

Dr. Perry

*See Pages 2 and
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C. 239

CEYLON.

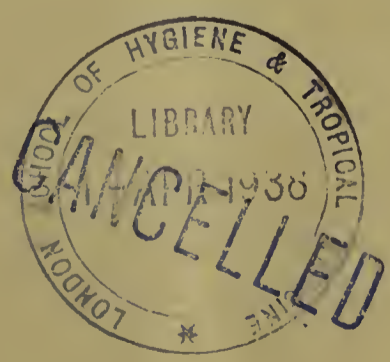


ADMINISTRATION REPORTS, 1900.

PART IV.—MISCELLANEOUS.

MEDICAL.

REPORT of DR. ALLAN PERRY, Principal Civil Medical Officer
and Inspector-General of Hospitals.





PART IV.—MISCELLANEOUS.

MEDICAL.

REPORT OF THE PRINCIPAL CIVIL MEDICAL OFFICER AND INSPECTOR-GENERAL OF HOSPITALS FOR 1900.

I HAVE the honour to submit for the information of Government the Annual Administration Report of the Medical Department for the year 1900 with the usual statistical tables.

I.—POPULATION: BIRTH- AND DEATH-RATES.

The estimated population of the Island on 31st December, 1900, was 3,612,303. 136,051 births were registered and 100,873 deaths. The birth-rate was 38·2 against 38·0, and the death-rate 28·3 against 30·2 per 1,000 in the previous year, calculated on the estimated population at the middle of the year. The following table, kindly placed at my disposal by the Registrar-General, gives the population and birth- and death-rates of each of the districts of the Island for the year 1900:—

Provinces and Districts.	Average Birth-rate for the last Ten Years.	Average Death-rate for the last Ten Years.	Vital Statistics for 1900.				
			Estimated Population at the Middle of 1900.	Number of Births registered.	Number of Deaths registered.	Birth-rate per Mille.	Death-rate per Mille.
CEYLON ...	33·2	26·6	3,216,908	136,051	100,873	38·2	28·3
Western ...	31·6	20·8	845,653	32,613	21,564	38·6	25·5
Colombo ...	28·8	20·7	482,581	17,469	12,471	36·2	25·8
Negombo ...	38·3	20·7	155,842	6,133	3,619	39·3	23·2
Kalutara ...	33·2	20·9	207,230	9,011	5,474	43·5	26·4
Central ...	34·7	31·1	493,110	21,262	18,299	43·1	37·1
Kandy ...	34·1	30·1	301,078	13,491	11,918	44·8	39·6
Matle ...	41·2	42·1	77,026	4,037	3,405	52·4	44·2
Nuwara Eliya ...	31·8	26·7	115,006	3,734	2,976	32·5	25·9
Northern ...	33·6	26·3	341,146	13,462	8,855	39·5	26·0
Jaffna ...	33·4	24·4	303,896	11,723	7,260	38·6	23·9
Mannar ...	34·5	35·9	24,248	1,054	1,019	43·5	42·0
Mullaittivu ...	37·7	44·4	13,002	685	576	52·7	44·3
Southern ...	35·2	26·7	536,899	23,927	15,151	44·6	28·2
Galle ...	35·5	26·0	245,406	11,249	6,935	45·8	28·3
Matara ...	34·7	23·9	197,400	8,451	5,525	42·8	28·0
Hambantota ...	35·3	30·7	94,093	4,227	2,691	44·9	28·6
Eastern ...	43·6	29·4	167,596	7,271	5,320	43·4	31·7
Batticaloa ...	45·3	28·6	141,726	6,247	4,397	44·1	31·0
Trincomalee ...	35·6	33·7	25,870	1,024	923	39·6	35·7
North-Western ...	36·9	36·3	320,548	13,730	11,512	42·8	35·9
Kurunegala ...	38·6	39·9	225,994	10,108	8,934	44·7	39·5
Puttalam ...	36·6	44·5	24,978	1,032	983	41·3	39·4
Chilaw ...	31·2	20·7	69,576	2,590	1,595	37·2	22·9
North-Central ...	40·7	40·0	74,743	3,168	2,902	42·4	38·9
Anuradhapura ...	40·7	40·0	74,743	3,168	2,902	42·4	38·9
Uva ...	45·2	37·0	169,701	7,311	6,716	43·6	40·0
Badulla ...	45·2	37·0	169,701	7,311	6,716	43·6	40·0
Sabaragamuwa ...	36·2	32·4	269,512	13,307	10,554	49·4	39·2
Ratnapura ...	39·2	35·7	113,366	5,906	4,095	52·1	36·1
Kegalla ...	34·0	30·0	156,146	7,401	6,459	47·4	41·4

The causes of deaths registered were as follows:—

Specific, febrile, or zymotic diseases	...	...	...	46,152
Parasitic diseases	...	...	...	4,155
Dietetic diseases	...	...	...	256
Constitutional diseases	...	...	...	7,427
Developmental diseases	...	...	...	2,792
Local diseases	...	...	...	31,174
Violence	...	...	...	1,805
Ill-defined and not specified causes	...	...	...	7,112
			Total ...	100,873

II.—PUBLIC HEALTH.

The public health of the inhabitants of the Island has been good. There has been an absence of those widespread severe outbreaks of malarial fever which characterized the previous year, but cases of cholera and smallpox have been numerous. The sanitary conditions throughout all the towns and villages of the Island are always being improved.

Malarial Fever.—In the Western Province the most sickly and malarious district was that of Negombo, a good part of which is low-lying and swampy, and cases there always occur after the burst of the south-west monsoon.

In the North-Western and Sabaragamuwa Provinces malarial disease was the cause of the largest number of admissions.

In the Eastern Province malarial fever existed in a mild and limited degree.

In the Southern Province this disease existed in the outlying districts to some extent, but the cases were generally of a mild type.

It was noticed that in the Northern Province this disease was present in a mild form, and was most prevalent in the first quarter of the year.

In the Province of Uva the disease was not prevalent.

In the Central and North-Central Provinces malaria, although present after the monsoon rains, did not assume an epidemic character anywhere, and those cases which occurred readily yielded to treatment.

In my report for last year I pointed out the connection shown between the outbreaks of malarial fever and the monsoon rains, and this year the same circumstance was again noticed. There can be little doubt that at least one cause, and, as far as is known, the only cause, of the distribution of malaria is by a special mosquito, and as this subject has been made known far and wide, not only in Medical Journals, but in the newspapers and periodicals throughout the world, it is reasonable to expect that in the near future this disease will become very much less common.

Malaria.—The most common type of malarial fever in this Island is the tropical (summer-autumn), and is found extensively among both Europeans and natives. No hæmoglobinuric or black water fever has up to the present been seen here, and though children suffer as severely as adults yet Kala Azar has never been reported.

Prevention.—During the past year much has been done in endeavouring to find out the best method of prevention of malarial fever applicable here. The methods which have been under consideration have been the following:—

- (1) Quinine treatment.
- (2) Prevention of mosquito bites.
- (3) Prevention of the formation of stagnant pools of water.
- (4) Destruction of the anopheles.

Quinine Treatment.—Compulsory quinine administration is of course quite impossible, but much has been done by providing quinine in all the small dispensaries and stations and by giving quinine to the local post offices at which it can be purchased, so that it is possible for the poorest person to obtain without any difficulty plenty of quinine, if they so desire.

(2) *Prevention of Mosquito Bites.*—Mosquito curtains are to be found in most districts among the better classes, but unfortunately so little care is applied in their use that they are often practically valueless.

(3) *Prevention of the Formation of Stagnant Pools of Water.*—All hollows containing stagnant water should be filled up, and where this is not possible some aperture of escape for the water should be made in order to convert the otherwise stagnant into running water, in which the anopheles will not develop.

(4) *Destruction of the Anopheles.*—Inquiries have been made into the Culicidæ of the Island during the past year, and specimens have been sent to the British Museum, and the anopheles has been reported at Trincomalee by Major Manders, R.A.M.C., but so little is at present known of its habits and distribution in Ceylon that no definite statement about its destruction can be made. Steps, however, will be taken in 1901 to obtain definite information about these matters.

Cholera.—I regret I am not able this year to present such a favourable statement with regard to this disease as I was in the happy position to do in 1899.

During the year under review cholera outbreaks were very general throughout the Island in the Western, Central, North-Western, Eastern, North-Central, and Sabaragamuwa Provinces, and in the Province of Uva. The only Provinces which were free were the Northern and Southern. Cholera was prevalent throughout the coolly-recruiting districts of Southern India, and the outbreaks can in every instance be traced ultimately to them. The first case was reported in July on an estate in the Ramboda district of the Central Province, and outbreaks occurred soon afterwards in other parts of the Central Province and in the Province of Uva. There were 104 cholera centres up to the end of the year. The most severe outbreak occurred at Buttala in the Province of Uva. The Colonial Surgeons of the Central and Uva Provinces and their subordinates did excellent work, and were able eventually to completely stamp out the disease.

I am convinced that had the North road cooly route been open the numbers of those attacked would have been far greater. The immunity of the Northern Province is due to the closing of the North road for cooly traffic, and is another proof that this disease is always imported, for no immigrant coolies go to the north, as there are no tea estates there.

The subjoined table shows the Provinces in which outbreaks occurred, the number of those attacked, and of those who died, with their nationality:—

	No. of Cases and Deaths.		Nationality.													
			Sinhalese.		Moors.		Tamils.		Malays.		Immigrants.		Others.		Total.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Western Province ...	23	20	3	2	5	4	6	6	—	—	9	8	—	—	23	20
Central Province ...	154	118	80	62	5	5	4	4	—	—	64	46	1	1	154	118
North-Western Province ...	14	9	5	2	8	6	—	—	—	—	—	—	1	1	14	9
Eastern Province ...	33	21	—	—	1	—	29	20	—	—	—	—	3	1	33	21
North-Central Province ...	103	54	18	12	51	24	28	16	6	2	—	—	—	—	103	54
Province of Uva ...	484	231	379	184	37	18	22	12	—	—	43	17	—	—	484	231
Province of Sabaragamuwa ...	3	3	—	—	—	—	—	—	—	—	3	3	3	—	3	3
Total ...	814	456	485	262	107	57	89	58	6	2	119	74	8	3	814	456

In the Western Province 9 cases, with 8 deaths, were admitted into the Infectious Diseases Hospital, Colombo, and were brought by steamers.

At Ragama cooly camp 11 outbreaks occurred during the year.

In the Central Province there were 154 cases, with 118 deaths: there were 63 cases and 47 deaths on estates; and 91 cases with 71 deaths in towns and villages. Among estates the outbreak on Pallekelly, near Kandy, was the most severe, with 27 cases and 21 deaths.

Among towns and villages the village of Hanguranketa was the most severely afflicted, with 40 cases and 33 deaths.

At Tamankaduwa and adjoining villages in the North-Central Province a severe outbreak occurred: 87 were attacked, and there were 47 deaths. This outbreak was successfully combated after it had lasted a month.

The largest outbreaks occurred in the Province of Uva in the Badulla, Buttala, Medagama, Muppene, Teldeniya, and Alutnuwara districts.

The greatest number of those attacked was at Buttala, viz., 216 cases with 99 deaths. Extra medical officers and apothecaries were sent to Uva for cholera duty and rendered good service, which, with the vigorous co-operation of the Government Agent, stamped out the disease in a comparatively short time.

Smallpox.—This disease is not endemic to this Island; the outbreaks of smallpox can always be traced to imported cases in the first instance. During the year under review several cases occurred in the Western, Central, Southern, North-Western, Eastern, and Uva Provinces; there were 252 persons attacked, with 42 deaths, distributed as follows:—

	Cases.	Deaths.
Western Province ...	74	11
Central Province ...	141	26
Southern Province ...	15	1
North-Western Province ...	14	1
Eastern Province ...	1	—
Province of Uva ...	7	3
Total ...	252	42

In every centre the disease was well held in check, which was accomplished by segregation, removal to hospital, vaccination, and re-vaccination. The population of Ceylon is well protected by vaccination, and there is an excellent law which makes it compulsory for those exposed to the contagion to be vaccinated or re-vaccinated.

Western Province.—This disease did not prevail to any extent in Colombo; 11 cases remained at the end of the year 1899 at the Infectious Diseases Hospital, and 53 cases were admitted during 1900 from the town and harbour.

Two cases were reported on estates in Avisawella and Horana; 8 cases were reported in villages outside Colombo, 5 from Moratuwa, 2 from Walgama, and 1 from Kottawa. In all those instances where the disease occurred outside the city the contagion could be satisfactorily traced to cases in Colombo. During the prevalence of smallpox it is impossible to prevent concealment of cases, especially in the Moor quarter, although female doctors were employed to search the dwellings.

In the Southern Province 15 cases with one death occurred on estates; the infection was traced to a cooly who had lately arrived from India, but who had been vaccinated at Ragama.

In the Eastern Province there was only one case.

North-Western Province.—A short but sharp outbreak occurred at Kurunegala, in which 14 cases occurred with 1 death. This outbreak was introduced by a Malay man from Colombo.

