

Public (1896) Department.

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[Despatch Abstract.]

Medical Institutions. Reviewing the
triennial report and statistics of
the — in the Presidency town
of Madras for the years 1893-4-5.
Copy to the Govt. of India.

✓

PUBLIC DEPARTMENT.

From the Surgeon-General with the Government of Madras, forwarding triennial report and statistics of the Medical Institutions in the Presidency town of Madras for the years 1893-95.

As directed in G.O., No. 422, Public, dated 27th March 1896, the Surgeon-

omission of those at the Civil and Military Orphan Asylums is in accordance with the instructions in the Government Order quoted above, they being merely hospitals for the exclusive use of the inmates of the asylums concerned. "The report contains statistics of, and institutes comparisons between, the working of several of the institutions during the past three years, but it does not contain a succinct statement of the advances made in that time. The most important event of the triennial period was undoubtedly the amalgamation of the Women and Children and the General Hospitals, but it receives only a passing notice in paragraph 2 of the report.

3. The remarks in paragraph 2 of the report relating to the Ráyapuram Medical institutions, the Royapettah Hospital, Raja Sir Ramaswami Mudaliar's Lying-in Hospital and the Native Infirmary and North Black Town Dispensary will be brought to the notice of the Local and Municipal Department, the attention of which will also be invited to the comparative statement of the cost of diets at page 53 of the report. It is observed that plans and estimates for a hospital to be built for the north of Madras, in connection with the transfer of the Native Infirmary to the

No.	Department.	Date.	G.O.	No.	D.
35 of 1897		20 70			
78 of 1897		22 1-97			
		+ 1893/98			
1731 459		6 50			
		2 5 07			

74. F-315 has
செப்பங்குபவர் பெயர்
செப்பங்குவதற்காக எடுத்த
கொள்ளப்பட்ட நாளி
செப்பங்கு முடிந்த நாளி
சரீராந்திக்கு ஆதார ய்ச்சி
மு. பாரதி உதயியாளர்
கையொப்பம் கையொப்பம்

Madras Municipality, have been called for in the Public Works Department. In the absence of explanation, the Government does not understand how it is that the instructions conveyed in G.O., No. 197, Public, dated 7th February 1896, that the charges for nursing establishments should be shown in a separate column, should have been too late for adoption in the report which was not submitted until the 22nd June.

4. On page 12 of the report a statement appears showing the accommodation provided for in-patients in the several institutions and the extent to which it has been utilized during the year. This exhibits the anomalies noted in the margin, without, however, any explanation as to the reasons for them. As was remarked in a somewhat similar case in paragraph 4 of G.O., No. 845, Public, dated 10th

	Number of beds available.	Maximum number occupied on any one day.
Maternity Hospital	122	142
Ophthalmic	76	79
Women and Children Hospital	132	137
Royapettah Hospital	45	49
Native Infirmary	104	111

October 1895, it is possible that these discrepancies are susceptible of easy elucidation; one if possible should have been afforded. In the Victoria Caste and Gosha Hospital half the number of beds was empty for want of funds. This is to be regretted, but the Government is glad to note that the income of the hospital rose from Rs. 12,301 in 1894 to Rs. 39,916 in 1895, owing to the munificent donations* of

	rs.
* Maharaja of Vizianagram	10,000
Zamindar of Parlakimedi	8,000
" of Kottam and Tuni	2,000
" of Calicut	1,000
Raja of Cochin	1,000
&c.	&c.

certain native gentlemen. The Surgeon-General's remarks on page 13 regarding the number of beds in the General and Women and Children Hospitals are not quite clear.

5. Including 1,927 cases of natural labour there was, as compared with the previous year, a falling off of 3,851† in the aggregate number of patients treated in the various institutions. This is considered by some officers as partly due to the season being a healthier one. The decrease of 1,911 at the Government

† 1894	199,305
1895	193,527
	1,927
	3,851

Maternity Hospital is ascribed by the Superintendent to changes in medical officers and subordinates. This statement seems to demand fuller explanation, as it is not apparent how the general facilities afforded by the hospital are dependent on its staff. The lowest number of deaths per 1,000 of in-patients treated was 9.7 at the Victoria Caste and Gosha Hospital, and the greatest was 160 at Rajah Sir Ramaswami Mudaliar's Lying-in Hospital, or more than four times that at the Government Maternity Hospital. The increase from 22.1 to 160 *per mille* is attributed by the Surgeon-General to the exclusion from the calculations for 1895 of natural labour cases. But the fact remains that the ratio of 37.8 at the Maternity Hospital was arrived at after a similar deduction. The matter is one which calls for more than the passing notice given it. Malarial fevers still continued to furnish the greatest number of cases; the total rose to 23,133 from 22,771 in 1894. In this connection the remarks of Surgeon-Lieutenant-Colonel Sturmer at pages 155 and 156 on the systematic examination of the blood of patients complaining of malaria, carried on in the Royapettah Hospital, have been perused with interest. The subject appears one worthy of attention. The number of venereal cases treated increased from 3,995 in 1894 to 4,750. It is observed

† Government Maternity Hospital	1
Royapettah Hospital	2
Raja Sir Ramaswami Mudaliar's Lying-in Hospital	5
	8

that there were four deaths from septic diseases acquired in the General Hospital and five in three other institutions.† The Surgeon-General has not stated whether any, and if so what, action has been taken on Surgeon-Major Maitland's remarks on this subject at pages 69 and 70 of the report; important points in the several reports on individual institutions should invariably be noticed in that of the Surgeon-General and Government should not be left to make enquiries with regard to them.

6. The appended statement exhibits the number of patients treated, average daily attendance, &c., for the past three years. Complete records are not available for the year 1893. It will be seen from this that there has been a slight, but steady, diminution in the percentage of mortality among in-patients:—

Year.	Number of patients treated.			Average daily attendance.			Per cent. of mortality among in-patients.	Major surgical operations.	Cost of diet.	Total gross expenditure.
	In.	Out.	Total.	In.	Out.	Total.				
1893 ..	19,313	169,804	189,117	823.64	1,039.20	1,862.84	5.95	* 3,639	+ 1,22,242	Rs. 4,05,506
1894 ..	19,480	179,825	199,305	978.16	1,114.56	2,092.72	5.74	3,794	1,19,994	4,30,017
1895 ..	17,345	176,182	193,527	1,042.87	1,108.49	2,151.36	5.66	4,154	98,046	4,26,175

* No records for Victoria Caste and Gosha Hospital, St. Thomé Dispensary, and Port and Marine Dispensary.
† Exclusive of the Victoria Caste and Gosha Hospital.
‡ Exclusive of the cost of the Royapettah Hospital, St. Thomé Dispensary, and Port and Marine Dispensary.
§ Exclusive of 1,927 cases of natural labour.

7. The increase in the number of major operations is satisfactory and the Government has perused with pleasure the Surgeon-General's testimony to the excellent work done in this branch by the medical officers named in paragraph 9 of the report. The statement of operations embodied in that paragraph does not agree in several instances with the particulars afforded in the separate reports on the different institutions. The statement shows that there were 2,138 major operations at the Ophthalmic Hospital in 1895 but the particulars at page 117 show that there were 2,150. The figures for the three Black Town institutions do not agree at all with those at page 170. If the latter are incorrect, it should have been so noted in the report. In any case, some explanation should have been afforded of the considerable increase in the total number of major operations. This is variously given as 215 on page 15 and 216 and 217 on page 170. The Surgeon-General will report on this matter.

The total cost of diets in 1893 appearing on page 23 does not agree with column 12 of the statement at page 21, nor does the average daily attendance of in-patients for that year given at page 12 tally with the figures embodied in paragraphs 5 and 7, although that for 1894 and 1895 does. These are details which should have received attention before the report was submitted to Government.

8. *Finance.*—The total expenditure during the year amounted to Rupees 4,26,175-1-2, which was met from the following sources:—

	Rs.	A.	P.
Government	3,11,661	2	1
Municipality	41,968	14	10
Public subscriptions	30,441	3	3
Paying patients	21,121	13	4
Monegar Choultry Funds	13,521	15	4
Interest on investments and withdrawal of deposits	4,248	9	5
Port Funds	2,430	13	5
Miscellaneous (sale of grass, &c.)	780	9	6
Total ..	4,26,175	1	2

The increase in the item "Public subscriptions" from Rs. 5,634 in 1894 to Rs. 30,441 is due to the energetic efforts of the Secretaries of the Victoria Caste and Gosha Hospital Committee to make that institution self-supporting. In the report of that hospital the total subscriptions received during 1895 are shown (*vide* page 150) as Rs. 30,867-5-1, whereas in Statement V, page 35, the amount is stated to be Rs. 30,259-13-11. Moreover, the item of Rs. 2,000 under "Miscellaneous" in the

report above alluded to has been omitted from Statement V, the result being that the totals in it and in the report do not agree. It is observed that the word *income* in foot-note (c) to the statement at page 35 should apparently be *expenditure*.

9. The decrease in expenditure on *establishment** is explained by the Surgeon-General as due to the exclusion of the pay of temporary and doing-duty men, of pre-collegiate and clinical pupils, &c. This statement by itself is not altogether clear. If the expenditure was excluded from one head it must have been included under another and this should have been stated. The Government is glad to notice the larger consumption † of indigenous drugs, and the decrease ‡ in the amount of European medicines used, and hopes that the steps taken by the Surgeon-General will lead to still greater economy in this direction. The Surgeon-General does not state whether he has taken any action on Dr. Price's suggestion on page 49 in regard to the use of Waring's book on

* Establishment—					
		RS.	A.	P.	
1894	..	1,40,994	4	2	
1895	..	1,38,402	15	8	
	Decrease	7,491	4	6	
† Bazaar medicines—					
1895	..	2,799	11	7	
1894	..	873	10	2	
	Increase	1,926	1	5	
‡ European medicines—					
1894	..	39,711	15	14	
1895	..	35,475	13	9	
	Decrease	4,236	2	2	
§ Diets—					
1894	..	1,10,993	9	8	
1895	..	98,046	5	9	
	Decrease	21,947	3	11	

bazaar medicines. His attention will be invited to the second paragraph on page 181 of the report. The decrease of Rs. 21,947 3 11 in the total cost of diets is satisfactory, but the Surgeon-General should have furnished some details instead of leaving it to Government to obtain them from the appendices to the report.

The statements at page 54 that the private nursing institution managed by the Matron Superintendent of the General Hospital was worked during the year at a profit of Rs. 556, and that employment could readily have been found for double the number of nurses available, confirm the Government in its previously expressed opinion that the "Lady Wenlock Nursing Institute" will prove self-supporting.

10. From columns 13 and 14 of the statement at page 21 of the report it appears that, notwithstanding the fact that the cost of diets at the General Hospital fell from Rs. 39,480 to Rs. 34,688, while the expenditure for nine months at the Women and Children Hospital was only Rs. 8,346 as compared with Rs. 14,400 for the same quarters of 1894, during the whole of which year the expenditure was Rs. 19,389. This is partly accounted for by the fact that, whereas there were 3,507 patients in 1894, there were only 2,311 during the first nine months of 1895. At page 186 of the report the medical officer in charge advances additional reasons. The general result was that the average cost of European diets fell from As. 8-1 to As. 7, while that of Native diets rose from As. 3-3 to As. 3-7. The latter variation is attributed to an increase in the quantity of extras ordered.

11. The statement at page 51 of the report shows that the average cost of diets of all descriptions at the General Hospital has decreased to a very appreciable extent during the past three years. The figures for 1895 do not agree with those given by the Surgeon-General at page 37, which are apparently the result of halving the cost of a male and female diet under each head. The testimony afforded by the Senior Medical Officer that the reduced expenditure is due to favourable conditions in procuring supplies, to the skill and attention used in storing and preventing waste, to the economical use of extras by medical officers is very satisfactory, and Government has no doubt that now that matters have been got into working order, a further decline under this head will result. Brigade-Surgeon-Lieutenant-Colonel Price (now retired) is entitled to the thanks of Government for his exertions in the matter. The plan adopted by that officer in regard to "Samples" as set forth at page 18 of the report is a good one and should be brought to the notice of all heads of medical institutions at the Presidency.

12. The total cost of diets at the Maternity Hospital fell from Rs. 16,472 to Rs. 12,776 and the averages for European and Native diets from As. 9-7 and As. 3-10 to As. 7-6 and As. 3-5, respectively. The cause of the decreases in the averages is not specified either by the Surgeon-General or the Superintendent: it seems, however, highly probable that the introduction of the new departmental system is largely responsible for them. The statement at page 118 shows that the average cost of European and Native diets at the Ophthalmic Hospital fell from As. 7-1 and As. 3-7 to As. 6-11 and As. 3-6, respectively. Although the reductions are slight, they indicate that attention has been paid to recent orders.

13. Owing to the different method of calculation recently introduced, it is not on this occasion possible to institute a comparison between the average costs per diet for the last two years, but the Government desires that the Surgeon-General will pay special attention to this matter when submitting his report for 1896. There is evidence in the papers now before Government tending to show that considerable improvements and economies will result from a careful and continued observance of the present rules in regard to the supply of articles of diet.

14. The variations in expenditure under the different heads in the several institutions are explained by the Surgeon-General at page 22 of his report. In the Royapettah Hospital there was an increase under every head, the largest being under European medicines, viz., Rs. 1,360. This is ascribed to the purchase of a large number of surgical instruments. The Officiating Surgeon, Fourth District, remarks that the rates for diets in this institution were excessively high for the year under review, it having been found impossible to diet a native patient for four annas per day. The Surgeon-General's remarks regarding tenders for diet in this hospital will be communicated to the Local and Municipal Department.

15. The Government fully concurs in the Surgeon-General's remarks in paragraph 17, and notes with pleasure the testimony therein borne to the ability and devotion displayed by Brigade-Surgeon-Lieutenant-Colonel Price in the execution of his duties as Principal Medical Officer of the General Hospital and to the efficiency of the administration of the Maternity Hospital by Surgeon-Lieutenant-Colonel Sturmer and Brigade-Surgeon-Lieutenant-Colonel Branfoot. With regard to the separate reports it appears to the Government advisable that the Surgeon-General should pass proceedings on each on receipt and attach a copy to his report when submitting it to Government in view to informing it of the action taken by him. In the present instance there are several matters which require notice, but the Government is precluded from taking them into consideration in the absence of the remarks and recommendations of the Surgeon-General, e.g., the suggestion of the Senior Medical Officer, General Hospital, at page 48, that the fees paid by students for clinical instruction in the hospital should be credited to that institution instead of to the Medical College as at present.

(True Extract.)

J. F. PRICE,
Chief Secretary.

To the Surgeon-General.
Sanitary Commissioner.
Financial Department.
Local and Municipal Department.
Accountant-General.
Copy to Brigade-Surgeon Lieutenant-Colonel W. Price, M.D., I.M.S. (Retired).

Encl.—No. 851, Public, dated 11th August 1896.

Copy to the Government of India, Home Department.

J. F. PRICE,
Chief Secretary.

Encl. M. Pahlavan.

Govt. of {1896} Madras.
PUBLIC.

Issued.

Recd.

Encl.

G.O., &c., Nos. 850, 851,
11th August 1896.

AUGUST.

Medical Institution.

Reviewing the triennial report and statistics of
the — in the Presidency town of Madras for the
years 1893-95. Copy to the Government of
India.

ANNUAL REPORT AND STATISTICS

(Triennial)

FOR 1895

OF THE

MEDICAL INSTITUTIONS

IN THE

PRESIDENCY TOWN OF MADRAS.

MADRAS:

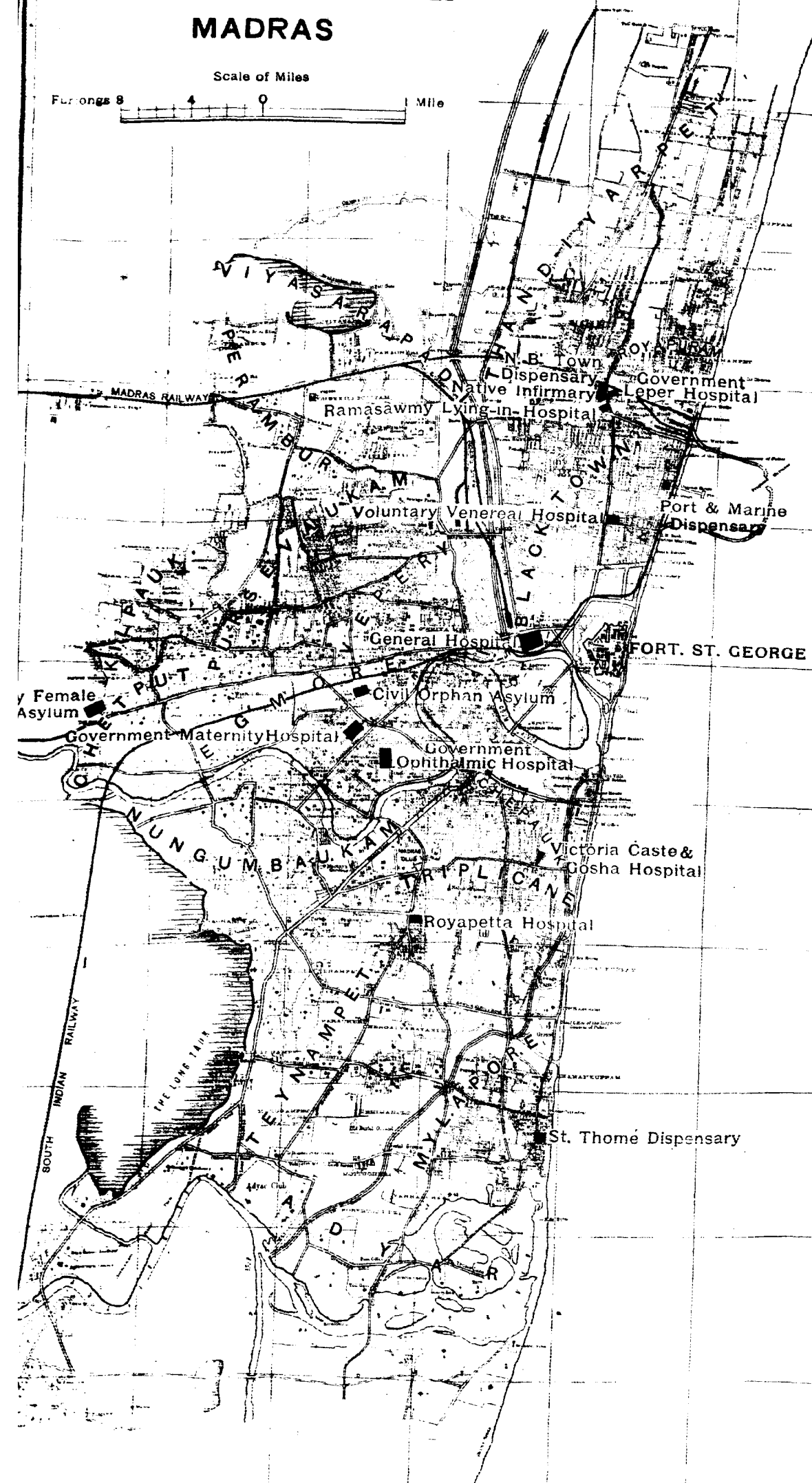
PRINTED BY THE SUPERINTENDENT, GOVERNMENT PRESS.

1896.

HOSPITALS AND DISPENSARIES

MADRAS

Scale of Miles
Furlongs 8 4 0 Mile



9. CURRENT No. 11
OFFICE OF THE SURGEON-GENERAL

WITH THE GOVERNMENT OF MADRAS,

Obtained Madras 22nd June 1896.

No. *Four*
210

From

SURGEON-MAJOR-GENERAL C. SIBTHORPE, F.R.C.P.I.,
Surgeon-General with the Government of Madras,

To

THE HON. THE CHIEF SECRETARY TO GOVERNMENT,
Public Department.

SIR,

I HAVE the honour to submit to His Excellency the Governor in Council the Annual Report and Statistics for the year 1895 on the working of the Medical Institutions in the Presidency town of Madras. This designation has been adopted in accordance with G.O., No. 422, Public, dated 27th March 1896. A map showing the distribution in the town of the different institutions is attached.

2. General Administration—(1) *Review of last report.*—In G.O., No. 712, Public, dated 28th August 1895, reviewing the report on State Hospitals for the year 1894, Government directed—

(a) *Cost of diets.*—That the cost of European and Native diets be kept quite distinct, and separate averages per diet per diem under each be worked out. This has been attended to—*vide* G.O., No. 201, Public, dated 8th February 1896, which has been republished and issued as a standing order to all the Medical Officers concerned.

(b) *Hospital stoppages.*—That the scale of hospital stoppages for private patients in the State Hospitals should be drawn up in consultation with the authorities in Calcutta and Bombay as to the mode in which recoveries are made in similar institutions in those cities. This subject has been disposed of in G.O., No. 434, Public, dated 31st March 1896.

(c) *Special quarters for caste patients.*—That the Government should be furnished with particulars of the use made of the quarters provided for Native gentlemen in the General Hospital and the amount of fees collected on that account. This question was disposed of in G.O., No. 129, Public, dated 24th January 1896.

(d) *Cost of medicines.*—That the report called for in G.O., No. 341, Public, dated 4th May 1895, regarding the question of cost of medicines, &c., should be expedited. This was disposed of by G.O., No. 989, Public, dated 2nd December 1895, in which my attention was drawn to the fact that the expenditure on bazaar medicines in the Black Town Dispensary, the Native Infirmary and the Raja Sir Ramaswami Mudelliar's Lying-in Hospital was unusually low, viz., 14 annas 6 pies. On enquiry I found out that the figures for bazaar medicines furnished by the municipality for the Black Town Dispensary and by the Honorary Secretary, Monegar Choultry, for the Native Infirmary and Raja Sir Ramaswami Mudelliar's Lying-in Hospital were erroneous, Rs. 514-2-0 spent on bazaar medicines having been included under miscellaneous charges.

(e) *Scale of charges for Officers' Quarters.*—That the scale of charges for the 'Officers' Quarters' should be revised and a report submitted. This question was also disposed of in G.O., No. 434, Public, dated 31st March 1896.

(f) *Nurses for Government Maternity Hospital.*—That a report should be submitted as to the expediency of a small permanent staff of nurses being maintained in the Government Maternity Hospital. This subject and the re-organisation of the training school for midwives were disposed of in G.O., No. 111, Public, dated 22nd January 1896.

(2) *Government of India review.*—In G.O., No. 227, Public, dated 14th February 1896, Government directed my attention to certain paragraphs in the review note by the Director-General of the Indian Medical Service on the annual reports on hospitals and dispensaries for the year 1894.

(a) *Out-patients.*—As regards paragraph 22 of the note when the Director-General was at Madras, he made some suggestions regarding improvements in dealing with out-patients which would tend to relieve work in these departments and simplify the clerical work. Departmental orders have since been issued with the view of carrying out his suggestions, and with regard to the treatment of out-patients a general pharmacopœa on the lines of the one used in the Punjab has been issued as a Civil Medical Form for use in the out-patient departments which will tend to the more extensive use of stock medicines. According to these orders the compounding of medicines can be done at times when no patients have to be seen, a procedure tending to the more economical use of medicines.

(b) *Surgical operations.*—With reference to paragraph 30 of the note the Government of India has since published a set of rules regarding the registration of surgical operations—*vide* G.O., No. 402, Public, dated 23rd March 1896, which has been republished and issued as a standing order to all the Medical officers for their future guidance.

(c) *Annual Report.*—The suggestions regarding the inclusion of all the medical institutions in the City of Madras in one report, contained in paragraph 43 of the above note, has been given effect to in G.O., No. 422, Public, dated 27th March 1896.

(d) *Expenditure in the Government General Hospital for the year 1894.*—The information contemplated in paragraph 68 of the note has been fully dealt with—*vide* Appendix A.

(e) *Medicines.*—Paragraph 85 of the note, referring to the classification of medicines, has received my attention, and the matter is now under correspondence with the Director-General of Indian Medical Service.

(f) *Out-patient departments.*—Paragraph 87 of the report has been referred to the various Medical officers concerned with the out-patient departments in Madras, and, on receipt of their views, a full report will be submitted on the means of improving them.

(3) *Supplies.*—As regards the departmental supply of provisions in the State Hospitals, &c., in accordance with paragraph 22 of G.O., No. 815, Public, dated 2nd October 1895, I made enquiries from the Inspector-General of Prisons as to how the system is worked in his department. His reply dealing with the question fully was circulated to all Medical officers concerned for their remarks which are now before Government in my letter No. 10, dated 14th January 1896.

The Director-General in his note, paragraph 88, remarked that "the system may tend to economy, but its expediency may be considered as doubtful, particularly if the responsibilities associated with it are borne by the Medical officer."

In this connection I may mention that in G.O., No. 665, Public, dated 6th August 1895, Government ordered that Medical officers in charge of Presidency State Hospitals, &c., were held responsible for accepting tenders for the supply of articles to their institutions under rule 5 in the appendix to G.O., No. 330, Public, dated 13th May 1892. This has been issued as a standing order with the following instructions:—

(i) No contracts should be executed for the supply of non-perishable articles of diet which should be periodically purchased in bulk.

(ii) All papers connected with contracts and with the purchase of supplies should be sent to the Surgeon-General for his supervision so as to enable him to exercise a proper control over the expenditure.

(4) *Re-organization of General Hospital and Training School for Nurses.*—During the year under report the Women and Children's Hospital was amalgamated with the General Hospital on the 27th September 1895. Whilst arrangements were being made for this transfer I submitted proposals as required in G.O., No. 390, Public, dated 4th June 1894, in regard to the medical staff that will be required and the re-distribution of beds, &c., for efficiently working the combined General and Women and Children's Hospital under the new conditions. These have been dealt with in G.O., No. 570, Public, dated 9th July 1895. In this connection the question of having a Nursing Institute and Training school for nurses in Madras came up before Government. I submitted proposals drawn up in consultation with the Senior Medical Officer and Matron Superintendent, General Hospital, and Government passed orders sanctioning most of my proposals in G.O., No. 439, Public, dated 31st May 1895, and G.O., No. 304, Public, dated 28th February 1896.

(5) *Lady Wenlock's Nursing Institute.*—In G.O., No. 584, Public, dated 11th July 1895, the designation of the "General Hospital Nursing Institute" was changed to "The Lady Wenlock's Nursing Institute, General Hospital, Madras." By G.O., No. 136, Public, dated 28th January 1896, the establishment of this institute has been suspended pending the orders of the Government of India.

(6) *Charges for nursing establishments.*—In G.O., No. 197, Public, dated 7th February 1896, Government communicated to me letter No. 1, Medical—43, dated 23rd January 1896, from the Government of India regarding the charges for nursing establishment being shown in a separate column in the annual financial statement V, Part I. This order was received too late to make the necessary alterations in the financial statements for the year under report. It has, however, been issued as a standing order and the instructions will be attended to in future years.

(7) *Government Maternity Hospital.*—In G.O., No. 111, Public, dated 22nd January 1896, the designation of Government Lying-in Hospital was changed to the "Government Maternity Hospital."

(8) *Royapuram Medical Institutions.*—When I visited the Royapuram Hospital in February 1895, I found the buildings and other arrangements connected with them to be in a most unsatisfactory, insanitary and unsafe condition; I addressed the Surgeon, First District, with a view of his taking steps to get the whole of these charities put on a proper working basis. The Surgeon, First District, placed himself at once in communication with the Honorary Secretary and Treasurer, Monegar Choultry, and pointed out in detail the insanitary, unsuitable and generally unsatisfactory state of the buildings and hospital arrangements, and the practical impossibility of efficiently working the institution according to the modern ideas under such conditions. He then proposed that if it was out of the power of the Directors for want of funds to spend the sum of Rs. 20,000 roughly estimated in 1894 by the Consulting Architect to Government to repair and make the necessary alterations in the buildings and to provide a suitable medical and nursing staff and proper kitchen arrangements, that—

First.—Government be requested to take over the buildings and make the the necessary alterations and put them in an efficient state of repair;

Second.—That the buildings, thus altered and repaired, be handed over to municipality, and

Third.—The municipality be required to maintain the institution as the Municipal General Hospital of the First District.

It was also proposed that the out-patient department being much too limited and unsuited as noted by me, the Napier School-house for foundlings, which is better lighted and ventilated, be made use of for the purpose. The following are the results of the above representations:—

(i) The Napier School-house for foundlings has been made over to the municipality for the location of the Black Town Dispensary, and the necessary alterations were made so as to adapt it for the purpose. It is a much more satisfactory building, although it is not large enough.

When passed down the months ago - have
order issued? Just, right?
The same question may be asked on the diet
Report -

(20) *Standard plans and estimates for Municipal Hospital buildings in Madras.*—In my letter to Government, No. 420, dated 1st October 1895, I suggested that all plans and estimates for Municipal hospitals or dispensaries in Madras should be submitted to the Sanitary Board under the rules enumerated in paragraph 3 of G.O., No. 1069 M., dated 21st June 1892, Local and Municipal, and in G.O., No. 79 L., dated 16th January 1891, Local and Municipal; this proposal was accepted and communicated to the President, Madras Municipal Commission, by Government in G.O., No. 1795 M., Miscellaneous, dated 29th October 1895, with the view that the adoption of the proposal would probably be of considerable assistance to the municipality in carrying out undertakings of the kind. This suggestion was accepted by the municipality.

(21) *Inspections—Government General Hospital.*—This institution was inspected by me on several occasions.

Government Maternity Hospital.—I visited this hospital several times during the year.

Government Ophthalmic Hospital.—I visited this institution on the 12th September 1895 and made the following remarks in the visitors' book:—

"Visited the hospital. Fifty-nine in-patients. All the wards clean and in good order."

Government Leper Hospital.—I visited this on the 11th September 1895 and made the following remarks in the visitors' book:—

"Visited the hospital. Two hundred in-patients and eleven criminals. A larder should be provided."

On the 19th November 1895 His Excellency Lord Wenlock visited the institution and remarked in the visitors' book as follows:—

"Visited the asylum which I found as usual very neatly kept. The accommodation for Native females is reported to be very inadequate. Received a complaint from the European and Eurasian inmates as to their diets; the subject is receiving the attention of the Surgeon-General."

I have addressed Government on this point in the correspondence regarding the report of the diet committee and the question has been disposed of in G.O., No. 509, Public, dated 4th May 1896.

Government Voluntary Venereal Hospital.—I visited this institution on the 11th September 1895 and made the following remarks:—

"Visited the hospital. Sixty-seven in-patients. Everything very clean and neat and in good order."

Government Women and Children's Hospital.—I visited this hospital before its amalgamation with the General Hospital on the 9th September 1895 and made the following remarks:—

"Visited the hospital and glad to find the patients well looked after."

Victoria Caste and Gosha Hospital.—This institution was inspected on the 13th December 1895, when the following remarks were entered in the book:—

"Inspected the hospital to-day with the Superintendent and found everything clean, neat and in good order. There are forty-four in-patients to-day and a number of out-patients in waiting. The books are well kept; the instruments are in good order. A small capital case and a better selected set of midwifery instruments are required. It is very desirable that printed out-patient prescription tickets should be supplied. A few more shelves are required in the drug store-room. The useless bottles, &c., should be sold. The present system of washing out the latrines is not a good one, and it would be better to adapt them to the habits of the Natives. The old well in front of the kitchen is objectionable and probably dangerous, it should be filled up and levelled. Too much smoke is allowed to get about the kitchen, this might easily be rectified. The iron receptacles are too large and heavy, they should be sold and replaced by smaller ones that one man can lift."

Royapettah Hospital.—I visited this hospital on the 16th September 1895 and remarked as follows:—

"Visited the hospital. Twenty-three in-patients. The hospital appears clean and neat but still there is the dreadful 'hospital smell' about it. The new drains and flooring are a great and necessary improvement. As regards the new operation room and the proposed new isolation hut I am strongly of opinion that it is a mistake for the municipality to spend money on erecting buildings on a site which never can be made a satisfactory one for a hospital. I note that neither I nor the Sanitary Board, as far as I can understand, have had any opportunity of expressing our official views on the operation ward now being erected or on the plan and site of the proposed isolation ward. Unless I am misinformed this is contrary to the orders of Government unless these structures cost less than Rs. 200 each. Standing Order No. 15 of 16th May 1895 regarding a stock book should be carried out at once. I see some Eurasian patients in this hospital which in my opinion is a great mistake, as the hospital is not organised to deal with this class, and the Government, on the other hand, has organised the General Hospital for them to which the municipality contributes."

St. Thomé Dispensary.—I visited this on the 18th December 1895 and entered the following remarks:—

"Visited the dispensary and am well pleased with the work it is doing. Hospital Assistant Abraham says that the allowance for medicine is not sufficient. It would be a good plan to arrange for the complete separation of the sexes and let them get their medicines at different doors in the dispensing room. It will also be possible to arrange for separate dressing rooms. There were twenty-seven new cases yesterday and nine old ones."

Port and Marine Dispensary.—I visited this on the 23rd January 1896 and entered the following remarks:—

"Inspected the dispensary with Surgeon-Major J. Smyth. Everything neat and in good order. Some obsolete records in stock, C. M. Form No. 19, should be completed and sent to me for orders. The rules regarding the duties of the medical subordinate should appear in the new Civil Medical Code."

Raja Sir Ramaswami Mudelliar's Lying-in Hospital.—I visited this hospital on the 19th February 1895 and entered the following remarks:—

"Visited the hospital and am well pleased with the general arrangements. There should be a separate kitchen with a caste cook, a general store-room and a proper linen room are very necessary. Each ward or set of wards should have a small separate latrine and a separate bath-room. There should be kitchens for the caste wards. There should be a scullery and a small latrine for the delivery wards. The laundry is very badly constructed and should have proper soaking, washing, drying and disinfecting places and there should be a female toty in charge. Each ward should have its own disinfecting tubs. The furniture is insufficient and so is the bedding and clothing. No bedding or clothing appears to have been received from the Commissariat Department, the Superintendent should write through the Honorary Secretary to the Executive Commissariat officer under paragraph 1201-A., Army Regulations, India, Vol. VI, Medical, to ask him to send any spare condemned clothing from the Station Hospital. I consider no cases of Europeans or East Indians should be admitted unless in severe emergencies as Government provides proper accommodation for them in the Government Maternity Hospital and this hospital is not properly equipped for them. It would be most desirable that the accounts of this hospital should be kept separate from those of the Native Infirmary. As the quarters of the Assistant Surgeon will probably soon be required for the Rayapuram Medical School it is most desirable that other quarters should be provided for him close to the hospital, also quarters are required for the Hospital Assistant and for twelve Native midwives."

I again visited this institution on the 11th September 1895, and entered as follows:—

"Visited the hospital. Twenty-two in-patients. Everything clean and in good order. The suggestions I made on the 19th February should be brought before the special committee if appointed by Government."

His Excellency Lord Wenlock visited this institution on 19th November 1895 and entered the following remarks:—

"Visited the hospital and found everything very clean and in good order. The want of bath-rooms, lavatories and laundries is however much felt."

Their Excellencies Lady Elgin and Lady Wenlock visited the hospital on the 6th December 1895, and remarked as follows:—

Lady Elgin.—"I was much interested in going round the wards of this hospital with Surgeon-Major Walker and was pleased to see how much it is appreciated by the women, who all appeared to be well cared for."

Lady Wenlock.—"I accompanied Lady Elgin and have pleasure in recording that I endorse her remarks."

Native Infirmary and North Black Town Dispensary.—I visited this institution on the 19th February 1895, and noted as follows in the visitors' book:—

"Visited the hospital and choultry. I note that no steps have been taken to repair the floors of the wards or the general drains of the hospital which I reported on in May last. The whole infirmary and out-patient department is as unsatisfactory as it possibly can be. The buildings do not appear to have been repaired for many years, and some of them are in a dangerous state. In most of the occupied wards there is serious overcrowding, and on entering the hospital this morning, I noted that the atmosphere was generally foul which is clearly due to the overcrowding in some of the wards, the want of air space between the occupied buildings, and the soakage into the ground from the bad state of the surface drains. A more unsatisfactory or unsafe sanitary state could scarcely exist. The wards are not supplied with either proper latrine accommodation or bath-rooms. The general latrines are all of very obsolete pattern and in a ruinous state so that it is impossible to keep them clean. The out-patient department is far too limited and the buildings are quite unfitted for the use to which they have been adapted. There is no proper separation of the sexes, there are no proper consulting rooms, or operation room, the staff is too limited and there is no eye dispensary as there should be so far away from the Government Ophthalmic hospital. This is the place where hospital assistants have to learn what they can about diseases of the eye. The kitchen is a disgrace to any hospital and I understand is not under the control of the Medical officer. The store rooms are far too limited in space and badly arranged. There are no proper caste wards or kitchens for caste patients. The water-supply is limited which is most dangerous in a sanitary sense and also on account of the fear of fire. There are no proper filters in the hospital. The furniture is in bad repair and quite insufficient, I saw some wards without any. The bedding and clothing is wholly insufficient. There are no arrangements either in the wards or laundry which does not exist for the disinfection of soiled clothing. The establishment both medical and menial requires revision, the latter is woefully deficient, and no proper nursing exists in the hospital. The dieting of the hospital should be entirely under the orders of the Medical officer and should have nothing to do with the Monegar Choultry. More indigenous drugs should be used. The mortuary requires general reconstruction and equipment. The quarters of the resident medical subordinate are in a very bad state of repair. It is most desirable that the portion of land behind the Native Infirmary should be kept for hospital purposes and that the toties' lines beyond should also be included and placed under the charge of the Medical officer. It would not be at all desirable to place an isolation hospital or camp close to the present hospital (Infirmary). I consider the present isolation ward should be properly repaired equipped and kept for the treatment of cases of cholera or small-pox during a non-epidemic period, the isolation hospital being opened on a separate site during an epidemic. There is a most insanitary tank in the

"Monegar Choultry compound close to the hospital buildings which should be filled up. I found only four children in so-called Foundling Hospital and one hundred and thirty paupers in the Monegar Choultry who appeared to be ordinary beggars such as one may see in numbers outside; a few were blind. In my opinion it would be far better if the Monegar Choultry was done with altogether and a blind asylum and Foundling Hospital attached to the Native Infirmary. These should be placed under the Municipal Commissioners and with the out-patient department (the Black Town Dispensary) should be properly managed for them by the Medical officer in charge. Considering this is the great clinical school for the Hospital Assistant class, the whole institution should be re-organized and placed on a working basis so that it would be a model municipal hospital with a properly organized out-patient department. I understand that numerous applications have been made to the Directors by the Medical officers on nearly all the above subjects and nothing whatever has been done."

On the 11th September 1895 I again visited this institution and remarked as follows:—

"Visited the Native Infirmary and Black Town Dispensary and am much pleased with the temporary arrangements for out-patients, which, as shown by the increase in attendance, is appreciated by the public. Some improvements have been made in the drainage and other details. The whole question of the improvements necessary are now before Government."

His Excellency Lord Wenlock visited these institutions on the 19th November 1895 and remarked as follows:—

"Visited the institution this afternoon. Though the poor of the district derive much benefits from the Infirmary, it is to be regretted that the buildings are not more suitable. They are now getting very old and are generally defective, especially for teaching purposes; as many as one hundred and fifty students studying for the Hospital Assistant grade receive clinical instruction in this institution. The Black Town Dispensary, being accommodated in a new and separate building, is working well."

3. Mortality in the City of Madras.—The following table furnishes the chief causes of mortality among the population of the city as compared with the ten previous years:—

Year.	Cholera.	Bowel-complaints.	Fever.	Small-pox.	Other causes.	Total.	Ratio per mille of population.
1885	184	2,807	3,595	26	8,313	14,925	32.9
1886	4	2,586	3,801	1	8,307	14,699	32.4
1887	530	2,911	4,037	13	8,701	16,192	35.7
1888	543	2,568	3,372	36	8,920	15,439	34.1
1889	182	2,993	4,154	45	9,712	17,086	37.7
1890	748	2,704	4,685	78	8,983	26,198	57.8
1891	1,916	4,573	6,731	66	10,522	23,808	52.6
1892	611	3,958	6,889	27	9,362	20,847	46.0
1893	27	2,708	6,628	20	9,201	18,584	41.0
1894	77	2,892	6,128	12	7,988	16,542	36.5
1895	123	2,204	6,265	3	8,458	17,053	37.7

This shows an average below the general and that 1895 was a relatively healthy year.

4. Accommodation.—The subjoined statement shows the number of hospitals and the provision of beds for the accommodation of in-patients and how they have been utilized during the year:—

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ANNUAL REPORT AND STATISTICS OF THE

Number.	Hospitals.	Number of beds available.												Average daily sick.						Percentage of beds occupied.			Maximum number of beds occupied on any one day during the year 1895.																		
		1893.			1894.			1895.			1893.			1894.			1895.																								
		Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.																						
1	Government General Hospital	303	...	303	375	...	375	360	114	474	252	222	19	107	253	280	13	53	66	261	32	295	22	62	35	12	42	369	99	83	68	75	02	76	04	413					
2	Government Maternity Hospital.	...	122	122	...	122	...	...	...	122	...	...	70	95	2	73	19	...	67	88	46	68	34	...	72	02	13	72	15	59	86	51	92	50	14	142					
3	Government Ophthalmic Hospital.	43	34	76	42	34	76	42	34	76	34	22	22	98	1	58	52	32	01	22	07	1	57	56	25	33	78	1	07	55	29	77	00	74	01	72	62	79			
4	Government Women and Children Hospital.	...	120	...	120	...	132	...	132	...	...	...	95	49	24	83	120	32	...	105	18	25	32	131	00	...	79	16	23	41	102	57	100	27	99	24	85	28	187		
5	Government Leprosy Hospital.	186	44	230	186	44	230	186	44	230	172	56	57	39	7	40	237	56	161	18	51	36	6	18	72	164	28	50	11	5	02	219	41	103	20	95	10	95	40	226	
6	Government Voluntary Venereal Hospital.	...	100	...	100	...	100	...	100	...	...	...	67	33	...	67	33	...	...	65	75	...	65	75	...	...	64	00	37	61	37	67	33	65	75	64	00	88			
7	Victoria Caste and Gosha Hospital.	No record.	...	...	...	...	64	...	64	64	...	...	No record.	...	...	...	...	...	...	34	93	3	12	38	05	...	29	38	1	92	31	25	No record.	59	45	48	83	56			
8	Boyspettah Hospital	30	20	50	30	15	45	30	15	45	25	58	10	76	3	38	39	70	23	68	9	33	4	93	37	94	22	876	3	61	84	95	79	40	84	31	77	66	49		
9	Raja Sir Ramaswami Mudelliar's Lying-in Hospital.	...	36	...	36	...	36	...	36	...	...	...	19	05	...	19	05	...	...	17	15	...	17	15	...	...	8	60	...	5	50	52	90	47	63	15	28	34			
10	Native Infirmary	64	40	104	64	40	104	64	40	104	36	54	20	52	3	12	60	18	40	06	20	07	3	51	63	64	55	49	5	26	87	39	57	86	61	19	81	02	111		
Total		825	516	1,341	687	587	1,284	882	569	1,251	521	717	864	66	43	36	929	19	637	06	394	85	46	25	978	16	570	36	418	71	53	21	1,02	87	81	44	76	18	83	86	1,335

MEDICAL INSTITUTIONS IN THE PRESIDENCY TOWN.

In the Government General Hospital there were 99 additional beds due to the amalgamation of the Women and Children Hospital with the institution. In the total number of beds available, the 132 beds, shown against the Women and Children Hospital are not included, as the hospital was amalgamated with the General Hospital on the 27th September 1895 as already stated. It will be noted from the above that in the Victoria Caste and Gosha Hospital, though there are 64 beds, the daily average occupied for 1895 was only 31.25 due to the fact that 26 beds had to be kept empty for want of funds. The Honorary Secretary, Dufferin Fund, represented to Government that a fixed annual grant of Rs. 1,500 should be provided, but it was not sanctioned—vide G.O., No. 20-F., dated 9th January 1896.

5. Total treated.—The subjoined table shows the total in- and out- patients treated with the daily average sick for the triennial period:—

Number.	Institutions.	Aggregate number treated.			Average daily attendance.		
		1893.	1894.	1895.	1893.	1894.	1895.
1	Government General Hospital	54,111	56,810	58,818	605.01	624.18	726.05
2	Government Maternity Hospital	25,854	25,416	23,505	190.66	180.23	178.08
3	Government Ophthalmic Hospital	9,987	9,955	9,538	152.56	153.84	158.75
4	Government Women and Children Hospital	3,542	3,507	2,562	120.32	131.00	108.86
5	Government Leprosy Hospital	567	528	501	237.85	227.11	234.89
6	Government Voluntary Venereal Hospital	651	662	703	67.33	65.75	64.37
7	Victoria Caste and Gosha Hospital	7,534	9,269	8,675	180.82	180.23	113.09
8	Boyspettah Hospital	30,694	31,977	32,081	208.20	214.64	205.25
9	St. Thomas Dispensary	10,068	10,594	9,441	No record.	83.84	34.96
10	Port and Marine Dispensary	3,037	3,331	2,980	No record.	34.69	30.08
11	Raja Sir Ramaswami Mudelliar's Lying-in Hospital	856	769	125	19.05	17.15	5.50
12	Native Infirmary	3,062	2,808	2,398	60.18	68.64	87.39
13	North Black Town Dispensary	39,134	44,184	42,310	206.68	216.42	209.14
Total		189,117	199,305	193,527	1,862.84	2,092.72	2,151.36

* 1,927 cases of natural labour treated are not included in this.

The decrease seen in the Maternity Hospital is explained by the Superintendent as due to the changes in Medical officers and subordinates. The slight decrease in the Ophthalmic Hospital must have been due to a similar cause. As regards the decrease in the Women and Children Hospital, it should be remembered that this institution existed as such separately, only on the 27th September 1895.

The figures in the year under report against the Victoria Caste and Gosha Hospital and Raja Sir Savalay Ramaswami Mudelliar's Lying-in Hospital show a decrease in consequence of the Medical officers concerned having included natural labour cases under diseases treated in former years. The correct figures would be:—

	Aggregate number treated excluding natural labour cases.		
	1893.	1894.	1895.
Victoria Caste and Gosha Hospital	7,487	9,220	8,675
Raja Sir Ramaswami Mudelliar's Lying-in Hospital	97	67	125

6. In-patients.—The statement given below compares the work done in these departments for the last three years with results :—

Number.	Hospitals.	Total treated.			Cured.			Relieved.		
		1893.	1894.	1895.	1893.	1894.	1895.	1893.	1894.	1895.
1	2	3	4	5	6	7	8	9	10	11
1	Government General Hospital	4,490	5,495	5,853	2,076	2,542	2,505	1,080	1,395	1,601
2	Government Maternity Hospital	2,321	2,026	2,064	976	888	889	279	259	246
3	Government Ophthalmic Hospital	1,680	1,703	1,805	1,167	1,268	1,064	256	206	265
4	Government Women and Children Hospital.	3,542	3,507	2,311	1,935	1,963	1,200	894	832	710
5	Government Leper Hospital	510	470	440	...	...	...	...	...	...
6	Government Voluntary Venereal Hospital.	651	662	708	555	588	174	308	...	33
7	Victoria Caste and Gosha Hospital.	1,003	1,119	1,027	695	793	707	164	163	183
8	Royapettah Hospital	1,178	926	879	617	609	483	429	239	196
9	Raja Sir Ramaswami Mudelliar's Lying-in Hospital.	856	769	125	814	733	98	5	3	5
10	Native Infirmary	3,082	2,803	2,838	1,302	1,318	1,185	418	535	467
Total		19,313	19,480	17,345	10,137	10,602	8,415	3,713	3,682	4,171

Number.	Hospitals.	Discharged otherwise.			Died.			Ratio of deaths per mille to total treated.		
		1893.	1894.	1895.	1893.	1894.	1895.	1893.	1894.	1895.
12	13	14	15	16	17	18	19	20		
1	Government General Hospital	810	953	1,024	318	366	377	70.8	68.0	64.4
2	Government Maternity Hospital	901	753	682	93	86	78	40.0	45.4	37.8
3	Government Ophthalmic Hospital	202	198	220	...	...	...	...	...	...
4	Government Women and Children Hospital.	398	384	240	186	177	112	53.5	50.4	45.5
5	Government Leper Hospital	...	195	160	72	51	27	141.3	106.5	61.4
6	Government Voluntary Venereal Hospital.	...	...	4	15	17	13	23.0	25.6	17.1
7	Victoria Caste and Gosha Hospital.	132	120	104	12	6	10	11.96	5.3	9.7
8	Royapettah Hospital	36	77	98	58	62	67	49.3	66.9	76.3
9	Raja Sir Ramaswami Mudelliar's Lying-in Hospital.	4	...	2	15	17	20	17.5	23.1	100.0
10	Native Infirmary	880	547	298	379	336	279	123.9	119.6	119.3
Total		3,363	3,327	2,832	1,148	1,118	942	69.4	67.9	56.6

* The disparity in death-rate at this hospital for 1895, as compared with 1893 and 1894, is due to the inclusion of natural labour cases in the previous years.

7. Out-patients.—The subjoined statement shows the number of out-patients treated in the out-patient department of each of the institutions with their daily average attendance for the last three years :—

Number.	Institutions.	Total treated.			Daily average.		
		1893.	1894.	1895.	1893.	1894.	1895.
1	Government General Hospital	49,621	50,815	52,965	351.46	343.81	356.06
2	Government Maternity Hospital.	23,533	23,390	21,441	117.47	111.49	106.93
3	Government Ophthalmic Hospital.	8,307	8,252	7,993	94.04	97.59	103.46
4	Government Women and Children Hospital.	None.	None.	251	None.	None.	1.29
5	Government Leper Hospital	57	58	61	50	53.9	15.48
6	Victoria Caste and Gosha Hospital.	6,531	8,150	7,648	69.06	92.23	81.94
7	Royapettah Hospital	29,516	31,051	31,153	163.50	178.70	170.80
8	St. Thomé Dispensary	10,068	10,594	9,441	No record.	33.84	34.98
9	Port and Marine Dispensary	3,037	3,331	2,980	36.49	34.89	30.03
10	North Black Town Dispensary	39,134	44,184	42,310	206.68	216.42	209.14
Total		169,904	179,825	176,182	1,039.20	1,114.56	1,108.49

8. Classes of diseases treated.—Taken as a whole the largest number treated was for malarial fever being 23,133 against 22,771 of last year. Next came diseases of the digestive system, viz., 18,737 against 19,644 of the preceding year, and thirdly diseases of the respiratory system being 13,948 against 12,748 in the year 1894. Diseases of the skin, worms, and diseases of the ear were the next most common diseases treated.

It is to be noted that in the General Hospital out of a total of 58,818 treated, there were 3,404 cases of 'No appreciable disease' or nearly six per cent. This has been enquired into and found to be due mainly to clerical errors in the out-patient department at the beginning of the year. The Senior Medical officer has taken steps to avoid such mistakes in future.

1,133 cases of natural labour have been treated in the Maternity Hospital, 52 in the Victoria Caste and Gosha Hospital and 742 in Raja Sir Ramaswami Mudelliar's Lying-in Hospital. These cases are not included in any of the statements relating to the sick.

Venereal diseases.—Out of a total number of 193,527 cases of all diseases treated, 4,750 were treated for venereal affections (or 2.45 per cent.). Of this number, 1,378 were afforded in-door relief.

The following table compares the extent of venereal diseases in the City of Madras for the last three years :—

Years.	Total treated.	Venereal diseases treated.	Ratio per cent.
1893	189,117	5,070	2.68
1894	199,305	3,995	2.00
1895	193,527	4,750	2.45

9. Operations.—The statement given below compares the work done in the operative department of surgery for the last three years in each of the institutions in Madras :—

Number.	Hospitals.	1893.		1894.		1895.	
		Major.	Minor.	Major.	Minor.	Major.	Minor.
1	Government General Hospital	965	6,679	955	8,420	1,035	8,437
2	Government Maternity Hospital	535	869	598	964	541	9,673
3	Government Ophthalmic Hospital	1,834	423	1,849	403	2,138	392
4	Government Women and Children Hospital	80	151	60	148	49	81
5	Government Leper Hospital	...	...	...	...	...	...
6	Government Voluntary Venereal Hospital.	3	...	...	...	...	20
7	Victoria Caste and Gosha Hospital	No records.	...	40	726	48	1,006
8	Royapettah Hospital	109	1,648	141	1,542	119	1,333
9	St. Thomé Dispensary	No records.	...	...	255	...	269
10	Port and Marine Dispensary	No records.	...	...	10	...	34
11	Raja Sir Ramaswami Mudelliar's Lying-in Hospital.	97	...	61	5	81	492
12	Native Infirmary	15	115	16	201	125	542
13	North Black Town Dispensary	...	858	...	241	10	1,342
Total		3,639	10,742	3,794	13,615	4,154	33,561

It will be seen from the above that the number of operations both major and minor have increased considerably during the triennial period. The unusual

increase seen under minor operations in the Government Maternity Hospital has been explained by the Superintendent as due to a more accurate registration of such operations; until the year 1895 no record was kept of a large number of minor operations that were performed among the in-patients. The same remark applies also to Raja Sir Ramaswami Mudelliar's Lying-in Hospital.

The results of major operations performed during the year under report are recorded below:—

Rank.	Remained on 31st December 1894.	Performed during the year.	Total.	Results.				Remained on 31st December 1895.	Ratio per cent. of deaths to total performed.
				Cured.	Relieved.	Discharged otherwise.	Died.		
Medical officers ...	84	3,715	3,799	2,397	955	189	123	135	3.24
Medical subordinates ...	3	439	442	283	119	9	18	18	4.07
Total ...	87	4,154	4,241	2,680	1,074	198	141	148	3.33

The annexed statement shows the number of major operations performed by the different Medical officers as well as the names of those subordinates who have done more than fifty operations:—

Rank and name of operator.	Number of operations performed during the year.	Period present for duty.
Brigade-Surgeon Lieut.-Colonel A. L. Hackett ...	1	4 months and 3 days.
Brigade-Surgeon Lieut.-Colonel A. M. Branfoot ...	185	4 months and 23 days.
Surgeon-Lieut.-Colonel W. R. Browne ...	193	7 months and 9 days.
Surgeon-Lieut.-Colonel H. D. Cook ...	18	3 months and 8 days.
Surgeon-Lieut.-Colonel A. J. Sturmer ...	191	Whole year.
Surgeon-Lieut.-Colonel H. Allison ...	2	13 days.
Surgeon-Lieut.-Colonel J. Maitland ...	168	Whole year.
Surgeon-Major G. L. Walker ...	105	8 months and 9 days.
Surgeon-Major T. H. Pope ...	974	6 months and 24 days.
Surgeon-Major J. Smyth ...	78	4 months.
Surgeon-Major F. Dymott ...	56	8 months.
Surgeon-Captain C. L. Williams ...	235	9 months and 18 days.
Surgeon-Captain R. Robertson ...	114	Whole year.
Surgeon-Captain G. G. Gifford ...	110	Whole year.
Surgeon-Captain F. G. Crawford ...	81	2 months and 24 days.
Surgeon-Captain D. Simpson ...	40	10 days (Ophthalmic Hospital).
Surgeon-Captain A. E. Grant ...	5	1 month and 15 days.
Surgeon-Captain R. H. Elliot ...	1,120	5 months and 6 days.
Surgeon-Captain W. Molesworth ...	3	6 months and 25 days.
Superintendent, Victoria Caste and Goasha Hospital, Miss. F. Wells.	48	Whole year.
First-class Assistant Surgeon S. E. Falconer ...	144	Whole year.
Civil Apothecary S. T. Browne ...	61	9 months.

I have great pleasure in bringing to the notice of Government the admirable work done in this branch by the following officers:—(1) Brigade-Surgeon-Lieutenant-Colonel A. M. Branfoot, (2) Surgeon-Lieutenant-Colonel W. R. Browne, (3) Surgeon-Lieutenant-Colonel A. J. Sturmer, (4) Surgeon-Lieutenant-Colonel

J. Maitland, (5) Surgeon-Major T. H. Pope, (6) Surgeon-Captain C. L. Williams, (7) Surgeon-Captain R. H. Elliot. First-class Military Assistant Surgeon S. E. Falconer also deserves notice in this connection.

10. **Mortality in Hospitals.**—The following statement shows the mortality among in-patients in each of the institutions with its chief causes, and the extent of septic diseases, &c.:—

Institution.	Important causes of mortality.	Number.	Number of cases admitted moribund.	Number of cases removed moribund.	Deaths from septic diseases.	
					Acquired in hospital.	Acquired before admission.
Government General Hospital.	Tubercular diseases, diarrhoea and dysentery, obstruction of bowels, heart diseases, and hernia, &c.	377	57	20	4	2
Government Maternity Hospital.	Accidents in child-birth, puerperal causes, such as septicaemia, metra-peritonitis, pneumonia, albuminuria, anaemia, dysentery, enteritis, heart disease, &c.	78	33	1	1	15
Government Leprosy Hospital.	Leprosy and its complications	27	5	2	...	...
Government Voluntary Venereal Hospital.	Extensive syphilitic ulceration, diarrhoea, pulmonary tuberculosis, Bright's disease, &c.	12	2	...	...	...
Government Women and Children's Hospital.	Shock, asphyxia, coma, exhaustion and syncope.	112	36	13	...	1
Victoria Caste and Ghosha Hospital.	Puerperal eclampsia, tetanus, diabetes, placenta praevia, remittent fever, &c.	10	4	7	...	4
Royapettah Hospital ...	Respiratory diseases, tubercular diseases of lung, cholera, peritonitis, Bright's disease, &c.	67	13	7	2	3
Raja Sir Savalay Ramaswami Mudelliar's Lying-in Hospital.	Chronic dysentery, post-partum haemorrhage, pulmonary thrombosis, convulsions, &c.	12	8	4	2	1
Native Infirmary ...	Dysentery, cholera, respiratory affections, rheumatic affections, abscess of the liver, Bright's disease, heart disease, digestive disorders.	279	80	8	...	2

With regard to septic diseases acquired in hospitals the figures are fairly satisfactory. The General Hospital shows, naturally the largest number, viz., four; considering the number of operations performed and bad cases of wounds, &c., treated, this must be regarded as a small figure. Measures have been taken by the Medical officers concerned to isolate such cases.

11. **Classes and Sexes.**—The subjoined statement shows the attendance of each class of patients in the Medical institutions in the Presidency town taken as a whole for the triennial period:—

Classes of patients.	Total number treated.			Ratio per cent. to total treated.		
	1893.*	1894.	1895.	1893.	1894.	1895.
Europeans ...	1,734	2,184	4,862	99	1.10	2.51
Eurasians ...	22,378	25,130	23,292	12.72	12.61	12.03
Hindus ...	104,191	114,896	97,708	59.20	57.65	50.49
Mussalmans ...	23,843	27,512	26,605	13.55	13.90	13.75
Other classes ...	23,866	29,583	41,060	13.54	14.84	21.23
Total ...	176,012	199,305	193,527	100	100	100

* The statistics of St. Thomé Dispensary and Port and Marine Dispensary are not available for this year.

From this it will be seen that, while there was a fall in the number of Hindu patients, there was a marked increase in the number treated under 'other classes.' This has been the result of greater care taken by the Medical officers in charge as regards the correct classification of castes of patients in accordance with my circular No. 29 of 1894, paragraph 53, which runs thus:—

"Under Hindus in Statement IV, only caste Hindus should be returned. 'Other classes' should include all others not specially accounted for."

The slight increase under Europeans requires no special comment.

The annexed table shows the attendance and the ratio per cent. of the different sexes treated during the same period:—

Sexes.	Years.			Ratio per cent. to total treated.		
	1893.	1894.	1895.	1893.	1894.	1895.
Men	...	...	...	...	...	...
Women	...	...	...	...	...	...
Children	...	...	...	...	...	...
Total	176,012	190,305	198,527	100	100	100

This shows that the different sexes continued to keep nearly the same proportion throughout the three years.

12. Nursing Establishment.—After the amalgamation of the Women and Children's Hospital with the General Hospital the staff of nurses on the 1st January 1896 consisted of two head nurses, two assistant head nurses, four first-grade nurses, nine second-grade nurses and fifteen probationers, there being three vacancies in the establishment of the second-grade nurses. The Senior Medical officer has attached to his report an interesting record on the nursing establishment of the General Hospital by the Matron Superintendent.

Under G.O., No. 304, Public, dated 23rd February 1896, the staff has been further modified as follows:—one head nurse on Rs. 60, one assistant head nurse on Rs. 50, eight first-grade nurses on Rs. 40, ten second-grade nurses on Rs. 30, and ten third-grade nurses on Rs. 20 a month each, with male ward attendants in the proportion of 1 to 5.45 beds and female ward attendants in the proportion of 1 to 4.38 beds.

13. Dental Surgeon.—In my circular memorandum No. 0/803, dated 25th September 1895, I gave instructions to the Medical officers in charge of Presidency State Hospitals regarding the various questions raised by Government in G.O., No. 712, Public, dated 28th August 1895, in which I particularly drew the attention of the Dental Surgeon to the desirability of making his report more complete and accurate. His report, attached to the administration report of the General Hospital, shows that good work has been done in that department though no comparison can be effected with that done in previous years as the records are incomplete.

14. Finance—Income.—The following statement shows the different sources of income for the maintenance of the Medical institutions in the Presidency town of Madras for the year under review as compared with the two previous years:—

Num-ber.	Sources.	1893. *	1894.	1895.
1	From Government	...	...	...
2	Municipality	...	...	...
3	Port Funds	3,33,374 14 1	3,21,886 10 8	3,11,661 2 1
4	Public subscriptions	36,958 11 8	39,757 1 3	41,968 14 10
5	From paying patients	...	2,235 5 1	2,430 13 5
6	Miscellaneous sources as sale of grass, &c.	...	5,633 8 4	30,441 3 3
7	Interest on investments and withdrawal of deposits	19,661 5 6	21,481 2 8	21,121 13 4
8	From Monigar Choultry funds	626 5 0	841 13 1	780 9 6
		...	21,086 0 6	4,248 9 5
		14,584 7 7	14,096 13 8	13,521 15 4
Total		4,05,505 12 4	4,30,017 7 3	4,26,175 1 2

* The statistics of Victoria Caste and Gosha Hospital, St. Thomé Dispensary and Port and Marine Dispensary were not available for the year.

From the above it will be seen that there has been a successive decrease in the grant from Government during the triennial period. The grant of Rs. 20,000 from the Municipality towards the upkeep of the State Hospitals has been shown under income from Municipality—a corresponding reduction having been made in the amount received from Government.

The large increase seen in the year under report, under public subscriptions and donations, is due to the strenuous measures adopted by the Secretaries of the Victoria Caste and Gosha Hospital Committee to improve the funded capital of that institution so as to make the hospital self-supporting. The other items call for no special comment.

