the congested lung area is lessened. The slowing of the pulse is soon followed by reduction of temperature and lessening of the number of respirations. Several cases of pneumonia have been complicated with pleurisy and bronchitis. Some have been attended with marked prostration on admission, when all our efforts have been directed, in the first instance, to sustain the failing energy of the respiratory and cardiac centres by ammonia and alcoholic stimulants, strychnine and digitalis. After the patients have rallied out of the state of collapse, then the usual remedies for the disease have been resorted to, generally with success.

Hepatic Abscess.—Several very interesting cases of hepatic abscess have come under treatment both among Europeans and Eurasians, and Natives as well. Aspiration, tapping and puncturing have all been tried, but the cases are not sufficiently numerous to enable me to judge of their relative merits. The clinical thermometer gives us early notice of suppuration by small daily rises and falls, which are so characteristic that we are now in the habit of speaking of them as the "medium waves of suppuration" in contradistinction to the maximum waves of malarial fever. When the warning has been given by the clinical thermometer, a careful examination is made daily of the hepatic region, and when fluctuation or increase of the area of hepatic dullness confirms our diagnosis of hepatic abscess, aspiration or tapping or puncturing is resorted to. The former operation has to be performed several times before a cure can be effected. One very interesting case, which presented all the signs of hepatic abscess, ended in recovery either by the abscess becoming encapsuled or absorbed.

Dysentery.—has been common among Europeans and Eurasians as well as among Natives, the number of the former being 277 and of the latter 410. When the disease comes under

treatment in the stage of hyperæmia or exudation, no difficulty is experienced in its management. Large doses of ipecacuan, with or without opium, milk diet and the recumbent position suffice to bring about recovery. I have not come across any cases that I could attribute to the use of improper food or impure air or water.

Typhlitis.—Several cases of Typhlitis have been admitted into our wards, due to accumulation of hard fecal matter or to the irritation of seeds. They have ended in restoration. The treatment was fomentation or poultices to the right iliac region, opium and belladonna, externally and internally as well, enemata of oil.

Enteric Fever.—One well-marked case of enteric fever was admitted in August last. The sufferer was a young European, a sailor, aged 19, who contracted the disease on the voyage from Mauritius. When he was first seen, his temperature was in the "second or stationary" stage. On the eleventh day of treatment, the temperature began to decline. In this case, all the symptoms of the disease were present, namely characteristic temperature, tenderness in right iliac fossa, brain disturbance, relaxed bowels and a succession of numerous small rose-colored spots on abdomen which temporarily disappeared on pressure.

Scurvy.—is, now-a-days, so rarely seen that the three cases of this disease, in European sailors admitted in August 1882, attracted an unusual amount of attention. The disease occurred on a three months' voyage in a sailing vessel, the *Areola*, among men who had neither a sufficient change of diet nor an adequate supply of lime-juice. The symptoms were, general articular and muscular pains, insomnia, weakness, sallowness of complexion, spongy and bleeding gums, loose teeth, foster of breath and discoloration of the skin.

Valvular Affections of the Heart.—have been well represented in our wards, some of them the result of metastasis from joint inflammations while others have probably been due to slow fibroid changes in the cardiac valves, doubtless attributable to the rheumatic dyscrasia, without any local articular affection. It is a noticeable fact that most patients with serious valvular affections seek relief for some trouble apparently unconnected with the heart. They complain of severe dyspeptic symptoms such as flatulent distension of the stomach, a sense of weight in epigastrium, or loss of appetite; or they seek relief for oedema of the legs, or for giddiness, or for failing health and strength.

Insufficient Nutrition.—In many cases under treatment, semi-starvation has induced impoverishment of blood and emaciation. The fact has already been noticed among famine-stricken subjects that the stress of insufficient nutriment falls upon two organs, the skin and mucous membranes, giving rise to a thin dry skin prone to ulceration and abscesses, and whose cuticle becomes scaly and cracked, and to troubles connected with the alimentary mucous membrane, such as inability to digest ordinary food probably from partial atrophy of the gastric follicles, and chronic diarrhoea, probably from ulceration of the follicles and glands of the intestinal mucous membrane. These cases required careful dieting and aids to digestion, together with cod-liver oil to assist in restoring lost tissue and tonics to impart tone. Inunction with oil has also helped to soften the skin and generally to improve its condition.

Diabetes.—Cases of this disease have been treated with salicylate of soda, in doses varying from 20 to 30 grains three times a day. Under this treatment, the quantity of sugar in the urine undoubtedly falls and sometimes totally disappears, but on discontinuing the medicine, the sugar returns in the urine. Although it does not cure the disease, salicylate of soda is a palliative and, with careful dieting and such medicines as quinine, nux-vomica, codeia and opium, keeps the disease in check and postpones those complications which hasten a fatal termination, namely, tubercular phthisis and carbuncle.

Albuminuria.—as one of the leading symptoms of chronic kidney disease, is frequently met with in the medical wards in the advanced stages of the disease; general dropsy, oedema of the lungs, hypertrophy of the left ventricle and albumen in the urine being the chief symptoms. In the last stage, large granular and hyaline casts indicate irrecoverable degeneration of kidney tissue and the near approach of a fatal termination. One case of this disease possesses special interest from the fact that the patient suffered from aphasia while under treatment and recovered from it. The patient, a Native, lost all recollection of words and was consequently unable to express verbally his wants and wishes. On being asked to repeat simple words after others, he was unable to do so, but fixed upon one of the easiest syllables and articulated that. For instance, on being asked to give his name (Mack-gale) he was able to articulate the last syllable only. For op-pum he said "pum," for uk-ka he said "ka." He seemed to have lost not only the memory of words (amnesic aphasia) but also power of articulating such words as were loudly mentioned to him (ataxic aphasia). He resorted to signs to express his wants and he seemed to understand what was said to him. After 37 days, the memory of words very slowly returned and, with this, the power of articulation. During his convalescence, a fellow patient, who was once a schoolmaster, took him in hand and exercised him in articulating words. With such help, he partially recovered the power of speech and, before he left hospital, was, in this respect, self-reliant. If the general opinion be correct that the cerebral centre of speech is the left third frontal convolution of the anterior lobe of the cerebrum, how is aphasia in this case to be accounted for? There was no hemiplegia of the right side. Could it have been produced by embolism of some small branch of the left middle cerebral artery whereby the blood-supply to the language centre of the brain was cut off or diminished? Or, as he was suffering from kidney disease, could the impurity of blood, which presumably existed, have temporarily disturbed the functions of the language centre?

No admission of cases of cholera is recorded to have taken place either among Europeans or Natives during the years 1880-81. During these years the number of cases of small-pox admitted is somewhat higher especially during 1881.

REVIEW OF THE SURGICAL WORK FOR 1882.

By SURGEON-MAJOR R. W. COCKERILL.

During the year 1882, 314 Europeans and East Indians and 1,082 Natives have been treated in the surgical wards, which is rather under the average of the last five years.

In some years the number of Europeans admitted into this hospital has been steadily declining which can only be accounted for by the gradual extinction of the European pensioners of the Company's Army and by the decrease in the number of sailing ships visiting the port; the steamers for the most part carrying surgeons and not landing their sick, their stay seldom extending beyond a day or two.

The native wards have been constantly full; indeed, there would often be no difficulty in filling double the number of beds if they existed.

The surgical division contains 132 beds, of which 122 are in the main building and 10 in the detached sheds.

Of those in the main building, 62 are on the first floor and intended for Europeans, while those on the ground floor are used exclusively for natives; but, as the European accommodation is excessive of the requirements of the hospital and the native wards are always crowded, it has been found useful to employ the wards (containing 18 beds) on the first floor, adjoining the operating room, for cases after operation, whether European or Native. Of the other two European wards, the "Denison" is used for venereal and stricture cases, and is now in charge of the "Second Surgeon," while the "Trevelyan" is for accidents and general surgery and is under the care of the "Surgeon."

There are four native surgical wards, of which two, containing 28 beds, are for accidents and general surgery, and two, with 32 beds, for diseases of the genito-urinary organs, an equal number of beds being allotted to either surgeon. The 10 beds in the sheds take foul or sloughing cases and the overflow of the wards in the main building. They are under the care of the "Second Surgeon." Cases in the Officers' Quarters fall alternately under the two surgeons. The hospital does not contain any wards for women and children.

All the surgical wards are cool and airy, being freely swept by the sea-breeze; and to this, and to the fact that the windows and doors are always open, I attribute the almost entire absence of erysipelas and other "hospital diseases."

I will now speak of the more important classes of diseases that have been treated during the past year.

GENERAL DISEASES. A.

Erysipelas.—Four cases admitted, all Europeans. The first was an old man and the seat of the disease. He was treated with large doses of iron internally and the local treatment in a warm water-bath. He stayed in hospital upwards of six weeks, but the local treatment of his stay was on account of an ulcer. He was discharged cured.

The second case was a pensioned Apothecary and the disease attacked his hand and followed a wound. He was treated with tincture of iron in small doses and locally painted with tincture of iodine, and discharged, cured, in nine days.

In the third case, the patient had had a choleraic attack and had rubbed his body all over with kerosine oil. Wherever the skin had been irritated, erysipelas appeared. On admission, he was delirious, and he only lived a few hours, dying some days after admission. The body was removed by friends, no examination being permitted.

The fourth case was a European who was treated in the medical ward with large doses of tincture of iron. The part affected was the leg which was wrapped in cotton wool and bandaged. He made a good recovery.

Regarding erysipelas, the experience of the past year agrees with all former ones. The disease is a rare one in Madras and never attacks patients in hospital. All the cases come from outside; and, although the patients are generally treated in the ordinary wards, such a thing as the disease being conveyed from one patient to another, by infection or contagion, is unknown.

GENERAL DISEASES. B.

Syphilis.—The hospital records do not enable me to express an opinion as to whether syphilis is increasing, or decreasing, in Madras. Ninety-two cases of primary syphilis were admitted in the past year, 102 being the average of the past five years. The greatest number of admissions was in 1878, which was a famine year. I, at first, thought that poverty drove the men to the hospital for food; but, that this was not the case, is proved by the admissions for secondary syphilis which were in that year much below the average. Nor can I state whether the disease is decreasing in severity by calculating the average stay of each patient in hospital in the past year, as compared

with former ones; for, whereas ordinary civil patients get themselves discharged, or abscond as soon as the urgent symptoms are past, Government servants are detained till quite well and fit for duty. In the treatment of syphilis, I have observed the following principles. In the primary disease, where the patient has appeared to have contracted the infecting chancre, he has been put upon the solution of perchloride of mercury with "blackwash" applied locally. In the secondary disease, he has had, in addition, iodide of potassium, fifteen or twenty grains daily, and the mercurial vapour-bath two or three times weekly; sloughing sores have been touched with strong nitric acid and afterwards, in common with the majority of soft sores, dusted two or three times a day with finely powdered iodoform, which makes an admirable dressing for all syphilitic ulcers. In some cases, I use it pure; but, for the majority, it may be mixed with five or six parts of carbonate of magnesia. If the discharge is not very profuse, two dressings in 24 hours are sufficient. In the Second Surgeon's ward, both primary and secondary syphilis have been treated with small doses of calomel combined with sulphate of iron, and, where mercury was inadmissible, full doses of iodide of potassium, combined with chinchona and cod liver oil; and this method has also been found successful.

DISEASES OF THE NERVOUS SYSTEM.

Tetanus.—Eleven cases of tetanus were admitted, of which only one was a European, who died. Of the Natives, 3 recovered, 5 died and 2 were removed by friends. The following eight cases are of some interest. The first case was a French sailor who met with an accident on board a ship, fracturing one of the tarsal bones and severely injuring the soft parts of the foot which bled profusely. The tetanus began on the tenth day with pain in the muscles of the lower jaw and inability to swallow. He was treated with large doses of chloral and died on the sixth day of the disease and sixteenth of the injury.

The second was a native boy, of 12 years of age, also wounded on the dorsum of the foot. The tetanus began in his own house and he was admitted on the fifteenth day of the injury and the seventh of the disease. He remained in hospital upwards of two months and was discharged cured.

The third was an old man injured on the plantar aspect of the great toe by a splinter of wood. He was admitted on the sixth day of the injury and the fourth of the disease. After a stay in hospital of about 17 days he was removed by his friends at a time when he was doing fairly well.

The fourth, a young man who had injured the great toe. Tetanus began on the fifth day of the injury and he died on the eighth day of the disease and the third of his stay in hospital, from exhaustion.

The fifth was a middle-aged man transferred from the Medical Ward, having a slight wound of the foot which had escaped observation on admission. The disease commenced three days after the injury and he died on the seventh day of the disease.

The sixth, also a middle-aged man, admitted having had tetanus eight days and stated that he had been injured about a month ago on the index finger of the left hand. He was removed by his relatives on the sixth day of residence in hospital, when doing well.

The seventh was an old man, admitted suffering from a syphilitic ulcer of the leg and of three days' duration. He had great dyspnoea and died on the day after admission.

The eighth was a young man who, a month before admission, had received an injury on the dorsum of the foot. About twenty days afterwards, symptoms of tetanus began. He had very severe spasms and died in one, on the day of admission.

The experience of this hospital is in favor of the chloral treatment. After the bowels have been cleared out, the drug is given in large doses and repeated sufficiently often to keep the patient almost constantly asleep. It has the effect of reducing temperature, preventing spasms, and, to some extent, warding off exhaustion. When the patient cannot swallow, it is given by enema. No drug, yet discovered, has a curative effect on tetanus. Chloral acts by enabling the patient to live till the energy of the disease has passed away. Under its influence, appetite and digestive power remain better than under any other narcotic I have yet tried.

DISEASES OF THE DIGESTIVE SYSTEM.

HERNIA.

Eleven cases of strangulated and obstructed hernia were admitted, one being a European and ten Natives, of whom one died; the remainder recovered. The following four cases occurred in the wards of Dr. Maitland, the Second Surgeon:—

No. 1. Hindu, age 40, right oblique inguinal hernia (strangulated), three days' duration. Herniotomy, under antiseptic precautions, performed on 8th May 1882 and the sac opened. Discharged, cured, seventeen days after operation.

No. 2. Hindu, age 45, right oblique inguinal hernia (strangulated), seven days irreducible. Herniotomy, 5th March 1882. Sac divided and internal ring divided upwards; antiseptic precautions. Discharged twenty-seven days after operation.

No. 3. Muhammadan, age 35. Admitted with symptoms of obstruction and a tumour in the left inguinal canal, pointing to hernia; operation performed. The tumour was found to be

a thick-walled cyst, evidently the sac of an old hernia. This cyst communicated above, by a minute opening, with the empty sac of hernia, the bowel having evidently been reduced during the manipulation previous to the operation. Operation performed under antiseptic precautions. Discharged cured.

No. 4. *Hindu*, age 32, left inguinal hernia, four days, irreducible, patient greatly exhausted. Herniotomy performed. Sac contained a large piece of omentum almost black, which was cut away, and a small knuckle of intestine very dark; and, at the point of constriction ash-grey. Constriction in neck of sac divided and gut left in the wound. Died of exhaustion and shock nineteen hours after operation.

These operations were performed under the spray with complete Listerism, and, in the first two cases, union by first intention was obtained; in the third case, slight suppuration took place superficially after all the deep parts had united; so Dr. Maitland considers that better results could not have been obtained by any other method of dressing, if as good.

DISEASES OF ORGANS OF LOCOMOTION.

GANGRENE.

Seven cases occurred, of which five recovered and two died. The three following cases occurred in the wards of the Second Surgeon, Dr. Maitland:—

The first case occurred in a native boy aged 18, and was the result of thrombosis of the femoral artery, which had taken place eighteen months previous to admission. During the interval, a slow form of sloughing ulceration had destroyed two toes, and, on admission, the rest of the toes and part of the foot were becoming gangrenous and the boy was extremely emaciated and anæmic. The leg was amputated immediately below the knee; but the stump soon took on a sloughing action, so that amputation through the middle of the thigh had subsequently to be performed.

Although the patient's condition was at one period critical, he made a slow, but complete, recovery.

The second case occurred in a native aged 35 years. The cause in this case was obstruction of the arterial supply at some part higher than the femoral artery. The left foot was gangrenous, but a line of demarcation ultimately formed at the centre of the leg, the soft tissues separated, and the bones were sawn through. Ultimately, an operation was performed to cover the ends of the bones and the patient made a good recovery. He was treated with ammonia, chinchona, and alcoholic stimulants.

The third case occurred in a native aged 50 years. The whole of the right foot was gangrenous, the disease being attributed to the application of irritant substances to the part during an attack of cholera. There was no obstruction to the circulation in the leg.

The same treatment was adopted as in the last case, but the gangrene continued to spread, and symptoms of collapse set in suddenly and the patient died.

LOCAL INJURIES.

FRACTURES.

Nine occurred among Europeans and 49 among Natives. These may be classified as follows:—

	Number.	Died.
Skull		..
Lower Jaw		..
Spine		..
Ribs		..
Clavicle		..
Humerus		..
Forearm		..
Hand		..
Femur		..
Leg		..
Foot		..
Multiple Fracture		..

Of the Fractures of the Skull.—The first was a Hindu, who fractured his frontal bone by falling on an iron bar on board ship. He did well all through and was discharged, cured, after a stay of less than a month.

The second was a Hindu, who fractured the base of his skull in a conflict with an insane man, who struck him with great force on the back of his head with a stone. On admission he was comatose, with pupils unequally dilated; slow, full, and intermittent pulse, and stertorous breathing. He only lived two hours after admission. The post-mortem showed fracture of the occipital bone, running into the foramen magnum with laceration of the lateral sinus and great extravasation of blood pressing on the posterior lobes of the cerebrum and the cerebellum.

The third case was a horsekeeper boy, who fell from a coach in motion and met with a compound depressed fracture of the right side of the occipital bone, a portion of the bone coming away itself. There were no brain symptoms at any time and he was discharged cured two months after admission.

The fourth was a young Hindu man, who had fallen from a tree an hour previous to admission. He was brought in quite insensible, right pupil contracted, left widely dilated, and both unaffected by light. No wound could be found on the head; he never recovered consciousness and died on the day of admission. No post-mortem examination was made.

Lower Jaw.—Two cases. In one the alveolar border only was fractured, in the other the whole ramus was broken near the right lateral incisor. Both recovered.

Spine.—Only one case of fractured spine.

A Hindu, aged 28, admitted with fracture of the twelfth dorsal vertebra and paralysis of the bladder and lower extremities. He died on the fifth day after admission. No post-mortem examination was allowed.

Ribs.—Three cases. In two of them the injuries were inflicted by kicks of horses, the third case was run over by a carriage and the clavicle was broken also. All recovered.

Clavicle.—Six cases. In only one was the fracture compound, and in it the bone was comminuted, the fracture resulting from a blow. In one, the bone was broken near the middle third; in the other four, the fractures occurred in each case within an inch and-a-half of the acromial end. All were treated by fastening the arm to the side with a pad in the axilla. The case of compound fracture was removed by his friends. All the others recovered.

Humerus.—Seven cases, of which six were simple fractures; one was of the neck of the bone, two of the upper third, and two of the middle third of the shaft, and one of the internal condyle, the latter being accompanied by dislocation of the radius. All were treated by ordinary splints and no death resulted.

Bones of the Forearm.—Nine cases.

In the first, the radius was broken just above the wrist (Colles's fracture), also about the middle of the shaft. There was a wound of the soft parts, which did not communicate with the fracture. Result, recovery.

The second was a compound fracture of both bones, caused by a fall from a tree. On admission, the patient had tetanus, and the wound was in a very unhealthy, sloughing state. The arm was amputated below the elbow. He died on the ninth day after admission, of exhaustion.

In the third, both bones were broken about their centres, the result of a fall.

In the fourth, the radius was broken in its lower third, the result of a fall.

The fifth was a European lad with green-stick fracture of both bones from a fall.

The sixth was a European lad with ordinary fracture of the radius and green-stick fracture of the ulna, both at the lower third.

The eighth and ninth were European men, one with fracture of the styloid process of the ulna, the other with fracture of the lower end of the radius. All these recovered.

The proportion of Europeans seems unusually great; but this arises from the fact that while Europeans wished to be admitted, the natives, with similar injuries, generally were treated as out-patients.

Hand.—There were six admissions from fracture of the hand, generally compound and resulting from machinery accidents. They all recovered.

Thigh.—Seven admissions. Of these, 3 were old men with fracture of the neck of the bone. One recovered and two were discharged as incurable. One case of fracture of the shaft in a young man recovered, another of the neck is still in hospital; and the seventh resulted from a fall from the top of the Pulicat light-house. Beyond a few trivial cuts the patient was otherwise uninjured. Owing to his obstinacy in removing the bandages, considerable deformity resulted.

The treatment of natives with fracture of the femur is generally hopeless, as regards union without deformity.

Leg.—9 admissions,—7 simple and 2 compound. In one case, the fibula alone was broken, in all the others, either the tibia alone or both bones suffered. All were natives and all recovered.

Foot.—3 cases. Two were fractures of the metatarsal bones in natives, the third was a French sailor, whose case I have previously spoken of as dying from tetanus.

In addition to these, one case of "multiple fracture" was admitted, the humerus, radius, and ulna being all broken. The arm was kept in splints for upwards of a month, when it was found that the fracture of the upper arm had united, but not that of the bones of the forearm. These were re-set in Plaster of Paris, but the patient soon absconded.

Fractures present but little subject for comment. The treatment of fractures of the thigh, jaw and clavicle in Natives is more difficult than it is in Europeans, on account of their restlessness. Thus, in fracture of the thigh, they generally let go the perineal bandage; in fractures of the jaw, they loosen the bandages and try to eat; and in fractures of the clavicle, they sit up and walk about, hence deformity and un-united fractures are common.

OPERATIONS.

Nine Europeans and 93 Natives were subjected to operations. In this, minor operations are not included.