Chickenpox.—It has been remarked that smallpox and chickenpox often run concurrently during an outbreak of the former, and this fact has been frequently demonstrated here. There were 935 cases of this mild infectious disease reported from various parts of the Island distributed as follows:—

	Cases.
Western Province	192
Central Province	493
Northern Province	18
Southern Province	99
Eastern Province	30
Province of Uva	89
Province of Sabaragamuwa	14
Total	935

Most of the cases were treated in their own homes, but in towns where an Infectious Diseases Hospital exists many of the cases were moved there.

Measles.—This disease did not assume any alarming proportions in any of the towns or villages but as will be seen in the report on the Prisoners of War Camp, Diyatalawa, this disease assumed a serious epidemic form there, where no less than 251 cases occurred, of whom 7 died, a mortality of 2·7 per cent.

Dysentery.—This disease was fairly equally distributed throughout the Island.

In the Western, North-Western, Sabaragamuwa, and Southern Provinces it was most prevalent.

In the Northern Province the numbers attacked were far less than in the year previous. All over the Western Province the disease was present, but the type was mild.

In the Eastern Province the prevalence was not marked, and it was present during the dry season.

In Uva the cases were comparatively few.

In the Central and North-Central Provinces it prevailed, but never in an epidemic form.

The total number of cases treated in all hospitals was 3,204, with 934 deaths. The largest number treated in any one institution was at the General Hospital, Colombo, where 757 cases were admitted, of whom 82 died.

Enteric Fever.—The number of cases treated in the various hospitals throughout the Island was 224 with 77 deaths. The General Hospital, Colombo, admitted 111 cases, of whom 44 died. The cases admitted to the Colombo hospital included many from French transports and from the transports which brought the prisoners of war. Some improvement has been made in the number of cases notified. This remark applies especially to Colombo, owing to the attention of the public having been drawn to the law by advertisement in the *Gazette* and local press; still I have no doubt very many cases occurred of the existence of which the authorities had no knowledge. A very serious outbreak of this disease occurred among the prisoners of war at the Camp at Diyatalawa, reference to which will be made in the special paragraph devoted to the Camp.

Dr. H. M. Fernando has made weekly lists of cases of enteric fever admitted into the Colombo hospital from within Municipal limits, and has come to the conclusion that this disease is "widespread throughout the city of Colombo." He attributes this to the pollution of surface wells.

Causation of Enteric Fever.—While in most cases enteric fever without doubt is caused by polluted water, as for example in Colombo, yet there is little or no doubt, though the experimental proof is wanting, that it is also spread by other means, such as by the common fly, dust, &c.

Leprosy.—The total number of cases reported during the year 1900 was 635, against 506 in the previous year, being an increase of 129, but the total number of new cases only exceeded by two those reported in 1899, as will be seen in the following table:—

Return of Lepers treated as Outdoor Patients in the Hospitals and Dispensaries during 1900.

	1899.	1900.
Western Province	40	53
Central Province	24	27
Northern Province	15	11
Southern Province	25	26
North-Western Province	14	7
Eastern Province	53	43
North-Central Province	2	2
Province of Uva	14	13
Province of Sabaragamuwa	21	28
Total	208	210

399 cases were treated in the Leper Asylum, Hendala, and 26 in the Kalmunai hospital. It is not possible yet to form an opinion whether this disease is rapidly increasing. The Superintendent of the Leper Asylum thinks there is a progressive increase, and gives the following table of distribution:—

	New Cases.
Western Province	54
North-Western Province	2
Province of Sabaragamuwa	1
Southern Province	9
Central Province	2
Southern India	10

The Western Province, as usual, shows the largest number of cases, but this may be due to the convenience of the Asylum for the residents. Colombo comes first with 27 new cases, and it will be noticed that 10 cases were directly imported from India. It might be advisable to prevent lepers from landing on our shores, but legislation would have to make this course practicable.

An Ordinance is being considered by the Legislative Council to make the segregation of lepers compulsory. Thirty-nine deaths occurred in the Asylum, and the duration of the disease in these individuals ranged from two to twenty-six years.

Anchylostomiasis.—This disease is constantly being introduced from India by Malabar coolies, and is spread broadcast owing to the careless habits of the cooly who pollutes the soil and water with his excreta. This disease is on the increase. There were 1,336 admissions in all hospitals, with 273 deaths. The largest number were treated in the Colombo hospital, viz., 485 admissions, with 92 deaths. The greatest number of cases occur in the planting districts; the danger of the disease exists in the profound anæmia, which so lowers the vitality that the victim is carried off by practically any intercurrent complaint.

I am inclined to regard a part at least of the increase in the reported cases of anchylostomiasis to the fact that the disease is recognized now, while only a few years ago it would probably have been regarded as due to the anæmia consequent on malarial fever.

Parangi.—From the hospital returns it would appear that the number of admissions for this disease has steadily increased during the last five years, but not in proportion to the increase of the population, so that the number affected in ratio to the inhabitants is becoming less every year. As food becomes more easily obtainable with the extension of irrigation, and as sanitary methods become more generally known, this disease will show a marked decrease. The death-rate is remarkably small: out of 3,646 admissions for this disease during the year there were only 9 deaths.

I attach herewith a return of the principal diseases for the last five years for purposes of comparison:—

Comparative Statement of Principal Diseases for the last Five Years.

Years.	Cases.	Deaths.	Years.	Cases.	Deaths.
<i>Cholera.</i>			<i>Enteric Fever.</i>		
1896 ...	106	94	1896 ...	172	59
1897 ...	216	124	1897 ...	148	42
1898 ...	533	320	1898 ...	161	52
1899 ...	Nil.	Nil.	1899 ...	170	61
1900 ...	814	456	1900 ...	224	77
<i>Smallpox.</i>			<i>Leprosy.</i>		
1896 ...	19	3	1896 ...	370	22
1897 ...	35	3	1897 ...	435	34
1898 ...	14	3	1898 ...	528	51
1899 ...	334	56	1899 ...	506	53
1900 ...	252	42	1900 ...	635	43
<i>Chickenpox.</i>			<i>Anchylostomiasis.</i>		
1896 ...	579	1	1896 ...	830	170
1897 ...	508	—	1897 ...	1,276	274
1898 ...	84	—	1898 ...	1,201	212
1899 ...	1,211	1	1899 ...	1,255	234
1900 ...	935	—	1900 ...	1,336	273
<i>Measles.</i>			<i>Parangi.</i>		
1896 ...	42	—	1896 ...	3,121	10
1897 ...	132	2	1897 ...	3,195	18
1898 ...	45	1	1898 ...	3,267	14
1899 ...	29	1	1899 ...	3,080	10
1900 ...	23	—	1900 ...	3,646	9
<i>Dysentery.</i>			<i>Malarial Fever.</i>		
1896 ...	2,346	735	1896 ...	7,041	496
1897 ...	2,267	721	1897 ...	6,428	453
1898 ...	2,774	1,034	1898 ...	6,097	299
1899 ...	2,639	930	1899 ...	8,305	697
1900 ...	3,204	934	1900 ...	6,226	147

METEOROLOGICAL CONDITIONS AND THEIR RELATION TO PUBLIC HEALTH.

Introductory.—It is not possible to compare the meteorological conditions and disease in 1900 in this report, as the report on Meteorology for that year is not available. It is, however, possible to deal with 1899, which could not be done in last year's report, and to compare that year with 1898.

The subject will be considered under the following heads:—

- Relative amount of disease in the different seasons.
- Relative amount of malaria in the different seasons.
- Relative amount of dysentery in the different seasons.
- Relative amount of the mortality in the different seasons.
- Relative amount of the mortality in the medical institutions in the different seasons.
- Relative mortality of malaria in the different seasons.
- Relative mortality of dysentery in the different seasons.
- Relative amount of rainfall in the different seasons.
- Conclusions and deductions.

(a) *Relative Amount of Disease in the different Seasons.*—In Chart I. the red line indicates the amount of disease in the different months in 1898, and the black that of 1899.

It will be seen at a glance that they are both very similar, and that in both there has been a large increase of disease in the month of January; while in the two years the diseases treated in the medical institutions of the Colony average about 4,000 for eleven months, they reach nearly 8,000 in January, or twice the average amount for the rest of the year. On inquiry as to the cause of this it is found that two diseases are mainly responsible, viz., (1) malaria; (2) dysentery; and it is to these we next turn.

(b) *Relative Amount of Malaria in the different Seasons.*—On turning to Chart II. it is seen that the malarial fevers are very marked towards the end of 1898. Their number begins to increase in October, and rising through November and December reaches a maximum in January, 1899. During February, 1899, there is a marked fall in the cases of malaria, and after this the curves for the two years are not dissimilar, though that for 1899 is relatively higher than 1898.

The reason for the rise in October, November, and December, 1898, and the fall in February, 1899, will be discussed later on.

In the next Chart dysentery is depicted.

(c) *Relative Amount of Dysentery in the different Seasons of the Year.*—In Chart III. is depicted graphically the number of cases of dysentery occurring at the different medical institutions in the various months of the year. When compared with Chart I. a marked similarity is seen. The total number of diseases and the number of cases of dysentery produce very similar curves. As in Chart I. the line of 1898 is very like that of 1899. There is seen the same sharp rise in the number of cases during the month of January, and the same sharp fall in February, and same approximate level for the other ten months of the year. As compared with malaria, it shows the same high level of cases in January and the same fall in February, but not the same rise in October, November, and December, though the 1898 curve points in that way.

With regard to the mortality in Chart IV., there is shown the total mortality.

(d) *Relative Total Mortality at different Seasons of the Year.*—The line of total mortality begins low in 1898 and continues so till October, when it begins to rise, and continuing to do so during November, undergoes a rapid increase in December, 1898, reaching its maximum in January, 1899; from this there is a gradual fall in February, March, April, 1899, and then another slight rise to a maximum in June, and a further fall to a minimum for 1899 in October, when the usual rise for November and December is seen. The high point of these curves in January, 1899, and the high point of the total diseases in the same month are to be noted. The rise of the malaria cases in October, November, and December, 1898, and the sharp rise of mortality in December, 1898, must be remembered, as also the rise in dysentery during the same month.

(e) *Relative Mortality in the Medical Institutions.*—The curves of the two years in Chart V. are very similar; 1898 rises higher in December than 1899. But these curves show a marked difference from the returns of the Registrar-General, there not being the same difference between the two years.

(f) *Relative Mortality of Malaria in the different Seasons of the Year.*—In Chart VI. the line of 1898 shows that the mortality from malaria began to increase in October, decreased slightly in November, went on increasing in December, and rose to a maximum in January, which only remitted in February, and continued high in March, falling in April, but continuing high all through 1899.

The maximum of the malarial curve in January, 1899, coincides with the maximum of the total mortality curve of both Charts IV. and V., its rise in the end of 1898 with that of the total mortality in 1898. Its decline in the end of 1899 corresponds with the much slighter rise of that year in both Charts.

(g) *Relative Mortality of Dysentery in the different Seasons of the Year.*—The mortality in dysentery, Chart VII., shows the same rise in October and November as the others, but in this case the maximum is in November, 1898, and a slight fall takes place in December and January, followed by the sharp fall in February and March, 1899, but with a rise to a maximum again in May, 1899, with a continuation during June and July, and then a fall till November.

The curves for 1898 and 1899 are similar, except at the end of the year, when 1899 is much the lower.

The increase at the end of 1898 and beginning of 1899 corresponds with the rise in both Charts IV. and V. The fall in February and March corresponds with the fall in Charts IV. and V. The secondary rise in May and June to the same rise in Charts IV. and V.

The fall in the autumn and the lesser rise in December, 1899, are the same as in Charts IV. and V.

(h) *The Relative Amount of the Rainfall in the different Seasons.*—There is a marked similarity between the curves for 1898 and 1899. Both ascend sharply in October and fall in November and December; in both there is a minimum in February and a slighter maximum in April, with a fall to a minimum in August.

(i) *Conclusions.*—Both in the number of cases and in the mortality malaria and dysentery are powerful factors in modifying the curves of total cases and mortality.

Turning to the rainfall, there is seen to be an abrupt rise in September and October, 1898, and in October, 1899, and a high level in November and December. This rain would cause the land to become covered with pools of stagnant water in which the mosquitoes could lay their eggs and develop, particularly the anopheles. Hence the marked increase of malaria in October, November, December, and January.

The increase in dysentery would be brought about by the rise of the sub-soil water and the contamination of wells, &c., thereby.

In both the rain curves there is a fall in February, and the disease curves also fall.

The secondary rise in April of the rain curve corresponds to the rise of malaria in May and of dysentery in April, May, and June.

GENERAL SANITARY CONDITION OF THE COLONY AND OF THE CHIEF TOWNS.

The general sanitary condition of the Island remains in much the same condition as last year. The same method of disposal of dust and faecal matter exists, and, though by no means satisfactory, are still far from bad when compared with other tropical countries. The water supply is often very good, and steps are being taken every year to remedy defects.

Colombo.—This town is growing rapidly, and urgent methods are needed, and are being taken, to keep it in as sanitary a condition as possible.