Expenditure.—The subjoined statement exhibits the details of expenditure during the three years ending with 1895:—

Num-ber.	Particulars of expenditure.	1893. *	1894.	1895.
		RS. A. P.	RS. A. P.	RS. A. P.
1	Establishment	1,17,512 12 10	1,40,894 4 2	1,33,402 15 8
2	Bazaar medicines	5,150 8 6	873 10 2	2,799 11 7
3	European medicines	37,754 12 6	39,711 15 11	35,475 13 9
4	Diets	1,21,972 2 3	1,19,993 9 8	98,046 5 9
5	Miscellaneous charges	69,834 6 8	85,754 14 3	78,639 2 9
6	Buildings and repairs	53,281 1 7	20,851 2 5	49,169 5 8
7	Investments	.....	21,937 14 8	28,581 10 0
	Total	4,05,505 12 4	4,30,017 7 3	4,26,175 1 2

* The statistics of Victoria Caste and Gosha Hospital, St. Thomé Dispensary and Port and Marine Dispensary are not available.

From this it will be seen that the cost under Establishment considerably increased during the year 1894, but has fallen during the year under report. This is due to the pay of temporary and doing duty men, of precollegiate and clinical pupils, &c., having been excluded under my circular memorandum No. 0/803, dated 25th September 1895, paragraph 2, which reads thus:—

"Statement V, Part I, Expenditure, column 4 (a).—It should not include the pay of temporary men doing duty or any charges not belonging to the hospital."

Bazaar Medicines.—With reference to paragraph 4 of G.O., No. 527, Public, I issued strict instructions regarding the extensive use of these medicines in my S.O., No. 56, an extract from which is subjoined:—

"Attention is called to paragraph 4 of the G.O. as regards the increased use of indigenous drugs. A more thorough use of the hints in Warring's Bazaar medicines, a copy of which should be in every hospital, would assist in promoting this object. District Medical and Sanitary Officers and Civil Surgeons should acquaint themselves with the drugs which are obtainable in the local bazaars and should not pass such drugs in the annual requisitions for European medicines."

As a result, the expenditure under this item has increased from Rs. 873 in 1894 to Rs. 2,799 in the year under report though it compares unfavourably with the amount spent on this item in the year 1893, this fact being due to the inclusion of other items besides bazaar medicines during that year. Steps are now being taken in communication with other Provinces to obtain a definite list of what is to be considered 'Bazaar medicines.'

European Medicines.—A decrease of Rs. 4,236 has been effected under this item over that of the last year. Future expenditure will doubtless be curtailed as the use of indigenous drugs becomes more extensive.

Diet.—It is satisfactory to note that there has been a decrease in the expenditure on diets during the triennial period more especially for 1895, as I am certain it is due to greater economy in management and that the patients have not suffered.

without affecting the comfort of the patients.

With reference to G.O., No. 815, Public, dated 2nd October 1895, I have issued strict instructions to the different Medical officers to conform to the orders of Government in regard to the Departmental supply and storage of provisions. Though this subject has already received the attention of Medical officers, I feel sure still more satisfactory results in this branch of administration will be obtained in future years when the orders of Government are received on the rules proposed by the Special Diet Committee.

Miscellaneous Charges.—This heading has shown a diminution of expenditure and calls for no remarks.

Buildings and Repairs.—The increased expenditure under this is due mainly to the new additions made to the Government Maternity Hospital at a cost of Rs. 35,871-5-10; excepting this there is nothing else calling for notice.

Investment.—This item relates to the Victoria Caste and Gosha Hospital which has already been dealt with.

The following statement shows the net expenditure for the actual upkeep of the various Medical institutions in the Presidency town of Madras taken together exclusive of hospital stoppages, expenditure on buildings and investments which are fluctuating items:—

Heads of expenditure.	1893.			1894.			1895.		
	Rs.	A.	P.	Rs.	A.	P.	Rs.	A.	P.
Establishments	1,17,512	12	10	1,40,894	4	2	1,33,402	15	8
Bazaar medicines	5,150	8	6	873	10	2	2,799	11	7
European medicines	37,754	12	6	39,711	15	11	35,475	13	7
Diet	1,21,972	2	3	1,19,993	9	8	98,046	5	9
Miscellaneous charges	50,173	1	2	61,273	11	7	57,577	5	5
Total	3,32,568	5	3	3,65,717	3	6	3,27,302	4	2

It will be noted from the above that the cost of the maintenance of the institutions during the year under report was the lowest in the triennial period though the daily average sick has been the highest.

The statement appended below compares the expenditure under the various headings in the individual hospitals during the triennial period:—

Number.	Hospitals and Dispensaries.	Establishment.			Bazaar medicines.			European medicines.			Diet.		
		1893.	1894.	1895.	1893.	1894.	1895.	1893.	1894.	1895.	1893.	1894.	1895.
1	Government General Hospital	39,393 13 10	52,027 3 2	57,039 0 6	449 6 1	207 12 7	209 11 8	20,547 6 9	20,016 4 4	16,563 3 7	37,606 13 5	39,480 0 11	34,088 0 7
2	Government Maternity Hospital	21,040 7 11	22,549 10 4	17,656 2 4	2,508 1 2	161 1 0	193 14 6	2,027 9 9	6,017 9 1	6,664 1 10	16,596 6 1	16,472 0 8	12,876 8 6
3	Government Ophthalmic Hospital	7,284 8 3	7,562 0 0	6,750 13 2	.....	3 0 2	3 10 0	295 3 5	284 7 3	1,436 1 3	5,638 8 4	5,264 6 0	4,974 6 5
4	Government Women and Children Hospital	26,666 3 7	28,420 13 3	20,857 2 2	2,154 12 11	101 4 6	80 3 9	2,915 9 0	3,433 6 7	2,477 8 7	19,460 12 5	19,839 0 5	18,946 0 6
5	Government Leprosy Hospital	3,967 14 5	3,923 10 2	3,974 5 2	.....	1 8 0	487 11 4	760 13 5	476 7 9	510 6 4	23,995 9 10	18,760 12 0	16,980 6 5
6	Government Voluntary Venereal Hospital	8,939 11 1	3,960 2 10	4,377 1 3	6 12 6	8 0 6	11 10 9	527 0 0	555 9 3	223 13 2	7,022 10 10	6,254 8 1	6,239 15 5
7	Victoria Caste and Gosha Hospital	No record.	4,412 1 6	4,563 4 9	No record.	251 2 5	274 15 5	No record.	894 11 3	894 4 7	2,334 12 3	2,334 12 3	1,838 10 10
8	Royapettah Hospital	5,237 11 8	5,730 0 10	6,115 10 7	32 9 4	119 7 0	163 5 5	3,423 6 10	2,928 4 7	4,287 14 1	3,216 6 4	3,757 11 11	4,481 14 6
9	Saint Thome Dispensary	No record.	643 0 0	612 0 0	No record.	19 3 6	34 4 0	No record.	235 1 0	358 13 0	.....	.....	.....
10	Port and Marine Dispensary	No record.	2,200 3 2	2,162 0 0	No record.	.....	.....	No record.	31 2 4	262 12 0	.....	.....	.....
11	Raja Sir Ramaswami Mudaliar's Hospital	5,920 14 2	5,490 12 5	5,040 9 5	0 14 6	1 2 6	1,340 5 2	4,077 11 4	5,389 0 6	1,796 9 4	1,745 8 5	1,586 5 1	1,255 1 7
12	Lying-in Hospital	4,031 7 11	4,075 10 6	4,255 14 2	.....	.....	.....	.....	.....	.....	7,059 6 7	6,944 0 4	6,376 5 0
	Town Dispensary	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
		Total Expenditure.			Total Expenditure.			Total Expenditure.			Total Expenditure.		
		1893.	1894.	1895.	1893.	1894.	1895.	1893.	1894.	1895.	1893.	1894.	1895.
1	Government General Hospital	36,510 11 4	40,364 1 5	40,082 15 4	30,992 2 9	12,317 13 2	12,317 13 2	16,540 6 2	16,413 3 7	15,607 5 3	36,387 13 6	37,404 0 6	37,308 7 4
2	Government Maternity Hospital	15,514 14 4	21,978 10 11	18,405 0 7	13,377 0 8	5,173 11 0	35,871 5 10	74,237 7 4	68,352 11 0	61,686 1 7	1,64,413 3 7	1,64,413 3 7	1,56,007 5 3
3	Government Ophthalmic Hospital	894 15 6	2,240 4 3	2,748 10 11	3,433 7 4	1,515 5 5	2,271 14 1	17,436 10 10	16,873 7 1	18,185 7 10	16,873 7 1	16,873 7 1	15,686 7 10
4	Government Women and Children Hospital	4,367 2 0	8,624 15 1	3,694 2 7	1,270 0 0	1,057 9 8	932 11 9	56,834 7 11	61,477 1 6	36,387 13 6	61,477 1 6	29,434 5 11	27,404 0 6
5	Government Leprosy Hospital	5,963 11 5	5,992 15 0	4,478 7 1	3,838 8 3	379 1 0	962 12 2	38,556 4 4	38,556 4 4	38,556 4 4	12,509 4 0	12,509 4 0	12,509 4 0
6	Government Voluntary Venereal Hospital	864 9 5	1,495 5 2	1,245 7 0	No record.	.....	.....	No record.	.....	.....	No record.	.....	.....
7	Victoria Caste and Gosha Hospital	No record.	2,493 6 9	1,153 9 9	No record.	.....	.....	No record.	.....	.....	No record.	.....	.....
8	Royapettah Hospital	1,569 2 2	2,063 14 2	2,811 8 9	No record.	.....	.....	No record.	.....	.....	No record.	.....	.....
9	Saint Thome Dispensary	No record.	199 12 6	233 2 5	No record.	183 0 0	56 5 5	No record.	.....	.....	No record.	.....	.....
10	Port and Marine Dispensary	No record.	20 7 7	23 9 5	No record.	.....	298 1 7	No record.	.....	.....	No record.	.....	.....
11	Raja Sir Ramaswami Mudaliar's Hospital	631 9 8	785 11 1	953 5 2	.....	.....	.....	8,248 0 3	7,862 12 7	7,862 12 7	18,737 3 4	19,142 4 2	18,737 3 4
12	Native Infirmary and North Black Town Dispensary	3,567 11 0	3,482 6 4	2,863 4 2	.....	.....	189 6 9	.....	.....	.....	.....	.....	.....

A comparative statement showing the cost per head for each institution is given below to show the Medical officers concerned under what headings economies can be effected. The calculation is made on the assumption of one in-patient being equivalent to ten out-patients in the case of hospitals as was done in Calcutta last year:—

Cost per patient treated under the various headings in the several Medical Institutions in the Presidency Town of Madras during the year 1895, calculated after reducing all out-patients to in-patients at ten of the former as equivalent to one of the latter.

Name of institution.	Number of beds available.	Daily average number of in-patients treated.	Total number of in-patients treated.	Total number of out-patients treated.	Total of both in- and out-patients treated.	Total cost.	Average cost per patient on total cost.	Total cost on establishment.	Average cost per patient treated on establishment.
1	2	3	4	5	6	7	8	9	10
Government General Hospital	474	369.99	5,853	52,965	11,149.5	Rs. A. P. 1,44,432 2 3	Rs. A. P. 12 15 3	Rs. A. P. 64,679 11 3	Rs. A. P. 5 12 10
Government Maternity Hospital	132	101.95	* 3,342	21,441	5,486.1	91,838 15 7	16 11 9	18,062 4 7	3 4 8
Government Ophthalmic Hospital	76	55.30	1,605	7,983	2,398.3	18,185 7 10	7 9 4	6,798 13 2	2 13 5
Government Women and Children's Hospital	132	102.57	2,311	251	2,386.1	36,887 13 6	15 9 3	20,857 2 4	8 14 10
Government Leprosy Hospital	230	219.41	440	61	446.1	27,404 0 6	61 6 10	3,974 5 2	6 14 7
Government Voluntary Venereal Hospital	100	64.37	703	...	703	13,381 11 8	18 11 3	4,377 1 3	6 3 7
Victoria Caste and Gosha Hospital	64	31.25	7,648	...	1,843.8	8,726 13 4	4 11 7	4,562 4 9	2 7 7
Royapetah Hospital	45	879	31,152	9,441	3,964.2	17,840 5 4	6 2 2	6,115 10 7	1 8 6
Saint Thomé Dispensary	...	...	...	2,980	2,980	1,294 8 5	0 14 9	612 0 0	0 1 1
Port and Marine Dispensary	36	5.50	† 867	...	867	2,745 7 0	8 6 1	2,162 0 0	0 11 7
Raja Sir Savalai Rameswami Mudaliar's Lying-in Hospital	104	87.39	2,338	42,310	6,569	7,266 3 2	2 8 11	5,040 9 5	5 13 1
Native Infirmary and Black Town Dispensary	...	...	...	...	...	16,787 9 7	...	4,255 14 2	0 10 4
Name of institution.	Total cost of bazaar medicines.	Average cost per patient treated on bazaar medicines.	Total cost of European medicines.	Average cost per patient on European medicines.	Total cost of diets.	Average cost per in-patient on diets.	Total cost of miscellaneous charges.	Average cost per patient on miscellaneous charges.	
	11	12	13	14	15	16	17	18	
Government General Hospital	Rs. A. P. 209 11 3	Rs. A. P. 0 0 3	Rs. A. P. 16,563 9 7	Rs. A. P. 1 7 9	Rs. A. P. 34,988 0 7	Rs. A. P. 5 14 10	Rs. A. P. 28,291 1 7	Rs. A. P. 2 8 7	
Government Maternity Hospital	193 14 6	0 0 7	6,664 1 10	1 3 5	12,875 8 6	3 13 8	45,639 9 2	8 8 0	
Government Ophthalmic Hospital	3 10 0	0 0 0-03	1,435 1 3	0 9 7	4,974 6 5	3 1 6	2,700 10 11	3 1 2	
Government Women and Children's Hospital	80 3 9	0 0 6	2,477 8 7	1 1 0	8,346 0 6	3 9 9	4,826 14 4	1 15 8	
Government Leprosy Hospital	485 4 4	1 1 5	510 6 4	1 2 4	16,990 6 5	38 9 10	4,478 7 1	10 0 7	
Government Voluntary Venereal Hospital	11 10 9	0 0 3	223 10 2	0 5 2	6,239 15 5	8 14 0	2,429 3 1	3 7 3	
Victoria Caste and Gosha Hospital	274 15 5	0 2 4	894 4 7	0 7 9	1,838 10 10	1 11 3	1,156 9 9	0 10 3	
Royapetah Hospital	163 5 5	0 0 9	4,287 14 1	1 1 2	4,461 14 6	5 1 3	2,811 8 8	0 11 3	
Saint Thomé Dispensary	34 4 0	0 0 1	388 13 0	0 0 7	...	...	233 2 0	0 0 5	
Port and Marine Dispensary	...	...	262 12 0	0 1 5	...	...	320 11 0	0 1 9	
Raja Sir Savalai Rameswami Mudaliar's Lying-in Hospital	17 3 0	0 0 4	Included in Native Infirmary.	0 4 4	1,255 1 7	1 7 2	953 5 2	1 1 7	
Native Infirmary and Black Town Dispensary	1,323 2 2	0 3 3	1,796 9 4	0 4 4	6,376 5 0	2 11 8	3,035 10 11	0 7 5	

* This includes 1,133 cases of natural labour and 145 women awaiting confinement.

† This includes 52 cases of natural labour.

† This includes 742 cases of natural labour.

15. **Verification of Stock.**—The orders in G.O., No. 6639, dated 7th October 1893, regarding the checking of the stock of all Government property were carried out in the state hospitals as well as in my office.

16. **The Service Registers** have been duly verified in all the institutions and in my office.

17. **Professional and Administration Reports.**—Orders have been issued which will next year lead to all these reports being made out on a uniform plan.

The professional reports from the Government institutions are interesting and instructive. Those of the General, the Government Maternity and the Government Ophthalmic Hospitals are of high value to the medical profession. The administration reports when drawn up with the great care that Brigade-Surgeon-Lieutenant-Colonel Price has devoted to that of the General Hospital, will be of considerable use to Medical officers in showing how such institutions should be managed, and they also show Government how much of the time and energy of Medical officers is necessarily spent on administrative questions.

Brigade-Surgeon-Lieutenant-Colonel Price retired on the 7th of April this year, and in losing his services I feel that the General Hospital has suffered a great loss, as the time and attention he devoted to his work in that institution has never in my experience been surpassed by any of his predecessors.

The administration of the Government Maternity Hospital has during the year been carried out most efficiently by Surgeon-Lieutenant-Colonel A. J. Sturmer and Brigade-Surgeon-Lieutenant-Colonel A. M. Branfoot, M.B., who relieved the former on the 7th August. As Government is aware, the general management of this institution was most favourably commented upon by the Director-General, Indian Medical Service, after his inspection in November 1895, and the Government of Bengal, at his suggestion, sent down a Medical officer to study the working of this hospital prior to his officiating in charge of a similar institution in Calcutta.

I have the honour to be,

Sir,

Your most obedient servant,

[Signature]

F.R.C.P.I.,

Surgeon-Major-General,

Surgeon-General with Government.

Statement No. I.

Showing the number of Medical Institutions in the Presidency Town of Madras during the year 1895.

Population according to the Census of 1891.	Classes of hospitals and dispensaries.	Number at work on 31st December 1894.	Number opened during the year 1895.	Number closed during the year 1895.	Number at work on 31st December 1895.
452,518	Class I	6	...	* 1	5
	Class II	2	...	...	2
	Class III-A	...	...	...	...
	Class III-B	5	...	...	5
	Total ...	13	...	1	12
	Ratio of Hospitals and Dispensaries per 1,000 of population	0.0267	...	0.0022	0.0265

* Hospital for Women and Children has been amalgamated with the General Hospital, Madras.

Statement No. III-A.

Showing the results of the major surgical operations performed by Medical officers among in- and out-patients in the Medical Institutions in the Presidency Town of Madras during the year 1895.

3—cont.																							
Number.		Name of Institution.	Local Diseases—cont.															4		5			
			Other diseases of the respiratory system.	Diarrhoea.	Dyspepsia.	Diseases of liver.	Other diseases of digestive system.	Goitre.	Spleen (diseases of).	Diseases of the lymphatic system.	Diseases of the urinary system.	Diseases of the generative system.	Diseases of the organs of locomotion.	Diseases of the connective tissue.	Diseases of the skin.	Ulcers.	Poisons.	General injuries.	Local injuries.	No appreciable Disease.	Total number of in-door and out-door patients treated in each hospital.	Major.	Minor.
1		Government General Hospital ...	2,746	835	1,490	282	5,241	10	170	463	421	1,799	333	1,833	3,192	2,901	27	140	3,009	3,404	59,818	1,035	8,437
2		Government Maternity Hospital ...	8,344	219	157	60	3,101	2	33	67	169	4,016	41	507	1,118	535	8	61	583	295	23,605	541	9,673
3		Government Ophthalmic Hospital ...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	498	214	9,538	2,138	392
4		Government Women and Children's Hospital ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5		Government Leprosy Hospital ...	276	2	6	38	285	3	14	11	34	98	36	142	99	77	17	21	165	16	2,562	49	81
6		Government Voluntary Venereal Hospital ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	501	2	...
7		Victoria Caste and Goash Hospital ...	473	255	341	86	625	1	15	159	183	1,409	...	604	835	274	28	...	134	25	8,675	48	1,006
8		Royapetah Hospital.	2,232	635	1,056	128	4,015	...	28	511	294	905	157	1,851	2,340	1,116	21	72	1,943	29	32,031	119	1,333
9		Saint Thomas Dispensary ...	600	285	206	168	443	3	30	74	43	147	...	319	780	766	151	20	431	...	9,441	...	209
10		Port and Marine Dispensary ...	28	78	74	9	166	...	...	...	...	1	2	62	236	871	3	5	839	1	2,980	...	34
11		Raja Sir Ramaswami's Lying-in Hospital ...	...	...	...	...	...	...	4	...	...	125	...	...	...	...	...	...	...	...	135	81	492
12		Native Infirmary ...	87	43	...	23	151	...	10	35	19	54	15	123	60	197	4	22	269	42	2,338	9	542
13		Black Town Dispensary, North Side ...	3,103	60	83	146	4,715	3	104	106	237	584	300	2,327	2,639	3,502	7	...	3,431	...	42,310	125	1,342
		Total ...	13,946	3,411	3,318	934	18,737	31	404	1,408	1,392	9,132	764	7,836	11,002	8,639	266	330	11,342	4,026	1,93,527	4,154	23,561

Class of Operations.	Nature of Operations.	Remain- ed on 31st De- cember 1894.	Per- formed during the year.	Total.	Results.					
					Cured.	Re- lieved.	Dis- charged other- wise.	Died.	Remain- ing under treat- ment on 31st De- cember 1895.	
Removal of tumours from parts. Removal of foreign bodies. Opening of abscesses.	Removal of 'all other tumours.'	5	64	69	51	9	2	3	4	
	Removal of foreign bodies, &c.	...	1	1	1	...	...	...	...	
	Incision of large abscesses or those in an important region or dangerous neighbourhood.	3	114	117	73	15	12	11	6	
Operations on nerves.	Stretching of nerve	...	2	2	...	1	1	...	...	
	Removal of tumours from orbit.	...	15	15	12	2	...	...	1	
	Operation for chalazion	...	38	38	38	...	...	...	...	
	For granular conjunctivitis	...	12	12	...	12	...	...	...	
	For entropion, Stratfield's	...	20	20	20	...	...	...	...	
	Do. Arlt's	...	9	9	9	...	...	...	...	
	For symblepharon and anky- loblepharon	...	3	3	...	3	...	...	...	
	Operations on other appendages of the eye—	...	...	...	...	...	...	...	...	
	For pterygium	...	65	65	45	19	...	...	1	
	For fistula lachrymalis and lachrymal obstructions...	4	106	110	26	79	...	...	5	
Operations on the eye and its ap- pendages.	Operations on the eyeball—	...	...	...	...	...	...	...	...	
	Tattooing of cornea	...	5	5	...	5	...	...	...	
	Artificial pupil	1	64	65	...	65	...	...	...	
	Teal's suction operation	...	3	3	1	1	1	...	...	
	Salmische's operation for ulcer cornea	...	25	25	2	17	2	...	4	
	Iridectomy	4	415	419	76	324	11	...	8	
	Iridotomy	...	25	25	2	15	8	...	...	
	Extraction of the lens	3	1,018	1,021	902	33	67	...	19	
	Laceration of opaque capsule	...	185	185	154	20	9	...	2	
	Extraction of opaque capsule	...	30	30	19	7	3	...	1	
	Removal of soft matter after cataract extraction	...	19	19	15	4	...	...	...	
	Puncture of the globe	...	1	1	...	1	...	...	...	
	Paracentesis for hypopion	...	20	20	...	20	...	...	...	
	Excision of the eyeball	...	24	24	19	4	...	...	1	
	Evisceration	...	7	7	5	1	...	...	1	
	Reposition of iris	...	3	3	1	...	2	...	...	
	Sclerotomy	...	1	1	...	...	1	...	...	
	Peritomy	...	9	9	...	8	...	...	1	
	Operations on the ear.	Removal of polypus	...	1	1	1	...	...	...	...
		Perforation of mastoid cells	1	4	5	2	2	1	...	...
Operations on the nose.	Extraction of nasal polypus— (a) Through the natural passages	...	17	17	15	2	...	...	...	
	Removal of naso-pharyngeal polypus	...	2	2	1	1	...	...	...	
	For sarcoma nose	...	1	1	...	1	...	...	...	
	Plastic operation on nose	...	1	1	...	...	1	...	...	
	For post nasal adenoids	...	1	1	...	1	...	...	...	
Operations on parts of the head and face includ- ing the mouth.	Destructing adenoids of pha- rynix by electric cautery	...	1	1	...	1	...	...	...	
	Removal of tonsils	...	8	8	6	2	...	...	...	
	Removal of submaxillary gland	...	1	1	1	...	...	...	...	
	Removal of tongue	1	4	5	2	...	...	3	...	
	Removal of lower jaw	1	9	10	4	2	...	2	2	
	Removal of upper jaw	...	3	3	...	2	1	...	...	
	For restoration of cheek	...	3	3	1	1	1	...	...	
	For harelip	...	4	4	4	...	...	...	...	
	Trephining	...	3	3	...	1	1	1	...	
Operations on the circula- tory organs.	Ligature of artery	...	1	1	...	1	...	...		

Class of Operations.	Nature of Operations.	Remained on 31st December 1894.	Per-formed during the year.	Total.	Results.				
					Cured.	Re-lieved.	Dis-charged other-wise.	Died.	Remain-ing under treat-ment on 31st Decem-ber 1895.
Operations on the respi-ratory organs.	Laryngotomy	1	...	1	1	...	...	...	...
	Tracheotomy	...	6	6	...	2	...	2	...
	Incision and drainage of pleura	...	2	2	2	...	...	...	...
	Paracentesis of pleura	...	2	2	...	1	...	1	...
	(a) With excision of part of rib	...	3	3	1	1	1	...	...
	For ulceration of pharynx	...	1	1	...	1	...	...	...
	For hepatic abscess	1	23	24	15	...	1	7	1
	Gastrostomy	...	3	3	...	...	...	3	...
	Cholecyst enterostomy	...	1	1	...	...	...	1	...
	Excision of portion of omentum	...	1	1	...	...	...	...	1
Operations on the digestive organs.	Colotomy—	...	...	...	...	...	...	...	...
	(a) Inguinal	...	6	6	3	...	...	3	...
	For stricture of the rectum—	...	...	...	...	...	...	...	...
	(a) By incision	...	2	2	2	...	...	...	...
	Division of the sphincter ani	...	5	5	5	...	...	...	...
	For hæmorrhoids	1	26	27	21	1	1	...	4
	Abdominal section	1	22	23	3	...	2	17	1
	Paracentesis of the abdomen	1	102	103	...	103	...	...	...
	For prolapsus rectum	...	1	1	...	...	...	...	...
	Incision and erosion for fistula in ano	1	8	4	4	...	...	...	...
	For ulcer of rectum	1	...	1	1	...	...	...	...
	For malformed anus	...	2	2	...	...	...	...	...
	For imperforate anus	...	6	6	...	2	2	1	...
	For fissure of anus	...	1	1	1	...	...	...	...
	Reduction of viscera and suture of peritoneum for penetrat-ing abdominal wound	...	1	1	1	...	...	...	...
Operations on hernia.	For ventral hernia	...	2	2	2	...	...	...	...
	Herniotomy	...	22	22	15	...	2	4	1
	Radical cure	2	29	31	27	...	...	3	1
	Herniotomy and radical cure	...	1	1	...	...	...	1	...
Operations on the lymphatic glands.	Removal of diseased glands	4	58	62	42	13	3	2	2
	Incision and scraping	...	11	11	6	3	...	...	2
Operations on the urinary organs.	Tapping of bladder—	...	...	...	...	...	...	...	...
	(a) Above the pubes	...	3	3	...	3	...	...	...
	Removal of vesical calculi by lithotomy—	...	...	...	...	...	...	...	...
	(a) Supra-pubic	...	1	1	1	...	...	...	...
	(b) Lateral	...	6	6	6	...	...	...	...
	By litholapaxy	...	2	2	2	...	...	...	...
	For stricture of the urethra—	...	...	...	...	...	...	...	...
	(a) By forcible dilatation	2	12	14	10	3	1	...	...
	(b) By internal urethrotomy	...	1	1	...	...	...	1	...
	(c) External urethrotomy or perineal section	3	47	50	28	9	3	5	5
Operations on the male genera-tive or-gans.	Incision for extravasation of urine	...	12	12	8	...	1	3	...
	For restoring urethra	...	2	2	2	...	...	...	...
	Incision and erosion for uri-nary fistula	...	3	3	1	1	...	...	1
	Dilatation of urethra and re-moval of caruncule	...	3	3	3	...	...	...	...
	Ligature of spermatic cord	...	1	1	...	1	...	...	...
	Supra pubic prostatectomy	...	1	1	1	...	...	...	...
	Radical cure of hydrocele—	...	...	...	...	...	...	...	...
	(a) Tapping and injection	...	80	80	78	...	1	...	1
	(b) Incision and drainage	1	24	25	24	...	...	...	1
	(c) Resection of tunica vagi-nalis	1	87	88	28	4	4	...	3
For hæmatocela	...	15	15	14	...	...	...	1	

Class of Operations.	Nature of Operations.	Remained on 31st December 1894.	Performed during the year.	Total.	Results.					
					Cured.	Relieved.	Discharged otherwise.	Died.	Remaining under treatment on 31st December 1895.	
Operations on the male generative organs—cont.	Excision of veins for varicocele	...	2	2	1	...	...	1	...	4
	Amputation of penis	4	28	32	23	3	...	2	...	...
	Removal of elephantoid scrotum	4	57	61	50	1	1	5	...	4
	For lymph scrotum	...	5	5	4	...	...	...	...	1
	Ovariectomy	...	13	13	11	...	...	2	...	...
	Paracentesis of ovarian cysts and of cysts in broad ligament	...	1	1	...	...	...	1	...	...
	Removal of cysts and growths in the broad ligament and parovarium	...	3	3	2	...	...	1	...	...
	Removal of the uterine appendages	1	8	9	5	1	...	2	...	1
	Abdominal section for pelvic peritonitis, cellulitis intra-peritoneal hæmatocele	...	4	4	4	...	...	...	...	...
	Removal of cervix uteri	...	5	5	5	...	...	...	...	...
	For removal of uterus above cervix	...	2	2	...	...	...	2	...	...
	For removal of whole uterus—(a) Abdominal and vaginal combined	...	1	1	...	...	...	1	...	...
	(b) Vaginal	1	2	3	1	1	...	1	...	...
	Incision and drainage through vagina for suppurating dermoid cyst	...	2	2	1	1	...	...	...	...
	Operations on the female generative organs.	For enlarging os and cervix uteri	2	35	37	33	1	3	...	...
For lacerated or fissured cervix uteri		...	9	9	8	1	...	...	...	1
For atresia of vagina or uterus		1	8	9	6	2	...	...	...	...
Scraping the cavity of the uterus		1	28	29	19	8	1	...	...	1
For contracting the vagina		...	9	9	7	1	1	...	...	...
For recto-vaginal fistula		...	6	6	2	4	...	...	...	1
For vesico-vaginal fistula		2	45	47	13	29	4	...	...	...
For ruptured perinæum		...	26	26	24	2	...	...	...	...
For pelvic abscess		...	7	7	5	2	...	...	...	1
For elephantiasis of labia		...	7	7	6	...	...	...	...	...
For retained menstrual fluid		...	2	2	2	...	...	...	...	...
For polypoid growths from interior of uterus		...	5	5	5	...	...	...	...	...
For malignant growth from vagina or the cervix uteri		...	3	3	...	3	...	...	...	...
Amputation of clitoris		...	5	5	4	1	...	...	...	...
Destruction of syphilitic ulcer of pudendum by scraping or caustics		...	4	4	4	...	...	...	...	...
Obstetric operations.	Removal of growth from cervix uteri	1	2	3	1	2	...	...	...	...
	For utero vesical fistula	...	1	1	1	...	...	...	...	...
	Removal of tumours from vulva	...	1	1	1	...	...	...	...	...
	Abdominal section for ruptured uterus	...	2	2	...	...	...	2	...	1
	Application of forceps	2	84	86	76	1	1	7	...	...
	Version	...	19	10	15	...	...	3	...	...
	Embryotomy—(a) Craniotomy	...	3	3	3	...	...	2	...	...
	Cephalotripsy	...	15	15	12	...	1	...	...	...
	For adherent placenta	...	10	10	10	...	...	...	...	...
	For induction of labour	...	1	1	1	...	...	...	...	...
	For removal of ovum—(1) In abortion	...	8	8	7	...	...	1	...	...
	(2) Moles or diseased membranes	...	4	4	3	...	...	1	...	...
	Extraction	...	2	2	2	...	2	...	1	...
	Symphysiotomy	...	2	2	1	...	...	...	...	...
	For induction of premature labour	...	2	2	2	...	...	...	...	...

Showing the results of the major surgical operations performed by Medical officers among in- and out-patients in the Medical Institutions in the Presidency Town of Madras during the year 1895—cont.

Class of Operations.	Nature of Operations.	Remained on 31st December 1894.	Per- formed during the year.	Total.	Results.				
					Cured.	Re- lieved.	Dis- charged other- wise.	Died.	Remain- ing under treat- ment on 31st December 1895.
Operations on the breast.	For mammary abscess	...	7	7	7	...	...	...	...
	Removal of breast	1	6	7	6	...	...	...	1
	Removal of tumours of breast.	1	5	6	4	...	...	...	2
Operations on bones.	Osteotomy	...	4	4	3	...	1	...	...
	Incision and erosion for caries or necrosis	...	...	...	...	...	...	...	...
	Excision of bone	1	18	19	8	7	...	...	4
	Removal of large or deep sequestra	...	8	8	2	...	2	1	3
	For ununited fracture	3	27	30	16	6	1	2	5
	Resection of bones	...	5	5	3	...	1	...	1
Operations on joints.	...	...	4	4	3	1	...	...	...
	Reduction of dislocations	...	13	13	11	1	1	...	...
	Forcible extension or flexion	3	20	23	8	12	2	...	1
	Incision and drainage	...	...	...	...	...	...	...	...
	Incision and scraping	2	12	14	3	4	2	...	5
	Excision of the hip joint	1	3	4	1	2	...	1	...
Operations on muscles, tendons, fascie and bursae.	Excision of other joints	1	1	2	1	...	1	...	...
	Aspiration of joints	...	5	5	1	3	1	...	...
	Tenotomy	...	3	3	1	2	...	...	...
Amputations.	Division of cicatricial adhesions	1	...	1	1	...	...	...	...
	Excision of bursae	...	1	1	...	...	1	...	...
	Shoulder joint	...	2	2	...	...	...	...	1
	Arm	...	5	5	1	...	...	...	...
	Forearm	...	6	6	4	...	...	1	...
	Wrist joint	...	1	1	5	...	...	...	1
	Metacarpo-phalangeal joint	...	16	16	1	...	...	...	...
	Thigh	1	18	19	13	...	1	...	2
On skin.	Leg	3	19	22	7	3	4	4	1
	Toe with metatarsal bone	1	3	4	12	...	4	...	3
	Scraping of ulcers and sinuses, &c.	...	...	...	4	...	...	...	...
	Incision and scraping of carbuncles	2	31	33	7	15	5	2	4
	Plastic operation for wound on skin	1	12	13	8	1	1	3	...
Operations not classified.	Scraping of ulcers and skin grafting of large surface under chloroform	...	8	8	5	...	...	...	3
	Intraperitoneal injection of saline fluid in cholera	...	1	1	...	...	...	...	1
Total		84	3,715	3,799	12,397	955	189	123	135

Statement No. III-B.

Showing the results of the major surgical operations performed by Medical Subordinates among in- and out-patients in the Medical Institutions in the Presidency Town of Madras during the year 1895.

Class of Operations.	Nature of Operations.	Remained on 31st December 1894.	Per- formed during the year.	Total.	RESULTS.				
					Cured.	Re- lieved.	Dis- charged other- wise.	Died.	Remain- ing un- der treat- ment on 31st De- cember 1895.
Opening of abscesses.	Incision of large abscesses or those in an important region or dangerous neighbourhood.	...	12	12	8	1	1	...	2
Operations on the eye and its appendages.	Removal of tumours of orbit ...	...	1	1	1	...	...	...	...
	Operations on the eyelids— For entropion, Strattfield's ...	...	2	2	2	...	...	...	...
	Operations on the eyeball— Iridectomy ...	...	4	4	1	1	...	...	2
	Salmisch's operation for ulcer cornea ...	...	2	2	1	1	...	...	...
	Paracentesis for hypopyon ...	...	1	1	...	1	...	...	...
	Excision of the eyeball ...	...	3	3	2	1	...	...	...
	Evisceration ...	...	1	1	1	...	...	...	...
Operations on the res- piratory organs.	Paracentesis of pleura ...	...	6	6	...	6	...	...	...
Operations on the digestive organs.	For hepatic abscess ...	...	4	4	...	3	...	1	...
	Exploration of liver for hepatitis ...	...	7	7	...	7	...	...	2
	Paracentesis of the abdomen...	...	97	97	...	92	2	1	...
Operations on the urinary organs.	Cystoscopic examination of bladder ...	...	1	1	...	1	...	...	...
Operations on the male gener- ative or- gans.	Radical cure of hydrocele— (a) Tapping and injection ...	...	12	12	10	2	...	...	...
	(b) Incision and drainage ...	...	4	4	2	...	2	...	...
	For hæmatocele ...	...	1	1	1	...	...	...	...
Operations on the female generative organs.	For enlarging os and cervix uteri ...	...	2	2	1	...	1	...	...
	Scraping the cavity of the uterus ...	...	2	2	2	...	...	...	...
	For contracting the vagina ...	...	1	1	1	...	...	...	...
	For vesico-vaginal fistula ...	...	1	1	1	...	...	...	...
	For ruptured perineum ...	...	2	2	2	...	...	...	...
	For polypoid growths from interior of uterus ...	...	1	1	1	...	...	...	...
	Application of forceps ...	1	134	135	119	1	2	9	4
	Version ...	...	31	31	29	...	...	2	...
	Embryotomy— (a) Craniotomy ...	...	1	1	...	...	1	...	...
	(b) Decapitation ...	...	15	15	10	...	...	2	3
Obstetric operations.	Cephalotripsy ...	...	1	1	...	...	...	1	...
	Cæsarian section ...	...	2	2	1	...	...	1	...
	Evisceration ...	1	16	17	16	...	...	1	...
	For adherent placenta	...	1	1	1	...	...	...	...
	For induction of labour	...	...	...	...	...	...	...	...
	For removal of ovum— (1) In abortion ...	1	26	27	27	...	...	...	...
	Extraction ...	...	19	19	19	...	...	...	...
Operations on the breast.	For induction of premature labour ...	...	2	2	2	...	...	...	...
	For mammary abscess ...	...	1	1	1	...	...	...	...
Operations on bones.	Excision of bone ...	...	1	1	1	...	...	...	...
Operations on joints.	Reduction of dislocations ...	...	18	18	18	...	...	...	...
On skin ...	Incision and scraping of car- buncle ...	...	1	1	1	...	...	...	...
Not classi- fied.	Intraperitoneal injection of saline fluid in cholera ...	...	2	2	...	2	...	...	...
	Total ...	3	439	442	283	119	9	18	13

Statement No. IV.

Showing the classes and cases of the in-door and out-door patients treated in the Medical Institutions in the Presidency Town of Madras during the year 1895.

1	2	3	4	5	6														
					7				8										
					9				10		11		12						
13					14					15					16				
17					18					19					20				
21					22					23					24				
25					26					27					28				
29					30					31					32				
33					34					35					36				
37					38					39					40				
41					42					43					44				
45					46					47					48				
49					50					51					52				
53					54					55					56				
57					58					59					60				
61					62					63					64				
65					66					67					68				
69					70					71					72				
73					74					75					76				
77					78					79					80				
81					82					83					84				
85					86					87					88				
89					90					91					92				
93					94					95					96				
97					98					99					100				
101					102					103					104				
105					106					107					108				
109					110					111					112				
113					114					115					116				
117					118					119					120				
121					122					123					124				
125					126					127					128				
129					130					131					132				
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245					246					247					248				
249					250					251					252				
253					254					255					256				
257					258					259					260				
261					262					263					264				
265					266					267					268				
269					270					271					272				
273					274					275					276				
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281					282					283					284				
285					286					287					288				
289					290					291					292				
293					294					295					296				
297					298					299					300				
301					302					303					304				
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Statement No. V.
Showing the income on account of the Medical Institutions in the Presidency Town of Madras during the year 1895.

3		Income.																		
		b.																		
		From Government.					Total.	From local or other funds.												
		As Salaries.		As Registers and		As European Medi-	For Diet including	Sale of Medicines	Special Allowance											
		Medical Officers.	Intelligible Dis-	pen-sary Kites-	pen-sary Kites-	pen-sary Kites-	pen-sary Kites-	pen-sary Kites-	pen-sary Kites-	pen-sary Kites-	pen-sary Kites-	pen-sary Kites-	pen-sary Kites-	pen-sary Kites-	pen-sary Kites-	pen-sary Kites-	pen-sary Kites-	pen-sary Kites-	pen-sary Kites-	pen-sary Kites-
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Note.—The total of column 36 of the first six hospitals includes the sum of Rs. 20,000 contributed by the Madras Municipality towards the upkeep of these State institutions.

- (e) This column includes the pay of—
 1. Additional Medical Officer ...
 2. Assistant Surgeon, First Grade ...
 3. Assistant Surgeon, Second Grade ...
 4. Civil Surgeons ...
 5. Civil Surgeons ...
 6. Hospital Assistants ...
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Statement No. V, Part II.

Showing the amount of invested capital of the Medical Institutions in the Presidency Town of Madras during the year 1895.

Number.	Name of institution.	Balance on 1st January 1895.	Invested during the year.	Total.	Securities sold.	Deposits withdrawn.	Balance on 31st December 1895.
		Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.
1	Royal Victoria Hospital for Caste and Gosha women	87,590 11 5	28,581 10 0	1,16,172 5 5	(a)	...	1,16,172 5 5

(a) This includes the sum of Rs. 379-1-5 being in the current account and Rs. 2,000 in fixed deposit.

APPENDIX A.

I. COMPOUNDERS AND DRESSERS include the following—

	Rs.	A.	P.
1 Matron Superintendent	4,147	6	11
24 Nurses	11,288	9	10
4 Stewards	5,138	13	8
6 Writers	1,622	8	4
1 Storekeeper	540	0	0
4 Compounders	432	0	0
Total	23,169	6	9

II. MENIAL SERVANTS—

<i>Nursing Establishment</i> consisting of (41 ward attendants, 2 tailors, 1 toty woman, 1 nurses' maty and 6 dhobbies)	4,726	0	0
<i>Steward Department</i> consisting of (6 cooks, 2 massalchies, 1 butcher, 1 carpenter, 1 weighman, 1 ice man, 4 coolies and 1 purveyor)	1,769	0	0
<i>Conservancy Establishment</i> consisting of (1 Head man of servants, 2 peons, 5 sweepers, 3 bathmen, 17 toties, 4 sweepers, 4 gardeners, 2 coolies (dispensing), 16 bearers, and 1 bricklayer)	3,986	0	0
Total	10,476	0	0

III. EUROPEAN MEDICINES—

Cost of medical stores and instruments	18,871	7	2
Cost of medical stores supplied through local firms	1,144	13	2
Total	20,016	4	4

IV. MISCELLANEOUS CHARGES—

Hospital necessities	6,284	7	10
Bedding and clothing	5,044	14	2
Hospital miscellanies	4,015	4	4
Contingencies—			
Punkah charges	4,255	3	9
Municipal taxes	2,782	8	3
Repair of furniture	68	15	11
Extra servants	2,157	8	1
Funeral expenses	71	6	0
Service postage	70	0	0
Service telegram	1	0	0
Sanitary contingencies	1,100	0	0
Nurses' uniform	360	0	0
Servants' clothing	712	0	0
Other charges (advertisement, clock winding, &c.)	395	13	2
Registers and forms	969	5	8
Total	28,288	7	2

(Signed) W. R. BROWNE, M.D., Surgeon-Lieut.-Col.,
Senior Medical Officer, General Hospital.

MADRAS,
20th April 1896.

APPENDIX B.

Cost per patient treated under the several headings in the several institutions in the Presidency Town of Madras during the year 1895.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Name of Hospital or Dispensary.	Number of beds avail- able.	Daily average number of beds occupied.	Total number of in- patients treated.	Total number of out- patients treated.	Total of both in- and out-patients treated.	Total cost.	Average cost per patient on total cost.	Total cost on establish- ment.	Average cost per patient treated on establish- ment.	Total cost of bazaar me- dicines.	Average cost per patient treated on bazaar medicines.	Total cost of European medicines.	Average cost per patient on European medicines.	Total cost of diets.	Average cost per in- patient on diet.	Total cost of miscellane- ous charges.	Average cost per patient on miscellaneous charges.
Government General Hospital	474	369-99	5,853	52,965	58,818	144,432	2 3 2	64,679	1 3 1	208 11	30 0 1	16,563	7 0 4	34,688	7 5 14	28,201	0 7 8
Government ... Mater- nity Hospital	122	101-95	3,342	21,441	24,783	91,833	3 11 8	19,062	4 7 0	188 14	60 0 2	6,061	1 10 0	12,875	8 6 3	46,339	9 2 1
Government Ophthal- mic Hospital	76	55-30	1,605	7,933	9,538	18,185	7 10 1	6,798	13 2 0	3 10 0	0 0 0	1,436	1 3 0	4,974	6 5 3	2,700	0 4 6
Government Women and Children's Hos- pital	132	102-57	2,311	251	2,562	36,387	13 6 14	20,857	2 4 3	80 3	90 0 0	2,477	8 7 0	8,346	0 6 3	4,626	1 12 11
Government ... Leper Hospital	230	219-41	440	61	501	27,404	0 6 54	5 2 7	11 2	485 4	40 15 6	510 6 4	1 0 4	16,900	6 5 38	4,478	7 1 8 15 0
Government Volun- tary Venereal Hos- pital	100	64-37	703	...	703	13,281	11 8 18	4,377	1 3 6	11 10	90 0 3	223 10 2	0 5 1	6,239	15 5 8	2,429	3 1 3 7 3
Victoria Caste and Gosha Hospital	64	31-25	1,079	7,648	8,727	8,723	13 4 0	4,562	4 9 0	274 15	50 0 6	804 4	7 0 1	1,438	10 10 1	1,156	9 9 0 2 1
Royapettah Hospital.	45	34-95	879	31,152	32,031	17,840	5 4 0	6,115	10 7 0	163 5	50 0 1	4,287	14 1 0	4,461	14 6 5	2,411	8 9 0 1 5
St. Thomas' Dispen- sary	...	...	...	9,441	9,441	1,204	8 5 0	612	0 0 0	34 4	00 0 1	358 13	0 0 7	...	...	233	2 0 0 0 5
Port and Marine Dis- pensary	...	...	...	2,980	2,980	2,715	7 0 0	2,162	0 0 0	...	...	262 12	0 0 5	...	...	320 11	0 0 1 9
Raja ... Ranna- sawad Madelliar's Lying-in Hospital.	36	5-50	867	...	867	7,295	3 2 8	5,040	9 5 6	17 3	00 0 4	Included in Native Infirmary.	...	1,255	1 7 1	953	5 2 1 1 7
Native Infirmary and North Black Town Dispensary	104	87-39	2,358	42,310	44,648	16,787	9 7 0	4,255	14 2 0	61,323	2 20 0 6	1,708	9 4 0	6,376	5 0 2	3,035	10 11 0 1 1

NOTE.—This statement is worked out on the total number of admissions including both in- and out-patients.
(a) This includes 1,133 cases of natural labour and 143 women awaiting confinement. (b) This includes 52 cases of natural labour. (c) This includes 742 cases of natural labour.

No. 1.—GOVERNMENT GENERAL HOSPITAL, MADRAS.

ANNUAL REPORT OF THE GOVERNMENT GENERAL HOSPITAL,
MADRAS, FOR 1895.

ADMINISTRATION REPORT.

1. Accommodation.—During the year 1895 considerable alterations took place in the accommodation of the General Hospital.

In the month of April 1895 the west wing of the Station Hospital was vacated by the Military authorities and handed over to the Department of Public Works for the carrying out of necessary alterations prior to moving the General Hospital patients into it. These alterations were finished in the month of June, and on the 24th June 1895 all the male patients on the third floor of this hospital were moved into six wards of the above-named wing, leaving the whole of the third floor ready to receive female patients from the Women and Children Hospital. These patients were moved in on the 27th September 1895, and are now comfortably located, as a temporary measure, in five large wards on the third floor. The intention is that the women and children shall ultimately be located in the east half of the combined hospital, but this cannot take place until the east wing has been vacated by the military.

Other minor alterations were as follow:—

The Steward's department was moved into two rooms on the ground floor, vacated by the Station Hospital, as these rooms were found to be more conveniently situated for the work of the department than the long room previously occupied by the stewards.

The in-dispensary, which was located in a small room in the extreme west of the hospital, was moved into the long room vacated by the Stewards. The other half of this block, vacated by the Station Hospital, was fitted up as a store-room for stock medicines and instruments under the charge of the Assistant Surgeon. By this change the in-dispensary has been moved into a central and convenient position, more room, light and air—all much needed—have been obtained, and the Assistant Surgeon has been provided with a suitable room for his very important charge.

The Linen department was moved into the rooms vacated by the in-dispensary, the Assistant Surgeon and the Duty Apothecary. By this change the whole of the linen, not actually in the patients' use, is collected in one block, instead of being scattered as previously through several small rooms in the hospital. This is evidently a great advantage in many ways and makes the superintendence of this large and very important department, by the Matron Superintendent, both easier and more satisfactory. A small room in this block, furthest removed from the hospital, has been specially fitted up for a soiled linen room, and another small room next it as a room in which to keep patients' clothing.

The rooms vacated by the Linen department have been or will be utilized in various ways.

One has been handed over for the storage of punkahs during the cold weather; one is used as a dormitory for the Assistant Head Nurse in charge of women and children's wards; and one has been converted into cubicles for the use of male native paying patients.

The following works were executed by the Department of Public Works during the year:—

Major Original Works.

	RS.	A.	P.
Alterations and additions to west wing, Station Hospital	...	...	...
	3,896	0	0

Minor Original Works.

	RS.	A.	P.
Fitting counter in store-room	119	0	0
Providing screen doors, nurses' quarters	306	0	0
Providing new iron tank, nurses' lavatory	90	0	0
Laying pipes to cistern and repairing fountain opposite Stewards' room	38	0	0
Constructing gardeners' shed	313	0	0

Minor Original Works—continued.

	Rs.	A.	P.
Additions to Stewards' room for converting to apothecary's store and dispensary	480	0	0
Additions to Stewards' room or converting to apothecary's stores and dispensary	381	0	0
Laying pipes to cistern on main building	35	0	0
Fixing flushing cisterns, laying pipes to sinks in in-dispensary	102	0	0
Zinc gutters to Pottinger ward and centre block, Station Hospital	129	0	0
Constructing cistern on terrace	47	0	0
Fixing wire netting to trellis work in the laundry	71	0	0
Making alterations to the old dispensary and apothecary's store-room in order to convert it into linen room and fixing a tap with sink at the nurse's maty room, third story	460	0	0
Alterations in north latrine and east block	62	0	0
Putting up fixed screens in the officers' quarters, north wing of first floor	65	0	0
Constructing two flushing cisterns on north and south, centre block of west wing of late Station Hospital	99	0	0
Constructing cistern including necessary pipes for flushing and a jet fountain in the garden of Resident Surgeon	162	0	0
Total ..	2,939	0	0

Repairs.

Petty repairs asked for by Senior Medical Officer	200	0	0
Removing pipe, native medical latrine	38	0	0
Repairing fire place	21	0	0
Refixing pipe to apothecary's bath-room	38	0	0
Repairing stand pipe opposite dark room	37	0	0
Refixing new pipes, Munro's ward	26	0	0
General repairs to the Resident Surgeon's quarters	181	0	0
Removing and relaying pipe of jet fountain south in out-patient dispensary	48	0	0
Total ..	689	0	0

Synopsis of above.

Major original works	3,896	0	0
Minor do.	2,939	0	0
Repairs	689	0	0
Total ..	7,424	0	0

The major work is that already referred to in the beginning of this report.

The larger items under minor works are also those already referred to as "Other minor alterations."

The remaining minor works and repairs do not seem to call for any special notice. When the sanction of the Surgeon-General is asked, the necessity for the work is always pointed out.

The annual whitewashing of the hospital was not carried out this year. An estimate for Rs. 1,912, which was sent in for sanction by the Department of Public Works, was circulated in G.O., No. 335, dated 3rd May 1895, for opinion as to whether this whitewashing could not be done departmentally. Decided orders have not yet been received, and consequently the whitewashing has not been done. As, however, the European kitchen was much in want of cleaning, I thought this a good opportunity for a departmental experiment, and asked the Resident Medical Officer to superintend the work. This he did thoroughly, with the result that the kitchen has been well whitewashed and is much improved in appearance. Coolies were employed on daily wages to do the scraping and whitewashing, brushes and lime being supplied to them by the hospital. I find that the total cost was as follows:—

	Rs.	A.	P.
Wages	22	14	8
Chunam	6	0	0
Brushes	0	3	6
Total ..	28	17	14

A contractor gave an estimate for Rs. 37 for doing the work.

As the kitchen had been previously bluewashed, and was also blackened by smoke, the walls required most thorough scraping before the whitewash could be put on. The actual amount of work spent on the scraping was much in excess of that on the mere whitewashing, and therefore the cost of doing the kitchen cannot be taken as any criterion as to the cost of doing a ward.

At present the hospital buildings are in good condition, though they require whitewashing externally. The inner parts have been frequently limewashed by the hospital bricklayer.

The ward accommodation, as shown by the proportion of beds to daily average sick, seems to be sufficient:—

Number of beds available for—	Average daily sick—
Natives—	Natives—
Men	Men
Women and children	Women and children
Europeans—	Europeans—
Men	Men
Women and children	Women and children
Total ..	Total ..

But practically it is found that occasionally wards become overcrowded and extra beds have to be put in. Great care is taken to try and prevent this overcrowding by distributing the patients to other wards, but even then it cannot always be prevented. It must be remembered that among the 'beds available' are a certain number of beds in the cholera and small-pox isolation wards, which are but seldom used; also that Native and European beds are not interchangeable; neither are surgical and medical nor male and female; consequently a Native surgical ward may be overcrowded, while in other parts of the hospital there are vacant beds which cannot be used. In order to try and remedy this, the large Trevelyan ward, which used to be occupied by European surgical cases, was given over to Native surgical, and the smaller Buckingham and Ophthalmic wards were given to European surgical cases.

The greatest number under treatment on any one day was 413 on 27th November.

At present there are only 474 beds, but when the female isolation wards and native male paying wards are finished, there will be a total of 500 beds available.

2. Medical work.—Appendix A gives a comparative statement of the medical work done in the hospital for the last three years both among in-patients and out-patients. This is a very complete statement and gives a large amount of information in a comparatively small space. It will be seen that among the in-patients there is a slight increase under all heads with the exception of deaths among natives and average stay in hospital of Eurasians.

The average cost of diet shows separately, as it did in previous years, the expenditure in officers' quarters and general wards, and under each of these headings, the cost of Europeans is shown distinct from natives, as was also done in previous years. It will be seen that the cost has steadily decreased under each of the four heads during each of the three years.

Among the out-patients there has been an increase in admissions of Europeans and Eurasians of over two thousand; there has also been an increase in daily average sick on both male and female side; this is doubtless due to the amalgamation of the hospitals. The other figures are practically the same as for last year.

Appendix B gives a comparative statement of the work done by each Medical officer during the year. The Senior Medical officer's wards were open only for the first six months; stress of other work compelled him, with the sanction of the Surgeon-General, to give up ward work; his beds were distributed among the other Medical officers. The first physician's wards (women and children) were opened on the 27th of September. With these remarks the figures seem to me to explain themselves.

3. Mortality.—The causes of mortality are given fully in the various professional reports. The chief causes have been pulmonary tuberculosis, dysentery, obstruction of bowels, valvular disease of the heart, hernia and diarrhoea; 57 patients were admitted in a moribund state and 20 were removed by their friends in a similar condition. There were 6 deaths due to septic diseases; 2 of these were contracted outside the hospital and 4 occurred in the hospital after operations. The deaths among Europeans and Eurasians were 20 in excess of that during last year, while the deaths among natives were slightly less than last year. The deaths per thousand were 47.53 among Europeans and Eurasians and 70.87 among natives. Considering the large number of cases treated in this hospital these rates are decidedly good.

4. Operations.—The following statement shows the number of major operations performed by each medical officer during the year 1895:—

Names of officers who have performed major operations.	Number.	Period the officer was present for duty.	
		From	To
Surgeon-Lt.-Colonel W. R. Browne, M.D.	193	1st January ...	8th August.
Surgeon-Major D. F. Dymott	28	27th September ...	31st December.
Surgeon-Major J. Maitland, M.D.	86	10th August ...	31st December.
Surgeon-Major J. Smyth, M.D.	79	6th March ...	4th June.
Surgeon-Captain F. J. Crawford, M.D.	81	15th August ...	14th September.
Surgeon-Captain R. Robertson	114	1st January ...	24th March.
Surgeon-Captain C. L. Williams, M.D.	235	1st January ...	31st December.
Surgeon-Captain A. E. Grant, M.B.	5	25th March ...	5th March.
Surgeon-Captain W. Molesworth	3	15th November ...	6th November.
Surgeon-Captain G. G. Giffard	110	5th June ...	31st December.
Surgeon-Captain D. Simpson	1	1st January ...	31st December.
Dr. G. N. Coombes	1	31st May ...	14th September.
Civil Assistant Surgeon P. Pereira	9	23rd May ...	8th December.
Civil Assistant Surgeon D. Newland	3	19th August ...	14th September.
Civil Assistant Surgeon Narasinga Row	4	13th April ...	10th June.
Civil Apothecary A. Wells	41	12th September ...	31st December.
Civil Apothecary Watson	2	12th November ...	31st December.
Civil Apothecary G. L. Philipaz	23	1st January ...	9th February.
Civil Apothecary Ittyerah	11	10th March ...	31st December.
Civil Apothecary Masillamony	2	27th September ...	31st December.
Civil Apothecary C. Dustagheer Khan	8	24th June ...	31st December.
Civil Apothecary Egappa	1	1st January ...	25th April.
Student (name not marked in the register)	1	28th June ...	5th September.
		7th October ...	31st December.
Total	1,036		

Note.—The one operation performed by the student and 75 of those done by medical subordinates were cases of paracæstis abdominis.

5. Establishment.—Medical Staff.—The following statement gives the names of the Medical officers attached to the hospital during 1895, showing their rank, the nature of their duty, and the period during which they were on duty:—

Rank.	Name.	Nature of their duties.	Period during which the officers were present for duty.		Remarks.
			From	To	
Brig.-Surg.-Lt.-Col.	W. Pries, M.D.	Senior Physician and Senior Medical officer.	1st January.	31st Dec.	On privilege leave from 15th August to 14th September.
Surg.-Lt.-Colonel	W. R. Browne, M.D.	Senior Surgeon	1st January.	9th August.	On furlough from 10th August.
Surgeon-Major	D. F. Dymott	First Physician at present in charge of women and children patients.	27th Sept.	31st Dec.	
Surgeon-Major	J. Maitland M.D.	Acting Senior Medical Officer.	15th August.	14th Sept.	
Surgeon-Major	J. Smyth, M.D.	Acting Senior Surgeon.	10th August.	14th Aug.	
Surgeon-Major	J. Smyth, M.D.	Resident Medical officer.	15th Sept.	31st Dec.	
Surgeon-Major	J. Smyth, M.D.	Acting Senior Surgeon.	6th March.	4th June.	On furlough till 6th March and on other duty after the 4th June.
Surgeon-Major	J. Smyth, M.D.	Acting Senior Surgeon.	15th August.	14th Sept.	
Surgeon-Captain	C. L. Williams, M.D.	Acting Resident Medical officer.	1st January.	5th March.	On privilege leave from 6th to 5th March and on furlough from 7th November.
Surgeon-Captain	F. J. Crawford, M.D.	Acting Second Surgeon.	25th March.	6th Nov.	
Surgeon-Captain	A. E. Grant, M.B.	Second Surgeon	1st January.	24th March.	On furlough from 25th March.
Surgeon-Captain	R. Robertson	Assistant Physician	15th Nov.	31st Dec.	On furlough till 14th November.
Surgeon-Captain	W. Molesworth	Acting Assistant Physician.	1st January.	14th Nov.	
Surgeon-Captain	W. Molesworth	Acting Second Surgeon.	7th Nov.	31st Dec.	
Surgeon-Captain	W. Molesworth	Acting Additional Medical officer.	5th June	31st Dec.	
Surgeon-Captain	G. G. Giffard	Acting Additional Medical officer.	1st January.	4th June.	
Surgeon-Captain	G. G. Giffard	Acting Resident Medical officer.	5th June	31st Dec.	
Minster	C. F. Badcock	Dental Surgeon	1st January.	31st Dec.	

Dr. G. N. Coombes of the Cochin State did duty in this hospital from 31st May to 14th September 1895.

Dr. H. C. Perkins of the Travancore State did duty in this hospital from 12th October to 31st December 1895.

Medical Subordinates.—On the amalgamation of the Hospital for Women and Children with the General Hospital this department was increased by 3 Civil Apothecaries and 2 Hospital Assistants. The permanent staff at present consists of 1 Military Assistant Surgeon, 9 Civil Apothecaries and 4 Hospital Assistants. The Military Assistant Surgeon is in charge of the medical stores, stationery and the female side of the out-patient department. He is also responsible for the discipline of students and for part of the instruction given to the nurse pupils and ward attendants.

Of the 9 Apothecaries 2 are attached to the medical officer in charge of women and children as he has at present both medical and surgical duties to perform. The other medical officers have one Apothecary each and one assists the Assistant Surgeon in the female side of the out-patient department; the ninth Apothecary is directly under the orders of the senior medical officer for emergencies, taking the place of men on leave or sick. When not otherwise engaged he also works in the out-patient department. Of the 4 Hospital Assistants 1 is attached to the out-patient dispensary and the other three to the in-dispensary. One remains on duty during the night; this duty is taken in turn.

Since the amalgamation of the Hospital for Women and Children with the General Hospital, it has been found necessary to put two Apothecaries on night duty instead of one as was the practice previously. This makes the night duty heavy, and it is this part of their duty that the Apothecaries find most irksome.

Nursing Department.—As the matron superintendent has given a very full report on the Nursing Department and the training of nurses, I have attached it in full after the other professional reports.

Male ward attendants under one year's service are instructed twice a week by the Assistant Surgeon, while those between one and five years' service are instructed once a week. During the year 6 of the former were under instruction and 8 of the latter. These men have no examination.

Steward's Department.—On the amalgamation of the Women and Children's Hospital with this hospital one 'steward and writer' was added to this department, which now consists of one head steward, one 'steward and writer,' two assistant stewards, one kitchen steward and two clerks who assist in the scriptorial work of the department.

During the year the Head Steward Mr. J. E. Russell died and the First Assistant Steward continued to act for him for the remainder of the year.

Storekeeper's Department.—On the 4th January 1895, Y. Nathamuni Naidu, the then Storekeeper, was suspended for making false entries in his books, and Mr. Vint, the Kitchen Steward at the time, was ordered to take charge of the duties as a temporary measure.

On the 19th February 1895 the services of the present incumbent, the Storekeeper of the Government Ophthalmic Hospital, were obtained on probation, and he was confirmed later on, as Nathamuni Naidu was dismissed, having been sentenced to two years' rigorous imprisonment by the High Court. At the commencement of the year this department consisted of one storekeeper, one weighman, and one store cooly. On the amalgamation of the Women and Children's Hospital with this, and the consequent increase of work in the department, a first-class cooly was added to its staff. However, this establishment is still insufficient for the proper carrying on of the work, but, as the whole matter has been dealt with in the report of the Special Diet Committee now before Government, it seems to me unnecessary to make any suggestions here.

Various improvements and alterations were made in the store-room in order to put it into a safer condition; amongst others a counter has been fixed and proves a decided advantage.