They include—

	Penis, for cancer	..	..	..	9
	Elephantoid penis	..	..	..	1
	Do. scrotum	..	..	..	5
I. Amputations, 38	Arm	..	..	..	2
	Forearm	..	..	..	4
	Metacarpal bones	..	..	..	1
	Thigh	..	..	..	1
	Leg	..	..	..	4
	Foot	..	..	..	1
	Finger	..	..	..	8
	Toe	..	..	..	2
	Cancerous	..	..	..	5
	Cystic	..	..	..	2
	Fibroid	..	..	..	1
II. Removal of tumours, 16	Fatty	..	..	..	1
	Keloid	..	..	..	2
	Fibro-cartilaginous	..	..	..	1
	Fibro-cellular	..	..	..	2
	Bursal	..	..	..	1
III. Excision of joints, 3	Elbow	..	..	..	1
	Wrist	..	..	..	2
	Cocks'	..	..	..	2
IV. Operations for stricture and retention of urine, 19	Perineal section	..	..	..	5
	External Uréthrotomy	..	..	..	4
	Internal do.	..	..	..	8
	Lower jaw	..	..	..	1
V. Reduction of dislocations, 8	Shoulder	..	..	..	3
	Radius	..	..	..	1
	Hip	..	..	..	1
	Knee	..	..	..	1
	Patella	..	..	..	1
VI. Castration		..	..	..	1
VII. Extension of knee-joint		..	..	..	1
VIII. Removal of calculus from perineum		..	..	..	1
IX. Removal of renal calculus		..	..	..	1
X. Staphyloraphy		..	..	..	1
XI. Strangulated and obstructed hernia		..	..	..	1
XII. Operation for hernia testis		..	..	..	11
XIII. Do. cataract		..	..	..	1
XIV. Removal of dead bone		..	..	..	1
	Total	..	..	..	102

I. AMPUTATIONS.

Amputation of Penis for Cancer.—9 cases. In all, but one, the cause of the amputation was epithelial cancer and the diseased mass was removed with a scalpel, measures having been previously taken to arrest hæmorrhage. Dr. Maitland, in some cases, used Esmarch's elastic cord. In nine, the penis was held between the blades of a pair of forceps by an assistant, the skin having been retracted as far as possible, to form a covering for the stump. When the vessels had been twisted, or tied, the urethra was divided into four parts and each attached to the skin. A gum catheter was then introduced and the wound dressed with an antiseptic. In two cases, to stop bleeding, it was necessary to push a needle through the stump and apply a thread in the shape of a figure of eight. All the patients recovered. In one case, the disease was

Elephantiasis of Penis.—1 case. *Elephantiasis of Scrotum.*—5 cases. In the case of elephantiasis of the penis, the scrotum was also involved, but not to a great extent, and the patient refused to have it removed. Esmarch's bandage was applied round the root of the organ and the diseased tissue dissected off. He made a good recovery.

In all the cases of elephantiasis of the scrotum, Esmarch's bandage and Partridge's belt were used. I find the belt answer well and restrain bleeding perfectly, and I have never seen any difficulty arise from the slipping off of the bandage. In only one case was disease of the testes discovered, and then one gland was saved. All the cases recovered.

About three months appears to be the average time required for cicatrization of the wound. Lint steeped in carbolic oil was the usual dressing. In two cases a large number of skin-grafts were inserted to hasten cicatrization. During the 12 years, from 1870 to 1881, both inclusive, 91 cases have been subjected to operation. Of these 77 have recovered and 14 died.

* This operation was performed in a third case, but this is included under External Urethrotomy.

The natives have no objection to this operation ; indeed, I think, it is the only one they ever come to hospital for.

Arm.—2 cases. The first was a man upon whom excision of the elbow had been performed and the arm found useless. The limb was removed by the circular incision under Lister's method. The stump healed and the patient was discharged, well, 22 days after the operation. The second case was a young man whose arm had been severely injured by a cotton machine. Amputation was performed by the circular incision under Lister's method. The stump healed and the patient was discharged, well, 22 days after the operation.

The second was a youth, whose arm had been severely injured by a cotton machine. Amputation was performed by transfixion and double flaps, under Lister's method. The case did well, but a silk ligature on the brachial was a long time coming away. The patient was discharged cured, on the 35th day.

Koræm.—4 cases. The first was a small child admitted with compound fracture of the bones of the forearm and tetanus. Amputation was performed at once; but he died from exhaustion on the ninth day. In the second, excision of the wrist had been performed on account of old caries, probably syphilitic; but, as the wound would not heal and the original disease seemed extending, amputation through the centre of the forearm was performed by flaps. The wound healed, but the patient is still in hospital for disease of the right foot.

The third case was a Hindu coachman, aged 23 years, on whom amputation was performed on admission for severe injury, death taking place the same night from shock.

In the fourth case excision of the wrist had been performed for disease of the carpus; but the disease returned, necessitating amputation above the wrist. The patient refused to submit to amputation, until he was in an extremely exhausted condition. He died 12 hours after the operation, from shock.

Metacarpal bones.—1 case. The patient, a man about 40 years of age, while working in the Perambore Workshop got his hand caught in a machine and severely injured. On admission, it was found that all the fingers and the greater part of their metacarpal bones were torn off, the parts hanging in shreds, leaving only the thumb uninjured. There had been severe hæmorrhage. Under the spray, all the torn parts were removed, leaving only the upper ends of the metacarpal bones of the fingers and the uninjured thumb. There was some difficulty in getting sufficient amount of skin to cover the wound, which was dressed antiseptically. On the third day, as the wound was sloughing and looked very unhealthy, the hand was placed in a warm water-bath for the day with irrigation at night. By the ninth day, the hand was doing well and the wound looking clean. By the 22nd day, all the parts were looking so well, that the bath was given up and the wound dressed with carbolic oil. On the 35th day, the wound having healed, the patient was discharged cured.

Thigh.—1 case. One case of amputation at the middle of the thigh has already been recorded amongst the cases of gangrene.

Leg.—4 cases. The first was a man, 40 years of age, who had sustained a compound fracture of the right leg some days before admission. When brought to hospital, there was a wound at the lower fourth of the leg, 4 inches in length, through which the broken bones protruded and gangrene was commencing in the foot; amputation was, therefore, at once performed about the middle of the leg by skin flaps, with circular division of the muscles. As the arteries would not stand twisting, they had to be tied; but this was not done before a considerable amount had been lost, which was estimated at one pint. After the stump had been washed with chloride of zinc lotion, it was dressed antiseptically. The antiseptic dressing was continued for five days, when, as the stump was looking unhealthy, it was replaced by hot carbolie irrigation.

On the 21st day, as the wound was looking healthy, strips of plaister were substituted; but the wound only healed slowly and the patient was not well enough to be discharged till the 57th day.

The second case was an old man who, on admission, had senile gangrene of the foot. After treatment had failed, amputation was performed at the ankle-joint; but gangrene again appeared, necessitating a second operation, which was performed below the knee. He sank and died from shock on the tenth day after the second operation.

The two other cases are included under the head of Gangrene and fully reported by Dr. Maitland.

*Ankle-joint (Syme).—*One case. This is the patient previously alluded to as No. 2 under *amputation of the forearm*. Similar disease (syphilitic caries) to what had destroyed his hand having begun in the right foot and resisted all treatment, the foot was removed by Syme's method at the ankle. For a few days, he appeared to do well; but then sloughing commenced in the outer side of the flap, the greater part of which perished.

TUMOURS.

15 Tumours were removed. These were classified as follows :—

[illegible]

Five operations were performed for the removal of cancerous tumours.

The first was a European, aged 71, having an epithelial mass attached to the front of the lower jaw. To remove it, two incisions were made beginning at the angles of the mouth and running downwards and outwards to the base of the bone. The lower lip and all the soft parts below it were dissected down and the jaw-bone sawn through beyond the angles, and all the cancerous mass dissected out. There was sharp bleeding from the facials, but they were soon secured. Afterwards, there was some difficulty in consequence of the falling back of the tongue, necessitating a ligature through its tip. When all bleeding was arrested, the soft parts were brought together and the patient removed to bed. After the operation, he rallied and was regularly fed by enemata. After the fourth day, he was able to take liquid food by the mouth; but then the wounds became unhealthy and the sutures sloughed out, allowing the flaps to fall away. After this, he began to refuse food and reject his enemata. He slowly sank and died on the 35th day after the operation.

The second was an epithelial cancer of the lower lip which was removed by a V-shaped incision, the gap being filled by bringing up flaps from below the jaw and uniting the soft parts with pins and sutures: the case did well and was discharged cured in three weeks.

The third case was an epithelial cancer of the tongue, occurring in an old man of 60 years of age. The tumour was removed by the single wire *ecraseur*, and the patient discharged at his own request, 17 days after the operation, doing well.

The fourth was a re-admission of the preceding one, 11 days after his discharge from hospital. The tumour having re-appeared, a portion of the tongue, 2" x 1", was removed with a pair of curved scissors. The patient did well and was discharged, again at his own request, very nearly well, on the 43rd day after operation.

Fifth case. An old man, age 56, with epithelial disease of the submaxillary gland involving the lower jaw. A portion of the lower jaw and the gland were excised. The patient died of shock two days after the operation.

Cystic: 2.—The first was a sebaceous cyst, about the size of a large mango and situated over the fourth dorsal vertebra. The cyst was dissected out entire, and the patient discharged cured.

The second was a blood-cyst on the left side of the back, covering the lower part of the scapula and the tissues below it. This cyst was also dissected out, and the patient discharged about a fortnight after the operation.

Fibroid: 1.—This was about the size of a large pomegranate and situated over the left side of the face extending from the external ear to a point on a line with the thyroid cartilage. The patient made a good recovery and was discharged three weeks after the operation.

Fatty: 1.—This was in an old Hindu. It was pendulous and about the size of an orange, and was attached to the upper and inner part of the right thigh by a pedicle 1½ inches long. The wound healed rather slowly, taking five weeks.

Keloid: 2.—Of these, the first was in a Hindu boy, situated on the posterior aspect of the forearm. It was removed by excision and the edges of the resulting wound brought together by acupressure needles, but the patient left the hospital before the wound had healed.

The second was in an European boy. Two circular tumours were removed from the left shoulder. Patient was discharged, cured, about a month after the operation.

Fibro-Cartilaginous: 1.—This was in a very old man. It was about the size of a walnut and was attached to the upper lip. The tumour was excised and the patient made a good recovery and was discharged within a week.

Fibro-Cellular: 2.—Of these, the first was about the size of a hen's egg and situated at the outer side of the right ankle. The second was a much larger tumour and situated over the left scapula. Both were in Hindus and made good recoveries.

Bursal: 1.—This was in a fisherman and was said to have been produced by friction in rowing a catamaran. It was situated just below the external ankle and had been two years in growing. By the continued action of friction, the skin over the tumour had ulcerated, producing a painful sore. The bursa was dissected out and the edges of the wound approximated. On examination, it was found to contain a clear yellowish fluid in which numerous shreds were floating. The wound healed up rapidly and the man returned to his occupation perfectly cured.

It will thus be seen that, of eleven cases of innocent tumour submitted to operation, not a death occurred. In all instances, where possible, Lister's spray was used during the operation and the wounds dressed antiseptically.

EXCISIONS.

Only 3 excision of joints were performed during the year, one being of the elbow and two of the wrist; all were for carious disease probably of syphilitic origin. In all the cases, the wounds did well for a time; but the original disease returned, necessitating amputation of the limb.

In one case, an operation of a rather novel description was performed. The patient was a little Hindu boy, about 7 years of age, the subject of congenital talipes varus, for the cure of which all the usual tereotomy operations had been performed unsuccessfully. As the bones were greatly distorted, the muscles on the outer side of the leg paralysed, and the child walking on the

dorsum of the foot, I determined to try the effect of excision of a portion of the tarsal arch, after the manner recommended by Mr. Davy. Accordingly, on the 19th December 1881, Esmarch's bandage having been applied and the patient fully under chloroform, two vertical incisions were made—one on the outer, and the other in the inner, side of the dorsal aspect of the right foot. A director was thrust from one to the other underneath the tendons and, under cover of it, a small saw was introduced and a wedge-shaped piece of bone, having the base of the wedge on the outer side of the foot and the apex on the upper and inner side, removed, which on examination, was found to include the greater part of the cuboid and a small portion of the os calcis. The hæmorrhage having been arrested, the foot was fixed upon a back splint with a foot piece, and iod water applied. After 3 days, when the swelling had subsided, the foot was put up in a starched bandage; the wound then healed rapidly; but, after the boy began to get about, the deformity returned,—the heel being retracted and the inner side of the foot lifted up.

The second operation was performed on the left foot on the 15th April 1882. Similar incisions were made; but a larger wedge was extracted, and the foot was brought into good position at once and fixed by splints and bandages. The wound soon healed and the patient began to get about; but callus was thrown out into the space from whence the wedge was extracted and this gradually reproduced the deformity.

The patient was, however, so far improved that he could now walk upon the soles of both feet, though with the heel drawn up and the foot inverted. Accordingly, after an interval of four months, it was determined to perform another operation upon the same foot, and this was done by Surgeon-Major Sibthorpe on the 24th August 1882. Similar incisions were made on this occasion under carbolic spray and with all Mr. Lister's precautions. A wedge-shaped portion of bone was excised, the base of the wedge extending from half-an-inch in front of the external malleolus to the head of the metatarsal bones. The tendo-Achillis was then divided and, with a gouge, portions of bone were removed from the sole of the foot until the foot could be brought easily into a position of right angles with the leg. The foot and leg were then fastened to a splint and dressed antiseptically. As this operation produced a decidedly beneficial effect upon the boy's foot, it was repeated upon the other foot on the 9th of December by myself. But, on this occasion, an incision was made through the skin across the tarsal arch, without dividing the tendons and a large wedge-shaped piece of bone was then removed with saw and gouge, under antiseptic precautions. A great portion of the wedge so removed was found to be new bone. After the tendo-Achillis was divided, the foot came into good position. The wound healed up and the patient is now able to walk upon the sole of the foot. But the deformity seems gradually again occurring. It appears to me that the paralysis of the muscles on the outer side of the leg and the tendency that there is towards the growth of new bone, will always militate against the success of this operation.

OPERATIONS FOR STRICTURE.

The following 19 operations were performed upon the urethra and bladder:—

The first was an old man who had suffered from organic stricture of the urethra for many years and upon whom no instrument could be passed excepting a No. ½ gum bougie. Six days after admission, he had a shivering fit, rapidly followed by extravasation of urine into the penis and scrotum, necessitating free incisions into the affected parts. To give exit to the urine, Cock's operation was performed, but the penis and scrotum passed into a state of sloughing and the patient died of exhaustion on the eleventh day of admission.

The second case was a native admitted with an impassable stricture in the membranous portion of the urethra. After patient trials for some weeks, Cock's operation was performed and a silver female catheter tied in the bladder. After this, numerous efforts were made to introduce an instrument through the penis, but without success. The man was, therefore, instructed to pass a catheter occasionally through the wound, in which condition he left the hospital.

The third case was an old man, of 70 years of age and intemperate habits. On admission, he gave a history of cystitis, passing urine with a fetid, ammoniacal odour, and laden with pus and phosphates. Occasionally, he passed blood. On bi-manual examination through rectum and abdomen, a large tumour, occupying the hypogastric region, was discovered. He was sounded; but no stone was detected and he had no stricture. A grooved director was passed into the bladder and an incision made into the membranous portion of the urethra, through which the organ was explored by the finger. A large tumour was detected, quite filling up the bladder, portions only of which were removed as it was found impossible to get it away entire. The bladder was then washed out, when a large quantity of pus and mucous came away. After the operation the patient became very weak and soon passed into a state of collapse, dying early the following morning. The post-mortem examination showed the following appearances:—

"On opening the abdomen, a large tumour was found occupying the hypogastric region. It was firmly adherent to the abdominal wall and to the rectum in the pelvis. It was found to be an enormously distended bladder, nearly all traces of the muscular coat of which were gone and the places of mucous and submucous tissue were taken up by a gelatinous-looking tissue. From the mucous coat, large masses of papillomatous tissue distended the viscera and were covered with phosphatic deposit. Both the openings of ureters were nearly completely occluded and both ureters were much distended. As also were the pelves of both kidneys. Both kidneys, especially the left, had undergone atrophic changes. The other organs of the body appeared healthy and there was no glandular enlargement."

All the following were under Dr. Maitland :—

Four Cases of Perineal Section. (Syme's.)

No. I. A Hindu, aged 18, admitted 4th July, with a traumatic stricture of four months' duration. Stricture 5 inches from meatus. After a week's preliminary treatment, perineal section (Syme's) was performed and a catheter tied in for 24 hours. Discharged, cured, 54 days after the operation. There was much irritability and tendency to contraction which delayed the cure.

No. II. A Hindu, aged 45, admitted 22nd July, for organic stricture. On the 31st, perineal section (Syme's) was performed and a catheter tied in for 72 hours. Twenty days afterwards he left hospital, able to pass No. 12 catheter; but there was still a small opening in the perineum, resulting from the wound.

No. III. A European, aged 48, admitted 30th August, for organic stricture of six months' duration. Stricture $4\frac{1}{2}$ inches from the meatus. After six days' preliminary treatment, perineal section (Syme's) was performed and a catheter tied in for 24 hours. Discharged, cured, 47 days after operation. Great irritability and tendency to spasm delayed the cure.

No. IV. Hindu, aged 35, admitted 24th August, for organic stricture of six years' duration. Stricture immediately in front of bulbous portion of urethra. On the 28th August, after four days' preliminary treatment, perineal section (Syme's) was performed and a catheter tied in for 24 hours. Left hospital 17 days afterwards. Wound had closed and No. 9 catheter could be passed easily.

Four Cases of External Urethrotomy.

No. I. Hindu, aged 25, admitted 11th August, for traumatic stricture of three months' duration. Stricture 5 inches from meatus. No instrument could be passed. After eight days' preliminary treatment, instruments were tried under chloroform, without success. A grooved lithotomy director was then passed down to the stricture and the urethra opened immediately in front of the latter. A fine silver probe was then pushed through the stricture and a knife carried down beside it, dividing the stricture. A gum catheter was tied in for 48 hours. The unhealthy condition of the urine delayed the after-treatment; but he was discharged, cured, 54 days after the operation.

No. II. A Hindu, aged 23 years, admitted 23rd September for traumatic stricture. Stricture 6 inches from meatus. He was put under treatment for a fortnight and several attempts made to pass instruments, but without success. On the 7th October, a grooved staff was passed down to the stricture and the urethra opened in front of the latter. After some trouble, a probe was passed through the stricture into the bladder and then a female catheter forcibly introduced by the side of the probe, thereby dilating the stricture. A catheter was passed into the bladder by the urethra and retained for 72 hours. The case promised well at first; but, on the 16th, attempts to pass an instrument failed, and after this, although repeated and careful attempts were made, no instruments could be passed. On the 30th, Cock's operation was performed and a female catheter passed into the bladder. A catheter passed by the urethra impinged on the former which was withdrawn and the silver catheter passed into the bladder and retained. Discharged, cured, 20 days after the last operation.

No. III. Hindu, aged 40 years, admitted 17th December, for organic stricture. Stricture 6 inches from meatus. No instrument could be passed. All urine comes by a fistula in the perineum. After six days' preliminary treatment, operation was performed. Urethra was opened in front of stricture and an unsuccessful attempt made to pass a stilette through the stricture. The membranous urethra was then opened from the same wound and a director passed into the bladder. A catheter was then passed by the urethra into the bladder, apparently leaving the urethra in front of the stricture and re-entering it behind the latter. There was a tendency to contraction subsequently, which was treated by dilatation, and he was dismissed, cured, one and-a-half months after the operation.

No. IV. Hindu, aged 30 years, admitted 9th October 1882, for organic stricture, 3 inches from meatus. No instruments could be passed. He was put under general treatment and repeated attempts made to pass the stricture. Seventeen days after admission, he was operated upon. The urethra was opened (by incision through the scrotum) immediately in front of the stricture and the edges fixed by pieces of silk ligature and everted; the stricture was then dissected through, from before backwards, and a catheter tied in for 72 hours. There was a great tendency to subsequent contraction and constant dilation with catheters was required. When he left hospital, a month and-a-half after the operation, No. 8 catheter could be passed, but nothing larger.

Eight Cases of Internal Urethrotomy.

No. I. Hindu, aged 40. One stricture an inch from meatus, another two inches. Strictures divided by Teevan's instrument. Discharged 7 days after operation.

No. II. Hindu, aged 55. The first $2\frac{1}{2}$ inches of urethra contracted. Admits No. 4 with difficulty. Stricture divided by Teevan's urethrotome twice and afterwards split with Holt's dilator. Discharged 38 days after first operation.

No. III. Hindu, aged 23. Stricture close to orifice, divided by Teevan's urethrotome. Absconded after three days. Able to pass No. 8 when he left.

No. IV. Hindu, aged 50. Stricture of first inch of urethra and fistulae in perineum and scrotum. Stricture divided twice by Teevan's instrument. Afterwards, a mass of calculi was discovered embedded in the tissues below the membranous portion of the urethra and in front of the prostate.

These were extracted through an incision in the perineum and found to weigh $3\frac{1}{2}$ drachms; they were phosphatic. Discharged, cured, 23 days after operation.

No. V. Hindu, aged 30. Old standing stricture, one inch from meatus and half an inch in length. Divided twice with Teevan's instrument. When he was discharged, No. 8 could be passed easily and the urine was healthy.

No. VI. Hindu, aged 27. Stricture of first half inch of urethra, only admitting No. 3. Divided with Teevan's instrument. When discharged soon after, No. 7 or 8 could be passed.

No. VII. Hindu, aged 32. The meatus and the urethra for some extent below contracted. Orifice was divided with a bistoury and the first two inches of urethra with Wheelhouse's urethrotome. Patient absconded before much improvement took place. When he left, No. 6 could be passed.

No. VIII. Hindu, aged 40. External urethrotomy had been performed some months previously; but he had absconded and neglected himself, and contraction had returned. Stricture dilated up to No. 4 by catheters and then divided by Wheelhouse's instrument. Discharged after three weeks, able to pass No. 11.

No. II.—GOVERNMENT LYING-IN HOSPITAL.

ANNUAL MEDICAL REPORT OF THE GOVERNMENT LYING-IN HOSPITAL.
FOR THE YEAR 1882,

By SURGEON A. M. BRANFOT, M.B.

The number of admissions during the year was as follows:—

Delivered in hospital, including abortions	1,408
Do. on the way to hospital or brought in immediately after	17
Died undelivered	2

Diseases of pregnancy treated	Total	1,427
		157
	Total	1,584

The following scheme shows the labours classified according to the system of Denman:—

Class.	Division.	Sub-Division.			
I. Natural ..	Purely natural	Born occipito-anterior (199)	1,030		
		Do. do. posterior (3)	10		
		Face (7)	1		
				1,041	
II. Difficult.	Tedious	Natural powers over 24 hours	10		
				10	
	Laborious	Barnes' elastic bags (20)	7		
		Forceps	74		
		Version, cephalic	1		
		Do. podalic	2		
		Do. cephalic and forceps	1		
		Do. and craniotomy	4		
		Exsiccation	1		
		Cephalotripsy	10		
				100	
				110	
III. Preter-natural.	Inverted	Breech (2)	12		
		Foot (9)	2		
	Transverse	Upper extremity (9)	7		
	Compound	Head and arm (2)	1		
		Breech and foot (1)		4	
IV. Complex	Plural births	Twins (2)	24		
				24	
	Hæmorrhage	Accidental	8		
		Unavoidable	12		
		Post-partum	36		
	Retained placenta	Simple retention	8		
		Morbid adhesion	2		
	Puerperal convulsions	Eclampsia (8)	20		
				20	
	Ruptured uterus, &c.	Ruptured uterus and vagina	2		
		Do. uterus	2		
		Do. vagina	3		
		Do. vagina and bladder	1		

Note.—The figures between brackets refer to the number of similar labours in other divisions.