Port sanitation is the first consideration, as the number of ships entering the port from all parts of the world is rapidly increasing, and the first line of defence to the town against disease is the sanitation of the port. This has been carried out in a most efficient manner during the year. In the town itself the streets have been made wider, so that air space is abundant, but the dust is objectionable and detrimental to health. The streets should, if possible, be watered more frequently to allay this

Diagram of the total number of Cases of disease treated at Medical Institutions.

Chart I.

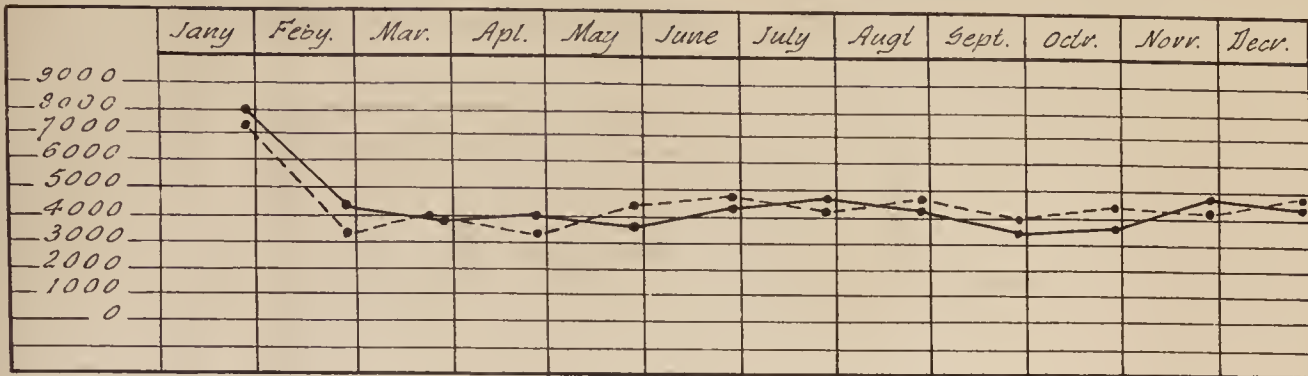


Diagram of the number of Cases of Malaria treated at Medical Institutions.

Chart II.

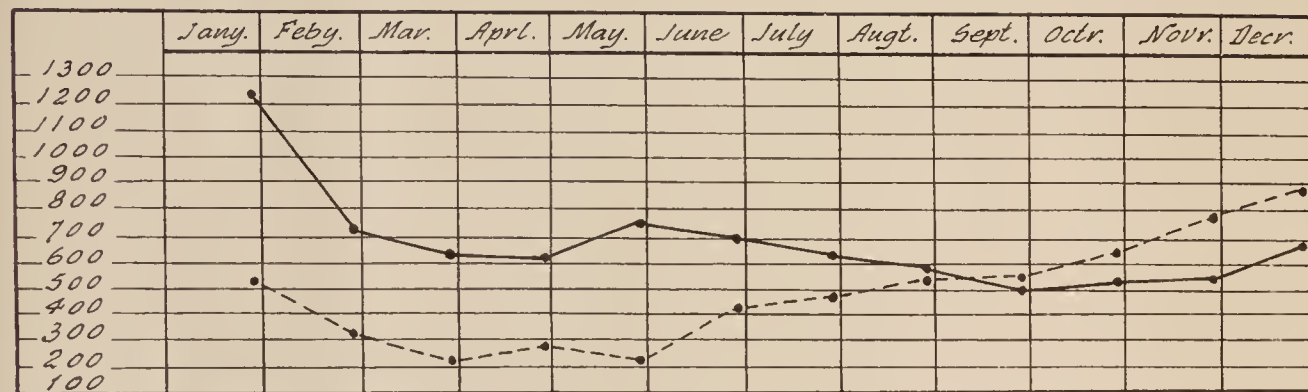


Diagram of the number of Cases of Dysentery treated at Medical Institutions.

Chart III.

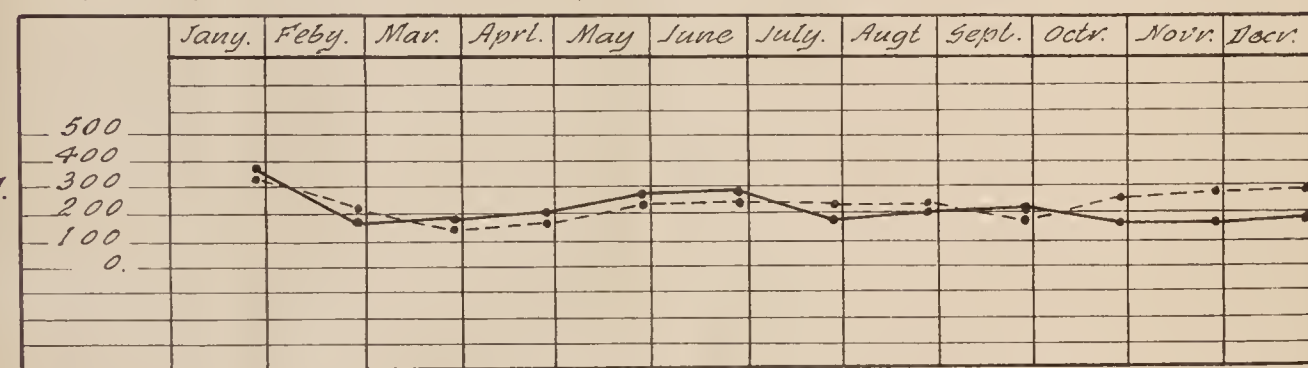


Diagram of the Total Mortality in the Island.

Chart IV.

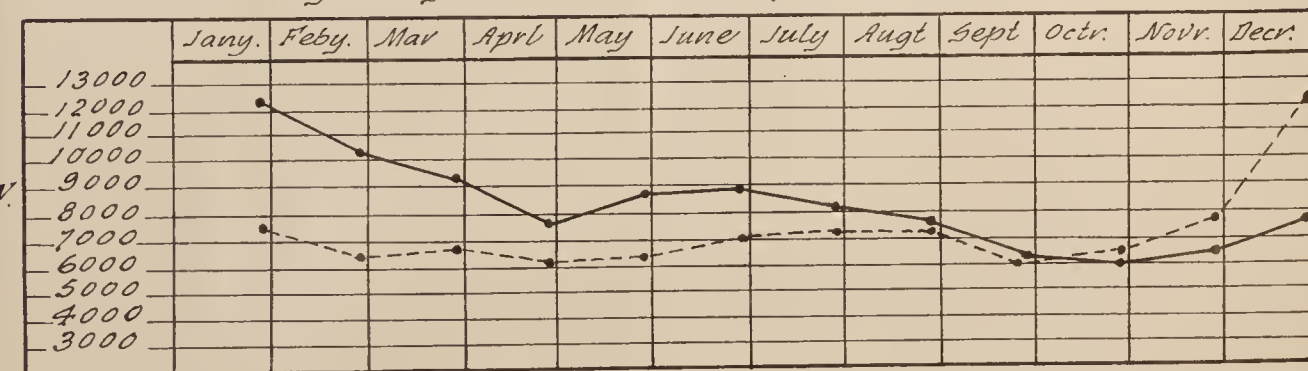
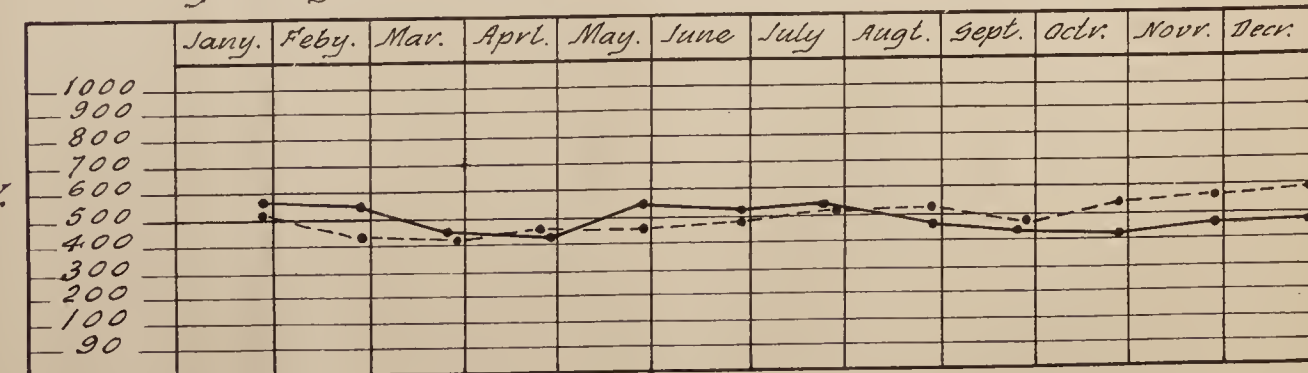


Diagram of the Total Mortality at Medical Institutions.

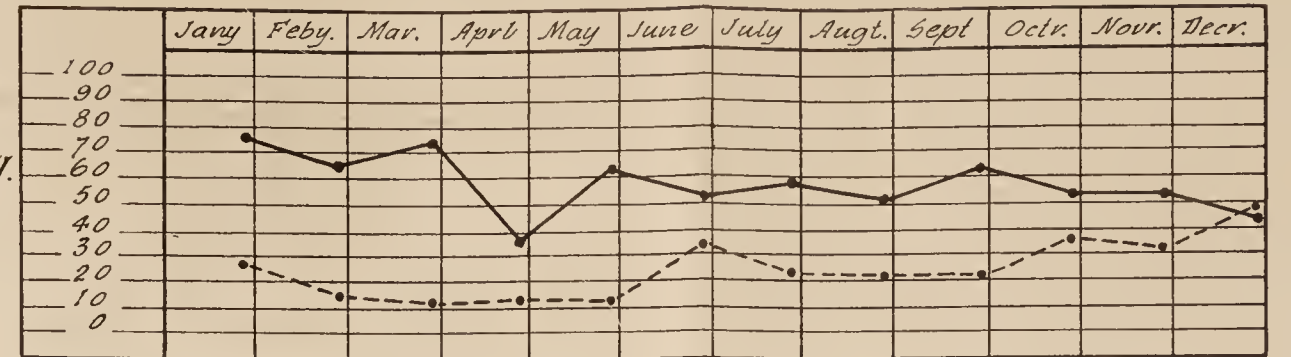
Chart V.



Reference: 1899 ——— 1898 - - - -

The Mortality caused by Malaria in the Medical Institutions.

Chart VI.



The Mortality caused by Dysentery in the Medical Institutions.

Chart VII.

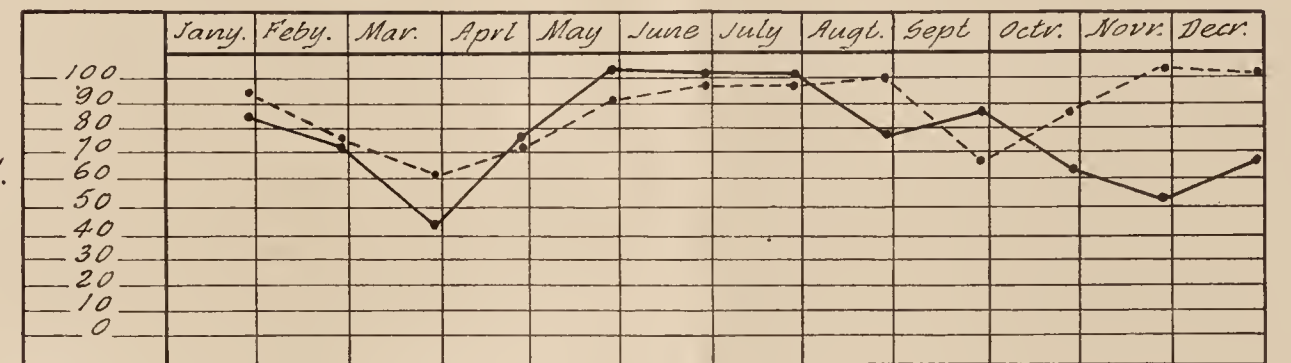
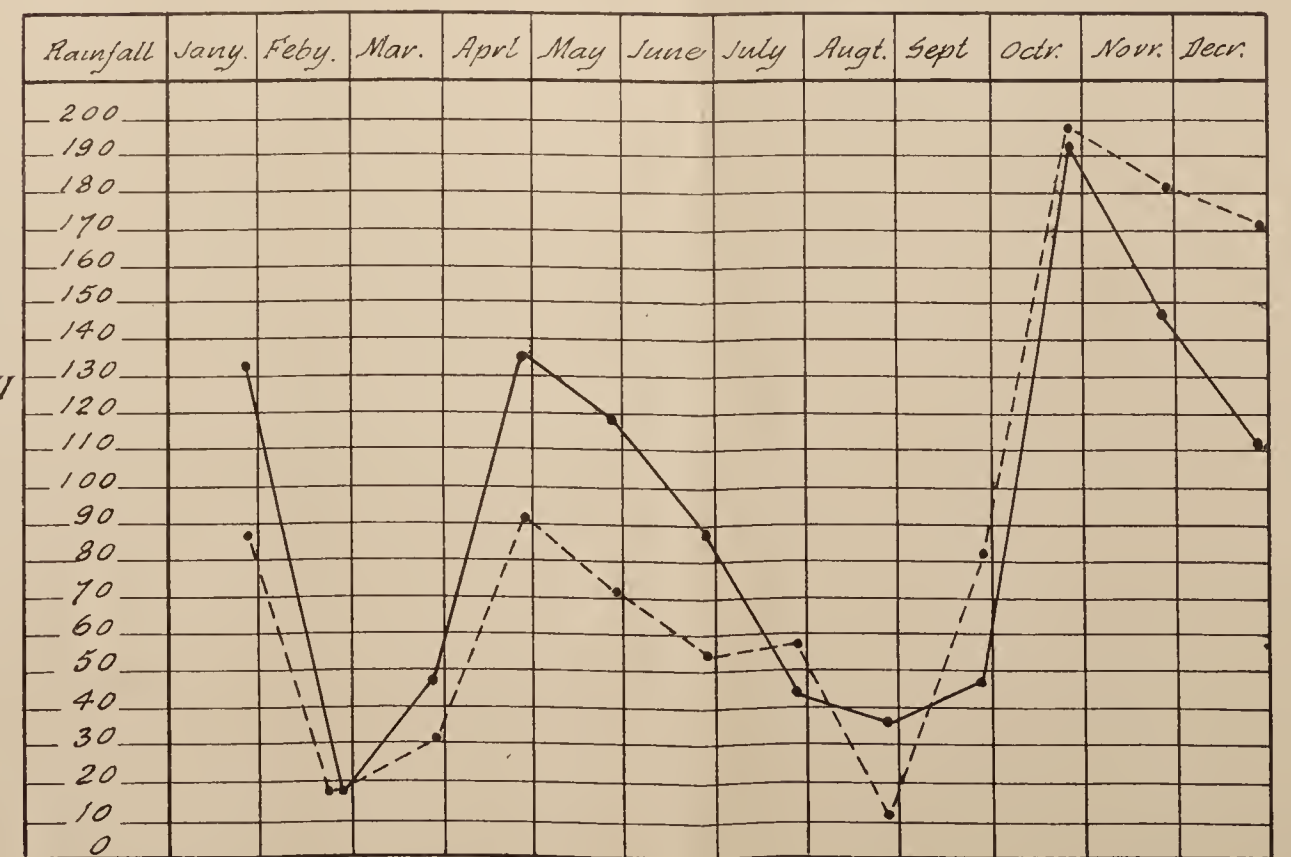