During the year very particular precautions were taken to keep down the drage and wastage of the articles in store; the stock of many of the articles in charge of the Storekeeper was at uncertain times verified by the Senior Medical Officer, and on the 31st December 1895, the stock of all articles then in store was taken by a committee appointed for the purpose by the Senior Medical Officer.

The committee consisted of—

Surgeon-Captain A. E. Grant, *President*.
 Surgeon-Captain W. Molesworth, } *Members*.
 Surgeon-Captain G. G. Giffard, }

From this stock-taking the total value of the articles that remained in store on the 31st December 1895 is estimated at Rs. 1,372. The value of the articles remaining on the 4th January 1895, when a similar stock was taken, was Rs. 1,147.

In the earlier part of the year, according to the old practice, rice was being stored in large boxes and barrels. As there seemed to be much loss in the shape of drage, &c., this practice was given up, and it is now kept in gunnys on benches. In June and July 1895 I put into stores 23,125 lb. first-sort rice and 974 lb. broken rice for rice flour. In November it was found to

contain weevils. Consequently 5,565½ lb. first-sort rice were cleaned with a loss of 217½ lb. and at a cost of Rs. 6-9-0 in labour, while of broken rice, 800 lb. were cleaned with a loss of 29 lb. and at a cost of As. 10 in labour.

Salt was found to melt while kept in bags; it is now stored in Pegu jars and seems to keep well.

Charcoal was being stored loose in a masonry tub erected for the purpose. This practice was found to give room to great wastage, the charcoal being reduced to dust in the process of putting in and taking out. Charcoal is now stored in bags and by this means a greater part of the wastage is avoided.

Firewood was obtained from the Government Depot as required in quantities of two to four tons at a time. This was done in order to avoid waste from drriage, &c., which experience showed was considerable when a large quantity of wood was stored at one time. As a fixed rate had been settled for the year by the Forest Department, no advantage could have been gained by taking in a large quantity at one time. Particular attention was paid to green wood taken in from the hospital compound; it was either taken into stores green, and used quickly mixed with dried wood, or else it was stacked in the compound, or in an outside godown, until sufficiently dry to be fit for use, when it was weighed and taken into stores. By attention to these points and careful supervision of weighing by the storekeeper the wastage on 76 tons and 1,731 lb., received during last nine months of 1895, has been reduced to 895½ lb., or nearly ½ per cent. on receipts. This amount of wastage is remarkably little, and in my opinion does not allow a sufficient margin.

At present 3½ lb. of firewood are allowed for each European diet and 1½ for each Native.

With reference to green wood, I made the following experiment on wood cut in the College compound:—

	LB.
Weight when green	7,224
Do. do. dry	4,810 (after four months in store).
Drriage ..	2,414 or 33 per cent.

N.B.—When this was first weighed it had been cut for sometime and left in the sun. The wastage would have been more if it had been weighed at once.

Samples.—Experience having shown that the usual plan of obtaining samples in small quantities and in bottles did not work well, the following letter was written to those tenderers whose rates seemed favourable:—"With reference to your tender for rice, you are requested to put into stores on Friday the 10th instant between 7 and 9 A.M. three bags of rice of the exact quality which you intend to supply if your tender is accepted. If this rice is approved your tender for the full quantity will be accepted and these bags will be counted as a part of the supply. If rejected you will be paid the value at your tender rate of the three bags supplied. You are distinctly to understand that in case your tender is accepted, the balance of the rice must be exactly of the same quality as the three bags of rice first supplied."

In the case of other articles than rice a certain number of visces, measures, or pounds were asked for as the case might be.

From the large samples thus obtained it was possible to make a good selection, and also to compel the tenderers to supply according to sample. The samples paid for were shown in the hospital books as departmental purchases.

Linen Department.—After the transfer of the Hospital for Women and Children to the General Hospital this department was increased by one second linen clerk and two dhobies. This department now consists of one linen-keeper, one second linen clerk, two tailors and eight dhobies.

The expenditure on 'bedding and clothing' during 1895 amounts to Rs. 3,829-3-5 against Rs. 5,035-14-2 in 1894. The stock of linen was taken in January, April and July by the matron superintendent and in December by the Second Surgeon.

Year.	Value of.	Increase in stock.	Linen condemned.	For beds and pillows.			Thread, buttons, tapes, cleaning cotton and repair of mattresses.	Nurses' uniform and ward attendants' clothing.
				Straw.	Cotton.	Coir.		
1893	Rs. A. P.	268 2 0	Rs. A. P.	Rs. A. P.	Rs.	Rs.	Rs. A. P.	Rs. A. P.
1894	1,447 15 4	2,313 6 2	150 12 0	141 8 0	16	...	100 0 10	1,071 11 6
1895	1,680 15 8	1,939 10 0	113 4 0	...	20	9	153 1 4	971 11 4
The amount expended under this head in 1895 is shown under contingencies.								

The following sums were paid by nurses and ward attendants to replace linen lost whilst in their charge in the wards:—

	RS.	A.	P.
1893	32	2	11
1894	109	10	4
1895	133	0	9

These amounts are not included in 'expenditure.'

Up to March 1895 it had been the custom for nurses on day duty alone to pay the cost of linen missing in the wards. This made the nurses on night duty and ward attendants careless as to the safe custody of linen. The value of linen 'lost' in the wards during April, May and June 1895 amounted to Rs. 50-13-7. This was excessive, and, as it seemed to me unfair that it should all be borne by day nurses, I passed an order that it should be recovered rateably according to pay from nurses and attendants. The ward attendants being now made partly responsible for losses complained that the toties had also access to the wards and linen; the toties were then prohibited from entering the wards or from having anything to do with the linen except carrying the foul linen from the tubs to the laundry, the nurse keeping the key of the tubs. The result of these alterations was that the value of the linen missing during five months, viz., July, August, September, October and November amounted to Rs. 12-0-8 only. This diminution in the cost of the missing linen shows that the nurses on night duty and the ward attendants are more careful with their linen than they had been before the order was issued.

Up to January 1895 all the washing was done outside except 'foul' linen, which was first washed by two toties in the hospital and then sent to the dhoby to be re-washed and bleached outside. From the beginning of the year under review (1895) this foul linen has been actually washed in the laundry by one of the dhobies in turn. The services of the two toties were dispensed with and a linen cooly on Rs. 6 (the pay of a toty) was entertained to assist the linen-keeper, which assistance was previously given by the two toties in addition to their washing the linen. After the amalgamation of the Hospital for Women and Children with the General Hospital the amount of 'foul' linen was so much increased that it was found necessary to order two dhobies to wash in the laundry by turns. The number of pieces washed monthly in the laundry from January to September ranged from 2,171 to 3,575, and from October to December from 4,003 to 4,531. The cost of materials, such as soap, firewood, indigo, &c., used in the laundry amounted to Rs. 188-14-3 and has to be borne by the hospital in addition to the dhobies' pay, while when permitted to take the articles outside the dhobies get nothing but their pay. The consequence of this is that the cost of washing one hundred pieces in the laundry comes to annas 11 pies 6½ against annas 5, the cost of washing outside. It is a curious fact that the cloths washed outside are of a decidedly better colour than those washed in the hospital. The dhobies say that this is due to the water used in the hospital 'coming through an iron pipe.' In the hospital country soap is used, while the dhobies outside use 'fullers earth'; the dhobies would prefer to use fullers earth, as they say it facilitates their work; the soap, though costing about Rs. 3 a month more than fullers earth, is used under the idea that the fullers earth rots the cloths.

It is under consideration to transfer the charge of the patients' own clothing, at present in charge of the sergeant, to the linen-keeper. The proposal, if carried out, will increase the responsibility of the linen-keeper and his assistant, but it will give the sergeant more time to look after the sanitation, &c., of the hospital, which is his proper duty.

Sanitary Department.—On the amalgamation of the Women and Children's Hospital with the General Hospital this department was increased by 2 sweepers, 3 lascars, 1 bathman and 7 toties. This department now consists of 1 sergeant, 1 boatswain, 16 bearers, 7 lascars, 4 gardeners, 4 bathmen, 7 sweepers, 24 toties and 1 bricklayer.

In addition to the above permanent establishment it has been found necessary to appoint extra toties and lascars to cope with the increase of work and such appointments are sanctioned monthly by the Surgeon-General.

The Sergeant is responsible for the cleanliness of the hospital building and its compound; he is also in charge of the patients' own clothing. It has been proposed that the charge of the patients' clothing should be made over to the linen-keeper. This proposal if carried out will give the Sergeant more time to look after sanitation. If this were done, the Sergeant with another extra boatswain could efficiently supervise the work of the servants. Owing to the great increase in extent of the building this work cannot be properly done by one Sergeant and one boatswain. Every portion of the building is washed once in a fortnight, but the out-dispensaries once a week.

A carpenter is also kept on the establishment and his time is fully occupied in petty repairs, making splints, crutches, &c.

The bricklayer attends to petty repairs, whitewashing of latrines, and other parts of the hospital. His time is fully occupied.

Sullage water.—During the year 1895 the sullage water continued to be used for irrigation purposes in the compound without the production of any nuisance. The improvement in the condition of the Coom around the hospital has also continued. Several improvements were carried out. I was able to lay out beds under two of the drains so as to water them without any

lifting, the water flowing on to them by gravitation. This is of course a great advantage, and would be worth consideration when building a hospital or other building where much water is used in this country in future. By the exercise of a little ingenuity the drains might be so arranged as to permit of all the waste water being thus used.

During the year 41 more young cocoanut trees were planted out, 23 of them being from seeds obtained from a large Singapore tree in the Medical College compound. There are now 102 young trees and two fruit-bearing ones. At one time some of them were attacked by a borer which Dr. Henderson identified as *Oryctes Rhinoceros* which he says did much damage to the cocoanut trees in the Lacadives some time ago. They injure the tree by eating out the mid-rib of the young leaves. I was able to send him one *in situ*. The gardeners caught six or seven of these insects, and they tell me there are no more at present; the pests confined their attacks entirely to one group of trees. So far as I can judge the trees seem to have quite recovered.

Shortly before the north-east monsoon set in I noticed that some of the young casuarina trees were dying from the tops. I had them cut down, about eight in all. I found that most of the top branches had been completely barked. On one of the trees I found a large number of hairy caterpillars actively at work on this process. I kept some of them under observation for a few days. They seemed to remain quietly in clusters at the axils of the branches during the day and to ascend at night to eat the bark from off the tender shoots. I sent them to Dr. Henderson, but he was not able to name them; he promised to rear them and thus find out their name.

I made several experiments with lucerne, which is in great demand during the hot weather, and consequently a very paying crop. I think I have at last succeeded in establishing it on a satisfactory footing. It must have a good sub-soil into which its long tap roots can freely run. In this compound a great part of the ground consists of old bricks covered with a few inches of soil.

During the year 22.85 tons of harially grass were cut. This is a slight decrease as compared with 1894:—

1892	..	..	..	Nil.	1894	..	..	23.67
1893	..	..	..	22.42	1895	..	..	22.85

Harially will not thrive where there is much shade. The out-put from some of the best beds has been injured by the cocoanut trees and ornamental crotons. The crotons flourish in a remarkable manner under sullage water. I have however thinned them out for the sake of the grass. During 1895 the grass was cut daily as required for issue, which seems to me not to be so good for the grass as waiting until it is fully ripe and then cutting it for hay.

During the year 14.15 tons of firewood were cut out of the compound, sent into the stores and the value credited to Government. Most of this wood was obtained by thinning out branches, and also by removing a few trees to make room for cocoanut trees.

6. Finance.—The income and expenditure are shown in a tabular form in Statement V, Part I, attached as Appendix C; and the cost per head in Civil Medical Form 5, attached as Appendix D. As the heads under which income is divided in the first statement do not, in all cases, correspond with those given under expenditure, nor those in the second statement with the heads used in the first, I have attached two special memoranda, arranging income and expenditure into similar groups to try and explain the first statement, and have used foot-notes freely to the second statement. I have also explained what items are grouped under each particular heading.

(a) *Income.*—With the exceptions of Rs. 11,205 received from paying patients, Rs. 89 received from contractors as fines, Rs. 280 from the sale of grass cut in compound and Rs. 103 (included under diets) from firewood cut in compound, the total income was received from Government.

It seems to me that the fees paid by students for clinical instructions in this hospital ought to be credited to the hospital instead of to the Medical College as at present. Being, as it is, an important clinical hospital, the expenditure on medicines and appliances must be greater than it would be in an ordinary hospital. The sums paid by the students for their instruction in the hospital should be credited against this and would more than meet these extra charges.

The total of the sums mentioned above amount to Rs. 11,678, that received from Government to Rs. 1,81,580, making the total income Rs. 1,43,258.

The income received from Government is the amount actually paid under various heads; it will be found fully explained under expenditure.

The amount received from paying patients is Rs. 250 less than last year. This is probably due to the fact that the native male paying wards had to be closed when the women and children were accommodated on the third floor.

The amount received from contractors as fines is Rs. 133 less than last year. This is satisfactory as showing that the arrangements for dieting worked more smoothly and satisfactorily than last year.

Although the amount of grass cut was almost the same as last year, the amount realized by sale is less by Rs. 108. This is explained as follows:—In 1894 the greater part of the grass was

turned into hay and some hay made in 1893 was also sold, while in 1895 the grass was sold as cut. A ton of grass is sold for Rs. 9-4-0, a ton of hay for Rs. 35; it takes about three tons of grass to make one ton of hay. Wood cut in the compound realized Rs. 103. It is taken into the stores as a departmental purchase and the amount realized credited to Government. The value is obtained by deducting cost of cutting and splitting and then paying for it at the contract rate of Rs. 8-12-0 a ton.

(b) *Expenditure—Medical Officers.*—The details of this item are given in explanatory memorandum. There is a slight increase over last year; this is chiefly due to the increase of establishment which took place when the two hospitals were amalgamated.

Compounders, Dressers, &c.—Details are given in explanatory memorandum. It will be seen that this item includes the matron and nurses. The increase here is also due to the amalgamation.

Menial Servants.—Details are given in explanatory memorandum. This item includes ward attendants, male and female. The increase is explained as above.

Bazaar Medicines.—This small item remains much the same as in previous years. It consists chiefly of such articles as hog's lard, *Butas frondosa*, linseed, bael fruit, honey, leeches, lime, toddy and wax. This small item, however, does not give any correct idea of the extent to which indigenous drugs are used in the hospital. Many indigenous drugs, being received through the Medical Stores, are returned under the head of 'European Medicines.' The following list, taken from Waring's *Bazaar Medicines*, with the quantities received during the year, will show to what a large extent this occurs:—

Alum	28 lb.	Galls	3 lb. 4 oz.
Assafetida	1 lb.	Ginger	2 lb.
Borax	9 lb. 9 oz.	Ginger powder	7 lb. 12 oz.
Camphor	190 lb. 8 oz.	Gurjun balsam	5 lb. 3 oz.
Capsicum	1 oz.	Hemidesmums	16 lb.
Castor oil	313 lb.	Iron sulphate	10 lb.
Catechu	1 lb. 10 oz.	Kamla	2 1/2 oz.
Chaulmugra oil	12 lb.	Liquorice root	3 lb. 6 oz.
Chiretta	88 lb.	Nitrate potash	30 lb.
Cinnamon	2 lb. 6 oz.	Opium	1 lb. 11 oz.
Corrosive sublimate	19 lb.	Sal ammoniac	26 lb. 1/2
Clove	1/2 oz.	Senna	117 lb.
Copper sulphate	5 lb. 6 oz.	Sulphur	24 1/2 lb.
Cubabs	6 lb. 4 oz.	Mylabris cichoria	14 lb.
Datura (plentifully used for cigarettes).		Gingelly oil	56 lb. 4 oz.
		Oil of turpentine	799 lb. 7/8

The following medicines might also, I think, be very fairly included under bazaar medicines:—

Quinine (Nilgiri),	54 lb. 2 oz.
Cinchona febrifuge (Government),	91 lb.
Oleum eucalyptus,	20 lb. 6 oz.

If Waring's very useful little book on 'Bazaar Medicines' were made a College text-book, and more especially if Hospital Assistants were given to understand that a certain number of questions would be set from this book both for their College diploma and for their promotion examination, I feel sure the study and use of indigenous drugs would be promoted.

European Medicines.—The amount given is for nine months only; if an equal proportion be added for the remaining three months, the amount is Rs. 22,084, a little over that for last year as might be expected since the amalgamation.

Diet.—Here there is a saving of Rs. 4,792, which must be considered very satisfactory. It is due to favourable rates in tenders, to the skill and attention used in storing and preventing waste, and also to the great care exercised by Medical officers in keeping down unnecessary extras.

Miscellaneous charges.—This—a large item of Rs. 28,507—is fully explained in explanatory memorandum on expenditure. It will be seen to include the whole of the income in 3 B. III and many items in 3 B. VII, but not to include any of the miscellaneous receipts shown in column 3 i.

There are two items in these charges which are in excess of last year—taxes and punkah-pulling—both due to the increased room required for the women and children.

None of the other items seems to me to require any special notice.

The amount under buildings and repairs is Rs. 4,893 less than that of last year. This item is fully explained in the beginning of my report.

Hospital stoppages, fines and sale of grass are sums paid into the Bank, and they have been fully explained in the expenditure column 4 G.

The total expenditure during the year is Rs. 1,44,432-2-3; this includes the cost of European medicines for only nine months: if a proportionate amount for the remaining three months be added, it will bring up the total to Rs. 1,49,953; this is Rs. 4,030 less than last year, and is due to diminished expenditure under diets, miscellaneous charges, buildings and repairs.

With reference to Civil Medical Form V, showing cost per head treated.—The composition of the columns in this statement, which differs very materially from those given in statement V, Part I, have been explained in a note at foot of the form.

The average cost in all the columns, with the exception of column 16, has been made on the total patients treated; in column 16 only the total in-patients treated has been used in striking the average.

It will be seen that, with the exception of the average cost per patient on establishment, the average cost in all items is less than that of last year. The increase on establishment, which is only one anna per patient, is due to the increase in punkah-pulling charges and additions to establishment on the amalgamation of the two hospitals.

Under diets, there has been a marked improvement during the past two years, the average cost in 1894 being less than 1893 by Rs. 3-8-11½, and the average cost of 1895 being less than that of 1894 by Rs. 1-4-1½. The reasons have been given in explaining the average cost per diet per day.

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Average cost of diets.—The calculation of the average cost of diet per day for patients in this hospital is a very complicated business and takes up the greater part of the time of one clerk. It has to be calculated daily and separately for *Officers' quarters*, European males and females, Native males and females, *General wards*, European males and females, Native males and females, and these separate calculations have to be made for five separate medical officers, in order that each one may know what the average cost of diets under each head is among his own patients. Otherwise there could be no check on the diet expenditure. The calculation must also be made separately on diets, on extras, and on wines, so as to show where any extravagance may come in. When the calculations have been made, they are entered into eight diet registers, and these are again tabulated into one. These forms, with the morning report, are brought daily to the Senior Medical Officer who examines them and calls the attention of medical officers to any excessive expenditure. At the end of the month they are sent, with other vouchers, to the Surgeon-General for audit and record. During the past year I had to draw attention of medical officers to excessive expenditure 414 times; during the last three months of 1891, I had to do so 308 times.

The following table is a comparative statement showing the average cost of diets, extras and wines per patient per day in the respective wards of the various medical officers, and also the general average for the hospital. The average cost of Europeans and Natives in *Officers' quarters* and *General wards* have been kept separate as directed in G.O., No. 712, Public, dated 28th August 1895, paragraph 9:—

	S.M.O.	M ₁ .	M ₂ .	A.M.O.	S ₁ .	S ₂ .	General average.
Europeans.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.
Officers' quarters ...	0 15 6	0 11 4½	1 1 6½	0 15 10½	0 15 4½	0 15 5½	0 15 10½
General wards ...	0 7 2½	0 6 6	0 7 4	0 7 0½	0 7 0½	0 7 2½	0 7 2
Natives.							
Officers' quarters ...	...	0 1 7½	0 14 0½	0 11 9½	0 10 8½	0 9 3½	0 10 9½
General wards ...	0 3 7½	0 3 5½	0 3 10	0 3 7½	0 3 4½	0 3 3½	0 3 5

The Senior Medical Officer's wards were open only for the first six months of the year.

M₁ is the medical officer in charge of women and children; his wards in this hospital were opened on the 27th September 1895.

M₂ or Assistant Physician: this office was held by Surgeon-Captain Robertson from 1st January to 14th November 1895 and by Surgeon-Captain Grant from November to the end of the year.

A.M.O. or Additional Medical Officer: this office was held by Surgeon-Captain Giffard from 1st January to 4th June 1895 and by Surgeon-Captain Moleworth from 5th June 1895 to the end of the year.

S₁ or Senior Surgeon: this office was held by Surgeon-Lieutenant-Colonel Browne from January to 9th August 1895, by Surgeon-Major Maitland from 10th to 14th August 1895, by Surgeon-Major Smyth from 15th August to 14th September 1895, and again by Surgeon-Major Maitland from 15th September 1895 to the end of the year.

S₂ or Second Surgeon: this office was held by Surgeon-Captain Crawford from January to 24th March, by Surgeon-Captain Williams from 25th March to 6th November 1895, and by Surgeon-Captain Robertson from 7th November to the end of the year.

The following table gives a comparative statement of the general average cost of diet, extras and wines per patient for the last three years, the various classes of patients being kept separate as in the previous table:—

Years.	Europeans.				Natives.			
	Officers' quarters.		General wards.		Officers' quarters.		General wards.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
1893 ...	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.
1893 ...	1 2 6½	...	0 7 11½	...	...	...	0 4 0½	...
1894 ...	1 1 8½	...	0 7 3½	...	0 13 8½	...	0 3 9½	...
1895 ...	1 0 2	0 11 4½	0 7 2½	0 6 6	0 12 0½	0 1 7½	0 3 6	0 3 5½

In the above table children are included in the female column, as it has not been found practicable to separate them. The low average given under female officers' quarters, native, is due to the fact that the only patient treated was an infant.

Under rule 21 (of Rules for Diets and Extras) "Children under 5 years are to be placed on 'Infant Diet' with extras as required; those between 5 and 8 on 'half'; between 8 and 14 on two-thirds quantity of any diet allowed for adults," but, as a matter of fact, this rule is found too complicated to work, and children are dieted entirely on extras only under rule 3 in page 3 of the same book.

It is impossible to give the number of patients who dieted themselves during the year, but the number of self diets were 2,077, giving a daily average of 5.69.

Here I would wish to point out plainly that, in my opinion, it is a decided mistake to use this 'average cost of diets' as a test of the advantage or otherwise of the contract as against the departmental or tender system of procuring supplies. In a jail, with its simple diets, this test may stand; but in a hospital, with its diets complicated by the ordering of extras, it merely shows one of two things—

(a) that the medical officer has been careful or otherwise in the ordering of diets and extras, or

(b) that he has had many or few cases requiring very special dieting.

I have in former reports brought this view forward, but it seems to me it has not been accepted. Probably I have not made my point sufficiently clear. I think I can best do this by an example. I took charge of the duties of Senior Medical Officer in this hospital in September 1891 just about the middle of the last contract year 1891-92. It seemed to me that the cost of diets was excessive, and I consequently brought to the notice of individual medical officers all cases of what seemed to me excessive expenditure in their wards. The result of this may be seen by comparing the average cost for the three months immediately preceding my taking charge with the last three months of that contract year:—

Average cost of diet, extras and wines.

	Officers' quarters.	European General Wards.	Native General Wards.
	RS. A. P.	RS. A. P.	RS. A. P.
June, July and August 1891 ...	1 7 5½	0 10 3½	0 4 6½
January, February and March 1892 ...	1 3 1½	0 6 7½	0 3 5½
Difference ...	0 4 4½	0 3 8½	0 1 0½

Average cost of diets and extras only.

	Officers' quarters.	European General Wards.	Native General Wards.
	RS. A. P.	RS. A. P.	RS. A. P.
June, July and August 1891 ...	1 6 6½	0 9 4	0 4 2½
January, February, and March 1892 ...	1 1 10½	0 6 3½	0 3 3½
Difference ...	0 4 8½	0 3 0½	0 0 11½

This great difference in the average cost occurred, be it noted, while one and the same contract was in force, and it can therefore only be due to the greater care taken by the medical officers in the supervision of their diets.

In order to compare the contract with the departmental, or with the tender system, or any one of these with the same system during different years, it will be necessary to show the cost of special diets made up of the same ingredients for those years.

The following table gives such a list, the year 1891-92 being the last contract year, all the others being the tender and departmental systems combined:—

Table of Diets.

		1891-92.	1892-93.	1893-94.	1894-95.	1895-96.
		RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.
Europeans.						
Spoon	with tea	0 1 3	0 1 2½	0 1 3½	0 1 1½	0 1 1½
	" coffee	0 1 6½	0 1 5½	0 1 8½	0 1 7½	0 1 7½
Milk	with tea	0 4 8½	0 4 11½	0 5 4½	0 5 5	0 4 10
	" coffee	0 4 10½	0 5 2	0 5 9	0 5 11	0 5 4
Half	mutton roast with tea	0 4 11	0 5 6½	0 5 9½	0 5 9½	0 5 4½
	" " coffee	0 5 2½	0 5 9	0 6 2	0 6 3½	0 5 10½
	" " tea	0 4 8½	0 5 2½	0 5 5½	0 5 7½	0 5 1½
	" " coffee	0 4 11½	0 5 5	0 5 10	0 6 1½	0 5 7½
	chicken roast " tea	0 5 7½	0 5 10	0 5 11	0 5 6½	0 5 6½
	" " coffee	0 6 5	0 5 9½	0 6 2½	0 6 5	0 6 0½
	" " tea	0 6 8½	0 7 2½	0 7 5½	0 7 3½	0 6 10½
	" " coffee	0 6 2½	0 7 5½	0 7 10½	0 7 9½	0 7 4½
	" " tea	0 6 8½	0 6 10½	0 7 1½	0 7 1	0 6 7½
	" " coffee	0 6 5½	0 7 1½	0 7 6½	0 7 7	0 7 1½
Mixed	with tea	0 4 10	0 5 8	0 5 10½	0 5 9½	0 5 4½
	" coffee	0 5 1½	0 5 10½	0 6 2½	0 6 3½	0 5 10½
Full	mutton roast with tea	0 5 5½	0 6 0½	0 6 4½	0 6 5	0 5 11½
	" " coffee	0 5 9½	0 6 3	0 6 8½	0 6 11	0 6 5½
	" " tea	0 5 3	0 5 8½	0 6 0½	0 6 2½	0 5 8½
Natives.						
Spoon		0 0 4½	0 0 4½	0 0 6½	0 0 5½	0 0 5½
Milk	bread	0 2 10½	0 3 4	0 3 8½	0 3 4½	0 3 0½
	" rice	0 2 9½	0 3 0	0 3 2½	0 2 11½	0 2 8½
Coffee		0 2 6	0 2 10	0 3 0½	0 2 9½	0 2 10½
Half		0 2 7½	0 2 10½	0 2 10	0 3 9	0 2 7½
Full	mutton	0 3 3½	0 3 7½	0 3 10½	0 3 8	0 3 3
	fish	0 3 1½	0 3 5	0 3 8½	0 3 2½	0 3 0½

Table of Extras.

		1891-92.	1892-93.	1893-94.	1894-95.	1895-96.
		RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.
Arrowroot congee		0 0 3½	0 0 3½	0 0 5	0 0 3½	0 0 3½
Beef tea		0 0 11½	0 0 9½	0 0 9	0 0 9½	0 0 9½
Bread pudding		0 1 9½	0 2 2	0 2 4	0 2 1½	0 2 0
Chicken broth		0 3 1½	0 3 4	0 3 3½	0 3 3½	0 3 1½
" cutlet		0 3 4½	0 3 8½	0 3 8½	0 3 7	0 3 6
" grilled		0 3 4½	0 3 8½	0 3 8½	0 3 7	0 3 5½
Castard		0 1 10	0 2 1	0 2 2½	0 2 1½	0 1 11½
Eggs		0 0 3½	0 0 5	0 0 5	0 0 4½	0 0 4½
Essence of beef		1 0 0	1 10 0	1 5 0	1 5 0	0 1 8
Ice		0 0 7	0 0 4½	0 0 4½	0 0 4½	0 0 4½
Lemonade		0 1 7	0 1 8	0 1 8	0 1 1½	0 1 1½
Milk		0 1 1	0 1 1½	0 1 3	0 1 3	0 1 1
Oranges		0 0 4	0 0 6	0 0 6	0 0 6	0 0 6
Partridge roast		0 3 5	0 4 2½	0 4 7	0 4 6½	0 4 5½
Pigeon roast		0 4 4½	0 4 3	0 4 6½	0 4 5½	0 4 5½
Plum pudding		0 2 1½	0 3 0	0 3 7	0 3 4½	0 3 2
Sago congee		0 0 1½	0 0 1½	0 0 1½	0 0 1½	0 0 1½
Mutton broth		0 1 10	0 1 9	0 1 6½	0 1 9½	0 1 9½
Sago pudding		0 1 9½	0 2 0	0 2 1½	0 2 0	0 1 10
Sheep trotter jelly		0 3 2	0 4 2	0 3 11½	0 4 1	0 3 11
Snipe roast		0 3 2½	0 2 4	0 3 8½	0 3 2½	0 2 2½
Soda water		0 1 3	0 0 9	0 0 6	0 0 6½	0 0 6½
Soojee pudding		0 1 9	0 1 11½	0 2 1½	0 2 1	0 1 9
Tapioca congee		0 0 2	0 0 2	0 0 2	0 0 1½	0 0 1½
" pudding		0 1 11	0 2 0	0 2 4½	0 2 2½	0 1 11
Coffee		0 0 5½	0 0 5½	0 0 6	0 0 6½	0 0 7
Tea		0 0 4	0 0 4½	0 0 3½	0 0 3½	0 0 4
Vermicelli pudding wines		0 2 1½	0 2 0	0 3 4½	0 3 1½	0 2 9
Arrack		0 0 8	0 0 8½	0 0 7½	0 0 8½	0 0 8½
Brandy		0 2 4½	0 2 6½	0 2 1½	0 2 3	0 2 2
Port wine		0 0 11	0 0 11½	0 1 1½	0 1 2½	0 1 3
Sherry		0 1 8	0 1 5½	0 1 1½	0 1 1	0 1 1
Whisky		0 1 2½	0 1 2½	0 1 5½	0 1 8	0 1 8

From this comparative statement of cost of diets and articles it will be seen that the rates of last year are favourable as compared with the previous three years; but they are still, with very few exceptions, higher than the last contract rates, both under diets and extras. The more carefully I study this list the plainer it seems to me that it cannot have been on honest diets that the contractor made his profits. Certainly he contracted for other items, as well as diets on which he probably made a profit, for instance *lighting*: this, under the contract system, cost pice 7½ per lamp per night, or a total of Rs. 1,275 in 1891-92; under the departmental system the same number of lights in 1892-93 cost Rs. 892½, in 1893-94 Rs. 803½, and in 1894-95 Rs. 892½. Then he was paid Rs. 28 a month for supplying *dry earth* and *removing the night-soil*. From information since received I have reason to believe that a judicious understanding with the toties caused a large quantity of night-soil to be surreptitiously sent into the Coom, leaving but little for him to remove. The state of the Coom round the hospital in 1891-92, compared with its present state, seems to point to the truth of this information. As soon as his contract was up, I called upon the municipality to remove the night-soil, which it has since done free of any extra cost to the hospital.

Surgeon-Lieutenant-Colonel Sturmer has kindly given me copies of rates offered by six contractors for the supply of native diets in the Triplicane Hospital for next official year, and also the present rates. The following table compares these rates with those of this hospital:

Diets.	Rates given by six Contractors.						Present Contract.	General Hospital rates.
	A. P.	A. P.	A. P.	A. P.	A. P.	A. P.		
Spoon	1 0	1 6	1 4	1 0	1 6	1 6	1 6	0 5½
Milk	4 3	4 3	4 5½	4 6	4 3	4 6	4 6	3 0½
Half	2 6	2 6	2 9	3 0	3 6	3 6	2 9	2 7½
Full	4 9	4 4	4 8	5 0	4 9	4 9	4 9	3 3

These figures show that the present General Hospital rates contrast very favourably with the present contract rates for the same diets, and judged, by them, the tender and departmental system of supply must be considered a thorough financial success.

7. Poor Fund.—The following report on the poor fund for 1895 was received from the Matron Superintendent, who is the honorary treasurer of the fund:—

"I beg to report that during the year 1895 I received the following sums for the General Hospital Poor Fund:—

	RS.	A.	P.
From medical officers	..	..	..
From nurses	..	..	..
From patients	..	..	..
From others unconnected with the hospital	..	..	..
Balance from 1894	..	..	..

Total	465	2	0
Expended during the year	..	..	..
Balance in hand on 31st December 1895	43	9	0

"One hundred and seventy patients were helped from the poor fund on their discharge from hospital. Fares to their homes in distant parts of the presidency were paid for some; wives and children of patients had assistance; necessary surgical appliances, such as tracheotomy tubes and wooden legs, were supplied, and flannel banians were given to some patients on discharge on recommendation of medical officers.

"The subscriptions are not increasing, though the patients to be helped are largely increased owing to the women and children being now accommodated here, and the general public have subscribed an infinitesimal sum with the exception of Mr. J. Andrew, C.S., who sent, through the Venerable the Archdeacon of Madras, the sum of Rs. 150 last January. It is to be hoped some more gentlemen will come forward this year with similar donations.

(Signed) M. A. NISBET,
Matron Superintendent."

This fund is a source of much good and is very carefully worked by the Matron Superintendent. I am sure it only requires to be better known to be well supported.

8. Private Nursing Institution.—The following report on the Private Nursing Institution for 1895 was received from the Matron Superintendent:—

[illegible]

Statement showing the Medical Work done by each Medical Officer during the year 1895.

ANNUAL REPORT OF THE

Medical Officers.		In-patients.	Admissions.										Average daily sick.	Death-rate per 1,000.	Operations.						Average cost of diet.		Post-mortem examination.										
			Remained.						Major.						Minor.	Average stay of a patient in hospital.	Officers' quarters.	General wards.															
			Remained.	Admitted.	Total.	Cured.	Believed.	Discharged otherwise.	Died.	Remaining.																							
Senior Medical Officer {	Native Europeans	...	7	115	122	75	48	27	12	...	14.36	78.90	...	7	7	...	0	...	...	92	11.07	...	...	...	...	...	...	...	...	...	...		
		...	11	102	113	60	36	10	7	...	13.86	61.94	...	1	1	...	...	...	...	46	14.12	...	...	...	...	...	...	...	...	...	...		
		Total	18	217	235	135	84	37	19	...	28.22	69.59	...	8	8	...	...	...	...	138	12.60	...	...	...	...	...	...	...	...	...	...		
First Physician {	Native Europeans	...	...	323	323	83	58	67	22	65	82.08	68.11	...	41	41	9	17	3	1	63	10.47	...	...	...	...	...	...	...	...	...	...		
		...	...	109	150	90	57	33	12	22	23.60	65.38	...	4	4	1	5	...	1	57	8.53	...	...	...	...	...	...	...	...	...	...		
		Total	...	522	522	173	115	105	34	85	74.77	66.13	...	45	45	10	19	2	2	90	9.80	...	...	...	...	...	...	...	...	...	...	...	
Assistant Physician. {	Native Europeans	...	33	829	862	310	212	255	60	49	40.38	67.35	...	51	51	...	49	...	...	673	11.63	...	...	...	...	...	...	...	...	...	...		
		...	14	417	431	242	143	60	16	31	20.48	34.50	...	10	10	...	9	...	1	189	11.63	...	...	...	...	...	...	...	...	...	...	...	
		Total	47	1,276	1,323	553	305	315	75	70	60.73	56.08	...	61	61	...	58	...	3	863	11.63	...	...	...	...	...	...	...	...	...	...	...	
Additional Medical Officer.	Native Europeans	...	30	1,158	1,208	422	437	232	51	59	49.53	75.35	...	84	84	...	24	...	...	332	11.03	...	...	...	...	...	...	...	...	...	...		
		...	15	407	432	244	136	52	17	29	21.56	56.21	...	53	53	...	23	...	...	162	11.27	...	...	...	...	...	...	...	...	...	...	...	
		Total	65	1,625	1,680	666	573	274	118	69	70.79	69.82	...	107	107	...	107	...	...	494	11.14	...	...	...	...	...	...	...	...	...	...	...	
Senior Surgeon {	Native Europeans	...	40	766	806	371	228	109	47	51	48.07	58.31	...	273	273	183	47	17	24	1,394	13.48	...	...	...	...	...	...	...	...	...	...		
		...	16	201	217	130	62	12	9	14	17.66	41.47	...	75	75	46	16	6	8	483	12.16	...	...	...	...	...	...	...	...	...	...	...	
		Total	66	967	1,025	401	290	121	56	65	65.73	54.74	...	348	348	229	63	23	32	1,879	14.81	...	...	...	...	...	...	...	...	...	...	...	
Second Surgeon {	Native Europeans	...	45	750	844	345	183	120	66	56	56.51	60.60	...	19	327	188	...	30	45	23	1,250	14.70	...	...	...	...	...	...	...	...	...		
		...	8	170	178	99	41	22	7	7	13.25	39.32	...	2	46	...	13	1	4	469	15.01	...	...	...	...	...	...	...	...	...	...	...	
		Total	63	949	1,022	444	224	142	73	67	69.76	73.38	...	273	304	218	...	31	46	27	1,659	14.86	...	...	...	...	...	...	...	...	...	...	...
Total {	Native Europeans	...	175	4,088	4,263	1,659	1,186	880	300	217	59.81	80.87	...	40	783	578	...	49	70	65	3,604	12.46	...	...	...	...	...	...	...	...	...	...	
		...	64	1,506	1,620	640	440	224	77	80	10.18	47.52	...	6	159	163	...	7	18	6	1,228	12.95	...	...	...	...	...	...	...	...	...	...	...
		Grand Total	239	5,614	5,883	2,508	1,601	1,004	377	346	309.99	64.41	46	943	968	485	221	46	85	76	6,132	12.55	...	...	...	...	...	...	...	...	...	...	...

Out-patients.

Medical Officers.	Class of patients.	Total treated.				Average daily sick.				Operations.				Average cost of diet.	
		Men.	Women.	Children.	Total.	Men.	Women.	Children.	Total.	Major.	Minor.	Total.	Average stay of a patient in hospital.	Officers' quarters.	General wards.
Resident Medical Officer	Native Europeans	24,346	2,008	10,448	36,802	188.35	54.79	21.39	264.23	96	...	3,174	...	...	...
	Total	24,346	2,008	10,448	36,802	188.35	54.79	21.39	264.23	96	...	3,174	...	...	...
Assistant Surgeon	Native Europeans	26,954	10,333	12,399	49,686	134.94	70.35	91.15	306.06	93	...	3,206	...	...	...
	Total	26,954	10,333	12,399	49,686	134.94	70.35	91.15	306.06	93	...	3,206	...	...	...

APPENDIX C.

STATEMENT V.—PART I.

Showing the current Income and Expenditure of the Dispensary in 1895 as compared with those of 1894 and 1893.

Number.		Name of hospital.		Income.										Expenditure.										Average cost of each diet per diem.		Percentage of total cost paid by Government.																																																																									
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

NOTE.—The explanation of this statement is given overleaf.

16th February 1896.

(Signed) W. PRICE, M.D., Brigade-Surgeon-1st-Col.,

Senior Medical Officer.

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Memorandum explanatory of Expenditure in Financial Statement V, Part I.

Memorandum explanatory of Income in Financial Statement V, Part I.

Column 3 B. I.—	Rs.	A. P.	Column 3 B. VII—	Rs.	A. P.	Column 4 a. I.—	Rs.	A. P.	Column 4 c.—	Rs.	A. P.	Column 4 d.—	Rs.	A. P.
1 Additional Medical Officer.	8,987	14	Barbar medicines	...	...	See Column 3 B. I.,	...	...	(Hospital) necessities.	7,071	6	(Hospital) necessities.	7,071	6
1 Assistant Surgeon, 1st grade.	3,800	0	Hospital necessities	...	...	Income.	209	11	Bedding and clothing	3,829	3	Bedding and clothing	3,829	3
2 Temporary Civil Assistant Surgeons.	575	0	Bedding and clothing	...	...	Column 4 a. II.—	...	...	Hospital miscellaneous	2,199	12	Hospital miscellaneous	2,199	12
7 Civil Apothecaries	6,891	8	Hospital miscellaneous	...	...	Macaron Supt.	4,463	9	Contingencies	14,720	2	Contingencies	14,720	2
4 Hospital Assistants	1,880	5	Furniture	...	...	Do. W. & C.	195	0	(Registers and forms.	319	8	(Registers and forms.	319	8
Total	21,034	13	Crockery	...	...	Nurses & Pupil Nurses	12,313	1	(Stationery	367	12	(Stationery	367	12
Column 3 B. II—			Contingencies—			Stewards (6)	4,027	7	The first four items are included in Column 3 B. VII., Income.			The first four items are included in Column 3 B. VII., Income.		
For details, see explanation under expenditure—			Municipal taxes	3,084	0	Storekeepers (2)	594	0	The two last from Column 3 B. III., Income.			The two last from Column 3 B. III., Income.		
Column 4 a. II.			Repair of furniture	847	3	Writers (6)	1,439	8	Column 4 f. Buildings included in Column 3 B. VII.			Column 4 f. Buildings included in Column 3 B. VII.		
Column 4 a. III.			Funeral expenses of Paupers.	21	5	Linens Clerk	800	0						
Total	24,157	7	Service telegrams	0	8	Compounders	482	0						
Column 3 B. III—			Servants clothing	547	8	Serjeant	42	11						
Printing and binding charges.	319	8	Nurses uniform	360	0	Total	24,157	7						
Stationery articles	367	12	Clock winding	150	0	Column 4 a. III—								
Total	687	4	Tinning copper pots	168	0	Manual Servants.								
Column 3 B. IV—			Advertisements, charges, &c.	790	14	Nursing Est.	5,292	13						
Cost of European medicines and instruments supplied by Medical Stores.	16,028	13	Sanitary	1,000	9	Stewards Dept.	1,792	7						
Cost of European medicines, &c., supplied through Medical Stores.	534	12	Extra servants	1,946	7	Conservancy Est.	4,161	8						
Total	16,563	9	Punkah-pulling	5,594	3	Total	11,246	13						
Column 3 B. V—			Buildings—			Total of II + III =								
Diets	33,508	1	Original works	3,886	0	Rs. 35,404-4-5 =								
Value of firewood from hospital compound.	103	9	Minor works	2,939	0	(Column 3 B. II., Income.								
Stimulants	1,076	6	Repairs	589	0	Column 4 b. is included in Column 3 B. VII., Income.								
Total	34,688	0	Total	...	...	Column 4 c. is same as Column 3 B. IV, Income.								
			The above includes Column 4 b, first four items in Columns 4 c, and Column 4 f, Expenditure.			Column 4 d. is same as Column 3 B. V., Income.								
			Column 3 i:—											
			Fines on contractors	89	5									
			Sale of grass, &c.	280	9									
			Total	369	14									

16th February 1896.

(Signed) W. PRICE, M.D., Brigade-Surgeon-Lt.-Col.,
Senior Medical Officer.

APPENDIX P.
CIVIL MEDICAL FORM V.

Showing cost per Patient treated during the year 1895 as compared with that of 1893 and 1894.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Name and class of institution whether hospital or dispensary.	Number of beds available.	Daily average number of beds occupied.	Total number of in-patients treated.	Total number of out-patients treated.	Total of both in- and out-patients treated.	Total cost.	Average cost per patient on total cost.	Total cost on establishment.	Average cost per patient treated on establishment.	Total cost of barbar medicines.	Average cost per patient treated on barbar medicines.	Total cost of European medicines.	Average cost per patient on European medicines.	Total cost of diets.	Average cost per patient on diets.	Total cost of miscellaneous charges.	Average cost per patient on miscellaneous charges.
1893. Madras General Hospital.	311	253-55	3,490	49,621	53,111	1,61,467 0 0	3 0 7 1/2	49,319 11 6	0 14 1 1/2	449 0 0	0 0 1 1/2	24,256 0 0	0 7 3 1/2	37,506 0 0	10 11 1 1/2	38,613 11 6	0 11 7 1/2
1894.	375	281-32	5,495	50,315	56,310	1,53,962 9 2	2 11 9	58,439 15 0	1 0 7 1/2	297 12 7	0 0 0 1/2	21,664 9 2	0 6 1 1/2	39,480 0 11	7 2 1 1/2	34,193 8 6	0 9 8 1/2
1895.	474	369-99	5,853	52,965	58,818	1,44,432 2 3	2 7 3	64,679 11 3	1 1 7	209 11 3	0 0 1	16,563 9 7	0 4 6	34,688 0 7	5 14 10	28,291 1 7	0 7 8

Column 7 is the same as column 4 b in Statement V, Part I, minus an amount of Rs. 11,575-3-0, being hospital collections, fines on contractors and sale of grass credited to Government as explained in column 4 g of Statement V, Part I.
Column 9 is the total of column 4 a I, 4 a II, 4 a III, plus Rs. 1,946-7-2 spent on extra servants and Rs. 5,694-3-7 on punkah charges shown in column 4 e.
Column 11 is the same as column 4 b of Statement V, Part I, and includes hog's hard, husked meal, mustard, vinegar, Butep frondosa, &c.
Column 13 is the cost of European medicines and instruments supplied up to September 1895, and is the same as column 4 c in Statement V, Part I.
Column 15 is the same as column 4 d, Statement V, Part I.
Column 17 is the total of columns 4 e, and 4 f minus Rs. 1,946-7-2 spent on extra servants and Rs. 5,694-3-7 on punkah-pulling charges which are included in column 4 e.
NOTE.—The figures in these remarks refer to 1895.

(Signed) W. PRICE, M.D., Brigade-Surgeon-Lt.-Col.,
Senior Medical Officer.

16th February 1896.

PROFESSIONAL REPORTS.

SENIOR PHYSICIAN.

In consequence of changes shortly to be effected on the removal of the Hospital for Women and Children to the General Hospital, the wards of the Senior Physician were closed on the 30th of June 1895, and were transferred to the care of the Assistant Physician and Additional Medical Officer.

The total number of patients treated for the half-year was 273, of whom 113 were Europeans and Eurasians and 160 Natives.

Table showing the total number of patients treated from 1893-95 inclusive.

Class.	1893.	1894.	1895. (half-year).
Europeans	417	343	113
Natives	558	360	160
Total	975	703	273

Of the 113 Europeans and Eurasians admitted 61 were cured, 35 relieved, 7 died and 10 were discharged otherwise.

Of the 160 Natives admitted 72 were cured, 51 relieved, 12 died and 25 discharged otherwise.

	Europeans.	Natives.
Remained (1st January 1895) ..	11	7
Admitted	102	153
Total ..	113	160
Cured	60	73
Relieved	36	48
Died	7	12
Discharged otherwise	10	27
Total ..	113	160

Major Operations.

Class.	Remained.	Performed.	Total.	Cured.	Relieved.	Otherwise.	Died.	Remaining.
Europeans	...	1	1	...	0	...	1	...
Natives	...	7	7	...	6	...	1	...
Total	...	8	8	...	6	...	2	...

	Europeans.	Natives.	Total.
Minor operations	46	92	138
Average daily sick	13.86	14.86	28.22
Average stay of a patient in hospital. Days. ..	14.12	11.07	12.59
Death-rate per 1,000	61.94	75.00	68.59

NOTE.—There were no cases 'remaining' when the wards were closed, as all the patients unfit to be discharged were 'discharged' otherwise and readmitted into the new wards.

The total number of deaths was 19.7 Europeans and Eurasians and 12 Natives, giving a percentage on total treated of 6.19 and 7.5 deaths, respectively.

The causes of death will be seen from the statement below:—

	Europeans.	Natives.
Pneumonia	1	1
Chronic diarrhoea	...	3
Cirrhosis of liver and its complications	...	3
Acute hepatitis	...	1
Malarial fever	...	1
Abscess of liver	...	1
Jaundice with oedema of uvula	...	1

	Europeans.	Natives.
Pulmonary tuberculosis	1	1
Epilepsy	1	...
Cerebral hæmorrhage	1	...
Debility (old age)	1	...
Stricture of œsophagus	1	...
Tabes mesenterice	1	...

Only one case of pneumonia lobar of both lungs was admitted moribund. No case was removed moribund. There was one death from septicæmia (the patient was also suffering from stricture of œsophagus), the symptoms of which were present on admission.

The principal diseases treated during the year were—

Among Europeans:—Rheumatism, malarial fever, diseases of the respiratory and nervous systems.

Among Natives:—Rheumatism, malarial fever, tubercle of lung, chronic dyspepsia, and diseases of the liver.

Major Operations.—Eight major operations were performed on patients in these wards, of these 1 was the first step in gastrotomy for the relief of stricture of the œsophagus performed by the Senior Surgeon (Surgeon-Lieutenant-Colonel W. R. Browne, M.D.), the stomach being stitched to the abdominal walls, but not opened; unfortunately the patient died from shock and exhaustion the same afternoon; the *post-mortem* showed that there was a large abscess behind the stricture. The patient was suffering from symptoms of septicæmia as well as stricture of the œsophagus on admission. Another was aspiration for abscess of liver: this was done by the Temporary Civil Assistant Surgeon Narasinga Row in my presence, this case had also a fatal termination though not as the result of the operation; the remaining 6 cases were paracentesis abdominis, 3 by Temporary Assistant Surgeon T. Narasinga Row and 3 by Civil Apothecary Dustageer Khan.

(Signed) W. PRICE, M.D., Brigade-Surgeon-Lt.-Col.,
Senior Physician.

GENERAL HOSPITAL,
Madras, 31st January 1896.

MEDICAL OFFICER IN CHARGE OF WOMEN AND CHILDREN PATIENTS.

The Hospital for Women and Children at Egmore was abolished on the 27th September. This report refers to the sick under treatment at the General Hospital, in the wards set apart for women and children, for the period from the 27th September till the end of the year.

2. **Accommodation.**—The wards are situated at the top of the main building, and, in my opinion, are not so suitable for women and children as wards lower down would be. The range of temperature is considerable. About the middle of the day in clear weather the temperature is higher, while at night and in the early morning it is lower than in the less exposed wards. During the monsoons the patients are more exposed to the wind and rain than they would be in the lower wards.

The beds available are—

Wards.	Number of beds.	Average daily sick.
European. { Medical	18	20.65
{ Surgical	18	
Native { Medical	40	52.08
{ Surgical	34	
Special quarters for paying patients	4	2.04
Total	114	74.77

Two of the beds in the separate quarters were only available from the latter end of November. Beds in the Native surgical wards filled much more readily than those in the Native medical wards.

A small labour ward is needed. Two women were delivered in the general wards.

3. **Total treated.**—522 cases were treated. No comparison can be made with former years for obvious reasons.

The following table shows the admissions during the year and their results :—

Class.	Remained.	Admitted.	Total.	Cured.	Relieved.	Otherwise.	Died.	Remaining.
Europeans	...	199	199	80	37	38	12	29
Natives	...	323	323	83	88	67	22	63
Total	...	522	522	173	125	105	34	85

Major Operations.

Class.	Remained.	Performed.	Total.	Cured.	Relieved.	Otherwise.	Died.	Remaining.
Europeans	...	4	4	1	2	...	1	...
Natives	...	41	41	9	17	2	1	12
Total	...	45	45	10	19	2	2	12

	Europeans.	Natives.	Total.
Minor operations	27	68	95
Average daily sick	22.69	52.08	74.77
Average stay of a patient in hospital. Days.	8.53	10.47	9.60
Death-rate per 1,000	65.32	68.11	65.13

4. Mortality.—

Mortality.		Cases admitted moribund.	Cases removed moribund.	Deaths from septic diseases.	
Actual cause.	Number.			Acquired in hospital.	Acquired before admission.
Medical—					
Pneumonia	2	1	...	...	...
Pulmonary tuberculosis	5	1	...	...	...
Influenza	1	...	...	...	...
Continued fever	2	...	...	...	...
Carcinoma of kidney	...	...	1	...	...
Peritonitis	1	...	...	...	...
Bronchial asthma	2	...	...	...	...
Intermittent fever	1	...	...	...	...
Valvular disease of heart	3	...	1	...	...
Malarial cachexia	1	...	...	...	...
Dysentery	1	1	...	...	...
Diarrhoea	1	1	...	...	...
Bright's disease	1	1	1	...	...
Cerebral hæmorrhage	2	1	...	...	...
Catarrhal inflammation of intestines	3	1	...	...	...
Scrofula	1	...	...	...	...
Gangrenous pharyngitis	1	...	...	...	...
Surgical—					
Cancer of oris	...	...	1	...	...
Tetanus	1	...	1	...	...
Syphilis	3	1	...	...	...
Caries of spine	1	...	...	...	...
Lacerated wounds	1	...	...	...	...
Total	34	8	5	...	...

The causes of death and the number of days the cases were in hospital are shown below :—

	Disease.	Number of days in hospital.
Medical Wards.		
Europeans	Pulmonary tuberculosis	10
	Do.	7
	Do.	55
	Influenza	4
	Continued fever	4
	Do.	2
	Peritonitis	3
	Intermittent fever	14
	Catarrhal inflammation of intestines	2
	Do. do.	1
	Gangrenous pharyngitis	1
	Pneumonia	1
	Do.	1
	Pulmonary tuberculosis	1
Natives	Do.	6
	Bronchial asthma	6
	Do.	14
	Valvular disease of heart	35
	Do. do.	5
	Do. do.	5
	Malarial cachexia	1
	Dysentery	1
	Diarrhoea	1
	Bright's disease	6
	Cerebral hæmorrhage	1
	Do.	9
	Catarrhal inflammation of intestines	8
	Scrofula	...
Surgical Wards.		
Europeans	Tetanus	6
	Syphilis, constitutional	2
	Do. do.	8
Natives	Do. do.	5
	Caries of spine	48
	Lacerated wounds of both feet	26

Eight cases were admitted moribund. One case of influenza proved fatal, death being due to pneumonia.

In one case peritonitis followed abortion. The patient became violently delirious before death. Intense peritonitis and meningitis were found on *post-mortem* examination.

In one of the fatal cases of cerebral hæmorrhage, the patient on admission was suffering from aphasia and right-sided hemiplegia. The paralysis alternated with fits of clonic spasm. After death the kidneys were found to be much cirrhotic; the left ventricle was hypertrophied, and there was considerable hæmorrhage on the left side of the cerebrum.

One case was admitted suffering from pneumonia. She was pregnant about six months. The day after admission she was prematurely delivered of twins and gradually sank and died.

The case returned as gangrenous pharyngitis closely resembled diphtheria. The child, a European, aged 6, from St. Thomas' Mount, had been suffering for six days before admission from sore-throat and fever ranging from 100° to 103.6°. On admission the temperature was 102°. Both tonsils were much enlarged and pressed together in the middle line. They were covered with a semi-transparent grey exudation. There was a fetid discharge from the nose. The glands and cellular tissue about the angles of the jaws were much swollen and tender. In the evening tracheotomy was performed to relieve the dyspnoea, but the temperature rose rapidly and the child died.

The patient who died from tetanus was a Eurasian aged 35. She was admitted for a contused wound over the left brow. After death there was found to be a depressed fracture at the seat of wound with hæmorrhage between the dura mater and the bone. There was another hæmorrhage on the surface of the opposite side of the brain.

5. *Classes of diseases treated.*—The principal classes of diseases treated were—

Diseases of respiratory system	...	...	...	...	...	...	...	...	85
Diseases of generative system	...	...	...	...	...	...	...	...	64
Malarial fever	...	...	...	...	...	...	...	...	55
Diseases of digestive system	...	...	...	...	...	...	...	...	54
Diseases of the nervous system	...	...	...	...	...	...	...	...	20
Diseases of connective tissue	...	...	...	...	...	...	...	...	20

Two cases were admitted for cholera. In five cases there was no appreciable disease. One woman, admitted for pneumonia, was delivered of a healthy child a few hours after admission. She made a good recovery.

General injuries	1
Local injuries	36

6. *Operations.*—The following statement shows the number of surgical operations performed by the medical officer in charge and his subordinates:—

Operator.	Number of operations performed.		Period present for duty.
	Major.	Minor.	
<i>Medical Wards.</i>			
Surgeon-Major D. F. Dymott		3	3 months and 3 days.
Civil Apothecary Ittyerah	11	4	2 months and 19 days.
Civil Apothecary Egappa	1		15 days.
Surgeon-Captain G. G. Giffard	2		Resident Medical officer.
By subordinates on duty		15	
<i>Surgical Wards.</i>			
Surgeon-Major D. F. Dymott	28	51	3 months and 3 days.
Third-class Hospital Assistant Phillips		1	7 days.
Civil Apothecary Egappa		9	2 months and 10 days.
Civil Apothecary Ittyerah		4	15 days.
Surgeon-Captain C. L. Williams	1		Second Surgeon.
Surgeon-Captain G. G. Giffard	2	1	Resident Medical officer.
By subordinates on duty		3	

The number of major operations performed was 45 and of minor operations 90, giving a total of 135.

The following statement shows the results of the major surgical operations performed:—

Class of operations.	Nature of operations.	Number.	Results.				Remaining on 31st December.
			Cured.	Relieved.	Discharged otherwise.	Died.	
Removal of tumours	Removal of tumours	4	3	...	...	...	2
Opening of abscesses	Incision and drainage	1	1	...	...	...	...
Operations on other parts of the head and face including mouth.	Tonsillotomy	1	...	1	...	...	...
	Plastic operation for hare-lip	1	1	...	...	...	...
Operations on the respiratory organs.	Paracentesis thoracis	1	...	1	...	...	...
	Tracheotomy	1	...	...	...	1	...
	Scraping post-nasal adenoids	2	...	2	...	...	...
Operations on the digestive organs.	Colotomy (Littre's operation)	1	...	1	...	...	...
	Incision for imperforate anus	1	...	1	...	...	...
	Rizzoli's operation for malformed anus	1	...	1	...	...	...
	External piles snipped off and caustic applied	1	...	...	...	...	1
	Paracentesis abdominis	12	...	11	...	† 1	...
Operations on bones	Removal of ramus (lower jaw)	1	...	...	...	...	1
	Removal of carious tarsal bones	1	...	...	...	...	1
	Removal of projecting bone in a compound fracture of humerus	1	...	...	...	...	1
	Sequestrectomy	1	...	...	...	...	1
Operations on joints	Reduction of dislocation of right wrist	1	1	...	...	...	...
	Forcible extension for ankylosis of knee-joint	2	...	...	2	...	...
Operations on tendons	Tenotomy (tendo achillis)	1	...	1	...	...	...
Operations on the breast.	Removal of breast (complete)	5	3	...	...	...	2
	Removal of breast (partial)	1	1	...	...	...	...
	Incision and drainage	1	1	...	...	...	...
Amputations	Amputation at shoulder joint	1	...	...	...	...	1
	Amputation finger	2	...	...	...	...	2

* Died from the disease for which the operation was performed.

† Died from syncope: the patient was suffering from valvular disease of the heart.

7. *Classes and Sexes.*—Of the total number of sick treated, 442 were adults and 80 children. The number of Europeans treated was 21; of Eurasians 178; of Hindus 259; of Mussulmans 7; and of other classes 57.

(Signed) DONALD F. DYMOTT, M.B., Surgeon-Major,
In Medical charge of Women and Children.

GENERAL HOSPITAL,
Madras, 14th January 1896.

ASSISTANT PHYSICIAN.

1. These wards were in charge of Surgeon-Captain R. Robertson from 1st January to 14th November and of Surgeon-Captain A. E. Grant from 15th November to 31st December.

2. The total number of patients treated in these wards during the year under review was 1,323, made up of 431 Europeans and Eurasians and 892 Natives, inclusive of 14 Europeans and 33 Natives that remained under treatment on the 31st December 1894.

3. Table showing the total number of patients treated from 1892 to 1895 inclusive.

Class.	1892.	1893.	1894.	1895.
Europeans	448	443	385	431
Natives	882	961	825	892
Total	1,330	1,404	1,210	1,323

4. This shows an increase over 1894 of 46 Europeans and 67 Natives, which may be accounted for by the Senior Physician's wards being divided between the Assistant Physician and Additional Medical Officer at the latter part of the year, when the Hospital for Women and Children was removed to its present quarters.

5. Of the 431 Europeans treated, 242 were 'cured,' 93 'relieved,' 60 'discharged otherwise,' 15 'died,' and 21 'remained' at the end of the year.

6. Of the 892 Natives treated, 316 were 'cured,' 212 'relieved,' 255 'discharged otherwise,' 60 'died,' and 49 'remained' at the end of the year.

7. The principal diseases treated during the year were:—

Europeans.—Malarial fevers, rheumatism, dysentery, and diseases of the respiratory system.
Natives.—Malarial fevers, dyspepsia, dysentery, rheumatism, nervous affections, pneumonia and asthma.

8. *Contagious Diseases.*—

Cholera.—As compared with the previous year, the cases were few in number, and of these 1 was a European, who died sixteen hours after admission, and 8 were Natives—cured 1, died 7. As usual, most of the cases were admitted in an advanced stage of the disease.

Small-pox.—Europeans 2—both cured, and Natives 3—1 cured, 2 died. One of the latter was admitted to the general wards as a case of fever. The temperature remained high for two days, after which time the whole body presented a papular eruption. He was removed to the contagious diseases sheds, and the case soon developed into a very severe example of the 'confluent' type. He died seven days after admission. He bore no marks of vaccination.

Chicken-pox.—Europeans 3—all cured, Natives 70—all cured. *Measles.*—Europeans 12—all cured, Native 1—cured.

9. *Statement of the Causes of Death in the 75 Fatal Cases—European and Native:—*

Cholera	8	Pneumonia	9
Small-pox	2	Oedema of lungs	1
Malarial fever	3	Asthma and chronic bronchitis	2
Enteric fever	2	Gout	1
Pulmonary tuberculosis	6	Valvular disease of the heart	6
Peritonitis, tubercular	1	Myelitis, acute	1
Tabes mesenterica	1	Tetanus	1
Diarrhoea, acute	2	Hemiplegia	2
Diarrhoea, chronic	4	Paraplegia	2
Dysentery	3	Alcoholism	1
Malignant disease of liver	1	Anchylostomiasis	1
Cirrhosis of liver	1	Nephritis, acute	4
Perforation of stomach	1	Nephritis, chronic	1
Peritonitis, acute	1	Other causes	3
Intestinal obstruction, acute	1		
Catarrhal jaundice	1		
Malarial spleen	1		
		Total	75

Twenty-five (25) patients were admitted in a moribund condition and died soon after admission. Five (5) were discharged, i.e., removed by their friends, in a moribund condition. There were no deaths from septic diseases.