Class.	Division.	Sub-Division.		118	1,193
IV. Complex —(Contd.)	Prolapse of funis	With head (1)	10		
		Do. arm (1)	4		
		Do. feet (1)	2		
		Do. head and arm (1)			
	Other complications	Albuminuria; anasarca	8		
		Anæmia; anasarca	9		
		Bronchitis	2		
		Contracted vagina	3		
		Cystitis	1		
		Diarrhoea	1		
		Dysentery	5		
		Gastro-enteric fever	1		
		Elephantiasis	1		
		Enteric fever	1		
		Enteritis	1		
		Heart disease	3		
		Intermittent fever	1		
		Jaundice	1		
		Liver, abscess of	1		
		Do. atrophy of	1		
		Lead poisoning	1		
		Pelvic hæmatocle	1		
		Phthisis pulmonalis	1		
		Pleurisy	1		
		Pneumonia	2		
		Prolapse of uterus	3		
		Remittent fever	1		
		Rheumatism	1		
		Syphilis	1		
		Thrombus of labium	1		
Fœtus under 78 tolas (2 lb.).	Abortion	Abortion, simple	20		
		Bronchitis	1		
		Dysentery	3		
		Excess of liquor amnii	1		
		Placenta prævia	2		
		Placentitis	1		
		Puerperal convulsions	2		
		Phthisis pulmonalis	1		
		Putrid fœtus	1		
		Retained placenta	7		
Barnes' Elas- tic Bags.	Difficult	Head presenting (1)	7		
		Head and arm (1)			
		Feet (1)			
		Placenta prævia (2)			
		Post-partum hæmorrhage (1)			
		Puerperal convulsions (9)			
		Prolapse of funis (1)			
		Other complications (1)	1		
		Abortion, puerperal convulsions	2		
				3	

OBSTETRIC OPERATIONS.

Barnes' Elas- tic Bags.	Difficult	Head presenting (1)	7		
		Head and arm (1)			
		Feet (1)			
	Preternatural	Placenta prævia (2)			
		Post-partum hæmorrhage (1)			
		Puerperal convulsions (9)			
	Complex	Prolapse of funis (1)			
		Other complications (1)	1		
		Abortion, puerperal convulsions	2		
	Abortion			3	

APPENDIX TO REPORT ON THE

Class.	Division.	Sub-Division.							
Forceps	Difficult	Head presenting	73	76	19				
		Face (1 after cephalic version)	2						
	Preternatural	Breech	1						
		Feet	2						
		Arm (after podalic version)	1						
	Complex	Twins	2	4					
		Accidental hæmorrhage	1						
		Placenta prævia (1 after version).	4						
		Post-partum hæmorrhage	9						
		Retained placenta	1						
		Puerperal convulsions	15						
		Prolapse of funis	2						
		Bronchitis	1						
		Contracted vagina	1						
		Prolapse of uterus	3						
Cephalotripsy.	Difficult	Head presenting	5	14	118				
		Do. do. forceps failed	5						
		Do. do. after version	4						
	Preternatural	Breech	1						
		Arm after version	2						
		Head and arm after cephalic version	1						
	Complex	Placenta prævia (1 after version).	4	4					
		Post-partum hæmorrhage	1						
		Retained placenta	1						
		Ruptured uterus, &c.	4						
		Prolapse of funis	1						
	Cephalic Version.	Difficult	Face (1)	1		12	30		
			Preternatural	Head and arm (1)				2	1
				Placenta prævia (1)				2	
		Difficult	Head presenting (3)	2		2	8		
Preternatural			Face (1)	2					
			Arm (3)	3	2				
Complex		Twins	1	13		18			
		Placenta prævia (2)	1						
		Post-partum hæmorrhage (1)	1						
		Retained placenta (1)	1						
		Puerperal convulsions (1)	1						
Preternatural		Prolapse of funis (1)	7	1					
		Complex	Arm		1				
			Ruptured uterus and vagina		1	1			
Extraction		Preternatural	Breech (2)	2	6		13		
	Feet (2)		6						
	Complex	Twins	3	5					
		Placenta prævia (2)	2						
		Puerperal convulsions	2						
		Prolapse of funis (1)	5						

Class.	Division.	Sub-Division.			
Gastrotomy	Complex	Ruptured uterus, &c.	2	2	194
Induction of Labour.	Natural	Protracted gestation	1	1	2
	Difficult	Contracted pelvis	1	1	
	Complex	Anæmia; anasarca	1	1	
		Dysentery	1	2	4
	Total				200
SPONTANEOUS EVOLUTION.					
....	Complex	Arm and funis	1	1	1
TRANSFUSION.					
....	Complex	Ruptured uterus, hæmorrhage	1	1	1

DISEASES OF PREGNANCY.

Diseases or Condition.	Number of Cases.	Died.	Disease or Condition.	Number of Cases.	Died.
Abscess of Breast	3	..	Itch	2	..
Ague	8	..	Inversion of uterus, chronic*	1	..
Anasarca	6	..	Incontinence of urine	1	..
Anæmia	15	..	Jaundice	2	..
Anteflexion	6	..	Lead poisoning	1	..
Asthma	2	..	Observation	5	..
Bronchial catarrh	15	..	Onychia	1	..
Bright's disease	10	..	Pleurodynia	1	..
Cholera	2	1	Pelvic hæmatocèle*	1	1
Congestion of liver	1	..	Pneumonia	7	1
Do. of spleen	1	..	Phthisis pulmonalis	3	..
Cystitis	4	..	Prolapse of uterus	4	..
Cystic mole	1	..	Remittent fever	1	1
Constipation	4	..	Retained faeces	6	..
Debility	13	..	Rheumatism	4	..
Dyspepsia	6	..	Retroflexion	8	..
Dysuria	2	..	Retroversion	..	..
Dysentery	14	..	Syphilis	28	..
Diarrhoea	7	..	Sciatica	2	..
Epilepsy	1	..	Threatened abortion	79	..
Enteritis	1	..	Simple continued fever	2	..
Elephantiasis	1	..	Vertigo	1	..
Extra-uterine gestation	1	1	Vaginitis	1	..
Gastralgia	2	..	Vomiting of pregnancy	2	..
Inflammation of glands	1	..	Worms	1	..
Heart disease	2	..			
Herpes	1	..			
			Total	294	5

* Not pregnant.

The total number of confinements shows an increase of 122 compared with the year 1881. The monthly average number has been 118½; this being an increase of 10 per cent. over 1881, and a decrease of about 4 per cent. compared with the average of the five previous years.

The smallest number of deliveries was 85 in February, and the largest 152 in August. The usual seasonal fluctuation, which was affected last year by the change in the hospital buildings, leading to a temporary loss of its popularity, is again well marked. The Royapuram Native Lying-in Hospital affords relief to many cases in that part of the town, and, allowing for this, the increase in numbers admitted this year shows that the hospital is again in full possession of its former popularity; in fact, there appears to be every probability that for the future more work will be done than heretofore.

This being the first entire year spent in the new buildings, it is easier than last year to obtain a mature judgment of the advantages which it was hoped would be obtained, and there can be no reasonable doubt that such have been realized. The pavilion system has been found to answer admirably. With its administration is simplified, hospital discipline and general control more readily maintained. All the blocks have been healthy, and no cases of fever have arisen which could be ascribed to preventable external causes. The mortality is touched on under a separate heading, but it may be here stated that when the nature of the fatal cases is considered, the mortality is by no means large, nor can death be ascribed in any one instance to the general causes which have been found to operate against lying-in hospitals as a class.

The buildings are in good repair, and, excepting that there was some leakage through unseasoned tiles in the heavy rains at the fall of the year, have remained so throughout. The grounds have improved in appearance, and will, in time, give the hospital a bright and pleasing appearance.

Races and Castes.—The percentages in the various races are much as last year. Considering that there is now separate accommodation for caste cases, the increase in this class is not so large as it was thought it would be. As has been so often observed, these people do not seek the hospital until reduced to great difficulty, and the worst cases in the hospital are usually to be found in the wards of the caste block or in the separated cottages.

Europeans	..	..	..	11	or	07	per cent.
East Indians	..	..	..	145	or	10-10	do.
Native Christians	..	..	..	187	or	13-07	do.
Muhammadians	..	..	..	51	or	3-61	do.
Hindus	..	..	..	291	or	20-35	do.
Pariahs	..	..	..	742	or	52-80	do.
Total	..	..	..	1,427	or	100-00	

Deliveries and their Classification.

Natural labour	..	..	..	1,041	or	73-00	per cent.
Difficult do.	..	..	..	110	or	7-62	do.
Preternatural labour	..	..	..	42	or	2-90	do.
Complex do.	..	..	..	187	or	13-18	do.
Abortions	..	..	..	47	or	3-30	do.
Total	..	..	..	1,427	or	100-00	

Of these, 1,133 were at or near full term, 347 were delivered prematurely, and 47 were abortions. Excluding abortions, the proportion of head presentations, including face and brow, was 95-2 per cent.

The percentages of births during successive quinquennial periods still show the greatest fecundity of all classes to occur between 20 and 24 years.

Age	15 to 19	20 to 24	25 to 29	30 and above
Number of women	389	425	275	338

I.—NATURAL LABOUR.

There were 1,041 cases of natural labour, the proportion being to other classes 73-00 per cent., or nearly 2 per cent. more than last year. The following table shows the approximate ages, number of pregnancy, and duration of labour among the 1,041 cases. The percentage of primiparae was 18-5 per cent. The average duration of labour was 7-8 hours. Mortality ..

Ages	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	} Total 1,041.
Number of women ..	2	57	63	118	43	108	17	95	22	101	37	78	15	66	14	35	2	25	3	45	13	11	3	10	2	6	1	1	
Number of pregnancy				1	2	3	4	5	6	7	8	9	10	11	12	15											} Total 1,041.		
Number of women				264	214	141	129	108	66	63	25	18	3	6	3	1													
Hours in labour				1 to 2.	2 to 3.	3 to 4.	4 to 5.	5 to 6.	6 to 12.	12 to 18.	18 to 24.	Unknown.															} Total 1,041.		
Number of women				9	54	126	148	124	383	163	28	6																	

II.—DIFFICULT LABOUR.

In this division there were 110 cases: 10 are classed as tedious and 100 as laborious. This class shows an increase of nearly 23 per cent. over the year previous, but a decrease of 5-4 per cent. on the average of the previous five years.

(a.) Order I.—Tedious Labour.

In 10 cases the labour was extended over twenty-four hours and delivery accomplished by natural powers. The delay occurred in the first stage. 3 were premature. 8 children were born alive, 5 males (one premature), and 3 females (one premature). 2 were born still, 1 male (premature) and 1 female, both putrid.

Mortality in this order was one—from septicaemia and pelvic cellulitis occurring in a delicate woman who was out of health before labour set in. *Vide Case 1.*

(b.) Order II.—Laborious Labour.

In this class, in which the head presented without any complication and required artificial delivery, there were 100 cases.

The ages, number of pregnancy, and duration of labour are noted in the following table:—

Ages	16	17	18	19	20	21	22	24	26	27	28	29	30	31	32	33	34	35	36	37	38	40	Total 100.
Number of women	9	8	7	3	7	3	8	6	6	1	5	1	12	1	6	1	7	1	1	1	3	3	

Number of pregnancy	1	2	3	4	5	6	7	8	9	10	11	Total 100.
Number of women	40	9	9	3	10	8	6	4	2	6	2	

Hours of labour	5 to 6.	6 to 12.	12 to 18.	18 to 24.	24 to 30.	30 to 36.	48 to 54.	Above 60.	Total 100.
Number of women	12	26	20	19	12	5	3	3	

Mode of Delivery.	Number of Cases.	Mothers		Child alive.		Child still.		Percentage of Mortality.	
		Recovered.	Died.	Male.	Female.	Male.	Female.	Mothers.	Children.
Natural powers	10	9	1	5	3	1	1	10	20
Barnes' elastic bags	7	7	..	6	1	..	..	..	..
Forceps	74	72	2	43	21	7	3	2-7	13-5
Version, cephalic	1	1	..	1	..	..	..	..	..
Do. podalic	2	2	..	2	..	..	..	..	..
Do. cephalic and forceps	1	1	..	..	1	..	..	..	..
Do. and craniotomy	4	4	..	..	..	3	1	..	100
Evisceration	1	1	..	..	..	1	..	..	100
Cephalotripsy	10	9	1	..	..	6	4	10	100

The proportion of male to female children delivered artificially is as 2½ to 1.

If preternatural and complex labours and diseases of pregnancy be excluded, the proportion of artificial deliveries is 1 in 11½.

APPENDIX TO REPORT ON THE

Three cases, or 3 per cent., were fatal. The following table gives a brief analysis of these cases:—

Number of Case.	Number of Pregnancy.	Cause of Difficulty.	Condition on Admission.	Condition of Child.	Cause of Mother's Death.
II	First	Primiparae	Forty-eight hours in labour; soft parts bruised, lacerated and sloughy; pulse 150; temperature 101.2° F.	Still, the head having been perforated before admission by Native midwives.	Septicæmia.
III	First	Primiparae	Seven hours in labour; pulse 124; temperature 100.4°; liquor amnii putrid.	Still	Septicæmia.
IV	Fifth	Third position	Temperature 100° F.; pulse 84; twenty hours in labour; uterus rigid; liquor amnii putrid.	Still	Peritonitis, secondary hæmorrhage.

In 2 of the cases the subjects were primiparae, and 40 per cent. of all the artificial deliveries were women in their first labour.

The average duration of labour in this class before delivery was 15½ hours.

III.—PRÆTERNATURAL LABOUR.

There were 65 labours in which some other part than the head presented. 42 of these were uncomplicated and 23 are included in complex labours.

The result in the 42 uncomplicated labours is shown in the following table:—

Presentation.	Number of Cases.	Mothers		Children		
		Recovered.	Died.	Alive	Still.	Decomposed.
Breech	18	18	..	12	2	4
Foot	13	13	..	9	3	1
Transverse	7	7	..	1	6	..
Compound	4	4	..	2	2	..

Delivery took place by natural powers in 20 instances, viz., breech 14 (1 after Barnes' bags had been used to dilate the cervix), feet 5, compound 1. It was terminated artificially in 22 instances, viz., extraction 8 (breech 2, feet 6); forceps to after-coming head 3 (breech 1, feet 2); and in 2 craniotomy were required; cephalic version 3, in 1 of which craniotomy was necessary; decapitation 1 (arm).

Maternal mortality nil.

Excluding deliveries in which the child was decomposed, in inverted labour 21 out of 26 (80 per cent.) of the children were born alive, in arm presentation 1 child was born alive, and in the remaining 6 the children were known to be dead on admission.

IV.—COMPLEX LABOUR.

Labour complicated with some accidental or unusual condition involving danger to the mother or child. Of these there were 187 cases, an increase of 24 over the previous year.

Plural births	24
Hæmorrhage	58
Retained placenta	18
Puerperal convulsions	30
Ruptured uterus, &c.	8
Prolapse of the funis	16
Other complications	53
Total	187

(a.) Plural Births.

Twenty-four women were delivered of twins. 25 of the children were male and 23 female. 43 were born alive (20 male and 23 female) and 5 were born still (5 male, 3 being decomposed). In 8 instances they were both male, in 7 instances both female, and in 9 instances they were male and female.

Plural deliveries occurred 1 in 59.5.

Double Cranial.	Head and Arm.	Head and Breech.	Head and Feet.	Head and Arm and Head.	Head and Head and Foot.	Shoulder and Breech.	Breech and Foot and Feet.	Feet and Head.	Total.
13	1	1	4	1	1	1	1	1	24

Artificial means of delivery were required in 8 instances—forceps 2, version 3, and extraction 3.

(b.) Hæmorrhage.

Fifty-six cases are reported, of which 3 were fatal. The cases are classified thus:—

1. Accidental hæmorrhage	8
2. Unavoidable do.	12
3. Post-partum do.	36
Total	56

Accidental Hæmorrhage.—8 cases are reported. 7 were delivered by natural powers and 1 by forceps. 2 children were born alive, 4 were born still, and 2 were decomposed. The mortality was 1. Vide Case V.

Of the 12 cases of unavoidable hæmorrhage 1 died. Vide Case VI.

The cases were delivered by—

Forceps	2
Podalic version	2
Do. and forceps	1
Do. and craniotomy	1
Cephalic version and do.	1
Extraction and forceps	2
Cephalotripsy	1
Natural powers	2
Total	12

Of the children, 5 were born alive, 4 were still, and 3 were putrid.

Post-partum Hæmorrhage.—36 cases are reported, and these include all cases in which the loss of blood after the birth of the child was in any way excessive. In 29 cases the loss of blood was not such as to affect the convalescence of the mother, in 3 cases the loss of blood was sufficient to affect the mother's pulse, and in 4 active measures were called for to control a considerable loss of blood. Not included in the above are 2 cases of hæmorrhage that occurred in other complications.

The mode of delivery in these cases was—

By natural powers	25
Forceps	9
Version	1 (forceps having failed).
Version and craniotomy	1
Total	36

The mortality was 1. Vide Case VII.

In 4 cases solution of iron was used to arrest bleeding; in 3 others hot-water irrigation was used and acted efficaciously.

(c.) Retained Placenta.

Ten cases are recorded under this head. In 8 there was simple retention and in 2 there was morbid adhesion. 7 were delivered by natural powers and 1 by forceps. Mortality 1. Vide Case VIII. This woman was brought in with retained placenta, having been confined four days previously at her house. Fever was present on admission and the placenta was putrid. She died five days after admission.

APPENDIX TO REPORT ON THE

(d.) Puerperal Convulsions.

There were 23 cases of puerperal convulsions, of which 3 are recorded under other classes, viz., 2 under abortions and 1 under the head of thrombus. Delivery was effected in the 20 remaining cases by—

Natural powers	..	..	..	..	..	..	..	..	..	1
Forceps	..	..	..	..	..	..	..	..	..	14
Version	..	..	..	..	..	..	..	..	..	1
Do. and forceps	..	..	..	..	..	..	..	..	..	1
Extraction	..	..	..	..	..	..	..	..	..	2

and 1 died undelivered.

The following table shows the ages of the women and the number of the pregnancy. It will be seen that no less than 85 per cent. of the number were primiparae.

Ages of women	16	17	18	20	22	24	25	Total 20.
Number of women	4	6	4	3	1	1	2	
Number of pregnancy	1	2	3	5	Total 20.			
Number of women	17	1	1	1				

The mortality is somewhat higher than that given for the five years 1877-1881, and is sufficiently explained by a reference to the cases. As a general rule, the cases do not come under treatment until after a considerable delay has occurred. In reference to the usual practice that is adopted here, of accelerating labour in these cases, it may be stated that in every case in which artificial means for effecting delivery was used, such was imperatively called for, and in no case could the means taken to effect delivery be held accountable, in any way, for the fatal issue. In the only fatal case (No. XII) in which the patient came under observation before the onset of the convulsions, delivery was accomplished by the natural powers. The following brief abstract of the fatal cases shows the condition of the cases on admission, the mode of delivery, and cause of death:—

No. of Case.	Condition on Admission.	Mode of Delivery.	Condition after Delivery and Cause of Death.
IX ..	First pregnancy; admitted with toxæmia; unconscious and very low; twelve hours in labour; temperature 108° F.; pulse 180; abdomen tympanitic; urine one-sixth albumen.	Delivered easily by forceps.	Relieved after delivery and became conscious. Death from septicæmia ten days after delivery.
X ..	First pregnancy; comatose; no albumen in urine.	Forceps in second stage.	Fits continued. Death three days after from exhaustion consequent on continuance of fits.
XI ..	Comatose; fits for several days previous; temperature 104.6° F.; uterus spastically contracted; child dead; urine became solid on heating; first pregnancy.	Forceps	Fits continued. Death from exhaustion twenty hours after, consequent on continuance of fits.
XII ..	First pregnancy; admitted seven hours in labour; bowels very constipated; urine one-fourth albumen; fits commenced fifteen hours after labour set in.	Membranes were punctured; bowels emptied by Ol. Ricinus; delivery by natural powers.	Fits ceased after delivery. Death from diarrhoea and exhaustion twelve days subsequently.
XIII ..	First pregnancy; comatose and very weak; uterus rigid; child and liquor amnii decomposed.	Easily by forceps	Fits continued and heart failed two hours after.
XIV ..	Second pregnancy; comatose; no pulse at wrist; urine contained five-sixths albumen.	Craniotomy	Died during delivery.
XXXI ..	Fourth pregnancy; labour protracted; moribund on admission; comatose; no pulse at wrist; thrombus of labium from manipulation by Native midwives.		Died undelivered.
XLII ..	Second pregnancy; five months pregnant; hyperplasia of cervix; fetus putrid; toxæmia; urine one-third albumen.	Labour induced by bougie; dilatation of cervix.	Convulsions continued. Died in a fit twenty hours after.

With regard to cases of recovery the following tabular form of 8 severe cases shows the absolute necessity for interference.

Number.	Condition on Admission.	Mode of Delivery.	Result.
1 ..	First pregnancy; comatose; eight hours in labour; temperature 105.2° F.; pulse 180; urine one-fifth albumen.	Delivery by forceps.	Consciousness returned after delivery; fever continued with an ultimate recovery.
2 ..	First pregnancy; comatose; temperature 102° F.; pulse 160; urine one-fourth albumen; fits frequent.	Delivery by podalic version.	No fits after delivery; recovered consciousness within twenty-four hours; albumen disappeared; good recovery.
3 ..	First pregnancy; fits occurring every half hour; urine contained a trace of albumen.	Labour accelerated by puncturing the membranes and dilatation of cervix; delivery by forceps.	No fits after delivery; good recovery.
4 ..	First pregnancy; eight months pregnant; sixteen hours in labour; comatose; temperature 101.4° F.; pulse 132; urine solidified by heat and nitric acid.	Fits controlled by chloroform; membranes punctured; delivery terminated in second stage by forceps.	No fits after delivery; urine one-fourth albumen six hours after delivery; made a good recovery.
5 ..	First pregnancy; comatose; temperature 100.2°; pulse 128; excess of liquor amnii; no urine in bladder.	Liquor amnii evacuated; dilatation of cervix accelerated by Barnes' bags; delivery by forceps.	Consciousness partly returned and no fits occurred after liquor amnii was evacuated; made a good recovery.
6 ..	First pregnancy; eight months pregnant; fits frequent; no albumen in urine; temperature 103° F.; pulse 132; foetal heart inaudible.	Membranes punctured; pulse and fits controlled by veratrum viride and chloroform; labour tedious; delivery by forceps in second stage.	Recovered consciousness before delivery and made a good recovery.
7 ..	First pregnancy; comatose; fits not frequent; no albumen in urine; has been extensively scalded with hot oil by Native practitioners.	Labour pains were good at first part of labour, but falling off in second stage, was delivered by forceps.	Three slight fits after delivery; recovered consciousness five hours after delivery and made a good recovery.
8 ..	Post-partum convulsions after a natural labour of twelve hours; urine half albumen.	Fits occurred frequently and ceased after pulse was brought down by veratrum and under use of chloroform, chloral and bromides.	Recovered well; urine contained a trace of albumen when she left hospital.