Diagram of the Total Rainfall in Ceylon.

Chart VIII.



Reference: 1899 ——— 1898 - - - -

nuisance. The houses of the poor still need much improvement, and attempts to make these more healthy and sanitary are making their mark.

The scavenging is fairly good.

Fæcal matter is still removed at night and buried. It need hardly be said that this is objectionable, and that some other method is desirable. If some system of water carriage, such as that suggested by Mr. Mansergh, is brought into use, the result would be most beneficial. Much has been done, but much remains to be done, with regard to the drainage of Colombo. Everywhere collections of stagnant water are to be seen, particularly along Skinner's road, where small green pools abound, but, though these would appear likely breeding grounds for anopheles, and therefore for the spread of malaria, only culex larvæ have up to the present been found.

The water supply is derived from the Labugama reservoir, and is more abundant this year than last, and has always been favourably reported upon by the City Analyst. Infectious cases, viz., smallpox and enteric fever, have been common.

Kandy, the capital of the Central Province, possesses a Municipality, and employs a medical man as Sanitary Officer. The drainage of the town is defective, but measures are under consideration for an improved system. The water supply is of good quality, but during a long drought is a source of some anxiety. The town itself is well scavenged and is lighted by electricity. The burial of night soil is the method adopted for the conservancy of the town.

Jaffna, the chief town of the Northern Province, possesses neither a Municipality nor a Local Board. Certain parts of the town are in a very crowded and insanitary state. There are two public latrines, which are not resorted to. The cesspit system is in vogue. The water supply is from uncovered wells. Sunlight and free circulation of air are interfered with by the houses being huddled together and by high cadjan fences. The foreshore and other places are foul and polluted. Drainage requires attention.

Galle, the capital of the Southern Province, is still the most insanitary of the towns possessing Municipalities. Although a good many improvements have been effected as regards the drainage and conservancy, much yet remains to be done. The water supply is still derived from the Bikke reservoir; a system of filtration has not yet been arranged owing to the cost. The dry-earth system has been introduced in some parts of the town, and has been found to work satisfactorily. Although a good deal has been done as regards the drains in the Fort, they are still very defective in several localities.

Batticaloa, the chief town of the Eastern Province, possesses a Local Board, and the sanitary condition is said to be satisfactory. The drainage is very bad, and the water supply equally so; the small supply of good water from wells is curtailed by the wells running dry during drought. The latrine arrangements are very defective; cesspits are used. As in Jaffna the foreshore and neighbouring jungles are polluted by human excreta.

Kurunegala, the chief town of the North-Western Province, is in a fairly good sanitary condition, but its drainage and water supply are defective.

Anuradhapura, the principal town of the North-Central Province, formerly had a reputation for unhealthiness, but of recent years, owing to improved sanitary measures, the health of the inhabitants has wonderfully improved, and this place may be considered a desirable resort for the numerous tourists who visit it to inspect its interesting ruins.

Badulla, the chief town of the Province of Uva, is a good specimen of what a sanitary tropical town should be, and is provided with a good water service by pipes. The town is well kept. The drainage, however, is defective, and a scheme for its improvement is now under the consideration of the authorities.

Ratnapura, the chief town of the Province of Sabaragamuwa, possesses a Local Board, and is in a fair state of sanitation. The water supply is good.

VACCINATION.

During the year 132,602 subjects were vaccinated: 122,518 were primary vaccinations and 10,084 re-vaccinations. Of the former, 98,871 were successful, 10,827 unsuccessful, and in 12,820 subjects the result of the operation was not known, as they failed to present themselves for examination on the appointed days. The percentage of successful cases to total inspected was 90.13. Of the re-vaccinations, 6,359 proved successful, 2,001 unsuccessful, and the result was not known in 1,724 cases, as the subjects failed to present themselves for inspection. The percentage of successful to total inspected was 76.06. Five calf vaccine institutions were in operation during the year at Colombo, Kandy, Galle, Jaffna, and Batticaloa for the preparation of glycerinated calf lymph, which was distributed in sufficient quantities to all parts of the Island. The inhabitants of the Island are well protected against smallpox, and to this cause is due the prevention of the spread of this disease from the various foci that existed during the year.

The following tables give figures for 1899 and 1900 for the purposes of comparison:—

		1899.		1900.	
Primary Vaccination:—					
Number vaccinated	...	123,474	...	122,518	
Successful	...	100,229	...	98,871	
Unsuccessful	...	10,123	...	10,827	
Unknown	...	13,122	...	12,820	
Re-vaccination:—					
Number vaccinated	...	14,753	...	10,084	
Successful	...	9,619	...	6,359	
Unsuccessful	...	2,595	...	2,001	
Unknown	...	2,538	...	1,724	
Primary Vaccination:—					
Percentage of successful to total inspected	...	89.39	...	90.13	
Re-vaccination:—					
Percentage of successful to total inspected	...	82.79	...	76.06	

The following table shows the number of vaccinations performed in 1900 by Government vaccinators and medical officers at dispensaries and on the estates as compared with the preceding year:—

Table showing the Number of Persons vaccinated in the Island in 1899 and 1900.

	Primary Vaccinations.						Re-vaccinations.										
	Total Number of Cases vaccinated.	Number of Cases seen after Vaccination.			Percentage of Successful to Cases seen.	If in the Number of Cases absent and therefore unseen the Ratio be taken as in the Cases seen.	Total Number of Cases vaccinated.	Number of Cases seen after Vaccination.			Percentage of Successful to Cases seen.	If in the Number of Cases absent and therefore unseen the Ratio be taken as in the Cases seen.	Total Number of Successful in Total of Cases vaccinated.				
		Successful.	Unsuccessful.	Total.		Successful.	Unsuccessful.	Total.		Successful.	Unsuccessful.	Total.					
1899.																	
Government Vaccinators	90,563	73,000	6,976	79,985	91.27	9,668	910	10,578	82,677	9,487	1,478	7,580	80.50	1,182	725	1,907	7,284
Medical Officers at Dispensaries	16,563	12,692	2,374	15,066	84.24	1,336	161	1,497	14,028	221	22	214	89.71	5	2	7	197
On Estates	16,348	14,528	773	15,301	94.94	976	71	1,047	15,504	5,044	1,095	4,420	75.22	469	155	624	3,794
Total	123,474	100,220	10,123	110,352	90.82	11,980	1,142	13,122	112,209	14,752	2,595	12,214	70.75	1,656	882	2,538	11,275
1900.																	
Government Vaccinators	93,355	74,800	7,791	82,591	90.56	7,781	2,983	10,764	82,581	7,051	1,376	5,682	75.78	1,295	74	1,369	5,601
Medical Officers at Dispensaries	12,755	10,009	1,963	11,972	83.60	687	96	783	10,696	437	51	388	87.11	40	9	49	377
On Estates	16,408	14,062	1,673	15,735	92.84	1,072	201	1,273	15,134	2,596	574	2,290	74.93	236	70	306	1,952
Total	122,518	98,871	10,827	109,698	90.13	9,540	3,280	12,820	108,411	10,084	2,001	8,360	76.06	1,571	153	1,724	7,930

PLAGUE.

It is satisfactory to note that this Island has for another year escaped this scourge, although it has been present in many ports from which vessels come to Ceylon. This freedom may be put down to a combination of many causes: 1st, that Colombo is not a terminal port; 2nd, that vessels do not come alongside any pier; 3rd, that vessels and their crews coming from infected ports are thoroughly inspected before leaving; 4th, that the Plague Committee is fully alive to its great responsibilities; 5th, to the good work performed by the Port Surgeons; 6th, that the Island is prepared to meet it.

The Plague Committee under the Chairmanship of the Hon. the Acting Colonial Secretary is practically a Standing Committee consisting of the following members:—The Hon. the Government Agent, Western Province, the Principal Civil Medical Officer, the Mayor of Colombo, the Hon. the Acting Principal Collector of Customs (Secretary). It has held several meetings, and has revised from time to time the precautions instituted to combat an outbreak of this disease. This Committee is in reality a Port Sanitary Board, and any subject affecting quarantine and infectious disease arriving in Colombo is dealt with by it. All returns of plague from infected ports are received by the Committee, and telegraphic accounts of plague occurring in places adjacent to Ceylon are received regularly. The staff of Port Surgeons performed their duties with intelligence and promptitude, and were ever on the alert to discover disease among the arrivals at this port. Notwithstanding the strict supervision maintained, the travelling public from infected ports have not been inconvenienced, and no harsh or exasperating rules have been promulgated to interfere with their comfort or to prevent their landing. The disinfection of their baggage and of soiled linen has been well carried out by means of two Thresh's steam disinfectors. In addition to the three Port Surgeons, a medical woman has been employed throughout the year for the purpose of examining females.

A few cases of suspected plague have been reported, but in only one case was the disease satisfactorily diagnosed. He was a Chinaman who arrived ill on the P. & O. "Clyde" in January, and was not sent to Galle (the plague port), as the Captain preferred to take him to sea. His Excellency the Governor's suggestion that Galle should be the plague port for those attacked arriving at any part in Ceylon has been continued, and a fully equipped hospital and house of observation have been in readiness there. Two persons from ships arriving from plague-infected ports before the expiry of the quarantine period were received into the Galle plague hospital: one was a case of erysipelas and the other a compound fracture.

Systematic onslaughts on rats have been made from time to time in various parts of the Island, and particularly in Colombo at the Customs landing premises, and by the Mayor throughout the city, with good results.

All minor ports, with the exception of Kayts in the north, likely to be visited by native trading vessels from India, have been closed, and this arrangement has worked most satisfactorily. As a precautionary measure steam patrol boats have been employed round the coast.

The immigrant cooly traffic has not been interfered with, and several batches arriving from plague-infected parts of India have undergone the necessary period of quarantine at Ragama Camp, when, after proper disinfection of themselves and belongings, they have been drafted to their several estates.

THE RETURN OF DISEASES AND DEATHS.

This is the first year in which the new return of diseases and deaths issued by the Colonial Office has been used. It is in every way a great improvement upon the older form. The classification is better and more readily complied with, and the spaces left at the end of each list of diseases are especially useful in order to record the rare diseases which from time to time appear, and which otherwise would be difficult to enter.

The only suggestion I would venture to bring forward concerning such an excellent return is with regard to the malarial fevers. I would submit simpler classification, such as the following:—

Malarial Fevers:—

- | | | |
|---------------|--|------------------------|
| (a) Quartan. | \| | (d) Undiagnosed. |
| (b) Tertian. | \| | (e) Malarial cachexia. |
| (c) Tropical. | \| |  |

III.—GENERAL.

MEDICO-LEGAL DUTIES.

During the year 1900 191 analyses were conducted, of which 94 were judicial analyses, 37 were samples of kerosine oil, and 29 were samples of water, mud, liquid fuel, crude oil, tea, spirits, &c., from Her Majesty's Customs, Local Boards, and the Railway Department, and 31 were samples of water conducted at the request of Government. Of the 94 judicial analyses, 61 were undertaken for the detection of poisons and 33 for examination of stains.