10. *Major Operations.*—Ten were performed on Europeans, as follows:—

Exploration of liver	7
Tapping and injection of hydrocele	1
Tapping of bladder for retention of urine	1
Intra-peritoneal saline transfusion for cholera	1
Total	10

Fifty-one were performed on Natives as follows:—

Paracentesis abdominis	41
Exploration of liver	6
Aspiration of knee joint in acute synovitis	1
Intra-peritoneal saline transfusion for cholera	3
Total	51

11. The following tables show the admissions during the year and their results:—

Class.	Remained.	Admitted.	Total.	Cured.	Relieved.	Otherwise.	Died.	Remaining.
Europeans	14	417	431	242	93	60	15	21
Natives	33	859	892	316	212	255	60	49
Total	47	1,276	1,323	558	305	315	75	70

Major Operations.

Class.	Remained.	Performed.	Total.	Cured.	Relieved.	Otherwise.	Died.	Remaining.
Europeans	...	10	10	...	9	...	1	...
Natives	...	51	51	...	49	...	2	...
Total	...	61	61	...	58	...	3	...

	Europeans.	Natives.	Total.
Minor operations	180	673	853
Average daily sick	20.40	40.26	60.72
Average stay of a patient in hospital. Days	11.63	11.63	11.63
Death-rate per 1,000	34.80	67.26	50.68

12. I only took over charge, on return from leave, on the 15th November, and therefore have no special remarks to offer as regards treatment, &c.

(Signed) A. E. GRANT, M.B., Surgeon-Captain, I.M.S.,
Assistant Physician.

ADDITIONAL MEDICAL OFFICER.

The total admissions to the wards of the Additional Medical Officer for 1895 (Surgeon-Captain Giffard being in charge from 1st January to 5th June and Surgeon-Captain Molesworth, M.B., for the remainder of the year) were 1,690, composed of 482 Europeans and Eurasians and 1,208 Natives, as compared with a total of 1,398 for 1894, the first year of existence of these wards.

The increase of 292 patients was due chiefly to the additional beds handed over from the Senior Physician to the Additional Medical Officer's charge on the 30th June.

The total deaths were 118 (27 deaths European and Eurasian, and 91 deaths, Native), of which 12 were admitted to hospital in a moribund condition and died within twenty-four hours. This gives a death-rate of 6.98 on the total number treated (5.6 European and Eurasian, 7.53 Native) as compared with a total death-rate of 7.5 for 1894.

No patients were removed from hospital by their friends in a moribund state. There were no deaths from septic diseases.

The operations performed were—of major operations 107, of minor 494.

The major operations included 8 paracentesis thoracis and 90 paracentesis abdominis; of the minor, 114 minor operations and 394 cases of the administration of drugs by hypodermic injection.

The following table shows the admissions during the year and their results:—

Class.	Remained.	Admitted.	Total.	Cured.	Relieved.	Otherwise.	Died.	Remaining.
Europeans	15	467	482	244	136	52	27	23
Natives	50	1,158	1,208	422	437	222	91	36
Total	65	1,625	1,690	666	573	274	118	59

Major Operations.

Class.	Remained.	Performed.	Total.	Cured.	Relieved.	Otherwise.	Died.	Remaining.
Europeans	...	23	23	...	23	...	...	...
Natives	...	84	84	...	84	...	...	...
Total	...	107	107	...	107	...	...	...

	Europeans.	Natives.	Total.
Minor operations	162	332	494
Average daily sick	21.26	40.53	70.79
Average stay of a patient in hospital. Days	11.27	11.02	11.14
Death-rate per 1,000	56.21	75.33	69.82

Of general diseases, 974 were under treatment, of which 421 were discharged cured, 270 relieved, 104 discharged otherwise, 51 died, and 28 remained in hospital.

Malarial fevers formed 25.9 per cent. of these admissions, and tubercular affections were responsible for the largest number of deaths, viz., 19 deaths out of 137 cases under treatment. Six cases of leprosy were admitted during the year.

Under the group 'Local diseases' 816 cases were admitted, 245 discharged cured, 303 relieved, 170 otherwise, 67 died and 31 remained in hospital.

Diseases of the circulatory system accounted for 53 admissions, of which 40 were discharged relieved and five (5) died. Valvular heart disease formed the larger majority of the cases, patients seeking admission when failing hypertrophy and its attending anasarca made relief urgent.

Pneumonia (lobar) was common, a total of 34 cases being treated. Large doses of sulphate of quinine in an alkaline effervescent mixture, alternated with digitalis and circulatory stimulants proved most effective, three (3) deaths (2 being admitted moribund) occurring out of 16 cases undergoing this treatment.

Dyspepsia accounted for 100 admissions. In the greater majority of cases this condition was very chronic, and associated with dilation of the stomach, varying from slighter forms to enormous distension of that organ. Most of the patients hailed from the West Coast. Daily lavation with warm water and permanganate of potash proved most beneficial.

Two cases of liver disease were remarkable, one being a very large carcinoma of the gall-bladder, in which the temperature of the patient remained at a subnormal level for seven days previous to his decease. The rectal temperature noted varied from 92° to 98°. This depression was not accompanied with any marked collapse. The second case, that of a European Sergeant (pensioned) who had suffered from ascites due to alcoholic cirrhosis of the liver, and who had been in this hospital for nearly two years, was discharged practically cured after paracentesis abdominis had been performed seventy times.

Of intestinal parasites the anchylostoma duodenale was found to be present in many cases of anæmia.

(Signed) W. MOLESWORTH, M.B., Surgeon-Captain, I.M.S.,
GENERAL HOSPITAL,
Madras, 24th January 1896.
Ag. Additional Medical Officer.

SENIOR SURGEON.

* During the year under review there were 2,033 patients treated in the surgical wards, namely, 1,650 Natives and 383 Europeans. The figures for the past four years are as follows:—

Years.	Europeans.	Natives.
1892	446	1,767
1893	469	1,644
1894	445	1,739
1895	383	1,650

* The surgical cases amongst women and children are not included in this report, as the surgical and medical cases in the report on the women and children wards are not shown separately.

It will thus be seen that the number of Natives was 67 less than the average of the previous three years, and the Europeans 71 less. No special reason can be assigned for the decrease. The Native wards are still frequently overfull, whilst empty cots may frequently be seen in some of the European wards. There does not appear to be any diminution in the popularity of the hospital for cases seeking surgical aid. Patients continue to come from all parts of the presidency, but more especially from the West Coast and the Kurnool and Cuddapah districts.

Mortality.—There were 115 deaths amongst Natives and 16 deaths amongst Europeans; a total of 131.

The percentage of deaths amongst Natives was 6·97 and amongst Europeans 4·17.

The figures for the previous three years are as follows:—

Years.					Europeans	Natives.
1892	...	...	...	...	33	56
1893	...	...	...	...	34	58
1894	...	...	...	...	38	62
1895	...	...	...	...	41	69

The causes of death, together with the numbers who were admitted into hospital in a moribund condition, are shown in the following table:—

Cause of death.	No.	Remarks.
Multiple injuries	6	One admitted moribund.
Tetanus	9	Do. do. do.
Abscess	10	Do. do. do. two died of tubercle and one of spinal disease.
Carbuncle	7	Two admitted moribund.
Intestinal obstruction	10	
Elephantiasis of scrotum	6	Cause of death shown elsewhere.
Cancer of cheek and jaw	5	
Do. of tongue	2	
Do. of rectum	1	
Do. of penis	1	
Extravasation of urine	4	
Necrosis of lower jaw	2	
Syphilis	4	One admitted moribund; one interstitial nephritis.
Hepatic abscess	5	Causes of death shown elsewhere.
Compound fracture	2	One of tetanus; one of septicæmia.
Meningitis	1	Middle ear disease.
Hernia, reducible	3	Cause of death shown elsewhere.
Do. irreducible	1	
Do. strangulated	5	
Erysipelas	1	Contracted outside the hospital.
Stricture of urethra	2	
Ulcer	4	One died of heart disease; one admitted moribund.
Cerebral hemorrhage	1	
Lupus	1	Died of enteric fever.
Varicocele	1	Septicæmia after operation.
Appendicitis	1	Cardiac thrombosis.
Cellulitis	2	One with diabetes; one with pneumonia.
Inflamed hydrocele	1	Bright's disease.
Perihepatic abscess	1	
Fracture of base of skull	2	
Malignant growths	3	
Abscess of knee	1	
Sarcoma	6	
Perforation of stomach	1	Admitted moribund.
Disease of gall-bladder	1	
Compression of brain	1	
Concussion of spine	1	Admitted moribund.
Scald	2	Diarrhoea.
Burn	1	
Sloughing scrotum	1	
Imperforate anus	1	
Ruptured spleen	1	
Peritonitis	2	Admitted moribund.
Dislocation of spinal vertebrae	1	'Perforation.'
Fistula in ano	1	
Papilloma of cheek	1	Admitted moribund with ulceration of colon.
Stricture of œsophagus	1	
Syphilitic disease of larynx	1	
Caries of os calcis	1	
Abscess of scrotum	1	
Ulcer of rectum	1	Septicæmia.

The increase in the percentage of deaths appears to be due chiefly to the large number of serious cases, and also to a larger mortality than usual from certain operations, such as those for elephantiasis of the scrotum and radical cure of hernia. This matter is dealt with in another part of the report.

Ten cases were removed from hospital in a moribund condition as follows:—

Scrofulous ulcer	1
Ulcer (admitted moribund)	1
Abscess	3
Tetanus	2
Fistula in ano	1
Elephantiasis of scrotum	1
Extravasation of urine	1

The following table gives an idea of the nature of the chief diseases amongst Natives treated during the year and affords a comparison with the work of two previous years, viz., 1891 and 1894:—

Diseases.	1891.	1894.	1895.
Abscess of connective tissue	153	134	150
Syphilis	107	95	95
Elephantiasis	60	69	79
Stricture of the urethra	110	98	112
Hæmatocele	28	17	19
Hydrocele	70	62	60
Orophitis	11	19	10
Strangulated hernia	32	33	22
Reducible hernia	10	14	40
Caries of bone	43	28	41
Necrosis of bone	20	18	19
Carbuncle	27	35	40
Cancer of the cheek and jaws	17	35	28
Do. of the penis	4	9	9
Do. of the tongue	7	6	10
Tetanus	6	11	8
Vesical calculus	...	...	1
Filarial disease	...	...	11
Hepatic abscess	...	...	...

These figures show that there is very little variation from year to year in the nature of the surgical complaints which bring native patients to the hospital. Amongst Europeans there were 20 cases of abscess, 36 cases of syphilis, 20 cases of stricture of the urethra, 19 cases of hydrocele, 8 cases of orophitis, 5 of diseased bone, 10 cases of reducible hernia and 8 cases of hepatic abscess. Amongst Europeans, venereal disease in some form or another is the chief cause of admission to the surgical wards. There were fewer cases of strangulated hernia during 1895 than usual.

The following table shows the admissions during the year in the Senior Surgeon's wards and their results:—

	Remained.	Admitted.	Total.	Cured.	Relieved.	Otherwise.	Died.	Remaining.
Europeans	16	201	217	120	62	12	9	14
Natives	40	766	806	371	228	109	47	51
Total	56	967	1,023	491	290	121	56	65

Operative work:—During the year under review major operations were performed in 762 cases, and of these 80 died, namely, a percentage of 10·6. This ratio is very much higher than that of the three previous years. The average in 1892 and 1893 was 8 per cent., and in 1894 it was 8·6 per cent. In connection with this matter, I cannot do better than quote the following remarks from Surgeon-Lieutenant-Colonel Browne's report of last year: "The cases are not selected and attempts to give relief are made in all 'justifiable' cases; and when therefore a 'run of unfavourable cases occurs, the figures are apt to show a somewhat gloomy aspect. On the other hand, a successful 'series' will occasionally show exceptionally brilliant results." There is no reason to think that any of the mortality was the result of causes that were avoidable, unless perhaps two cases of septicæmia, one in a case of radical cure of hernia and another in a case of operation for varicocele. It must, however, be remembered that, in spite of the greatest care in regard to antisepsis, accidents will sometimes occur. Still there is reason to think that cases of septicæmia following operations were somewhat more frequent than usual last year. I believe that the most usual source of contamination of wounds is the surrounding skin, and it is possible that sufficient care is not always exercised in the thorough cleansing of the skin with antiseptics. There is one disadvantage under which the surgeons in this hospital labour, and that is, in not possessing reliable antiseptic absorbent dressings, such as wood wool, salicylic wool, &c. The only dressing of this nature that is supplied is carbolic gauze, and the quantity of this is limited. Consequently it becomes necessary often to use dressings, such as

jute and cotton, which have been prepared in the hospital, and which are never reliable in an antiseptic point of view. No deaths from pyæmia, erysipelas, or tetanus occurred amongst the operation cases during the year, a fact which speaks well for the state of the hospital and the care exercised in preventing septic disease.

Major Operations.

Class.	Remained.	Performed.	Total.	Cured.	Relieved.	Otherwise.	Died.	Remaining.
Europeans ...	4	75	79	44	16	0	8	5
Natives ...	21	273	294	183	47	17	24	23
Total ...	25	348	373	227	63	23	32	28

	Europeans.	Natives.	Total.
Minor operations	495	1,334	1,829
Average daily sick	17.86	48.07	65.78
Average stay of a patient in hospital. Days.	13.46	16.15	14.81
Death-rate per 1,000	41.47	58.31	54.74

During the first seven months of the year the duties of the Senior Surgeon were carried out by Surgeon-Lieutenant-Colonel W. R. Browne; during one month by Surgeon-Major J. Smyth; and during four months by myself. The number of operations performed during the year in the Senior Surgeon's wards was 848, namely:—

Surgeon-Lieutenant-Colonel Browne ..	192
Surgeon-Major Maitland ..	86
Surgeon-Major Smyth ..	40
Mr. Phillips ..	23
Surgeon-Captain Giffard ..	6
Surgeon-Captain Williams ..	1

The nature of the surgical work undertaken in the wards of the Senior Surgeon was very similar to what it has been in past years, and is shown in the following remarks:—

Strangulated Hernia.—Eight cases were operated upon, of whom two died. None of these were of special interest. The measure of success in these cases depends largely upon the state of the patient on admission, and the period of time that has elapsed since the strangulation occurred.

Radical Cure of Hernia.—This operation was undertaken in seventeen cases; the particular operation selected being, in most cases, Bennet's. One of these patients died sixteen days after the operation with very obscure symptoms, and at the *post mortem* examination he was found to be suffering from fatty disease of the liver. The cause of death was apparently unconnected with the operation. It is most unfortunate that very few of these cases ever return to show themselves, and it is therefore not possible to ascertain the percentage of cases which are permanently cured. All we do know is that in certain proportion of cases the hernia recurs after a time.

Elephantiasis of Scrotum.—Removal of the scrotum for this disease was undertaken in twenty-nine cases and of these two died. One of this latter had previously suffered from diabetes—a fact not known to the Surgeon who operated—and died of shock very shortly after the operation. The other patient was weakly, and never rallied well from the operation. Some suppuration occurred and he died of exhaustion.

Hepatic Abscess.—Five cases were operated upon, of whom one died of exhaustion and the others recovered.

Intestinal Obstruction.—Three cases were operated upon, viz., two of volvulus of small intestine, and one of intussusception. All of them died.

Stricture of Urethra.—Twenty-nine cases, of whom four died. Four of these deaths were the result of septicæmia in cases of extravasation of urine, and one death resulted from Cook's operation. External urethrotomy was performed twelve times. In accordance with the experience of former years, many cases of very advanced stricture presented themselves, in whom the perineum was riddled with fistulae and as hard as cartilage. In some of these cases the patients are so weak and exhausted that no operative measures can be undertaken, and even when operation interference is possible, only partial relief can be afforded.

Cancer.—Twenty-seven cases were submitted to operation, of whom four died. When this disease affects the cheek and jaw, as it so often does, the disease is usually so far advanced that only very partial relief can be given; and many such cases have to be sent away unrelieved.

Abscess.—Amongst twenty-three large abscesses operated upon, there were two iliac abscesses connected with disease of hip joint one of whom died of phthisis; all the others recovered.

Amputation of limbs were performed in eighteen cases. The thigh was amputated seven times and of these cases one died of osteo-myelitis and two of shock. Amputation of the arm was performed four times, of the leg six times, and the thumb once.

Besides the above, forty-one cases of hydrocele were treated, some by injection, some by incision and drainage, and some by resection of the tunica vaginalis. Hæmatocœles were treated either by resection of the tunica vaginalis or by castration—a considerable number of cases of ankylosis of the joints were treated by forcible manipulation under chloroform.

(Signed) J. MAITLAND, M.D., Surgeon-Major, I.M.S.,
Acting Senior Surgeon.

GENERAL HOSPITAL,
Madras, 21st January 1896.

SECOND SURGEON.

The total number of cases treated during the year was 1,022, including 178 Europeans and Eurasians and 844 Natives.

	Remained from last year.	Admitted during the year.	Total treated.	Cured.	Relieved.	Discharged otherwise.	Died.	Remaining on 1st January 1896.
Europeans and Eurasians...	8	170	178	99	41	22	7	9
Natives ...	45	799	844	385	183	150	68	56
Total ...	53	969	1,022	484	224	172	75	67

The average daily sick was as follows:—European 13.25; Natives 56.51.
The average stay of a patient in hospital was as follows:—Europeans 15.01 and Natives 14.70 days. The subjoined table shows the number of major operations performed during the year with results. The number of minor operations performed during the year was 1,659:—

	Remained from last year.	Performed during the year.	Total.	Cured.	Relieved.	Discharged otherwise.	Died.	Remaining on 1st January 1896.
Europeans and Eurasians ...	2	46	48	29	18	1	4	1
Natives ...	19	327	346	186	55	30	42	33
Total ...	21	373	394	215	68	31	46	34

The following is a summary of the leading diseases which required operative measures:—

(a) **Hernia.**—There were 13 cases of strangulated hernia operated on with 4 deaths. The radical cure was performed on nearly all the cases, but the results are hardly ever known, as patients seldom return to hospital to show themselves. The following are brief notes as to the cause of death:—

1. Case hopeless on admission. The sac, omentum and a few inches of small intestine gangrenous. The gut was incised and the ends sutured to the skin. The patient died from exhaustion one hour after admission.

2. **Hernia** of five days' duration.—A small knuckle of intestine was found deeply congested and sloughing. There was a double constriction, viz., one at each ring. The bowel was sewn to the margin of the wound and left outside to form an artificial anus. The patient died from exhaustion twenty days afterwards.

3. Admitted in an exhausted condition and died from collapse.

4. **Hernia** of ten days' duration.—The caput oecum coli gangrenous. Laparotomy was performed and the caput oecum with appendage removed as far as the ilio caecal valves. The patient gradually sank and died two days afterwards. The *post-mortem* examination showed an absence of peritonitis or escape of intestinal contents. The wound remained dry and sweet.

Reducible Hernia.—The radical cure was performed on 11 cases with 2 deaths.

(1) One death was due to septicaemia from sloughing of the wound acquired in hospital and probably due to a septic ligature or suture.

(2) Died from nervous shock, the hernia being a very large one.

The herniae were all of the oblique inguinal type. Only one case was congenital. Mac-ewan and Barker's operations for the radical cure were usually resorted to.

(b) *Elephantiasis*.—Twenty-three cases were operated on with a percentage mortality of 13. The testicles were covered with flaps dissected from the thighs, the penis being as a rule covered with Theirsch's grafts. Two of the deaths occurred from nervous shock. The third death was due to septic pneumonia following sloughing of the right spermatic cord after castration.

(c) *Amputations*.—There were 16 cases of amputation with one death. The amputations were various. One case an amputation of the thigh due to a sarcoma, died five days afterwards from asthenia.

(d) *Operations on the bladder*.—Three cases of vesical calculus were operated on with no deaths. They comprised one median, one lateral lithotomy and one litholapaxy. There is nothing special to refer to in the above cases.

(e) *Tumours*.—

Malignant	40, deaths	7.
Non-malignant	67, deaths	4.

The deaths from malignant disease were as follows:—

(1) Extirpation of penis (Gould's method) died from exhaustion.

(2) Tumour malignant of pelvis, laparotomy performed. The tumour was not removed owing to its extent. The patient died from exhaustion.

(3) *Cancer of throat*.—Gastrostomy. Patient died from exhaustion and peritonitis.

(4) *Sarcoma of cranial periosteum*.—The tumour was removed with preliminary ligature of the common carotid. Death due to shock.

(5) *Sarcoma of leg*.—Death due to exhaustion.

(6) *Cancer of inguinal glands*.—Removal and death. Surgeon-Captain Williams notes that after the operation the patient lost his mental balance, became silent and semi comatose and died of a mixture of blood poisoning, exhaustion, and melancholia.

(7) *Partial excision of jaw for a cancer*.—Patient died whilst being fed about ten hours after the operation, obviously due to syncope.

The non-malignant deaths were:—

One papilloma of cheek died from shock.

Three deaths were shown under elephantiasis.

(f) *Liver abscess*.—

Fourteen cases of abscess were operated on with 4 deaths or 27.4 per cent. Many of these recoveries are due to the early diagnosis in the medical wards: as soon as a suspicion of abscess arises the patient's liver is at once explored in all directions by an exploring syringe and if pus is found the patient is at once relegated to the Surgeon's case which invariably means immediate operation. I am inclined to believe that an evening rise to 100° Fah. is as suspicious of hepatic abscess as of tuberculosis (no other affection being diagnosable).

In twelve of the cases incision was at once made at the seat of the needle puncture, careful dissection is made down to the liver and the parietal and visceral layers of peritoneum sutured together (there were extremely few cases with adhesions). The liver is then opened up with a pair of sinus forceps run alongside the syringe needle to the seat of the abscess. The needle is then removed, the limbs of the forceps opened up and a tract made sufficiently large to allow the finger to enter. After the pus has escaped the walls are then scraped with the finger and if any adjoining abscesses are felt their walls are broken down. The cavity is then washed out and drainage tube entered. If necessary a counter-opening is made for drainage.

In two cases one a Native and the other a European, (the temperature in both normal,) the abscesses were treated by continuous drainage. A canula was pushed into the gland, a drainage tube tied to the canula and leading into a vessel with carbolic solution placed on the floor, the abscess gradually draining itself. If any doubt arises as to the blocking of the canula with thick pus, a trochar is pushed in so as to unblock it or a few ounces of boracic solution are injected. Both the cases thus treated were soon able to be about, the Native was discharged cured in eight days, and the European in two weeks, the continuous drainage lasting for four and six days respectively.

Mortality.—In two cases the abscesses were multiple. In one case a large abscess had opened into the pleura; incisions were made into the liver and pleural sac and free drainage established. Notwithstanding this the patient contracted septicaemia and died. The post-mortem showed the liver to be studded with multiple abscesses.

The fourth case was admitted in a hopeless condition expectorating pus. He was operated on but died in a few hours from exhaustion. Post-mortem examination showed a very large abscess and also a quantity of pus in the peritoneal cavity.

(g) *Stricture of urethra*.—There were 35 cases operated on—31 cases by external urethrotomy with 1 death, 2 cases by internal urethrotomy with 1 death and 2 cases by rapid dilatation.

Most of the cases of urethral stricture admitted are Natives who have suffered for years until life has become a burden to them. They invariably present themselves with thickened cartilaginous scrota, riddled with holes like the rose of a watering pot and through which thick pus and urine exude. In a number of cases false passages exist alongside, so that the sound is seldom found to remain in the urethra. The invariable mode of treatment is Whealhouse's operation, diseased tissue cut away and if necessary a new scrotum made but generally only half the scrotum is so implicated. These cases generally do well; in favourable cases the urethra is sutured over a No. 12 gum elastic catheter, the muscular layer also sutured and finally the skin. A small drainage tube is left in for three or four days.

The only death after a Whealhouse operation was due to exhaustion and albuminuria which was obviously not the fault of the operation. The death from internal urethrotomy was due to septicaemia.

(h) *Operations on the Tunica Vaginalis*.—Hydroceles and hæmatoceles 26 cases with no deaths. In hydroceles with thickened tunica and in hæmatoceles, the tunica was in each case removed right up to the border of the testicle. If any bleeding took place from the margin of the testicle, the whole edge was looped up with a continuous catgut suture which prevented all further oozing. In many of the cases of hæmatocele hæmatomata are associated. Trifling cases of hydrocele are generally treated with iodine injections in the out-door dispensary and are seldom seen in the wards.

(i) *Operations on bones*.—There were 21 cases with no deaths. This includes a long list of operations for carious bone from the cranial bones to the phalanges of the feet.

(j) *Laparotomy*.—There were 11 cases operated on with 9 deaths. In none of the cases can it be said that success followed the operation. The cases are as follows:—

1. Recovery. An exploratory incision. The disease was found to be malignant and too extensive for removal.

2. Exploratory laparotomy for a biliary fistula. An attempt was made to pass a probe through the hepatic duct, but failed. A further operation could not be undertaken at that period. Subsequently cholecystenterostomy was performed; the patient died ten days afterwards from peritonitis. The cause of the biliary obstruction was cancer of the duodenum.

3. Two cases occurred from volvulus; both cases were admitted exhausted and died shortly after the operation.

4. Two deaths occurred from perforation of the intestine which had set up peritonitis. In one case the perforation was due to an ulcer of the stomach and in the other intestinal perforation due to dysentery.

5. One death from stricture of the small gut, two inches from ilioæcal valve. Murphy's button was used for an end to end anastomosis, and this was inserted with great difficulty owing to the proximity to the cæcum and also considerable thickening of the gut on the proximal side. Nine days afterwards the button sloughed out from abdominal wound and the patient died.

6. Symptoms of obstruction. Nothing found at operation. After the operation vomiting ceased, symptoms abated and gas with motions were passed. The patient died from exhaustion eight days afterwards. Post-mortem examination showed a volvulus partially occluding small intestines.

7. Intestinal obstruction, first thought to be a strangulated hernia. Some enlarged veins were laid open and the parts sutured. The ring was found free. Death occurred the same evening. Post-mortem examination showed a narrow band firmly binding down several layers of small intestine, three feet of intestine being found gangrenous.

8. Exploratory incision; malignant disease of pelvis found non-operable; died six days afterwards from exhaustion.

9. Small intestines found bound down by a fibrous band, which was divided. Death on the following day from heart failure.

There were three medical officers in charge of the Second Surgeon's wards during the year, namely—

Surgeon-Captain Crawford from 1st January to 25th March.

Surgeon-Captain Williams from 26th March to 6th November.

Surgeon-Captain Robertson from 7th November to 31st December.

(Signed) ROBERT ROBERTSON, Surgeon-Captain,
Acting Second Surgeon.

GENERAL HOSPITAL,
Madras, 27th January 1898.

OUT-PATIENT WORK.

The total new admissions during the year under report show an increase on those of last year by 2,150 (52,965 against 50,815 of last year). The increase was amongst the Europeans and Eurasians, viz., 10,656 against 8,465 of last year. The Natives show a falling of 41 or, in other words, are the same number as last year. The number of women and children of the Eurasian and European class has increased considerably since the opening in the General Hospital of 'women and children' wards. This accounts for the increase. The average daily sick was 354.06 against 343 of last year. The major operations numbered 93, the minor 3,305, or practically the same number as last year.

The regular staff consisted of myself, a senior and usually 2 junior apothecaries, sometimes 1 junior apothecary, but 2 junior apothecaries are really necessary if cases are not to be scamped. So long as the Resident Medical officer does the *post-mortems* at the same time as the out-patients are going on, some one to take his place should be always at hand. Mr. Mahomud Ghouse still gives his valuable help chiefly on 'women and children' side of out-patient room.

GENERAL HOSPITAL,
Madras, 5th February 1896.

(Signed) G. G. GIFFARD, Surgeon-Captain,
Resident Medical Officer.

POST-MORTEM EXAMINATIONS.

The total number of post-mortem examinations performed was 98, of which 14 were for some reason only partial examinations. The causes of death were—

Pneumonia	10	Malaria	2
Multiple injury	8	Acute peritonitis	2
Obstruction of bowels	8	Acute endocarditis	1
Liver abscess	7	Syphilitic laryngitis	1
Pulmonary tubercle	6	Malarial pneumonia	1
Tetanus	5	Fatty liver septicaemia	1
Cancers	5	Anæmia	1
V.D.H.	4	Edema of larynx	1
Cirrhosis of liver	3	Hæmorrhage	1
Cerebral hæmorrhage	3	Pleurisy	1
Cerebral hæmorrhage (injury)	3	Scald	1
Perforation of stomach	3	Tubes mesenterica	1
Enteric fever	3	Chronic abscess	1
Malignant disease of liver	2	Dysentery	1
Acute alcoholism	2	Peritonitis, chronic	1
Bronchitis	2		
Bright's disease	2		
		Total	93

Of the 'abscess of liver' cases intestinal ulceration was only remarked in 3. Of the pneumonias alcoholism and Bright's disease seems to have complicated most of the fatal cases. Obstruction of the bowels was caused by twists of mesentery 2, bands 2, volvulus of sigmoid flexure 2, chronic stricture of intestines 2.

The number of pulmonary tubercle *post-mortems* in no way represents the very large number of pulmonary tubercle cases seen annually in the hospital. Round worms were found in almost everybody and ankylostomiasis very commonly.

The *post-mortems* were to a very large extent actually performed by the students directed by Resident Medical officer.

GENERAL HOSPITAL,
Madras, 5th February 1896.

(Signed) G. G. GIFFARD, Surgeon-Captain,
Resident Medical Officer.

DENTAL SURGEON.

The number of admissions to the out-patient department for dental treatment during 1895 was 934, consisting of—

Europeans, Eurasians and Native Christians	477
Hindus	439
Muhammadians	18

Many of the admissions were of patients who were required to attend several times. The actual number of persons treated was 665.

Dental caries being comparatively rare among Hindus, and, when present, generally neglected until too late for conservative treatment, will help to explain the preponderance in the number of admissions under the head of Europeans and Eurasians, as it is chiefly the members of this class who are required to present themselves several times for the preparation of teeth and cavities for filling.

The treatment carried out was as follows:—

Number of teeth and stumps extracted	549
Number of teeth and cavities filled	80
Number of teeth and cavities prepared for filling, but not filled owing to non-attendance of patients	26
Treatment of alveolar abscess, pyorrhoea alveolaris, salivary calculus, &c.	208

In 25 instances patients refused to undergo operation.

In 1894 the total number of admissions was 411, divided as follows:—

Europeans and Eurasians	128
Hindus	272
Muhammadians	11

The number of admissions in 1894 is much nearer the actual number of persons treated than in 1895. The smaller number of cases in 1894 is chiefly due to the fact that no Dental Surgeon was attached to the hospital during October and most of November.

(Signed) C. F. BADCOCK, L.D.S., R.C.S., ENG.,
Dental Surgeon, General Hospital.

REPORT ON NURSING ESTABLISHMENT.

In 1871 the question of improving the nursing at the General Hospital was discussed; for at that time women, after a short course of instruction in midwifery at the Hospital for Women, were passed on to this hospital for three months' further training. Dr. Chipperfield remarks in his very interesting memorandum on the subject: "There is some difficulty in making these women understand that they have much more to do than to pass on to their inferior hospital servants the instructions that are given concerning patients."

The Inspector-General had then given orders that "the next batch of nurse pupils is to be composed of women who have had no previous nursing experience of any kind." Dr. Chipperfield makes a strong point of an experienced *working* English nurse being required in addition to a superintendent matron and says, "for it is very important to keep prominently in mind that it is example more than precept which is required"; he further recommends that 12 pupils might be under training at first, and that at the end of eighteen months or two years 6 of these might be retained as hospital nurses and 6 sent out to gain a livelihood by the exercise of their calling in private houses; then 12 more pupils may be taken under tuition "for the experience the 6 hospital nurses will have obtained will render them efficient aids in tuition. At the end of other eighteen months or two years 6 more of these women might be employed as hospital nurses, and this would complete the hospital establishment, for 12 nurses ought to form an efficient *nursing staff* for the General Hospital, the average daily number of in-patients at that time being 140. Subsequently as many pupils as might be required could be taught and for them provision might be made to fill up any vacancies which might occur in the hospital staff. Thus a complete training school might be established capable of considerable ulterior development, and then perhaps the time might arrive for the inauguration of a nurses' home capable of furnishing, as occasion might arise, competent matrons and nurses for the various hospitals throughout the Madras Presidency and sufficient to meet all the demands to be made by the general public. Dr. J. L. Paul on the same subject and under date of 3rd October 1871 writes as follows:—A superintendent of nurses would be an undoubted boon to the nurse establishment of the General Hospital; "she would infuse into it what it wants—life." Dr. Paul also urges that "it is example, not precept" that we require; the nurses would then "naturally and gradually fall into the way of putting their own hands to their own work instead of remaining motionless, automaton and mute spectators or passing on the directions they receive from the medical officers to the under-servants of the hospital." He further points out the lack of example and the necessity of a lady trained in England being engaged as matron, as no amount of theoretical teaching will ever make a nurse; "the very essence of her profession is action, and in action the Eurasian is wanting." Dr. Paul also states "the wards too would require some change to make them suitable for nurses, as each ward or suite of wards ought to have a small room commanding it set apart for the nurses' use." His nursing scheme is as follows:—

"A permanent establishment of 12 nurses (6 pupils and 6 passed nurses) would secure good nursing and a constant stream of educated nurses turned out every six months."

These Utopian schemes were ventilated and discussed just a quarter of a century ago; and had Dr. Chipperfield's scheme been then introduced, there is no doubt nursing now in the General Hospital, Madras, would be second to none even in the best hospitals of Europe or America.

It will be observed that Dr. Chipperfield recommends a staff of 12 nurses exclusive of pupils, the hospital then containing 250 beds, and the average daily number of in-patients being 140.

When the first matron superintendent, Miss Martyr, accompanied by a head nurse, Miss Pierpoint, from England, joined the staff of the General Hospital in October 1874, there were only 6 women undergoing training for short periods from three to six months, but soon after a permanent establishment was sanctioned with 6 first grade or trained nurses and 6 second-grade or pupil nurses; and in 1877, when Miss Martyr resigned, there were 5 first-grade nurses and 6 second-grade pupils, a great difficulty being experienced in obtaining the services of trained women. Miss Pierpoint, head nurse, was then appointed matron superintendent and Mrs. Anderson was brought out from England as head nurse. Miss Pierpoint remained as Matron superintendent for one year and eight months, and on her resignation in December 1878, she left 6 first-grade and 6 second-grade or pupil nurses. During this time the nurses were trained practically by the head nurse and had lectures from the matron superintendent and the Senior Apothecary twice weekly and a lecture from the Resident Medical Officer every Saturday.

Mrs. Anderson, the former head nurse, was appointed acting Matron Superintendent on Miss Pierpoint's resignation and matron superintendent two years afterwards, which post she held five years, leaving the service in July 1885. The staff of trained nurses at that time had been increased to 9, the pupils remaining 6, the same number as previously. Mrs. Anderson worked without a head nurse, and the classes for nurses as well as their practical training was in the hands of the matron superintendent and senior apothecary, the Resident Medical Officer holding weekly classes.

Both Miss Pierpoint and Mrs. Anderson found it difficult to get suitable women to work as nurses, and there were no distinctions between the duties or responsibilities of trained or untrained women.

From July 1885 to September 1887 two Madras trained nurses—Mrs. McIntyre and Miss Coady—acted as matron superintendents, the former for nearly two years and the latter for five months. From 1874 to 1887, the number of women entertained was 164, the number who left 158, there having been 6 on the books when the first matron superintendent took charge. This left 12 employed in September 1887.

Mrs. McIntyre having died in May 1887, Miss Coady acted as matron superintendent until September 1887 when I joined the staff, finding 11 nurses holding certificates and 4 pupil nurses. The then Acting Senior Medical Officer Dr. Sibthorpe requested me to give him my opinion on the nursing staff of the hospital. Under date 31st October 1887 I wrote: "At present the nursing staff entertained consists of 9 first-grade nurses and 6 second-grade nurses. There are no distinctions made with regard to uniform or duties, though the second-grade nurses are principally untrained and uncertificated persons. Those of the first-grade now entertained are satisfactory in the performance of their duties, and with one exception capable of supervising nurse pupils in their ward duties. The second-grade nurses at present entertained are a long way from being fit for promotion, and in more than one case I fear never will be, and through lack of experience or natural incapacity are totally unfit for the grave and responsible charge of the sick without the close supervision of an experienced and trustworthy nurse. The system of giving a person (so-called nurse) of a few weeks or months' hospital experience (which is unavoidable under present arrangements) entire nursing charge of from 40 to 50 patients, either on day or on night duty, is subversive to order or discipline, as neither can be reasonably expected or enforced. A higher rate of pay and distinctions in dress, with an opening for promotion, would act beneficially on the trained nurses. In December 1889, when Dr. Sibthorpe was again acting as senior medical officer, the subject of improving the nursing was re-opened and a revised scheme for the nursing of the General Hospital submitted through the then Surgeon-General to Government, the result being that in 1891 a radical change was effected, the number of trained nurses being increased and graded differently, pay being also raised. The staff then sanctioned being—

1 head nurse.
1 assistant head nurse.
4 first-grade nurses.

6 second-grade nurses.
6 probationers.

The five senior nurses were put in charge of nursing blocks on permanent day duty, the remainder exchanging day and night duty fortnightly instead of weekly as previously when the whole staff of nurses changed every Monday, leaving that day as a *dies non* with regard to nurses' attendance on patients, as it took several hours for nurses to hand over everything pertaining to their wards—linen, instruments, &c.—and during the week it was difficult to fix delinquencies on the offenders, as they were apt to throw the blame on the nurse who had been the previous week in charge. The nurses strongly objected to this prolongation of night duty, as they also did to wearing caps and carrying scissors and forceps. They were also much mortified in the spirit of having to lay aside what they called their jewels, consisting of bangles, necklets, and large earrings.

In November 1892, I resigned my appointment on my marriage, and Miss Hammans joined the staff as Matron Superintendent. The principal change made by her was a still longer tour of night duty, the time being increased to one month. I had frequently recommended this change, but was overruled by the opinion of the Resident Medical Officer, who was not quite satisfied as to how it would act on the health of nurses in this climate. I would still further like to see the time extended to three months as in English hospitals, as the night nurses have their time quite free for rest and recreation during the day. I do not consider probationers under six months' training should be put on night duty, and three months out of their year's training would be ample experience in night work. Miss Hammans resigned on her marriage in January 1894, having held the appointment of matron superintendent for one year and three months, I rejoined on the 1st February 1894. Though the staff of nurses had been increased in twenty years from 6 to 12, still the progress made in training nurses to an efficient standard was abnormally slow. This was due almost entirely to the fact that the average number of patients increased from 140 to 253. The trained nurses were consequently never in sufficient number to allow of their taking entire charge of wards and having probationers working under them as they do in English hospitals, where a ward of thirty beds is a unit in itself with a head nurse in supreme authority with a trained day staff nurse and also a trained night staff nurse, the probationers being an irregular quantity and partly due to the fact that women cannot be got to remain in the nursing service for any lengthy period. From 1874 to 1894 there were 259 women entertained as nurses or probationers, 244 left the hospital during that time. The exact number of probationers who obtained certificates cannot be ascertained, as some of the old records were lost or destroyed in 1893. From September 1887 to November 1894 (seven years), 16 probationers obtained certificates in the General Hospital, of these 8 married and left the service, 2 died, 2 are still employed in the hospital, 1 is attached to the private nursing institution, 1 is doing independent work as a private nurse, and the remaining 2 have been lost sight of.

In 1894 there were 6 temporary second-grade nurses sanctioned. This brought the staff of trained nurses up to 18, the probationers numbering 6 with also an addition of 2 lady probationers paying their own expenses, but still the same difficulty prevailed in getting well-trained nurses to join the hospital staff and aid in the practical training of pupils, for the Eurasian nurses who join seem wanting in ambition and are not capable of exercising authority over juniors, preferring to treat them as personal friends and companions and shielding them from the consequences of their delinquencies and ignorance at the cost of the well-being of patients.

On the 1st January 1895 the hospital contained 375 beds. There were 16 trained nurses and 6 probationers on the books. Thirty trained nurses and 41 probationers in all were employed during the year 1895. Seventeen trained nurses and 22 probationers left the service, some to be married and some for better situations, but the greater number proved unsuitable for the work.

There was an increase of 1 head nurse and 1 assistant head nurse sanctioned after the amalgamation of the Women and Children's hospital with the General Hospital and an increase allowed in the number of probationers as a temporary measure pending the sanction of a scheme for the re-organization of the nursing staff submitted by the Surgeon-General to the Government. During 1895, 4 probationers received certificates, 2 of them being well educated English gentlewomen. A trained English nurse also joined the staff as second-grade nurse during the year, and is now doing excellent work as a head nurse.

The nursing staff at this date, 1st January 1896, is as follows:—

2 head nurses.
2 assistant head nurses.
4 first-grade nurses.

9 second-grade nurses, there being three vacancies in the second grade.

There are also 15 probationers, and I regret to say that with few exceptions the Eurasian probationers are not of a superior class to those who joined in 1887, though the pay and prospects are much better. The women of the country find no pleasure in nursing work and escape from it on the first opportunity, only taking it up when forced to do so through adverse circumstances, but a distinct advance has been made in the work done by nurses and ward attendants, as the Senior Medical Officer issued an order that toties were not to attend patients under any pretext. The private nurses, who are permitted to reside in the hospital under my direction, have worked successfully during the year, the receipts having exceeded the expenditure by Rs. 327-9-3.

GENERAL HOSPITAL,
Madras, 10th January 1896.

(Signed) M. A. NISBET,
Matron Superintendent.

No. 2.—GOVERNMENT MATERNITY HOSPITAL.

ANNUAL REPORT OF THE GOVERNMENT MATERNITY HOSPITAL AND
EGMORE FEMALE DISPENSARY, MADRAS, FOR THE YEAR 1895.

ADMINISTRATION REPORT.

1. Accommodation—

Number of beds available—

Male	..	..	..	..	..	..	..	..	..	Nil.
Female	..	..	..	..	..	..	..	..	..	122

Distribution—

Gynaecological	..	..	European	..	..	..	..	..	12
			Native	..	..	..	..	..	18
Delivery wards	..	..	European	..	..	..	..	..	4
			Native	..	..	..	..	..	6
Puerperal and general wards	..	..	European	..	..	..	..	..	23
			Native	..	..	..	..	..	48
Isolation wards	..	..	European and Native	..	..	..	..	..	9

Total .. 122

2. Total treated.—23,505 (including 1,133 cases of natural labour, 24,638).

3. In-patients.—Total treated, 2,064 (excluding 1,133 cases of natural labour). The largest number of in-patients on any one day was, including natural labour cases, 142 on the 5th October and, excluding natural labour cases, it was 98 on the 2nd November. The average stay of an in-patient, including cases of natural labour, was 11.60 days, excluding cases of natural labour, it was 12.7 days.

4. Out-patients—

Years.

Years.	Total treated.	Average daily sick.
1895	.. 21,441	{ W. 49.75 O. 56.78
1894	.. 23,390	{ W. 51.49 O. 60.40
1893	.. 23,533	{ W. 52.97 O. 64.53

5. Attendance of patients—

In-patients

Out-patients

Increase of 38.
Decrease of 1,949.

The decrease was apparently due to change of Medical officers and subordinates.

6. Mortality.—There were 78 deaths in hospital. No deaths have been recorded among out-patients.

Admitted moribund—

Lying-in

Gynaecological

Total .. 33

Removed moribund

Deaths from septic disease acquired in hospital

Do.

do.

before admission .. 15

Total .. 16

7. Classes of diseases treated.—The following figures show the principal classes of diseases treated:—

Diseases of digestive system

Do. of respiratory system

Worms

Diseases of the skin

Do. of the ear

Malarial fevers

Total .. 18,530

8. Operations.—The following statement shows the number of major surgical operations performed by the Medical officers and subordinates during the year:—

Brigade-Surgeon-Lieutenant-Colonel A. M. Branfoot, M.B.	..	..	..	185
Surgeon-Lieutenant-Colonel A. J. Sturmer	..	..	..	163
Assistant Surgeon S. E. Falcouer	..	..	..	145
Civil Apothecary W. T. Kenny	..	..	..	11
Do. W. B. D'Prazer	..	..	..	6
Do. T. Narrainsamy	..	..	..	8
Do. W. T. Harris	..	..	..	1
Do. T. Yagambaram Pillay	..	..	..	3
Do. T. Rajaram	..	..	..	1
Temporary Assistant Surgeon K. Mugaseth	..	..	..	8
Do. do. P. Pereira	..	..	..	1
Medical Practitioner Mrs. G. Stephens	..	..	..	6
Do. Miss J. Wells	..	..	..	1
First-class Hospital Assistant K. Jaganaykooloo	..	..	..	2

Total .. 541

9. Classes and sexes.—11,356 women and 12,149 children were treated. The institution is resorted to by all classes of patients.

10. Training of Nurses and Midwives.—17 European and Eurasian women and 31 Native women received diplomas to practise as midwives.

11. New works completed—

(1) Additions to the central block, Rs. 32,310-12-8.

These additions to the central block include—

Ground floor—

Two new Delivery wards with four bath rooms with accommodation for six beds.

First floor—

One new Delivery ward with two bath rooms with accommodation for two beds.

One Apothecaries' and students' room with two bath rooms.

Second floor—

Four new nurses' rooms with two bath rooms affording accommodation for twelve nurses.

Two new rooms for female Apothecary and female students with two bath rooms.

Though the expenditure for these buildings is shown in the financial statement for this year, the buildings could not be occupied until February of the current year. The increased accommodation thereby obtained is therefore not shown in this report.

(2) Providing iron tank at the Superintendent's house, Rs. 133-12-0.

New works sanctioned, but not completed at the end of the year.

THE ADDITIONS TO THE CENTRAL BLOCK ABOVE MENTIONED.

Repairs.

	RS.	A.	P.
(1) Certain special repairs (nature not specified by Public Works Department)	..	..	54 14 9
(2) Repairs to service pipes and pumps during 1894-95	..	..	93 4 9
(3) Do. do. do. 1895-96	..	..	190 0 0
(4) Annual repairs (chiefly painting and plastering)	..	..	3,079 12 8
(5) Do. to Apothecary's quarters	..	..	8 13 0
Total	..	..	3,426 13 2

12. Finance.—Income, total for the year was Rs. 91,833-15-7 against Rs. 68,352-11-0 in 1894. The increase was due to the construction of additional wards, &c., to the central block. Expenditure Rs. 8,179-12-9 of the total receipts were expended on salaries of Medical officers against Rs. 9,080-8-8 in the preceding year. The decrease was chiefly due to the omission of the pay of the temporary Medical officers. Inferior dispensary establishment amounted to Rs. 9,476-5-7 as against Rs. 13,469-1-8 in 1894. The decrease is due to the omission in this item of the salaries of the Midwifery and Nurse classes.

Bazaar medicines.—The outlay under this head was Rs. 193-14-6 against Rs. 161-1-0 in 1894. Increase not very appreciable.

European medicines.—Rs. 6,664-1-10 against Rs. 6,017-9-1 in 1894. Increase is due to surgical instruments and appliances obtained by indent on the Home Government.

Diets, miscellaneous charges, buildings and repairs.—Vide explanatory statement attached to financial statement.

13. Jail manufactures.—Articles of bedding and clothing to the value of Rs. 478-7-6 have been obtained from the Jail department.

14. Epidemics.—No cases of cholera have been treated in the hospital during the year.

15. The orders in regard to Stock Books of Standing Order No. 15, dated 16th May 1895, have been complied with.

16. The new rule regarding the removal of night-soil did not come into force during the year under report.

17. *Verification of stock.*—Inventory lists of all Government property are kept and have been verified on the 31st March 1895.

18. *Service Books.*—The service books of the establishment have been verified quarterly.

19. *Inspections.*—The Surgeon-General with the Government of Madras visited the hospital and dispensary on several occasions.

20. *Professional Reports.*—The special report of the working of the Lying-in Hospital is under preparation and will be forwarded at an early date.

21. List of establishment sanctioned in this hospital and the Government Order sanctioning the last proposition statement is herewith appended.

22. Surgeon-Lieutenant-Colonel A. J. Sturmer was in charge up to the 7th August when I assumed charge again as Superintendent. Assistant Surgeon S. E. Falconer has been Resident Surgeon throughout the year and Civil Apothecaries Kenny, D'Prazer and Temporary Assistant Surgeon Mugaseth have all been in charge of the Gynaecological block at various times of the year. All have rendered efficient aid in carrying out the work of the hospital, and I am specially indebted to Assistant Surgeon Falconer for the careful way in which he has maintained the registers and for his work in compiling the figures in the report. The Matron, Mrs. Lambie, has also contributed much to the success of the hospital by her diligent and indefatigable work in the wards and has effected many improvements in the nursing arrangement.

NOTE.—Except where specially stated, the above figures all refer to the number of in-patients exclusive of cases of natural labour.

MADRAS,
1st January 1896.

(Signed) A. M. BRANFOOT, Brigade-Surgeon-Lt.-Col.,
Superintendent, Government Maternity Hospital.

List of establishment sanctioned in Government Lying-in Hospital, Madras, and the Government Order sanctioning the last Proposition Statement.

Details of establishment.	Scale of pay.	Government Order sanctioning the proposition statement.
1 Assistant Surgeon (Military)	Rs. 200	
Staff allowance	30	
Teaching allowance	50	
2 Civil Apothecaries	100 at Rs. 50 each.	
Local allowance	60 at Rs. 30 "	
1 First-class Hospital Assistant	55	
2 Third-class Hospital Assistants	50 at Rs. 25 each.	
Local allowance	30 at Rs. 10 "	
1 Head Matron	125—5—150 biennial.	
1 First Assistant Matron	50—5—75 "	
1 Second Assistant Matron	50	
1 Head Nurse and Midwife	30—5—50 biennial.	
Bation allowance	15	
9 European midwifery pupils	135 at Rs. 15 each.	
7 Native midwifery pupils	49 at Rs. 7 "	
1 Steward	60—8—100 annual.	
1 Clerk	25	
1 Storekeeper	20	
2 Native Nurses	24 at Rs. 12 each.	
2 Peons	14 at Rs. 7 "	
1 Head Native Nurse	8	
2 Dispensary coolies	12 at Rs. 6 each.	
7 Ayahs	42 at Rs. 6 "	
4 Dhobies	82 at Rs. 8 "	
1 Dhoby boy	4	
1 Tailor woman	10	
2 Masulchees	14 at Rs. 7 each.	
4 Gardeners	24 at Rs. 6 "	
8 Lascars	48 at Rs. 6 "	
2 European cooks	17—1 (9), 1 (8).	
2 Native cooks	15—1 (9), 1 (6).	
1 Waterwoman	4	
1 Woman cooly	4	
6 Male toties	36 at Rs. 6 each.	
16 Female toties	64 at Rs. 4 "	

G.O., No. 9, Pnb.,
8th Jan. 1891.

G.O., No. 241, Finl.,
16th Mar. 1895.

MADRAS,
1st January 1896.

(Signed) A. M. BRANFOOT, Brigade-Surgeon-Lt.-Col.,
Superintendent, Government Maternity Hospital.

PROFESSIONAL REPORT.

THE number of admissions during the year was as follows :—

Delivered in hospital, including abortions	1,729
Delivered on the way to hospital	27
Died undelivered	6
Total	1,762
Diseases of pregnancy and gynaecological cases	1,368
Grand Total	3,130

CLASSIFICATION OF OBSTETRIC CASES.

Class.	Division.	Sub-division.			
I. Natural	Purely natural	Born occipito-anterior (468)	1,093		
		Do. posterior (2)	10		
	Varieties	Face (5)	4		
		Brow (1)	..		
				1,107	1,107
II. Difficult	Tedious	Natural powers over 24 hours	45	45	
		Barnes' elastic bags	1		
	Laborious	Forceps	118		
		Version, podalic	5		
		Do. cephalic	1		
		Do. podalic and forceps	1		
		Do. do. and craniotomy.	3		
		Cephalotripsy	16		
		Symphysiotomy	2		
				147	192
III. Preter-natural.	Inverted	Breech (14)	23		
		Feet (14)	9		
		Knee (1)	..	32	
	Transverse	Arm (12)	4		
		Side (1)	..	4	
			6	6	42
	Compound	Head and arm (2)	..		
	Plural births	Twins (2)	40		
		Triplets (1)	..	40	
IV. Complex	Hæmorrhage	Accidental (2)	16		
		Placenta prævia	16		
		Post-partum (4)	41	73	
	Retained placenta.	Simple retention	3		
		Morbid adhesion	16	19	
	Puerperal convulsions.	Eclampsia (3)	28	28	
			1		
	Rupture of uterus.	Rupture of uterus	2		
		Do. uterus and vagina	..	3	
	Descent of funis	With head (2)	7		
		With breech	1		
		With arm	5		
		With feet (1)	..		
		With head and hand (1)	..	13	
Other complications.	Albuminuria and anasarca		18		
		Anæmia	7		
		Do. and anasarca	9		
	Asthma		1		
		Bipartite uterus	2		
		Bronchial catarrh	5		
	Bronchitis		3		

N.B.—The numbers within brackets refer to the number of similar labours in other divisions.

Classification of Obstetric Cases—cont.

Class.	Division.	Sub-division.			
IV. Complex—cont.	Other complications—cont.	Chronic pelvic adhesions fixing uterus	1		
		Dysentery	20		
		Erysipelas	1		
		Elephantiasis	9		
		Excessive vomiting of pregnancy.	1		
		Enteritis	1		
		Fibroid tumour of uterus	2		
		Heart disease	9		
		Leprosy	1		
		Lupoid disease of vulva	1		
		Malarial fever	10		
		Macerated foetus	22		
		Phthisis pulmonalis	1		
		Placental disease	2		
		Peritonitis before delivery	1		
		Pneumonia	5		
		Prolapse of uterus	6		
		Retroflexion (sacciform dilata- tion)	1		
		Syphilis	12		
		Varicose veins of vulva	1		
				152	328
Foetus under 2 lb..	Abortions ..	Abortion, simple	31		
		Accidental hæmorrhage	2		
		Anæmia	2		
		Carneous mole	1		
		Dysentery	2		
		Enteritis	2		
		Erysipelas	1		
		Macerated foetus	7		
		Morbid adhesion of placenta	5		
		Pneumonia	2		
		Privation	1		
		Prolapse of uterus	1		
		Puerperal convulsions	3		
		Retained placenta or membranes.	24		
		Retroversion	2		
		Triplets	1		
		Twins	2		
		Uterus bicornis	1		
		Vesicular mole	3		
				93	93
					1,762
OBSTETRIC OPERATIONS.					
Induction of abor- tion.	Abortion ..	Twins, excessive liquor amnii ..	1		
Induction of pre- mature labour.	Natural ..	Contracted pelvis	1	1	
	Complex ..	Anæmia anasarca	1		
		Heart disease	1		
		Varicose veins of vulva	1		
Induction of la- bour at term.	Complex ..	Chronic pelvic adhesions fixing uterus	1	3	
Acceleration of la- bour by elastic water bags.	Difficult ..	Head presenting	1	1	6
	Complex ..	Placenta prævia (2)	..	1	
		Puerperal convulsions (3)	1		
		Prolapse of uterus (1)	..	1	
					2

N.B.—The numbers in brackets refer to operations of a similar character, but requiring some other procedure to complete the delivery.

Classification of Obstetric Cases—cont.

Class.	Division.	Sub-division.			
Forceps ..	Difficult ..	Head presenting	115		
		Face do.	3		
		Head presenting after version, podalic	1	119	
	Proternatural ..	Breech, after coming head	2		
		Arm do	1		
		Head and hand after podalic version	1		
		Head and hand after cephalic version	3	7	
	Complex ..	Twins	1		
		Placenta prævia	1		
		Post-partum hæmorrhage	2		
		Morbid adhesion of placenta	1		
		Puerperal convulsions	10		
		Descent of the funis	1		
		Albuminuria and anasarca	4		
		Malarial fever	2		
		Prolapse of the uterus	3	25	151
Podalic version..	Difficult ..	Head presenting (3)	4		
		Brow do.	1		
		Face do. (1)	..	5	
	Proternatural ..	Arm (1)	2		
		Head and arm (1)	..	2	
	Complex ..	Twins	1		
		Accidental hæmorrhage	2		
		Placenta prævia	8		
		Puerperal convulsions (1)	2		
		Descent of the funis (1)	4		
		Macerated foetus (arm)	2	19	26
Cephalic version.	Difficult ..	Face presentation	1	1	
		Head and hand (3)	..	..	1
	Proternatural ..	Breech (2)	7		
		Feet (1)	4	11	
Extraction ..	Complex ..	Twins	2		
		Placenta prævia (1)	1		
		Post-partum hæmorrhage	1		
		Puerperal convulsions	1		
		Descent of the funis	1	6	17
	Difficult ..	Head presenting (forceps failed). Face presenting (forceps after podalic version)	16		
		Head presenting (forceps after podalic version)	2	19	
Cephalotripsy ..	Proternatural ..	Feet after extraction	1	1	
		Placenta prævia after extraction. Puerperal convulsions (1 after version)	1		
		Descent of the funis (1 after ver- sion)	2		
		Heart disease	3		
		Syphilis	1	8	28

N.B.—The numbers in brackets refer to operations of a similar character, but requiring some other procedure to complete the delivery.

Classification of Obstetric Cases—cont.

Class.	Division.	Sub-division.			
Decapitation ..	Complex ..	Descent of the funis with arm ..	1	1	1
Symphysiotomy ..	Difficult ..	Head presenting ..	2	2	2
Cæsarian section, Porro.	Complex ..	Retroflexion, sacciform dilatation of the uterus ..	1	1	1
Laparotomy ..	Complex ..	Rupture of uterus or vagina ..	2	2	2
Spontaneous evolution.	Pretermatural ..	Arm ..	1		237
	Complex ..	Arm (1 of twins) ..	1		
		Side, placenta prævia ..	1		
				3	3

N.B.—The numbers in brackets refer to operations of a similar character, but requiring some other procedure to complete the delivery.

The total number of confinements shows a decrease of 218 compared with the previous year. The percentage of primiparæ was 25.6. The monthly average number of confinements has been 146.8, being a decrease of 18.85 compared with the average of the previous five years. The largest number of deliveries took place in September when there were 204 births and the smallest number 105, viz., in February. The highest number of patients of all classes in the hospital on any one day was 142 on the 6th October and the lowest 65 on the 10th March.

The diminution in the number of confinements is the result of the temporary stoppage of the system of giving diet money to women awaiting confinement, which it was found necessary to adopt while the new buildings were in course of erection.

Races and Castes.—The percentage of the various races and castes is shown in the following table:—

Europeans ..	46	or	2.62	per cent.
Eurasians ..	330	or	18.73	do.
Jews ..	1	or	0.06	do.
Native Christians ..	284	or	16.23	do.
Muhammadans ..	23	or	1.30	do.
Hindus ..	386	or	21.90	do.
Pariahs ..	692	or	39.16	do.

Total .. 1,762 or 100.00

This shows an increase in Europeans and Eurasians, a diminution in Muhammadans, who, probably, resort more now to the Goaha Hospital, and a diminution in Pariah women, who form the class formerly receiving diet allowance during pregnancy.

With regard to Hindus the following table shows the number of each of the chief castes admitted:—

Brahmins ..	6
Rajputs ..	12
Raju ..	1
Mudali ..	84
Naicker ..	87
Ediyar ..	25
Vellala ..	6
Chetty ..	21
Reddi ..	1
Gramina ..	8
Kamala ..	21
Vanniyar ..	21
Shamar ..	2
Oobher ..	3
Nair ..	1
Naidoo ..	3
Pandaram ..	8
Palli ..	10
Kavary ..	74

Total ... 385

The deliveries may be thus classified:—

Natural labour ..	1,107	or	62.88	per cent.
Difficult labour ..	193	or	10.89	do.
Pretermatural labour ..	44	or	2.38	do.
Complex labour ..	328	or	18.62	do.
Abortions ..	93	or	5.28	do.
Total ..	1,762	or	100.00	

This shows a decrease of 7.01 per cent. among natural labours, and an increase of 7.01 among morbid labours. Here again the stoppage of the system of disting women awaiting confinement is the cause of the lower number of natural labours.

The following shows the general classification of the 1,762 admissions:—

Died undelivered ..	6
Delivery at or near full term ..	1,503
Delivery before full term ..	325
Delivery with macerated or putrid children ..	86
Abortions ..	92
Total ..	1,762

Of the 6 women who died undelivered, all were in a hopeless condition on admission, viz.:—

Puerperal convulsions ..	1
Valve disease of heart ..	1
Albuminuria and anasarca ..	2
Anæmia and anasarca ..	1
Enteritis (abortion) ..	1
Total ..	6

The percentage of births at successive quinquennial periods continues to show the greatest fecundity among all classes to occur between the ages of 20 and 24 years:—

Age of women—Years ..	13 to 19	20 to 24	25 to 29	30 & above	Total 1,762
Number of women ..	337	632	478	315	

I.—NATURAL LABOURS.

There were 1,107 labours in which the head or face presented, and the labour was terminated within 24 hours without complication. The percentage of primiparæ in this class was 28.03, and the average duration of labour in primiparæ was 12.8 hours and in multiparæ was 9.2 hours.

Mortality of mother I.—*Vide Case No. I.*

The following table shows the ages, number of pregnancy and the number of hours in labour of the women in this class:—

Of the women in this class —																															
Age of women — Years	14	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	
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1,107	
Number of women	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1,107	
Number of pregnancy	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	Total	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	1,107	
Number of Women	254	235	176	135	106	94	80	65	55	45	35	25	15	10	5	3	2	1	1	1	1	1	1	1	1	1	1	1	1		
Hours in labour	1 to 3	3 to 4	4 to 5	5 to 6	6 to 7	7 to 8	8 to 9	9 to 10	10 to 11	11 to 12	12 to 13	13 to 14	14 to 15	15 to 16	16 to 17	17 to 18	18 to 19	19 to 20	20 to 21	21 to 22	22 to 23	23 to 24	24 to 25	25 to 26	26 to 27	27 to 28	28 to 29	29 to 30	30 to 31	Total	
	4	27	95	90	84	65	45	35	25	15	10	5	3	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1,107	
Number of women	4	27	95	90	84	65	45	35	25	15	10	5	3	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		

II.—DIFFICULT LABOURS.

In this division which represents labour in which the head, face or brow presented and labour lasted more than 24 hours or required artificial assistance, there were 193 cases—an increase of 14 compared with the previous year.

(a) *Tedious Labours.*

In these 45 cases there were—

Live births 44—males 25 (3 premature), females 19 (3 premature).
Still birth 1 female (premature).

Mortality of mothers—Nil.

(b) *Laborious Labours.*

In this class the face presented in 5, the brow in 1 and the head in 141 instances—total 147, an increase of 3 compared with the previous year.

The ages, number of pregnancy and duration of labour are noted in the following table:—

Age of women—Years	13	14	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	Total 147
Number of women	1	3	6	10	17	6	34	5	3	8	5	13	7	6	3	1	12	1	2	2	3	2	1	1	1	1	1		

Number of pregnancy	1	2	3	4	5	6	7	8	9	10	11	12	Total 147
Number of women	78	12	13	12	10	6	6	3	2	1	3	...	