Certainly where toxæmia already exists the evacuation of the putrid fluids and the removal of the intoxicating source, or the relief of the engorged renal vessels, is the most desirable thing. An important distinction is to be drawn between cases in which the complication is due to a toxæmia and those in which the attack is to be attributed to intense reflex nerve irritation; but even in the latter cases the relief of tension in the uterus, with a cautious acceleration of labour under the influence of chloroform, is very generally to be recommended. The above considerations only bear upon the much-vexed question of the necessity for an acceleration of the labour in these cases so far as the mother is concerned. As regards the child, there can be no doubt that foetal life is endangered by a continuance of the labour, and that a speedy and safe delivery gives the child the best chance of survival. Accessory means of treatment are to be found in chloroform, veratrum viride, chloral and the bromides, but in the class of cases here recorded these cannot be regarded as more than accessory means. Veratrum viride is used in large doses either by the mouth or enema in cases seen sufficiently early, and in such cases as Nos. 6 and 8 proved a valuable and safe means of diminishing arterial tension without depressing the heart to a material degree. Chloroform is of the greatest use in controlling convulsions and calming nerve excitement, but its prolonged use is open to some objection. The bromides and chloral hydrate are of the greatest value in the irritable and restless condition which usually follows the first return to consciousness. Ice bags to the head, purgative enemata, and occasionally purgatives by the mouth, form a part of the treatment as occasion for them may arise, and bearing in mind the tendency in these cases to subsequent exhaustion, the administration of

sufficient nourishment, such as milk and broth, and occasionally stimulants, by the nasal passages, when necessary is of great importance.

(e.) *Ruptured Uterus and Vagina, &c.*

Eight cases are recorded under this head, viz., ruptured uterus and vagina 3, ruptured uterus 1, ruptured vagina 3, ruptured vagina and bladder 1.

The ages, number of pregnancy, and duration of labour in these cases is shown in the following table:—

Ages of women	16	28	30	32	35	} Total 8.			
Number of women	2	1	3	1	1				
Number of pregnancy	1	4	6	7	} Total 8.				
Number of women	3	1	2	2					
Hours in labour	12	16	24	26	27	32	48	72	} Total 8.
Number of women	1	1	1	1	1	1	1	1	

The presenting part in these cases was head 5, breech 1, arm 1, head, hand and funis 1.

The mode of delivery was—

Decapitation	1
Gastrotomy	2
Cephalotripsy	4
Total	7

One case died undelivered, and in one of the cases in which gastrotomy was performed, transfusion was resorted to, the woman having lost a great deal of blood before admission. Of the 8 cases 7 died. The case of rupture of the vagina and bladder remained on the 1st January 1883 and is in a fair way towards recovery. This case is a solitary instance of recovery from this most fatal accident, but this one case serves as an encouragement for treatment. Ruptured vagina is far commoner in this country than ruptured uterus, and when rupture of the uterus does occur, it is usually secondary to the vaginal laceration. The vaginal laceration is almost invariably transverse and caused probably by a strongly acting uterus dragging on a vagina which is tightly fixed by an impacted presentation. *Vide Cases XV to XXII.*

(f.) *Prolapse of Funis.*

This complication occurred in 16 instances, and in 4 others the funis presented, which are included in other labours. Delivery was effected in these cases in the following manner:—

Natural powers	4 (1 arm by spontaneous evolution).
Forceps	1
Version	7
Do. and forceps	1
Extraction	1
Do. and amputation	1
Decapitation	1
Total	16

The presentation and results to children are shown in the following table:—

Presentation	Number of Cases	Children born		Children on admission	
		Alive.	Still.	Alive.	Still.
With head	10	6	4	6	4
Do. arm	4	1	3	1	3
Do. feet	2	..	2	1	1

Mortality of mothers and 7 children were born alive and 9 still. These latter were all known to be dead on admission, with the exception of the one delivered by extraction and craniotomy, in which case hypertrophic elongation of the cervix complicated delivery, and it was necessary to reduce the size of the head to effect delivery.

(g.) *Other Complications.*

Fifty-three cases are recorded under this head.

Diseases.	Number.	Died.
Albuminuria; anasarca	2	2
Anæmia; anasarca	2	2 (1)
Bronchitis	2	1
Contracted vagina	3	..
Cystitis	1	..
Diarrhœa	1	..
Dysentery	1	..
Gastro-enteric fever	1	1
Elephantiasis (leg)	1	..
Enteric fever	1	..
Enteritis	1	1
Heart disease	3	1
Intermittent fever	1	1
Jaundice	1	1
Lead poisoning	1	1
Liver, abscess of	1	1
Do. acute atrophy of	1	..
Pelvic hæmatocele	1	1
Phthisis pulmonalis	1	..
Pleurisy	2	1
Pneumonia	3	1
Prolapse of uterus	1	..
Remittent fever	1	..
Rheumatism	1	..
Syphilis	1	..
Thrombus of labium	1	..
Total	53	16 (1)

ABORTIONS.

In these deliveries the duration of pregnancy was calculated to be less than twenty-eight weeks, and the weight of the child less than 7 lb. 10 oz. or 2 lb.

Forty-seven cases are recorded; they include—

Nature of Disease.	Number.	Died.
Abortion, simple	20	..
Bronchitis	1	..
Dysentery	3	1
Excess of liquor amnii	1	..
Placenta prævia	2	..
Placentalitis	1	..
Puerperal convulsions	2	1
Phthisis pulmonalis	1	1
Putrid foetus	1	..
Retained placenta	7	* 1
Retroversion	2	..
Scurvy	1	..
Twins	2	..
Vesicular mole	3	..
Total	47	4

The deliveries classed under general complications and diseases of pregnancy show no less than 21 deaths, or 50 per cent. of the total mortality. The most fatal complications have been albuminuria, anæmia and anasarca, dysentery and gastro-enteric fever. A record of the fatal cases is to be found in the appendix of this report.

* Oedema of lung.

DISEASES OF PREGNANCY.

In addition to these cases a large number of pregnant women have been admitted and treated in the hospital. The diseases treated are shown in the list which follows the classification of labours at the commencement of this report.

The cases of extra-uterine gestation and of pelvic hæmatocele are worthy of record and will be found in the appendix.

DEATHS.

The causes of deaths are classed under the following headings:—

- I.—Accidents of child-birth.
- II.—Puerperal causes.
- III.—Non-puerperal causes.

I.—Accidents of Child-birth.

Puerperal convulsions	7
Ruptured uterus and vagina	7
Accidental hæmorrhage	1
Placenta prævia	1
Thrombus of labium	1
Post-partum hæmorrhage	1
Total	18

II.—Puerperal Causes.

Peritonitis	2
Puerperal septicæmia	7
Total	9

III.—Non-puerperal causes.

Albuminuria and anasarca	1
Anæmia and anasarca	2
Dysentery	1
Gastro-enteric fever	1
Intermittent fever and anæmia	1
Heart disease	1
Edema of lungs	1
Liver, abscess of	1
Lead poisoning	1
Pelvic hæmatocele	1
Pneumonia	1
Jaundice	1
Bronchial catarrh	1
Phthisis pulmonalis	1
Total	15

The following table shows the class of labour into which these 42 cases fell:—

I. Natural	Nil.
II. Instrumental	2
III. Premature	1
IV. Complicated	3
Accidental hæmorrhage	1
Unavoidable do.	1
Post-partum do.	1
Retained placenta	1
Puerperal convulsions	6
Ruptured uterus, &c.	7
Other complications	18
Total	35
Abortions	1
Puerperal convulsions	1
Pneumonia	1
Retained placenta	1
Total	4
Total	42

The ages, number of pregnancy, and duration of labour of the cases are seen in the following tables:—

Ages of women	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	Total.
Number of women	389					425					275					338										1,427			
Number of deaths	4	1	3	2	(1)	4	..	1	..	..	2	2	2	2	..	9	..	2	..	..	2	1	1	1	..	2	..	..	41 (1)
	10 (1)					5					8					18													
Number of pregnancy ..	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	17	Total.												
Number of women ..	391	255	192	163	143	95	89	38	29	12	11	5	2	..	1	1	1,427												
Number of deaths ..	18	3 (1)	3	5	5	1	4	1	..	..	..	1	..	..	..	41 (1)													

Note.—The number in brackets refers to a case which was admitted in 1881.

Hours in Labour.	Under 24.		24 to 36.		36 to 48.		Above 48.		Unknown.		Total.	
	Number of Cases.	Died.	Number of Cases.	Died.	Number of Cases.	Died.	Number of Cases.	Died.	Number of Cases.	Died.	Number of Cases.	Died.
Natural labour	1,035	..	..	..	..	..	..	..	6	..	1,041	..
Tedious do.	..	..	9	1	..	..	..	..	..	..	10	1
Laborious do.	77	2	17	..	..	..	1	..	..	..	100	3
Protracted labour.	37	..	3	..	..	..	..	..	..	..	42	..
Complex do.	187	27	7	6	1	..	6	3	4	..	187	35
Diseases of pregnancy	..	..	..	..	..	..	..	..	..	..	47	4
Total	1,326	29	36	6	3	1	15	3	10	..	1,427	42

It will be seen that with regard to age—

24.4 per cent.	of the total mortality occurred in women under 20 years of age.
12.2 do.	do. do. do. 25 do.
19.5 do.	do. do. do. 30 do.
43.9 do.	do. do. do. above 30 do.

The ratio of mortality to cases was—

Under 20 years	..	..	..	..	2.5 per cent.
From 20 to 24 years	..	..	..	..	1.2 do.
Do. 25 to 29 do.	..	..	..	..	2.9 do.
30 years and above	..	..	..	..	5.3 do.

With regard to pregnancy—

43.9 per cent.	occurred in first pregnancy.
7.3 do.	do. second do.
7.3 do.	do. third do.
12.2 do.	do. fourth do.
12.2 do.	do. fifth do.
14.6 do.	do. after sixth do.

In proportion to cases the ratio of mortality was—

First pregnancy	..	..	..	..	4.6 per cent.
Second do.	..	..	..	..	1.2 do.
Third do.	..	..	..	..	1.5 do.
Fourth do.	..	..	..	..	6.06 do.
Fifth, sixth, seventh and eighth pregnancy	..	..	..	..	3.5 to 4.4 do.
Twelfth pregnancy	..	..	..	..	20 do.

Respecting the duration of labour, excluding abortions in the fatal cases—

In 75.69 per cent.	labour was terminated in less than 24 hours.
13.54 do.	do. between 24 and 36 do.
2.78 do.	do. do. 36 and 48 do.
7.99 do.	do. above 48 do.

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The following table shows the classes of labour in which the still births occurred :—

Class of Labour.	Number of Cases.	Still.		Decomposed.	
		Male.	Female.	Male.	Female.
Natural	1,041	8	6	7	7
Difficult	110	15	6	3	3
Preternatural	42	10	3	1	4
Complex	187	21	15	9	5
Total	1,380	54	30	20	19

DEATHS OF CHILDREN IN HOSPITAL.

During the year 52 children have died in hospital within the first ten days of life. A large proportion of the deaths occurred among premature children, an increase over last year, to be attributed to a larger number of premature births having occurred, but almost identical with those of previous years.

The following table shows the causes of death :—

Atelectasis	4
Cellulitis (head)	1
Congestion of brain	2
Infantile convulsions	2
Obstruction of bowels	1
Overlaid	1
Premature birth	32
Do. atelectasis	5
Tetanus	3
Total	52

OBSTETRIC OPERATIONS.

Two hundred women were assisted in their labours—1 in 7-18.

Acceleration of Labour.—Labour was accelerated in the first stage by Barnes' bags in 27 cases. Of these, 10 were delivered without further interference; 1 died (*vide* Case XLII). In 14 complex labours delivery was completed by forceps in 9, version and forceps in 3, version and craniotomy 1, and version 1. Of these 2 died (*vide* Cases VII, XIV). In difficult labour delivery was completed in 1 instance by forceps. In 2 preternatural labours delivery was terminated by extraction in 1 and by version and craniotomy in another.

The forceps was employed in 118 cases—1 in 11-7.

The following table shows the classes of labour and the results to mother and children :—

Class of Labour.	Number of Cases.	Mothers died.	Children.	
			Alive.	Dead.
Difficult	75	5	64	10
Preternatural	4	2	2	2
Complex	39	6	30	9
Total	118	8	97	21

For fetal cases, *vide* Cases IV, VII, IX, X, XI, XIII, XXXVIII. The proportion of still-born children was 1 in 5-6.

In comparison with the following table shows the result obtained :—

	1879.	1880.	1881.	1882.
Proportion of cases in which the forceps was used	1 in 9-78	1 in 14-3	1 in 13-4	1 in 11-7
Proportion of still-born in these cases	1 in 6-6	1 in 3-8	1 in 4	1 in 5-2
Percentage of live births taking all cases during the year	90-5	90	90	91-2

Version was performed in 37 instances—cephalic 6 and podalic 31. Of the former, the face presented in 2 instances, in 1 of which delivery was terminated by forceps; in 3 preternatural (head and arm), in 1 of which cephalotripsy was required to complete delivery; in complex labour 1 (placenta prævia, head and arm) cephalic version was performed and delivery terminated by cephalotripsy. Of the latter, 6 were cases of difficult labour, the head presenting in 5 and the face in 1—4 of these were terminated by cephalotripsy; 6 were preternatural, in 3 of which delivery was terminated by instrumental aid (forceps 1 and cephalotripsy 2); 19 were complex labours—twins 3, placenta prævia 3 (1 terminated by forceps and 1 by cephalotripsy), post-partum hæmorrhage 2 (1 terminated by cephalotripsy), retained placenta 1 (terminated by cephalotripsy), puerperal convulsions 2 (1 terminated by forceps), prolapse of funis 8 (1 terminated by forceps). Mortality of mothers was 1, *vide* Case VI.

The character of the labour and result are shown in the following table :—

Character of Labour in which Podalic Version was performed.	Number of Cases.	Terminated by Forceps.	Terminated by Craniotomy.	Mothers		Child.	
				Recovered.	Died.	Alive.	Still.
Difficult	6	..	4	6	..	2	4
Preternatural	6	1	2	6	..	1	5
Plural births	3	..	..	3	..	2	1
Placenta prævia	3	1	1	2	1	1	2
Post-partum hæmorrhage	2	..	1	2	..	1	1
Retained placenta	1	..	1	1	..	..	..
Puerperal convulsions	2	1	..	2	..	2	..
Prolapse of funis	8	1	..	8	..	6	2
Total	31	4	9	30	1	15	16

In 12 of the cases the children were known to be dead, and in the remaining 19 cases, in which the children were alive on admission, 15 were born alive.

Craniotomy or cephalotripsy was resorted to in 30 instances. Delivery in all these cases was effected by the Calcutta craniotrix. In 25 of these cases the foetal heart was inaudible at the time of operation. In 14 the labour is classed as difficult, in 5 of which the forceps had been used without success. In 4 the labour was preternatural (breech 1, arm 2, head and arm after cephalic version 1) and in 12 it was complex, viz., placenta prævia 4 (1 after version), post-partum hæmorrhage 1, retained placenta 1, ruptured uterus and vagina 4, prolapse of funis 1, albuminuria anasarca 1. Mortality of mothers 7, *vide* Cases II, VI, XIV, XV, XVII, XX and XXIII.

Decapitation was performed in 2 cases of arm presentation. In both the children were dead on admission. In one of these there was rupture of the vagina; this case was fatal, *vide* Case XXI.

Extraction was performed in 20 instances; 13 children were born alive and 7 still.

Gastrotomy was performed in 2 instances of ruptured uterus and vagina, where the woman had lost considerable blood before admission, transfusion was practised. The woman rallied somewhat after the operation but did not recover, and died twelve hours after the operation.

Induction of Labour was practised in 4 instances. Protracted gestation 1; the child weighed 320 tolas or 8½ lb. The woman, according to calculation, had been three weeks over her time. Dysentery 1 (in this case there was angular curvature of the spine pre-existing). Anæmia anasarca 1, and contracted pelvis 1. All the cases recovered.

Spontaneous Evolution.—In 1 case of arm and funis presentation, delivery took place by natural powers, unaided.

INTERNAL ECONOMY.

The total expenditure of the Lying-in Hospital and Egmore Female Dispensary, including the Superintendent's salary (part of which should be debited to the Educational Department) and also repairs and additions to buildings, &c., but excluding hospital recoveries, has been Rs. 29,880.

The daily cost of dieting each European and East Indian pregnant woman has averaged 6 annas and 1 pie, and the average cost of the diet of each in-patient, confined or suffering from diseases of pregnancy, has been Rs. 4-10-0.

The daily cost of dieting each Native puerperal woman has been Rs. 0-2-2 and the average cost of the diet of each in-patient, confined or suffering from diseases of pregnancy, has been Rs. 2-8-0.

The recoveries as hospital stoppages from European and East Indian patients amounted to Rs. 387-7-0, or 42-6 per cent. of the total cost of the dieting.

No recoveries have been made from native patients.

MIDWIFERY CLASS.

The expenses of this class amounted to Rs. 2,112-11-1. Nineteen European and East Indian and seven Native pupils have obtained diplomas as midwives. Rs. 64-8 were recovered as diploma fees. Thirteen women attended as unexpired nurses. Besides the above, three women are under training for the Chingleput Local Fund Board.

Four Native women obtained appointments to up-country stations and dispensaries—one to Salem, one to Coimbatore, one to Anantapur, and one to Palamcottah.

One East Indian and two Native pupils have been dismissed.

Ten European and East Indian and nine Native pupils remain under training.

MADRAS,
1st January 1883.

(Signed) A. M. BRANFOOT, M.B.,
Superintendent, Government Lying-in Hospital
and Egmore Female Dispensary.

APPENDIX.

CASE I.—*Labour Difficult, Tedious; Septicæmia and Pelvic Cellulitis following premature exertion with slight secondary hæmorrhage on the sixth day.*—Chengamie, æt. 17 years, pregnancy first, Pariah. An out-case, admitted 8 A.M., 1st October, twelve hours in labour with her first child and at full term. Head presenting in the first position, cervix one-fifth dilated, pains teasing and irregular; woman is weakly. As she had no sleep, 15 grains of chloral hydrat were given, and the dose repeated after one hour, but no sleep was produced, and at 3 P.M. os was still only one-fifth dilated; cervix being thick and rigid, tepid water irrigations were used. Temperature had risen to 99.4°, pulse 90. She was unable to pass urine by natural powers. Chloral hydrat 20 grains were given and she fell asleep for a short time, after which pains recommenced more vigorously and regularly and the membranes ruptured spontaneously, the os being only two-fifths dilated and still rigid. The irrigation was repeated and the cervix dilated more rapidly, pains being vigorous and regular, and the child was born at 9-20 P.M., first stage having lasted twenty-five hours, the second stage only one hour. The placenta was expressed ten minutes after birth of child, owing to slight bleeding, with apparent partial detachment, after which the uterus contracted firmly and the temperature fell to normal. She did very well up to the sixth day, when the temperature rose to 102° F., pulse 120, after the patient had been sitting up in bed without leave. Temperature continued at 101° F., and on the eighth evening rose suddenly to 105° F., with offensive lochia and tenderness over uterus and slight diarrhoea. Intra-uterine irrigation of phenyle solution (1 in 100) was used and a small clot removed from the cervix. Quinine, cold sponging, and diaphoretics were used and intra-uterine irrigations continued. Temperature fell to 102° F. on the following day and then gradually fell, reaching 99° F. in morning and evening of thirteenth day, pulse still quick and lochia purulent; no tenderness noted over uterus. On the fourteenth evening temperature rose again to 102.4° F. with a purulent inoffensive discharge. Temperature continued to range from 99° to 101° F. and 102° F., with quick pulse and a tendency to diarrhoea, and several round worms were passed after a dose of santonine. On the twenty-second day there was acute tenderness again around the uterus, pulse still quick, temperature ranging from 99° to 101° F.; milk had gone from breasts. Ordered quinine and opium, poultices to abdomen, and a nourishing fluid diet. Twenty-fifth day temperature 100° F., pulse frequent, still a tendency to diarrhoea; and on the twenty-eighth day thickening felt round the uterus, the cervix being pushed to right side, abdomen full with tympany, features sharp and worn, woman much emaciated and exhausted. On the twenty-ninth day collapse occurred, temperature falling rapidly to 97° F., and death occurred from asthenia.

CASE II.—*Labour Difficult, Laborious; Cephalotripsy, Fever before admission, Septicæmia.*—Ammoyee, æt. 30 years, pregnancy first, Hindu; sex of child female. An out-case, admitted 8 P.M., 4th April, said to be forty-eight hours in labour at full term of pregnancy. Has been attended by native midwives. Present state very restless, pulse 150, skin dry, temperature 101.2° F., bladder distended, reaching up to umbilicus, vagina hot and dry, bruised and lacerated and sloughy in parts from manipulation outside, head presenting in the cavity of the pelvis with a large scalp tumour and with an opening in the skull, the native midwife in attendance outside having perforated the head with a brass instrument. The uterus was in a state of spastic rigidity and there was a putrid odour about the woman. She was given half ounce of brandy and delivery effected by cephalotripsy. The placenta was removed by hand, expression failing. Intra-uterine irrigation with carbolic acid lotion was ordered, and quinine and opium with sulphide of calcium. The fever continued, soft parts became gangrenous in patches, the discharge very offensive, and she was removed by her relatives on the sixth day of confinement.

CASE III.—*Labour Difficult, Laborious; Forceps, Fever before admission, Septicæmia.*—Vadam, æt. 18 years, pregnancy first, Hindu; sex of child male. An out-case, admitted 5-30 P.M., 30th June, said to have been seven hours in labour with her first child at full term. Temperature 100.4°, pulse 124, labia considerably swollen owing to manipulation by native midwives outside, os was fully dilated, membranes absent, said to have ruptured five hours before admission, liquor amnii decomposed, head presenting in the cavity with a large scalp tumour, foetal heart audible. She was delivered by forceps at 6-25 P.M., the perineum requiring incisions to prevent laceration. A male child was delivered still. The placenta was cast by natural powers. On the 1st July there was slight tenderness over the uterus. On the 3rd the soft parts were looking unhealthy, the lochia was offensive, there was tenderness still over the uterus, and she had had several loose motions. On the 10th the temperature rose to 103° F., the diarrhoea continued, and she was delirious. She became worse and was removed by her friends in a dying state on the 15th July.