In the poisoning cases, arsenic was detected in 5 analyses, mercury in 3, datura in 4, opium in 1, croton oil and mercury in 1, lead in 2, sulphur in 1, cannabis indica in 1, ganja in 2, ganja and opium in 1, hydrochloric acid in 1, rhubarb in 1, sandalwood oil in 1, incense in 1, and in the rest of the analyses no poison was detected.

A synopsis of the analyses of the year in tabular form is herewith appended :—

Synopsis of the Analyses for 1900.

Total, 191. Fees, Rs. 1,796	Judicial 94	{	33	Mammal blood detected ...	25	
				Spermatozoa ...	1	
				Epithelial scales ...	2	
				No blood or semen ...	5	
				Arsenic in ...	5	
				Mercury in ...	3	
				Datura in ...	4	
				Opium in ...	1	
				Croton oil and mercury ...	1	
				Lead ...	2	
				Sulphur ...	1	
				61	Cannabis indica ...	1
					Ganja ...	2
					Ganja and opium ...	1
					Hydrochloric acid ...	1
					Rhubarb ...	1
					Sandalwood oil ...	1
					Incense ...	1
					No poisons ...	36
					Kerosine oil 37	
Water, spirit, &c., from Her Majesty's Customs, Railway, and Local Boards 29						
				Total ...	94	
					66	
				Analyses for Government purposes, Water	31	
				Grand Total ...	191	

ADMINISTRATIVE HOSPITALS AND ASYLUMS.

During the year 1900 64 hospitals and asylums were in operation, against 65 in the previous year. This reduction was due to the closing of the immigrant hospital at Vankalai in August, 1899. As the North road cooly route was closed for cooly traffic, this institution, which was purposely established for immigrant coolies, was found unnecessary. A new field or parangi hospital at Maha-oia and a new infirmary for fourteen beds at the Leper Asylum, Hendala, were completed late in the year, but these institutions were not occupied, as the necessary equipment was not available.

Alterations and Additions.—Certain material alterations and additions to the buildings at the following hospitals and asylums were effected by the Public Works Department, viz., Leper Asylum, Hendala; General Hospital, Colombo; Police Hospital, Borella; Field hospitals, Medagama and Maha-oia; and the District Hospital of Balangoda.

Numbers treated.—In the Civil and Lying-in Hospitals there were treated during the year 41,906 patients, being 6,611 more than in the preceding year. Of these, 40,554 were admissions during the year, and 1,352 remained from the previous year. The daily average sick was 1,679·10, as against 1,461·46 during the previous year. Of the total treated, 28,153 were discharged cured, 7,818 relieved, and 596 not improved. The deaths numbered 3,735, or 421 more than in the preceding year, and there remained 1,604 patients under treatment at the end of the year.

In the Field Hospitals there were treated 4,364 patients, against 3,981 in the preceding year. Of these, 4,217 were new admissions and 147 remained from the previous year. The average daily sick was 181·78, against 179·44 during the previous year. Of the number treated, 2,982 were discharged cured, 986 relieved, and 72 not improved. The deaths numbered 154, against 183 in the previous year, and there remained under treatment at the end of the year 170 patients.

The number of patients treated in the five Immigrant Hospitals was 1,944, against 2,297 in the previous year. The admissions numbered 1,862, and 82 patients remained from the previous year. The daily average sick was 74·28, against 100·49 in the preceding year. Of the total treated, 1,265 were discharged cured, 495 relieved, and 19 not improved. The deaths numbered 79, and there remained under treatment at the end of the year 86 patients.

In the District Hospitals were treated 13,785 patients, against 12,118 during the preceding year. The admissions during the year numbered 13,207, and 578 remained from the previous year. The average daily sick was 771·78, against 699·92 during the previous year. Of the total treated, 7,037 patients were discharged cured, 3,317 relieved, and 190 not improved. There were 2,454 deaths, against 2,284 in the previous year, and 787 remained at the end of the year.

LUNATIC ASYLUM, COLOMBO.

During 1900, 139 patients were admitted into the asylum, which, with 467 remaining from the previous year, made the total insane population 606, of whom 378 were males and 228 females. The average daily number of inmates was 481·03. Of the total treated, 55 were discharged cured, 8 relieved, and 11 not improved. There were 38 deaths, and 494 remained under treatment at the end of the year. Of these, 163 were maniacal and dangerous, 195 quiet chronic, 97 melancholic and suicidal, 39 idiotic, paralytic, or epileptic.

The institution consists of 18 dormitories, 19 day-rooms and corridors used as day-rooms, and 116 single rooms. The water supply is drawn from the Labugama reservoir, which supplies the town. The quality is good, and the quantity ample. There are 21 lavatories, 18 baths, and 21 latrines. The dry-earth system is carefully carried out. The number of patients secluded under lock and key was six, and the number of times seclusion was resorted to was 62, and the longest duration in any single instance was six hours. There were eleven cases of accidental injury to patients by themselves, one of injury to a patient by another patient, and none by attendants. Such patients as are well enough are given daily exercise, while others are confined to the airing courts. Outdoor sports (cricket and tennis) as well as indoor games (cards, bagatelle, musical instruments, &c.) are provided. A library is in existence, and those who can read are regularly supplied with books and papers. Two religious

services were held in a large work-room, the average attendance being 112. The inmates of the asylum are employed in gardening, trade, house work, &c., and the proceeds of their industry is formed into a fund, which at the end of the year amounted to Rs. 16,986.06 :—

Industrial Fund Account, 1900.

		Rs.	c.	Rs.	c.
Balance on 1st January, 1900 :—					
Invested 4 per cent. Ceylon Government Stock	...	13,029	85		
Fixed deposit, National Bank of India	...	1,706	5		
At credit of current account, Hongkong and Shanghai Bank	...	1,523	92		
Cash in hand	...	113	64		
				16,373	46
Receipts, 1900	...	1,966	11		
Expenditure in 1900	...	1,353	51		
				612	60
Balance on 31st December, 1900 :—					
Invested in 4 per cent. Government Stock	...	13,029	85		
Fixed deposit, National Bank of India	...	1,800	0		
Current account, Hongkong and Shanghai Bank	...	2,075	76		
Cash in hand	...	80	45		
		16,986	6	16,986	6

HOUSES OF OBSERVATION FOR SUSPECTED LUNATICS.

There were four institutions of this nature at Colombo, Kandy, Galle, and Jaffna, into which were admitted for observation 247 patients, which, with 3 remaining from the previous year, made a total of 250, of whom 33 were transferred to the Lunatic Asylum at Colombo, 207 were discharged, 3 died, and 7 remained under observation at the end of the year.

LEPER ASYLUM, HENDALA.

The Leper Asylum received 137 patients for treatment during the year, which, with 262 remaining from the previous year, made the total leper population 399. The daily average in the Asylum was 267.18. Of the total treated, 72 were discharged relieved, 10 not improved, 39 died, and there remained at the end of the year under treatment 278 patients. The asylum has 282 beds. The water supply is ample, and the quality pure and good. There are bathrooms in connection with the asylum supplied with hot and cold water according to the requirements of patients. The dry-earth system is in use, the excreta being disposed of by incinerating.

DE SOYSA LYING-IN HOME.

The total number of patients treated at this institution during the year was 521, against 441 in 1899 and 163 in 1890. Of these, 445 were discharged cured, 53 relieved, 11 died, and 12 were remaining under treatment at the end of the year. The daily average sick was 11.47. The percentage of deaths to total treated was 2.11, against 1.36 in 1889 and 3.08 in 1890.

In the Lying-in Home 19 pupil midwives received training in 1900, of whom 11 obtained certificates after passing a satisfactory examination.

The following important operations were performed during the year :—

Forceps extractions	...	...	...	...	93
Version	...	...	...	...	18
Craniotomy	...	...	...	...	2
Repair of perineum	...	...	...	...	16

LADY HAVELOCK HOSPITAL.

In this institution 934 patients were treated, against 656 in the previous year. Twenty remained from the previous year, and 914 were new admissions. The daily average sick was 31.83. Of the total treated, 697 patients were discharged cured, 126 relieved, and 28 not improved. There were 45 deaths, and 33 remained under treatment at the end of the year. Of the 934 patients, 228 were children (107 boys and 121 girls). There were 68 operations performed, with 7 deaths.

POLICE HOSPITAL, COLOMBO.

652 patients were treated in the Police Hospital, of whom 637 were discharged after treatment, 1 died, and 14 remained at the end of the year. The daily average sick was 2.35. At the outdoor dispensary of this hospital 1,839 persons were treated during the year, who paid 2,467 visits.

GRENIER EYE, EAR, AND THROAT INFIRMARY.

At this institution 3,676 cases were treated during the year, against 3,165 in 1899 and 3,348 in 1898. The contribution during the year amounted to Rs. 98.43, against Rs. 71.75 in 1899 and Rs. 63.80 in 1898, and were of a purely voluntary nature.

BRANCH HOSPITALS.

Colombo, Kandy, and Galle are provided with a special hospital for the treatment of women suffering from venereal diseases. The total number of new cases admitted was 386, which, with 16 remaining from the previous year, makes a total of 402. Of these, 385 were discharged and 17 remained under treatment at the end of the year. Of the 402 females treated in the three Branch Hospitals, 40 were treated for primary syphilis, 72 for secondary syphilis, 53 for tertiary syphilis, 1 for inherited syphilis, 183 for gonorrhœa, and 53 for other diseases the result of venereal poison.

JAIL HOSPITALS AND SICK PRISONERS.

The number of prisoners admitted during the year into the different jails in the Island was 12,667. The average daily strength of prisoners was 2,515.14. There were treated during the year in the several Jail Hospitals 4,465 prisoners, against 4,362 in the previous year. The deaths numbered 102, against 95 in 1899. Of these, 52 were due to bowel complaint, 17 to fever, 21 to pneumonia, 2 to

bronchitis, 1 to influenza, 1 to pleurisy, 1 to injury, and 7 to other diseases. The following table gives the number of admissions, number of deaths, average strength, death-rate to admissions to hospitals, and to average strength for the past three years :—

Year.	Admissions in Hospitals.	Number of Deaths.	Average Strength of Prisoners.	Death-rate to Admissions.	Death-rate per 1,000 of Average Strength.
1898	6,128	110	2,848.88	1.79	38.61
1899	4,362	95	2,591.53	2.17	36.65
1900	4,465	102	2,515.14	2.28	40.55

KALMUNAI LEPER HOSPITAL.

At this institution 26 lepers were treated during the year, of whom 16 were discharged relieved, 1 died, and 9 remained under treatment at the end of the year. The daily average sick was 10.31.

FRIEND-IN-NEED SOCIETY'S HOSPITAL AT JAFFNA.

The Friend-in-Need Society's Hospital at Jaffna received 1,416 patients for treatment during the year, which, with 56 remaining from the previous year, made a total of 1,472. Of these, 1,380 were discharged, 47 died, and there remained under treatment at the end of the year 45 patients. At the outdoor dispensary of this institution 9,156 persons were treated during the year, who paid 17,240 visits, and contributed voluntarily Rs. 824.44.

KANATTA INFECTIOUS DISEASES HOSPITAL.

At this institution 18 cases of infectious diseases remained from the previous year, and 331 were admissions, making a total of 349. Of these 316 were discharged cured, 17 died, and 16 remained in hospital at the end of the year. The death-rate was 8.39 per cent. Of the 349 patients, 71 were treated for smallpox, 195 for chickenpox, 38 for measles, 20 for mumps, 9 for cholera (Asiatic), and 10 were admitted under observation for smallpox. Of the 9 cases of cholera, 8 died and 1 was discharged cured. Of the 74 cases of smallpox, 60 were discharged cured, 9 died, and 2 remained in hospital at the end of the year.

At the commencement of the year there were 11 cases of smallpox remaining in hospital, and during the year from different parts of the town sporadic cases were admitted into the hospital, bringing the total number treated to 60, of whom 9 died. Of the 60 cases treated in the hospital, 8 cases were admitted from ships, 7 were lascars, and 1 a European. One case proved fatal in a lascar.

There were no cases of cholera in the town of Colombo; 9 cases were admitted from ships, 8 of which proved fatal. All these cases occurred in immigrant coolies.

Total Deaths.—The deaths numbered 6,500, against 5,987 in the previous year, showing an increase of 513. I subjoin a table showing the death-rate in the various hospitals and asylums in the Island for the year, as compared with the previous year. I have separated the death-rates among the mixed races and Malabars for purposes of comparison :—

	Mixed Races.		Malabars.		Total.	
	1899.	1900.	1899.	1900.	1899.	1900.
Civil Hospitals	6.74	6.54	19.01	17.21	9.38	8.91
Field Hospitals	4.27	3.30	9.61	8.05	4.59	3.52
Immigrant Hospitals	3.02	2.54	8.01	7.41	5.13	4.06
District Hospitals	5.82	5.17	23.10	22.92	18.92	17.80
Asylums	8.88	7.56	7.54	7.55	8.67	7.56
Total.	6.33	6.00	20.25	19.52	10.94	10.31

The percentage of deaths to cases treated in the civil hospitals showed a slight decrease among the mixed races, and a decrease of 1.80 among the Malabars. In the field hospitals the decrease among the mixed races was also slight, but the decrease among the Malabars was 1.56. In the immigrant and district hospitals the decrease both among mixed races and Malabars was less than in the previous year. Taking all the hospitals and asylums together there was a slight decrease among the mixed races as well as among the Malabars. The percentage of deaths to total treated was 10.31, against 10.94 in the previous year.