Hours in labour	6 to 12	12 to 18	18 to 24	24 to 36	36 to 48	48 to 60	Above 60	Total 147
Number of women	25	41	22	23	4	5	12	

Mode of Delivery.	Number of Cases.	Mothers.		Children alive.		Children still-born.		Percentage of mortality.	
		Recovered.	Died.	Male.	Female.	Male.	Female.	Mothers.	Children.
Breech elastic bags	1	1	..	..	1	..	..	100	100
Forceps	118	118	..	62	36	11	7	100	100
Version, podalic	5	5	..	3	1	2	..	100	100
Do. cephalic	1	1	..	1	..	..	..	100	100
Do. podalic and forceps	1	1	..	1	..	..	..	100	100
Do. do. cesarean	1	1	..	1	..	..	..	100	100
Cephalotripsy	16	16	..	8	8	13	1	100	100
Symphysiotomy	2	2	..	1	1	..	..	100	100

The proportion of male to female children delivered artificially is 2.04 males to 1 female.

If preternatural and complex labours and abortions be excluded, the proportion of artificial deliveries is 1 in 8.8 labours, 2.4 per cent. more than in 1894.

Six cases died in this class or 4.08 per cent. against 10.63 per cent. in 1894.—*Vide Cases Nos. II to VII.*

The following table shows a brief analysis of these cases:—

Number of Case.	Number of Pregnancy.	Cause of difficulty.	Condition on admission of mother.	Condition of child on admission.	Cause of mother's death.
II.	Fifth	Third position.	20 hours in labour; exhausted; temperature 99° F.; pulse 115; uterus rigid; membranes absent; liquor amni decomposed; head in pelvic cavity with a large scalp tumour.	Alive	Puerperal septicaemia.
III.	First	Inertia	26 hours in labour; temperature 100° F.; pulse 100; membranes entire; soft parts bruised and swollen.	Alive	Puerperal septicaemia.

Number of Case.	Number of Pregnancy.	Cause of difficulty.	Condition on admission of mother.	Condition of child on admission.	Cause of mother's death.
IV.	Fourth	Inertia	36 hours in labour; much exhausted; temperature 101° F.; pulse 136; weak; uterus rigid; membranes absent; soft parts bruised; liquor amni offensive.	Fetid	Exhaustion.
V.	First	Inertia	72 hours in labour; uterus rigid; temperature 100° F.; pulse 120; cervix fully dilated; membranes absent; head at the outlet with a large scalp tumour; liquor amni offensive.	Fetid	Puerperal septicaemia.
VI.	First	Infantile pelvis.	3 hours in labour; temperature 100° F.; pulse 110; membranes absent; head at the brim of the pelvis; cervix fully dilated; pelvis generally small.	Alive	Puerperal septicaemia, metrorrhagia.
VII.	First	Contracted pelvis.	72 hours in labour; uterus rigid; membranes absent; head in the brim with a large scalp tumour.	Alive	Delivered by symphysiotomy; death from shock after the protracted labour.

III.—*PRETERNATURAL LABOURS.*

There were 86 cases in which some other part than the head presented, an increase of 19 compared with 1894.

Forty-two of these were uncomplicated and are classified under this head, the remaining 44 are included under complex labours.

The results of the 42 uncomplicated cases are shown in the following table:—

Presentation.	Number of Cases.	Mothers.		Children.		
		Recovered.	Died.	Alive.	Still.	Decomposed.
Breech	23	22	1	13	4	..
Face	1	1	..	1	..	..
Arm	1	1	..	1	..	..
Head and arm	1	1	..	1	..	..
Total	42	41	1	34	8	..

The results of the 44 cases included under complex labours are shown below:—

Presentation.	Number of Cases.	Mothers.		Children.		
		Recovered.	Died.	Alive.	Still.	Decomposed.
Breech	14	14	..	9	3	2
Face	14	14	..	13	1	..
Arm	1	1	..	1	..	..
Head	12	11	1	2	7	3
Head and arm	1	1	..	1	..	..
Total	44	43	1	37	12	5

ANNUAL REPORT OF THE

Delivery took place in the uncomplicated cases by natural powers in 21 instances, viz. :-

Breech	14
Feet	4
Arm	1 (spontaneous evolution).
Head and arm	2
Total	21

Delivery was terminated artificially in 31 instances, viz. :-

Breech	9	Extraction (2 terminated by forceps).
Feet	5	Extraction (1 terminated by cephalotripsy).
Arm	3	Version (1 terminated by forceps).
Head and arm	4	Cephalic version 3 terminated by forceps.
		Podalic version 1 terminated by forceps.
Total	21	

Mortality of mothers 1—Vide Case No. VIII.

In the uncomplicated cases in inverted labours (breech and foot) 80.9 per cent. of the children were born alive; in transverse labours all the children were born alive; in compound presentations 83.3 per cent. of the children were born alive.

The ages, number of pregnancy and duration of labour in the uncomplicated cases are shown in the following tables :-

Ages of women—Years																								
...	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
Number of women																								
...	1	1	1	7	1	4	2	4	2	2	2	1	1	3	1	5	1	1	1	1	1	1	1	1
Number of pregnancy																								
...	...	...	...	...	...	1	2	3	4	5	6	7	8	9	10	11	...	...	...	...	...	...	...	...
Number of women																								
...	...	...	...	...	...	4	7	8	5	6	2	2	2	1	4	1	...	...	...	...	...	...	...	...
Hours in labour																								
...	...	...	3 to 4	4 to 5	5 to 6	6 to 12	12 to 18	18 to 24	24 to 36	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Number of women																								
...	...	...	3	4	6	11	13	5	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total 42																								
Total 42																								
Total 42																								

IV.—COMPLEX LABOURS.

Labour complicated with some accidental occurrence involving danger to mother or child of these there were 328 cases, an increase of 44 compared with 1894. They are thus classified :-

Plural births	46
Hæmorrhage	73
Retained placenta	19
Puerperal convulsions	34
Rupture of uterus or vagina	8
Descent of the funis	13
Other complications	162
Total	328

(a) Plural Births.

Forty women were delivered of twins; seventy-three children were born alive, viz. :-

Males	32
Females	41

Seven were born still.

Males	3 (1 decomposed)
Females	4 (1 blighted ovum)

One case of triplets and 2 of twins are returned under abortions.

Plural births occurred once in 40.9 labours.

With regard to sex, 35 were males, 45 were females.

In 10 instances the children were both males, in 15 instances the children were both females.

In 14 instances the children were male and female. The presentation in these cases were as follows :-

Double cranial	Head and Breech	Head and Feet	Head and Arm	Head and Knee	Head and Head and funis	Head and Blighted ovum	Head and Foot and funis	Breech and Head	Breech and Breech	Feet and Head and arm	Feet and Head	Feet and Breech	Feet and Feet	Total
17	8	8	1	1	1	1	1	8	1	1	2	1	1	40

In 4 instances artificial delivery was resorted to, viz. :-

Forceps	1
Podalic version	1
Extraction	2
Total	4

Mortality of mothers 1—Vide Case No. IX.

(b) Hæmorrhage.

Seventy-three cases are recorded, of which 6 died.

The cases are thus classified :-

Accidental hæmorrhage	16
Placenta prævia	16
Post-partum hæmorrhage	41
Total	73

Accidental Hæmorrhage.—Sixteen cases are recorded (2 cases are also returned under abortions). Six children were born alive. Ten children were born still (2 decomposed). The latter were all known to be dead on admission.

The mode of delivery was—

Natural powers	14
Podalic version	2
Total	16

Mortality of mothers 2—Vide Cases Nos. X and XI.

Placenta prævia.—Sixteen cases are recorded, of which 2 died, a mortality of 12.5 per cent.

Vide Cases Nos. XII and XIII.

The cases were delivered by—

Natural powers	5
(1 by spontaneous evolution, arm).	
Podalic version	8
Extraction	1
Forceps	1
Extraction and cephalotripsy	1
Total	16

As regards the presentation the head presented in 9 instances.

Arm	3
Feet	2
Head and funis	1
Side	1
Total	16

It will be noted that malpresentations occurred in about 45 per cent. of the cases, two children were born alive, six children were born still, a mortality of 38 per cent.

Post-partum Hæmorrhage.—Forty-one cases are recorded, four others are recorded under other labours, viz. :-

Retained placenta, simple retention	2
Retained placenta, morbid adhesion	2

Of the 41 cases, in 32 instances, the loss of blood was trivial and did not in any way affect the convalescence of the mother. In six instances the loss was sufficient to affect the mother's pulse and in three the loss of blood was very great and the condition of the mother grave.

The mode of delivery in these cases was—

MODE OF DELIVERY IN THESE CASES WAS--												
Natural powers	..	..	..	..	..	..	..	..	..	..	..	38
Forceps	..	..	..	..	..	..	..	..	..	..	..	2
Extraction	..	..	..	..	..	..	..	..	..	..	..	1
											Total	41

The mortality of mothers was 2—*Vide* Cases Nos. XIV and XV.

(c) *Retained Placenta.*

Twenty-one cases are recorded, in which this complication occurred. In 2 of these cases (1 of post-partum hæmorrhage and 1 of bipartite uterus) the placenta was also retained. Of the 19 cases, 3 were cases of simple retention and 16 of morbid adhesion. This shows a much larger number of cases of morbid adhesion than have been usually returned.

Mortality of mothers—N.Y.

(d) *Puerperal Convulsions.*

Thirty-one cases of puerperal convulsions are recorded, 3 of these are included under abortions. Delivery was effected in the 28 cases by—
Natural powers

Natural powers		Forceps	Version, podalic	Do. do. and craniotomy	Extraction	Cephalotripsy
11	10	2	2	1		

Total .. 27 and 1 died undelivered.

The following table shows the ages of the women and number of pregnancy in these cases:—

Ages of women—Years	14	15	16	17	18	20	21	22	23	24	25	26	27	28	Total
Number of women ..	1	1	8	3	3	2	1	2	1	2	1	1	1	1	28
Number of pregnancy	..	..	..	..	..	..	1	2	3	5	5	5	5	5	Total
Number of women ..	..	..	..	..	..	..	19	5	1	2	2	1	1	28	

67.8 per cent. of the number were women in their first labour against 76 per cent. in 1894 and 79.3 per cent. in 1893.

Mortality of mothers 10 or 35.7 per cent. Seven of the women were admitted in a moribund state—*Vide Cases Nos. XVI to XXV*. If these cases are excluded, the mortality of the mothers under this complication would be 14.3 per cent.

The mortality of the children in this class was 13 or 48.1 per cent.

(e) *Rupture of the Uterus or Vagina.*

Three cases are recorded—1 of ruptured uterus and 2 of ruptured uterus and vagina. The ages, number of the pregnancy and duration of the labour are shown in the following table:—

Ages of women—Years										25	30	35	Total.
Number of women										1	1	1	3
Number of pregnancy													
Number of women										3	6	Total.	
Hours in labour										1	2	3	
Number of women										15	20	26	Total.
										1	1	1	3

The presenting part was

The presenting part was head in abd.

The mode of delivery was—

Abdominal section

Mortality of mothers 3. All died, being in a hopeless condition on admission, though every possible endeavour was made to save them—*Vide* Cases Nos. XXVI to XXVIII.

(f) *Prolapse of the Flaps.*

This complication occurred in 17 instances, 4 of these are included under other complications, viz., twins 3, placenta praevia 1.

Delivery was effected in the following manner in the 13 uncomplicated cases:—

Surgery was effected in the following manner:					
Natural powers	..	..	..	..	..
Forceps	..	..	..	..	..
Versio, podalic	..	..	..	..	..
Do. do. and craniotomy	..	..	..	..	..
Extraction	..	..	..	..	..
Cephalotripsy	..	..	..	..	..
Decapitation	..	..	..	..	..
Total	..	..	..	..	..

The presentation and results to the children are shown in the following table:—

Presentation	Number of Cases.	Children.		
		Alive.	Still.	Deceased.
With head	7	..	7	..
Do. breech	1	..	1	..
Do. arm	5	1	3	1

Mortality of mothers—Nil

(g) *Other Complications.*

There were 152 other complications with 17 deaths compared with 123 other complications and 10 deaths in 1894 :—

Deaths in 1897.									
Albuminuria and anasarca	..	..	..	..	..	..	..	..	5
Anæmia and anasarca	..	..	..	..	..	..	..	..	2
Dysentery	..	..	..	..	..	..	..	..	8
Heart disease	..	..	..	..	..	..	..	..	3
Pneumonia	..	..	..	..	..	..	..	..	1
Prolapse of uterus	..	..	..	..	..	..	..	..	1
Retroflexion, saciform dilatation, Cæsarian section	..	..	..	..	..	..	..	..	1
Syphilis	..	..	..	..	..	..	..	..	1
							Total	..	17

Vide Cases Nos. XXIX to XLV.

ALTERNATIONS

In these deliveries the duration of the pregnancy was calculated to be less than 28 weeks and the weight of the child less than 2 lb.

Ninety-three cases are recorded, a decrease of 12 compared with 1894.

Nine cases died, viz: —

Anæmia, perniciosa		1
Dysentery		1
Enteritis		2
Macerated foetus, bursting of uterus, shock		1
Pneumonia		1
Puerperal convulsions		1
Privation		1
Vesicular mole		1
Total		9

Vide Cases Nos. XLVIII to LIV.

DEATHS.

The causes of deaths are classified under the following headings :—

- I.—Accidents of child-birth.
- II.—Puerperal Causes.
- III.—Non-puerperal Causes.

24

Months.	Number of deliveries.	Blocks in which cases occurred.	Total in each month.	Remarks.
October	181	D 2 .. 1 E 2 .. 1 Cottage 1	3	2 cases of difficult labour (1 of forceps delivery, 1 of cephalotripsy): both recovered. 1 of complex labour, retained placenta, delivered outside: recovered.
November	142	A 2 .. 1	1	Complex labour, prolapse of uterus (delivered by forceps): died.
December	156	D 2 .. 1 Cottage 2	3	2 cases of protracted labour, cephalotripsy: recovered. 1 case of complex labour, morbid adhesion of placenta: recovered.
Total	1,762	51	61	

These cases may be summarized as below:—

	Cases of syphilis.		Cases of septicaemia.	
	No.	died.	No.	died.
Natural labour	..	..	..	..
Difficult labour	..	..	..	..
Preternatural labour	..	..	..	..
Complex labour	..	..	..	..
Abortions	..	..	..	..
Total	19	..	32	12

Nearly every case under difficult and preternatural labour was the result of protraction of the labour and causes originating before the admission of the patient, and the same may be said in regard to most of the cases of complex labour. In this latter class the mortality of the disease, when it occurs, is always very great.

CHILDREN.

The produce of 1,664 deliveries (excluding 6 cases which died undelivered and 92 abortions) was 1,703 children, there being 39 twin-births (1 of the fetuses being blighted). Of these 1,328 were delivered at full term, 339 were premature and 36 had undergone intra-uterine maceration or become putrid.

Sex.—861 were males and 842 were females—a proportion of 1.02 males to 1 female.

Live and Still-births.—1,555 children were born alive and 148 still including the 36 decomposed children.

The ratio of live-births was 91.2.

The ratio of still-births excluding the decomposed children was 6.6.

The sex of the still and decomposed children are shown in the following table:—

Class.	Number of Cases.	Still.		Decomposed.		Total.
		Males.	Females.	Males.	Females.	
Natural labour	1,107	3	5	..	..	8
Difficult labour	192	27	9	1	2	39
Preternatural labour	42	4	4	..	..	8
Complex labour	328	34	26	20	13	93
Total	1,669	68	44	21	15	148

It will be seen that there were 89 males to 59 females in the still-births.

DEATHS OF CHILDREN IN HOSPITAL.

During the year 65 children have died within the first ten days. The following were the causes of death reported in these cases:—

Asthropia	1
Atelectasis	7
Infantile convulsions	6
Erysipelas	1
Premature birth	48
Do. do. atelectasis	1
Spina bifida	1

Total .. 65 in 1,555 children
— or 4.1 per cent.

The mortality is rather larger than it has been in some previous years, but this is accounted for by the increased morbidity of the labours. The causes of death are not very satisfactorily recorded in consequence of the impossibility which exists of obtaining a thorough *post-mortem* examination in some of the cases, and the want of a skilled pathologist.

OPHTHALMIA NEONATORUM.

The following tabular statement shows the incidence of ophthalmia in the hospital during the year:—

Months.	Number of deliveries.	Blocks in which cases occurred.	Total in each month.	Remarks.
January	133	A 1 .. 1	1	Right eye; recovery in 5 days.
February	105	A 1 .. 1 C.W. 1	2	One left eye; 1 both eyes; recovery in 5 days.
March	116	B 2 .. 1	1	Both eyes; recovery in 6 days.
April	121	D 2 .. 1 Cottages 1	2	Both eyes 1; mother with syphilis; recovery in 10 days; right eye 1; recovery in 6 days.
May	159	C.W. 1	1	Left eye; recovery in 10 days.
June	130	B 2 .. 1	1	Both eyes; recovery in 8 days.
July	156	D 2 .. 1	1	Both eyes; recovery in 7 days.
August	159	B 1 .. 1 A 2 .. 1	2	Both eyes 1; recovery in 7 days; left eye 1; mother with syphilis; recovery in 8 days.
September	204	D 1 .. 1 B 1 .. 2 C.W. 2	5	Both eyes 4; right eye 1; in 4 recovery complete; average duration 6½ days. In one ulceration of cornea occurred and the child left hospital on the twenty-third day with opacity.
October	181	D 2 .. 1	1	Right eye; recovery in 7 days.
November	142	B 2 .. 1	1	Both eyes; recovery in 7 days.
December	156	D 2 .. 1	1	Both eyes; recovery in 7 days.
Total	1,762	19	19	Cases or 1.2 per cent of live-births.

OBSTETRIC OPERATIONS.

Two hundred and thirty-seven women were assisted in their labours, i.e., 1 in 7.4 labours against 1 in 8.6 labours in 1894 and 1 in 9.00 in 1893.

Induction of labour at term, of premature labour and abortion, was practiced in 6 cases, viz.—

Induction of abortion ..	Excess of liquor amnii ..	1	1
	Natural labour, contracted pelvis ..	1	..
Induction of premature labour ..	Complex ..	1	..
	Anomia and anasarca ..	1	..
	Heart disease ..	1	..
	Varicose veins of vulva ..	1	4
Induction of labour at term ..	Complex ..	1	1
	Pelvic adhesion ..	1	1
Total ..		6	..

Mortality of mothers 1—*Vide* Case No. XII.

Acceleration of Labour.—Labour was accelerated by Barnes' elastic bags in 8 instances. One was a difficult labour and was terminated without further assistance, and 7 were cases of complex labour, one of them being delivered without further aid, viz., puerperal convulsions. Six were aided in their labours, viz., placenta prævia 2 (1 delivered by version and 1 by extraction and craniotomy), puerperal convulsions 3 (by podalic version 2, by version and craniotomy 1), prolapse of the uterus 1 (by forceps).

Mortality of mothers 3—*Vide* Cases Nos. XIX, XXXIV and XLIII.

The Forceps was employed in 151 instances 1 in 11.06 cases. The following table shows the classes of the labours and the results to mothers and children:—

Classes.	Number of cases.	Mothers died.	Children.	
			Alive.	Still.
Difficult	112	3	102	17
Preternatural	7	..	6	1
Complex	25	7	16	9
Total	151	10	124	27

For fatal cases—*Vide* Nos. II, III, VI, XIII, XVII, XVIII, XXI, XXII, XXXVI and XLIII.

The following table shows the result obtained in comparison with previous years:—

	1891.	1892.	1893.	1894.	1895.
Proportion of cases in which forceps was used	1 in 12.5	1 in 14.7	1 in 16.6	1 in 11.5	1 in 11.06
Proportion of still-births in these cases ..	1 in 5	1 in 4	1 in 5	1 in 4.6	1 in 5.6
Percentage of live-births, taking all cases in the year	95	94.4	93.5	90.3	91.2 *

* Percentage of natural labours much diminished this year.

Version was performed in 38 instances, 34 podalic and 4 cephalic. In the cephalic versions 1 was a face presentation terminated without further aid and 3 were compound presentations (head and hand) terminated by forceps.

Of the podalic versions, 9 were cases of difficult labour, 3 of which were terminated by cephalotripsy and 1 by forceps. Four were cases of preternatural labour, 2 of which were terminated by forceps. Twenty-one were complex labours, viz., twins 1, accidental hæmorrhage 2, placenta prævia 8, puerperal convulsions 3 (1 terminated by craniotomy) descent of the funis 5 (1 terminated by craniotomy) and macerated fetus 2.

The character of the labour in the cases of podalic version and results are shown below:—

Class of Labour	Number of cases.	Terminated by Forceps.	Terminated by craniotomy.	Mothers.		Children.	
				Recovered.	Died.	Alive.	Still.
Difficult	9	1	3	8	1	3	6
Preternatural	4	2	..	4	..	..	..
Twins	1	..	..	1	..	1	..
Accidental hæmorrhage	2	..	..	1	1	1	2
Placenta prævia	8	..	..	7	1	4	4
Puerperal convulsions	3	..	1	1	2	..	3
Descent of the funis	5	..	1	5	..	4	1
Other complications	2	..	..	2	..	..	2
Total	34	3	5	29	5	15	18

Mortality of mothers 5—*Vide* cases Nos. VI, XI, XII, XIX. In a number of these cases the child had already died before the operation was commenced.

Extraction was performed in 31 instances, viz., preternatural labour 14 (breach 9, feet 5) in 2 of which delivery was terminated by forceps and 1 by cephalotripsy. Complex labour 7, viz., twins 2, placenta prævia 2 (1 terminated by craniotomy), post-partum hæmorrhage 1, puerperal convulsions 1, and descent of the funis 1.

Mortality of mothers 1—*Vide* Case No. XXV.

Craniotomy or Cephalotripsy was performed in 28 instances. In 19 the labour was difficult, the head presented in 18 and the face in 1. In 9 cases the forceps had failed to deliver; in 1 the labour was preternatural (feet), and in 8 the labour was complex, viz., placenta prævia 1, puerperal convulsions 2, descent of the funis 3, heart disease 1 and syphilis 1.

Mortality of mothers 5—*Vide* Cases Nos. IV, V, XXIV, XXI, XLV.

In all but two cases the child was already dead before the operation was commenced. In the 2 cases the fetal heart was very weak.

Decapitation was performed in one case of arm and funis presentation.

Mortality of mothers—Nil.

Symphiotomy was performed in 2 cases of difficult labour with contraction of the pelvis, forceps failing to deliver; both children were saved.

Mortality of mother 1—*Vide* Case No. VIII.

Peræcesarean section was performed in a case of retroflexion (saciform dilatation) of the uterus; the child was saved, but the mother died—*Vide* Case No. XLIV.

Laparotomy was performed in 2 cases of rupture of the uterus and vagina; both mothers died—*Vide* Cases Nos. XXVII and XXVIII.

Delivery by spontaneous evolution occurred in 3 cases, 1 preternatural (arm), 2 complex labours twins 1 (arm), placenta prævia 1 (side).

REPORT ON GYNÆCOLOGICAL CASES AND DISEASES OF PREGNANCY.

In addition to confinement cases, 822 cases of diseases of pregnancy and 576 cases of gynecological diseases have been treated as in-patients during the year; 1,957 cases of gynecological affections were also treated as out-patients at the Egmore Female Dispensary for Women and Children, where a total of 21,441 patients was treated during the year. These figures are about the same as in 1894.

As has been pointed out in former reports it will be impossible to develop the out-patient department further in a satisfactory manner without an increase in staff. The services of another highly qualified medical officer are much to be desired for this work.

The following tables show the diseases for which the in-patients have been treated:—

Diseases of Pregnancy.

Nature of Disease.	Number treated.	Number died.
Abscess, mammary	5	..
Do. thigh	1	..
Albuminuria	7	..
Anæmia	14	..
Do. and anasarca	4	..
Ankylosis, hip	1	..
Asthma	4	..
Boils	1	..
Bronchial catarrh	1	..
Bronchitis	6	..
Broncho-pneumonia	1	..
Burns	1	..
Cataract, double	1	..
Chorea	1	..
Cholera	1	..
Colic	1	..
Constipation	7	..
Contusion, abdominal wall	1	..
Cystitis	2	..
Displacements of gravid uterus. { Anteversion	1	..
{ Anteflexion	1	..
{ Prolapse	1	1
{ Retroflexion	3	..
{ Retroversion	9	..
Diarrhoea	15	..
Dyspepsia	2	..
Dysentery	25	1
Eclampsia	3	..
Elephantiasis, leg	1	..
Enteric fever	1	..
Epilepsy	1	..
Erosion of cervix	1	..
Erysipelas	1	..
Excessive liquor amnii	2	1
False pains	1	..
Heart disease	62	..
Hepatic congestion	16	..
Hysteria	2	..
Influenza	1	..
Intermittent fever	2	..
Leucorrhœa	17	..
Lymphangitis	1	..
Malarial fever	1	..
Muco-enteritis	11	..
Neuralgia, facial	2	..
Observation (cases awaiting confinement)	1	..
Parotitis	296	..
Pelvic adhesions (painful)	1	..
Phthisis pulmonalis	1	..
Pneumonia	4	..
Privation	1	..
Retained feces	1	..
Retention of urine	2	..
Rheumatism	11	..
Scabies	2	..
Simple continued fever	1	..
Sprain, hip	1	..
Syphilis, secondary	2	..
Syphilitic lupus of vulva	5	..
Synovitis, ankle	1	..
Threatening abortion	1	..
Do. labour	32	..
Do. premature labour	169	..
Vaginitis, simple	35	..
Vesicular mole	2	..
Vomiting of pregnancy	2	..
Wound (labium majus)	4	..
{	1	..
Total ..	822	3

Cases treated in the Gynecological Wards, 1895.

Nature of Case.	Disease or Condition.	Number treated.	Number died.
Malformation of organs	Congenital absence of uterus.	1	..
	Infantile uterus	2	..
	Congenital vaginal band	1	..
	Stenosis cervical canal	14	..
	Total ..	18	..
Displacements of uterus	Anteflexion	18	..
	Intero-flexion	1	..
	Prolapse	31	..
	Retroversion	65	..
	Retroflexion	22	..
	Total ..	137	..
Hyperplasia and atrophy of uterus.	Sub-involution	15	..
	Super-involution	1	..
	Total ..	16	..
Hyperæmia and inflammation of uterus, &c.	Chronic metritis	1	..
	Endometritis	17	..
	Cervical endometritis	16	..
	Syphilitic ulceration of cervix	1	..
	Laceration of cervix	3	..
	Hypertrophy of cervix	1	..
	Hypertrophic elongation of cervix	5	..
	Total ..	44	..
New growths of uterus.	Carcinoma of uterus	14	1
	Fibrocystic tumour of uterus (suppurating)	1	1
	Fibroid of uterus	10	1
	Sarcoma of uterus	2	1
	Polypus of uterus (body)	3	..
	Polypus of uterus (placental)	1	..
	Polypus of uterus (cervical)	4	..
	Total ..	35	4
Diseases of ovaries ..	Inflammation	8	..
	Cystic disease and cystoma	21	4
	Dermoid cyst of ovary	2	..
	Carcinoma of ovary	3	..
	Sarcoma of ovary	1	1
	Papilloma of ovary	2	..
	Total ..	37	5
Diseases of Fallopian tubes.	Pyosalpinx	1	..
	Salpingitis	9	2
	Total ..	10	2
Diseases of uterine ligaments and adjacent peritoneum and cellular tissue.	Broad ligament cyst	1	..
	Sarcoma of broad ligament	1	..
	Pelvic cellulitis and peritonitis	62	..
	Do. hæmatocele	7	..
	Total ..	71	..
Diseases of vagina and vulva.	Atresia of vagina	1	..
	Contraction of ostium vaginae	1	..
	Cicatricial contraction of vagina	2	..
	Laceration of vagina	2	..

Cases treated in the Gynecological Wards, 1895—cont.

Nature of Case.	Disease or Condition.	Number treated.	Number died.
Diseases of vagina and vulva—cont.	Prolapse of vaginal walls ..	2	..
	Vaginitis, simple ..	4	..
	Vaginitis, specific ..	9	..
	Vesico-vaginal fistula ..	30	..
	Recto-vaginal fistula ..	3	..
	Vesico-vaginal and recto-vaginal fistula ..	2	..
	Laceration of perineum ..	17	..
	Papilloma of vulva ..	1	..
	Elephantiasis of clitoris ..	1	..
	Elephantiasis of labia ..	3	..
	Syphilitic lupoid ulceration of vulva ..	6	..
	Cancer of vagina ..	1	..
	Imperforate hymen ..	3	..
	Total ..	88	..
Functional and symptomatic disorders.	Amenorrhœa ..	5	..
	Dysmenorrhœa ..	14	..
	Menorrhagia ..	11	..
	Metrorrhagia ..	16	..
	Total ..	46	..
Cases not classified ..	Abscess, hepatic ..	1	..
	Do. mammary ..	4	..
	Do. pelvic ..	12	1
	Alcoholism ..	1	..
	Ascites ..	2	..
	Bronchitis ..	1	..
	Chronic hydrocephalus ..	1	..
	Chyluria ..	1	..
	Cystitis ..	2	3
	Diarrhœa ..	1	..
	Erotomania ..	1	..
	Hydatid cyst of kidney ..	1	..
	Hyperlactation ..	1	..
	Hysteria ..	1	..
	Imperforate anus ..	1	1
	Imperforate rectum ..	1	..
	Lympho-sarcoma of liver ..	1	..
	Non-union of pubic bones after symphysiotomy ..	1	..
	Peritonitis, general ..	2	1
	Peritonitis, septic (puerperal) ..	3	3
	Observation ..	4	..
	Privation ..	7	..
	Pseudocyesis ..	1	..
	Puerperal convulsions ..	1	..
	Puerperal mania ..	1	..
	Puerperal tetanus ..	1	1
	Purulent ophthalmia ..	1	..
	Retained products of conception ..	4	..
	Retention of urine ..	1	..
	Serous apoplexy ..	1	1
	Sinus, abdominal wall ..	2	..
	Strangulated internal hernia ..	1	1
	Stricture of rectum ..	1	..
	Stricture of urethra ..	2	..
	Syphilis, congenital ..	1	1
	Syphilis, constitutional ..	1	..
	Urethral caruncle ..	2	..
	Ventral hernia ..	2	..
	Vesical calculus ..	1	..
	Total ..	74	10
	Grand Total ..	578	21

Operations performed in the Gynecological Wards of the Government Maternity Hospital, Madras, 1895.

Number of Cases.	Nature of Operation.	Number of Cases.	Result.				Remarks.
			Cured.	Relieved.	No better.	Died.	
Abdominal Sections (1 to 31).							
1	Hysterectomy for malignant sarcoma of uterus, combined vaginal and abdominal, complete ..	1	..	..	..	1	1 for suppurating fibrocystic tumour, 1 complicated fibroid disease of uterus.
2-5	Supravaginal hysterectomy ..	2	..	..	..	2	
4-16	Ovariectomy (ovarian cystoma) ..	13	11	..	..	2	
17-23	Removal of diseased uterine appendages ..	7	4	1	..	2	
24	Removal of diseased uterine appendages, partial ..	1	1	..	..	..	
25-27	Abdominal section for removal of broad ligament tumour ..	3	3	..	..	1	
28	Abdominal section for suppurative encysted peritonitis ..	1	1	..	..	..	
29	Abdominal section for pelvic cellulitis ..	1	1	..	..	..	
30-31	Abdominal section for pelvic abscess ..	2	2	..	..	..	
Other Operations on the Uterus (32 to 115).							
32	Paracentesis and drainage of suppurating ovarian cystoma ..	1	..	1	..	..	Died from the disease subsequently.
33-34	Removal of whole uterus through vagina for cancer ..	2	1	..	..	1	
35-39	Removal of cervix uteri infra-vaginal ..	5	5	..	..	..	
40-67	Curetting of endometrium ..	28	19	8	1	..	
68-69	Curetting of cervix uteri ..	2	1	1	..	..	
70-71	Removal of non-malignant growth from interior of uterus ..	2	2	..	..	..	
72	Removal of retained placental tissue ..	1	1	..	..	..	
73-75	Removal of non-malignant growth from cervix uteri ..	3	3	..	..	..	
76-111	Operation for enlarging os and cervix uteri ..	36	31	1	4	..	
112-115	Destruction of cancerous ulceration of uterus by scraping ..	4	..	4	..	..	
Operations on Peritonæum and Cellular Tissue adjacent to Uterus (116 to 124).							
116-122	Incision and drainage of pelvic abscess ..	7	5	2	..	..	
123-124	Incision and drainage of suppurating dermoid cyst through vagina ..	2	1	1	..	..	
Plastic Operations (125 to 215).							
125-132	Trachelorrhaphy ..	8	8	..	..	..	
133	Anterior and posterior colporrhaphy ..	1	1	..	..	..	
134-137	Anterior colporrhaphy ..	4	3	1	..	..	
138-142	Colpo perineorrhaphy ..	5	4	..	1	..	

Operations performed in the Gynaecological Wards of the Government Maternity Hospital, Madras, 1895—cont.

Number of Case.	Nature of Operation.	Number of Cases.	Result.				Remarks.
			Cured.	Relieved.	No better.	Died.	
<i>Plastic Operations (125 to 215)</i> —cont.							
143-147	Recto-vaginal fistula	5	1	4	..	..	3 women: 1 cured first operation, 2 discharged relieved.
148-187	Vesico-vaginal fistula	40	16	20	4	..	
188	Utero-vesical fistula	1	1	..	..	..	25 women: 11 cured first operation, 8 cured second operation, 2 cured third operation, 5 relieved, 4 no better.
189-213	Lacerated perineum	25	25	..	..	..	
214	For restoring urethra	1	1	..	..	..	
215	For restoring posterior vaginal wall	1	..	1	..	..	
<i>Operations about Vulva and lower end of Vagina (216 to 233).</i>							
216-223	Operation for atresia vagina and uterus	8	6	2	..	..	3 women: 1 cured first operation, 2 discharged relieved.
224-226	Amputation of elephantoid labia and clitoris	3	3	..	..	..	
227-228	Scraping of syphilitic ulceration of vagina	2	2	..	..	..	
229-230	Scraping and removal of lupoid disease of vulva	2	2	..	..	..	
231	Scraping and removal of papillomatous tumour from vulva	1	1	..	..	..	25 women: 11 cured first operation, 8 cured second operation, 2 cured third operation, 5 relieved, 4 no better.
232-233	Operation for retained menstrual fluid	2	2	..	..	..	
<i>General Operations (234 to 250).</i>							
234	Abdominal section for internal strangulated hernia	1	..	..	..	1	3 women: 1 cured first operation, 2 discharged relieved.
235	Colotomy inguinal for congenital absence of return	1	..	..	..	1	
236	Colotomy inguinal preparatory to plastic operation for recto-vaginal fistula	1	1	..	..	..	
237	Dilatation of urethra and exploring bladder	1	1	..	..	..	
238	Dilatation of urethra for removal of urethral caruncle	1	1	..	..	..	25 women: 11 cured first operation, 8 cured second operation, 2 cured third operation, 5 relieved, 4 no better.
239	Incision and drainage for hepatic abscess	1	1	..	..	..	
240	Incision and drainage for abscess in abdominal wall	1	..	..	..	1	
241-242	Operation for ventral hernia	2	2	..	..	..	
243-244	Do. imperforate anus	2	2	..	..	..	3 women: 1 cured first operation, 2 discharged relieved.
245	Do. fissure of anus	1	1	..	..	..	
246-247	Do. stricture rectum with ulceration	2	2	..	..	..	
248	Operation for internal hæmorrhoids by ligature	1	1	..	..	..	
249	Operation for vesical calculus by crushing	1	1	..	..	..	3 women: 1 cured first operation, 2 discharged relieved.
250	Operation for ununited pubic bones after symphysiotomy	1	1	..	..	..	
Total ..		250	181	47	10	12	

Tabular Statement of Ovariectomies and Removal of Uterine Appendages, &c., performed in the year 1895.

Number	Date of operation.	Race.	Age.	Married or single.	General health.	Nature of operation.	Length of incision.	Diseases requiring operation and special features.	Parts removed.	Treatment of pedicle.	Drainage tube.	Highest temperature.	Immediate result.	Subsequent history and remarks.
1	12th Jan.	Native Christian.	37	Widow, 5 children.	Good	Double Ovariectomy.	2	Ovarian cystoma left; cystic ovary right.	Tumour and left ovary; right tube and ovary.	Silk ligature.	No	101	Recovery.	
2	30th Jan.	East Indian.	18	Single	Good	Do.	2½	Ovarian cystoma with papillomatous growth of interior of cyst left; cystic ovary right.	Do.	Do.	No	99.4	Do.	
3	23rd March.	Native Christian.	19	Married, 0 children.	Young and healthy.	Ovariectomy, right.	2	Cystic ovary right ..	Ovary and tube right.	Do.	No	99.8	Do.	
4	28th April.	Mohammedan.	20	Do.	Ennursed and anæmic. Largest circumference of abdomen 43½ inches.	Ovariectomy, left.	5	Ovarian cystoma left; thick grumous fluid; old hæmorrhage in cyst; adhesions to abdominal wall high up and to omentum; weight of cyst 7½ lb.; fluid 51 pints 4 oz.	Tumour and ovary left.	Pedicle very vascular, silk ligature in three sections; large hæmatomata formed in broad ligament; vessels of pedicle not controlled. Three clamps for 48 hours left in situ for 48 hours.	Yes 24 hours.	101.4	Do.	
5	24th April.	European.	48	Married, 4 children.	Had perforating ulcer right great toe. Also had a recto-vaginal fistula.	Ovariectomy, double.	4½	Ovarian cystoma right; unilateral fluid 16 oz. Dermoid cyst of left ovary; contents pale hair, cartilage, bone and 13 oz. of purulent fluid.	Tumour on left side with tube.	Silk ligature.	No	102.8	Do.	
6	11th May	Hindu	35	Married, 1 child.	Good	Ovariectomy, double.	5½	Multilocular ovarian cystoma left; weight 7½ lb.; fluid 14 pints 8 oz. Cystic ovary right.	Tumour and left tube; right tube and ovary.	Do.	No	100.6	Do.	

Number	Date of operation.	Race.	Age.	Married or single.	General health.	Nature of operation.	Length of incision.	Disease requiring operation and special features.	Parts removed.	Treatment of pedicle.	Drainage tube.	Highest temperature.	Immediate result.	Subsequent history and remarks.
7	19th June ...	European.	39	Married, 6 children.	Profoundly anæmic, subject to frequent attacks of syncope.	Oophorectomy.	2	Fibroid tumour of uterus; uterus measured 3½ inches.	Both ovaries and tubes.	Silk ligature.	No	101.4	Recovery.	
8	31st July ...	European.	36	Married, 3 children.	Good	Ovariectomy, left.	3	Ovarian cystoma left (inflamed) with left hydro-salpinx.	Left ovary and tube.	Do.	No	101	Do.	
9	2nd Aug. ...	European.	28	Married, 4 children.	Good	Ovariectomy, double.	3	Ovarian cystoma right with axial rotation of pedicle; contents dark grumous fluid and thick colloid matter; extensive recent adhesions to omentum, intestines and parietes of abdomen; left ovary cystic.	Tumour and right tube; left ovary and tube.	Do.	No	103	Do.	
10	7th Sept. ...	Native Christian.	58	Widow	Poor; had also a prolapse of uterus.	Ovariectomy, right.	4	Ovarian cystoma right; colloid contents. Cyst weight 1 lb. 5 oz. colloid contents 10½ lb. left ovary atrophied.	Tumour with right tube.	Do.	No	100 on 8th day only.	Do.	
11	20th Oct. ...	Parsi.	26	Married	Poor; tumour solid and sinus leading from umbilicus.	Ovariectomy, left.	4	Papilloma of ovary left and of peritoneum.	Tumour from left side with some papillomatous growth from peritoneum.	Do.	Yes	Do.	Do.	Made a good recovery and left hospital in good health, but with some thickening still in the wall of the pelvis; no sequelæ.

12	20th Oct. ...	Parsi.	22	Married, 2 children.	Symptoms of general peritonitis, fever and pain with extreme tenderness of abdomen.	Ovariectomy, double.	6	Stenoplastic ovarian cystoma left; axial rotation of pedicle; contents of dark purple colour. Recent peritæal and omental adhesions with turbid serous fluid in peritoneum and flakes of lymph; right hæmato-salpinx; hæmatoma of right broad ligament; cystic ovary, right.	Tumour and left tube; right tube and ovary.	Do.	No	104.4	Died fourth day. Death from uræmia, urine began to appear suddenly suppressed and backed with albumen 48 hours after operation, and the woman died in coma.	This patient had developed septicæmia before the operation which was taken to give her a possible chance of recovery. There were no difficulties in the operation, which was completed in about 45 minutes.
13	18th Nov. ...	East Indian.	32	Married, 4 children.	Cæcæctomy, had rigors and a temperature of 105° F. the day before operation.	Do.	4	Solid sarcoma of left ovary with apoplectic condition; large pyosalpinx and small cystic ovary, right.	Tumour and left tube. Right ovary and tube.	Do.	Yes	104.4	Died 16 hours after operation. Death from shock and septic fever developed before operation.	
14	18th Jan. ...	Hindu	40	Widow, 5 children.	Poor; has suffered for two years from constant pain in the abdomen.	Removal of uterine appendages.	3	Cirrhosed right ovary with right pyosalpinx; ovary firmly adherent to posterior wall of uterus; cirrhosed left ovary and left salpinx.	Both ovaries and tubes.	Silk ligature.	No	100.2	Recovery.	
15	20th April.	Parsi.	30	Married, 0 children.	Weak and anæmic.	Removal of left ovary and tube, right tube ligatured.	3½	Sub-peritoneal fibroids of uterus attended with very severe pain. Left ovary and tube encysted with considerable difficulty; right ovary could not be got at, tube ligatured with silk, but not removed.	Left ovary and tube.	Do.	No	100.8	Do.	

Number.	Date of operation.	Race.	Age.	Married or single.	General health.	Nature of operation.	Length of incision.	Disease requiring operation and special features.	Parts removed.	Treatment of pedicle.	Drainage tube.	Highest temperature.	Immediate result.	Subsequent history.
16	18th May	Finnish	26	Married, 1 child.	Good	Removal of uterine appendages.	INCHES. 2½	Right ovary and tube matted, tube convoluted and fastened to the right broad ligament. Left ovary cystic. Left tube closed with a cyst at fimbriated extremity as large as a marble.	Both ovaries and tubes.	Silk ligature.	No	100° 8	Died third day after operation in collapse.	
17	9th July	Hindu	27	Married, 1 child.	Good	Removal of right tube.	3	Suppurating cyst of right ovary with extensive and deep adhesions in the pelvis, cyst ruptured on attempting to enucleate it, could not be removed. Tube very thick and enclosing tumour.	Right tube	Do.	Yes	99° 4	Recovery.	
18	3rd Aug.	East Indian.	36	Married, 0 children.	Fair	Removal of uterine appendages.	3	Left ovary and tube firmly adherent to pelvic wall and encased with considerable difficulty. Tube seated at both ends and disended with serous fluid and coarcted in the middle by an inflammatory band. There was also a small parophoric cyst. Right ovary quite adherent, contained a cyst as large as a marble; right tube much dilated and contained dark fluid.	Both ovaries and tubes.	Do.	No	102° 8	Do.	
19	9th Oct.	East Indian.	30	Married, 3 children.	Patient very ill at time of operation. Fever and pain and following abortion and symptoms of suppuration in pelvis.	Removal of uterine appendages (partial).	3	Ovaritis and Salpingitis (septio) left side, ovary and tube matted and adherent. Ovary enlarged to the size of a hen's egg and contained two follicular cysts but no pus; two oviducal diverticula were found at insertion of tube and ovary tube inflamed, fimbriae much indurated and shrunken.	Left ovary and tube.	Do.	No	101	Died on the fourth day after operation from peritonitis and exhaustion.	

20	18th Dec.	European.	27	Married, 3 children.	Bed-ridden for many months—very weak and anæmic from constant fever and pain and inability to take solid food.	Removal of uterine appendages.	3	Hydrocephalic right side and right ovary enlarged. Left ovary and tube matted and adherent and encased with difficulty. Portion of left ovary left behind as it could not be removed with any degree of safety. Left tube inflamed.	Both ovaries and tubes.	Do.	No	103	Recovery.	
21	2nd April	European.	21	Married, 1 child.	Good	Removal of uterine appendages (partial).	2½	Right tube thickened and inflamed, right ovary cystic but tube fairly healthy.	Right ovary and tube.	Do.	No	104° 8	Do.	
22	18th Jan.	Hindu	40	Widow, 3 children.	Very thin and anæmic.	Removal of broad ligament cyst (left).	4	Cyst growing in left broad ligament, of mucous contents granular in colour and measured 2½ lb. There was a smaller cyst within the main cyst, contents colourless and soft in character. Left ovary could not be found. Right ovary atrophied.	Tumour	Do.	No	100	Recovery.	
23	15th May.	Hindu	31	Widow, 0 children.	Bad	Removal of right broad ligament (partial removal).	7	Solid tumour of right broad ligament intimately connected with the uterus. Tumour divided into two halves and each half cut away separately, a large stamp being left; weight of mass 5 lb. 7 oz.	Tumour and uterus at level of supra-vaginal cervix.	Ovarian vessels tied with silk and stump secured with elastic tubing.	No	103° 4	Recovery. Left hospital in excellent health.	This case would have been more correctly included in the part of the upper part of the uterus was removed with the tumour.
24	18th May	Hindu	27	Married, 2 children.	Good	Removal of ovaries and broad ligaments.	3	Double parovarian cysts. Ovaries left side enucleated from broad ligament, cyst on right side enucleated and a pedicle secured. Fluid in right cyst measured 21 oz. In the left cyst 14 oz.	Tumours with a portion of the right tube.	Silk ligature.	No	103° 4	Died sixth day after operation.	

Number	Date of operation.	Race.	Age.	Married or single.	General health.	Nature of operation.	Length of incision.	Disease requiring operation and special features.	Parts removed.	Treatment of pedicle.	Drainage tube.	Highest temperature.	Immediate result.	Subsequent history.
1	18th Feb. ...	East Indian.	63	Widow, 6 children.	Anemic from frequently recurring hemorrhages.	Hysterectomy combined vaginal and abdominal.	INCHES. 2	Round-celled sarcoma of uterus, nucleus considerably enlarged, sound passes 4". Body of uterus affected by the disease, not the cervix. Broad ligaments contained secondary growth. Left ovary cystic. Right ovary atrophied. Both tubes enlarged.	Uterus with both ovaries and tubes.	Silk ligature.	No	98.8	Died from hemorrhage and shock 11 hours after operation.	
2	18th Sept.	European.	35	Married, 2 children.	Very bloodless and anemic, the result of severe flooding. Left thigh and leg much swollen from thrombosis of pelvic veins.	Hysterectomy supra-vaginal.	5	Multiple fibroid tumours of uterus expanding the broad ligaments. Pelvic veins on left side very much enlarged.	Growth with uterus. Peritoneum stitched over the uterine stump.	Silk ligature. Ovarian and uterine arteries and peritoneum.	No	"	Died from shock 30 hours after operation.	
3	13th Nov. ...	Nabab-madan.	35	Married, 0 children.	Weak and exhausted state with a large tense tumour filling up the abdomen.	Hysterectomy and drainage of pelvic portion of cyst.	6	Separating fibro-cystic tumour of uterus dipping down into the pelvis.	Greater part of tumour with uterus at level of supra-vaginal cervix. Pelvic portion of cyst stitched to abdominal wall and drained.	Serranoid and silk ligature with glass drainage tube.	Yes	"	Died from shock.	

APPENDIX.

ABSTRACT OF REPORTS ON MATERNAL DEATHS AMONG CONFINEMENTS, 1895.

CASE I.—Labour Natural, Puerperal Septicæmia.—Paupamah, æt. 23 years, II Para, Hindu. An out-case, a weakly woman, was admitted at 10 a.m. on the 4th June, two hours in labour with her second child at full term of gestation. Cervix three-fifths dilated, membranes entire, head presenting in the cavity, uterus acting well, temperature 100° F., pulse 104. She was delivered at 12-35 p.m., the labour being perfectly natural. She did fairly well up to the 6th June, when the lochia became offensive and the temperature rose to 102° F., she became worse, pneumonia developed on the 8th June, and she died on the 10th, seven days after delivery.

CASE II.—Labour Difficult, Laborious, Puerperal Septicæmia, Metro-peritonitis, Forceps.—Balamah, æt. 27 years, V Para, Hindu. An out-case, admitted 9-15 a.m., 7th February, twenty hours in labour with her fifth child at full term in an exhausted condition. Temperature 99° F., pulse 116, weak, uterus in a rigid state, fetal heart audible, cervix four-fifths dilated, membranes absent, said to have ruptured eight hours before admission, liquor amnii decomposed, head presenting in the cavity with a large scalp tumour in the third position. Delivery was effected without difficulty by Simpson's axis traction forceps, a live male child being extracted. The third stage was natural. On the 8th February the lochia were offensive, temperature 100° F., abdomen tender and tympanitic. The temperature rose to 102° F. on the 9th and the lochia continued offensive. She became worse and died at 5 p.m. on the 14th February, six days after delivery.

CASE III.—Labour Difficult, Laborious, Protracted, Forceps, Puerperal Septicæmia.—Oenamallay, æt. 18 years, Hin'u, I Para. An out-case admitted 5-30 a.m., 14th September, twenty-five hours in labour with her first child at full term. Bladder much distended, uterus acting, fetal heart audible, membranes entire, head presenting, soft parts bruised and swollen, temperature 100° F., pulse 100. The membranes ruptured at 7-20 a.m., when a large quantity of liquor amnii escaped. At 8-55 a.m. as the pains became feeble and the head had been at the outlet for an hour, delivery was effected by forceps easily a live male child being extracted. The perineum lacerated and was united by five silk-worm gut sutures. The third stage was normal. On the 15th September much pain was complained of in the abdomen which was tympanitic. Fever continued with scanty and offensive lochia, and she became worse and died on the 22nd September, nine days after delivery.

CASE IV.—Labour Difficult, Laborious, Protracted Labour, Cephalotripsy, Death from Exhaustion.—Faller, æt. 25 years, Hindu, I Para. An out-case admitted at 4-15 p.m., on the 4th June, thirty-six hours in labour with her fourth child at full term and in an exhausted condition. Temperature 101° F., pulse 136. Uterus in a state of spastic rigidity, fetal heart inaudible, cervix fully dilated, membranes absent, said to have ruptured at commencement of labour, head presenting at the outlet, soft parts bruised and swollen, liquor amnii decomposed and very offensive. After stimulation, delivery of a putrid child was effected by cephalotripsy at 5 p.m. She did not improve, but gradually sank and died at 7-45 p.m., 24 hours after delivery.

CASE V.—Labour Difficult, Laborious, Protracted, Cephalotripsy, Puerperal Septicæmia.—Mungathoyes, æt. 16 years, Hindu, I Para. An out-case admitted 7-30 a.m., 10th September, from Vandalur, three days in labour with her first child at full term. Fetal heart inaudible, bladder distended, uterus rigid, temperature 101° F., pulse 126, cervix fully dilated, membranes absent, said to have ruptured twenty hours previously, head presenting in the pelvic cavity with a large scalp tumour, soft parts much bruised and swollen, liquor amnii decomposed and offensive. Delivery was effected at 8-20 a.m. by cephalotripsy, a putrid child being extracted. The third stage was normal. She did not do well and died of septicæmia on the 14th September at 3 p.m., fifth day after delivery.

CASE VI.—Labour Difficult, Laborious, Contracted Pelvis, Forceps failed, Podalic Version and Forceps, Puerperal Septicæmia, Metro-peritonitis.—Allamallay, æt. 18 years, Hindu, I Para. Admitted 6 p.m., 13th July, four hours in labour with her first child at full term. Temperature 101° F., fetal heart audible, uterus acting, cervix two-fifths dilated, membranes absent (not known when ruptured), head in the brim in the fourth position, the pelvis generally small, the cervix dilated slowly, and at 10-15 p.m. it was four-fifths dilated and the forceps were applied, but the head could not be moved. Delivery was then effected by podalic version after some difficulty owing to the rigid condition of the uterus, the head requiring to be extracted by forceps. A still child was delivered. The third stage was natural. On the 14th the temperature was 102° F. in the morning and 103° F. in the evening with considerable abdominal tympany. On the 15th the lochia were offensive and the abdomen tender and tympanitic. She gradually became worse and died on the 17th July, five days after delivery.

CASE VII.—Labour Difficult, Laborious, Contracted Pelvis, Forceps failed, Symphysiotomy, Death from Exhaustion from Protracted Labour.—Amurthem, æt. 18 years, Hindu, I Para. Admitted 3-50 p.m., 16th December, seventy-two hours in labour with her first child at full term. Uterus cylindrical in shape, bladder distended, temperature 99° F.; pains feeble. Per vaginam: ring of cervix felt, membranes absent, said to have ruptured thirty-three hours before admission, head presenting in the brim with a large scalp tumour, liquor amnii mixed with meconium. At 4-35 p.m. under chloroform delivery by forceps was tried but failed, although considerable traction was made. Symphysiotomy was then performed, about 1 inch was gained by the separation of the pubic bones and delivery of a living male child was then easily effected by forceps. The placenta lying loose in the vagina was easily removed, no bleeding occurred. The incision was brought together in the usual way and antiseptic dressings applied. On trying to pass a catheter the urethral opening could not be easily made out, but as the urine had been drawn just before delivery, she was allowed to rest till the morning. She became restless after the operation, and morphia 1 grain was given hypodermically, after which she slept on and off. The dressings were examined at 9 p.m. and were found quite dry; temperature was 100° F. She awoke at 12 midnight and some milk and brandy was given. She became very restless soon after, and the morphia was repeated. The pulse became much weaker, ether was injected hypodermically, but she did not improve, and sank and died at 7-50 a.m., 16th December.

Post-mortem Examination.—There is a tear through the anterior vaginal mucous membrane on the left side of the pubic arch causing the urethra, to be drawn over to the left. The catheter passed along the urethra to the bladder. No injury to the urethra or bladder, but the connections of the urethra injured by the division of the sub-public ligament. Bones of symphysis about half an inch apart. No hæmorrhage about the wound. A few small dark clots lying at the upper part of the vagina and in the cervix, uterus is well contracted, bladder empty.

Measurements of pelvis.—Antero-posterior brim

Transverse	3"
External.—Crest of ilia ..	4"
Anterior spine	8.5"
Pubic arch narrow.	6.8"
Fetal head—Bi T 3 1/2	O. F. 4 1/2
Bi P 3 1/2	V. M. 6 1/2
S.O.B. 4.	

CASE VIII.—Labour Preternatural, Breech Presentation, Delivery by natural powers, Puerperal Septicæmia.—Unao, æt. 30 years, Pariah, VIII Para. An out-cast admitted at 9 a.m., 21st February, with pains, eight months pregnant. Cervix admitted a finger, membranes entire, presentation high up, breech presenting, ten hours after admission. The third stage was normal. She did well up to the fourth day after delivery, when the temperature rose to 100° F., and on the following day to 102° F., the lochia were offensive. She did not improve, pneumonia developed soon after, and she gradually sank and died on the 2nd March, ten days after delivery.

CASE IX.—Labour Complex, Twins, Heart Disease.—Mrs. E., æt. 39 years, East Indian, IX Para. A weakly anæmic woman was admitted 6-45 a.m., 1st May, in labour with her ninth child at full term and suffering from mitral valve disease. She was delivered by natural powers of twins an hour after admission. Both children were born alive, and the third stage was normal. She was carefully nourished and stimulated, and she rallied well and continued to do fairly well up to the seventh day; the temperature, however, kept to 100° F., and the pulse quick. On the 12th May (twelve days after delivery) she became much worse. The breathing became hurried, she complained of a sense of weight in the cardiac region and became cyanosed and died on the morning of the 13th May.

CASE X.—Labour Complex, Accidental Hæmorrhage, Delivery by natural powers.—Kamano, æt. 24 years, Hindu, V Para. Admitted 7-30 p.m., 1st June, two hours in labour in a low state. Is anæmic, pulse 78, seven months pregnant, foetal heart sounds not heard, a bruit is present over the mitral area, conducted towards the axilla, red watery discharge from the vagina, cervix two-fifths dilated, membranes entire, head presenting. She was stimulated. The cervix dilated slowly, and at 5 a.m. was fully dilated, when the membranes ruptured spontaneously. A macerated child was born 15 minutes after, and the placenta was cast three minutes after with several large dark clots. The woman collapsed soon after, and notwithstanding free stimulation she did not rally and died at 6-30 a.m.

CASE XI.—Labour Complex, Accidental Hæmorrhage, Podalic Version.—Kamano, æt. 21 years, Hindu, III Para. Admitted 8-10 p.m. on the 5th May, eight months pregnant in a low state from hæmorrhage, which is stated to have commenced eight hours previously. Temperature 98.4° F., pulse 112, tongue blanched, foetal heart inaudible, cervix admitted two fingers, membranes entire, head presenting. Placenta not felt per vaginam. The membranes were at once ruptured and a tight binder put on. Bleeding ceased for the time and stimulants were freely administered. At 9 p.m. slight bleeding again occurred, the cervix was dilated artificially and easily, and at 9-50 p.m. under chloroform delivery was effected by version. A macerated child was extracted. The placenta was lying loose in the uterus and was expelled immediately afterwards with a large number of clots. There was no further hæmorrhage, but the patient gradually sank and died from exhaustion at 12 midnight.

CASE XII.—Labour Complex, Placenta Prævia, Arm Presentation, Podalic Version, Puerperal Septicæmia.—Mrs. J., æt. 32 years, East Indian, VIII Para. Admitted at 3 p.m. on the 18th February, 8 1/2 months pregnant and suffering from hæmorrhage since 7 p.m. the previous day. Temperature was normal, pulse soft, 120, cervix fully dilated, membranes absent, said to have ruptured several hours before. A large detached portion of the placenta was felt, slight bleeding present, left arm presenting. After stimulation delivery was effected under chloroform by podalic version with some difficulty owing to the violent action of the uterus, the woman having had ergot administered to her freely before admission into the hospital. A still male child was extracted. The placenta lying loose in the uterus was removed. No further hæmorrhage occurred. She rallied well after delivery and did well for three days when the lochia became offensive, septicæmia developed, pneumonia set in and she gradually sank and died on the 7th March, eighteen days after delivery.

CASE XIII.—Labour Complex, Marginal Placenta Prævia, Hæmorrhage, Forceps, Exhaustion.—Rathnam, æt. 38 years, Hindu, IX Para. Admitted 3-10 a.m. on the 25th December, twenty-four hours in labour with her ninth child in a very exhausted state and with a history of having had hæmorrhage before admission. Temperature 97° F., pulse almost imperceptible at the wrist and very rapid, foetal heart audible, cervix fully dilated, head presenting, membranes absent, said to have ruptured at onset of labour. No part of placenta made out within the cervix. She was freely stimulated, and at 6-40 a.m., as her pulse had improved, she was delivered by forceps of a live male child. The third stage was natural, the membranes ruptured close to the margin of the placenta. Stimulants were continued, but she never rallied and died at 11 a.m. on the 26th December, thirty hours after delivery.

CASE XIV.—Labour Complex, Post-partum Hæmorrhage.—Kannimazh, æt. 22 years, Hindu, III Para. Admitted 3 a.m. on the 2nd June in a moribund state, having had profuse hæmorrhage after the birth of a child at home at 11 p.m. (four hours previously). Temperature 98.5° F., pulse 120 small, respiration 23, eyes sunk, extremities cold and clammy. Placenta still in utero, no bleeding going on. She was freely stimulated, but did not rally and died at 5 a.m., two hours after admission.

CASE XV.—Labour Complex, Post-partum Hæmorrhage.—Maricannoo, æt. 35 years, Pariah, VII Para. Admitted at 10-30 p.m. in a moribund state, having had profuse hæmorrhage at home after the delivery of her child two hours previously. Ether was injected hypodermically, but the patient died 15 minutes after admission. The placenta is reported to have been expelled at home when the hæmorrhage set in.

CASE XVI.—Labour Complex, Puerperal Convulsions, Delivery by natural powers.—Mrs. S. B., æt. 16 years, East Indian, I Para. Admitted 10 p.m., 29th December 1894, seven hours in labour with her first child at full term and complaining of a severe headache. Face puffy, labia swollen, urine contains two-fifths albumen, cervix admitted a finger freely, head presenting, membranes entire. A convulsive fit occurred at 1-30 a.m., on the 30th December. The labour was accelerated by rupturing the membranes, a live male child being born at 6 a.m. She had several fits before and after delivery, the temperature then rose to 104° F. She did not recover consciousness and died comatose at 8-50 p.m. on the 1st January 1895, second day of delivery.

CASE XVII.—Labour Complex, Puerperal Convulsions, Forceps.—Annie, æt. 16 years, Native Christian, Para. I. Admitted 4-45 p.m., 13th May, in an unconscious state, eight months pregnant with her first child and having had four convulsive fits before admission. Face puffy, legs and feet oedematous, temperature 102.2° F., pulse quick and small, foetal heart inaudible, cervix admits two fingers, membranes entire, head presenting, urine found to be loaded with albumen. The membranes were ruptured soon after admission. She had two more fits before delivery at 8-30 p.m., which was effected by forceps, a still male child being extracted. Three fits occurred after delivery. On the 14th she was more conscious, had no fits after midnight, but the temperature kept between 103° and 150° F. up to the tenth day of delivery. The temperature then fell to normal, the albumen decreased slowly, and she appeared to be doing well up to 6 a.m. the sixteenth day of delivery, when she became deeply comatose and died at 6 p.m., 29th May, the seventeenth day after delivery.

CASE XVIII.—Labour Complex, Puerperal Convulsions, Forceps.—Joy-lutchmee, æt. 16 years, Hindu, I Para. Admitted 11-35 a.m., 26th May, in an unconscious state, having had several convulsive fits since 9 a.m. Is nine months pregnant, foetal heart inaudible, face puffy, legs oedematous, urine loaded with albumen, cervix admits a finger, membranes entire, head presenting. The membranes were ruptured artificially. The fits continued, the cervix dilated fully at 4 p.m., and delivery effected at 5-30 p.m. by forceps. Convulsions continued after delivery, the temperature rose to 105° F. and she died comatose at 3 a.m. on the 27th May, two hours after delivery.

CASE XIX.—Labour Complex, Puerperal Convulsions, Podalic Version.—Hathoo Bee, æt. 18 years, Mahomedan, admitted 6-30 a.m., 10th November, eight months pregnant in an unconscious state, having had five convulsive fits before admission. Face puffy, legs and feet oedematous, urine contains one-fifth albumen, cervix two-fifths dilated, membranes entire, head presenting. The membranes were ruptured artificially, and, as the fits continued, the cervix was dilated artificially at 8 p.m. and at 2 p.m. delivery was effected easily by podalic version, a still male child being extracted. Fits continued after delivery and she gradually sank and died at 5-30 p.m., three hours after delivery.