CASE IV.—*Labour Difficult, Laborious; Forceps, Peritonitis, Secondary Hæmorrhage.*—Allamalo, æt. 27 years, pregnancy fifth, Hindu; sex of child male. An out-case, admitted 10 A.M., 24th February, stated to have been twenty hours in labour, but probably longer, with her fifth child at full term. Temperature was 100° F., pulse 80, uterus was rigid and pushed over to right side and full term. Tympanitis was present on the left, foetal heart feebly audible on the right side, head was pre-senting in the cavity in the third position with a large scalp tumour, liquor amnii oily and greenish, soft parts swollen and hot. She was delivered by forceps of a still male child, placenta was expressed twenty-five minutes after, the uterus was irrigated with carbolic acid lotion. On the 26th there was much tenderness on the abdomen and tympany was present, the uterus large, temperature was 101° F., pulse 96, lochia offensive. She was ordered quinine, opium and sulphide of calcium. The hæmorrhage was controlled and she did fairly well till the 2nd March, when secondary hæmorrhage occurred from separation of sloughs in the vagina, the patient became collapsed, and the hæmorrhage was checked with iced water injections and by solution of perchloride of iron. Another attack of hæmorrhage occurred on the 5th, which brought her almost to death's door, and was checked again by solution of iron. No further hæmorrhage occurred, but she gradually sank and died on the 11th March.

CASE V.—*Labour Complex, Accidental Hæmorrhage, Albuminuria.*—Chinthoo, æt. 18 years, pregnancy second, Hindu. An out-case, admitted 30th May, 8 P.M., three hours in labour with her second child at full term, stating that she had had a gush of blood from the vagina before admission, after which she fainted; labour set in at the same time. On admission the temperature was normal, pulse 84, some clotted blood was found on the vulva, but no hæmorrhage was going on, the uterus was rigid and tense, corresponding to full term, foetal heart inaudible, uterine souffle heard below umbilicus, os two-fifths dilated, membranes entire, head presenting, no placenta could be felt. A stimulating enema was given and a tight binder was applied. She was nourished with milk and broth. She slept till 4 A.M., when uterine action set in vigorously, the os was found four-fifths dilated, and at 5-30 A.M. the os was fully dilated and the membranes ruptured spontaneously. At 6 A.M. a male child was born still, followed by two clots dark in color, each of the size of a duck's egg. One ounce of infusion of ergot was given. The placenta was cast thirty minutes after, followed by several large clots of blood. Another ounce of infusion of ergot was given, no further bleeding occurred, and the uterus contracted firmly. On the 31st the temperature was 102.8° F., pulse 140, lochia free. On the 1st June temperature was 103.6° F., pulse 140, face was puffy, urine light-colored and contained one-seventh albumen. On the 2nd the temperature was 104° F., pulse 150, had several motions in the last twenty-four hours, urine still contained albumen. She became weaker and died at 2 P.M.

CASE VI.—*Labour Complex, Placenta Prævia, Delivery by Craniotomy.*—Hyath Bee, æt. 35 years, Muhammadan, pregnancy fifth. An out-case, admitted 8 A.M., 15th April, ten hours in labour, in a collapsed state, having had hæmorrhage off and on for the past eight days. Temperature 97° F., pulse 132, small, respirations 24, conjunctivæ and lips pallid, surface of body bathed in perspiration. On a vaginal examination the placenta was found presenting and separated to a great extent, some dark clots were removed from the vagina, the head presented with the placenta, os was three-fifths dilated. She was freely stimulated and delivery effected by version and craniotomy to expedite delivery of the head and avoid bruising of the cervix, chloroform being sparingly given. The placenta was removed immediately after; it was dark-colored in parts from extravasation of blood into its tissue and the cord had a marginal attachment. She was freely stimulated by brandy given by mouth and æther hypodermically, but she sank and died at 4 P.M.

CASE VII.—*Labour Complex, Contracted Pelvis, Delivery by Barnes' Bags, Forceps, Laceration of Cervix, Post-partum Hæmorrhage.*—Lutchmoo, æt. 40 years, pregnancy first, Hindu. An out-case, admitted 7 A.M., 9th October, thirteen hours in labour with her first child at full term. Temperature was normal, pulse 72, uterus corresponding to full term of gestation, bladder distended, uterine action feeble, foetal heart audible below umbilicus, as also the uterine souffle. The os was two-fifths dilated, membranes entire and flaccid, and head presenting above the brim. The pelvis was generally small and the promontory of the sacrum was easily reached, the indirect conjugate was made out to be less than four inches. As the patient had had no sleep the previous night, chloral hydrat 20 grains was given at 12 noon and repeated at 1 P.M. At 6-25 P.M. no progress having taken place, Nos. 2 and 4 Barnes' bags were introduced, distended with water, and were expelled after a short interval, the os being four-fifths dilated when No. 4 bag was expelled; pains were still ineffectual and the head remained still above the brim. Chloral hydrat 20 grains was

given at 7 P.M. and repeated at 10 P.M. She slept fairly well during the night, and towards the morning (10th October) the pains increased, temperature was 99° F. and pulse 120, as still four-fifths dilated, membranes entire and head above the brim. The membranes were ruptured at 8 A.M. At 12-30 noon, no further progress having taken place, she was placed under chloroform and delivery effected by forceps, the cervix lacerating. A male child was born still; bleeding continuing after delivery, the placenta was expressed and the uterus was washed out with solution of perchloride of iron, one to four parts, and 2 grains of ergotine were injected hypodermically. The bleeding was arrested and the uterus contracted firmly, but the patient was restless and tossed about in bed, but became quieter after a little while and slept up to 4-30 P.M., when she became restless again. Some more bleeding took place from the lacerated cervix. She was turned on her side, and by the aid of a speculum the cervix was swabbed with solution of perchloride of iron, which arrested the bleeding, but the patient never rallied and died at 5 P.M.

CASE VIII.—*Labour Complex, Retained Placenta, Puerperal Fever, Septicæmia.*—Catherine Bee, æt. 18 years, Muhammadan, pregnancy first. An out-case, admitted 8 A.M., 13th July, after being confined five days previously of her first child at full term. Attempts had been made by native midwives at her home to remove the placenta, during which the cord broke away. Temperature was 100° F., pulse 124, skin dry, tongue furred and dry, abdomen tympanitic and tender, discharge from uterus dark and extremely offensive, uterus large, reaching up to umbilicus, vagina being lost during the emptying of the uterus. The uterus was irrigated with phenyle solution (1 to 100), and she was ordered quinine and chlorate of potash. The fever continued with offensive discharge and tenderness over the uterus, the cervix on examination was found to be in a sloughy condition. She became low and died at 11-30 P.M., 19th July.

CASE IX.—*Labour Complex, Puerperal Eclampsia, Forceps, Post-partum Hæmorrhage, Death from Septicæmia.*—Soondrum, æt. 16 years, pregnancy first, Hindu. An out-case, admitted 6 P.M., 5th October, in a very low state, having had several eclamptic seizures during the previous twelve hours, and for which time she has been in labour. Is perfectly unconscious, temperature 103° F., pulse 180, small, respirations 54, abdomen much distended with gas, obscuring the shape of the uterus, membranes present, os almost fully dilated, head presenting in the brim in the first position, urine contains one-sixth albumen. Half ounce brandy was given and the membranes were ruptured. She was freely nourished and stimulated. At 9 P.M. the head had come down upon the perineum, and no further advance having taken place, delivery was effected by forceps, the patient being in the dorsal position and too weak to be moved. During delivery a large quantity of gas escaped from the bowels, slight hæmorrhage occurred, which was controlled by ergotine hypodermically and expression of the placenta. On the 6th the temperature was 102° F., pulse 132, lochia natural, still unconscious but takes nourishment by mouth. On the 7th she partially regained consciousness, but was very noisy and restless; urine free from albumen. On the 9th she was perfectly conscious, temperature was 100° F. and pulse 180. On the 10th the temperature rose to 103° F., pulse was small, 120. For the next two days the temperature kept below 102° F., but on the 14th the temperature rose to 103° F., the pulse was small, 168, and breathing very rapid. She became worse on the 15th; unconsciousness set in, urine again contained a trace of albumen, and her temperature in the afternoon was 105° F. Died at 5 P.M., 15th October.

CASE X.—*Labour Complex, Puerperal Eclampsia, Forceps.*—Andalamah, æt. 16 years, pregnancy first, Hindu. An out-case, admitted 6-10 A.M., 6th July, in an unconscious state, having been six hours in labour. Was seized with a convulsive fit on her way to hospital. On examination she is found to be nine months' pregnant, foetal heart and uterine souffle audible, os three-fifths dilated, membranes absent, head presenting in the brim in the second position, bladder much distended, urine does not contain albumen, temperature 98.4° F., pulse 120. She was nourished with milk by the nose. At 6-45 A.M. a fit occurred which was mitigated by chloroform. At 7-15 A.M. the os was fully dilated and delivery was effected by forceps, a male child being delivered alive. No hæmorrhage occurred, the pulse was now 120, and she was restless, when bromide of potash 30 grains, hydrate of chloral 20 grains, and tinct. veratri vir. 20 grains, was ordered every four hours. The convulsions continued to occur after delivery, having had eight fits and remaining in a comatose state, the temperature rose to 101° F. and pulse 144. She died on the 8th at 2-30 P.M.

CASE XI.—*Labour Complex, Puerperal Eclampsia, Forceps.*—Sornabhai, æt. 18 years, pregnancy first, Hindu (Maharatta). An out-case, admitted 5-45 A.M., 18th December, in a comatose condition, having had several convulsive seizures for several days before admission and having been unconscious for the past twenty-seven hours. Is eight months pregnant, uterus in a state of spastic rigidity, temperature 99.6° F., pulse almost imperceptible, vagina very hot, temperature in vagina 104.6° F., membranes absent, os fully dilated, head presenting in the third position, urine became solid by heating. Was given brandy and milk as enema and æther 20 minims hypodermically. A fit occurred at 6-25 A.M. which was controlled by chloroform. She was delivered by forceps of a still male child, her pulse having improved. Four fits occurred after delivery, and the temperature rose to 104° F. She did not regain consciousness and died at 2-30 A.M., 19th December.

CASE XII.—*Labour Complex, Puerperal Eclampsia.*—Thoyaramah, æt. 16 years, pregnancy first, Hindu. An out-case, admitted 7 A.M., 13th June, seven hours in labour at full term of pregnancy. Foetal heart heard on the left side, uterine souffle below umbilicus, os one-fifth dilated, membranes entire, head presenting at the brim, bowels not moved for past three days. Ordered

Ol. Ricini 6 drachms stat. The bowels not being moved, an enema was ordered at 10 A.M., which did not operate, and a second enema was administered which had the desired effect. At 3 P.M. the patient complained of giddiness, and at 3-35 P.M. an eclamptic seizure occurred, urine contained one-fourth albumen, os was three-fifths dilated. The membranes were ruptured at 3-40 P.M. Tinct. veratri virid. 30 minims was given, followed by chloral hydrat. 25 grains and potas. bromid. 30 grains. A second fit occurred at 4-25 P.M.; the uterus was acting well. A third fit occurred at 4-40 P.M., which was mitigated by chloroform. At 6-15 P.M. she was delivered of a male living child by natural powers, temperature was 101° F.; no more fits occurred. On the 14th the temperature was 101° F. and the bowels were several times moved; lochia was natural. On the 16th and 17th the temperature was 103° F., the diarrhoea continued, the lochia were not offensive. She continued in much the same condition up to the 24th, when, after having had a copious motion in bed, she vomited and became faint. She became unconscious towards evening, the temperature was 102° F. She died at 12 midnight.

CASE XIII.—*Labour Complex, Puerperal Eclampsia, Forceps.*—Soondrum Bhai, æt. 19 years, pregnancy first, Hindu (Maharatta). An out-case, admitted 8-45 A.M., 14th June, in an unconscious state, six hours in labour, and said to have had several convulsive seizures. Temperature 102° F., pulse almost imperceptible, uterus in a state of rigidity, foetal heart and uterine souffle inaudible, os three-fifths dilated, membranes entire, head presenting in the fourth position. At 8-50 A.M. the membranes were artificially ruptured and a large quantity of decomposed liquor amnii escaped. Brandy and milk were given by the nasal passage. A fit occurred at 8-55 A.M., and chloroform was administered, which mitigated the convulsions. At 9 A.M. the pulse was more perceptible, and delivery was effected by forceps, the child (a female) being still. At 9-15 A.M. another fit occurred, the pulse again failed, and she died at 10-55 A.M. from exhaustion.

CASE XIV.—*Labour Complex, Puerperal Eclampsia, Died during Delivery by Cephalotripsy.*—Kurpuram, æt. 20, pregnancy second, Hindu. An out-case, admitted 10-45 A.M., 12th June, in a comatose state, having been so for the past six hours. Is in the ninth month of pregnancy, lower extremities oedematous, uterus affected with spastic rigidity, foetal heart and uterine souffle indistinct, temperature 101.2° F., pulse imperceptible, pupils dilated, urine contains five-sixths albumen, tinct. temperature 101.2° F., pulse imperceptible, pupils dilated, urine contains five-sixths albumen, os admitted one finger, membranes entire and head presented. Three ounces of milk were given by the nasal passage. At 11-25 A.M. the pulse could be felt and she was placed on her left side and the membranes were ruptured, the cervix was artificially dilated and the head perforated, and the membranes were crushed, and traction applied, but owing to the spasmodic contraction of the cervix delivery could not be effected. No. 5 Barnes' bag was again introduced and dilated sufficiently to allow of the craniotrix being again applied; several nicks were made in the cervix, which still had not yielded, after which it dilated and the head was brought upon the perineum; but the patient expired before delivery was completed.

CASE XV.—*Labour Complex, Rupture of Vagina, Cephalotripsy.*—Saccena Bee, æt. 16 years, Muhammadan, pregnancy first. An out-case, admitted 2 A.M., 6th March, ten hours in labour, in a very low state. Temperature 100° F., pulse 160, uterus rigid, foetal heart inaudible, vagina hot, head presenting at the outlet with a large scalp tumour. Half ounce brandy was given and delivery effected without difficulty by cephalotripsy at 3-30 A.M. The placenta failing to be cast by expression it was removed by the hand, and a rent was discovered separating the uterus from the vagina in front and on the right side. She did not rally and died at 6-30 A.M., 7th March.

CASE XVI.—*Labour Complex, Rupture of Vagina, Gastrotomy, Transfusion.*—Coopamah, æt. 32 years, pregnancy seventh, Hindu. An out-case, admitted 3-30 P.M., 5th March, twelve hours in labour, in a moribund state. Pains ceased five hours before admission, foetal heart and uterine souffle inaudible, limbs of child easily recognized under abdominal parietes, head presenting in the cavity of the pelvis with a large scalp tumour, the uterus could not be made out. She was freely stimulated with brandy by mouth and æther hypodermically. At 5 P.M. she had rallied somewhat and gastrotomy was performed. A rent extending from side to side was found at the junction of the upper and middle third of the vagina anteriorly. After removal of the child and the placenta the torn edges were brought together by silk sutures and the abdomen was closed. The patient was very anæmic, having lost a good deal of blood before admission. Transfusion was resorted to and about 2½ ounces of blood, defibrinated, was injected into a vein in her arm. She rallied somewhat after transfusion, but became collapsed again, probably from internal hæmorrhage. She died at 6-30 A.M., 6th March.

CASE XVII.—*Labour Complex, Ruptured Uterus and Vagina, Cephalotripsy.*—Ammoyee, æt. 28 years, pregnancy first, Hindu. An out-case, admitted 8-30 A.M., 14th January, in a moribund state, thirty-two hours in labour at full term. Temperature normal, pulse 140, foetal heart and uterine souffle inaudible, uterus in a state of spastic rigidity, head low down in the cavity of the pelvis, with a large scalp tumour which was crepitant, perineum lacerated and much swollen from maltreatment outside. She was freely stimulated by brandy given by mouth and æther hypodermically. At 9-25 A.M. she was given chloroform sparingly and delivery effected by cephalotripsy. The placenta was removed and a rent was discovered in the posterior vaginal wall, extending from the cervix downwards on the left side. She was removed by her relatives at 11-40 A.M.

CASE XVIII.—*Labour Complex, Rupture of Uterus, Died and livered.*—Chota Bee, set. 30 years, pregnancy first, Muhammadan. An out-case, admitted 11 P.M., 6th February, forty hours in labour with her first child at full term. She was in a moribund state, pulse imperceptible, hands and feet cold and clammy, abdomen very much distended. Pain are said to have ceased eighteen hours previously. Outline of uterus not made out, foetal heart and uterine souffle inaudible, limbs of child made out under abdominal parietes. She was freely stimulated, but did not rally. Died at 12-12 midnight.

CASE XIX.—*Labour Complex, Ruptured Uterus and Vagina Gastrotomy.*—Authie Lutchee, set. 30 years, pregnancy fourth, Pariah. An out-case, admitted 4 P.M., 31st July, in a moribund state, twenty-six hours in labour. Pains are said to have ceased sixteen hours before admission; temperature 101.4° F., pulse small and very frequent, abdomen enlarged and irregular in outline, form of uterine tumour absent and limbs of child felt distinctly under abdominal walls, head presenting with a large scalp tumour at the brim, membranes absent. She was freely stimulated and at 4-30 P.M. gastrotomy was performed. The child, which was in the abdominal cavity, with the placenta, were removed. The woman expired at the end of the operation. A rent was found extending from the cervix uteri across the upper part of the posterior vaginal wall.

CASE XX.—*Labour Complex, Rupture of Vagina, Cephalotripsy.*—Menatchee, set. 35 years, pregnancy seventh, Pariah. An out-case, admitted 4 A.M., 23rd April, sixteen hours in labour with her seventh child at full term and in a moribund state. Pulse 140, small, temperature normal, countenance anxious, the ovoid form of the uterus is wanting and some tympany was present, foetal heart and uterine souffle inaudible, labia much swollen, head, arm and funis were presenting. She was freely stimulated and delivery was effected without difficulty by cephalotripsy. The vagina was found ruptured transversely across in front and on the left side; the placenta lying in the abdominal cavity was removed. She lingered for two days and died at 8 P.M., 25th April.

CASE XXI.—*Labour Complex, Rupture of Uterus and Vagina. Arm Presentation, Decapitation.*—Onamullay, set. 30 years, pregnancy sixth, Hindu. An out-case, was admitted 3 P.M., 21st January, in a moribund state, having been twenty-four hours in labour with her sixth child. Pains are said to have ceased twelve hours before admission, hands and feet are cold and clammy, temperature 97.6°, pulse almost imperceptible, soft parts swollen and bruised, left arm presenting, abdomen tender and tympanitic and limbs of child felt indistinctly under abdominal walls. She was freely stimulated and at 4-30 P.M., having rallied somewhat, delivery was effected by decapitation with the single-wire cecaseur. The placenta was lying in the abdominal cavity. The uterus was ruptured through the cervix and the rent involved the upper part of the vagina in its posterior wall. She sank and died at 6 P.M.

CASE XXII.—*Labour Complex, Rupture of Vagina and Bladder, Cephalotripsy, Recovery.*—Naraine, set. 30 years, pregnancy sixth, Hindu. An out-case, admitted 8 A.M., 10th December, in an apparently moribund state, twenty-two hours in labour with her sixth child at full term. Pulse small, 148, temperature normal, hands and feet cold, countenance expresses anxiety, and she is restless. The bladder apparently contained some urine but on introducing a catheter, which was done with difficulty owing to the pressure of the bladder and passing thence into the uterus; the abdomen was spastic rigidity and lying to the left side, slight pains present, much swollen and bruised, head at the brim, with a large scalp tumour, in the fourth position, firmly impacted; liquor amnii decomposed, some dark fluid escaped during examination. She was freely stimulated, and at 9-5 A.M. delivery was effected by cephalotripsy. Examination now revealed a rent in the vagina across the anterior wall at its junction with the cervix, the cervix hanging loosely in a gangrenous state. The placenta lying loosely in the uterus, it was removed. Some free bleeding occurred, which was controlled by pressure and ergotine. A gangrenous flap of cervix was ligatured and cut off with scissors. She was ordered ether hypodermically and 2 drachms of brandy every half hour till she rallied, hot-water bottles to extremities, milk and broth as nourishment and opium as required. On the 11th the temperature was 97.6°, pulse 114, some tenderness over uterus, lochia was pale and offensive, sloughs removed from soft parts. On the 12th good deal of tympany was present, lochia continued offensive. Opium and morphia hypodermically were given freely. She gradually improved and is now in a fair way to recovery. There is still a large opening into the bladder from the loss of almost the whole of the anterior vaginal wall.

CASE XXIII.—*Labour Complex, Albuminuria Anasarca, Face Presentation, Protracted Labour, Cephalotripsy, Puerperal Peritonitis.*—Thoyee, set. 20 years, pregnancy third, Hindu. An out-case, admitted 7-30 A.M., 9th June, forty-eight hours in labour with her third child at full term. On examination uterus was rigid, irregular in shape, and tender to the touch, face is anxious, tongue dry and brown, furred, lips covered with sordes, temperature 100.4°, pulse 128, labia are greatly swollen, feet oedematous, urine contains one-fifth albumen, face was presenting at the outlet in a state of decomposition. She was delivered by cephalotripsy at 9 A.M. Ordered intra-uterine irrigation and 1 grain opium every two hours. The peritonitis increased and she died at 7 A.M., 11th June.

CASE XXIV.—*Labour Complex, Albuminuria and Anasarca.*—Perinthavey, set. 36 years, pregnancy fifth, Hindu. An out-case, admitted 1st June, with dyspnoea of two days' duration. Is between seven and eight months pregnant, foetal heart audible on the left side, urine contains one-sixth albumen. Labour set in and she was delivered by natural powers at 5 A.M., 5th June. Urgent dyspnoea set in at 6-45 A.M. She was freely stimulated with ammonia and ether. Died at 2-25 P.M.

CASE XXV.—*Labour Complex, Anæmia and Anasarca, Edema of Lungs.*—Soobamah, set. 26 years, pregnancy fourth, Hindu. An out-case, admitted 10 P.M., 17th October, suffering with dyspnoea of five days' duration. Is nine months' pregnant with her fourth child at full term. General anasarca present for the past three months, tongue flabby, conjunctivæ pale, pulse small, 136, respirations 36, large mucous râles heard all over chest, expectoration scanty and frothy. Ordered ammonia and tinct. of senega. Os is two-fifths dilated, no albumen in urine. She was delivered by natural powers at 8 A.M. on the 18th. The dyspnoea became worse and she died at 2 P.M.