Duration of Residence.—The longest time any one inmate stayed in hospital was 365 days. This was in the District Hospital at Dikoya, where the patient was under treatment for epilepsy.

Hospital Accommodation.—The accommodation in the hospitals for treatment of sick was generally sufficient. Overcrowding sometimes occurred, especially in the General Hospital, Colombo, where the daily average sick was 398.11, whereas there is accommodation for only 323. The large number in excess have had to be accommodated in the verandahs and passages. 150 patients were transferred to Urugodawatta, and so occasional relief was obtained.

Water Supply.—With the exception of the following institutions, Mannar, Galle, Chilaw, Nikaweratiya, and Trincomalee, the water supply in all the hospitals was reported to be good, pure, wholesome, and abundant. Water for drinking purposes is, as a rule, boiled and filtered before use.

Bathrooms.—All hospitals are provided with separate bathrooms for males and females and furnished with tubs, which are filled with hot or cold water according to the requirements of the patients. Patients who can help themselves however prefer to bathe in streams where there are such adjoining a hospital.

Drains.—There are no covered drains. The drains are all surface ones for carrying away the ward washings, rain, and storm water.

Sewerage.—The conservancy of the latrines is entirely on the dry-earth system, the excreta being removed daily and buried or incinerated at some distance from the hospitals.

Inspection.—The hospitals were all inspected either by me or the Colonial Surgeons of the respective Provinces. The number of these visits of inspection and the official designation of the

visitors will be found given in the return of each institution. The books were produced when called for and were generally found complete, and made up to the date of examination. The reports of inspection by the Colonial Surgeons as well as those by me were forwarded to Government when necessary.

Food Supply.—The provisions for the various hospitals were supplied by purveyors on contracts approved by Government. The system works satisfactorily. The medical officers in charge of the respective hospitals examine the food before it is served out to the patients, and reject such articles as do not come up to contract samples.

Dispensaries.—362 dispensaries were in operation. Of these, 206 were civil, 45 district, and 111 estate. They are distributed as follows:—In the Western Province 31, Central 46, Northern 37, Southern 35, Eastern 18, North-Western 24, North-Central 19, Province of Uva 21, and Sabaragamuwa 20. In the civil dispensaries there were treated 821,174 persons, against 753,288 in the previous year, who paid 1,358,956 visits, and contributed voluntarily Rs. 23,643. In the district dispensaries there were treated 171,149 persons, against 146,202 in the previous year, who contributed voluntarily Rs. 1,600·33. Estate dispensaries were kept up on the estates by the planters, medicines being supplied free by Government; the resident dispenser, who is paid by the estate, being appointed on the recommendation of the Principal Civil Medical Officer.

PORT DUTIES AND IMMIGRATION.

The number of vessels which arrived at the port of Colombo was 3,316, against a total of 2,964 in the previous year, 2,815 being steamers, one sailing vessel, and 500 native craft. The number of native traders was 47,853 and coolies 160,865. Included as traders were 41,278 men, 2,931 women, 2,969 children, and 675 infants. Of the coolies, 95,883 were men, 31,113 women, 24,649 children, and 9,220 infants. 451 vessels were placed in quarantine during the year. Nine cases of cholera were sent to hospital, and 10 died on board in harbour or while entering and were buried at sea. Eight cases of smallpox, 3 of chickenpox, and 5 of measles were landed and sent to the Infectious Diseases Hospital, Kanatta, and 11 cases of measles were isolated on boardship.

RAGAMA CAMP.

The total number of coolies who passed through the camp during 1900 was 134,134, against 26,079 during the previous year. The largest number of coolies in any one day in the camp was 3,434, and the largest number in quarantine was 2,771. There were 11 distinct outbreaks of cholera during the year; 20 persons were attacked, of whom 16 died. These outbreaks occurred during the months of April, May, June, July, and August, and the largest number of arrivals were also during these months. The outbreaks of cholera generally occurred from the first to the third day after arrival. Of the other diseases admitted into hospital, there were 3 cases of chickenpox and 26 cases of diarrhoea and debility, out of the latter 12 cases proved fatal. Of the total number of coolies who passed through the camp, 2,029 persons were vaccinated, and the rest either had marks of successful vaccination or of smallpox.

Two camps, Nos. 3 and 4, were given over to the Military Authorities for the location of prisoners of war. To save overcrowding in the coolie camps, Nos. 1 and 5, the police barracks, and the Superintendent's quarters were converted into coolie camps with the necessary bath and latrine arrangements. The drainage system of the camp is efficient. The conservancy is carried out on the dry-earth principle, and the excreta being disposed of by incineration. There is a good and ample water supply.

DE SOYSA BACTERIOLOGICAL INSTITUTE.

This institute, the gift of Mr. J. W. Charles de Soysa to the Government of Ceylon, was formally opened by His Excellency the Governor on the 31st January, 1900. Since its opening it has undertaken work of a diverse character, and is now supplying a long-felt want in the Colony, by its researches in bacteriological analyses of tissues, secretions, blood, &c., so indispensable to scientific diagnosis of diseases, and the Director is invariably consulted by Government medical officers and private medical practitioners for reports on specimens submitted by them on bacteriological and allied subjects.

MEDICAL COLLEGE.

In the May term twelve new male students joined the senior division, making up a total of 64 students taking the course for the license, of whom two are females. In the junior division 19 new students were admitted, making a total of 99 in this class.

In the October term four new male students joined the College in the senior division, bringing the total in this class to 67. The strength of the junior division was 82, of whom one was a female.

Of the female students two hold scholarships. Three male students also hold Government scholarships.

During the year in the senior division 7 passed out finally as licentiates, and in the junior division 20 passed as apothecaries.

The fees credited to revenue amounted to Rs. 11,208.

CIVIL MEDICAL STORES.

Dr. H. M. Fernando is in charge of this institution as Medical Superintendent. On the retirement of Mr. E. N. Schokman, Mr. A. D. Cotton was appointed Chief Storekeeper on Rs. 3,000 per annum, who is assisted by two assistant storekeepers, two dispensers, and one clerk, besides a staff of 5 packers, 6 coolies, 1 instrument cleaner, and 1 carpenter. The drugs, chemicals, and instruments received from England and elsewhere amounted to Rs. 213,647·86, and medicines, &c., purchased in Ceylon cost Rs. 8,432·41. The cost of articles purchased from the Government Stores and in the local market for the preparation of drugs in the Medical Stores came to Rs. 4,810·07, while the cost of repairing surgical instruments amounted to Rs. 88·50, and that of transport, postage, &c., to Rs. 11,132·16. Contingencies and petty expenses to Rs. 211·92. Quinine, fever powders, and other medicines issued to Government Agents and others cost Rs. 1,824·77, whilst those issued to planters, the Public Works Department, and others on payment amounted to Rs. 4,622·82. Quinine powders issued to post offices for sale amounted to Rs. 9·15. The sale of unserviceable articles realized Rs. 245·75, and of surgical instruments lost and paid for by the officers of the Department amounted to Rs. 56·15.

NURSING :—

The nursing sisters at Colombo, Kandy, and Kurunegala (Anglican and Roman Catholic) have continued to give every satisfaction in the discharge of their duties. In the other hospitals the nurses and attendants have performed their duties to the satisfaction of the medical officers.

Nursing Staff.

Anglican Sisters	...	...	...	...	3
Roman Catholic Sisters	...	...	...	...	17
Superintendent of Nurses	...	...	...	...	1
Matrons	...	...	...	...	24
Nurses	...	...	...	...	47
Pupil Nurses, Lady Havelock and Kandy Civil Hospital	...	...	...	...	11
				Total	103

STRENGTH OF THE MEDICAL DEPARTMENT.

The strength of the Medical Department was as follows:—1 Principal Civil Medical Officer and Inspector-General of Hospitals, 1 Assistant Principal Civil Medical Officer, 7 Colonial Surgeons, 1 Superintendent, Lunatic Asylum, 1 Surgeon in Charge of the General Hospital at Colombo, 2 Medical Women, 23 Assistant Colonial Surgeons, 27 Deputy Assistant Colonial Surgeons, 48 Sub-Assistant Colonial Surgeons, 25 Probationers, 4 Health Officers, 244 Apothecaries, 1 Chief Medical Storekeeper, 2 Assistant Superintendents of Vaccination, 1 Chief Inspector of Vaccination, 6 Inspectors of Vaccination, and 105 Vaccinators.

The changes in the Department were the resignation of Dr. Harvey Hilliard, Assistant to the Principal Civil Medical Officer, in September, 1900, and the appointment of Colonial Surgeon Dr. Griffin as Assistant Principal Civil Medical Officer, and the sad loss of Dr. Bartholomeusz by accidental drowning at Anuradhapura.

The expenditure of the Department, exclusive of working hospitals under the Medical Aid Ordinance, amounted to Rs. 1,301,865·91, including exchange compensation, against Rs. 1,436,467·42 in the previous year. Under Personal Emoluments and allowances the expenditure was Rs. 308,195·45, including exchange compensation, against Rs. 310,914·15 in 1899. The expenditure under Other Charges was Rs. 973,36·029, under Harbour Service Rs. 4,063·13, and under the vote for Plague Precautions Rs. 16,247·04.

The receipts on account of paying patients in hospitals amounted to Rs. 33,830·12. The collections at the civil outdoor dispensaries was Rs. 23,643. The cost of medicines issued to the Estates Branch of the Department amounted to Rs. 111,122·81, while the sale of medicines and superfluous articles, Medical College fees, &c., amounted to Rs. 46,124·52. Deducting the receipts under the heads above specified from the expenditure, the nett expenditure was Rs. 1,087,145·46. In the Appendix will be found tables which give in detail the expenditure incurred on account of each hospital under the different heads of service.

The following statement shows the expenditure and receipts as compared with 1899 :—

EXPENDITURE.	1899.		1900.		Increase.		Decrease.	
	Rs.	c.	Rs.	c.	Rs.	c.	Rs.	c.
Personal Emoluments	288,877	49	286,985	45	—	—	1,892	4
Personal Allowance	22,036	66	21,210	0	—	—	826	66
Total	310,914	15	308,195	45	—	—	2,718	70
Other Charges	76,010	30	70,541	1	—	—	5,469	29
Hospitals and Dispensaries	661,603	22	664,796	36	3,193	14	—	—
General	268,740	56	238,022	92	—	—	30,717	64
Total	1,006,354	8	973,360	29	3,193	14	36,186	93
Harbour Service	53,509	35	4,063	13	—	—	49,446	22
Plague Precautions	65,689	84	16,247	4	—	—	49,442	80
Total	119,199	19	20,310	17	—	—	98,889	2
Grand Total	1,436,467	42	1,301,865	91	3,193	14	137,794	65
RECEIPTS.								
Amount received from paying patients in hospitals	30,946	74	33,830	12	2,883	38	—	—
Collections at dispensaries	23,575	84	23,643	0	67	16	—	—
Cost of medicines issued to Estates Branch Institutions	124,207	32	111,122	81	—	—	13,084	51
Sales of medicines and superfluous articles and College fees	40,569	15	46,124	52	5,555	37	—	—
Total	219,299	5	214,720	45	8,505	91	13,084	51
Nett Expenditure	1,217,168	37	1,087,145	46				

PRISONERS OF WAR.

A unique circumstance in the history of this Department has occurred during the year, viz., the arrival of 4,396 prisoners of war from South Africa, for whom locality, housing, sanitation, water supply, hospitals, medical staff, and nurses had to be provided. It is obvious that this increase to the white population entailed an enormous amount of extra work on the officers of the Civil Medical Department. This even in a healthy population of over 4,000 persons would have been considerable,

but when it is remembered that two serious outbreaks of epidemic disease, measles and enteric fever, have been combated and overcome, the medical work done at the Boer Camps has been almost phenomenal. I would take this opportunity of placing on record the valuable services rendered by Colonial Surgeon Mr. Griffin and the present Chief Medical Officer of the Camp, Dr. Garvin, and their subordinates.

The site selected for the main camp was in the Diyatalawa valley, with an approximate elevation of 4,140 ft. above mean sea level, 157 miles east from Colombo.

The prisoners are housed in galvanized iron huts with wooden floors; the sanitation is perfect, surface drains have been laid all over the camp, and discharge at various points into the low-lying plains. The removal of the solid excreta is by means of buckets with dry-earth, which is buried at some distance, the urine is allowed to flow through pipes into paddy fields and into rough pits filled with absorbent materials, broken bricks, coke, &c.; these make very effective bacteria beds.

The water supply is of good quality and in sufficient quantity, and is brought in iron pipes from the hills from two sources two or three miles away. Hospital accommodation of 317 beds was provided, to which tents and cadjan huts were added.