CASE XX.—Labour Complex, Puerperal Convulsions, Died undelivered.—Mrs. W., æt. 24 years, East Indian, II Para. Admitted 26th September, nine months pregnant with oedema of feet and general anasarca. Urine contains three-fourths albumen. At 1-55 a.m., 28th, she was seized with an eclamptic fit. Foetal heart was inaudible, cervix admitted a finger and was thick and rigid, membranes entire, head high up. The membranes were ruptured artificially and No. 2 Barnes' Bag introduced. Fits at 6 a.m. This was expelled at 7-30 a.m., but the cervix was still rigid and not more dilated. Fits continued to occur, she did not recover consciousness and she died comatose at 1 p.m., 28th September, undelivered.

CASE XXI.—Labour Complex, Puerperal Convulsions, Forceps.—Venkee, æt. 17 years, Pariah, I Para. Admitted 3 p.m., 2nd July, nine months pregnant with her first child. Foetal heart audible, cervix admits one finger, membranes entire, head presenting, urine loaded with albumen. Labour progressed slowly and at 2-30 a.m., 3rd July, a convulsive fit occurred. The cervix dilated fully at 6-30 a.m. and delivery was effected at 7-30 a.m. by forceps, a live female child being extracted. Fits continued after delivery and she became unconscious and gradually sank and died at 4-20 p.m., nine hours after delivery.

CASE XXII.—Labour Complex, Puerperal Convulsions, Forceps.—Bakum, æt. 16 years, I Para. Admitted 5-30 a.m., 25th August, eight months pregnant, seven hours in labour with her first child and in an unconscious state, having had a convulsive fit an hour before admission. Cervix was three-fifths dilated, membranes entire, head presenting low down in the cavity of the pelvis. Four fits occurred before delivery at 7-30 a.m. of a still male child by forceps. Convulsions continued after delivery, the urine was suppressed, and she died comatose at 7-5 a.m., 26th August, twenty-four hours after delivery.

CASE XXIII.—Labour Complex, Puerperal Convulsions, Post-partum.—Mrs. M. G., æt. 17 years, East Indian, I Para. Admitted 5th November. Delivered by natural powers of a live male child at 4-30 p.m. and 15 minutes subsequently was seized with a convulsive fit. She became unconscious. The urine was found to contain three-fourths albumen. The fits continued, the temperature rose to 105.2° F. She gradually sank and died at 10-30 a.m., 10th November, seventeen hours after delivery.

CASE XXIV.—Labour Complex, Puerperal Convulsions, Barnes' Bags, Version, Craniotomy.—Shanada Bee, æt. 14 years, Mahomedan, I Para. Admitted 26th October at 3 a.m. in an unconscious state, having had several convulsive fits since 12 midnight. Temperature 101° F., pulse 120 of fair force, uterus acting, cervix admits two fingers, membranes entire, head presenting, urine contains one-half albumen. The membranes were ruptured artificially, fits continued to occur, and at 7 a.m. the cervix was four-fifths dilated, and as convulsions continued delivery was effected by version and craniotomy, the head being high up. She had six fits after delivery, the temperature rose to 104° F. and she died comatose at 2 p.m. on the 28th, two days after delivery.

CASE XXV.—Puerperal Convulsions, Breech Presentation, Extraction.—Nagmah, set. 20 years, Pariah, I Para. Admitted 9-45 a.m. on the 21st December, nine months pregnant with her first child and in an unconscious state, having had several convulsive fits at home six hours before admission. Urine loaded with albumen, cervix admits a finger, presentation high up and not diagnosed, membranes entire. At 10-30 a.m. the cervix dilated four-fifths, the membranes ruptured, breech found presenting. The right foot being within reach was brought down and a live female child was extracted without difficulty. The third stage was natural. Fits continued after delivery, she did not recover consciousness and sank and died at 6 p.m. on the 23rd December, third day after delivery.

CASE XXVI.—Labour Complex, Rupture of Uterus, Died undelivered.—Onanallay, set. 33 years, Hindu, VI Para. Admitted 1-15 a.m., 7th September, in a moribund state, twenty-six hours in labour with her sixth child at full term and with all the symptoms of rupture of the uterus and escape of the child into the abdominal cavity. She died five hours after admission. On post-mortem examination a rent was found involving the right side of the uterus from the fundus to within an inch of the cervix. The fetus and placenta were in the abdominal cavity.

CASE XXVII.—Labour Complex, Rupture of Uterus and Vagina, Abdominal Section.—Allamano, set. 20 years, Pariah, III Para. Admitted 3-45 a.m., 27th September, in a moribund state, fifty-eight hours in labour with symptoms of rupture of the uterus with escape of the fetus into the abdominal cavity. Cervix fully dilated, membranes absent, head presenting with a large scalp tumour in the pelvic cavity. She was freely stimulated, and as her pulse improved the child was removed by abdominal section. The uterus was found torn vertically at the lower segment on the right side. The vagina was torn transversely in front. The rents in the uterus and the vagina were brought together as far as possible by carbolised silk sutures and the abdominal walls closed and the usual dressings applied. Stimulants were continued, but she did not rally and gradually sank and died at 3 a.m. on the 28th September, the day following delivery.

CASE XXVIII.—Labour Complex, Rupture of Uterus and Vagina, Abdominal Section.—Chinnamah, set. 30 years, Hindu, VI Para. Admitted 5 a.m., 16th September, in a moribund state with symptoms of rupture of the uterus and escape of fetus into the abdominal cavity. The head presented. She was freely stimulated, and at 7-45 a.m. the fetus was removed by abdominal section. A rent was found in the right side of the uterus running down from the body to the vagina. The fetus was in the abdominal cavity with the placenta. The rent was closed as far as possible with silk-worm gut sutures and the abdomen closed and the usual dressings applied. She did not rally and died at 3 p.m. the same day.

CASE XXIX.—Labour Complex, Albuminuria Anasarca, Died undelivered.—Thayer, set. 20 years, Hindu, I Para. Admitted 3 p.m. on the 26th April, nine months pregnant with her first child and suffering from general anasarca. Urine contains one-sixth albumen. Uterus acting slightly, cervix admitting one finger, membranes entire, head presenting. After an enema of soap and warm water the pains began to rupture spontaneously, the cervix being then two-fifths dilated. Pains increased after this, and at 5-45 p.m. the breathing became suddenly embarrassed, face became livid, and she rapidly sank and died at 5-55 p.m. undelivered.

CASE XXX.—Labour Complex, Albuminuria Anasarca, Edema of Lungs, Died undelivered.—Allamano, set. 30 years, Hindu, VI Para. Admitted 9-30 a.m. in a moribund state with urgent dyspnoea and general anasarca. Is eight months pregnant. Urine loaded with albumen, respiration 42 to the minute, pulse 100 small, cervix admits one finger. She was ordered ammonia and other and the membranes were ruptured. She did not rally and died undelivered at 5 p.m.

CASE XXXI.—Labour Complex, Albuminuria Anasarca.—Murriamah, set. 20 years, Pariah, I Para. Admitted in a moribund state at 2 p.m., 21st May, seven months pregnant with urgent dyspnoea and anasarca present, urine loaded with albumen. At 4-30 p.m. labour set in and delivery took place by natural powers at 9 p.m., a live female child being born. She did not improve and gradually sank and died at 4-45 p.m., 22nd May, the day following admission.

CASE XXXII.—Labour Complex, Albuminuria Anasarca.—Yetti, set. 25 years, Pariah, IV Para. Admitted, nine months pregnant, in a moribund state at 6-45 a.m. on the 25th June, ten hours in labour with general anasarca. Urine loaded with albumen, pulse small 140, respirations hurried, fetal heart inaudible, cervix fully dilated, membranes entire, head presenting. Ten minutes after admission the membranes ruptured spontaneously and a still female child was born by natural powers. The breathing became more embarrassed and she gradually sank and died at 4-35 p.m.

CASE XXXIII.—Labour Complex, Albuminuria, Anasarca, Hyper-pyrexia, Forceps.—Mungamah, set. 30 years, Hindu, I Para. Admitted 2-30 p.m., 8th August, suffering with general anasarca, nine months pregnant, fetal heart inaudible, uterus acting, cervix not open, urine contains one-tenth albumen. At 3-15 p.m. the cervix dilated to three-fifths and was fully dilated at 9-30 p.m., when the membranes were ruptured artificially. At 10-30 p.m. the head had been on the perineum for an hour, the pains were very slight, and the woman was exhausted. Delivery of a still male child was effected without difficulty by forceps with the woman on her back. After delivery the temperature rose to 103° F. and at 10 p.m. to 104° F. and she became restless. She did not improve, became comatose and died at 2-35 a.m., 9th August, the temperature going up to 105° F. before death.

CASE XXXIV.—Labour Complex, Anæmia and Anasarca, Died undelivered.—Annamannoo, set. 16 years, I Para. Admitted at 3 a.m. on the 7th June in a moribund state, thirty-nine hours in labour with her first child at full term. General anasarca and anæmia present, breathing hurried, pulse almost imperceptible. Catheter passed, but no urine came away. Fetal heart inaudible, cervix fully dilated, membranes absent, said to have ruptured fifteen hours before admission, head presenting with a large scalp tumour and jammed in the pelvic cavity. She was freely stimulated, but her condition did not improve, and she died at 8 a.m. undelivered.

CASE XXXV.—Labour Complex, Anæmia, Anasarca.—Muniamah, set. 25 years, Hindu, IV Para. Admitted 2nd December in a moribund state with urgent dyspnoea, seven months pregnant and suffering from anæmia and anasarca and diarrhoea. No albumen in the urine. She was delivered by natural powers at 12-30 noon on the 3rd December. She improved slightly under treatment for a few days after delivery, but the diarrhoea continued, the motions being very frequent. She was removed by her friends on the 10th December in a precarious state.

CASE XXXVI.—Labour Complex, Dysentery, Heart Disease, Puerperal Septicæmia.—Andalamah, set. 26 years, Hindu, II Para. Admitted 12 noon, 23rd April, six hours in labour with her second child at full term and suffering from dysentery of a month's duration. She is very emaciated and weak; a loud bruit is heard with the second heart sound. Mucous râles heard all over the chest. Labour progressed and she was delivered at 3 a.m. on the 24th April by natural powers of a premature male child. The dysentery continued, fever supervened with offensive lochia, and she became worse and died on the 3rd May from septicæmia.

CASE XXXVII.—Labour Complex, Dysentery.—Annal, set. 18 years, Native Christian, I Para. Admitted 1st May in the seventh month of pregnancy in a weak state, suffering from dysentery of a month's duration. She was delivered by natural powers on the 2nd May, 3-50 p.m., of a macerated fetus. She became much worse immediately after and sank and died at 6 p.m., two hours after delivery.

CASE XXXVIII.—Labour Complex, Dysentery.—Yasamah, set. 40 years, Pariah, IX Para. Admitted 11th September with dysentery of a month's duration in the seventh month of pregnancy and much emaciated. She improved somewhat under treatment. On the 17th September she was delivered by natural powers of a premature live male child. She became worse soon after; the pulse became imperceptible and she died at 3 p.m. on the 18th September, the day after delivery.

CASE XXXIX.—Labour Complex, Heart Disease.—Murgamah, set. 20 years, Pariah, II Para. Admitted 10 p.m. on the 7th May in a low state, four hours in labour with her second child in the eighth month of pregnancy and suffering with edema of feet, legs and vulva. A systolic bruit is heard at the apex of the heart. Ten minutes after admission she was delivered of a live female child by natural powers. She improved under treatment up to the 13th May, when she had a temperature of 103° F., the urine, which had been free of albumen, now contained half its volume. She became worse, the breathing became difficult, the anasarca of the legs and feet increased, and she died at 6 a.m. on the 23rd May.

CASE XL.—Labour Complex, Heart Disease, Died undelivered.—Pannajoo, set. 25 years, Hindu, III Para. This woman, in the seventh month of pregnancy, was under treatment since the 14th of April for anæmia and anasarca with mitral regurgitation and difficulty of breathing. Labour set in at 11 a.m. on the 16th April, the cervix was three-fifths dilated, the membranes protruded and were ruptured, the difficulty of breathing increased, and although freely stimulated she sank and died at 6 p.m. undelivered, her condition precluding accelerative measures for delivery.

CASE XLI.—Labour Complex, Ulcerative Endocarditis, Mitral Stenosis, Induction of Labour, Cephalotripsy.—Mrs. C.B., set. 27 years, European, III Para. A weakly, anæmic European woman admitted on the 26th October six and-a-half months pregnant with her third child. Both feet swollen and cedematous, face pinched and anxious, conjunctivæ pale, breathing hurried, a short hacking cough present and a temperature of 103° F. A loud pre-systolic bruit heard over the front of the heart. She was put into bed, carefully nourished and treated with digitalis and diaphoretics. The temperature was somewhat of a hectic character with evening rises to 102° F. or 103° F. and morning falls to 99° F. or 100° F. Her condition became worse daily and the dyspnoea increased. The fetal heart, which had been very weak, was not heard at all on the 12th December and the patient missed the movements. A bougie was introduced into the uterus on the morning of the 12th December. Uterine action set in in the afternoon. She bore the pains badly and progress was slow. The cervix being three-fifths dilated at 10-30 p.m., a little chloroform was administered and the child delivered by cephalotripsy. The dyspnoea was relieved after the uterus had been emptied, but otherwise there was no improvement. The fever continued, the lochia became offensive on the third day, but after treatment by irrigations became healthy. On the tenth day after delivery there was great tenderness and pain over the spleen. Pneumonic symptoms set in on the 26th December and she died on the 30th December, the nineteenth day after delivery.

CASE XLII.—Labour Complex, Pneumonia.—Ammoyee, set. 30 years, Hindu, IV Para. Admitted 10 p.m. on the 7th June, nine months pregnant, in labour with her fourth child and suffering from double pneumonia. Was delivered two hours after admission by natural powers of a live male child. She did not improve, became worse, and died at 2-30 a.m. on the 15th June.

CASE XLIII.—Labour Complex, Prolapse of Uterus, Barnes' Bags, Forceps, Puerperal Septicæmia.—Nanahmah, set. 22 years, Hindu, III Para. Admitted 7-30 p.m., 17th November, twenty-nine hours in labour with her third child at full term. Temperature 102° F., pulse 120, fetal heart heard on the right side. Cervix admits two fingers, is thick, hypertrophied and prolapsed outside the vulva. Membranes absent, having ruptured at the onset of labour, head presenting, liquor amnii decomposed. No progress taking place, the cervix was dilated artificially and delivery of a live female child effected by forceps. The third stage was normal. The temperature fell to 99° F. after delivery, but on the 20th November, the lochia were offensive, the temperature rose to 101-6° F. On the 21st she developed septic pneumonia and became worse and died on the 23rd November at 3-30 a.m.

CASE XLIV.—Labour Complex, Retroflexion of the Uterus, Saciform Dilatation, Caesarian Section (Porro), Puerperal Septicæmia.—Nursamah, set. 25 years, Hindu, II Para. Admitted 24th December 1894, stating that she was seven months pregnant and suffering from a urinary fistula opening at the umbilicus, which she says resulted from the opening of an abscess. She is much emaciated. Urine and pus escaped from the umbilicus, and the fundus of the bladder appeared fixed to the umbilicus. Distinct fluctuation could be made out from the umbilicus to the pubis in the central line. To the left was a rounded tumour stretching as high as the umbilicus, movements of the fetus were perceptible.

to the eye and touch, and on palpation foetal limbs could be distinctly made out, and a foetal heart heard on the left side. The foetus appeared to rest in the right iliac fossa. *Per vaginam*: a tense fluid body forwards, and it was with considerable difficulty that a finger could be introduced into the vagina. No os uteri or cervix could be felt. *Per rectum*: the same tense fluid tumour could be felt dividing the space between the rectum and the vagina, and by no effort could the upper margin of the tumour be reached. Under good food and stimulants she improved much and the fistulous opening closed, urine escaping through the urethra. On the 9th January on examination the head of the foetus was felt in the sacral pouch, the occiput pointing forwards. The uterine tumour was felt distinctly to contract and relax; no cervix could be made out, but the finger reached a dimple behind the symphysis pubis high up, which was the os uteri. The temperature, which had up to this time been normal, now suddenly rose to 104.4° F. preceded by a rigor; diarrhoea set in; the fistula opened again and urine mixed with pus escaped at the umbilicus, the patient lost flesh rapidly and it seemed a question whether she would survive. But the fistula again closed, the diarrhoea ceased, and the temperature fell to normal, and she continued to do fairly up to the 2nd March, when labour set in at 11 a.m. At 5 p.m. the uterus was acting strongly, and it was feared that it would rupture. An examination under chloroform revealed the os uteri high up behind the symphysis and represented by a dimple. It was impossible to hook it down. Porro's operation was performed. The abdominal walls were exceedingly thin, barely $\frac{1}{2}$ inch thick, but very vascular. The bladder was not found middle line and incised for a distance of $2\frac{1}{2}$ inches. The walls were extremely thin, the membranes were ruptured, and the child removed by seizing a knee. The uterus at once contracted into Douglas' pouch and was with difficulty pressed upwards and forwards by the hand passed into the vagina. The placenta, which had separated, was then removed. The uterus was then brought outside the abdomen and removed with tubes and ovaries after the stump had been secured by a suture. No trace of a fistulous track could be discovered in the walls of the abdomen or below them, and the bladder was not situated unusually high. The edges of the peritoneum were brought together by a continuous suture and stitched at the lower part to the sides of the stump. The infant was alive and weighed $3\frac{1}{2}$ lb. After the operation there was a steady rise of temperature with diarrhoea. She died on the 8th March, seven days after delivery. On *post-mortem* examination the peritoneal cavity was found closed, but the parts on both sides contained pus. The bladder was in its normal position and showed no sign of a rent in the coats nor was it adherent to the abdominal walls.

CASE XLV.—*Labour Compex, Syphilitic Ulceration of Cervix with Rigidity; Cephalotripsy, Puerperal Septicemia, Metro-Peritonitis.* Venkatamah, *et.* 22 y. ars, Hindu, I Para. Admitted 18th August, 8 a.m., nine months pregnant with her first child. There is syphilitic ulceration of the fourchette, extending into the vagina and affecting also the cervix which admits a finger, and is hard and rough. A most offensive purulent discharge escapes from the vagina, slight labour pains present. On the 19th, 7-30 a.m., the cervix still admitted one finger, pains have been strong. Several nicks $\frac{1}{2}$ inch deep were made into the cervix on both sides, which dilated up to about two-fifths. At 8 p.m. four small nicks were made on the left side of the cervix which was rigid, this opened the cervix to nearly three-fifths. Pains continued good. At 1 a.m. on the 20th the cervix was four-fifths dilated, the incisions on the right side had extended somewhat. Under chloroform delivery was effected by cephalotripsy. The third stage was normal. She did well up to the 22nd, but on the 23rd she was very restless, the lochia were very offensive, the temperature rose to 103° F., the abdomen became tender and tympanitic. She became worse and died at 8-30 p.m. on the 24th August.

CASE XLVI.—*Abortion, Pernicious Anemia.* Thayaroo, *et.* 20 years, Hindu, II Para. Admitted in a moribund state at 7 a.m. on the 10th February in the seventh month of pregnancy and suffering from fever and intense anemia of a month's duration. Is much emaciated, temperature normal, pulse weak, macerated foetus being extracted. She improved slightly after delivery, but at 11 p.m. became very restless, the pulse was imperceptible, and she died at 11-30 p.m.

CASE XLVII.—*Abortion, Dysentery, Removed dying.* Thayaroo, *et.* 23 years, Hindu, III Para. Admitted at 6 a.m. on the 1st June in a very low state in the sixth month of pregnancy and suffering from dysentery of a month's duration. Temperature 98.4° F., pulse small 136, uterus corresponds to six months' gestation and is acting, tongue furred in the centre and red on the sides, is much emaciated, a still foetus being expelled. She did not improve, but became weaker and was removed by her friends in a precarious state on the 4th June.

CASE XLVIII.—*Abortion, Enteritis, Exhaustion, Died undelivered.* Gnanesmah, *et.* 18 years, Native Christian, I Para. Admitted 7th September five months pregnant suffering with diarrhoea of a week's duration. Was treated by a native physician, who had administered drastic purgatives. Temperature 98.4° F., pulse 52. On the evening of admission she was much worse, the bowels were moved frequently, and she was much weaker. The motions were greenish with feculent matter but no blood. On the 9th labour set in in the evening. The cervix admitted two fingers, the diarrhoea continued, and she died at 8 p.m. undelivered.

CASE XLIX.—*Abortion, Enteritis.* Mrs. E. O., *et.* 25 years, East Indian, IV Para. Admitted 3rd December, six months pregnant and suffering with diarrhoea of fifteen days' duration. Much emaciation present, pulse small and quick. Motions watery, of a brownish colour and very offensive. She aborted soon after admission. She became worse and died on 5th December.

CASE L.—*Abortion, Macerated Fetus, Cursting of Uterus, Shock.* Mrs. M. M., *et.* 24 years, East Indian, V Para. Admitted 19th March with symptoms of threatened abortion. She was kept under observation, but she did not improve, and as the discharge of dark blood continued, it was decided to empty the uterus. On the 9th April she was placed under chloroform and the cervix dilated, and while a large irrigating curette was being used it was noticed that the patient was not breathing properly

and her face immediately became cyanosed. The administration of chloroform and the operation were at once discontinued and artificial respiration resorted to for a full hour without avail. The ovum, which had been removed, was of three months' gestation and undergoing maceration.

CASE LI.—*Abortion, Pneumonia.* Vathavulle, *et.* 20 years, Hindu, I Para. Admitted 31st August six months pregnant and suffering from pneumonia of the right side. Temperature 103.6° F., pulse 140, small. She aborted ten minutes after admission. The fever continued, the condition of the lung did not improve, she became worse and died at 6 a.m. on the 5th September.

CASE LII.—*Abortion, Puerperal Convulsions and Edema of the lungs.* Govindamah, *et.* 18 years, Hindu, I Para. Admitted 3 a.m., 13th May, six months pregnant in a semi-conscious state, having had convulsive fits before admission. A fit occurred soon after admission. The membranes were ruptured artificially, the cervix admitting one finger. The fits continued, the cervix dilated spontaneously, and at 11-30 a.m., she aborted. Fits continued to occur after delivery, the breathing became hurried, and she died at 5 p.m.

CASE LIII.—*Abortion, Privation.* Keeratha, *et.* 35 years, Pariah, VII Para. An extremely emaciated woman was admitted 5th October in the fifth month of pregnancy and suffering from diarrhoea. Acute is also present. Has been subjected to much privation. She aborted seven hours after admission. She did not improve and sank and died at 3-15 p.m., 11th October.

CASE LIV.—*Abortion, Vesicular Mole, Puerperal Septicemia.* Parvathamma, *et.* 24 years, Hindu, II Para. Admitted 9th September five months pregnant, suffering from irregular hemorrhagic discharge. The uterine tumour corresponds to seven months. No foetal heart heard, but a rasping character. At 3 p.m. hemorrhage set in and some cysts were expelled from the vagina. The cervix was dilated artificially and the uterus emptied partly by the finger and partly by a blunt curette. The growth was very loosely adherent to the uterine wall, and some considerable time was occupied in its removal. She did well up to the 10th September, but on the 11th the lochia were offensive, the temperature rose to 100° F. with tenderness over the uterus. She became worse and died of septicemia on the 17th September at 7-10 a.m.

(Signed) A. M. BRANFOT, Brigade Surgeon-I.A. Col.,
Supt., Government Maternity Hospital.

1st January 1896.

No. 3—GOVERNMENT OPHTHALMIC HOSPITAL.

ADMINISTRATION REPORT OF THE GOVERNMENT OPHTHALMIC HOSPITAL, MADRAS, FOR 1895.

1. *Accommodation.*—The annexed statement shows the number of beds available and the average daily attendance during the year 1895:—

Name of hospital.	Number of beds available.			Average daily sick.			
	Males.	Females.	Total.	Men.	Women.	Children.	Total.
Government Ophthalmic Hospital, Madras	42	24	76	33.78	20.44	1.07	55.30

The total average daily sick for the year 1894 was 56.25, which shows a diminution of 0.95 in the average for the year 1895. The maximum number of in-patients treated on any one day was 79.

2. *Total treated.*—The following is the total number of sick treated during the year:—

In-door	1,606
Out-door	7,933
Total	9,538

3. *In-patients.*—The following statement shows the work done among the in-patients:—

Total treated	1,606
Cured	1,064
Relieved	265
Discharged otherwise	220
Died	51
Remaining under treatment	51

Compared with the previous year there is a decrease of 98 in-patients.

4. *Out-patients.*—The following is a comparative statement showing the number of out-patients treated with the daily average of men, women and children for three years:—

Daily average of men, women and children for three years :-														
Out-patients treated during			Daily average sick for											
			1895.				1894.				1893.			
1895.	1894.	1893.	Men.	Women.	Child- ren.	Total.	Men.	Women.	Child- ren.	Total.	Men.	Women.	Child- ren.	Total.
7,963	8,252	8,307	57.90	30.31	15.25	103.46	48.07	29.25	20.27	97.59	42.80	37.90	25.26	105.94

'There has been a decrease

There has been a decrease of 319 out-door patients as compared with the previous year, due probably to the fact that Dr. Pope's absence on leave is widely known among the Native and European population.

5. *Mortality.*—There were no deaths during the year.

There were no cases admitted into, and no cases removed from, the hospital in a moribund state. No septic diseases were treated during the year.

6. *Classes of diseases treated.*—

Group A. Syphilis, secondary	58
Gonorrhoea	7
Group C. Old age and debility	1
Other general diseases	170
Total	236
Diseases of the nervous system	10
Diseases of the eye	8,577
Diseases of the skin	3
Local injuries	498
No appreciable disease	214
Grand Total	9,538

7. *Operations.*—The following statement shows the major surgical operations performed by Medical officers and subordinates during the year 1895:—

Operator.	Number of operations performed.	Period present for duty.
Surgeon-Major T. H. Pope	974	6 months and 24 days.
Surgeon-Captain R. H. Elliot	1,120	5 months and 6 days.
Surgeon-Captain D. Simpson	39	.....
Civil Apothecary J. R. Parris	17	8 months and 9 days.

8. *Classes and sexes.*—The following statement shows the classes and sexes of patients as compared with the previous year:—

	Total treated.																			
	Europeans.				Eurasians.				Muhammadans.				Hindus.				Other classes.			
	Men.	Women.	Children.	Total.	Men.	Women.	Children.	Total.	Men.	Women.	Children.	Total.	Men.	Women.	Children.	Total.	Men.	Women.	Children.	Total.
1894 ...	94	76	35	205	307	300	152	759	549	200	133	882	4,237	2,201	1,057	7,495	332	162	120	614
1895 ...	118	101	25	244	377	236	121	734	589	259	69	917	4,023	1,891	673	6,587	551	357	148	1,056

The above statement shows an increase of Europeans, Muhammadans and other classes, while there is a decrease of Eurasians and Hindus. Amongst sexes, there is an increase of 139 men and a decrease of 95 women and 461 children as compared with the year 1894.

9. *Midwives and Nurses.*—There are no nurses or midwives attached to the hospital.

10. *Finance—Income.*—The total income for the year 1895 was Rs. 18,185-7-10. This was all drawn from the treasury with the exception of Rs. 1,367-2-0 received from paying patients and Rs. 40-10-0 from fines and sale of unserviceable articles. The pay of the Superintendent is not included in the above figure. Compared with the previous year, there is an increase of Rupees 1,312-0-9 caused as explained in the expenditure column.

Expenditure—I. Medical Officers.—(a) The pay of the Superintendent is debited against the Medical College and is not included in the hospital statistics.

(b) The sum of Rs. 2,846-13-2 were expended on medical subordinates. This includes the following:—

	Rs.	A.	P.
The pay of Resident Assistant Surgeon for 4 months	949	10	10
The pay of Resident Apothecary for 8 months	875	10	4
The pay of two Hospital Assistants for 12 months	1,021	8	0
Total	2,846	13	2

Here there is a decrease of expenditure during 1895 of Rs. 811-2-10. This is mainly due to the posting of Civil Apothecary J. R. Parris in place of Military Assistant Surgeon R. Collins.

II. *Nursing establishment.*—Rs. 828 is shown under this head and includes the salary of male and female ward attendants. As compared with the previous year the expenditure under this head does not show any increase or decrease.

III. *Compounders and dressers.*—This includes the pay of—

	RS.
Stewards and writers	1,304
Linen woman	240
Storekeeper	240
Total	1,784

There is an increase of expenditure under this head of Rs. 132 when compared with the previous year. This is due to the annual increments of Rs. 8 to the steward and writer, and Rs. 3 given to the assistant steward and writer.

IV. *Menial servants.*—This sum of Rs. 1,340 is shown under this head. There is a decrease of Rs. 850 compared with the previous year. This is due (1) to showing the charges of the nursing establishment, unlike the previous year, under a separate head and (2) to the non-employment of a waterman of the caste wards for ten months.

V. *Bazaar medicines.*—The sum of Rs. 3-10-0 was expended on bazaar medicines. The expenditure under this head during the previous year was Rs. 3-0-2.

VI. *European medicines.*—The sum of Rs. 1,436-1-3 was expended in 1895. The expenditure under this head during the year 1894 was Rs. 284-7-3. The excess is due to (1) the purchase of new, and repairs to old, surgical instruments, and (2) the larger expenditure of chloroform, cocaine and other drugs caused by the increase of surgical operations.

VII. *Diet.*—Rs. 4,974-6-5 was expended on diets. Compared with the previous year there is a decrease of Rs. 289-15-7 under this head. This is due to the decrease in the number of in-patients and to the favourable rates of diet articles tendered for in 1895.

VIII. *Miscellaneous charges.*—This includes the following items:—

	RS.	A.	P.
(1) Bedding and clothing	429	6	10
(2) Hospital necessaries	322	0	3
(3) Hospital miscellanies	589	6	8
(4) Hospital contingencies	79	12	0
(5) Municipal taxes	929	3	0
(6) Registers and forms	6	3	7
(7) Stationery	35	9	7
(8) Postage and telegrams	23	14	0
(9) Furniture and repairs	56	4	0
(10) Conservancy	168	0	0
(11) Advertisements	17	13	0
(12) Printing charges	43	2	0
Total	2,700	10	11

Here there is an increase in expenditure of Rs. 455-11-9, compared with the previous year. This is due to—

- (1) The cost of clothing to the ward attendants.
- (2) The purchase of sanitary commodes for the use of the hospital.
- (3) The purchase of larger quantities of surgical necessaries owing to the increase of operations.

IX. *Buildings and repairs.*—The sum of Rs. 2,271-14-1 was expended for this purpose. Here there is an increase of Rs. 756-8-8 as compared with the previous year which is due to—

- (1) The repairs to the Apothecary's quarters which had not been touched for some years, and
- (2) Extending the out-patients' waiting shed.

X. *Hospital stoppages.*—The sum of Rs. 1,367-2-0 was collected from paying patients, which shows an increase of Rs. 112-2-0 compared with the previous year. This is due to the greater number of paying patients treated.

XI. *Average cost of each diet.*—The average cost of each diet was calculated according to the directions issued in G.O., No. 201, Public, dated 8th February 1896. The following is a comparative statement showing the average cost of each diet during the years 1894 and 1895:—

Years.	Europeans.	Natives.	Compounders.
	RS. A. P.	RS. A. P.	RS. A. P.
1894	0 7 1	0 8 7	0 5 4
1895	0 6 11	0 8 6	0 5 4

This shows that the average cost of each diet for 1895 was lower than that for 1894. This is due to the favourable rates of diet articles tendered for during the year under report, and to the care exercised in ordering the diets and extras. There were no self-dieting patients during the year 1895.

The cost per patient of working the institution is explained in the attached tabular statement:—

11. *Poor fund.*—This is entirely a private fund supported by voluntary contributions.

	RS.	A.	P.
Amount remained at the commencement of the year 1895	68	13	0
Removed from the poor box during the year	7	5	6
Total	76	2	6
Expended during the year	24	13	0
Balance on hand	51	5	6

The expenditure includes railway expenses, jutka hire, cataract spectacles, &c., given to the poor.

12. *Verification of stock.*—The stock of Government property was verified twice during the year and found to be correct.

13. *Service books.*—All service books have been carefully verified up to the 31st December 1895.

14. *Inspections.*—The Surgeon-General with the Government of Madras inspected the hospital on the 12th September 1895. The Surgeon-General with the Government of India also inspected the hospital in company with the Surgeon-General with the Government of Madras in November 1895.

15. The following is the list of the sanctioned establishment of the Government Ophthalmic Hospital, Madras:—

Medical—

- 1 Superintendent.
- 1 Assistant Surgeon.
- 1 Second-class Hospital Assistant.
- 1 Third-class Hospital Assistant.

Nursing—

- 1 First-class ward attendant.
- 2 Second-class ward attendants.
- 4 Third-class ward attendants.
- 2 Female ward attendants.
- 1 Male attendant for the caste ward.
- 1 Female attendant for the caste ward.

Administrative—

- 1 Steward and writer.
- 1 Assistant steward and writer.
- 1 Storekeeper.
- 1 Linen woman.
- 2 Dhobies.
- 1 Peon.
- 1 Cook for European patients.
- 1 Cook for Native patients.
- 1 Cook for caste wards.
- 1 Senior assistant to the storekeeper.
- 1 Junior assistant to the storekeeper.
- 1 Waterman.
- 1 Waterman for the caste ward.

Conservancy—

- 2 Gardeners.
- 3 Male toties.
- 3 Female toties.
- 1 Sweeper.

G.O., No. 691, Public, dated 5th August 1891, sanctioned the last proposition statement.

16. The special professional report was forwarded on the 10th March 1896.

(Signed) R. H. ELLIOT, Surgeon-Captain, I.M.S.,
Acting Superintendent, Ophthalmic Hospital.

MADRAS,
10th March 1896.

PROFESSIONAL REPORT.

The total number of patients treated during the year was as follows:—

In-door—									
European Military	..	..	..	..	..	..	..	..	15
Native Military	..	..	..	..	..	..	..	..	46
European and Eurasian Civil	..	..	..	..	..	..	..	..	132
Native Civil	..	..	..	..	..	..	..	..	1,412
Total									1,605

Out-door—									
Europeans and Eurasians	..	..	..	..	..	..	..	..	831
Natives	..	..	..	..	..	..	..	..	7,102
Total									7,933

There has been a decrease of 98 in-door and 319 out-door patients as compared with the previous year.

The average daily sick was 55.30 in-door and 103.48 out-door patients or a total of 158.78 in-door and out-door patients. The average daily sick of in- and out-door patients for the year 1894 was 153.84.

There were no deaths during the year.

The following comparative statement shows the number of patients treated and the average daily sick for the past five years:—

	1891.		1892.		1893.		1894.		1895.	
	In.	Out.	In.	Out.	In.	Out.	In.	Out.	In.	Out.
Number treated	1,598	7,696	1,724	8,632	1,680	8,307	1,708	8,252	1,605	7,933
Daily average sick	55.18	109.20	62.12	126.36	58.52	94.04	56.25	97.59	55.30	103.48

Diseases of the Conjunctiva.—Under this head includes a large number of admissions, catarrhal and granular conjunctivitis, being the most prominent. 3,227 cases of affections of the conjunctiva were treated, which are classified in Table A given below. This shows a diminution of 16 cases as compared with the previous year:—

TABLE A.

	In-door.	Out-door.	Total.
143. Hyperæmia conjunctiva	..	35	35
144. Ecchymosis of conjunctiva	..	43	43
145. Chemosis of conjunctiva	..	9	9
147. (a) Conjunctivitis, catarrhal	..	85	1,727
(b) Do. purulent	..	1	53
(c) Do. of new-born infants	..	3	19
(d) Do. phlyctenular	..	2	82
(e) Do. chronic	..	4	149
(f) Do. granular	..	48	989
(g) Xerophthalmia	..	1	7
81. Cyst of conjunctiva	..	..	4
Total	96	3,132	3,227

There were only 2 cases of gonorrhœal conjunctivitis amongst the in-door and 5 cases amongst the out-door patients.

Diseases of the Cornea.—There were 781 cases admitted for the various affections of the cornea and these are classified in Table B shown below:—

TABLE B.

	In-door.	Out-door.	Total.
149. (a) Keratitis, superficial	2	60	62
(b) Do. traumatic	1	15	16
(c) Do. suppurative	14	61	75
(d) Do. interstitial	3	44	47
(e) Do. vascular	..	3	3
150. Ulcer of cornea	27	184	211
151. Opacity of cornea	29	252	281
155. Staphyloma of cornea	16	70	86
Total	92	689	781

Diseases of the cornea show an increase of 104 cases as compared with the previous year. In suppurating ulcers cauterisation and Samish's division were performed with good results. Peritomy was also tried in vascular opacity of cornea with good results.

Diseases of the Iris.—There were 249 cases of diseases of the iris, which are classified in Table C. Syphilitic iritis has not been included under this heading. The total for last year under this head was 187.

TABLE C.

	In-door.	Out-door.	Total.
161. (a) Iritis traumatic	1	1	2
161. (e) Do. serous	9	84	93
162. Synechia	19	135	154
Total	29	220	249

Diseases of the Lens.—Out of 1,750 cases which sought relief in the out-patients' department, 1,021 cases were operated on; the remaining cases not being ready for operation were advised to return after the lapse of a few months when the cataracts would be more favourable for operation. In the beginning of the year 1895, 3 cases of cataract remained under treatment and 1,018 extractions of the lenses were performed in 1895. Of these numbers 902 were cured, 33 relieved, 67 failed, and 19 remained under treatment:—

TABLE D.

Cataracts.	Operations remained under treatment.	Operated on.	Cured.	Relieved.	Failed.	Remaining under treatment.
182. (b) Post-polar	..	3	2	..	..	..
(c) Cortico nuclear	3	510	454	13	39	7
(d) Hard	..	337	298	12	19	8
(e) Soft	..	26	21	4	1	1
(f) Traumatic	..	6	3	2	1	3
(h) Morgagnian	..	131	121	8	3	..
182. Capsular	..	6	..	..	..	..
Total	3	1,018	902	33	67	19

The following table shows the causes of failures in extractions of lenses for cataract :—

TABLE E.

Variety of cataract.	Causes of failure.						Total.
	Iritis.	Suppurative keratitis.	Panophthalmitis.	Collapse of eye-ball.	Secondary glaucoma.	Deep-seated disease.	
Cortico-nuclear ...	16	10	8	1	2	2	39
Hard ...	13	2	3	...	...	1	19
Soft ...	1	...	...	...	...	...	1
Traumatic ...	1	...	...	...	...	...	1
Morgagnian ...	1	2	1	...	...	...	4
Capsular ...	3	...	...	...	...	...	3
Total ...	35	14	12	1	2	3	67

During the year under report out of a total of 1,021 extractions of the lens for cataract, 67 failed, showing a percentage of 93.44 of success, which is 2.57 in excess of the percentage of success during the previous year. Morgagnian cataracts gave the largest percentage of success. Secondary capsules were lacerated with two Bowman's needles in 120 cases some time subsequent to the operation, and the capsule and soft matter extracted in 28 cases.

The following table shows the cases of glaucoma treated :—

TABLE F.

	In-door.	Out-door.	Total.
Simple glaucoma ...	...	16	16
Acute glaucoma ...	17	60	77
Chronic glaucoma ...	67	297	364
Secondary glaucoma ...	1	12	13
Total ...	85	365	470

228 operations of iridectomy were performed for glaucoma, all of which were discharged relieved.

Cases of errors of refraction were examined every Wednesday, and the number of patients who applied to be suited with spectacles increased considerably compared with the previous year :—

TABLE G.

Errors of refraction.	In-door.	Out-door.	Total.
Myopia ..	4	146	150
Hypermetropia ..	6	60	66
Myopic astigmatism ..	1	12	13
Hypermetropic astigmatism ..	2	8	10
Mixed astigmatism ..	...	2	2
Presbyopia ...	...	31	31
Total ..	13	259	272

The total treated during the year 1894 was 185, showing an increase of 87 cases during the year under report.

Diseases of the optic nerve and retina are shown in Table H.

TABLE H.

	In-door.	Out-door.	Total.
Atrophy of optic papilla ...	6	11	17
Inflammation of optic disc ...	6	1	7
Detachment of retina ...	...	3	3
Retinitis pigmentary ...	1	2	3
Night blindness ...	...	34	34
Choroiditis ...	3	8	11
Total ..	16	59	75

TABLE I.

Squint and ocular paralysis.

	In-door.	Out-door.	Total.
Squint ...	1	9	10
Paralysis of third, fourth and sixth nerve ...	2	7	9
Total ..	3	16	19

Non-malignant and malignant growths which came under treatment are shown below :—

TABLE J.

	In-door.	Out-door.	Total.
Non-malignant new growths—			
Pterygium ...	10	97	107
Pinguecula ...	...	5	5
Fibroma ...	...	6	6
Lipoma ...	...	6	6
Osteoma ...	...	1	1
Dermoid cyst ...	1	1	2
Papilloma ...	...	4	4
Glioma ...	...	1	1
Malignant new growths—			
Sarcoma ...	5	10	15
Epithelioma ...	1	3	4
Total ..	17	134	151

MILITARY SICK.

Fifteen European soldiers and 46 sepoys were admitted for treatment during the year as recorded in Table K.

TABLE K.

	European Soldiers.	Sepoys.
Syphilis, constitutional—Iritis—Posterior synechia.	2	2
Conjunctivitis, catarrhal	2	1
Do. chronic	1	1
Do. granular	3	6
Keratitis, superficial	1	1
Ulcer of cornea	1	1
Opacity of cornea	1	1
Iritis, traumatic	1	1
Posterior synechia	1	1
Cataract	1	1
Do. traumatic	1	4
Choroiditis	1	2
Chronic glaucoma	1	1
Inflammation optic disc	1	5
Myopia	1	5
Hypermetropia	1	1
Myopic astigmatism	1	1
Hypermetropic astigmatism	1	1
Asthenopia	1	1
Amblyopia	1	1
Contusion eye-ball	1	3
Gun-shot injury, eye	1	1
Contusion of brain	1	1
No appreciable disease	1	7
Total	15	46

General remarks.—The general line of treatment since I relieved Surgeon-Major Pope has been substantially the same as that previously adopted in this hospital. 2,160 major operations were performed during the year, showing an excess of 301 major operations as compared with last year. The results of operations were very satisfactory, extractions of the lens showing a percentage of recovery of 93.44.

Civil Apothecary J. R. Parrie, I.M.S., took over the duties of Resident Apothecary from Assistant-Surgeon R. Collins on 4th May 1895. His work has been highly satisfactory in every respect.

(Signed) R. H. ELLIOT, Surgeon-Captain, I.M.S.,
Acting Superintendent, Ophthalmic Hospital,
Madras, 10th March 1896.

No. 4.—GOVERNMENT WOMEN & CHILDREN'S HOSPITAL.

ANNUAL REPORT OF THE HOSPITAL FOR WOMEN AND CHILDREN
FROM 1st JANUARY TO 26th SEPTEMBER 1895.

ADMINISTRATIVE REPORT.

1. I assumed medical charge of this institution on the afternoon of the 3rd May 1895 from Brigade-Surgeon-Lieutenant-Colonel A. L. Hackett in accordance with extract of orders from the Surgeon-General with the Government of Madras, dated 25th April 1895.

2. The patients were transferred to the General Hospital on the morning of the 27th September 1895.

3. *Accommodation.*—The accommodation in this hospital for in-patients is 132 beds.

4. *Total number of in-patients treated.*—The number treated for the period ending 26th September 1895 was 2,311 against 2,493 for the corresponding period of 1894.

The decrease is due to the fact that towards the end of the period only urgent cases were admitted.

5. *Average daily sick.*—The average daily number for this period was 102.57 against 131.78 for the corresponding period of last year, showing a decrease by 29.21. This decrease resulted from the efforts made to curtail the number of admissions. From the middle of June only cases of a more serious nature were admitted owing to the impending transfer of the women and children to the General Hospital—*Vide* letter No. 4258, paragraphs a and b, dated 1st June 1895, from the Secretary to the Surgeon-General with the Government of Madras.

6. *Out-patients.*—There were 251 admissions among out-patients, the daily average sick being 1.29, but no comparison can be made with previous years, as the out-patients' registers were only brought into force from the commencement of the current year. The most common diseases were dysentery, malarial fevers, worms and diseases of the digestive and respiratory systems.

7. *Mortality.*—A statement showing the mortality among in-patients is given below:—

Mortality.		Cases admitted moribund.	Cases removed moribund.	Deaths from septic diseases.	
Actual cause.	Number.			Acquired in hospital.	Acquired before admission.
Shock	2	36	13		1
Asphyxia	20				
Coma	9				
Exhaustion	73				
Syncope	9				

There were 112 deaths against 121 of the corresponding previous period.

The percentage of deaths to total treated is 4.85, namely, cholera 17, dysentery 49, malarial fevers 17, tuberculosis (pulmonary) 35, lung disease 3, disease of the digestive system 87, disease of the nervous system 48, injuries 85, poisons 13 and other diseases 160.

8. *Classes of diseases treated.*—The classes of disease treated are cholera 9, malarial fevers 805, dysentery 85, disease of the digestive system 238, rheumatic affections 137, disease of the nervous system 61, disease of the respiratory system 241, disease of the urinary system 35, disease of the generative system 85, disease of the connective tissue 138, skin diseases 86, injuries 159 and other diseases 731.

9. *Operations.*—49 major and 81 minor operations were performed during the period under report against 50 major and 106 minor operations for the corresponding period of last year.

Most of the minor operations were performed by the Medical subordinates.

10. *Classes and Sexes.*—It is reported to by all classes and the following are the classes treated:—

Europeans 50, Eurasians 824, Muhammadans 51, Hindus 647 and other classes 739.

Any increase or decrease under one or more diseases or classes of patients treated cannot be satisfactorily worked out, as we had not our full swing of admissions for the period under report and a comparison cannot be made.

The maximum number of in-patients on any one day in the year was 137, being 5 over the fixed number. This is due to 5 infants being admitted with the mothers.

Fluctuations in sex cannot be also determined for reasons already given in paragraphs 4 and 5 of the report.

11. *Epidemics.*—Measles and chicken-pox prevailed to some extent. Nine cases of cholera were treated during this period; 4 of these were cured, 4 died and 1 was transferred to the General Hospital. Some cases of influenza were observed in April, May and September.

12. *Diseases of the nervous system.*—61 cases of this nature were treated during the period. Of these, 3 were idiopathic tetanus, 2 of which were cured and 1 discharged otherwise; and 3 traumatic, of which 1 died and 2 were removed by their friends. The treatment adopted in cases of tetanus is large doses of bromide of potassium and chloral hydrate, purgatives, santonine, inhalation of chloroform, &c.

13. *Training of nurses.*—For the first three months the nurses learn general nursing, bandaging and bed-making at this institution and are then transferred to the Gynaecological wards of the Lying-in Hospital, where they spend another three months in learning special nursing in the diseases of women. At the end of six months they are examined, and, if passed, receive diplomas of sick nursing and are transferred to the lying-in wards.

14. *Finance.*—The total expenditure for the period under report was Rs. 36,002-2-0 against Rs. 44,012-1-5 of the corresponding previous period showing a decrease of Rs. 8,009-15-3.

The following shows the decrease or increase under each heading:—

Medical Officers.—Under this head there was a decrease of Rs. 1,148-12-10, the difference between the pay of a Brigade-Surgeon-Lieutenant-Colonel and that of a Surgeon-Major.

Medical Subordinates.—There has been an increase of Rs. 220-11-1 owing to the promotion of Civil Apothecary Gullyot.

Establishment.—A decrease of Rs. 5-12-10 is due to fines inflicted on servants.

Diets.—A decrease of Rs. 4,020-4-2 owing to the low rates of the contractors, to the bulk articles not being indented for during the second quarter, namely, June, July, August 1895, and hence there was very little stock in hand on the 26th September 1895, and to the low average daily sick in consequence of the impending transfer.

European Medicines.—A decrease of Rs. 955-14-0. It was not found necessary to submit any extra indents.

Miscellaneous Charges.—

Bedding and Clothing.—A decrease of Rs. 995-5-2. There was a good reserve stock, and it was not found necessary to purchase so much as last year.

Hospital Necessaries.—A decrease of Rs. 754-14-8. It was not found necessary to purchase so many articles under this heading as in the previous period.

Buildings and Repairs.—A decrease of Rs. 24-13-11.

Barbar Medicines.—A decrease of Rs. 21-0-0.

Punka Cools.—A decrease of Rs. 95-0-3.

Extra servants.—A decrease of Rs. 114-2-2.

Cost of Diets.—The average cost of European diets was annas 7 and that of Natives annas 3-7 as compared with annas 8-1 for Europeans and annas 3-3 for Natives, showing a decrease of 9 pice per diet on the whole.

The slight increase in average cost of Native diets appears to be due to the increase of extras ordered.

The recoveries under hospital stoppages credited to Government from European and Eurasian paying patients amounted to Rs. 1,123-6-0 against Rs. 226-6-0 for the corresponding previous period, showing an increase of Rs. 897. This increase may be due to the daily average number of sick paying patients being increased.

The sum of Rs. 45 was spent on the repair of furniture.

No comparison can be drawn as regards registers and forms, as the cost has not been received as yet.

There has been an increase of Rs. 27-15-6 under the head of stationery, probably due to the increase in rates.

15. *Verification of Stock.*—The stock had been verified in the month of April 1895.

16. *Service Books.*—All the service books have been carefully verified up to September 1895.

17. *Report on Staff.*—The staff has, on the whole, worked satisfactorily.

PROFESSIONAL REPORT.

Important and interesting operations.

B., a Hindu female, admitted on the 23rd March 1895, operated on the 25th March 1895.

This was a case in which the arm was amputated for compound comminuted fracture of left hand and forearm. The skin and muscles were badly torn and exposed. The injury was said to have been caused by a loaded cart going over her arm.

Anterior and posterior flap operation was performed at the middle of the left upper arm, sutures applied and the stump dressed antiseptically. After a time a portion of the muscle and the skin sloughed and all the sutures gave away. The sutures were removed and dressing continued, gradually the whole of the slough came away leaving a clean granulating surface. Adhesive straps were then used to keep the parts in apposition and the parts dusted over with iodoform and dressed with cotton, wool and bandage. Finally, the wound healed and she was discharged cured on the 6th July 1895.

Eurasian female aged 55 years.—Admitted on the 19th March 1895 for a large cancerous ulcerating growth of the left breast. The sore was circular and indurated at the margin and excavated in the middle. The granulations were unhealthy and bled profusely; the axillary glands were not implicated, general health poor. Operation on the 7th May: the whole of the breast and cancerous growth were removed. She was doing well under treatment, and the wound was nearly healed, when she left hospital at her own request on the 6th June 1895. She was subsequently re-admitted on the 4th July 1895, the disease having returned and she died from exhaustion on the 5th July 1895.

B., Hindu female, aged 40 years.—This patient was admitted on the 28th August 1895 with cancer of the left breast. The history was that about ten months ago she received an accidental blow with a small stick on her left breast which caused a contusion, beyond which she experienced no pain nor inconvenience for three months, but on the fourth month she noticed a small tumour about the size of an apple and gradually increasing in size with great pain. She applied several counter-irritants and other native remedies without any effect, and then she sought admission in hospital. On admission the left breast was swollen and indurated. There was a swelling about the size of an ordinary lime on the upper part of the breast with the skin over it reddened and adherent. There was a suspicious red-looking syphilitic eruption all over the body, her general condition was pretty fair, no fever, appetite good and bowels regular. Operation 10th August 1895: the whole of the breast was removed, the cut surface was sponged with chloride of zinc solution, 40 grains to the ounce, and the edges of the wound were approximated by means of sutures and plaster. She was doing well when transferred to the General Hospital on the 27th September 1895. The tumour was a scirrhus growth.

Removal of clitoris and labia for elephantiasis.—R., a Hindu female aged 30 years, admitted on the 21st July 1895. On the 25th July 1895 I removed with the knife the clitoris and labia. The clitoris was enormous and the labia were much hypertrophied. Haemorrhage was easily controlled. The woman was discharged cured with very little deformity of the parts.

A few interesting cases.

Adherent cheeks and lips.—V., a Hindu female child aged 5 years, was admitted suffering from firm adhesions between the lips and gums and the cheeks and gums. The mouth could not be opened, the teeth were loose and the breath offensive. It appears that four months previous to admission the child was treated by a woman of the barber caste for some skin eruption, apparently large doses of mercury were administered. After admission to hospital, the adhesions were torn through, the loose teeth removed and the mouth kept open by a gag. The child, who is still under treatment, has much improved.

Multiple carbuncles and diabetes.—Eurasian aged 39 years was admitted on the 14th May 1895 suffering from two very large carbuncles on the back. There was much constitutional disturbance and a good deal of fever. She passed large quantities of sugar in her urine, the specific gravity of which was 1040° on admission. Later on, several smaller carbuncles and boils appeared on various parts of the body. She was discharged cured on the 11th September 1895. The treatment consisted in free incisions, nourishing liquid diet, stimulants and the administration of codina, ana-vomica and occasionally of diaphoretics.

Hydrophobia.—Eurasian aged 8½ years was admitted on the 29th June 1895. He bore scars on the right cheek, said to be due to the bite of a mad dog a month previous to admission. The patient had well-marked symptoms of hydrophobia and died the following day. His sister, who also bore scars, the result of a bite of the same dog at the same time, was detained in hospital for several days and placed under treatment. No symptoms of the disease appearing, she was discharged.

Foreign body in vagina.—S., a Hindu female aged 55 years was admitted on the 5th August 1895, complaining of incontinence of urine.

On examination a globular hard foreign body was found in the vagina. It appears that twenty years ago she had prolapsus uteri. After suffering from this for many years, a Native mid-wife advised her to introduce a wood apple. This she did five years ago and the wood apple has remained in the vagina ever since.

On the 7th August I removed with some difficulty the foreign body. It was as large as a medium size orange. It was very hard, very slippery and rotated easily. After its removal the uterus and upper part of vagina were found to be the seat of cancer.

Arsenic poisoning.—On the 22nd August 1895, 7 persons were brought to hospital suffering from symptoms of irritant poisoning. The history was that they, with some others, partook of some coffee at about 2 p.m. Within half an hour vomiting and purging set in followed by a state of collapse. They were brought to hospital at 8.30 p.m. Three survived, but 4 children, varying from 7 to 1½ years of age, died. *Post-mortem* examinations were held and the viscera, &c., sent to the Chemical Examiner, who discovered arsenic in each case.

Injuries.—Of these 7 were cases of burns and scalds, 3 of which, being very extensive, proved fatal in children. There were 99 local injuries, mostly carriage accidents, &c., brought in by the police; many of these were wounds of a serious nature, some being attempts at murder.

Senior Assistant Surgeon White has shown much zeal and intelligence in the performance of his duties.

The good conduct of First-class Hospital Assistant N. Parthasarathy Moodalliar also deserves notice.

(Signed) DONALD F. DYMOTT, M.A., Surgeon-Major,
In Charge of Women and Children's Hospital.

HOSPITAL FOR WOMEN
AND CHILDREN,
1895.

No. 5.—GOVERNMENT LEPER HOSPITAL.

ANNUAL REPORT OF THE GOVERNMENT LEPER HOSPITAL FOR 1895.

ADMINISTRATION REPORT.

Buildings, repairs, &c.—The hospital buildings are in a good state of repair. A polished Cuddapah marble table was put up in the European kitchen, and Cuddapah marble shelves were fixed in both European and Native kitchens; this table and these shelves are a great improvement on the insanitary old wooden ones which they replaced. A masonry water cistern was constructed for each kitchen to replace wooden water tubs, which constantly leaked and needed frequent repairs. Four wooden shelves were fixed in the store godown and four large trestles were supplied to support rice bags. An almirah was converted into two open racks for the storage of clothing.

The latrine attached to No. 6 ward was re-roofed.

The usual colour and lime washing to the hospital and Apothecary's quarters was executed during the year.

The total expenditure on these works and repairs amounted to Rs. 972-12-2.

Estimates, amounting to Rs. 8,000, for the enlargement of the ward for Native females and for the construction of a laundry, were submitted to the Surgeon-General for consideration, with this office letter No. 1235, dated 6th December 1895.

The Native female ward is much too small for requirements, and many lepers of this class have to be refused admission for lack of accommodation.

The hospital laundry is much too small, and is otherwise quite unsuited to its purpose; a convenient site is available for the erection of a suitable laundry.

2. **Attendance of patients, &c.**—The following table shows the attendance of in- and out-patients for the last three years:—

Years.	In-patients.		Out-patients.	
	Total.	Average.	Total.	Average.
1893	510	237.35	57	0.50
1894	470	219.73	56	0.39
1895	440	219.41	61	15.48

Class and Sex of In-patients in 1895.

European males	26
European females	12
Native males	336
Native females	56
Native children	10
Total	440

The decrease in number of in-patients in 1895 is due to the restriction of admissions of Native female lepers, with a view to relieve the overcrowding which had previously occurred; 208 beds are available, the maximum number of patients on one day (2nd January 1895), was 226; the overplus were accommodated on mats in the verandahs. The decrease is further attributable to refusal to re-admit those who persist in quitting the hospital without permission, who used to make it a practice to go out when they pleased, wander about begging for a time, and then return for re-admission when tired of wandering, and broken down in health from privation and neglect, such practice resulted in a high death-rate. The patients do not now go out begging and wandering as they find they will not be re-admitted.

Five cases were admitted moribund, and two cases were removed in that condition. No death from septic disease occurred. The total number of deaths during the year was 27, being

6.14 per cent. on the total number of in-patients treated, against 51 deaths with a percentage of 10.85 the previous year. All the 27 deaths were due to leprosy or some of its sequelae or complications.

There was practically no change in the total attendance of out-patients, whilst the average daily number increased.

3. *Epidemics*.—No epidemic occurred, though sporadic cases of cholera were recorded in the district in January, February, August and September.

4. *Inspections*.—The Surgeon-General with Government inspected the hospital on the 19th February 1895; and he paid an official visit on the 16th September. The Surgeon-General with the Government of India, accompanied by the Surgeon-General with the Government of Madras, visited the hospital on the 20th November 1895; copies of entries by these officers in the visitors' book were submitted in due course.

His Excellency the Governor visited the hospital on 19th November 1895 and went over all the wards.

5. *Internal Economy*.—The total expenditure during the year amounted to Rs. 27,404-0-6 against Rs. 29,562-12-6 in 1894, a decrease of Rs. 2,158-12-0, notwithstanding an unavoidable increase of Rs. 583-11-3 on buildings. The saving was chiefly under the head of 'Diets,' in which item there was a decrease of Rs. 1,760-0-0 as compared with the expenditure of the previous year; this is not due to decrease in the average daily dieted, which was the same as the previous year; but is accounted for by the following causes, viz., (1) the lower rates at which the articles of diet chiefly consumed (rice, bread, milk, mutton, chicken, &c.) were procured; (2) the freer use of "Mixed diet" instead of the more expensive "Half chicken diet;" (3) a smaller expenditure in extras. The average cost per diet for the year was Rs. 0-5-3½ against Rs. 0-5-8 in 1894, both being calculated in accordance with the method indicated in G.O., No. 711, Public, dated 28th August 1895.

There was a decrease in expenditure of Rs. 682-1-11 under "Hospital Necessaries," this includes Rs. 485-4-4, the cost of coconut-oil, transferred under "Bazaar medicines" this year; and Rs. 495-8-0 under bedding and clothing. Under 'Income' there was an increase of Rs. 154-12-0 from paying patients, and Rs. 25-2-3 under "Miscellaneous receipts," such as sale of grass and unserviceable articles.

The following are the details of the variations in income and expenditure under statement V, viz.—

INCOME.

Medical Officers.—Rs. 1,110-0-0 in 1895 against Rs. 960-0-0 in 1894; increase Rs. 150-0-0 owing to the promotion of the Resident Apothecary to a higher grade.

Registers and Forms.—Rs. 71-1-11 against Rs. 35-3-0; increase Rs. 35-14-11, the new civil medical books and forms were for the first time maintained in 1895.

European Medicines.—Rs. 510-6-4 against Rs. 614-14-4 in 1894; decrease Rs. 104-8-0, jungle almond oil was not indented for in 1895, owing to a large stock remaining from the previous year.

Diet.—Rs. 16,831-10-5 against Rs. 18,750-12-0 in 1894; decrease Rs. 1,929-1-7 due to the following causes: viz., the lower rates at which the articles of diet chiefly consumed (bread, milk, mutton, chicken, rice, &c.) were procured; the freer use of "mixed diet" instead of "chicken diet," which latter is the more costly; and a slight decrease in expensive extras.

Special Allowance given by Government.—Rs. 5,802-5-5 against Rs. 5,928-15-0 in 1894; decrease Rs. 126-9-7, there was a decrease in "Hospital necessities" and "Bedding and clothing" and an increase under 'Buildings;' balance of decrease Rs. 126-9-7.

Diet by paying patients.—Rs. 158-12-0 against Rs. 126-9-7 the previous year, the diet of one leper being paid for in 1895 by the Berar Government.

Miscellaneous Receipts.—Rs. 55-7-3 against Rs. 30-5-0 in 1894; increase Rs. 25-2-3 due to sale of grass, the collections from which were credited to Government.

EXPENDITURE.

Medical Officers.—Rs. 1,110-0-0 against Rs. 960-0-0 in 1894; increase Rs. 150 due to promotion of the Resident Apothecary to a higher grade.

Compounders, Dressers, &c.—Rs. 774-2-0 against Rs. 779-12-0 in 1894, decrease Rs. 5-10-0 due to a compounder on Rs. 9-0-0 having been appointed, instead of a surgery cooly on Rs. 10-0-0 (G.O., No. 868, Financial, dated 10th September 1895).

Menial Servants.—Rs. 2,090-3-2 against Rs. 2,083-14-2 in 1894; decrease Rs. 6-7-0 owing to a smaller amount of fines for neglect of duty, &c.

Bazaar Medicines.—Rs. 487-11-4 against Rs. 1-8-0 in 1894; increase Rs. 486-3-4, owing to the fact that in 1894 coconut oil was erroneously included under "Miscellaneous charges," this under "Bazaar medicines."

European Medicines.—Rs. 510-6-4 against Rs. 614-14-4 in 1894; decrease Rs. 104-8-0 owing to the fact that jungle almond oil was not indented for in 1895, as a large stock remained on hand from the previous year.

I would here note that chaulmoogra oil, (*oleum gynocarda odorata*), and jungle almond oil (*oleum hydnocarpus inebrians*), which are the principal drugs expended in this hospital, are indigenous drugs, but, as they are supplied by the Government Medical Stores, they are classified under the heading "European medicines;" the same remark applies to castor oil, Nilgiri quinine, Patna opium, and some other drugs.

Diet.—Rs. 16,990-6-5 against Rs. 18,750-12-0 in 1894; decrease Rs. 1,929-1-7, due to the same causes as explained under 'Diet,' 'Income.'

Miscellaneous charges.—Rs. 4,478-7-1 against Rs. 5,992-15-0; decrease Rs. 1,474-7-11, due to the following causes:—"Bedding and clothing" lasted somewhat longer than in 1894, so that an indent which went in the third quarter of 1894 was not found necessary until the first quarter of 1895; articles under "Hospital necessities" were procured at lower rates than in 1894; firewood, which was erroneously included under the head of "Miscellaneous charges" in 1894, was correctly shown under 'Diets' for 1895. This item in 1894 came to Rs. 310-8-0.