CASE XXVI.—*Labour Complex, Anæmia and Anasarca, Cardiac Syncope.*—Paukum, set. 30 years, pregnancy fifth, Pariah. An out-case, admitted 10 P.M., 25th April, three hours in labour with her fifth child in her seventh month of pregnancy. She was delivered by natural powers of a female premature child on the same date, the third stage being natural. She was anæmic, face is puffy, conjunctivæ pale, and feet oedematous; no albumen in urine. She progressed favorably up to the night of the 29th April, when she was attacked with urgent dyspnoea, the pulse became almost imperceptible and hands and feet cold and clammy. Ether and ammonia were freely administered, but she died at 9-45 P.M., 29th, the fourth day after delivery.

CASE XXVII.—*Labour Complex, Anæmia and Anasarca, Diarrhoea, Septicæmia.*—Chawthiamah, set. 19 years, pregnancy second, Pariah. An out-case, admitted 16th December 1881 in labour with her second child at full term. She was under treatment for anæmia and anasarca a fortnight ago, but left hospital before she was thoroughly cured. On admission anæmia and anasarca were still present and she was suffering from diarrhoea of three days' duration. Delivery took place by natural powers, the diarrhoea continued with fever, the tongue became dry and furred, lochia was offensive, and she died on the 4th January 1882.

CASE XXVIII.—*Labour Complex, Bronchitis (Post-partum Hæmorrhage, 1st Degree).*—Ammoyee, set. 38 years, pregnancy eighth, Hindu. An out-case, was admitted 21st January suffering from bronchitis of a month's duration. She was delivered by natural powers on the 23rd; some hæmorrhage occurred, which was arrested by hypodermic injection of ergotine and syringing the uterus with hot water. About 8 ounces of blood were lost. She did well for an hour after delivery, when she became affected with difficulty of breathing and was very restless. No further bleeding took place, but she died at 1-30 P.M. from failure of the heart's action.

CASE XXIX.—*Labour Complex, Dysentery, Gastro-Enteric Fever.*—Yellamah, set. 30 years, pregnancy seventh, Hindu. An out-case, admitted 8 A.M., 2nd October, suffering from dysentery of ten days' duration. Motions are very frequent and contain blood and mucus. Is nine months pregnant. Was delivered by natural powers of a male child on the same date. The dysentery continued with fever, dry furred tongue, and tenderness over lower part of abdomen. She sank and died in a typhoid state at 7-15 P.M., 9th October.

CASE XXX.—*Labour Complex, Enteritis, Septicæmia.*—Moothamah, set. 20 years, pregnancy first, Pariah. An out-case, admitted 1 P.M., 5th January, in labour with her first child at full term of pregnancy. Labour progressed slowly and she was delivered by natural powers of a living male child. Her temperature after delivery was 101° Fah. On the 6th the temperature in the morning was 103° F., slight tenderness was present over the uterus, and the tongue was furred, white, lochia was natural, bowels were moved six times, motions are greenish yellow without slime or blood. The diarrhoea continued, large epithelial flakes being passed, the temperature rose to 103.8° F., the lungs became affected, sonorous ronchi being heard over apices of both lungs anteriorly and at base of left lung posteriorly, the lochia were slightly offensive, low muttering delirium set in, and she was removed by her friends in a comatose condition on the 14th January.

CASE XXXI.—*Labour Complex, Heart Disease.*—Theroovethiah, set. 20 years, pregnancy second, Pariah. An out-case, admitted soon after delivery of a premature living child on the 24th July, at 6 A.M., in a state of partial collapse and with urgent dyspnoea. Has general anasarca, heart's action is tumultuous, a double murmur heard at the base and a loud harsh systolic murmur at the apex of the heart, pulse 148, small and jerky, urine contains one-fifth albumen, diarrhoea is present. The difficulty of breathing increased, and she became worse and died at 3-15 P.M., nine hours after admission.

CASE XXXII.—*Labour Complex, Intermittent Fever, Syphilis.*—Vulliamah, set. 30 years, pregnancy first, Pariah. An out-case, a cachectic woman, admitted into hospital 4th December, suffering from malarial fever for the last three months and constitutional syphilis, which was said to have been contracted two years previously. Is nine months pregnant, feet and legs oedematous as also vulva and lower part of abdomen, face is pale and puffy, tongue flabby and indented by the teeth, abdomen contains ascitic fluid, pulse small and frequent, heart sounds quick but clear, foetal heart inaudible, movements not felt for some days. There is an ulcer on the right labium,

about two inches long and covered with weak granulations, discharging yellow pus. She was delivered of a male putrid child on the 6th December by natural powers. The placenta was small and presented signs of fatty degeneration, being very friable. On the 8th she had a rigor followed by fever, temperature rising to 100.6° F. The fever continued, and she was removed by her friends in a dying state on the 18th December.

CASE XXXIII.—*Labour Complex, Jaundice, Grave Diarrhoea*.—*Mrs. McFarlane*, æt. 26 years, pregnancy first, East Indian. An out-case, admitted 9th October suffering from diarrhoea of two months' duration. Has been in Coonoor up to two weeks ago, and, becoming worse, was brought to Madras. Is very emaciated, uterus corresponds with the eighth month of pregnancy, foetal heart audible, motions passed were copious, liquid, and contained large quantities of bile, temperature was 102° F., pulse 150. On the 10th had a severe rigor and the temperature after it rose to 105° F., the diarrhoea continued, and she became jaundiced on the 12th; area of hepatic dulness much less than normal. Labour pains set in on the 12th at 6 A.M., and she was delivered by natural powers of a still male child at 11 A.M.; the liquor amnii was stained yellow, the patient was drowsy and difficulty was experienced in getting her to swallow. She became comatose and died at 11 P.M.

Post-mortem examination.—Liver weighed 52 ounces, had fallen away from the side of the chest wall against the spine. On section, liver substance was diffuent, breaks down easily under the finger into fluids and shreds, and has a rhubarb color; portal vessels are empty, bile ducts contain bright bile and gall-bladder contains 2 ounces of tar-colored thick bile.

CASE XXXIV.—*Labour Complex, Lead Poisoning.*—Mrs. Purris, æt. 27 years, pregnancy first, East Indian. This woman was admitted on the 25th April into hospital in the eighth month of pregnancy, suffering from chronic lead poisoning with extreme anæmia and anasarca and weak hacking cough, swelling of both feet, lips pale, gums spongy and bleed easily, a bluish line on the gums near junction with the teeth, tongue pallid and fissured on the top, a small circular ulcer under the tongue at the frænum linguæ, patches of superficial ulceration at back part of mouth. There was no paralysis or marked wasting of extensor muscles, urine light-colored and free from albumen. On inquiry it was found that she had been in bad health for some months and had suffered from malarial fever, and was in the habit of drinking large quantities of soda-water from a seltzogene, the cover and tap of which were composed of soft lead. No history of syphilis. Under treatment the colic was relieved and she improved somewhat in general health. Labour set in at 9-30 A.M., 10th May, when the fetal heart sounds were inaudible and movements of foetus had been missed some days. She was delivered of a male putrid child at 5-30 P.M. by the natural powers. Soon after delivery she became very restless, pulse 150, very small, temperature 100° F. She became collapsed, the mind remaining clear. Temperature rose to 103° F. on the day after delivery, pulse rapid and hardly perceptible. By the use of stimulants and nutrient enemata life was prolonged to the 14th May, fourth day after delivery, when she died.

CASE XXXV.—*Labour Compex, Hepatic Abscess.*—*Yellamah*, æt. 30 years, pregnancy fifth, Hindu. On out-case, an emaciated woman, was admitted 16th October complaining of acute pain in the right axillary region; respiration was short and painful, 48 per minute. Is eight months pregnant, dulness over the base of the right lung posteriorly extending about half-way up the chest and in the right axillary region. Fine crepitation and tubular breathing heard over the same regions and a friction sound in the lower right axillary region, temperature 101.6, pulse 120. The symptoms subsided somewhat, but pain in the side in a lessened degree, with some tenderness and inability to lie on the right side, continued. The abdomen is pendulous, uterus corresponding to seventh month of gestation, foetal heart audible. She was delivered of a living premature child on the 21st October; fever continued, temperature ranging 100° to 102° F. and pulse 120 to 132, and there was slight diarrhoea. On the 30th October there was a rigor, and bulging of the right side of the chest was found with deficient movement of the chest wall. On the evening of the 1st November the liver was found to be low down in abdomen, the lower limit being some three inches below the margin of the costal arch. Hepatic abscess with pneumonia of the right lung was diagnosed, but there being no apparent urgency in the symptoms it was determined not to tap this until the following morning. At 11 p.m., however, she suddenly cried out with pain and expired almost immediately. On post-mortem examination an enormous abscess was found in the right lobe of the liver, with peri-hepatitis; the right lung was greatly compressed, the heart was displaced upwards and to the left. Sudden death had evidently occurred by an increase in the pus displacing the heart and interfering with its action. No further visceral disease was found.

CASE XXXVI.—*Labour Compex, Pelvic Peritonitis* with probably small Pelvic Hæmatocele.—*Bahno Bee*, at. 30 years, pregnancy fourth, Hindu (Rajput). An out-case, admitted 2-30 p.m., 5th January, in the seventh month of pregnancy, stating that the day before admission, while conveying a child three years old for a distance of two miles, she was attacked with a severe pain in the abdomen followed by rigors and fever. After going home she took a purgative which acted freely. On admission the abdomen was very tympanitic, on admitted one finger. She was delivered by natural powers of a premature living child at 9-55 p.m., a large quantity of liquor amnii escaping. At 8 p.m. her temperature was 105° F., pulse small and hardly perceptible. On the following day (6th) the abdomen was considerably distended with gas, obscuring the limits of the

uterus, and a good deal of tenderness was present. She became worse and died at 12 noon, 12th January. No ~~post-mortem~~ examination allowed.

*CASE XXXVII.—*Labour Complex, Pneumonia*.—*Thungaperagasum*, set. 22 years, pregnancy fifth, Pariah. An out-case, suffering from fever and cough of eight days' duration, was admitted 9 A.M., 21st December, three hours in labour with her fifth child at full term. On admission the temperature was 104.6° F., pulse 160, respirations 48. On percussion woody dulness was present over the lower lobes of both lungs anteriorly and posteriorly, and on auscultation tubular breathing and crepitation was heard over the lower lobes of both lungs. She was delivered by natural powers at 4 P.M. of a living male child. After delivery the bowels were frequently moved; the motions being loose, yellow, scanty and offensive. On the 22nd the temperature was 102° F., conjunctivae and nails are pale, tongue tremulous, respirations 42, pulse small, 150, sputa viscid and scanty. Was removed by her relatives in a very low state at 7-30 P.M. the same date, 22nd December.

CASE XXXVIII.—*Labour Complex, Prolapse of Uterus, Hypertrophic Elongation of Cervix, Death from Septicæmia.*—Lutchmee, æt. 40 years, pregnancy third, Hindu. An out-case, admitted 2-30 P.M., 8th August, twenty-six hours in labour with her third child at full term. Fœtal heart audible, the cervix was found protruding from the vulva, oedematous, and of an intensely livid color and bruised in parts, os was almost fully dilated, membranes absent, said to have ruptured when labour in set, head presenting low down in the first position, pains were feeble. At 3-30 P.M. the cervix was pricked with a needle and a good deal of serum oozed out, which reduced the size, and pains continuing feeble without any progress being made in labour, delivery was effected by forceps; incisions were made all around to prevent laceration of the cervix. A still male child was extracted; the left side of the cervix lacerated up to the vaginal wall, the placenta was expressed thirty minutes after; there was no hæmorrhage. On the 9th the temperature was normal, has pain on pressure on the uterus and the cervix was swollen, much congested, and an offensive smell was present. On the 12th the cervix was found in a gangrenous condition, fever occurred preceded by rigors; parts of the sphacelated tissue were removed. She became worse and died on the 18th from septicæmia.

CASE XXXIX.—*Labour Complex, Thrombus of Labium, Puerperal Convulsions.*—Mungay, æt. 28 years, pregnancy fourth, Hindu. An out-case, admitted 29.30 P.M., in a moribund state, seventeen hours in labour with her fourth child at full term and with a history of having had four convulsive fits and hæmorrhage before admission. On admission, the almost imperceptible, breathing stertorous, the conjunctivæ, the tongue and the tip of the os was fully dilated, head presenting with a large scalp tumour in the cavity of the pelvis, the vulva was much swollen, particularly the left labium, on the inner surface of which a large clot was seen. On removing the clot an opening was felt which admitted a finger and was found to lead to a cavity of the size of a hen's egg, full of clotted blood. She was freely stimulated. No fresh hæmorrhage occurred. She died at 2 P.M. undelivered. On *post-mortem* examination, the placenta was found to be attached to the uterine wall; no blood was contained in uterine cavity.

CASE XL.—*Abortion, Dysentery, Exhaustion.*—Thoyee, *et.* 37 years, pregnancy twelfth, Pariah. An out-case, an emaciated and anæmic subject, was admitted 6 A.M., 21st June, in a collapsed state, having suffered from dysentery and privation for the past two months. She was delivered by natural powers at 4-30 P.M. and died soon after.

CASE XLI.—*Abortion, Phthisis Pulmonalis.*—*Anthonyamah*, æt. 32 years, pregnancy third, Native Christian. An out-case, admitted 1st June in a dying state, suffering from phthisis pulmonalis. Is six months pregnant. Has been under treatment at the Hospital for Women. She aborted at 3 p.m. 2nd June, and died at 4 p.m.

CASE XLII.—*Abortion, Puerperal Convulsions.*—*Naigum*, æt. 25 years, pregnancy second, Hindu. An out-case, admitted 5-15 P.M., 24th January, in an unconscious state, in the fifth month of her second pregnancy, having had several convulsive fits for twelve hours before admission. On examination fetal heart was inaudible, os quite closed and the cervix elongated, uterus was not acting. At 5-30 P.M. a fit occurred and another at 6 P.M. Labour was induced by introducing a bougie, and tinct. veratri vir. was given, the pulse being full and bounding; urine contained one-bougie, and tinct. veratri vir. was given, the pulse being full and bounding; urine contained one-third albumen. Fits continued to occur frequently in spite of the inhalation of chloroform. Dilatation of the cervix was accelerated by seatangle tents and Barnes' bags with great difficulty, No. 2 bag only being introduced and distended. The cervix was very rigid and was incised by making a number of small incisions with a bistoury, and delivery was effected by extracting by the feet, which presented. The child was putrid, and the head required perforation before it could be extracted. There was no return of consciousness, and convulsions continued to occur at frequent intervals, the heart's action continuing fair. She died suddenly in a convulsion at 2 P.M., 25th January, twenty hours after admission.

CASE XLIII.—*Abortion, Retained Placenta. Edema of Lungs.*—Kitharyamah, æt. 35 years, pregnancy seventh, Pariah. An out-case, admitted 27th June, 8 A.M., in a moribund state, having suffered from fever and cough of four days' duration and having aborted of twins at 1 A.M., being about six months pregnant; the placenta was retained. On admission the surface of the body was cold, pulse 140, respirations hurried, heart's action was tumultuous with orthopnoea, wheezing ronchi and large crepitant râles heard all over anterior part of chest. The placenta which was retained was removed by two fingers introduced into the uterus. She did not rally and died at 7 P.M.

CASE XLIV.—Extra-uterine Gestation, Tubal Rupture, Internal Hemorrhage, Peritonitis.—Ukkamah, Hindu woman, æt. 17 years, in the fourth month of first pregnancy, was admitted on the 26th August with a history that she had been suddenly seized with a pain in the lower part of the abdomen thirty-six hours previously. She was restless and tossing about, conscious, but not replying to questions, tongue pale, face pale and puffy, pulse small, 150 per minute, temperature 100, vagina patulous, uterus apparently slightly enlarged, but owing to acute tenderness over abdomen and oedema of the abdominal walls its size could not be accurately made out. No discharge of any kind from vagina, and the lower limbs were not cedematous. She was stimulated and chloral in small doses was given, after which the restlessness was allayed, but she did not rally and died unconscious in about thirty hours.

Post mortem.—Body was found well nourished, tissues on opening body pale and flabby, about 4 ounces of serum in each pleural sac; heart healthy; a large quantity of clotted blood at lower part of peritoneal cavity, obscuring the uterus; fallopian tube of right side distended to the size of a hen's egg with a rupture in its coat; tube contained a pregnancy with placental tissue and a small embryo; uterus was slightly enlarged and lined by a decidua which was dark colored.

CASE XLV.—Pelvic Hematocoele and Peritonitis, Supposed Pregnancy.—Ragoo, æt. 20, a Native Christian, no children, admitted in a low state on 16th June 1882. Stated that she had not menstruated for three months and supposed herself pregnant. Ten days before admission she had been beaten and three days after this got severe pain in the abdomen with profuse bleeding from the vagina. Further stated that her periods were, as a rule, scanty and attended with severe pain. She had a blanched appearance and an anxious expression of countenance. Pulse hardly felt at wrist, heart's action very rapid, respirations short and hurried, temperature 98.4° F., lower abdomen distended and very tender and passes frequent dysenteric stools. On vaginal examination, vagina hot, cervix small, high up, jammed behind symphysis pubis by a fluctuating tumour bulging forward from the posterior vaginal wall, fundus of uterus not made out. Brandy and milk was given with morphia and atropine hypodermically, but without any avail. She became restless, went into complete collapse, and died in six hours.

Post mortem.—On opening abdomen, intestines found matted together by recent lymph with dark fluid blood lying between coils of intestine and a large quantity of fluid blood in Douglas' pouch, uterus in front, not pregnant, containing a little blood and mucus; right fallopian tube dilated except at opening into uterus and containing a clot the size of a hen's egg at infundibulum; left tube dilated, inflamed, and contains pus and lymph; both ovaries cystic, the left adherent to pelvic tissues.

(Signed) A. M. BRANFOOT, M.B.,
Superintendent, Government Lying-in Hospital and
Egmore Female Dispensary.

MADRAS,
1st January 1883.

MEDICAL REPORT OF THE CASES TREATED IN THE GYNÆCOLOGICAL WARDS OF THE HOSPITAL FOR WOMEN AND AT THE DISPENSARY FOR WOMEN AND CHILDREN ATTACHED TO THE LYING-IN HOSPITAL.

There were 109 Europeans and East Indians treated as in-patients with one death, and 167 Natives with five deaths.

The following tables give an abstract of these cases:—

Class.	Diseases.	Number Treated.	Number Died.
EUROPEANS AND EAST INDIANS.			
Displacements of Uterus	Anteversio	1	..
	Anteflexio	9	..
	Retroversio	10	..
	Retroflexio	14	..
	Prolapse	6	..
	Cervical endometritis	4	..
Hyperæmia and Inflammation of the Uterus.	Corporeal do.	3	..
	Chronic metritis	1	..
	Areolar hyperplasia	3	..
	Sub-involution	1	..
	Stricture of cervix	2	..
	Erosion of cervix	2	..
New Growths	Cancer	5	..
	Fibroid	3	..
	Congestion	1	..
Diseases of Ovaries	Inflammation	4	..
	Cystic disease	4	1
	Cellulitis	6	..
	Peritonitis	3	..
Diseases of Uterine Ligaments and adjacent Tissues.	Hæmatocoele	1	..
	Lacerated perineum	4	..
	Vaginitis	4	..
	Cystitis	3	..
Functional Derangements	Amenorrhœa	1	..
	Dysmenorrhœa	1	..
	Menorrhagia	5	..
	Metrorrhagia	4	..
Abortions		4	..
Total ..		109	1
NATIVES.			
Displacements of Uterus	Anteflexio	7	..
	Retroversio	9	..
	Retroflexio	12	..
	Prolapse	6	..
	Chronic inversion	1	..
	Atrophy of uterus	1	..
Hyperæmia and Inflammation of the Uterus.	Cervical endometritis	6	..
	Corporeal do.	1	..
	Areolar hyperplasia	1	..
	Hyperplasia of cervix	1	..
	Stricture of cervix	4	..
	Occluded cervix	2	..
New Growths of Uterus	Cancer of uterus	5	1
	Polypus (body)	1	..
	Fibroid tumour	5	..
	Inflammation	3	..
Diseases of Ovary	Cystic disease	6	1
	Cancer	1	1

Class.	Diseases.	Number Treated.	Number Died.
NATIVES—(Continued).			
Diseases of Uterine Ligaments and adjacent Tissues.	Cellulitis	14	..
	Peritonitis	15	..
	Pelvic abscess	3	..
	Pelvic hæmatocele	11	..
	Lacerated perineum	6	1
	Atresia vagina	3	..
	Vaginitis	2	..
	Vaginal cyst	1	..
	Elephantiasis labia and clitoris	5	..
	Cystitis	4	..
	Dilated urethra	2	..
	Vesico-recto-vaginal fistula	1	..
	Vesico-vaginal fistula	4	1
	Recto-vaginal do.	1	..
	Sloughing phagedæna (vagina)	1	..
Functional Derangements	Inflamed lymphatic glands	1	..
	Phlebitis, pelvic veins	1	..
	Amenorrhœa	2	..
Abortions	Dysmenorrhœa	8	..
	Menorrhagia	1	..
	Metrorrhagia	2	..
Total ..		167	5

The following list shows the principal operations performed during the year and their result:—

Nature of Operation.	Remaining on 31st December 1881.	Performed during the year 1882.	Number of Cases.					Remarks.
			Total.	Cured.	Relieved.	Discharged otherwise.	Died.	
Removal of uterus for carcinoma	..	1	1	..	..	..	1	..
Do. ovarian cyst, ovariectomy	..	5	6	5	..	..	1	..
Do. vaginal cyst	..	1	1	1	..	..	..	..
Do. elephantoid labia and clitoris	..	7	7	3	3	..	..	..
Amputation cervix uteri for carcinoma.	..	3	3	2	..	1	..	..
Do. do. for hyperplasia.	..	2	2	2	..	..	..	..
Cancer of uterus treated by scraping and cautery	..	1	1	..	1	..	..	..
Incision through posterior lip of cervix for antelexion	..	7	7	7	..	..	..	..
Do. for stricture of cervix	..	6	6	6	..	..	..	..
Do. for atresia vagina	..	2	2	2	..	..	..	..
Plastic perineoplasty for laceration or prolapse	..	14	14	7	6	..	1	1 Case.
Do. vesico-recto-vaginal fistula	..	6	6	..	1	5	..	5 Cases.
Do. recto-vaginal fistula	..	1	1	1	..	..	..	..
Do. vesico-vaginal fistula	..	7	7	..	3	2	1	..
Do. for dilated urethra	..	2	2	1	..	..	..	..
Do. repair of lacerated cervix uteri.	..	1	1	..	1	..	..	..
Total ..	1	66	67	37	15	8	4	3

With regard to removal of uterus and the ovariectomies a short abstract of each of these cases is appended.

Out-Patients.—A large number of out-patients have been treated at the Egmore Dispensary. The special cases are seen on four days in the week by the Superintendent, Lying-in Hospital, assisted by the Resident Apothecary of the Lying-in Hospital. The bulk of the cases is seen by the First-class Hospital Assistant in charge of the Out-Patient Department. Altogether 20,628 patients were seen during the year, 5,620 being Europeans and East Indians, and 17,008 Natives. This result is about the same as last year.