Seven medical officers of this Department have been employed at various times at the camp, with dispensers, four lady nurses, and hospital orderlies trained from volunteers from among the prisoners themselves, who were paid for their services.

General Health.—Excluding the outbreaks of measles and of enteric fever, the general health of the prisoners of war has been good, and compares favourably with the sick and death-rate of any similar body of men, and this is particularly satisfactory considering the depressing condition under which they were interned. Many had been prisoners of war for some time before their arrival; all had undergone a trying campaign, and had left their homes, wives, and children behind them.

Measles.—Measles first showed itself in the person of J. P. Coetzee on 5th September; he had arrived by the transport "Ranee" on the 3rd idem. and from that date to the 25th November, when the outbreak ceased, 251 cases were treated, with 7 deaths. The mortality was therefore 2·7 per cent.

Enteric.—By far the more serious epidemic was that of enteric fever, which began on the 24th September, and can be traced to prisoners of war who arrived by the transport "Bavarian," which arrived in Colombo on 8th September, and from whom several cases were removed to the Colombo Hospital. Of the first few cases one at least might have contracted the disease in South Africa and three others may have contracted it on boardship, but the disease having been introduced into the camp spread in the most alarming manner, and up to the end of the year there were 601 cases, with 50 deaths, a mortality rate of 8·31 per cent. It is not conceivable that all these cases arrived with the germs of the disease in their systems, that is, if any reliance is to be placed on the generally accepted period of incubation of this malady; its extension from the first few cases must have been due to some common cause. The common vehicles, such as water and milk, may be excluded; the water has been chemically, microscopically, and bacteriologically examined and found to be perfect in every respect, and there was no milk (with the exception of tinned milk) allowed in camp.

My opinion is that the disease was spread by air, because at first, before all the cases could be segregated, many of the prisoners suffering from the disease were using the common latrines, and the healthy were infected therein. A marked diminution of the outbreak occurred when all cases were sent to hospital early, and more attention was paid to the disinfection of the latrines.

It has been suggested that the spread of the disease was due to flies; this, I believe is the opinion of Lieut.-Col. Quill, R.A.M.C., the Senior Medical Officer, Ceylon, who had a few cases of enteric fever among the military guard. My theory would hold good for these cases, as many of the military posts were in close proximity to the Boer latrines.

The disease was at its height in November, and on 30th of that month there were 278 cases out of a total hospital population of 314.

The disease commenced to decline in December, and at the present time is practically stamped out.

Towards the end of the year it was found advisable to establish two new camps, one at Ragama, 9 miles from Colombo (which was not opened until early in 1901), and at Mount Lavinia for convalescents, which was opened on the 27th December. The hired transport "Atlantian" was also used as a convalescent depôt in Colombo Harbour from early in 1901.

His Excellency the Governor was good enough to relieve this Department, providing the extra medical officers necessary for these new camps by securing the services of Major Thomson and Capt. Gwynn of the R.A.M. Corps from India and Dr. Burch, Civil Surgeon, who have been lent to me.

For a detailed description of Diyatalawa Camp I would refer to the report sent in by Dr. Garvin, attached.

ESTATES BRANCH.

During the year 1900 there were 1,763 estates scheduled to 33 districts and 30 sub-districts, with 17 district hospitals and 12 civil hospitals and dispensaries. The following are the districts and sub-districts with the number of estates scheduled to each:—Avisawella District 47, sub-district Hanwella 10, sub-district Bandaragama 11, sub-district Horana 4, sub-district Kesbewa 1; Kalutara District 40, sub-district Horawella 3; Kandy District 69, sub-district Galagedara 15, sub-district Kadugannawa 20, sub-district Hanguranketa 3; Elkaduwa District 21, sub-district Wattegama 29; Kelebokka District 43; Dikoya District 62, sub-district Bogawantalawa 31, sub-district Watawala 39; Maskeliya District 73; Gampola District 62, sub-district Pussellawa 35; Lindula District 56, sub-district Agrapatana 43; Dimbula District 36, sub-district Watagoda 18; Matale District 80, sub-district Rattota 33, sub-district Gammaduwa 18; Teldeniya District 22, sub-district Rangalla 26; Deltota District 44; Nuwara Eliya District 37, sub-district Nanu-oya 18; Maturata District 30; Ramboda District 34; Uda Pussellawa District 31, sub-district Mulhalkele 3, sub-district Maspane 1; Nawalapitiya District 49, sub-district Dolosbage 36; Kotmale District 18; Morawak korale District 18; Balapitiya District 16; Elpitiya District 1; Udugama District 13; Badulla District 59, sub-district Tenacombe 24, sub-district Passara 10, Lunugala District 13, sub-district Madulsima or Forest Hill 29; Monaragala District 9; Haputale District 17, sub-district Bandarawela 8, sub-district Haldnummulla 23, sub-district Koslanda 27; Kurunegala District 43, sub-district Rambukkana 2; Ratnapura District 23; Balangoda District 32; Rakwana District 25; Kegalla District 22; Karawanella District 63, sub-district Kitulgala 17, sub-district Aranayaka 18.

To attend to the medical wants of the above the following officers were employed :—Deputy Assistant Colonial Surgeons 15, Sub-Assistant Colonial Surgeons 10, and Apothecaries 28.

During 1900 there were 11,967 estate labourers treated in the district hospitals and civil constituted district hospitals, against 10,975 in 1899. Of these, 2,866 died, a death-rate of 23·86 per cent. Of the mixed races, 21,158 were treated, of whom 1,907 died, a death-rate of 9·01 per cent.

In the civil hospitals, worked partly as district hospitals, the death-rate of estate labourers was 24·56 per cent., whilst in the district hospitals it was 23·66 per cent. The highest death-rate among estate labourers (34·21 per cent.) occurred in the District Hospital at Dikoya, and the lowest (13·54 per cent.) in Mulhalkele. The admission into the former was 628, into the latter 37.

The total number of days the estate labourers stayed in hospital was 186,299, an average of twenty-two days. Of these, 133,903 persons were paid for by estates, the rest being charged to the fund.

The total number of days mixed races stayed in district hospitals was 96,327, an average of seventeen days.

The total number of estate labourers treated at outdoor dispensaries was 74,990.

The total number of estate labourers treated on estates was 43,567.

The total number of births reported from estates was 8,605, of which 3,297 were males, 5,168 were females, and 140 still-births.

The number of deaths reported from estates was 9,010, of which 4,194 were males, 4,748 were females, and in 68 cases the sex was not stated.

The expenditure under the Medical Aid Ordinance amounted to Rs. 591,765·96, including exchange compensation, and receipts to Rs. 327,222·61 derived from the following sources :—Export duty Rs. 137,947·40, hospital charges for treatment of coolies Rs. 62,306·40, recovered for visits paid to estates Rs. 25,133, sale of unserviceable and superfluous articles Rs. 173·38, medicines sold to superintendents of estates Rs. 2,912·51, medicines issued in bulk to superintendents of estates and prescriptions compounded Rs. 12,171·22, dispensary collections Rs. 1,600·33, cost of maintenance, medicine, and funeral expenses of other than estate labourers Rs. 83,108·15, recoveries for maintenance of others Rs. 1,870·22. The nett expenditure was Rs. 264,543·35.

103 dispensaries are now established in the planting districts.

Appended are Tables I. and II. showing the receipt and expenditure of the Estates Branch of the Department.

ALLAN PERRY,
Principal Civil Medical Officer and
Inspector-General of Hospitals.

APPENDIX.

PROVINCIAL REPORTS.

(1) WESTERN PROVINCE.

This Province is under the supervision of Colonial Surgeon G. P. Schokman, M.B., C.M., whose report is subjoined :—

Population.—The estimated population of the Western Province taken on the night of the 1st March, 1901, was 912,748. The number of births and deaths registered during 1900 was 32,613 and 21,564 respectively, and the birth- and death-rates per mille 35·7 and 23·6.

Prevalence of Sickness.—Malarial fevers did not prevail to such an extent as in previous years. There was, however, an outbreak in the Hewagam and Hapitigam korales, Siyane and Alutkuru korale south, which necessitated the employment of itinerating medical officers, suspension of vaccination, and distribution of fever powders by the vaccinators. Two itinerating officers were stationed at Ambepussa and Diwulapitiya and treated large numbers. The disease was of a mild type, readily amenable to treatment, and there were not many deaths. The outbreak began in June and abated in August, when the itinerating officers were withdrawn and vaccination re-established. The most sickly and malarial part of the Province is the district of Negombo, a good part of which is swampy and low-lying, and fever prevails everywhere, not even excepting the town, soon after the burst of the south-west monsoon. Year after year these recurrences take place, and it is only a proper system of drainage which will render the district a healthy one. In the dispensaries in the Province no less than 65,398 cases were treated for malarious diseases, the district of Negombo alone contributing 30,919.

Dysentery and Diarrhœa prevailed in all parts of the Province, but not to any serious extent. Several reports were received from the Panadure, Moratuwa, and Hanwella districts, medical aid was afforded, and sanitation attended to. Large numbers were treated at the dispensaries of Panadure, Mutwal, Avisawella, and Neboda.

Parangi.—Except in the outlying villages bordering the North-Western and Sabaragamuwa Provinces, this disease does not prevail.

Enteric Fever.—This disease prevailed throughout the year in scattered areas in the town of Colombo, chiefly in the crowded parts of the Pettah, Panchikawatta, and Mutwal. In the latter place an outbreak occurred in the Fishers' Hill, with only a few deaths.

Leprosy.—It is apparent from the number of lepers found begging in the streets of Colombo that this disease is on the increase. 399 lepers were treated in the Asylum at Hendala and 79 in the other institutions of the Western Province, making a total of 478.

Cholera.—Thirteen cases of sporadic cholera were reported in the town of Negombo at the end of the year, with 11 deaths. The first two cases occurred in ill-nourished Malabar coolies, residents of the place, who partook of unwholesome and indigestible food. Cases occurred after this in different parts of the town, but no two cases occurred in the same house. The outbreak was stamped out in ten days.

Four sudden deaths, supposed to have been from cholera, were reported from Beruwala amongst the Moors. The report reached too late for medical inspection of the bodies. However, vigorous measures were taken to prevent the spread of the disease, the village was cleansed, and disinfectants freely distributed, and a house-to-house visitation was carried out by a female examiner to discover any concealed cases. The source of infection could not be traced.

208,718 traders and coolies passed through the Ragama Camp in 1900, and, though there were eleven small and distinct outbreaks of cholera amongst the coolies from April to August, the excellent precautions taken and the perfect arrangements for segregation of the infected gangs have effectually prevented any spread of the disease. Twenty persons were attacked, of whom 16 died.

In the town of Colombo there was no cholera, but there were nine admissions into the Infectious Diseases Hospital, Kanatta, during the months of May and July from the cooly immigrant ships, and eight proved fatal.

Smallpox.—The outbreak which commenced in the last quarter of the previous year in Colombo continued till the end of February, when 45 cases were admitted. In May six cases were admitted from Slave Island; the source of infection could not be traced. In September one case was admitted into hospital, a recent arrival from India. Eight cases were landed from ships. The total number treated in hospital was 60, with 9 deaths.

In consequence of the difficulty experienced in discovering concealed cases among the Moorish community, a qualified lady doctor was detailed for a house-to-house visitation in those parts of the town where smallpox was prevalent.

Smallpox in the Planting Districts.—One case was reported from Allnoor estate in the Avisawella district and one on Perth estate, Horana, both were recent arrivals from India. The child on Perth estate died. The precautions taken prevented any fresh occurrences.

Smallpox in the Villages.—Five cases occurred in Moratuwa with one death, two in Walgama in Siyane korale, and one in Kottawa in Hewagam korale. In all these cases the disease was introduced from Colombo. Altogether 74 cases were treated in the Province, with 11 deaths.

Chickenpox prevailed throughout the year in all parts of Colombo. 192 cases were admitted into hospital. Cases were reported also from the districts of Moratuwa, Hanwella, and Avisawella.

Sanitary Condition of the Chief Towns.

Colombo maintained its reputation as a healthy city during the year. No cases of cholera occurred. The system of conservancy introduced and worked by the Municipality continued to give satisfaction. The drainage of the city requires considerable improvement.

Panadure.—The medical officer regrets he cannot chronicle any improvement in the sanitary condition of the town. The conditions pointed out in my last annual report remain unaltered.

Kalutara.—Hardly any improvements have been made in the town since my last report.

Moratuwa.—The sanitation of this thickly populated town is looked after by a private association; but beyond the sinking of a few wells, which were greatly needed, nothing more appears to have been done. There were fewer cases of enteric fever than in the previous year.

Negombo.—This is a low-lying town and hence its drainage is a difficult matter, unless large sums were expended on it. During the rains water collects all over and lodges for days. Attempts have been made to drain it with some success. The source of water supply for drinking is from wells outside the town, and is of good quality. The town is overcrowded.

Avisawella.—The medical officer reports the sanitary condition of the town as satisfactory. There is an absence of public latrines. The water supply is from wells, but some endeavour should be made for obtaining a better supply from a spring in the hills behind the hospital grounds.