Buildings and Repairs.—Rs. 962-12-2 against Rs. 379-1-0 in 1894; increase 583-11-3 due to the construction of two masonry cisterns near the kitchen, and repairing the platform; the fixing of a polished Ouddapah marble table in the European kitchen, and Ouddapah marble shelves in both kitchens; and re-roofing a latrine.

Total expenditure.—Rs. 27,404-0-6 against Rs. 29,562-12-6 in 1894; decrease Rupees 2,158-12-0, notwithstanding there was an increase of Rs. 583-11-3 under 'Buildings,' as explained under the several heads—

	A.	P.
Average cost of each diet	Europeans	7 8
	Natives	2 11
	Total	10 7
	A.	P.
Average cost per diet of Europeans and Natives	10 7	5 3½

Calculated in accordance with G.O., No. 712, Public, dated 28th August 1895; this figure compares with Rs. 0-5-8 for the previous year, calculated in the same way.

Total cost per patient and cost per patient under the different heads of expenditure (C.M. Form V).—The manner in which these points are worked out in the various State hospitals places the Leper hospital at a marked disadvantage in a comparison with other hospitals, and conveys quite an erroneous idea as regards cost in connection with the Leper hospital, where the conditions are peculiar. The method adopted of arriving at the cost of each patient is to calculate the average cost per patient on the "Total number of patients treated," not on the "Average daily" treated or dieted; the total number treated is obtained by adding the number of admissions for the current year, to the number remaining at the end of the previous year; such a method is immensely in favour of a hospital which has a large number of daily admissions, whilst it is extremely adverse to a hospital (like the Leper hospital) for the treatment of chronic disease, where there is but little change during the year in the personnel of the patients, who continue to occupy their beds for years, where, therefore, there are comparatively few admissions, and where the resulting "Total treated" is comparatively insignificant; notwithstanding which, it may be found that the "Average daily" treated or dieted in such a hospital, (the true standard of comparison) is large; this is the case with the Leper hospital; and the above method of calculating the cost on "Total treated" affects this hospital thus—

Remained at end of 1894	21
Admitted in 1895	203
Total treated	414 (exclusive of criminals).

A very insignificant figure on which the cost per patient has to be averaged; on the other hand the "Average daily" treated and dieted in this hospital for the year was the comparatively large figure of 203. Now, if the average cost of each leper patient is calculated on the "Total treated," i.e., 414, the Leper hospital will compare very unfavourably with all other hospitals where the admission number is large, whereas if the average cost is calculated on the "Average daily" treated and dieted, the Leper hospital will compare most favourably with other hospitals in cost per patient.

The apparently great excess in cost per patient at the Leper hospital in 1894, calculated on the method in use, is shown in the table, appendix I, page 22, Annual Report of State Hospitals for 1894; but I venture to aver that such apparent excess is fallacious, and the comparison is not a valid one; a fairer comparison would result from calculating cost per patient on the "Average daily" treated or dieted.

6. *Miscellaneous*.—Service books have been duly kept up and verified up to 31st December 1895. The inventories of valuable stock have been checked up to the close of the year, certain deficiencies and excesses have been found which have been brought to the notice of the Surgeon-General in a separate communication.*

7. *General Remarks*.—During the year the standing orders of the hospital were elaborated and printed in book form for ready reference; these standing orders contain a brief abstract history of the institution since 1841.

In this office letter No. 1123, dated 23rd July 1895, to the Secretary to the Surgeon-General, I advocated a special diet for European and Eurasian leper inmates, which change, I understand, has been approved by the Surgeon-General and the Diet Committee, and will, I trust, shortly receive the sanction of Government.

During the year I inaugurated classes for the instruction of leper children in reading and writing vernacular (Tamil); there are 9 children in one class whose ages vary from 6 to 14; they are instructed by an intelligent old patient who was a head lascar; some of these children now read up to the third standard. There is another class for girls aged about 12 years; they are taught in the vernacular by a female patient.

In November I made an appeal to the public for books and pamphlets in English and vernacular to form a library for European and Native inmates. This appeal has been liberally responded to by the Committee of the Madras School Book and Literature Society; the editors of *Vruthanthamony* and *Vivakachinthamany* and several benevolent persons; the editors of the *Madras Mail*, *Times*, *Standard* and the *Hindu* kindly supply their papers gratis to the institution.

I assumed charge of the institution on 22nd April 1895, on transfer of Surgeon-Lieutenant-Colonel H. D. Cook, M.B., to Ootacamund.

Civil Apothecary Nur Muhammad has been Resident Apothecary for 5½ years. During the past year he has fully maintained his character for intelligence, zeal and efficiency; he is most attentive to the leper patients and is popular with them. He has afforded me valuable assistance and has given me every satisfaction.

Store-keeper.—Muhammad Abdul Khader Juddic, service 3½ years, salary Rs. 20. He has performed his duties satisfactorily.

Steward and Clerk.—Jaganatham Naidu, service 13 years, salary Rs. 35. This man is physically and mentally unfit to perform the combined work of steward and clerk, the aggregate duties of which posts are much too heavy for one man: he is quite incapable of coping with them. He has submitted his resignation since the close of the year.

List of Sanctioned Establishment of the Government Leper Hospital, Madras.

Appointment.	Salary per month.	Authority.
1 Resident Apothecary	Rs. 75	According to grade. G.O., No. 1001, Financial, dated 7th May 1875.
1 Steward and clerk (Local allowance)	30	G.O., No. 428, dated 13th June 1890.
1 Store-keeper	35	G.O., No. 718, dated 24th March 1895.
1 Compounder	20	G.O., No. 74, dated 2nd February 1893.
2 Peons, Rs. 7 each	9	G.O., No. 808, Financial, dated 10th September 1895.
1 Tailor	14	G.O., No. 984, Public, dated 18th August 1895.
1 Dhoby	8	G.O., No. 76, Public, dated 2nd February 1893.
1 Barber	25	G.O., No. 887, Public, dated 8th September 1893.
1 Tailor	10	G.O., No. 78, Public, dated 2nd February 1893.
1 Head cook for Europeans	9	G.O., No. 718, Public, dated 24th March 1895.
1 Assistant cook for Europeans	8	G.O., No. 984, Public, dated 18th August 1895.
1 Head cook for Natives	5	G.O., No. 749, Public, dated 6th November 1893.
1 Assistant cook for Natives	7	G.O., No. 984, Public, dated 13th August 1895.
2 Male ward attendants, Rs. 7 each	14	G.O., No. 718, Public, dated 24th March 1895.
1 Male ward attendant	7	G.O., No. 718, Public, dated 24th March 1895.
2 Female ward attendants, Rs. 6 each	12	G.O., No. 749, Public, dated 6th November 1893.
2 Watermen, Rs. 5 each	10	G.O., No. 718, Public, dated 24th March 1895.
1 Gardener	10	G.O., No. 718, Public, dated 24th March 1895.
3 Male toties, Rs. 7 each	21	G.O., No. 984, Public, dated 18th August 1895.
3 Female toties, Rs. 5 each	15	G.O., No. 699, Public, dated 3rd July 1893.
1 Cooly woman	10	G.O., No. 984, Public, dated 18th August 1895.
	4	G.O., No. 718, Public, dated 24th March 1895.
Total	344	G.O., No. 76, Public, dated 2nd February 1893.

* These deficiencies have since been made good by the steward.

PROFESSIONAL REPORT.

ONLY persons suffering from leprosy are admitted into this hospital; the following table shows the number of lepers treated during 1895 with the results:—

Classes.	Out-patients.	In-patients.					Total in and out-patients treated.
	Total treated.	Total treated.	Cured.	Relieved.	Discharged otherwise.	Died.	
Europeans	6	38	..	2	9	1	44
Natives	55	376	..	26	141	26	431
Criminals	..	36	..	5	10	..	36
Grand Total	61	440	..	33	160	27	601

Average daily attendance.

Out-patients.	In-patients.	Average daily out- and in-patients.
15.49	210.41	225.90

The large proportion of cases "otherwise discharged" is accounted for by the fact, that many patients, not tired of the confinement and restrictions of the hospital, after two or three months, and without permission, similarly, the ten criminal lepers under this head left the hospital on completion of their several terms of imprisonment; none of the above, though considerably improved as regards symptoms and general condition, could be considered as relieved of their leprosy. No cases have been entered as "cured", although several cases were discharged as all appearance cured (*vide* Appendix B.), but I do not believe that leprosy can be cured any more than constitutional syphilis, and the manifestations will probably recur in these apparently cured cases.

Etiology.—This has been fully dealt with in the report of the Leprosy Commission in India of 1891, and in annual reports of my predecessors, especially Surgeon-Major D. R. Thompson, M.B., C.I.E.; I have little to add under this head from my experience during the past eight months in this charge.

The question of heredity and family influence in causation of the disease is dealt with in detail in the tables that follow (Appendix A); but I may remark, that my observation here leads me to the conclusion that heredity is a very important factor in its transmission, as the following cases indicate.

Of sixteen young leper inmates aged from 6 to 14 years, there is the following family history in eleven cases:—

3 fathers, lepers,	2 now in hospital
1 was do.	
8 mothers, lepers,	1 now do.
2 died do.	
1 maternal uncle, leper, died do.	
2 now do.	
3 brothers, lepers,	1 died outside.
1 sister, leper, was in hospital.	

Total .. 11

Of adult leper inmates the following leprosy family histories are traceable:—

A Eurasian mother (Mrs. M.) and son (C.) both with tubercular leprosy, are inmates of the hospital, several other members of this family are also affected; or have died lepers.

A Eurasian woman (R.), with anæsthetic leprosy, now attending as an out-patient, had a son with tubercular leprosy who died in the hospital three years ago.

A Eurasian woman (L.), with anæsthetic leprosy, an inmate for 25 years, had the following leprosy relatives who died in the hospital, viz., sister, maternal uncle and cousin; another leper cousin died outside.

Two Eurasian males (E.P. and H.P.) first cousins, are both inmates with tubercular leprosy; one has a leper brother outside.

A Eurasian male (R.), anæsthetic leprosy, four years in hospital; had a leper sister who died in the hospital.

A Eurasian male (B.), anæsthetic leprosy, 14 years in hospital; his brother is a leper outside.

Two adult Mussalman brothers (M. and I.) twins, inmates, are both suffering from advanced tubercular leprosy.

A Hindu male inmate (M.), with anæsthetic leprosy, had a leper sister in the hospital.

Two adult Hindu brothers, (A. and T.), both with tubercular leprosy, are inmates.

A Hindu male inmate (P.), with tubercular leprosy; his father died a leper in the hospital.

A Hindu male inmate (R.), with anæsthetic leprosy; his father died a leper in the hospital.

A Hindu male inmate (S.), with tubercular leprosy; his daughter is a leper in hospital; his wife and son, who are not inmates, are lepers.

A Hindu male inmate (P.), with anæsthetic leprosy; his maternal uncle died in the hospital with leprosy.

A Hindu female (A.), inmate with anæsthetic leprosy; her cousin was in the hospital with leprosy.

A Native Christian female inmate (G.), with anæsthetic leprosy; her daughter aged 10 is also a leper inmate; her paternal aunt died in the hospital with leprosy.

Two Native Christian females cousins (M. and A.), are inmates; one with the anæsthetic form, the other tubercular.

A Hindu female inmate (M.), with tubercular leprosy; her husband, son and daughter died in the hospital, all with tubercular leprosy.

A Hindu female (A.), with tubercular leprosy, died recently in the hospital; her daughter aged eight, is a leper inmate; her paternal uncle died a leper.

I think the influence of contagion in the causation and transmission of the disease is extremely small; the hospital servants; (6 ward attendants and 5 natives), who have worked here for many years, and whose duties bring them into intimate connection with the persons, ulcers, discharges, secretions and excretions of lepers, show no tendency to acquire the disease, although reckless as regards precautions.

The question of contagion is difficult of solution, as the period of incubation is very long, and the onset of the disease is insidious and indefinite.

Pathology.—The classification of the disease into "anæsthetic," "tubercular," and "mixed," has been found useful, and has been adhered to in the records; as regards the frequency of occurrence of these varieties; the "mixed" form is most frequent, then the "anæsthetic" and lastly the "tubercular." The anæsthetic variety usually develops tubercles subsequently, whereas the tubercular form generally presents itself simultaneously with anæsthetic patches, though a few cases of pure tubercular variety are met with. Tubercular leprosy is the most loathsome and repulsive form of the disease.

Anæsthetic cases are much more chronic than tubercular, and such patients live long, ultimately breaking down with ulceration in the anæsthetic patches, and loss of fingers and toes. The tubercular patients are attacked by recurring crops of fresh tubercles, accompanied by severe fever lasting about six days; in time tubercular deposits occur in internal organs, especially the lungs, liver and kidneys. When this takes place in the lungs, the conditions resulting are very similar to those of tubercular phthisis; when in the kidneys, albuminuria and general dropsy follow; if in the mucus membrane of the bowels, uncontrollable diarrhoea or dysentery supervene, with rapidly fatal result.

Occasionally the secondary deposit of tubercles takes place in the liver causing jaundice and ascites; and, in the brain or its meninges, rendering the patient comatose or imbecile, if he lives. An instance of the last-mentioned condition has been under my observation for the last three months, this patient is slowly improving.

Nerves leading to badly affected parts become swollen, and the sheaths of cutaneous nerves are thickened. The pathology generally of tuberculous leprosy is very analogous to that of the gummata of syphilis.

Several specimens of leprosy tissues (altered skin, thickened nerve, enlarged axillary gland) were examined microscopically during the year, and were found to contain the bacilli of leprosy.

Tubercular leprosy do not last nearly so long as those affected by the anæsthetic form of the disease.

The fatal result is sometimes hastened by amyloid degeneration of liver and kidneys.

One native male inmate is suffering from multiple afflictions, he is a deaf mute imbecile and is affected with rapidly advancing mixed leprosy.

It is noticed that lepers have voracious appetites so long as they retain fairly good general health; as soon as their appetite fails they rapidly go down ~~hill~~.

Prognosis.—Leprosy is usually considered to be incurable, the prognosis is unfavourable as regards absolute cure, and the tendency is towards a fatal result; the disease is remarkably insidious in its incidence and chronic in its progress, lasting for several, and even, many years. A Eurasian died in the hospital 3 years ago, who had been an inmate for 30 years; two Eurasians have been inmates for 25 years, one for 19 years, and several for 10 to 12 years. Europeans and Eurasians remain in hospital continuously; but natives, as soon as they improve, leave the hospital, and return again and again through long periods. My experience, however, leads me to the conclusion that the progress of the disease may be checked by certain drugs, when systematically administered and persisted in, in cases not far advanced; and cases have been noted in this hospital in which, under treatment, the manifestations have so far disappeared, that, at the time of discharge, the patients were to all appearance cured, and could not be adjudged lepers (see appendix B); but, being lost sight of, it cannot be asserted, that the symptoms of leprosy would not recur in these cases.

Leprosy is very analogous to syphilis in many ways, and especially in the fact that the symptoms become ameliorated under the influence of certain drugs, but recur when the action of those remedies is suspended. The drugs I refer to in the treatment of leprosy are oleum gynoecardia odorata (chaulmoogra oil) and oleum hydrocarpus wightiana (jungle almond oil); these medicines were passed during the year, the following figures resulted as compared with the previous year, viz. :—

Years.	Relieved.		Died.	
	Total.	Percentage.	Total.	Percentage.
1894	...	...	51	10.85
1895	33	7.5	27	6.14

Of the 33 'Relieved' last year, several left hospital, to all appearance, cured—*vide cases, appendix B.*

Treatment.—The only drugs that appear to have any influence in ameliorating the disease are oleum gynoecardia odorata (chaulmoogra oil) and oleum hydrocarpus wightiana (jungle almond oil); both members of the same natural order, bixineæ; both are indigenous drugs and are non-official; the gynoecardia odorata grows in the Himalayas, and the hydrocarpus wightiana in Malabar; the oils expressed from the seeds of these plants are used, and both can be procured locally; the oil of the former plant is reddish brown with a peculiar and nauseous smell and taste; the latter is of a pale straw colour with no particular odour or taste; the dosage of each is about the same, viz., from five drops to a drachm or more, but the former being nauseous, is not so easily borne in the larger doses as the latter; moreover, the chaulmoogra oil sometimes causes gastro-intestinal irritation and diarrhoea; and, from its nauseous taste, it is difficult to induce patients to persist in its use; these oils are best administered floating on water or milk, or in the form of emulsion; the procedure is, to commence with doses of five or six drops twice daily, gradually increasing until the full dose can be tolerated, which then should be continued for a lengthened period, up to a year or even two years, with occasional intervals. The chaulmoogra oil is also used as a local application in leprosy ulcers and tubercles in the form of an ointment, or the oil may be rubbed in over the whole surface of unhealthy skin.

The drugs above detailed do certainly exercise a curative influence when administered in suitable cases in sufficiently large doses, and, if persisted in for a prolonged period, varying according to the stage and severity of the case, from six months to a couple of years; and, like as in the exhibition of mercury and potassium iodide in the analogous disease, syphilis; so in leprosy, frequent repetition of these oils after temporary intervals, must be had recourse to; unfortunately from the nauseous nature of the chaulmoogra oil (the more efficacious of the two), from the hopelessness with which the native leper usually regards his disease, and from his natural lack of perseverance, it is almost impossible to get him to take the medicine for a sufficient length of time, or with the necessary regularity; in suitable cases, in which it has been possible to administer these drugs (especially chaulmoogra oil), in a satisfactory manner, distinctly curative results have been noted; leprosy ulcers heal, tubercles flatten down and disappear (this is particularly noticeable in tubercles of the ears and face); the greasy, glossy, unnatural looking skin assumes a healthy appearance, psoriasis, and other frequently complicating skin affections, are removed, and a general wholesome condition is restored (*vide appendix B*); but for what length of time, this improvement is maintained after the patient has left hospital, cannot be guaranteed, any more than one can assert that, in an apparently cured syphilitic patient, no manifestations of syphilitic disease will subsequently show themselves.

Brief details of cases apparently cured, or with symptoms greatly improved, under the influence of these oils, are given in appendix B.

It is notable that whilst there are several instances of cure or marked improvement amongst Eurasian males, none are recorded amongst Eurasian females; this result is coincidental with, and doubtless, due to, the fact that the latter cannot be induced to take the unpleasant chaulmoogra oil in the large doses, and with the persistent regularity required; and they therefore do not reap the full benefit to be derived from it.

Native prisoners in the Criminal Leper Ward also derive much greater benefit from the chaulmoogra oil treatment than the free natives in the hospital, as the former are under more control and discipline, and treatment is enforced during their captivity often for lengthened periods; whilst in the case of the latter, it is frequently found impossible to press the drug sufficiently; the oil being nauseous, the patients won't persist in it, or they get tired of being in hospital and leave it when their condition is only partly relieved; some long-standing cases, I believe, are not really anxious of cure, as they are comfortable in hospital, and cure would be followed by discharge therefrom.

In many chronic and advanced cases, although actual cure does not take place (which is impossible where there is deformity with contracted muscles and altered structure), yet there is evidence of the arrest of the further spread of the disease; such cases have been noted amongst European and Eurasian lepers, who have been for many years inmates of this hospital, and who bear testimony to the arrestive influence of these drugs.

Naturally, the most successful results may be anticipated when the disease is treated at an early stage before the bacilli have become widely deposited and before structural changes have occurred, but, unfortunately, lepers, especially natives, seldom seek relief until the disease is far advanced and when they themselves have become hopeless of cure.

It has been noticed in a considerable proportion of early cases of leprosy, that the appearance of a crop of prominent tubercles on the skin quickly follows the administration of chaulmoogra oil; these subsequently flatten down and disappear on pushing the administration of the drug.

Both in- and out-patients are beginning to gain confidence in treatment by chaulmoogra and jungle almond oils; this is particularly shown amongst out-patients, the average daily attendance of which class during the last three years has been as follows:—

Years.	Out-patients' average daily attendance.
1898	0.50
1899	8.29
1896	15.48

which increase indicates that the treatment afforded is considered worth coming for.

Gynocardic acid, the active principle of chaulmoogra oil (dose gr. i to gr. iii and upwards), has also been used internally for leprosy with good results; it has the advantage of not producing gastric irritation, but it is too expensive for hospital use.

In addition to the therapeutics of the oils above referred to, in the treatment of leprosy, these drugs are also accredited with alterative properties, and a tonic effect on the nervous system, when given internally; and local stimulant effects when applied externally; they have been found beneficial in psoriasis, chronic eczema with thickening of the skin, and other chronic skin affections. Chaulmoogra oil is also useful in chronic rheumatism, when applied with gentle friction to affected parts.

During the year two major surgical operations were performed on tuberculous lepers:—excision of a large bleeding pile and enucleation of an enlarged axillary gland. Twenty-five minor operations were also performed; it is far from pleasant to operate on a tuberculous leper. It is a curious fact that, although the leper is subject to extensive mutilating ulceration, yet operation, or other, wounds heal readily.

APPENDIX A.

TABLE I.

Cases according to form of disease.

Class of patients.	Remained.			Admitted.		
	Anæsthetic.	Tubercular.	Mixed.	Anæsthetic.	Tubercular.	Mixed.
Europeans	12	15	2	4	4	1
Natives	106	44	33	103	61	30
Criminals	9	2	2	—	2	2

TABLE II.

Ages at which Leprosy appeared and progressed to quinquennial periods.

Class of patients.	5 years and under.	5-10 years.	11-15 years.	16-20 years.	21-25 years.	26-30 years.	31-35 years.	36-40 years.	41-45 years.	46-50 years.	51-55 years.	56-60 years.	61-65 years.	66-70 years.	71-75 years.	76-80 years.	81-85 years.	Total.
Europeans	2	3	14	4	7	2	1	1	1	—	1	—	—	—	—	—	—	—
Natives	13	25	35	51	57	60	44	47	32	18	16	4	1	1	—	—	—	—
Criminals	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—

TABLE III.

Cases in which the disease commenced before the age of 10 years arranged according to sex.

Class of patients.	5 years or under.		5 to 10 years.	
	Males.	Females.	Males.	Females.
Europeans	1	1	1	2
Natives	4	7	12	2
Criminals	—	—	1	—

Family Taint confessed.

	Europeans.	Natives.	Criminals.	Total.
Father affected	1	23	1	25
Mother affected	1	12	—	13
Father and mother affected	1	2	—	3
Grandfather affected	—	3	—	3
Grandmother affected	1	24	1	26
Uncle affected	—	6	—	6
Aunt affected	2	4	—	6
Cousin affected	—	25	1	26
Other relatives affected	7	—	—	7

TABLE V.

Analysis of cases where a family taint in the direct line could be traced through more than one generation.

TABLE VI.

Instances where two or more Children were lepers, but their parents healthy.

Class of patients.	Number of cases.
Europeans	6
Natives	18
Criminals	1

TABLE VII.

Cases where Father and Mother were lepers at the time of marriage.

Class of patients.	Number of cases.
Europeans	1
Natives	...
Criminals	...

TABLE VIII.

Condition of Children born after manifestation of the disease in parent or parents.

Class of patients.	Number of children born.	Number affected.
Europeans	6	1
Natives	75	18
Criminals	...	...

TABLE IX.

Condition of Brothers and Sisters of leprous parents with a true history of heredity.

Class of patients.	Number of patients actually born of leprous parents.	Number of their brothers and sisters.	Number of those affected.
Europeans	3	9	...
Natives	45	100	19
Criminals	5	6	8

TABLE X.

Condition of Brothers and Sisters of leprous patients whose parents remained healthy.

Class of patients.	Number of patients with such history.	Number of their brothers and sisters.	Number of those affected.
Europeans	35	120	7
Natives	330	1,330	39
Criminals	21	78	1

TABLE XI.

Children born before and after the manifestation of the disease in parent or parents.

Class of patients.	Children born before the appearance of leprosy in parent.	Children born after appearance of leprosy in parent.	Total number of children.
Europeans	21	4	25
Natives	352	81	468
Criminals	24	...	24

TABLE XII.

Marriages.

Class of patients.	Number of sterile marriages.	Marriages with issues.		Number of couples the children of which were born before the appearance of the disease in the parent.	Total number of marriages.
		Between two lepers.	Between a healthy person and a leper.		
Europeans	1	1	3	5	10
Natives	43	3	134	24	179
Criminals	6	...	10	10	18

TABLE XIII.

Table showing the fertility of leprous couples (both husbands and wives being lepers).

Class of patients.	Number of leper couples.	Number of such without any issue.	Remarks.
Europeans	3	1	One couple without issue left the hospital. Three singles were admitted into the hospital.
Natives	3	...	
Criminals	...	...	

TABLE XIV.

Table showing the relative sterility of couples where husband is a leper and the wife healthy.

Class of patients.	Total number of such couples.	Number of those which are sterile.	Number of those which have children.	Number of children.
Europeans	3	...	3	8
Natives	135	39	96	394
Criminals	18	8	10	24

TABLE XV.

Table showing the relative sterility of couples where the wife is a leper and her husband healthy.

Class of patients.	Total number of such couples.	Number of those which are sterile.	Number of those which have children.	Number of children.
Europeans	3	...	3	14
Natives	40	7	33	114
Criminals	...	...	...	...

APPENDIX B.

BRIEF DETAILED HISTORY OF CASES THAT HAVE IMPROVED UNDER CHAULMOOGRA OIL TREATMENT.

I. (S. H.), Eurasian, male—

Date of admission	.. ..	28th June 1872.
Date of discharge	.. ..	Still under treatment
Time in hospital	.. ..	23½ years.
Age on admission	.. ..	10 years.
Previous duration of disease	.. ..	Since infancy.
Form of disease	.. ..	Mixed.
Family history	.. ..	Younger brother affected.

Symptoms.—Large tubercles on the ears and nose; and tubercular thickening of the skin of the face; brown patches on the chest and back; hands are swollen, fingers are stiffened and contracted; large tubercles in the right knee and over dorsum of the feet; toes are shortened and thickened; ulcers in hands and feet; skin of hands and feet anæsthetic.

Treatment.—Chaulmoogra oil in gradually increasing doses.

Results.—The tubercles have subsided and the covering skin has relaxed; no fresh crop of tubercles has appeared; ulcers on hands and feet have healed; sensation not restored in hands and feet.

Remarks.—Disease checked; is keeping good health for the last five years; previously he had frequent exacerbations of tubercles and fever.

II. (F. E. P.), Eurasian, male—

Date of admission	.. ..	26th October 1894.
Date of discharge	.. ..	Still under treatment.
Time in hospital	.. ..	1½ years.
Age on admission	.. ..	16 years.
Previous duration of disease	.. ..	3 years.
Form of disease	.. ..	Tubercular.
Family history	.. ..	Cousin affected.

Symptoms.—Skin of face thickened and tuberculated; tubercles on ears and chin; nose flattened; nipples thickened; tubercles on chest and abdomen; skin generally dry and cracked; deep leprosy ulcers on left sole; toes ulcerated; skin of hands and feet hyperæsthetic.

Treatment.—Chaulmoogra oil gradually increased to full doses (one drachm).

Results.—All the tubercles have subsided, but the thickening of the skin continues; the deep ulcers of left sole and the ulcers of the toes have healed; his cutaneous sensation is normal throughout.

Remarks.—Disease checked, and the patient has continued in good health for the past four years.

III. (H. C. P.), Eurasian, male—

Date of admission	.. ..	18th February 1892.
Date of discharge	.. ..	Still under treatment.
Time in hospital	.. ..	4 years.
Age on admission	.. ..	17 years.
Previous duration of disease	.. ..	6 months.
Form of disease	.. ..	Tubercular.
Family history	.. ..	He is a cousin of leper F. E. P. (the last case); his brother also affected.

Symptoms.—Tubercles on chin and right cheek; tubercular thickening of skin of face; general coppery anæsthetic patches on chest and abdomen; skin of extremities shiny; fingers thickened; anæsthesia over hips and right elbow; a large tubercle about the size of a small lime on the back.

Treatment.—Chaulmoogra oil to full doses (one drachm).

Results.—Tubercles on chin and cheek have disappeared, leaving slight thickening of skin; coppery anæsthetic patches have disappeared, leaving skin normal; sensation is returning over hips and right elbow; the large tubercle on the back has subsided, leaving slight thickening of skin.

Remarks.—Disease checked; no fresh crop of tubercles has appeared since admission; is strong and in good general health.

IV. (J. T.), Eurasian, male—

Date of admission	.. ..	27th May 1893.
Date of discharge	.. ..	28th August 1895.
Time in hospital	.. ..	3½ years.
Age on admission	.. ..	19 years.
Previous duration of disease	.. ..	3 years.
Form of disease	.. ..	Mixed.
Family history	.. ..	Nil.

Symptoms.—Tubercles on ears, minute tubercles on chin; tubercular thickening of skin of face generally; raised light anæsthetic patches on skin of chest and back; shining and scaly appearance of skin of trunk and extremities; fingers thickened; skin of right foot anæsthetic.

Treatment.—Chaulmoogra oil to full doses.

Results.—Tubercles on ears and chin have disappeared, leaving slight thickening of skin; the raised anæsthetic patches on chest and back have disappeared, leaving the skin normal; fingers are of normal size; the shiny and scaly condition of skin of trunk and extremities has disappeared, leaving skin normal; is gaining sensation in right foot.

Remarks.—Disease checked. He was discharged on 28th August 1895; much improved.

V. (J. G.), Eurasian, male—

Date of admission	.. ..	7th May 1895.
Date of discharge	.. ..	8th June 1895.
Time in hospital	.. ..	1 month.
Age on admission	.. ..	21 years.
Previous duration of disease	.. ..	1 month.
Form of disease	.. ..	Mixed.
Family history	.. ..	Nil.

Symptoms.—Tubercular thickening of the skin of the chin, nose, and forehead; small brown raised spots over the trunk and extremities; he is gradually losing sensation in hands and feet.

Treatment.—Chaulmoogra oil to full doses.

Results.—The tubercular thickening of the skin of the face is gone; the raised spots have disappeared on trunk and in extremities; sensation in hands and feet restored.

Remarks.—He took his discharge on 8th June 1895; apparently cured.

VI. (S. L.), Eurasian, male—

Date of admission	.. ..	12th July 1894.
Date of discharge	.. ..	18th August 1894.
Time in hospital	.. ..	1 month.
Age on admission	.. ..	18 years.
Previous duration of disease	.. ..	3 months.
Form of disease	.. ..	Anæsthetic.
Family history	.. ..	Nil.

Symptoms.—This man was rejected for leprosy on presenting himself for enlistment in a regimental band; on presenting himself for treatment, he was found to have an anæsthetic light-coloured patch; the size of a rupee on the right cheek; general health good; no other symptoms.

Treatment.—Oleum hydnocarpus wightian (jungle almond oil) in large doses (1½ drachm).

Results.—The anæsthetic patch disappeared in a month; he was discharged, apparently cured, and was subsequently accepted for enlistment.

VII. (T.), Hindu, male convict, sentence 5 years—

Date of admission	.. ..	6th December 1890.
Date of discharge	.. ..	27th November 1893.
Time in hospital	.. ..	3 years.
Age on admission	.. ..	30 years.
Previous duration of disease	.. ..	3 years.
Form of disease	.. ..	Mixed.
Family history	.. ..	Nil.

Symptoms.—Lobes of ears tuberculated; tubercular thickening of skin of face generally; copper-colored anæsthetic patches on chest, abdomen, back, and extremities; fingers and toes thickened.

Treatment.—This man was, for the whole of his 5 years, a prisoner in the Criminal Leprosy Ward, and was, therefore, more under control as regards treatment, than the free lepers.

He was treated with chaulmoogra oil in large doses, up to two drachms, for the whole period.

Results.—The tubercles and anæsthetic patches entirely disappeared; the skin of the face, trunk, and limbs became normal, and sensation was restored throughout. At the termination of his sentence he was discharged, to all appearance, quite well; this is one of the most satisfactory cases on the hospital records as regards marked benefit from regular treatment by chaulmoogra oil in large doses.

VIII. (N. S. K.), Burman male convict, sentence ten years—

Date of admission	.. ..	18th March 1893.
Date of discharge	.. ..	Still under treatment.
Time in hospital	.. ..	2½ years.
Age on admission	.. ..	35 "
Previous duration of disease	.. ..	5 "
Form of disease	.. ..	Mixed.
Family history	.. ..	Nil.

Symptoms on admission.—Large raised tubercles closely deposited all over face, trunk and extremities; light anæsthetic patches on face and back; total loss of sensation in hands and feet.

Treatment.—Continued large doses of chaulmoogra oil, up to (two drachms). This leper, being, like the last mentioned, a prisoner, was under satisfactory control as regards treatment.

Results.—All the thickly spread tubercles have disappeared; the anæsthetic patches are gradually disappearing; he is gaining sensation in hands and feet. The results in this case also are very satisfactory.

IX. (H.) *Saib, Musselman convict*, sentence seven months—

Date of admission	.. .. .	10th August 1894.
Date of discharge	.. .. .	27th February 1896.
Time in hospital	.. .. .	7 months.
Age on admission	.. .. .	45 years.
Previous duration of disease	.. .. .	2 "
Form of disease	.. .. .	Tubercular.
Family history	.. .. .	Nil.

Symptoms on admission.—Tubercular thickening of ears, nose and skin of face; minute tubercles over trunk and extremities; no anaesthesia or ulceration; a strong man; general health good.

Treatment.—Continued full doses of chaulmoogra oil.

This man was also under full control as a convict.

Results.—The tubercular thickening of ears, nose and face, and the minute tubercles of trunk and extremities have disappeared, leaving the skin healthy throughout; when discharged he was, to all appearance, cured.

X. (A.), *Pariah, male convict*, sentence four and a half years—

Date of admission	.. .. .	2nd September 1894.
Date of discharge	.. .. .	Still under treatment.
Time in hospital	.. .. .	1 1/2 years.
Age on admission	.. .. .	29 "
Previous duration of disease	.. .. .	2 "
Form of disease	.. .. .	Mixed.
Family history	.. .. .	Nil.

Symptoms on admission.—Minute tubercles on ears and over face, in clusters on chin; raised coppery anaesthetic patches on chest, abdomen, back and upper extremities; shiny appearance of skin generally; fingers of both hands thickened; skin of hands and feet anaesthetic.

Treatment.—Chaulmoogra oil in regular large doses, up to (two drachms).

Results.—Tubercles have all disappeared; the anaesthetic patches on chest and abdomen have disappeared, whilst those on back and upper extremities are disappearing and sensation is returning; the enlarged fingers have become normal in size, and sensation has been restored in hands and feet; the skin generally has resumed a natural condition.

This leper convict is to all appearance cured.

XI. (P. P.), *Hindu, male convict*, sentence one year—

Date of admission	.. .. .	15th September 1894.
Date of discharge	.. .. .	20th July 1896.
Time in hospital	.. .. .	10 months.
Age on admission	.. .. .	23 years.
Previous duration of disease	.. .. .	5 months.
Form of disease	.. .. .	Mixed.
Family history	.. .. .	Nil.

Symptoms on admission.—Tubercular thickening of ears, and slight thickening of skin of face; light anaesthetic patches over back and extremities; a characteristic deep perforating ulcer on right sole; is robust and general health good.

Treatment.—Chaulmoogra oil in regular full doses.

Results.—Tubercular thickening of the lobes of ears and thickening of the skin of the face has disappeared; the light anaesthetic patches over the back and extremities are gradually disappearing; the perforating ulcer on right sole has healed; sensation is being restored where previously lost.

XII. (T.), *Hindu female*—

Date of admission	.. .. .	29th April 1895.
Date of discharge	.. .. .	16th January 1896.
Time in hospital	.. .. .	8 1/2 months.
Age on admission	.. .. .	40 years.
Previous duration of disease	.. .. .	1 year.
Form of disease	.. .. .	Mixed.
Family history	.. .. .	Nil.

Symptoms on admission.—Tubercles on ears and cheeks; tubercular thickening of skin of face; light anaesthetic patches on trunk and extremities; right middle finger contracted and ulcerated; left little finger contracted; other fingers fixed in extension; second and fourth left toes ulcerated; hands and feet anaesthetic; arms and legs covered with psoriasis.

Treatment.—Chaulmoogra oil in one drachm doses regularly.

Results.—Tubercles of ears and cheeks have subsided; skin of face has become natural; ulcers have healed; sensation is being restored in hands and feet; the use of the stiff fingers is being regained, the psoriasis has disappeared; and the skin of the trunk and extremities has resumed a normal condition; she is greatly improved, but left hospital before complete cure.

XIII. (S.), *Natives Christian female*—

Date of admission	.. .. .	10th May 1895.
Date of discharge	.. .. .	16th August 1896.
Time in hospital	.. .. .	3 months.
Age on admission	.. .. .	8 years.
Previous duration of disease	.. .. .	6 months.
Form of disease	.. .. .	Anaesthetic.
Family history	.. .. .	Her father is a leper in the hospital.

Symptoms on admission.—A light anaesthetic patch on right fore-arm near elbow; another on back of left elbow.

Treatment.—Jungle almond oil in 20 drop doses.

Results.—The anaesthetic patches have disappeared; the child was discharged cured. I have examined her six months later and find no recurrence.

LEPER HOSPITAL,
MADRAS, 28th February 1896.

(Signed) G. L. WALKER, M.D., Surgeon-Major,
Superintendent, Government Leper Hospital.

No. 6.—VOLUNTARY VENEREAL HOSPITAL

ANNUAL REPORT OF THE GOVERNMENT VOLUNTARY VENEREAL
HOSPITAL, MADRAS, FOR THE YEAR 1895.

ADMINISTRATION REPORT.

Brigade-Surgeon-Lieutenant-Colonel A. L. Hackett was in charge from the 1st January to the 3rd May, when he retired from the service. I assumed charge on the 4th May 1895. One Third-class hospital assistant, one compounder and two female ward attendants were added to the establishment during the year.

2. *Accommodation.*—The hospital buildings are in good condition. The usual whitewashing and some minor repairs were done.

The beds available are—

For Europeans and Eurasians 12

For Natives 88

Total .. 100

Some of the patients are respectable women, who have contracted disease from their husbands. These cases are, as much as possible, kept separate from the rest.

3. *Total treated.*—703 cases were treated against 662 in 1894, showing an increase of 41 cases.

Many of the patients come from distant districts, showing that the institution is well known and appreciated.

4. The following table shows the number of in-patients treated, with results:—

	Total treated.	Cured.	Relieved.	Discharge otherwise.	Died.
Europeans and Eurasians ..	50	16	26	2	—
Natives	653	155	419	2	13
Total ..	703	174	445	4	13

Each patient, as a rule, remains a long time under treatment. Hence the total treated seems to be small when compared with the average daily number sick which was 64.37.

5. *Mortality.*—

Mortality.		Cases admitted moribund.	Cases removed moribund.	Deaths from venereal diseases.	
Actual cases.	Number.			Acquired in hospital.	Acquired before admission.
Exhaustion the result of constitutional syphilis with extensive ulceration.	3	—	—	—	—
Diarrhoea	5	—	—	—	—
Pulmonary tubercle	1	—	—	—	—
Bright's disease	1	—	—	—	—
Intermittent fever	1	—	—	—	—
Meningitis	1	—	—	—	—

The causes of death and the number of days the cases were in hospital are shown below:—

Disease.

Constitutional syphilis 35

Number of days in hospital.

11

79

Disease.	Number of days in hospital.
Diarrhoea	44
.. .. .	22
.. .. .	55
.. .. .	53
.. .. .	14
.. .. .	3
Pulmonary tubercle	18
Bright's disease	10
Intermittent fever	1
Meningitis	—

The total number of deaths was 12 against 17 during the previous year. The percentage of deaths to total treated is 1.7.

Two cases were admitted moribund. Death in most cases was due to exhaustion from diarrhoea and long continued suppuration.

In addition to the ravages produced by syphilis and frequent attacks of gonorrhoea, most of the women seeking admission suffer from the effects of intemperate living, alcohol, and cannabis indica.

6. *Classes of diseases treated:—*

Diseases of generative system, 703	16
Syphilis, primary	470
Do. constitutional	217
Gonorrhoea	—
Total ..	703

7. *Operations.*—The following statement shows the number of surgical operations performed by the Medical officer in charge and his subordinates:—

Operator.	Number of operations performed.		Period present for duty.
	Major.	Minor.	
Surgeon-Major D. F. Dymott, M.B.	7	—	7 months and 27 days.
First-class Hospital Assistant Ranganatham	—	30	The whole year.

In five cases I removed one or both labia, and in two cases the clitoris on account of elephantiasis. It was difficult to successfully treat ulceration and inflammation about the vagina until these growths were removed. In every case the patient obtained great relief.

There was considerable difficulty in getting some of the patients under the influence of chloroform. This was due, no doubt, to the large amount of alcohol which they take.

8. *Classes.*—Of the total number of sick treated, 694 were adults and 9 children. The number of Europeans treated was 6; of Eurasians, 44; of Hindus, 350; of Mussulmans, 54; and of other classes, 240.

The number of Europeans is less by 19 than last year, while the number of Eurasians has increased by 20. The number of Mussulmans has increased by 19 when compared with last year. In last year's report, all natives were included under the headings Muhammadans and Hindus. This year, however, 240 have been included under 'other classes.' Hence the admissions of Hindus has fallen from 576 to 350.

The following table shows the ages of patients admitted during the year:—

Age.	Number of admissions.	Age.	Number of admissions.	Age.	Number of admissions.
6	1	21	7	34	36
7	1	22	60	35	29
8	1	23	21	36	19
9	1	24	50	37	3
10	3	25	54	38	3
11	1	26	33	39	29
12	1	27	6	40	1
13	3	28	30	41	1
14	6	29	1	42	1
15	9	30	83	43	5
16	31	31	2	44	2
17	20	32	13	45	—
18	90	33	1	46	—

ANNUAL REPORT OF THE

In 12 cases the girls were under the age of 16. One child was admitted with acquired syphilis at the age of 6. If such cases were reported to the Police I fear the effect would be to make the parents and guardians keep their children away from hospital.

The largest number in hospital on any one day was 88 on the 12th December 1895.

9. *Finance—Income.*—The total income was Rs. 13,284-11-8 against Rs. 12,483 in 1894, showing an increase of Rs. 798-11-8. This increase occurs under the heading 'Buildings and repairs' which cost Rs. 858-1-11 more than in the previous year.

Bazaar medicines.—The total cost was Rs. 11-10-9 against Rs. 8-0-6, showing an increase of Rs. 3-10-3. Bazaar medicines were more freely used. Hence the increase.

European medicines.—The cost in 1895 was Rs. 223-13-2 against Rs. 555-9-3 in 1894, showing a decrease of Rs. 331-12-1.

Diets.—There was a reduction under this heading of Rs. 24-8-8, the cost last year being Rs. 6,264-8-1 against Rs. 6,239-15-8 this year. The reduction is slight and calls for no remarks.

Comparative statement showing the average cost of diets:—

Year	Rs.	A.	P.
1894	0	3	11½
1895	0	3	8

The average cost of European diet per diem was As. 6-10.

Miscellaneous charges amounted to Rs. 2,429-3-1 against Rs. 1,694-11-4 in the previous year. The increase comes under the heading 'Buildings and repairs' which cost Rs. 858-1-11 more than in 1894.

Cost per patient.—A comparative statement showing the actual cost per patient under each head is given below:—

Year	Medical officer.	Inferior dispensary establishment.	Bazaar medicines.	European medicines.	Diets.	Miscellaneous charges.	Buildings and repairs.
	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.
1894	2 14 8½	3 0 11½	0 0 2½	0 13 5	9 7 5	2 4 2	0 5 6
1895	3 2 4½	3 1 2½	0 0 8½	0 6 1	8 14 0	1 12 4½	1 10 11

The increase under Medical officer and inferior dispensary establishment was due to the entertainment of one third-class hospital assistant, one compounder and two female ward attendants in addition to existing establishment.

With reference to G.O., No. 846, Public, dated 10th October 1895, endeavours have been made to keep the expenditure under medicines and diets as low as possible. Iodoform and other costly drugs were used sparingly. No great reduction in cost could be effected as the average cost of diet per diem in 1894 was low.

The actual cost per patient is high, because, as a rule, the patients remain much longer under treatment here than in other hospitals. The average cost per diet is very low being only As. 3-8.

10. *Verification of stock.*—Inventory lists of all Government property are kept. The drugs were verified on the 23rd November. The furniture was verified on the 18th January 1896.

11. *Service books.*—All the service books have been verified and brought up to date.

12. *Staff.*—The subordinates have worked very satisfactorily during the year.

MADRAS,
30th January 1896.

(Signed) DONALD F. DYMOTT, M.B., Surgeon-Major,
In Medical charge of Voluntary Venereal Hospital.

Establishment of the Government Voluntary Venereal Hospital, Madras.

1 Superintendent	Under G.O., No. 704 P., of 14th July 1888.	Rs.
	Local allowance	180
1 First-class hospital assistant.	Under G.O., Nos. 704, 705 P., of 14th July 1888	65
	Local allowance, G.O., No. 664 P., of 20th September 1890.	10
	Compensation for quarters under G.O., No. 863 P., of 14th November 1894.	3
1 Third-class hospital assistant	Under G.O., No. 329 R., of 20th April 1895	25
	Local allowance, G.O., No. 654 P., of 20th September 1890.	10

VOLUNTARY VENEREAL HOSPITAL.

Establishment of the Government Voluntary Venereal Hospital, Madras—continued.

	Compensation for quarters as above	Rs.
1 Matron	Under G.O., No. 427, Financial, of 6th June 1891	8
1 Storekeeper	Under G.O., No. 427 P., of 22nd May 1891	50
1 Compounder	Under G.O., No. 329 R., of 20th April 1895	9
1 Female ward attendant	Under G.O., No. 427, Financial, of 6th June 1891	9
1 Do. do.	Under G.O., No. 427, Financial, of 6th June 1891	8
1 Do. do.	Under G.O., No. 329 R., of 20th April 1895	6 each.
2 Do. do.	Under G.O., Nos. 704, 705 P., of 14th July 1888	7
1 Peon	Under G.O., No. 427, Financial, of 6th June 1891	6
1 Do. do.	Under G.O., No. 402 P., of 22 May 1891	6
1 Weighing man	Under G.O., Nos. 704, 705 P., of 14th July 1888	6
1 Water carrier	Under G.O., No. 427, Financial, of 6th June 1891	5 each.
1 Do. do.	Under G.O., Nos. 704, 705 P., of 14th July 1888	5
2 Female cooks	Under G.O., No. 427, Financial, of 6th June 1891	6
1 Do. do.	Under G.O., Nos. 704, 705 P., of 14th July 1888	6
1 Female toty	Under G.O., No. 427, Financial, of 6th June 1891	5
1 Do. do.	Under G.O., Nos. 704, 705 P., of 14th July 1888	5
1 Sweeper	Under G.O., No. 427, Financial, of 6th June 1891	10
1 Dog	Under G.O., No. 427, Financial, of 6th June 1891	4
1 Dhoby	Under G.O., No. 427, Financial, of 6th June 1891	4
1 Coolywoman	Under G.O., No. 402 P., of 22nd May 1891	4

MADRAS,
30th January 1896.

(Signed) DONALD F. DYMOTT, M.B., Surgeon-Major,
Superintendent, Govt. Voluntary Venereal Hospital.

PROFESSIONAL REPORT.

During 1895 there were 704 patients treated; of these 6 were Europeans, 44 Eurasians, 54 Mahomedans, 359 Hindus and 240 other classes. As compared with 1894 there was an increase of 41 cases in the total treated.

The hospital is well known and popular, and many of the patients come from distant districts. There was no overcrowding during the year, the greatest number of sick on any one day being 88, while the number of beds is 100.

Some of the patients are respectable women who have contracted disease from their husbands. These cases are, as much as possible, kept separate from the rest.

The following table shows the ages of patients admitted during the year:—

Age.	Number of admissions.	Age.	Number of admissions.	Age.	Number of admissions.
6	1	21	7	34	26
7	1	22	60	35	29
8	1	23	21	36	12
9	1	24	50	37	3
10	3	25	53	38	3
11	1	26	33	39	1
12	1	27	6	40	29
13	1	28	36	41	1
14	3	29	1	42	1
15	6	30	83	43	1
16	8	31	2	44	5
17	31	32	13	45	2
18	20	33	1	55	
19	90				
20					

In 12 cases the girls were under the age of 16. One child, aged only 6 years, was admitted with acquired syphilis. If such cases were reported to the police I fear the effect would be to make the parents and guardians keep their children away from hospital.

The average daily number of sick was 64.37. Compared with this number the total treated seems to be small. As a rule, however, the women remain a long time under treatment. Those who are too sick to follow their profession are only too willing to remain in hospital. Many have no friends and continue in hospital till they die.

The total number of deaths during the year was 12, against 17 during the previous year. The percentage of deaths to total treated is 1.7. Two cases were admitted moribund. Death in most cases was due to exhaustion from diarrhoea and long continued suppuration.

ANNUAL REPORT OF THE

Many of the patients, especially the more chronic cases, suffer from a complication of diseases, due not only to syphilis and frequent attacks of gonorrhoea, but also to intemperance. Most are addicted to the use of alcohol, cannabis indica, tobacco and opium.

There were several cases of sloughing phagedoena. Ulceration about the os uteri is not uncommon, being either syphilitic or due to the irritation of discharges. Cancer of the uterus was observed in three cases. Prolapse of the uterus was noticed in three cases. This displacement is favoured by the extensive destruction of the perineum, which so often occurs.

The actual causes of death were as follows:—Exhaustion, the result of constitutional syphilis, with extensive ulceration 3, diarrhoea 5, pulmonary tubercle 1, Bright's disease 1, intermittent fever 1, meningitis 1.

I performed 7 major surgical operations during the year, and 20 minor operations were performed by the senior hospital assistant. In 5 cases I removed one or both labia, and in two cases the clitoris on account of elephantiasis. It is difficult to successfully treat ulceration and inflammation about the vagina until such growths are removed. In every case the patient obtained great relief. Moderate hypertrophy of the external genitals due to syphilis is very common.

There was considerable difficulty in getting some of the patients under the influence of chloroform. This was due, no doubt, to the large amount of alcohol which they are accustomed to take.

As a rule the women are quiet and well behaved while in hospital.

(Signed)

DONALD F. DYMOTT, M.B., Surgeon-Major,
Superintendent, Govt. Voluntary Venereal Hospital.

MADRAS,
16th March 1896.

No. 7.—VICTORIA CASTE AND GOSHA HOSPITAL.

ANNUAL ADMINISTRATION REPORT OF THE VICTORIA CASTE AND GOSHA HOSPITAL, MADRAS, FOR THE YEAR 1895.

ADMINISTRATION REPORT.

Statistics of the sick treated:—

Tabular statement comparing the number of in-patients for three years ending 1895.

		Total number of in-patients treated.	Daily average number.
1893	...	1,008	81.68
1894	...	1,119	88.03
1895	...	1,079	81.25

There has been a slight decrease in the number of patients treated this year. This may be due to the season being a healthier one.

2. To certain cases which were considered should be treated at the Voluntary Venereal Hospital.

3. To an effort made to induce the well-to-do patients to pay a small amount for their medicines. This system not being appreciated, it was abolished.

Table showing the number of out-patients treated for three years ending 1895.

		Total number of out-patients treated.	Daily average number.
1893	...	6,531	75.16
1894	...	8,160	92.23
1895	...	7,648	81.84

There has been a slight falling off here also due to the same reasons as stated before.

The following statement shows the number of both in- and out-patients treated for three years ending 1895:—

		Total number of in-and out-patients treated.	Daily average number.
1893	...	7,539	102.82
1894	...	9,279	120.28
1895	...	8,727	113.09

Tabular statement comparing the number of different classes of patients both in- and out-door.

		Mahomedans.	Hindus.
1893	...	2,771	4,768
1894	...	3,343	5,927
1895	...	2,544	6,183

There was an increase in the number of Hindus treated.

Mortality amongst in-patients.

	Number of deaths.	Cases admitted moribund.	Cases removed moribund.	Death from septicæmia.	
				Acquired in hospital.	Acquired prior to admission.
1893 ...	12	...	...	...	...
1894 ...	6	2	3	...	2
1895 ...	10	4	7	...	4

2. *Actual causes of mortality.*—There were 2 deaths from tetanus, 2 from puerperal colic, 1 from diabetes mellitus, 1 from placenta prævia, 1 from remittent fever, 1 from cancer of the stomach and 1 from secondary hæmorrhage. With the exception of the placenta prævia case, all the others came in too late to have any relief given. Death occurred suddenly on the 10th day in the placenta prævia case from embolism of the heart.

Diseases treated.—The following is the tabular statement of the most common diseases treated for three years ending 1895.

	Worms.	Rheumatic affections.	Respiratory system.	Digestive system.	Generative system.	Diseases of the skin.
1893 ...	397	313	350	293	1,198	733
1894 ...	482	357	445	435	1,504	971
1895 ...	460	337	478	625	1,333	835

As may be naturally expected in a hospital of this kind, the chief diseases were those of the generative system.

There were 52 cases of natural labour conducted and 76 difficult and otherwise.

SURGICAL OPERATIONS.

Table showing the number of major operations performed for three years ending 1895.

	Total number performed.	Cured.	Relieved.	Discharged otherwise.	Died.
1893 ...	27	20	3	...	3
1894 ...	40	32	3	2	1
1895 ...	48	33	10	2	3

Finance.—(a) *Income.*—Tabular statement comparing the income of the hospital for the years 1894 and 1895:—

	Cash balance on 1st January.	Special allowance given by Government.	Municipal Funds.	Interest on investment.	Sale of securities or withdrawal of deposits.	Subscription from Europeans.	Subscription from Natives.	Miscellaneous receipts.	Total income.
1893 ...	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.
1894 ...	1,179 2 8	1,900 0 0	500 0 0	4,328 12 0	10,758 4 6	400 14 0	3,896 13 6	...	12,301 1 0
1895 ...	57 7 5	2,900 0 0	500 0 0	4,248 9 8	...	100 0 0	2,700 5 1	2,000 0 0	10,915 14 6

(b) *Expenditure.*—Tabular statement comparing expenditure of the hospital:—

	On Establishment.	On Bazaar Medicine.	On European Medicine.	On Diets.	Miscellaneous.
1893 ...	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.
1894 ...	4,412 1 6	251 2 5	304 11 3	2,334 13 3	2,409 6 9
1895 ...	4,562 4 9	267 15 5	304 4 7	1,838 10 10	2,156 9 9

The total income this year amounted to Rs. 39,015-14-6 against Rs. 12,301-1-0 of the previous year. This increase being due to the munificent donation of Rs. 10,000 from the Maharaja of Vizianagram, his good example being followed by a donation of Rs. 5,000 from the Zamindar of Parlakemidi and Rs. 2,000 from the Zamindar of Kottam and Puni, Rs. 1,000 from the Zamorin of Calicut, and Rs. 1,000 from the Rajah of Cochin and smaller amounts from petty Rajahs, &c.

Expenditure, establishment.—There has been an increase under this head owing to the addition of an assistant to the establishment.

European Medicines were purchased from Messrs. Burgoyne, Burbidges & Co; therefore an increase under this head.

The following table shows the cost per patient treated during the years 1894 and 1895:—

	Daily average of number of beds occupied.	Total number of in-patients treated.	Total number of out-patients treated.	Total of both in- and out-patients.	Total cost.	Average cost per patient on total cost.	Total cost on establishment.	Average cost per patient on establishment.
1894 ...	38	1,119	8,150	9,269	Rs. A. P. 9,891 2 2	Rs. A. P. 1 1 0	Rs. A. P. 4,412 1 6	Rs. A. P. 0 7 7
1895 ...	31	1,079	7,648	8,727	Rs. A. P. 3,738 7 4	Rs. A. P. 4 4 5	Rs. A. P. 4,562 4 9	Rs. A. P. 0 8 4

	Total cost of bazaar medicines.	Average cost per patient on bazaar medicines.	Total cost of European medicines.	Average cost per patient on European medicines.	Total cost of diets.	Average cost per in-patient on diets.	Total cost of miscellaneous charges.	Average cost per patient on miscellaneous charges.
1894 ...	Rs. A. P. 251 2 5	Rs. A. P. 0 0 5	Rs. A. P. 304 11 3	Rs. A. P. 0 0 8	Rs. A. P. 2,334 13 3	Rs. A. P. 2 1 5	Rs. A. P. 2,137 0 9	Rs. A. P. 0 3 8
1895 ...	Rs. A. P. 274 15 5	Rs. A. P. 0 0 6	Rs. A. P. 304 4 7	Rs. A. P. 0 1 3	Rs. A. P. 1,838 10 10	Rs. A. P. 1 11 3	Rs. A. P. 1,156 9 9	Rs. A. P. 0 2 1

The average cost of diet per in-patient has been Rs. 1-11-3 against Rs. 2-1-5 of 1894.

Buildings and Furniture.—The hospital buildings are in good repair. Furniture and bedding is ample.

Staff.—Up to the end of August last the staff remained the same as in the previous year. As the work had increased, an assistant to the Superintendent was appointed in August 1895.

Inspection.—The Surgeon-General with the Government of India and the Surgeon-General with the Government of Madras visited the hospital on the 19th of November 1895. The Surgeon-General with the Government of Madras visited the hospital on the 13th December 1895.

Remarks.—This hospital has been handed over to the Dufferin Fund, Madras Branch.

The executive committee are the committee of management and from them all orders relating to the interior economy emanate. A body of lady visitors visit the hospital in rotation once a week and forward to the Honorary Secretary, Dufferin Fund, such matters as they may notice, or such as may be communicated to them by the Superintendent. Under recent orders all remarks in the visitors' book are also forwarded to the Secretary, Dufferin Fund Committee.

Brigade-Surgeon-Lieutenant-Colonel A. M. Branfoot, Surgeon-Major Maitland and Surgeon-Major Browning are the visiting physicians.

The Governors of the hospital retain under the rules a voice in the appointment of the Superintendent. The rest of the staff are under the complete control of the Dufferin Fund Committee.

The annual report of the hospital is forwarded by the Dufferin Fund Committee to the Governors, who forward it on with their remarks to Government. The arrangement under which the hospital has been handed over to the Dufferin Fund Committee is terminable on a year's notice from either side.

(Signed) FLORENCE G. WELLS, L.R.C.P. & S.E.,
Superintendent, Caste and Gosha Hospital.

14th March 1896.

No. 8.—ROYAPETTAH HOSPITAL.

ANNUAL REPORT OF THE ROYAPETTAH HOSPITAL FOR 1895.

ADMINISTRATION REPORT.

General health.—The general health of the district in which the hospital is situated was good.

Epidemics.—Towards the end of the previous year cholera broke out in the district more in a sporadic than epidemic form, and continued during the early part of the year under review. Three cases were treated as in-patients in the sheds at Kishnampet and all of them ended fatally. Ten more cases were treated as out-patients. In most of the cases the disease is said to have been contracted outside of Madras. There has been no serious outbreak of any epidemic disease, except influenza, which was prevalent in a mild degree during the months of April, May and June of the year under review.

General sanitation.—The general sanitation of the district is under the control and management of the municipality, the Health Officer submitting an annual report to Government.

Statistics of the sick treated.—Tabular statement comparing the numbers of in-patients for three years ending 1895:—

	Total number of in-patients treated.	Daily average number.
1893	1,178	39.70
1894	926	37.94
1895	879	34.96

From the above it will be seen that there has been a slight falling off in the numbers of in-patients which is accounted for thus: during the year under report all the wards have been closed in turn to allow of the floors being cemented. The decrease is very small compared with 1894; in 1894 the number of beds was decreased by 5, the cholera sheds being turned into nurses' quarters.

Tabular statement comparing the numbers of out-patients treated for three years ending 1895:—

	Total number of out-patients treated.	Daily average number.
1893	29,518	163.50
1894	31,051	176.70
1895	31,152	170.30

There is a slight increase in the total number seen and a decrease in the daily average, the latter chiefly depends on the old cases coming to hospital. The following tabular statement comparing the numbers of both in- and out-patients treated for three years ending 1895 speaks for itself:—

	Total number of in- and out-patients treated.	Daily average number.
1893	30,694	203.20
1894	31,977	214.64
1895	32,031	205.26

Tabular statement comparing the numbers of different classes of patients both in-door and out-door:—

	Europeans.	Eurasians.	Muhammads.	Hindus.	Other classes.
1893	34	1,728	12,564	10,392	6,076
1894	86	1,676	12,871	10,135	7,209
1895	28	1,627	13,485	9,264	7,417

There is a considerable falling off in the number of Europeans for which I cannot account: in the other classes there is a small and gradual increase except in the case of Hindus who probably resort more to the General Hospital.

Tabular statement comparing the number of sexes of both in- and out-patients:—

	Total treated.			Daily average number.		
	Men.	Women.	Children.	Men.	Women.	Children.
1893	15,399	8,296	8,799	115.32	47.51	45.37
1894	16,277	7,063	8,617	115.06	47.73	50.91
1895	16,293	7,050	8,688	113.45	45.04	46.76

The differences are very small and are due, probably, to the smaller number of intern patients.

Mortality amongst in-patients.

	Number of deaths.	Cases admitted moribund.	Cases removed moribund.	Deaths from septic causes.	
				Acquired in the hospital.	Acquired prior to admission.
1893	58	}	Correct information not available.		
1894	62				
1895	67	13	7	2	2

This shows a slight increase and is probably due to a larger number of cases being admitted in moribund and hopeless condition.

(1) *Actual causes of mortality.*—The largest number of deaths was from "Diseases of the respiratory system," viz., 11;—out of these pneumonia caused 7 deaths, 3 died from cholera, 3 from "tubercular disease of lungs," 3 from "valvular disease of heart," 3 from peritonitis and 3 from "obstruction of bowels."

(2) *Cases admitted moribund.*—Three cases of drowning, 2 of diarrhoea, 3 of obstruction of bowels, 2 of tuberculosis of lungs, 1 peritonitis, 1 of depressed fracture of skull and 1 of acute Bright's disease.

(3) *Cases removed moribund from the hospital.*—A case of empyema, 1 of chronic dysentery, one of influenza, 1 of cystitis, 2 of stricture of urethra and 1 of elephantiasis scrotum with a large abscess.

(4) *Deaths from septic diseases.*

(a) *Acquired in the hospital.*

1 case from tetanus after radical cure for hernia.

1 case from septicaemia after mammary abscess and sloughing of the gland. She was admitted in a very weak state, improved for a time, then rapidly went down.

(b) *Acquired outside the hospital.*

2 cases of tetanus following wounds.

Diseases treated.—The following is the tabular statement of the most common diseases treated for three years ending 1895:—

	Worms.	Rheumatic affections.	Diseases of ear.	Diseases of respiratory system.	Diseases of digestive system.	Diseases of skin.
1893	3,669	1,865	1,806	1,936	5,775	2,123
1894	3,359	1,974	1,923	2,180	6,273	2,128
1895	2,892	2,392	1,756	2,415	5,834	2,840

The same classes of diseases have brought most patients to the hospital. Skin diseases appear on the increase as also "rheumatic affections" and "diseases of respiratory system."