This department is not capable of much increase without an increase of staff, since as many patients are seen daily as can be managed satisfactorily. With a larger staff for seeing patients an increased attendance would no doubt obtain.

MADRAS,
1st January 1883.

(Signed) A. M. BRANFOOT, M.B.,
Superintendent, Government Lying-in Hospital and
Egmore Female Dispensary.

APPENDIX.

In reference to the cases of ovarian cystic disease, 4 Europeans and East Indians were admitted suffering from this disease. In 2 the cyst was small and not requiring operative treatment, 1 was removed and recovered, 1 died without operative interference. The case of operation and the fatal case are recorded. Among Natives 6 cases were treated: 1 would not submit to operation and left hospital unrelieved, in 5 the tumour was removed and 1 of these died. A note of each of these cases is also appended.

CASE I.—*Paucilocular Ovarian Cystoma, Ovariectomy, Recovery.*—Kahamah, Hindu, æt. 42 years, admitted on the 17th December 1881 with an enlargement of the abdomen stated to be of six years' duration. She said that she had been married thirty years but had never been pregnant. She first noticed a small lump in the hypogastric region six years ago, and stated that the abdomen has since gradually enlarged to its present size. Periods are regular and scanty, but last usually for five days, and are attended with pain in the back and round the front of the lower abdomen. On examination the abdomen is considerably enlarged, skin tense and shining with enlarged superficial veins, dulness in front and above, resonance in flanks, fluid thrill transmitted in every axis, vaginal orifice small, cervix small and low down, sound passed two and a quarter inches backwards and to the right. She is a spare woman and apparently has a healthy constitution, skin cool, appetite fair, bowels moved regularly once or twice daily, sleeps well, pulse 84. A fine trocar and canula was passed and a little fluid withdrawn and examined. The fluid looked like gum-water, specific gravity 1014, slightly alkaline reaction and contains albumen. Granular cells, cholesterine and irregular columnar epithelium seen under microscope. Ovariectomy was performed on 21st December; chloroform was used and the carbolic acid spray with antiseptic precautions. An incision about three and a half inches in length was made in the linea alba and the sac exposed without difficulty. The sac was then tapped and drawn out from the abdomen, there being no adhesions. A broad pedicle attached the sac to the left side of the uterus; this was secured with the fallopian tube in five sections by carbolized silk and the sac cut away. The right ovary was found to be diseased and was also removed by a double ligature. There was a little oozing from the thin distended vessels of the peritoneum, but this soon ceased. The cavity was cleaned and the wound closed with silk sutures and dressed with carbolized gauze and cotton-wool pad. The operation lasted about forty minutes. Tumour found to be mainly one large cyst with walls quarter inch thick at some parts and with some secondary cysts in the walls and some caseous deposit also in the walls. She made a good recovery, her highest temperature being on one occasion only 101° F. The wound healed almost by first intention. There was some swelling round the seat of the pedicle which soon subsided, and there was a tendency to diarrhœa which retarded her convalescence. She was discharged quite well on the 19th January 1882.

CASE II.—*Paucilocular Ovarian Cystoma, Removal, Recovery.*—Palanjamah, Hindu, æt. 20 years, admitted on the 16th January 1882. Stated that three months after the birth of her second child she noticed a tumour about the size of an orange just below the umbilicus on the left side; this gradually increased until six months ago, when it began to enlarge rapidly and the lower extremities became cedematous. A month ago some fluid escaped at the umbilicus for three days and the abdomen diminished in size temporarily. Has not had any return of her periods since the birth of her last child. On admission patient is thin and pulse small; in other respects she appears well. The abdomen is enlarged equally in all directions; the superficial veins are prominent. The umbilicus protrudes and fluctuates. Abdomen is generally dull on percussion and resonant in the loins. On succussion a solid tumour can be made out, apparently floating in fluid in the peritoneal cavity. On vaginal examination uterus is small and moveable; sound passes readily upwards and backwards two and a half inches. A fine trocar and canula was passed into the abdomen and some sticky ovarian fluid withdrawn. On the 20th she was placed under chloroform and the abdomen opened under the carbolic acid spray, an incision four inches in length made in the linea alba below the umbilicus, and the peritoneum opened. Ovarian fluid at once escaped, and it was at first thought that a thin-walled cyst had been opened, but after allowing more fluid to escape, the hand was passed into the peritoneal cavity and a cyst found, which came to view when the fluid in the peritoneum had escaped. The tumour was then tapped in the ordinary way and drawn out from the abdomen. The cyst was found to spring from the left ovary; there were no adhesions and a good pedicle, which was secured in three loops of carbolized silk, and after the tumour had been cut away, was allowed to fall back into the pelvis. The right ovary was found to be cystic and was removed by a double silk ligature. Uterus was freely moveable; there was no bleeding. The peritoneum was then sponged out and the wound closed with silk sutures and dressed with carbolized gauze, cotton-wool and flannel bandage outside. Sixteen pounds or more of fluid were removed from the peritoneum and eleven and a half pounds from the cyst; the tumour was found to be a paucilocular cystoma of left ovary. There was one main cyst with thin walls and some small colloid secondary cysts with very little solid matter. There was no rupture in the main cyst, and the site of the rupture, which no doubt had occurred, and which led to the accumulation of fluid in the peritoneal cavity and escape from the umbilicus, could not be traced. She made a good recovery after the operation, but vomited

a good deal for the first thirty-six hours, so that she became low and some stimulant had to be given and nutrient enemata. The dressings were first removed on the sixth day under the carbolic spray, and the wound was found to have healed. There was some thickening around, which soon disappeared, and she was discharged quite well on the twentieth day.

CASE III.—*Multilocular Ovarian Cystoma, Ovariectomy, Recovery.*—Martha, Native Christian, æt. 31, was admitted into hospital early in February 1882 with an enlargement of the abdomen of one year's duration. History: commenced to menstruate at 12 years of age and had a child about a year after. Four years after this she aborted in the third month of pregnancy in consequence of a fall; since then periods were regular and lasted eight days up to one year ago, when they became scanty and then ceased altogether for the last seven months. The enlargement of the abdomen was at first painless and was gradual, but four months ago it increased rapidly. Present state: the abdomen is much enlarged and she has a dragging pain and sense of weight in the abdomen when standing; skin of abdomen is tense and shining with enlarged superficial veins; a fluid thrill was communicated in every axis and there was resonance in the flanks. Patient was weak and emaciated, having been able to assimilate very little food for some time past. The tumour was removed on the 15th February with carbolic spray and antiseptic precautions; chloroform was used as the anæsthetic. The abdomen was opened by an incision in the linea alba, four inches in length, and the cyst exposed. A number of superficial adhesions were broken down by the hand in front and the main cyst then tapped, a large quantity of thick gelatinous fluid flowing away. Firm adhesions to the parietal peritoneum were found at the top of the cyst and a good deal of solid matter with a number of small secondary cysts. The opening was therefore enlarged one and a half inches more and some small cysts tapped with a small syphon trocar; some fine parietal and omental adhesions were tied with fine silk, a good many others broken down by the hand, and the tumour then drawn out of the abdomen. The pedicle was four inches broad and formed by the left broad ligament; it was ligatured in five sections, the fallopian tube being included, and the tumour cut away. The right ovary was found to be tied down by adhesions and cystic, and was also removed. The uterus was found partially fixed by old adhesions posteriorly. Another ligature was required to the pedicle, there being some oozing. The abdominal cavity was then cleansed and the wound closed with silk sutures and dressed with carbolic acid gauze and cotton wool with a many-tailed flannel bandage. She rallied well. The wound was first dressed on the sixth day with the spray and found almost healed. She was discharged well on March 15th and has kept good health since, having become much stouter. In this case the woman had delayed taking advice until the abdomen was very tense and her vital powers had been reduced to a very low ebb.

CASE IV.—*Multilocular Ovarian Cystoma, Ovariectomy, Death.*—Ukkamah, æt. 47, a Native Christian, was admitted into hospital on the 1st April with enlargement of the abdomen, which she stated was of three years' duration. She stated that she was married, but had never been pregnant and had suffered much from dysmenorrhœa for many years. The periods ceased entirely four years ago; the abdomen had gradually increased in size for four years, and she had occasionally suffered pain in the abdomen with attacks of fever. She had been tapped three times in her village, once in the Civil Dispensary, Masulipatam, and once in the Native Infirmary, Madras, but the fluid had quickly reaccumulated after each operation. On admission the abdomen was enormously enlarged, the enlargement being more observable in the left side than the right; superficial veins prominent, a good deal of solid matter could be felt, chiefly on the left side, the right being fluctuant; just over the umbilicus the abdomen measures forty inches and a half inches in circumference. Lower extremities cedematous, urine scanty but free from albumen. Heart and lungs apparently pushed up considerably, pulse 100, good. She is a strongly made woman. Uterus found low down in centre of pelvis and moveable; a tumour, the size of an orange, occupying Douglas' pouch and continuous with the main tumour above; fundus of uterus fixed; sound passed backwards two and a half inches. She had some muscular rheumatic pain, apparently due to a chill, so that the operation was not undertaken till the 8th April. At this time she had improved in health and the kidneys were acting freely and well. Chloroform was used as the anæsthetic and thymol spray with antiseptic precautions; the spray, however, failed towards the end of the operation. An incision, five inches in length, was made, and this was afterwards increased to about nine inches. The cyst was exposed easily and a little ascitic fluid escaped. The omentum was found spread out over the front and right side of the tumour. Some superficial adhesions were separated by the hand and then the main cyst was tapped. About half a gallon of fluid escaped, but this did not materially diminish the size of the tumour, and several other small cysts were tapped through the large one and colloid matter escaped. The hand and arm could then be swept round posteriorly, and it was found that there was a large cyst held down behind; this was tapped with some difficulty and then the tumour could be drawn out. A number of omental adhesions had to be tied and adhesions to small intestines were carefully and successfully detached without injuring the bowel. It was then found that extensive pelvic adhesions still remained. On the left side the adhesions were very firm and large vessels could be seen running from the pelvic wall into the cyst. These were divided with the finger nail or tied and divided with the knife, and then after some difficulty the cyst was scooped out from the pelvis, the left ureter and the iliac vessels coming into view during the operation. The pedicle was found springing from the uterus three fingers in breadth and was secured in three sections with carbolized silk. The uterus itself was moveable. There was, on the whole, surprisingly little bleeding and no trouble from this cause. The peritoneum

was then carefully sponged and the wound closed and dressed in the usual way. After the operation, which lasted one hour and fifteen minutes, the patient was low, temperature 95° Fahrenheit; she soon, however, rallied and became warmer. The tumour was found to consist entirely of colloid growth. On the day of operation and the next she was kept under the influence of morphia and small quantities of milk and brandy were administered at frequent intervals. There was some vomiting, a good deal of pain, pulse small and very quick, urine was secreted freely. On the third day she vomited a good deal, was restless and became very low, pulse 140. On the fourth day she became collapsed and vomiting continued, and she died on the afternoon of the fifth day after operation.

Post mortem.—The intestines were found inflated with gas; there was reddening and congestion of the peritoneum generally and several ounces of sanæous fluid in the peritoneal cavity. A very small dark clot was found closely adherent to the pedicle.

CASE V.—*Paucilocular Cystoma, Ovariectomy, Recovery.*—Mrs. J., East Indian of French extraction, æt. 33 years, was admitted into hospital on the 6th April with enlargement of the abdomen stated to be of one year's duration. Stated that she had three children, the last eight years ago. She noticed a painless enlargement of the abdomen about one year ago, and as her periods ceased about the same time, she at first thought herself pregnant. On admission abdomen distended, dullness on percussion over front of abdomen and resonance in the flanks. On palpation a distinct fluid thrill in every axis of the enlargement. Uterus was low down, freely moveable, a slight impulse communicated from above to the uterus; sound passes two and a half inches forwards and upwards. General health good and nutrition fair; pulse 80. The operation was performed on the 12th April. Chloroform was used as the anæsthetic and the carbolic acid spray was used with antiseptic precautions. An incision three inches in length was made in the linea alba below the umbilicus and the peritoneal cavity opened, when the cyst at once came into view and some ascitic fluid escaped. Some long and thin, tough fibrous cordy adhesions were found over the anterior surface of the cyst and some of these had to be divided with the scalpel. None were very vascular. The cyst wall was very thin and gave way under the pressure when separating the adhesions with the fingers, and a little fluid escaped. The opening was at once secured and the cyst drained with a canula. Some more adhesions were found high up in the neighbourhood of the liver, and to separate these the abdominal incision had to be carried up another inch. The cyst was mainly unilocular and contained brownish fluid. The sac was then readily drawn out and found to spring from the right ovary and to have a thin pedicle two and a half inches broad. This was secured in three sections with carbolized silk and the cyst cut away. The peritoneal cavity was carefully sponged out and the wound closed in the usual way. She made a quick recovery from the chloroform; pulse 75 after operation. The wound was first dressed on the seventh day, when it was found healed. She made an uninterrupted good recovery and was discharged well on the twenty-fourth day after the operation.

CASE VI.—*Paucilocular Cystoma, Ovariectomy, Recovery.*—Anthonyamah, æt. 30 years, Hindu, admitted on the 29th April 1882 in a fair state of health, suffering from an ovarian tumour. She stated that she had had two children, the last nine years ago, and that she had amenorrhœa for three years after the birth of the last; since that her periods have been regular and free, lasted five or six days; after that they became scanty for a year and altogether ceased two years ago. About three years ago she suffered from intermittent fever and then first noticed a small tumour in the lower part of the abdomen, on the right side. She suffered then severe pain in this region, the pain shooting down to the loins and lower extremities, and this was accompanied periodically by vomiting. The tumour increased gradually in size to the present time; general health has been good, but she has got very thin. Examination showed abdomen enlarged to a considerable size; skin tense and shining and superficial veins enlarged. There is a distinct fluid thrill on palpation. Per vaginam: vagina short, cervix small and atrophied, uterus pushed backwards, apparently in the middle line and moveable, sound passes slightly backwards to normal depth. On the 3rd May she was placed under chloroform and the operation was performed under the carbolic acid spray with antiseptic precautions. The abdomen was opened by an incision about three and a half inches in length in the linea alba below the umbilicus and a little ascitic fluid escaped and cyst came to view. Adhesions which were easily separated were found over the front of the cyst and then more ascitic fluid escaped. The cyst was then tapped and the canula clamped on in the usual way. Thirty-seven pints of brownish fluid escaped, and by making steady traction the tumour was gradually drawn out, more adhesions to parietal peritoneum being separated, some of them being tough and vascular. There were no pelvic adhesions, and a pedicle three inches broad was found on the right side and ligatured in five sections. The tumour was then cut off and the pedicle dropped back. The left ovary was found small and adherent to pelvic tissues with a small cyst which was pricked. One vascular adhesion was tied with fine silk and the peritoneum cleaned and wound closed in the usual manner. The tumour was found to be mainly one large thick-walled cyst. The wall was half inch thick at one part and a proliferating papillary growth was found sprouting from the lining membrane. There were also a few secondary and tertiary cysts, and a fibrous band one inch broad ran irregularly round the cyst and projected about an inch into the interior. This was probably the remains of a septum between two or more large cysts. She was rather restless after the operation and somewhat low, temperature 96.6° F., but had no sickness and slept well after a hypodermic injection of morphia. On the third day it was noted that she was still suffering from the effects of shock and com-

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plained of some pain in the abdomen. She also vomited several times, pulse 140, temperature 98° F. On the fourth day she was better and rallied under the influence of morphia hypodermically and iced milk and champagne by the mouth. On the sixth day she was on well. On the seventh day the sutures were removed and wound found to have healed. Subsequently a small abscess formed at the site of one of the sutures, but the patient made a recovery and was discharged well on the 30th May.

CASE VII.—*Double Ovarian Cystic Disease, Gangrene of Cyst, Death.*—Mrs. J. T., East India Co. 57 years, sterile, was admitted into hospital on the 7th June 1882 complaining of a swelling in the abdomen of six years' duration. She states that she attained puberty at the fourteen year and married soon after. Was married twice, but never had children. In 1874 the period ceased, and two years later they appeared again and were profuse. She was treated for a tumour (probably for fibroid) and was told that nothing more could be done for her. The periods continued but getting scantier up to a year ago, when they ceased altogether, and her abdomen then increased in size more rapidly. On admission she had a daily rise in temperature at night to over 100° F. had no appetite, was cachectic and could not sleep. The abdomen was enlarged to about an eight months' pregnancy by a tumour having apparently a close attachment to the uterus, the cervix was closed and did not admit a probe, the tumour felt semifluid and it was thought to be a fibrous cystic tumour, probably malignant. A fine trocar was passed and some coffee-colored sticky fluid withdrawn. On the 16th she had decided peritonitis and died from this on the 18th June.

The following was the *post-mortem* note:—Omentum bulging through umbilicus, forming a large hernia; abdominal walls thickly covered with fat; acute recent peritonitis at lower part of abdomen. Omentum adherent over a tumour, and, when stripped off, two good sized cysts found occupying the abdominal cavity. On the left side the cyst is gangrenous, having a long thin pedicle which can be traced to the left broad ligament and is found to be twisted on itself. A good sized multilocular ovarian cystoma springing from the right side of the uterus, the right broad ligament forming the pedicle. Body of uterus dilated and containing a sanious fluid with flakes of lymph. Mucous membrane honey-combed with a quantity of thick white lymph all over it. Muscular atrophied, thin and flabby. The internal os closed.

CASE VIII.—*Cancer of Uterus, Removal of Uterus by Freund's Operation, Death.*—A Hindu woman, nulliparous, aged about 30 years, was admitted into hospital on the 14th November 1882, suffering from an offensive discharge from the uterus of four months' duration. On examination a large fungating growth was found sprouting from the cervix. Body of uterus appeared slightly enlarged, but the organ was not fixed. Vaginal walls clear of the disease except at the left upper angle, where the mucous membrane was slightly involved; no glandular enlargement was detected. The fungating growth was removed by the single-wire ecraseur, when the ulceration was found to be running up into the mucous membrane of the body of the uterus. This was scraped and as much of the disease removed as possible. The patient made a good recovery from this operation, but as there was only a temporary relief and her general powers were fair, her case was considered a suitable one for the removal of the organ by Freund's operation. The operation was undertaken on the 8th December and chloroform was used as the anæsthetic and the carbolic acid spray with antiseptic precautions, the vagina having been syringed out carefully with carbolic acid solution. The abdominal cavity was then opened, and the broad ligaments were ligatured by three loops of carbolized silk passed in the manner recommended by Freund, the anterior vaginal cul de sac opened and the organ which was closed by carbolized silk sutures. The ligatures were brought out through the vagina, and the gut was a good deal more exposed than was at all desirable. Slight thickening was also found in the right broad ligament, which prevented the uterus from being brought forward to view as readily as it would otherwise have been. The woman rallied well from the immediate effects of the operation, but died from exhaustion and peritonitis on the third day after operation.

Post mortem.—Secondary deposits of cancer were found in the lumbar glands and localized peritonitis; the ureters were found to be uninjured, and well free of the lower broad ligament ligatures.

MADRAS,
1st January 1883.

(Signed) A. M. BRANFOOT, M.B.,
Superintendent, Government Lying-in Hospital and
Egmore Female Dispensary.

No. III.—RAMASAWMY LYING-IN HOSPITAL.

REPORT ON THE RAMASAWMY LYING-IN HOSPITAL,

By SURGEON-MAJOR D. R. THOMPSON, M.D., C.I.E.

The number of admissions during the year was as follows:—

Delivered in hospital, including abortions	468
Do. on the way to hospital, or brought in immediately after	9
Total	477

The following scheme shows the labours classified according to the system of Denman:—

The following					
Class.	Division.	Sub-Division.			
I. Natural ..	Purely natural ..	Born occipito-anterior	355	363	366
		Do. do. posterior	8		
	Varieties	Face	3		
II. Difficult ..	Tedious	Natural powers over 24 hours ..	6	6	44
		Laborious	Forceps		
	Version		4		
	Cephalotripsy		7		
III. Preter-natural.	Inverted	Breech	6	7	15
		Foot	1		
	Transverse	Upper extremity	1	1	
		Compound	Head and arm		
	Breech and arm		1		
	IV. Complex.	Plural births	Twins	8	
Hæmorrhage			Accidental	1	11
		Unavoidable	4		
		Post-partum	6		
Puerperal convulsions.		Eclampsia	9	9	
Ruptured uterus		Ruptured uterus	1	1	
Prolapse of funis ..		With head	2	6	
		Do. arm	2		
		Do. head and hand	1		
		Do. foot	1		
Other complications ..	Dysentery	3	6		
	Albuminuria	1			
	Anæmia; anasarca	1			
	Intermittent fever	1			
Premature Labour (fœtus under 2 lb.)	Diseases of pregnancy.	Abortion, simple	11	11	11
		Total	..		

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Class.	Division.	Sub-Division.			
OBSTETRIC OPERATIONS.					
Forceps	Difficult	Head presenting	27	27	
			Puerperal convulsions		
	Complex	Post-partum hæmorrhage	2		
		Accidental do.	1		
		Twins	1		
		Anæmia; anasarca	1		
	Head and funis	1			
Cephalotripsy.	Difficult	Head presenting	7	11	38
			Preternatural		
	Complex	Placenta prævia	1	1	
		Puerperal convulsions	2		
		Head and funis	1		
	Version	Difficult	Head presenting	4	
Preternatural				Head and arm	2
Complex		Transverse	1	3	
		Placenta prævia	1		
		Ruptured uterus	1		
		Puerperal convulsions	1		
	Head and funis	1			
Extraction	Preternatural	Foot and hand	2	4	11
		Foot	1		
	Complex	Plural births	1	3	
		Placenta prævia	1		
		Post-partum hæmorrhage	2		
SPONTANEOUS EVOLUTION.					
....		Head and arm	1	1	7
Total ..			..	..	69

The total number of confinements for the year was 477, giving a monthly average of 39.75, and showing an increase of 1.6 over the previous year. The smallest number of deliveries was 33 in the month of July, and the largest number was 53 in the month of January.

The Batta System.—The daily dole of two annas to each woman for ten days or a fortnight previous to her confinement was discontinued in August by order of the Managing Committee of the Monegar Choultry. Although the number amongst the poorer classes who applied for help has not decreased, I am afraid that the discontinuance of the batta-system will eventually affect the number applying for help, which is to be regretted as this aid was of use in protecting the women from the risk of delay in applying for proper help during their confinement, and was also of use to the students of the Auxiliary Medical School, who thus had opportunities for witnessing the progress of labour through all its stages.