Surgical Operation.—Tabular statement comparing the numbers of major operations performed with results:—

	Total number performed.	Cured.	Relieved.	Discharged otherwise.	Died.
1893 ...	109	76	14	2	7
1894 ...	141	106	19	7	5
1895 ...	119	84	17	8	7

There is a falling off in the number compared with last year; this is due probably to abscesses not having been included so frequently as major operations as in 1894: this would also account for the mortality, more serious operations leading to a higher death-rate. Deaths from operations in 1895 were as follows:—

- 1 case of excision of hip joint for tubercular disease.
- 1 of amputation of penis for epithelioma from shock.
- 1 of radical cure for hernia from tetanus.
- 1 of operation for hepatic abscess from exhaustion.
- 1 of inguinal colotomy for imperforate anus with absence of rectum and 2 cases of abscesses from exhaustion.

Finance (a) Income.—Tabular statement comparing the income of the hospital from different sources for three years ending 1895:—

	From Government			From municipal funds.	For diets by paying patients.
	As salaries for Medical officers.	As registers and forms.	Special allowance as service postage.		
	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.
1893 ...	2,390 10 6	...	...	11,113 0 8	...
1894 ...	2,802 10 6	6 11 5	...	11,708 15 5	...
1895 ...	3,178 6 5	6 11 8	...	11,618 9 8	36 10 0

For the first time in the history of the hospital, patients able to pay have been charged for diets during the year 1895. The scale of charges for this hospital, as sanctioned by the Municipal Commissioners, is half of the scale laid down in Government hospitals for such patients.

(b) Expenditure.—Tabular statement comparing the expenditure of the hospital for three years from 1893 to 1895:—

	On establishment.	On hospital medicines.	On European medicines.	On diet.	On miscellaneous.
	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.
1893 ...	5,257 11 8	32 9 4	3,428 6 10	3,216 5 4	1,509 2 3
1894 ...	5,730 0 10	119 7 0	2,926 4 7	3,757 11 11	2,036 14 2
1895 ...	6,116 10 7	163 5 5 1/2	4,367 14 1	4,461 14 6	2,811 8 8

As regards establishment the expenditure for 1895 shows an increase over that of 1894. This is accounted for by the fact that there was an increase in the strength of the menial establishment in 1895, and also to one of the Apothecaries drawing a higher rate of pay during the whole of the year instead of for a portion of the year as in 1894.

The rates for diets and miscellaneous for the year under review have been excessively high and it has been found impossible to diet a Native patient for the sum of 4 annas.

The increase in European medicines is due to the fact that a large number of instruments were obtained from England.

The average cost of a diet has been As. 5-4 as compared with As. 4-7 for 1894 and with As. 3-7 for 1893.

Cost per patient treated during the year 1895 compared with that of 1894:—

	1	2	3	4	5	6	7	8	9	10
	Number of beds available.	Daily average number of beds occupied.	Total number of in-patients treated.	Total number of out-patients treated.	Total of both in and out-patients treated.	Total cost.	Average cost per patient on total cost.	Total cost on establishment.	Average cost per patient treated on establishment.	
						RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	
1894 ...	45	37.04	926	31,051	31,977	14,803 8 6	0 7 4	5,730 0 10	0 5 10	
1895 ...	45	34.96	879	31,152	32,031	17,840 5 4	0 8 10	6,116 10 7	0 8 1	
	11	12	13	14	15	16	17	18	19	
	Total cost of hospital medicines.	Average cost per patient treated on hospital medicines.	Total cost of European medicines.	Average cost per patient on European medicines.	Total cost of diets.	Average cost per patient on diets.	Total cost of miscellaneous charges.	Average cost per patient on miscellaneous charges.		
	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	
1894 ...	119 7 0	0 0 1	2,926 4 7	0 1 5	3,757 11 11	4 0 11	2,036 14 2	0 1 0		
1895 ...	163 5 5 1/2	0 0 1 (nearly.)	4,367 14 1	0 2 1	4,461 14 6	5 1 2 1/2	2,811 8 8	0 1 5		

No special explanation is necessary for the above table.

Staff.—The strength of the staff was according to the scale laid down in re-organisation scheme—*Vide* G.O., No. 1100-M., Mis., dated 21st August 1893. In July 1895 there was an addition to the menial establishment of two more servants, viz., a third ward attendant and a third ayah.

Buildings, furniture, &c.—The cholera sheds at Meerapettah are not yet completed.

A new shed for cases of diarrhoea, &c., has been constructed in the hospital compound.

A large operation room has been built which, when finished and fitted up, should prove a great luxury.

The floors of all the wards have been cemented during the year; it is a great improvement on the old tiles. Drains have been constructed of Portland cement all round the hospital.

The supply of furniture was sufficient.

Inspection by the Surgeon-General with the Government of Madras and other officers.—The Surgeon-General with Government of Madras inspected the hospital on the 16th September 1895.

The above remarks were forwarded to the President, Municipality, who replied that he did not agree with the Surgeon-General in not allowing European or Eurasian patients into the wards.

The hospital was also visited by the Surgeon-General with the Government of India on the 22nd November 1895, and by the President of the Municipality very frequently.

Midwives and their work.—There are no midwives attached to this hospital.

Service Books.—All the service books in this office have been verified and regularly kept up to date.

Remarks.—Since November last, a more or less systematic examination has been made of the blood of patients complaining of malaria. In about 50 per cent. of the cases, parasites have been found, and in many of the cases in which they were not discovered such diseases as filaria, pneumonia and bronchitis have accounted for the fever. The triple form of quartan simulating quotidian fever has been most prevalent.

ANNUAL REPORT OF THE

Surgeon-Major Maitland was much interested in filaria disease and examined the blood of patients for this worm. It appears to be remarkably common in Triplicane and the numbers of patients who resort to hospital for treatment and in whose blood filari are found, are astonishing. Mosquitoes too abound; and I have counted over 100 on one bed, this looks as if Nature endeavoured to spread the disease. Young children of eight years old and people of over fifty were found to be affected. Attempts have been made to try and localise the sites of affected water channels or wells, but to my enquiries the invariable reply has been returned that the water drank comes from the Red Hill pipes. I cannot believe this to be true, or else we should find other localities in Madras to be similarly affected, and this, I am sure from enquiries, is not the case. Various stages of the worm have been traced in the mosquito up to 170 hours after the mosquito was fed.

Stock book is kept up according to the directions in Standing Order No. 15 of 1895.

MADRAS,
18th February 1896.

(Signed) A. J. STURMER, Surgn.-Lieut.-Col.,
Officiating Surgeon, Fourth District.

No. 9.—SAINT THOMAS DISPENSARY.

ANNUAL ADMINISTRATION REPORT OF THE ST. THOMAS DISPENSARY
FOR THE YEAR 1895.

1. *Statement II.*—The number of cases treated in the three years were as follow:—

1893	10,068
1894	10,594
1895	9,441

It will be seen that the attendance at the dispensary was larger in 1894 than in 1893, but there was an appreciable decrease in 1895. The dispensary, for aught I know, is as popular as ever. The only way therefore in which I can account for the fall in 1895 is this, viz., the general health of the district was on the whole comparatively better than in the previous years.

2. *Statement III.*—The most common diseases for which patients were treated were fever, rheumatic affections, dysentery and diarrhoea.

The statistics of the diseases are as follow:—

Diseases.	1893.	1894.	1895.
Fever	1,444	1,398	1,597
Rheumatic affections	1,225	1,222	600
Dysentery	802	718	351
Diarrhoea	681	704	285

Fever prevailed in 1895 more largely than in the two previous years, but cases of rheumatic affections, dysentery, and diarrhoea went down to about half the usual number. The fall in the latter case explains to a large extent the decrease in the total number of cases treated.

3. *Statement IV.*—The number of men, women and children treated during the year were:—

	1893.	1894.	1895.
Men	4,461	3,390	3,572
Women	3,575	3,203	2,081
Children	2,032	4,101	3,188

The above table discloses the fact that more men attended in 1895 than in the previous years, but fewer women and children. The increase in the number of men may be regarded as an index of the increasing popularity of the dispensary; but I beg to submit that the decrease in women and children does not point to a contrary inference. The general health of the district in 1895 was on the whole good, barring a few months when fever prevailed largely. Adult males affected by fever attended the dispensary easily and added to the usual number of male patients, while women and children suffering from the particular disease prefer to be treated by 'quack' physicians for several reasons:—

(1) The latter class of physicians have now learned to prescribe English medicines in the treatment of fever.

(2) Native women, who have to do the whole of the house-keeping business in a native house, find it very difficult to leave it for ever so short a time and attend a dispensary.

(3) The bringing of children to the dispensary involves the same difficulty; so native women and children prefer to be treated at home, provided that they have a reasonable chance of getting cured and the physician's bill is moderate.

(4) It is notorious that the 'quack' physician charges ridiculously low rates. He is generally satisfied if he gets an eight-anna piece or at the most a rupee for from four to six visits.

With this explanation, I may be permitted to make a general proposition that, when fever prevails largely, there will be more men attending at a dispensary and fewer women and children.

4. *Statement V, Part I.*—The income and expenditure of the dispensary for the three years were:—

					Income.			Expenditure.		
					Rs.	A.	P.	Rs.	A.	P.
1893	...	...	...	...	1,331	1	6	1,055	9	6
1894	...	...	...	...	1,766	0	0	1,279	1	0
1895	...	...	...	...	1,601	4	4	1,204	8	5

It will be seen from these figures that the income for 1894 was larger than that for 1893, but it went down in 1895. It will also be observed that the income for 1895 was an improvement on that of 1893. The somewhat unusually large income in 1894 may be explained by the fact that in that year a special grant of Rs. 500 was contributed by the municipality towards the repairs of the building and the providing of instruments. There was no such grant made for 1895. The small increase, however, over 1893 is due to the fact that, since April 1895, the municipality has been kind enough to contribute Rs. 1,000 per year instead of Rs. 800 in the previous years.

The expenditure of 1895 shows an increase of Rs. 262-12-9 over that of 1893 and an increase of Rs. 15-7-5 over that of 1894. The increase is chiefly noticeable under the head of 'English medicines.' While the cost under that head in 1893 was only Rs. 196-9-9 and in 1894 Rs. 235-10-0, in 1895 it came up to Rs. 358-13-0. The increased expenditure is due to the fact that the medicines had to be got in 1895 from local shops, whose prices were exorbitant, while in 1893 they were obtained from the Medical Store for much lower prices. The price of country medicine has also risen from Rs. 19-3-6 in 1894 to Rs. 34-4-0 in 1895.

The statement that, notwithstanding the largely increased price of medicine in 1895, expenditure in 1895 is nearly the same as in 1894 is explained by the fact that in the latter year a special expenditure of Rs. 500 was incurred towards the repairs of the building and the purchase of instruments.

ST. THOM'S DISPENSARY,
19th March 1896.

(Signed)

S. ABRAHAM, Hospital Assistant,
In charge of the St. Thom's Dispensary.

No. 10.—PORT AND MARINE DISPENSARY.

ANNUAL REPORT OF THE PORT AND MARINE DISPENSARY FOR 1895.

ADMINISTRATION REPORT.

1. The Port and Marine Dispensary which was opened in 1864 is intended for the treatment of out-patients amongst boatmen, sailors and employes of the Marine Department.

The Subordinate Medical officer affords prompt medical aid to all cases of accident and then sends them to either the General Hospital or Native Infirmary for further treatment.

2. *Accommodation.*—The dispensary is located in the Custom House and consists of two rooms set apart for the purpose. These rooms measure 22' x 10½' x 12½' and 19' x 13½' x 12½' respectively.

3. *Numbers treated.*—2,980 out-patients were admitted during the year as against 3,331 last year.

4. *In-patients.*—None treated.

5. *Out-patients.*—Subjoined is a comparative statement showing the number of out-patients treated with the daily average of men, women and children for three years:—

Out-patients treated during				Daily average sick for											
				1895.				1894.				1893.			
1895.	1894.	1893.		Men.	Women.	Children.	Total.	Men.	Women.	Children.	Total.	Men.	Women.	Children.	Total.
2,980	3,331	3,087		30.027	0.008	0.001	30.031	34.60	0.02	0.07	34.69	35.49	0.00	0.00	35.49

6. *Mortality.*—There were no deaths.

7. *Classes of disease treated.*—The following figures show the principal classes of diseases treated in the Marine Dispensary:—

Ulcers	871
Injuries	844
Diseases of the skin	236
Diseases of the ear	214
Diseases of the nervous system	211
Diseases of the digestive system	166
Malarial fevers	106
Diarrhoea	78

8. *Operations.*—The following statement shows the number of surgical operations performed by the medical subordinates during the year:—

Operator.	Number of operations performed.	Period present for duty.
Civil Apothecary B. T. Browne	71	8 months and 10 days.
Civil Assistant Surgeon P. Pereira	4	1 month and 12 days.
Retired Military Assistant Surgeon A. Debnam	19	7 months and 9 days.

9. *Classes and sexes.*—There were 24 Europeans, 178 Eurasians (including 1 woman and 1 child), 359 Muhammadans, 1,990 Hindus and 429 'other classes' (including 1 woman) treated during the year. As compared with the previous year there was an increase among the Eurasians, Muhammadans, and 'other classes' of 52, 220, and 120, respectively, and a decrease among Europeans and Hindus by 21 and 722, respectively.

10. *Finance—Income.*—The income for the year derived from Government (Port Funds) was Rs. 2,745-7-0 as against Rs. 2,251-13-1, showing an increase of Rs. 493-9-11 over last year.

Expenditure.—The sum of Rs. 2,745-7-0 was expended during the year on salaries, European medicines, contingencies, registers and forms, and repairs to the building, as against Rs. 2,251-13-1 expended last year. The increase was chiefly due to repairs which cost Rs. 208-1-7 and to the higher salary drawn for the last seven months and nine days of the year for the Medical subordinate who was a retired First-class Military Assistant Surgeon.

Inferior Dispensary Establishment.—There has been no change in this item. Rs. 72 were paid in 1895, as in previous years, as salary to the cooly.

Bazaar medicines.—No outlay under this head.

European medicines and surgical instruments and appliances cost Rs. 262-12-0 as against Rs. 31-2-4 in the preceding year. The increase was due chiefly to the replacing of two old Surgeon's pocket dressing cases by new ones.

Diet.—No diets were issued.

Miscellaneous charges amounted to Rs. 22-9-5 as against Rs. 20-7-7 in 1894.

Building and repairs.—The dispensary was cemented and thoroughly repaired during the year. The work was carried out by the Harbour Trust Board at a cost of Rs. 208-1-7 which amount was debited to Port Funds.

Cost per patient.—A comparative statement showing the actual cost per patient under each head is given below:—

Year.	Medical officers.	Inferior dispensary establishment.	Bazaar medicines.	European medicines.	Diet.	Miscellaneous charges.	Building and repairs.
1893	Rs. A. P. 0 11 2	Rs. A. P. 0 0 5	Rs. A. P.	Rs. A. P. 0 1 5	Rs. A. P.	Rs. A. P. 0 0 1	Rs. A. P. 0 1 7
1894	0 10 3	0 0 4	.....	0 0 2	.....	0 0 1	.....

11. *Verification of stock.*—An inventory of Government property is kept in the dispensary and has been verified. The furniture and fittings are in fair order.

12. *Service books.*—The service books were verified and found correct.

13. *Stock book of medicines, &c.*—No stock book for medicines was kept during the year, but a register for surgical instruments and appliances was maintained.

MADRAS,
9th April 1895.

(Signed) JOHN SMYTH, M.D., Surgeon-Major,
Acting Port and Marine Surgeon.

No. 11.—RAJAH SIR SAVALAY RAMASAWMY MOODELLIAR LYING-IN HOSPITAL.

ANNUAL ADMINISTRATION REPORT FOR 1895.

1. *Buildings—Repair, Accommodation.*—The buildings are in good repair except the flooring of the non-caste ward, which being laid down with chittam only, gets broken up easily and is difficult to keep clean.

The accommodation of the non-caste ward is rather limited, there being only 12 beds as compared with 16 in the two caste wards, while the number of non-caste cases is usually larger than of caste cases.

The want of a good laundry is much felt. The room in which the washing of the soiled clothes is at present undertaken, is not at all adapted to the purpose. It is much too small for the work, and contains only one cistern instead of four, which are absolutely necessary if the clothes are to be thoroughly cleansed and disinfected. An attempt has been made to construct two small extra cisterns, but the space available in the room is too limited for cisterns of anything like the proper size. The present laundry must therefore be considered extremely unsatisfactory. There are, moreover, no sculleries or bath-rooms in connection with the hospital. The above defects are very serious, especially in the case of a lying-in hospital; they have been noticed by inspecting officers and have been brought before the Executive Committee of the Monegar Choultry, but without result. I fear improvement cannot be expected unless the municipality takes over the management of all the medical institutions connected with the Monegar Choultry.

2. The hospital is under the management of the Executive Committee of the Monegar Choultry. There were three meetings of the Executive Committee, and two general meetings of the Directors during the year.

3. The accompanying table gives the number of natural and morbid labours with deaths of mothers and children for the past four years; 77 children were still born:—

	1892.	1893.	1894.	1895.
Natural labour	628	759	702	742
Morbid labour	69	97	67	83
Total	697	856	769	* 824
Deaths of mothers	12	16	17	20
Deaths of children	29	43	44	47
Percentage of maternal deaths to total	1.72	1.75	2.21	2.91
Percentage of children's † deaths to total born alive.	4.12	5.02	5.74	5.70

* Excludes diseases of pregnancy.

† 80 children were immature.

4. *Epidemics which have occurred in the station or its vicinity.*—No epidemics occurred in the vicinity of the hospital. A few sporadic cases of cholera were admitted in the Native Infirmary, but there was no spread of the disease.

5. *Inspections.*—One on 19th February 1895, and one official visit on the 16th September 1895 by the Surgeon-General with the Government of Madras. The Surgeon-General with the Government of India, accompanied by the Surgeon-General with the Government of Madras, visited the hospital on the 20th November 1895. The entries in the visitors' book made by these officers have already been submitted.

6. *Attendance of patients as contrasted with previous years.*—The accompanying table No. 1 gives the admissions for the past four years, together with the daily average in hospital. Table No. 2 shows the races and castes of in-door patients. There are no out-door cases:—

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No. 1.

	1892.	1893.	1894.	1895.
Total treated	697	856	769	867
Daily average	14.85	19.05	17.15	19.06

* Includes diseases of pregnancy.

No. 2.

Race or caste.	1892.	1893.	1894.	1895.
Eurasians	8	9	14	13
Hindus	280	355	307	346
Muhammadans	11	16	14	9
Other castes	418	476	434	490
Total	697	856	769	867

* Includes diseases of pregnancy.

7. *General Remarks.*—The hospital has continued to do good work during the year; the decrease in attendance noticed in the previous year, which was thought to be due to the reduction in batta to pregnant women from 2 annas to 1 anna 6 pies, has not continued; on the contrary, the number treated has surpassed the figure of 1893, and is the largest yet experienced, and this, notwithstanding the change in the personnel of the Superintendent, Resident Apothecary, and matron, indicating that the institution itself has undoubtedly gained the confidence of the Native women (including Native Christians); the increase is chiefly amongst Hindus, both caste and Parish class would avail of assistance more freely if separate accommodation could be provided for them. At present this is not possible.

Several cases of Eurasians were refused admission in accordance with the expressed wishes of the Surgeon-General, who considered that this class should be relieved at the Government Lying-in Hospital, and should only be admitted here under urgent circumstances.

The number of obstetric operations performed was 82 against 66 in 1894, giving a percentage of 1 to 10 of aided to natural labours. About two-thirds of the aided labours were amongst caste Hindus, indicating that a large proportion of this class resort to the hospital only in emergencies.

The institution is well adapted for affording obstetric instruction to students of the Hospital Assistant class and to Native midwives. Of the latter 10 were examined after a year's pupilage and found qualified; they all quickly obtained appointments.

Staff.—I succeeded Surgeon-Lieutenant-Colonel H. D. Cook, M.D., as Surgeon, First District, on 22nd April 1895.

Civil Apothecary S. T. Browne, M.D., C.M., L.R.C.S., replaced Assistant Surgeon Wynne on 12th April. Dr. Browne has given me entire satisfaction in the performance of his duties as Resident Apothecary and Clinical Assistant. He is particularly well informed in obstetrics, and is a very skilful and reliable obstetric operator. He daily affords clinical instruction in midwifery to the students of the Hospital Assistant class; he has worked here most zealously and efficiently.

First-class Hospital Assistant N. A. Veerasawmy No. 196 instructs the Native pupil midwives in midwifery in the vernacular. Under his teaching and the practical instruction given by the matron, 10 Native women qualified as midwives during the year. This Hospital Assistant has given me full satisfaction.

Mrs. Gilbert has filled the post of matron of this hospital during the year; she is a capable and skilful midwife and has performed her duties with zeal and efficiency; she is kind and attentive to the patients and has gained their confidence.

She gives practical instruction in midwifery and ward nursing to the native pupil midwives. Miniammah has been head Native midwife for the last fifteen years. She is a capable midwife and works well.

FURTHER MANUSCRIPT REPORT IN ACCORDANCE WITH CIRCULAR No. 29, PARAGRAPH 46 OF 1894.

Statement II—

(a) There are no out-patients.

(1) Amongst in-patients, no abnormal variations are noted in attendance or death-rate.

(2) *Actual causes of mortality*—

Chronic dysentery	2
Rupture of uterus	1
Post-partum hæmorrhage	4
Pulmonary thrombosis	1
Puerperal convulsions	2
Septicæmia	1

(3) *Cases admitted moribund*—

Septicæmia	1
Albuminuria	1
Accidental hæmorrhage	1
Placenta prævia	1
Malarial fever	1

(4) *Cases removed moribund*—

Dysentery	1
Puerperal convulsions	2
Septicæmia	1

One of the latter was admitted moribund and removed shortly after.

(5) *Deaths from septic diseases, &c.*—

Septicæmia acquired in hospital	2
Do. previous to admission	1

(b) *Statement III.*—Nil.(c) *Statement IV.*—The total increased attendance during the year (867 in 1895 against 769 in 1894) is due to increased attendance of 'Hindus' and 'other classes'.(d) *Statement V.*—*Income.*—Medical officers.—Rs. 3,114-5-4 against Rs. 3,540 in 1894, decrease Rs. 425-10-8 due to difference in salary between Assistant Surgeon Wynne and Civil Apothecary S. T. Browne, M.D.*Registers and Forms.*—Rs. 1-15-0 against nil the previous year in 1894. These were included in the Native Infirmary statement.*Local Funds.*—Rs. 3,249-14-10 against Rs. 4,022-12-7, decrease Rs. 172-13-9 owing to a smaller sum required for diets and miscellaneous charges.*Expenditure.*—*Medical officers.*—Decrease Rs. 425-10-8, same explanation as given above.*Menial servants.*—A small decrease of Rs. 23-11-11 due to absentees.*Bazaar medicines.*—Rs. 17-3-0 against nil in 1894, owing to the expenditure under this head having been erroneously included with 'Miscellaneous charges' in 1894.*Diet.*—Rs. 1,255-1-7 against Rs. 1,586-5-1 in 1894, decrease Rs. 331-3-4 due to batta money to pregnant women having been included in 1894 under the head of 'Diet' instead of 'Miscellaneous charges' as has been done this year; and to the fact that average cost of diet per head was lower in 1895 than in 1894.*Miscellaneous charges.*—Rs. 953-5-2 against Rs. 785-11-1 in 1894, increase Rs. 167-10-1 due to the inclusion of batta money this year under this head instead of 'Diet'.*Average cost of each diet.*—As. 3-2½ against As. 3-3½ in 1894, decrease 6½ pies owing to less extensive use of extras and stimulants, and the substitution of arrack for brandy.

PROFESSIONAL REPORT.

The total number of labour cases was 808 as compared with 751 in 1894. The percentage of painless being 24.8 against 22.10 in the previous year.

The following is the abstract of the work done during the year:

Number of confinements without artificial aid	195
Number delivered with artificial aid	613
Number undelivered	2
Total	810

Of those delivered without aid, there were 633 cases of natural labour; 12 cases of tedious labour; 16 cases of preternatural labour; and 63 cases of complex labour.

Of the 82 deliveries requiring aid, the forceps were used in 64 cases; turning was resorted to in 11; simple extraction in two instances; and craniotomy, cephalotripsy or evaporation had to be employed in 9 cases. In the remaining 6 cases operative interference was confined to such

manipulations as the dilatation of the cervix with Barnes' bags (1), artificial separation of the placenta in placenta prævia (2), and removal of morbidly adherent placenta (8).

Classification of labours.

The deliveries may be thus classified:—

Natural labour	..	..	..	..	..	632 or 78.50 per cent.
Difficult	..	..	..	..	..	86 or 8.45
Preternatural labour	..	..	..	..	..	28 or 3.23
Complex labour	..	..	..	..	..	68 or 8.45
Abortions	..	..	..	..	..	11 or 1.37

Table A appended classifies the labours in detail giving results.

Natural labour.—There were 628 cases in which the head presented, and 4 in which the face presented, in which delivery was completed naturally without complication.

612 mothers were discharged well; 3 died and 3 were discharged otherwise, convalescence not being complete, and 14 remained.

The number of children born alive was 606; 26 were still born, including 5 putrid foetuses.

Tedious labour.—Under this heading there were 12 cases delivered, in all of which the delay was due to the slow dilatation of the cervix from premature rupture of the membranes or feeble uterine action. There were no maternal deaths. Twelve children were born alive.

Difficult labour.—In this class are included those cases in which the head or face presented and delivery could not be completed without artificial aid.

The head presented in 53 and the face in 3.

The following table gives the mode of delivery and the results:—

Mode of delivery.	Number of cases.	Mothers.		Children alive.	Children still.
		Recovered.	Died.		
Forceps	47	47	..	50	8
Version podalic	1	1	..	..	1
Version and forceps	1	1	..	..	1
Craniotomy	3	3	..	..	1
Cephalotripsy	4	4	..	..	4

The proportion of male to female children in this class was 4 to 3.

Fifty-three per cent. of deliveries under this head were women in their first labours.

Preternatural labour.—This represents labour in which some other part of the body than the head presented. Altogether there were 36 cases of this nature, of which 10 were complicated and are classed under complex labours.

Of the 26 uncomplicated cases, delivery was accomplished in 16 by natural powers, and 15 children were born alive; one was still.

There were no maternal deaths under this head.

In 10, delivery was completed with manual aid. Of these 3 children were born alive and 3 were still; there was one maternal death from septicaemia in the case of a woman who had been six days in labour previous to admission, and in which case, evacuation had to be performed.

Complex labour.—Labour was complicated by the following accidental circumstances involving danger to mother or child:—

Plural births	..	..	..	..	..
Hæmorrhage	..	..	..	..	..
Retained placenta	..	..	..	..	..
Puerperal convulsions	..	..	..	..	..
Rupture of uterus	..	..	..	..	..
Descent of funis	..	..	..	..	..
Other complications	..	..	..	..	..

(a) **Plural births.**—Fifteen women were delivered of twins. This gives a proportion of 1 to 54 labours. 25 children were born alive and 5 still. 13 were males and 17 females. In none was artificial aid required.

Mortality of mothers—Nil.

(b) **Hæmorrhage.**—There were 15 cases of hæmorrhage; 4 due to accidental separation of the placenta; 5 to placenta prævia. The remainder were cases of post-partum hæmorrhage.

Maternal deaths five.

In accidental hæmorrhage 3 children were born alive and 1 still. One mother died undelivered, who was admitted in a moribund condition, and died a few minutes after admission. In placenta prævia 4 children were born still and only 1 alive.

The maternal deaths were due to placenta prævia (2), post-partum hæmorrhage (1) and accidental hæmorrhage (2). One case of placenta prævia died undelivered as she was in a moribund condition which did not admit of operative interference.

(c) **Retained Placenta.**—There were 7 cases of retained placenta, 4 of simple retention due to uterine inaction, and 3 of morbid adhesion. Two occurred in women who were delivered at home and were brought to hospital on account of this complication, one coming all the way from Arkonam. All recovered. These do not include cases of retained placenta occurring after abortion, which are given under that heading.

(d) **Puerperal convulsions.**—Five women were admitted with puerperal convulsions. In 4 of them the convulsions appeared before labour had begun, and were the immediate cause of determining labour. In all the head presented. Delivery was effected by forceps in 4, and by craniotomy in one. One child was born alive and four still.

In two the convulsions did not recur after delivery; in one they continued for the first 24 hours after delivery and then ceased; one woman died, and one was removed in a condition that forboded ill for her recovery. All were cases of first pregnancy.

(e) **Rupture of uterus.**—This formidable accident occurred twice during the year, once in a case of third pregnancy, and once in a sixth pregnancy. In both cases the head was presenting, one was delivered by version and the other by forceps. Both women were above 30 years of age, both mothers died and the children were still.

(f) **Descent of funis.**—This was seen in seven cases. The following table gives details as regards presentation and results:—

Presentation.	Number of cases.	Children.		
		Alive.	Still.	Putrid.
With head	3	1	2	..
With hand	2	1	1	..
With shoulder	1	..	1	..
With arm	1	..	1	..

Maternal deaths—Nil.

(g) **Other complications.**—These comprised cases of labour attended with dysentery, albuminuria, anaemia, malarial fever and syphilis.

There were five cases of dysentery. In two the women were brought in a very low state and died shortly after delivery. One case went out well; one was discharged much improved and one was removed still very ill.

There were six cases of albuminuria of which four were admitted moribund with considerable swelling of lower extremities and face, one died undelivered, the others were discharged apparently well. Cases of albuminuria attended with convulsions are given under puerperal convulsions.

The remaining cases included two of anaemia, two malarial fever, one admitted very ill with dry tongue and scordes on teeth, who died shortly after delivery. One case of elephantiasis of leg and two of primary syphilis.

Abortions.—All cases in which the foetus weighed less than 2 lb. were classed as abortion. There were 11 admitted during the year. In five delivery was completed naturally without complication, in five the placenta had to be extracted, one with the aid of Hegar's dilator.

Three women were admitted with retained placenta in whom symptoms of septicaemia had already developed. Two died in hospital, the other was removed in a dying state.

Maternal deaths.—There were altogether 20 deaths in hospital, including 8 cases admitted moribund, and 3 died undelivered. The causes of death are given as under:—

(1) Accidents of childbirth—	..	..	..	..	..	2
Rupture of uterus	..	..	..	..	..	1
Post-partum hæmorrhage	..	..	..	..	..	1
Puerperal convulsions	..	..	..	..	..	1
Accidental hæmorrhage	..	..	..	..	..	1
Placenta prævia	..	..	..	..	..	4
(2) Puerperal causes—	..	..	..	..	..	3
Pulmonary thrombosis	..	..	..	..	..	..
Septicaemia	..	..	..	..	..	42

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(3) Non-puerperal causes—

Chronic dysentery	2
Albuminuria	4
Malarial fever	1

Total .. 20

Children.—The total number of children born in hospital was 809 (excluding 11 abortions and 3 cases undelivered), there being 15 twin births. Of these 711 were children at full term and 88 premature births and 10 children born putrid.

Sex.—There were 402 males to 407 females.

Live and still births.—732 children were born alive and 77 still, including 10 putrid. This gives a percentage of 90.4 of live births.

Deaths of children in Hospital.

Immature children	31
Convulsions	7
Trismus neonatorum	1
Atelectasis	4
Congestion of brain	2
Malformed head	1
Septicæmia following colotomy for imperforate anus	1

Total .. 47

Obstetric operations.—In table B appended overleaf all the obstetric operations performed during the year are classified in detail.

TABLE A.

Classification of labours with results.

Class.	Divisions.	Sub-division.	Number admitted.	Result to mother.			Result to child.		
				Cured.	Died.	Discharged otherwise.	Alive.	Still.	Putrid.
Natural labour.	Purely natural.	Born occipits anterior	623	603	3	3	597	21	5
Difficult labour.	Varieties	Do. posterior	5	5	...	...	5	...	...
	Tedious	Face (3) ...	4	4	...	...	4	...	...
		Natural powers over 24 hours.	12	12	...	...	12	...	...
		Forceps (7) ...	47	47	...	...	47	...	...
Preternatural labour.	Labourious	Version, podalic	1	1	...	...	1	...	...
		Do. and forceps	1	1	...	...	1	...	...
		Craniotomy	3	3	...	...	3	...	...
		Cephalotripsy	4	4	...	...	4	...	...
		Breech (10)	12	12	...	...	12	...	...
		Knee	1	1	...	...	1	...	...
		Foot	6	6	...	...	6	...	...
		Shoulder	1	1	...	...	1	...	...
		Arm	1	1	...	...	1	...	...
		Hand and foot	2	2	...	...	2	...	...
Complex labour.	Compound	Head and hand	2	2	...	...	2	...	...
		Face and arm	2	2	...	...	2	...	...
	Plural births	Twins	1	1	...	...	1	...	...
		Accidental hæmorrhage	15	15	...	...	15	...	...
		Post-partum hæmorrhage	5	5	...	...	5	...	...
		Placenta prævia	6	6	...	...	6	...	...
		Simple retention	4	4	...	...	4	...	...
		Morbid adhesion	3	3	...	...	3	...	...
		Eclampsia	5	5	...	...	5	...	...
		Uterus alone	2	2	...	...	2	...	...
Premature labour.	Descent of funis.	With head	3	3	...	...	3	...	...
		With hand	2	2	...	...	2	...	...
		With shoulder	1	1	...	...	1	...	...
		With arm	1	1	...	...	1	...	...
		Dysentery	1	1	...	...	1	...	...
		Albuminuria	6	6	...	...	6	...	...
		Anæmia	2	2	...	...	2	...	...
		Malarial fever (1)	2	2	...	...	2	...	...
		Epileptics	2	2	...	...	2	...	...
		Syphilis	1	1	...	...	1	...	...
	Abortions	Before formation of placenta	2	2	...	...	2	...	...
		After formation of placenta	11	8	...	...	11	...	...
Total*			809	765	20	3	799	67	...

* 14 remained at the end of the year.

TABLE B.

Classification of obstetric operations.

Class.	Division.	Sub-division.	Number admitted.
Dilatation of cervix with Barnes' bags.	Abortion	After formation of placenta	1
		Before placenta formed	1
	Complex	Puerperal convulsions	41
		Head presenting	3
Forceps	Difficult	Face presenting	1
		Head presenting after version	2
	Preternatural	Head and hand	1
		Head and funis	4
Podalic version.	Complex	Puerperal convulsions	1
		Post-partum hæmorrhage	1
		Rapture uterus	1
		Face presenting, forceps failed	3
Extraction	Difficult	Transverse	1
		Compound	1
	Preternatural	Rapture uterus	1
		Placenta prævia	1
Cephalotripsy	Complex	Descent of funis	1
		Accidental hæmorrhage	3
		Short cord	4
		Head presenting, forceps failed	1
Craniotomy	Difficult	Abortion	1
		Puerperal convulsions	1
	Complex	Placenta prævia	2
		Transverse	3
Evacuation	Preternatural	Morbid adhesion (1)	2
	Abortion	Placenta prævia (2)	2
Total			83

(Signed) G. L. WALKER, M.D., Surgeon-Major,
Surgeon, First District and Superintendent,
Rajah Sir Ramasawmy Moodeliar Lying-in Hospital.

MADRAS,
4th February 1896.

No. 12.—THE BLACK TOWN DISPENSARY AND NATIVE INFIRMARY, MADRAS.

ANNUAL REPORT ON THE BLACK TOWN DISPENSARY AND NATIVE INFIRMARY, MADRAS, FOR 1895.

ADMINISTRATION REPORT.

1. *Buildings*—Present state of repairs, &c., furniture, fittings, &c.—The Black Town dispensary is under the management of the municipality; during the first half of the year the work was carried on in two rooms adjoining the Native Infirmary, which were inadequate and unsuited for the purpose; on my application the Monagar Choultry directors placed the old Napier School House at the disposal of the municipality for use as a dispensary; the latter body paid for the necessary alterations in the building, which now meets the requirements of the Black Town dispensary in a fairly satisfactory manner. Of the two rooms previously in use, one now accommodates the medical subordinate on duty during the day, whilst the other is used for dressing cases of accident.

The buildings of the Native Infirmary are under the management of the directors of the Monagar Choultry. They are dilapidated, insanitary, and generally unsuited to the needs of a hospital, as detailed in correspondence during the year, copies of which were furnished to the Secretary, Surgeon-General. Certain urgent defects were remedied as reported in this office letter to the Secretary, Surgeon-General No. 261, dated 19th July 1895; the whole question of the hospital buildings, management and re-organization is now under the consideration of a special committee, who at present await the survey of the land and buildings, which is being made by the Consulting Architect, in view of the erection of new and suitable buildings.

2. *Committee*—Frequency of meetings.—The directors of the Monagar Choultry hold meetings to discuss the affairs of the Monagar Choultry Charities in general at which meetings matters connected with the Native Infirmary receive attention; during the year there were two general meetings, and three meetings of the Executive Committee.

The President, Madras Municipality, disposes of references touching the Black Town dispensary.

3. *Most common diseases amongst out-door patients; their prevalence as compared with previous years.*—Malarious fever heads the list as usual, with a total of 11,693 cases against 12,558 in 1894; this decrease is due to the fact that these fevers were somewhat less prevalent amongst the people on this side of Madras during the first half of the year. Next come in order of frequency, other diseases of the digestive system 4,715 against 4,934 the previous year, the decrease here is also due to the somewhat diminished prevalence of malarial fevers on which diseases digestive derangements so constantly supervene; then come local injuries 3,481, respiratory diseases 3,162, ear affections 2,884, ulcers 2,502, skin-diseases 2,339, diseases of the connective tissue 2,327, rheumatic affections 1,949. A comparative table of the last two years is herewith appended.

Comparative table showing most common diseases among out-door patients for the years 1894 and 1895:—

Diseases.	1894.	1895.
Malarial fevers	12,558	11,693
Other diseases of the digestive system	4,934	4,715
Respiratory system	3,162	3,162
Local injuries	3,481	3,481
Diseases of the ear	2,884	2,884
Ulcers	2,502	2,502
Diseases of the skin	2,339	2,339
Diseases of the connective tissue	2,327	2,327
Rheumatic affections	1,949	1,949

The following statement gives the fatality from the most prevalent diseases in the Madras during 1895, together with their ratio per mille of population:—

DISPENSARY AND NATIVE INFIRMARY.

	Deaths.	Ratio per mille.
Cholera	192	0.2
Small-pox	6,265	13.8
Fever	2,204	4.8
Bowel complaints	8,458	18.6
Other causes		
Total	17,062	37.6

which is 1.1 per mille in excess of the ratio of 1894.

4. *Epidemics which have occurred in the station or its vicinity.*—During the year cholera was present in a sporadic form, principally during January and February, and August and September. 18 cases were admitted, of which 13 were fatal. Most of these patients were brought to hospital in a moribund state as detailed *infra*.

5. *Inspections by Surgeon-General.*—One inspection on the 19th February 1895 and an official visit on the 16th September. Surgeon-General Cleghorn, Surgeon-General with the Government of India, accompanied by the Surgeon-General with the Government of Madras, visited the hospital on the 20th November. The entries in the visitors' book made by these officers have already been submitted.

6. *Attendance of patients as contrasted with previous years, distinguishing in-door from out-door.*—The following table shows the attendance of in-door and out-door patients for the last five years:—

Years.	In-door.		Out-door.	
	Number.	Average daily attendance.	Number.	Average daily attendance.
1891	2,166	108.11	24,571	148.39
1892	2,287	109.69	22,015	171.26
1893	2,082	60.18	25,194	209.88
1894	2,803	63.64	44,138	276.42
1895	2,338	57.59	42,810	239.14

There was a decrease in the number of in-patients from 2,803 in 1894 to 2,338 in 1895; but an increase in the average daily number of in-patients from 63.64 to 57.59; this is due to the increase in the number of major operations since May, which necessitated patients operated on being kept a considerable time in hospital.

Out-patients decreased from 44,138 in 1894 to 42,810 in 1895 owing to a decrease in malarious fever and digestive diseases, and to the fact that the year was on the whole fairly healthy; the average daily attendance is practically the same as the last two years.

General Remarks.—The second and third years' students of the Hospital Assistant class to the number of 135, continued to receive their clinical instruction at the Native Infirmary, Black Town dispensary, and Ramaswamy Lying-in Hospital; the clinical material is good, but is insufficient for such a large class, and the accommodation is much too restricted and is very defective; the operation and lecture theatre is much too small for the number of students, who are greatly overcrowded, to the detriment of teaching and operating.

Civil Apothecary H. S. Halge, L.M.S., and Hospital Assistant N. A. Veeraswamy afforded me valuable assistance in clinical teaching at the Native Infirmary. First-class Hospital Assistant C. D. Sigamony assisted in the chronic wards, whilst First-class Hospital Assistant Ramaswamy Mudaliar and R. Ayyadham Pillai imparted instruction in the out-patient department; and Third-class Hospital Assistant Abdul Azim Ahmed and P. Kuppuswamy Moodaliar supervised the students in the two compounding rooms.

I succeeded Surgeon-Lieutenant-Colonel H. D. Cook, M.B., in medical charge of the 1st District on 22nd April 1895; and Civil Apothecary H. S. Halge, L.M.S., replaced Civil Apothecary A. J. Home, L.M.S., as Resident Apothecary on 4th August 1895. Mr. Halge has displayed zeal, intelligence and diligence in the performance of his onerous duties and has afforded me satisfaction.

First-class Hospital Assistant Ramaswamy Moodaliar No. 71, C. D. Sigamony No. 136, A. Veeraswamy No. 196, R. Ayyadham Pillai No. 287, and Third-class Hospital Assistant Abdul Azim Ahmed No. 430, and P. Kuppuswamy Moodaliar No. 503, who are assigned in various parts of these medical institutions, performed their work satisfactorily.

ANNUAL REPORT OF THE BLACK TOWN

The number of major operations performed during the year at the Native Infirmary, Black Town Dispensary, and Ramasawmy Lying-in Hospital shows a considerable increase as the following comparative table indicates:—

Major Operations.

Institution.	1892.	1893.	1894.	1895.
Native Infirmary	11	15	76	125
Black Town Dispensary	11	...	90	10
Ramasawmy Lying-in Hospital	69	97	64	82
Total	91	112	160	217

Return showing the names of Medical officers and subordinates who have performed major operations at the Native Infirmary, Black Town Dispensary, and Ramasawmy Lying-in Hospital Madras, during the year 1895:—

(Circular No. 6, dated 28th January 1896.)

Names of officers and Subordinates.	Rank.	The number of operations performed by each officer and subordinate.	The period the officer and subordinate was present for duty.
H. D. Cook, M.S.	Surgeon-Lieutenant-Colonel	18	8 months and 8 days.
H. A. Allison, M.D.	Do.	2	13 days.
G. L. Walker, M.D.	Surgeon-Major	108	8 months and 9 days.
F. A. Wynne	Assistant Surgeon, First Class	7	3 months.
S. T. Brown, M.D.	Civil Apothecary	61	9 months.
A. J. Home, L.M.S.	Do.	2	7 months and 3 days.
H. S. Halge, L.M.S.	Do.	12	4 months and 23 days.
Nur Mahomed	Do.	1	1 year.
Ramasawmy Madaliyar	First-class Hospital Assistant	1	1 year.
Airvadum	Do.	2	8 months and 3 days.
Vemasawmy	Do.	4	1 year.
Abdul Asun Ahmed	Third-class Hospital Assistant	3	1 year.
Total		215	

MADRAS,
4th February 1896.

(Signed) G. L. WALKER, M.D., Surgeon-Major,
Surgeon, First District.

FURTHER MANUSCRIPT REPORT IN ACCORDANCE WITH CIRCULAR No. 29 OF 2ND OCTOBER 1894, PARA. 46.

(a) 1. The variations in attendance of in- and out-patients have been explained in paragraph 6 of the annual report *supra*. 104 beds are available, including 32 in the wards for chronic and incurable cases, and 10 special and separate wards; of these the average daily occupation during the year was 87.89 against 69.64 the previous year.

(1) Increase or decrease in the death-rate and actual causes of mortality.—There were 279 deaths amongst in-patients against 336 in 1894. The existence of a male and female ward in connection with the Monegar Choultry for chronic and incurable cases, enormously increases the death-rate debitable to the Native Infirmary, as these wards accommodate all the destitute incurable patients from other hospitals in Madras, transferred under Standing Order No. 50; and sick and dying beggars picked up and brought by the Police from all parts of the city. Of the 279 deaths, 236 occurred in these chronic and incurable wards, 61 of these cases having been admitted in a moribund condition.

(2) Actual causes of mortality—

All other general diseases	Number of deaths.
Other diseases of the digestive system	73
Dysentery	56
Nervous diseases	33
Ulcers	20
Local injuries	15
Cholera	14
Malarial fevers	13
Diseases of the lungs (pneumonia)	10
	10

DISPENSARY AND NATIVE INFIRMARY.

	Number of deaths.
Rheumatic affections	4
Secondary syphilis	4
Chronic bronchitis	3
Tubercular disease of the lungs	3
Heart disease	2
Abscess of the liver	2
Chronic Bright's disease of the kidneys	2
Diseases of the generative system	2
Abscesses	2
General injuries (Burns)	1
Mercurial poisoning	1
Small-pox	1

(3) Cases admitted moribund.—89 cases, of which the details are as follows, viz:—

Cholera	7 died within 24 hours after admission.
Dysentery	12 died within 24 hours after admission.
Starvation	6 died within 24 hours after admission.
Diarrhoea and general dispepy	14 died within 24 hours after admission.
Pneumonia	2 died within 20 hours after admission.
Tetanus	6 died within 12 hours after admission.
Severe injuries	6 died within 24 hours after admission.
Peritonitis	1 died within 18 hours after admission.
Acute rheumatism	2 died within 40 hours after admission.
Respiratory diseases	3 died within 36 hours after admission.
Other general diseases	14 died within 24 hours after admission.

Nearly all these were cases of dying beggars brought by the Police to the Monegar Choultry they have to be included in this return.

(4) Cases removed moribund—

	Number of cases.
Dysentery	4
Simple fever of long standing before admission	2
Intestinal obstruction (declined operation)	2

(5) There were no deaths from septic diseases acquired in hospital. Two cases of septic peritonitis in women some days after parturition were admitted and died in hospital.

(b) Amongst in-patients there were 344 admissions for malarious fever against 56 the previous year, an increase of 288 due to severity in the type of fever in people coming from malarious districts who sought admission in large numbers; the greatest number of admission under this head, viz., 221, occurred during the second half of the year.

60 cases of skin-disease, chiefly scabies, were treated against 146 in 1894, for this decrease no special reason can be assigned.

Amongst out-patients, 11,693 cases of malarious fever were treated against 12,558 cases in 1894, a decrease of 865 cases, owing to the fact that these fevers were somewhat less prevalent locally than in the previous year.

Digestive diseases which so frequently follow malarial fevers, also exhibit a decrease of 22 owing to the cause just stated.

(c) From Statement IV of the annual return, the following table will show the variation in classes treated compared with the previous year:—

Out-patients.

Class.	1894.	1895.	+ or -
Europeans and Eurasians	4,987	4,573	- 415
Hindus	27,812	25,786	- 2,026
Muslimans	4,043	4,221	+ 178
Other classes	7,342	7,741	+ 399

regards fluctuations in sex, amongst out-patients, there was a decrease amongst males 88, children 600.

In-patients.

* Class.	1894.	1895.	+ or -
Hindus	1,953	1,627	- 326
Mussalmans	212	172	- 40
Other classes	638	539	- 99

As regards sex amongst in-patients, there was a decrease amongst males of 290, females 143, children 32.

I consider the all round decrease to be due to a comparatively healthy year locally.

(d) *Statement V—Income.*—As *Registers and forms*, Rs. 16-15-4 against *nil* in 1894. Government supplied these forms in 1895, previously the municipality and Monegar Choultry Committee supplied them.

As *European Medicines*, *nil* appears against Rs. 2,669-8-3 the previous year; this is accounted for by the transfer of the source of income to the heading "special allowances given by Government being a moiety of the expenditure on all medicines;" the sum under this head for the year is Rs. 1,361-7-3 and the smallness of the amount is due to the fact that the municipality have not yet paid Messrs. Burgoyne, Burbidges and Company's bill for medicines supplied last year.

From *Local Funds*, Rs. 9,672-0-6 against Rs. 10,073-1-1 in 1894, a decrease of Rs. 401-0-7, due to a decrease in total number of in-patients and consequent diminished expenditure on 'Hospital necessities.'

From *Municipal Funds*, Rs. 5,737-2-6 against Rs. 6,399-10-10 in 1894, a decrease of Rs. 662-8-4, owing to the fact that Messrs. Burgoyne, Burbidges and Company's bill for medicines was not paid by the municipality during the year.

Expenditure.—Under *Medical Officers*, Rs. 2,604 against Rs. 2,460 in 1894, an increase of Rs. 144, being amount paid to Hospital Assistants as house-rent, which allowance commenced during the past year.

Menial Servants.—Rs. 1,651-14-2 against Rs. 1,614-10-6, an increase of Rs. 37-3-6, due to expenditure on extra temporary attendants on cases in the isolation wards, and to the entertainment of a caste female attendant for the Black Town dispensary; and to an extra allowance of Rs. 2 per mensem to the Municipal dispensary lascar for extra work.

Bazaar medicines.—Rs. 1,323-2-2 against Rs. 1-2-6 in 1894; increase of Rs. 1,321-10-8, owing to the fact that many bazaar medicines were erroneously included under 'Miscellaneous charges' instead of their proper heading in 1894; and to castor oil and Patna opium, which are now procured locally, being classed in this return as 'Bazaar medicines' and not 'European medicines.'

European medicines.—Rs. 1,796-9-4 against Rs. 5,339-0-6 in 1894, a decrease of Rs. 3,542-7-2, due to castor oil, Patna opium, &c., being classified in this return as 'Bazaar' medicines and not 'European' medicines; and to the fact of non-payment of Messrs. Burgoyne, Burbidges and Company's bill for the year by the municipality.

Diet.—Rs. 6,376-5-0 against Rs. 6,244-0-4, an increase of Rs. 132-4-8, due to increase in average daily number of in-patients.

Miscellaneous charges.—Rs. 2,866-4-2 against Rs. 3,482-6-4, a decrease of Rs. 616-2-2, due to expenditure on 'Bazaar' medicines being classified in this return under their proper heading, instead of erroneously under 'Miscellaneous charges' as in 1894.

Buildings and repairs.—Rs. 169-6-9 against *nil* in 1894, this item was also classified under 'Miscellaneous charges' in 1894, and did not appear under its proper heading.

Average cost per diet.—As 3-4-1 against As 2-11-1. The increase per diet is due to a decrease in the total number of in-patients and an increase in the average daily attendance; and to the fact that during the year an improved full diet was given to the patients, and to an increase in extras owing to increase in major operations.

Stock Books—Standing Order No. 99.—The new forms of stock book were not supplied until December 1895, and it was thought advisable not to bring them into use until 1st January 1896.

(Signed) G. L. WALKER, M.D., Surgeon-Major,
Surgeon, First District.

OFFICE OF THE SURGEON, FIRST DISTRICT,
Madras, 4th February 1896.

CURRENT No. 2298

Public Rept.

From the Surgeon General.

No. 200/210

Made 22

Recd 22

Regd 23

June 96

Enclos - one S.C. of the
Circular.

Subject

Submitting Report
and Statistics for 1895 of the
Medical institutions in the
Presidency Town of Madras.

CURRENT No. 2298

Office of Surgeon-General

WITH THE GOVERNMENT OF MADRAS,

Madras, the 18th July 1896.

From

SURGEON-MAJOR-GENERAL C. SIBTHORPE, F.R.C.P.

SURGEON-GENERAL WITH THE

GOVERNMENT OF MADRAS,

To

THE HON'BLE THE CHIEF SECRETARY TO GOVERNMENT,

Public Department

Sir,

I have the honor to request that the word "Presidential" in brackets may be inserted in the title page underneath the words "Annual Report and Statistics" in the copy of the Annual report on the Medical institutions in the Presidency town of Madras for 1895 submitted to Government with this office on the 18th June 1896.

The Superintendent, Government Press, has been ordered to make the necessary addition in all other copies of the report.

I have the honor to be

Sir,

Your most obedient servant,

C. Sibthorpe

Surgeon-Major-General

Surgeon-General with the

Government of Madras.

CURRENT No. 2298

(1896.) Public DEPARTMENT.

From

SURGN.-MAJOR-GENERAL C. SIETHORPE, F.R.C.P.I.,

SURGEON-GENERAL WITH THE

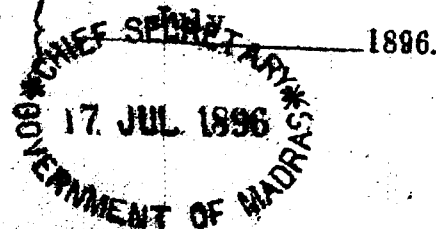
GOVERNMENT OF MADRAS,

No. 299

Dated 15th

Received 17

Regd 17.



Subject.

Requesting certain corrections ~~being~~
made in the copy of the Annual report
on the Medical institutions in the
Presidency town of Madras for 1895
submitted to Government with this No.
Four/210 dated 22nd June 1895.

1097
No. 11, PUBLIC, 11 JULY 1896.

GOVERNMENT OF MADRAS
PUBLIC DEPARTMENT.

READ—the following paper:—

From the Surgeon-General of the Government of Madras, forwarding report and statistics for the Medical Inspections in the Presidency town of Madras.

ORDER—No. 11, Public, dated 11 July 1896.

As directed in G.O., No. 422 Public, dated 27th March 1896, the Surgeon-General submits the report and statistics on the working of the medical institutions, in the Presidency town of Madras.

1. The Native Infirmary and North Black Town Dispensary being taken as one.

2. The omission of the Civil and Military Orphan Asylums is in accordance with the instructions in the Government Order quoted above, these institutions being merely hospitals for the exclusive use of the inmates of the asylums concerned. Although the report contains statistics of, and institutes comparisons between, the working of several of the institutions during the past three years, the Surgeon-General does not refer to it as the biennial report for the period in question notwithstanding that in a separate letter he has so designated it.

3. Before proceeding to review the information placed before it, the Government desires to direct the Surgeon-General's attention to the remarks of the Government of India embodied in its resolution recorded in G.O., No. 1081, Public, dated 2nd August 1887. In the present instance the report and connected papers cover no less than 172 pages of printed matter and they contain much information which serves no useful purpose. The Government trusts that the Surgeon-General will not must again be checked, and the officer's particular attention will be invited to lose sight of this instruction. The report should be mainly confined to paragraph 2 of the report now under review. It covers more than four pages and contains a large number of statistics which are totally unconnected with the actual working of the medical institutions to which the report should be confined. The Government is not prepared to pay orders on certificates from the visitors' books maintained at the various institutions. Any points therein to which it is desired to specially invite the attention of Government, either for information or orders, should be submitted separately.

4. The remarks in paragraph 3 of the report relating to the Rayapet Medical institutions, the Royapettah Hospital, Rajah Sir Ramaswami Mudaliar's Lying-in Hospital and the Native Infirmary and North Black Town Dispensary will be brought to the notice of the Local Municipal Department, the attention of which will also be invited to the comparative statement of the cost of diets at page 53 of

I have made some remarks on the margin of the Report, one of which may perhaps be worked in here, while others simply call for information to be furnished by the office.

29/7/96

1. The Native Infirmary and North Black Town Dispensary being taken as one.

The statistics from various institutions are totally out of place in an administrative report. If it is thought desirable that should be informed of anything appearing in such reports, and that when the Government is informed, the Government should be able to take the necessary steps.

1. On page 12 of the report

Grand total .. 74

~~apparent~~. In the Victoria Caste

Maharaja of Vizianagram ..	..	..	..
Zamindar of Parlakimedi ..	..	..	..
„ of Kottam and Tuni ..	..	..	..
„ of Calicut ..	..	..	..
Rajah of Cochin ..	..	..	..
And ..	Rs.		Rs.

Surgeon-General's remarks on page
and Women and Children's Hospital

5. Including 1,927 cases of

† 1894 ..	..	..	..	..	..	..
1895 ..	..	..	..	..	..	..

is ascribed by the Superintendent. This statement/call for fuller facilities afforded by the hospital and deaths per 1,000 of in-patients treated Hospital, and the greatest was 160 Hospital, or more than four times the increase from 22.1 to 160 per mille is shown from the calculations for 1899 that the ratio of 37.8 at the Maternity. The matter is one which calls Surgeon-General. Malarial fevers cases; the total rose to 23,133 from of Surgeon-Lieutenant-Colonel Starr patients complaining of malaria, can perused with interest. The Surgeon. The number of venereal cases treated

Government Maternity Hospital
Royapettah Hospital
Rajah Sir Ramaswami Mudaliar's Lying-in Hospital

Maitland's remarks on this subject at

a statement showing the accommodation
 provided for in-patients in the several
 institutions and the extent to which it
 has been utilized during the year. This
~~statement exhibits the anomalies exte-~~
~~ted in the margin, without, however, any~~
~~explanation by the Surgeon-General.~~ As
 was remarked in a somewhat similar case
 in paragraph 4 of G.O., No. 845, Public,
 dated 10th October 1895, it is possible
 that these discrepancies are susceptible of
 easy elucidation, ~~which, however, is not~~
 a Hospital half the number of beds was
 empty for want of funds. This is to be
 regretted, but the Government is pleased
 to note that the income of the hospital rose
 from Rs. 12,301 in 1894 to Rs. 37,916
 in 1895, owing to the munificent dona-
 tions * of certain native gentlemen. The
 arding the number of beds in the General
 quite clear.

about there was, as compared with the previous year, a falling off of 3,851 in the aggregate number treated in the various institutions. This is considered by some officers as partly due to the season being a healthier one. The decrease of 1,911 at the Government Maternity Hospital is in medical officers and subordinates, as it is not apparent how the general staff on its staff. The lowest number of 9.7 at the Victoria Caste and Gosha Sir Ramaswami Mudaliar's Lying-in Government Maternity Hospital. The report by the Surgeon-General to the exclusive labour cases. But the fact remains that the hospital was arrived at after a similar deduction than the passing notice given it by the Surgeon-General to furnish the greatest number of cases in 1894. In this connection the remarks on the systematic examination of the blood of patients in the Royapettah Hospital, have been made should give him attention to the subject. The number of cases treated decreased from 3,995 in 1894 to 4,750. It is observed that there were four deaths from puerperal diseases acquired in the General Hospital and five more in three other institutions. The Surgeon-General has not reported whether any, and if so what, action has been taken on Surgeon-Major's and 70 of the report. The Government

as to the reasons for them

but; one of possible should have been afforded

of Patient

appears one worthy of attention

9
/ Stahl

should invariably be noticed in that
of the English Gentle and soft. Should
not be left to make an impression
in the regard to them

From this

1 appended

8
1 appearing

7. *Finance*.—The total expenditure during the year amounted to Rupees 4,26,175-1-2, which was met from the following sources:—

1. Menge
2. Gewicht

It clearly should be
by half the cost of
medicines which
is allowed by the

1 shown (w/ b/ 150)
1 stated
in the reports above attached to
1 at 2nd in

was in 1971. He (D) is the
the independent

~~100~~ ~~99~~ 100

[illegible]

The S. G. does not state whether he has taken
any action on Dr. Price's suggestion or page
as he regard to the use of Waring's both on
saw and mill sides. His attention will be invited
to the above two paragraphs on page 131 of the report.

1/18 = my approximate

July

the infant
singing, low & audible

424

Final Conclusions

economies
 a supply

I had continued

(unrestrained) is entitled to the
 Brigade Surgeon Lt Col Price, M.D. The plan adopted
 thanks of first for his exertions in the matter - The plan adopted
 to supply the troops with food, but to supply the troops with food

27

104
ab

Superintendent's Office

Office of the
Secretary of the
Board of Education

Int. signed to the
 branch work
 1 in view
 1 in house

The Government fully concurs in
 It appears to the Government advisab
 ings on each of the separate reports on
 submitting it to Government to inform
 there are several matters which re
 from taking them into consideration in
 ations of the Surgeon-General, e.g.,
 General Hospital, at page 48, that the
 the hospital should be credited to that
 at present.

The variations in expenditure und
 are explained by the Surgeon-General
 Hospital there was an increase under
 medicines, viz., Rs. 1,360. This is a
 surgical instruments. The Officiating
 rates for diets in this institution were
 being found impossible to diet a native
 General's remarks regarding tenders for
 Local and Municipal Department.

Surgeon-General's remarks in paragraph 17.
 the Surgeon-General should pass proceed
 and attach a copy to the report when
 of any action taken by him. In the present
 notices, but the Government is precluded
 of the remarks and recommend
 suggestion of the Senior Medical Officer,
 by students for clinical instruction in
 instead of to the Medical College as

arent heads in the several institutions
 of his report. In the Royapettah
 had the largest being under European
 the purchase of a large number of
 Fourth District, remarks that the
 high for the year under review, it
 four annas per day. The Surgeon-
 this hospital will be acted in the

and note in the presence the testimony therein borne

to the ability and devotion displayed
 by Brigade Surge Lt. Col. Price in
 the execution of his duties as P. M.
 Officer of the General Hospital and
 to the efficiency of the administration
 of the Madras Hospital by Surge Lt.
 Col. Farmer and Brigade Surge Lt. Col.
 Bramford.

The Surgeon-General Lt.
 Chairman of the
 Sanitary Commission
 First Dept-1
 2d Dept-6
 Asst. General Lt.
 1st to Brig. Surge Lt. Col.
 to Price &

28/8/96
 27/7/96

Annual addresses

27/7/96

No. 851, dated 11th August 1896.

30 cc
 with a copy
 27/8/96

I suppose the S.G. will
 send a copy of this to Dr.
 Price, as he has already
 acknowledged receipt of
 direct from the fact of
 his name being added to
 of persons to whom the
 Command.

BR

note above for
 28/8/96
 27/7/96

[G
75]

4,000-15-8-88.

NOT. FOR THE UNDER SECRETARY.

supd. 30-4-1900

*Please see para 2 of
the letter. I suppose
you have done as requested?
yes it has been inserted*

PH

12/8/12

*6h
12/2/26*

6.
100.
KGO-8-10-98

FROM CIRCULATION
WITH REMARKS.

106

Ch.
The return
to the
action is
called for
by the
106

Hon: Mr. Bliss. C. 2

From what the H. Comr,
it seemed to me possible that
if Fort gave some assistance
the Comr might be able to
carry out the necessary works.
And on inspecting the building,
I think that it is not a case
of moderate repair or alteration,
but an entirely new hospital
that is required and will some
day have to be provided. In
the meant, however, until the
buildings which are needed
at Rangoon, in connection
with the erection of the Hosp:
Asst. claps, ~~are erected~~ ^{and which are of much more}
importance than the Rangoon
hospital, have been erected
within the limits of the fort.
I can afford to embark on another
work of the kind, especially as it
will probably cost about
clap 6.

This file is submitted with reference to
the Hon: Member's
note (2) at

35.13
43/10/16

PA
24. 10. 16

Bo
23/10/16

seen
PA 2