Races and Castes.—The percentages of admissions among the different races and castes are as follow:—

Native Christians	..	..	..	83 or 17.40 per cent.
Muhammadans	..	..	..	11 or 2.31 do.
Hindus, Caste	..	..	..	198 or 41.51 do.
Do. Non-caste	..	..	..	185 or 38.78 do.
Total ..				477 or 100

This table shows that Hindu caste women sought admission as readily as non-caste women. There is an increase of 3.52 per cent. in this class over the previous year, which might be attributed to the separate accommodation afforded them and the attendance of caste nurses.

Deliveries and their Classification.

Natural labour	..	..	..	..	366 or 76.73 per cent.
Difficult do.	..	..	..	..	44 or 9.22 do.
Preternatural labour	..	..	..	..	15 or 3.10 do.
Complex do.	..	..	..	..	41 or 8.59 do.
Diseases of pregnancy	..	..	..	..	11 or 2.36 do.
					477 or 100

Of these, 349 occurred at or near the full term, 117 prematurely, and 11 were abortions.

The percentage of cranial presentation to all others, excluding abortions, was 8.72.

The percentage of births during successive quinquennial periods shows the greatest fecundity of natives to occur between the ages of 20 and 24.

Ages	15 to 19.	20 to 24	25 to 29.	30 and upwards.	Total.
Number of women	142	144	75	116	477

I.—NATURAL LABOUR.

There were 366 cases of natural labour, giving a percentage of 76.73 and showing an increase of 1.61 over the previous year. Of these, 106 were primiparæ with a percentage of 28.96 and an increase of 2.8 per cent. Mortality was .54 per cent. There were 2 deaths from puerperal fever.

The following table shows the ages, number of pregnancy, and duration of labour in 366 cases. The average duration of labour was 10.3 hours.

Ages		15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	Total 366
Number of women ..		4	18	32	35	16	24	19	22	18	31	10	18	4	18	9	27	7	16	6	22	6	4	1	1	2	1	1	1		
Number of pregnancy ..		1	2	3	4	5	6	7	8	9	10	11	12	13	Total 366																
Number of women ..		106	61	48	42	37	25	24	11	5	4	2	1																		
Hours in labour ..		1 to 2.	2 to 3.	3 to 4.	4 to 5.	5 to 6.	6 to 12.	12 to 18.	18 to 24.	Unknown.		Total 366																			
Number of women ..		5	13	19	26	36	141	87	37	2																					

II.—DIFFICULT LABOUR.

There were 44 cases of difficult labour with a percentage of 9.22. These are divided into—

(a.) Tedious labour	..	..	..	..	..	..	..	..	6
(b.) Laborious do.	..	..	..	..	..	..	..	..	38
Total ..									44

(a.) Order I.—Tedious Labour.

The 6 cases under this heading extended over twenty-four hours, and the delivery was completed by the natural powers unaided after admission into hospital. The delay was in the first stage: 3 children were born alive, 1 male and 2 female; 3 were putrid, 1 male and 2 female. All the children weighed over 5 lb. The mortality in this order was nil.

(b.) Order II.—Laborious Labour.

In the 38 cases the head presented without any complication, but required artificial delivery. The proportion of male to female children delivered artificially was equal. The mortality of mothers was 2, or 5.3 per cent. The average duration of labour before delivery was effected was 18.55 hours.

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The following table shows the ages, number of pregnancy, and duration of labour :—

Ages, number of pregnancy, and duration of labour :—																								
Ages	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	Total 38.
Number of women	2	3	3	3	5	1	1	2	3	2	2	1	3	1	1	3	1	1	1	1	1	1	1	
Number of pregnancy	1	2	3	4	5	6	7	8	9	10														Total 38.
Number of women	17	6	5	1	3	3	2	2																
Hours in labour	5 to 6.	6 to 12.	12 to 18.	18 to 24.	24 to 30.	30 to 35.	36 to 42.	Above 60.	Unknown.															Total 38.
Number of women	1	11	10	6	5	1	2	2	1															
Mode of Delivery.	Number of Cases.		Mothers		Children				Percentage of Mortality.															
			Recovered.	Died.	Male.	Female.	Male.	Female.	Mothers.	Children.														
Natural powers	6	6	6	1	1	2	1	2	Nil.	50.0														
Forceps	27	26	26	1	9	9	4	5	3.7	33.3														
Version	4	3	3	1	1	2	2	2	25.0	100														
Cephalotripsy	7	7	7	1	1	5	2	2	Nil.	100														

III.—PRETERNATURAL LABOUR.

There were 15 labours in which the presentation was other than the head, but without any dangerous complication. Delivery took place by the natural powers in 8, viz., breech 6, foot 1, arm 1, foot and arm 2, version 3, head and arm 3, cephalotripsy 1, head and arm 1. The proportion of live births in inverted labours was 4 out of 7 or 57.14 per cent., and in cross and compound labours 2 out of 8 or 25 per cent.

The mortality of mothers was nil.

The result is shown in the following table :—

Presentation.	Number of Cases.	Mothers		Children			Mode of Delivery.	
		Recovered.	Died.	Alive.	Still.	Decomposed.	Natural.	Artificial.
Breech	6	6	1	4	2	1	6	1
Foot	1	1	1	1	1	1	1	1
Transverse	1	1	1	1	1	1	1	1
Compound	7	7	1	2	6	1	1	6

IV.—COMPLEX LABOUR.

There were 41 cases of labour complicated with some accidental or unusual condition involving danger to the mother or child, giving a percentage of 8.59 to all other labours. Of these the following table shows the results to mothers and children. The mortality is greater among male children.

(a.) Plural births	8
(b.) Haemorrhage	11
(c.) Puerperal convulsions	9
(d.) Ruptured uterus	1
(e.) Prolapse of funis	6
(f.) Other complications	6
Total	41

The following table shows the results to mothers and children. The mortality is greater among male children.

	Number of Cases.	Mothers		Children				Percentage of Mortality.	
		Recovered.	Died.	Alive.	Still.	Male.	Female.	Mothers.	Children.
Plural births	8	8	1	11	5	12	4	24.39	44.89
Haemorrhage	11	8	3	6	5	5	6		
Puerperal convulsions	9	5	4	3	6	6	3		
Ruptured uterus	1	1	1	1	1	1	1		
Prolapse of funis	6	5	1	2	4	4	2		
Other complications	6	5	1	5	1	4	2		
Total	41	31	10	27	22	32	17		

(a.) Plural Births.

Eight women were delivered of twins. The children were 12 male and 4 female : 11 were born alive, 9 male and 2 female ; 5 were born still, 3 male and 2 female.

In 5 instances the children were both males, in 1 case the children were both females, and in 2 cases they were male and female. The proportion of plural births was 1 in 59.62. Help was required to effect delivery in two instances on account of delay in the birth of the second child, extraction 1, forceps 1.

Mortality of mothers nil.

The following table shows the presentations :—

Double Cranial.	Head and Breech.	Head and Foot.	Head and Shoulder.	Double Foot.	Total.
1	2	3	1	1	8

(b.) Haemorrhage.

Eleven cases of labour were attended with haemorrhage, and are classified as follows :—

Unavoidable	4
Accidental	1
Post-partum	6
Total	11

In unavoidable and accidental haemorrhage the mortality of children was 100 per cent., and this shows how fatal these complications are to children ; while in post-partum haemorrhage all the children were born alive, but 3 out of 6 of the mothers died, or 50 per cent. In the 3 fatal cases the women were in labour for three days ; two of the women were confined outside and were brought to hospital in a complete state of collapse with retained placenta and died after a few days from septicæmia.

Of the 11 cases of haemorrhage, 3 were delivered naturally and 8 artificially, viz., extraction 3, version 1, forceps 3, craniotomy 1.

The mortality of mothers was 3 or 27.27 per cent. The proportion of placenta prævia or unavoidable haemorrhage to all other labours was 4 or 4.77 per cent. or 1 in 120.

The following table shows the results to mothers and children :—

	Number of Cases.	Children				Mothers	
		Alive.	Still.	Male.	Female.	Recovered.	Died.
Unavoidable haemorrhage	4	1	4	2	2	4	1
Accidental do	1	1	1	1	1	1	1
Post-partum do	6	6	1	2	4	3	3

The mortality of mothers was 3.13 per cent.

The following table shows the ages, number of pregnancy, and duration of labour in the 14 fatal cases:—

Ages	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	Total
Number of women					142				144				75								116	Total 477.
Number of deaths					2	3	1		1	2		1	1	1	1						1	Total 14.
Total					6				1				3								1	Total 14.

Number of pregnancy	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
Number of women	143	77	65	48	48	33	31	14	7	6	3						477
Number of deaths	7	3			1	2			1								14

Class of Labour.	Under 24.		24 to 36.		36 to 48.		Above 48.		Unknown.		Total.	
	Number of Cases.	Died.	Number of Cases.	Died.	Number of Cases.	Died.	Number of Cases.	Died.	Number of Cases.	Died.	Number of Cases.	Died.
Natural labour	361	2	8	1							366	2
Tedious do.			2								6	
Laborious do.	28	2	6		3		1		2		38	2
Preternatural labour	13		2		2		1		1		15	
Complex do.	27	4	4	1	2	2	2	1	6	2	41	10
Diseases of pregnancy											11	
Total	429	8	17	1	7	2	4	1	9	2	477	14

CHILDREN.

The result of 466 deliveries, excluding 11 abortions, was the birth of 474 children, there being 8 twins; of these, 349 were born at or near the full term, 114 were premature, and 11 were putrid. All children weighing over 5 lb. are considered to be at "full term," those weighing less than 5 and above 2 lb. as "premature," and those below 2 lb., "abortions."

Sex.—There were 252 male and 222 female children, showing a proportion of 113.51 to 100.

Live and Still Births.—400 children were born alive and 74 still including the 11 putrid ones. The percentage of live births was 84.15; the percentage of still births, excluding putrid, was 13.29.

Sex of Still and Decomposed Children.—Of the 63 still births, 33 were males and 30 females, and of the 11 decomposed children 4 were males and 7 females.

The following table shows the classes of labour in which the still births occurred:—

Class of Labour.	Number of Cases.	Still.		Decomposed.	
		Male.	Female.	Male.	Female.
Natural					
Laborious					
Preternatural	372	8	8	3	5
Complex	38	10	7	1	1
	15	4	5		
	41	11	10		
Total	466	33	30	4	7

DEATHS.

During the year 23 children died in hospital within the first ten days of life; 17 of the 23 children who died were premature, showing a mortality of 5.75 per cent.

The following table shows the causes of death in the children:—

Atelectasis	4
Congestion of brain	1
Infantile convulsions	1
Premature	17
Total	23

OBSTETRIC OPERATIONS.

Sixty-eight women were assisted in their labours—1 in 7.

Forceps	38
Version	11
Cephalotripsy	12
Extraction	7
Total	68

Forceps.—The forceps was used in 38 cases—1 in 12.55. The following table shows the classes of labour and results to mothers and children:—

Class of Labour.	Number of Cases.	Mothers Died.	Children		Percentage of Mortality.	
			Alive.	Still.	Mothers.	Children.
Difficult	27	1	18	9	13.15	39.47
Complex	11	4	5	6		

Version.—Version was performed in 11 cases—1 in 43.36.

Class of Labour.	Number of Cases.	Mothers Died.	Children		Percentage of Mortality.	
			Alive.	Still.	Mothers.	Children.
Difficult	4	1		4	36.36	100
Preternatural	3			3		
Complex	4	3		4		

Cephalotripsy.—Cephalotripsy was resorted to in 12 cases—1 in 39.75. In most, the foetal heart was inaudible. Hicks' cephalotribe was invariably used to hasten the delivery.

Class of Labour.	Number of Cases.	Mothers Died.	Children		Percentage of Mortality.	
			Alive.	Still.	Mothers.	Children.
Difficult	7			7	..	100
Preternatural	1			1		
Complex	4			4		

Extraction.—Extraction was performed in 7 cases—1 in 68.14. Preternatural labour 3, viz., foot 2, foot and arm 1; complex labour 4, viz., plural birth 1, placenta prævia 1, post-partum hæmorrhage 2: 2 children were born alive, 5 still.

Mortality of mothers nil.

INTERNAL ECONOMY.

The daily cost of dieting each native patient was Annas 2-6½, and the average cost of each confinement was Rs. 2-9-10½.

(Signed) D. R. THOMPSON, M.D.,
Surgeon, First District, and
Supt., Ramasaamy Lying-in Hospital.

MADRAS,
21st June 1883.

STATEMENTS I-V.

Proceedings of the Govt. of Madras.

Read - the following paper -

From the Surgeon General with the Govt. of Madras. Report on Civil Hospitals & Dispensaries for the year 1882. D. 28th June 1883. No $\frac{0}{138}$.

Order. 27th Oct. 1883. No. 1000

This report is dated the 28th June, but did not actually reach Govt. until the 3rd October.

2. During the year under review, the number of civil dispensaries rose from 253 to 275; twenty new institutions having been opened, five of which were in the Kurnool district, and three in North Arcot. Of the total number, 156 were conducted in buildings specially ~~set~~ provided for the purpose, and 119 in temporary or rented premises.

3. In the following table the character of the medical agency in charge is entered for the last ^{three} years.

	Commissioned Medical Officers.	Native Surgeons & Apothecaries.	Asst. Surgeons.	Asst. Medical Officers.	Private Practitioners.	Medical Missionaries.	Total.
1870	41	55	84	1	29	3	213
1871	39	77	94	"	41	4	255
1872	40	86	102	"	43	4	275

The largest increase occurs usually in the Apothecary grade and is partly due to the substitution of men of that grade for Hospital Assistants in accordance with the declared policy of Govt.

4. There was an increase of 88,984 in the number of persons treated, as compared with the previous year; the total figure for the year being 1,538,576, of whom 37,456 were in-patients and 1,501,120 out-patients. The number of in-patients has varied but little for the last three years and is about the same now as it was before the famine year 1876-77. On the other hand, there has been a large and continuous increase in the number of out-patients, the great majority of new institutions established since 1876 being

Pat. Sec. B. 200
 8/1/1877

The Collectors of
 The District Magistrates of
 The Presidents, Municipal Commissions,
 The Presidents, Local Fund Boards,

Anantapur.
 North Arcot, Chittoor.
 South Arcot, Cuddalore.
 Bellary.
 South Canara, Mangalore.
 Chingleput, Saidápet.
 Coimbatore.
 Cuddapah.
 Ganjam, Chatrapur.
 Godávári, Cocanada.
 Kistna, Masulipatam.
 Kurnool.
 Madura.
 Malabar, Calicut.
 Nílگیرis, Ootacamund.
 Nellore.
 Salem.
 Tanjore.
 Tinnevely.
 Trichinopoly.
 Vizagapatam.

7A9

improvement
 previous
 nature of
 out-patients

1280
intended proportion of
that class. -515-

5. With regard to sex the returns show that of the total number of patients treated, 775,905 were men, 358,101 women, and 404,570 children. Dividing the number of children between the sexes in the same proportion as the adult patients, the result is a total of 486,888 female patients as against 1,052,718 males, or about one-third of the whole number. The classification of the total admissions according to race gives the following proportions:

	1881	1882	Proportion of race in total population
Europeans.	.5	.47	.035
Eurasians.	2.5	2.61	.070
Hindus	70.0	71.22	93.234
Musalmano	14.0	13.45	6.203
Other classes	13.0	12.25	.458
	100.0	100.0	100.000

It would thus appear that the medical institutions of the country are less resorted to by "Hindus", in proportion to their numbers, than by any other class of the population.

6. Vital Statistics. The rate of mortality among in-patients 7.16 per cent, was below the average, although slightly higher than in 1881. The improvement noticed in the previous year in the registration of mortality among out-patients still continues.

especially as regards mor-
 tality from epidemic cholera,
 but the figures are still
 very defective. In certain ~~dispen-~~ ^{dispensaries}
 the registration of deaths is
 said to be entirely disregarded.
 It would be well if, in future
 reports, the more glaring in-
 stances of neglect in this res-
 pect were noticed individually,
 so that the matter might
 be brought prominently to
 the notice of the ^{local} authorities
 concerned.

7. Cholera. During the first
 three months of the year
 cholera prevailed in an
 epidemic form in most of
 the southern districts. As
 the season advanced, the
 disease subsided, except in
 a few localities, where the
 sanitary conditions were known
 to be specially defective,
 but towards the close of the
 year the epidemic showed
 signs of revival, confined
 for the most part to the
 Southern portions of the
 Presidency.

The ^{medical} ~~dispensary~~ returns
 show that 10,131 persons
 suffering from this disease
 were treated in hospitals or
 dispensaries. Of these, 9,812
 were out-patients, among whom

of the 369 in-patients 177
 died.

173,171 with a registered
 mortality of only 96 against
 3209 in-patients with a
 mortality of 127.

376-
 7624 deaths were noted.
 The proportion is admittedly
 below the truth but it re-
 presents, as observed by
~~Dr. M.~~ ^{Dr. M.} Cornish, a closer ap-
 proximation than any pre-
 viously attained in regard
 to this class of patients.
 8. Fever. The ^{total} number of
 persons treated for malarious
 diseases during the year
 was 176,380 and exhibits
 a remarkable decline as
 compared with the figures
 of the four preceding
 years. Regarded as the
 result of regular seasons
 and a normal rainfall
 acting on the physical
 condition of the population
 and enabling them to with-
 stand the effects of ex-
 posure and the vicissi-
 tudes of climate, this
 decrease is a most
 satisfactory indication of
 the state of the public
 health. The out-patients numbered

9. Dysentery and Diarrhoea. With
 the general increase in the
 number of patients treated
 Admissions. Deaths. During the year,
 1881 - 50,516. 707
 1882 - 53,763. 729. There has been
 a small increase in the

number of admissions for bowel complaints, accompanied by a slight ~~decline~~ decline in the rate of mortality.

10. The admissions under the following classes of disorders have increased with the extension of dispensaries.

	1880.	1881	1882
Veneral diseases	48,122	53,443	54,203
Skin diseases	96,386	109,200	121,616
Ulcers.	120,310	122,636	133,406

11. In the number of labour cases brought to hospital for treatment there has been an increase from 2,616 in 1881 to 3,023 in 1882. On the other hand the number of out-patients has fallen from 2,225 to 1,717, according to the returns. This apparent falling off is attributed to the neglect of many local authorities to enter the out-door work of their midwives in the dispensary statistics. The error, it is stated, will be rectified in future reports.

Surgical operations.
12. The following abstract

shows the number of major operations performed respecting by ~~commissioned~~ ^{commissioned} and subordinate medical officers during the last two years -

	By ~~commissioned~~ ^{commissioned} Officers	By subordinate Officers	Total major Operations	Minor Operations	Grand Total
1881	2189	383	2572	37,788	40,360
1882	2080	663	2743	40,542	43,285

The marked increase observable in the ~~second~~ ^{third} column is the natural result of the replacement of ~~Aspirants~~ ^{Aspirants & Civil Apothecaries} ~~Administrators~~ ^{Administrators}. Since the severance of the connection of ~~the~~ ^{the} Deputy Surgeon-General with the Civil Medical Dept., the inspection and control of civil dispensaries in the interior have devolved on the District Civil Surgeon. Shortly after the close of the year now under review a scheme was sanctioned (G.O. 23rd February 1883. no 391) ~~under~~ ^{by} which the District Surgeon was also constituted Sanitary Officer of his district and provision was made for the discharge of his duties during his absence on circuit.

average annual expenditure per dispensary on this account from Rs. 498 to Rs. 475. This result reflects credit on the case with which estimates are checked and controlled by the District Civil Surgeon and on the supervision exercised at head quarters. The charges incurred on account of European and indigenous drugs respectively compare as follows for the last three years.

	1880 Rs.	1881 Rs.	1882 Rs.
European medicines	1,09,958	1,08,622	1,10,963
Indigenous do.	15,019	18,454	19,907

18. Provisional Hospitals. Information was given for the erection of permanent sheds in connection with the Leprosy Hospital in the place of the existing temporary structures. The buildings of the General Hospital, the Women and Children's Hospital, and the Eye Infirmary were also repaired during the year. The last mentioned institution is at present located in a rented building. It has now been decided to build a new Ophthalmic

and for certain improvements at the General Hospital.

14. Finance. The total receipts from all sources during the year amounted to Rs. 8,11,696 against Rs. 8,07,411 in 1881.

- 7.2. In the following abstract the principal items of receipts are compared for the last three years.

	1880 Rs.	1881 Rs.	1882 Rs.
From Govt.	2,76,266	2,79,736	2,73,167
Mun. & Local Bd.	4,52,437	4,62,235	4,89,672
Interest on capital	17,982	22,804	18,012
Donations & Subscriptions	28,219	28,359	30,210

The opening cash balances of the year are given in the present report as Rs. 43,320-13-10. In the report for 1881 the closing balances were stated to amount to Rs. 74,320-5-6. The difference is presumably due to expenditure not finally brought to account at the time the previous year's report was submitted. Including the opening balances, the available income of the year was Rs. 8,55,017-5-0. The closing balances are stated to have aggregated Rs. 53,772-1-11, whence it would appear that the total expenditure amounted to Rs. 8,01,245-3-1.

The expenditure on medicines rose only by Rs. 3,694, implying a reduction in the

Hospital as soon as funds are available.

The administration of
all the Presidency in-
stitutions was, as usual,
highly satisfactory and
efficient; and the
Govt. note with especial
satisfaction the valuable
services rendered by
Surgeons. Major. Drake.
Brockman, & Thompson, C. I. E.
and Surgeon Braufort
in connection with the
institutions respectively
under their charge.

16. The Thompson and
Jork will be conveyed
by the Luzerne Express
of Luzerne Express
Kess and Thompson

and Surgeon General
for the professional papers
contributed by them
and printed as an
appendix to this report.

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PRESS.

Public DEPARTMENT.
G.O. DATED 27th Oct 83
No. 2100

2. Per.

First copy sent to Press. 29/6

Returned for signature.

Despatched in print. 12/79

[Despatch Abstract.]

Administration Reports

Reviewing the report
Civil Hospitals and Dis-
saries in this Presidency
2 year 1882.

Род. 18.

Report

13

Public (1883) Dept

From
The Surge-General
with Profelladen
do: 9/138

28th June 83
30 Oct 83

Pub. ~~July~~ to Oct 1931

Report on Civil
Hospitality & Disposition
for 1882

Office of Surgeon-General
with the Government of Madras

Madras, 23 Octbr.

[Faint handwritten notes at the top of the page]

The dear Effie

[Several lines of very faint, mostly illegible handwriting follow.]

I am yours

[Signature]

70

14. பிரம்மாணம்

செப்பிடுபவர் பெயர் **9/1997**

செப்பிடுவதற்காக எடுத்த
கொள்ளப்பட்ட நாள் **10/1997**

செப்பிட்டு முடிந்த நாள்

சுரீபார்க்கும்
மு. பா. ஏ.
கையொப்பம்

சூரியன்
உதவியாளர்
கையொப்பம்

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