Jails.—There were six jails under my supervision during the year, including the Borella Convict Hospital. The general health of the prisoners in the various jails was satisfactory. The number of cases admitted into the hospital for treatment and the rate of mortality compared favourably with those of the two previous years. The diseases most prevalent were diarrhœa, dysentery, malarial fevers, conjunctivitis, and pneumonia. The greatest mortality was from diarrhœa and dysentery.

Other Institutions.

General Hospital.—I have no information on the subject, as the report of the Acting Surgeon in charge has not been received.

Lepet Asylum.—With the remarks of the Medical Superintendent of this institution contained in his report I fully concur. When the new Ordinance for the enforced segregation of lepers is passed, and with the further extension of the institution consequent thereon, increased professional assistance to the Superintendent of the Asylum will be necessary.

Lying-in Home.—This institution is very popular and largely availed of by the poor of the city. 521 women sought admission during the year, an increase of 80 over the previous year.

Bacteriological Institute, founded by the generosity of Mr. J. W. Charles de Soysa, was opened by His Excellency the Governor on the 31st January, 1901.

Vaccination.—During the year 1900 there were 34,764 persons vaccinated in the Western Province (30,673 primary and 4,091 re-vaccinations), against 35,295 (28,433 primary and 6,862 re-vaccinations), or 531 less than in the preceding year. Although in the total this number is less, there has been a rise in the primary vaccinations by 1,240.

A classification of the primary vaccinations into races gives the following figures:—23,876 Sinhalese, 2,434 Tamils, 2,194 Moors, 1,415 Malabars, 262 Burghers, 128 Malays, 22 Europeans, and 342 others. Among the Europeans and Burghers very many children are vaccinated by private practitioners, and these do not come into our registers.

Dividing the primary vaccinations into sexes the figures stand as follows:—16,943 males and 13,730 females, against 15,618 males and 12,815 females in the year 1899. A classification into ages within the meaning of the Ordinance gives 212 infants, 26,100 children, and 4,361 adults.

The ratio of success in those examined has been 93·81 per cent. in the primary and 79·30 in the re-vaccinations.

There are nine fixed vaccine stations within the Municipality of Colombo, and in these 10,667 persons were vaccinated, viz., 7,763 primary and 2,904 re-vaccinations. 2,029 coolies were vaccinated by the Medical Officer, Ragama, and 3,324 by the Port Surgeon, Colombo, during the year.

In the animal vaccination depôt 4,681 large tubes of glycerinated calf lymph was made. Besides issuing this lymph to the vaccinators of the Western, North-Western, and Sabaragamuwa Provinces, other stations where animal vaccination is carried on had to be supplied.

The following shows the number of prosecutions under the Vaccination Ordinance :—

Station.	No. of Prosecutions.	Convictions.
Colombo	46	35
Negombo	24	21
Panadure	20	20
Village Tribunal, Kanuwana	4	3

(2) CENTRAL AND NORTH-CENTRAL PROVINCES.

These Provinces are under the supervision of Colonial Surgeon J. Craib, M.D., whose report is subjoined :—

In submitting my annual report for the two Provinces under my charge and supervision during the year 1900, viz., the Central and North-Central, I have the honour to state that the health of these Provinces was fairly satisfactory, with the exception of the prevalence of cholera to an extent during the latter half of the year, and of smallpox at different centres in the Central Province throughout the year, to both of which subjects fuller reference will be made later on.

Population.

The estimated population for the year as per figures obtained from the Registrar-General (calculated on a revised estimate of the population), is as follows :—

	Central Province.	North-Central Province.
Population	605,290	78,771
Births registered, 1899	20,168	2,903
Do. 1900	21,262	3,168
Deaths registered, 1899	17,366	3,607
Do. 1900	18,299	2,902
Birth-rate per 1,000, 1899	34·2	37·0
Do. 1900	35·1	40·2
Death-rate per 1,000, 1899	29·4	46·9
Do. 1900	30·2	36·8

Prevalence of Sickness.

The diseases that were most prevalent during the year were malarial fevers, their sequelæ and complications, parangi, diarrhœa, dysentery, pneumonia, catarrhal affections, rheumatism, smallpox, cholera, and chickenpox.

Malarial Fevers.—Malarial fevers were and are most prevalent in the two Provinces immediately after the monsoon rains, but in the North-Central Province and in the low-lying parts of the Central Province the disease is more or less endemic. During the year under review it did not assume an epidemic form, necessitating the employment of any additional officers to itinerate and treat cases. Malarial fever is undoubtedly caused by, and attributable as modern research has proved, the injection into the body of the malaria parasites by the anopheles, which breed in stagnant puddles, and are regularly found in the low-lying parts of the Central Province and over the greater part of the North-Central Province. As these low-lying grounds are gradually filled up and drained there is every prospect of the disease decreasing. It is desirable that all headmen should be instructed to pay special attention to the important matter of the drainage of swamps and stagnant pools, especially in the neighbourhood of houses and huts in the villages, and there is no doubt that a little care and trouble expended in this direction will amply repay itself by reducing the sickness and mortality in these parts.

Parangi.—This disease prevails chiefly in the North-Central Province and the portions adjacent to it of the Central Province.

The following comparative statements and statistical tables will show the number of cases of malarial fever and parangi treated in the under-mentioned institutions in the Central and North-Central Provinces, during the years 1899 and 1900 :—

	Malarial Fevers.		Parangi.	
	1899.	1900.	1899.	1900.
Matale	4,783	8,202	80	55
Nalanda	928	908	45	30
Paldeniya	1,017	1,367	88	91
Galawela	3,085	1,956	189	355
Kongahawela	1,543	1,665	289	35
Pallegama	349	62	267	52
Anuradhapura	2,550	395	398	598
Mihintale	872	3,646	99	187
Maradankadawala	1,960	2,000	756	629
Kekirawa	1,452	1,718	69	67
Kalawewa	598	1,030	62	71
Yakalla	1,635	1,634	245	97
Nochchigama... ..	574	1,804	573	1,309
Tambutagama	1,088	1,237	466	427
Habarana	1,578	1,606	804	599

Diarrhœa and Dysentery.—Bowel complaints are most prevalent during the wet season, and are principally attributable to climatic changes, impure water, and unwholesome food. These diseases prevailed more or less all the year round, but never at any time assumed an epidemic form.

Pneumonia, Catarrhal Affections, and Rheumatism prevail generally during the colder months, and are due to sudden changes of temperature.

Dochmius Duodenalis.—This disease occurs mostly amongst estate labourers, and is, I fear, on the increase, due to the contamination of the water supply from human excreta. Considering how difficult it is to educate the Dravidian labourer to the importance of the use of ordinary latrines, the next best preservative would be to have trenches dug in the neighbourhood of cooly lines and to have the excreta buried daily.

Relative Mortality in the different Seasons.

I regret to state that my inability to obtain the necessary data from the Registrar-General prevents me from supplying any particulars under this heading.

Meteorological Conditions and their Effect on the Public Health.

Malarial fevers and dysentery invariably follow the wet season, Rheumatic and catarrhal affections generally prevail in the higher districts, attributable principally to the sudden changes of temperature.

Particular Diseases.

Smallpox.—During the year under review 141 cases occurred, 26 proving fatal.

In almost every instance the disease was imported by new arrivals from the Coast, and owing to the delay in bringing the outbreaks to the notice of the medical authorities, it had in many instances assumed an epidemic form. As a precautionary measure I have made a suggestion that all the new arrivals from the Coast should be protected by vaccination at Ragama. A further recommendation, which was made at the same time, viz., to increase the staff of estate vaccinators by two, has been sanctioned by Government, and as soon as the two additional vaccinators are appointed I hope to be in a position to have every estate visited by a vaccinator every eighteen months.

Chickenpox.—493 cases were reported during the year from the different stations; these cases were mostly of a sporadic type, and never assumed an epidemic form.

The following table will show the number of reported cases of smallpox, modified smallpox, and chickenpox that occurred in the Central Province during 1900 :—

	Treated.				Died.			
	Smallpox.	Modified Smallpox.	Chickenpox.	Total.	Smallpox.	Modified Smallpox.	Chickenpox.	Total.
Kandy	—	—	30	30	—	—	—	—
Matale	1	—	42	43	—	—	—	—
Kongahawela	—	—	1	1	—	—	—	—
Mousaheriya	—	—	75	75	—	—	—	—
Gampola	11	—	20	31	2	—	—	2
Nuwara Eliya	6	1	70	77	3	—	—	3
Mulhalkele	1	—	—	1	—	—	—	—
Hanguranketa	—	—	11	11	—	—	—	—
Dikoya	3	—	14	17	2	—	—	2
Lindula	—	—	10	10	—	—	—	—
Kelebokka	—	—	2	2	—	—	—	—
Uda Pussellawa	6	—	53	59	1	—	—	1
Deltota	—	—	2	2	—	—	—	—
Nawalapitiya	6	—	6	12	1	—	—	1
Teldeniya	—	—	56	56	—	—	—	—
Ramboda	8	10	—	18	4	—	—	4
Maturata	—	—	14	14	—	—	—	—
Dimbula	4	—	12	16	1	—	—	1
Pussellawa	19	6	—	25	5	—	—	5
Watawala	—	—	15	15	—	—	—	—
Bogawantalawa	9	—	32	41	3	—	—	3
Dolosbage	—	—	5	5	—	—	—	—
Rattota	—	—	3	3	—	—	—	—
Kotmale	14	—	6	20	—	—	—	—
Galagedara	—	—	3	3	—	—	—	—
Gammaduwa	—	—	4	4	—	—	—	—
Watagoda	1	2	2	5	—	—	—	—
Kadugannawa	—	28	—	28	—	3	—	3
Pundalu-oya	—	—	2	2	—	—	—	—
Nanu-oya	4	1	3	8	1	—	—	1

Measles.—Measles was reported periodically from almost every station, except the following, in the medical aid districts, viz., Dolosbage, Teldeniya, Dikoya, Ramboda, Agrapatana, Rangalla, Kadugannawa, Pundalu-oya, and was present in the following civil stations, viz., Kandy, Gampola, Galawela, Kongahawela, Nalanda, Paldeniya, and Nochchigama.

Mumps.—Ten cases of mumps were reported from Kandy.

Cholera.—154 cases of cholera occurred in the Central Province during the year, with 118 deaths.

The first outbreak occurred on Karagastalawa estate, Ramboda, on the 18th July, and was introduced by a gang of coolies from the Coast. There were 13 cases in all, with 7 deaths. It next broke

out in a village called Waradamune, 8 miles north of Matale, the infection was supposed to have been brought by a Moor woman from Madawella, a village 2 miles from Waradamune, where a few suspicious cases had previously occurred and were reported as acute diarrhœa. There were 9 cases altogether in this village, with 5 deaths.

The next outbreak occurred at Talagoda, a village 4 miles from Kongahawela on the Palle-gama road. There were 9 cases, with 5 deaths. Infection was traced to a Moorish trader from Waradamune, who went about selling vegetables.

The next place where it appeared was Katugastota, about the beginning of September, and it was looked upon by the Municipal authorities as acute diarrhœa. Eight cases occurred, all of which proved fatal. In this instance infection was traced to Matale District, and from here it spread to Pallekelly estate, and then to Kengalla village, adjoining Pallekelly estate, where 3 cases occurred, all proving fatal. From Kengalla it spread to Idamalanda, Karaliyadda, Gonagampitiya, and Udagama villages, where it assumed an epidemic form, as the residents of the villages fled to the neighbouring jungles before the medical authorities were aware of it. There were 46 cases, with 37 deaths.

During this outbreak a cooly working in a plumbago pit in Idamalanda fled to Kandy, and on his arrival was attacked, and on seeking admission into the Kandy hospital the case was diagnosed and sent to the Infectious Diseases Hospital, where it proved fatal. Another infected subject from one of the villages above-mentioned went to Middlemarch estate, where he was attacked, and the case proved fatal. From Idamalanda it spread to Karandegalla and Pallawela villages in the Maturata district, where 4 cases occurred, with 3 deaths. Two sporadic cases occurred on Oodoowelle estate, near Kandy; the source of infection was not clearly traced. It next appeared on Grove estate, Ukuwela, where there were 9 cases, with 8 deaths. Then it spread to Galoya and Waraketiya villages and to Ratwatte estate; in each of these places one case occurred, which proved fatal. It next appeared on Wariyapola estate, where there were 11 cases, with 8 deaths, and in Dehideniya and Puwakpitiya villages, where there were 4 cases, with 3 deaths.

North-Central Province.

On the 16th September cholera appeared in a village named Mannampitiya in the Tamankaduwa district; source of infection was traced to Matale. There were 25 cases, with 14 deaths; then it spread to Dastota, where there were 14 cases, with 10 deaths.

It broke out next in Balalluwewa in Kekirawa in October; there were 3 cases, with 1 death.

It re-appeared in Paliagodella and Pangurana in the Tamankaduwa district during November, and the infection was traced to Batticaloa, where at the time cholera was prevalent. There were in all 45 cases, with 22 deaths.

It appeared in Maradankadawela in December, where there were 16 cases, with 7 deaths; infection was traced to Tamankaduwa.

The following table will show the different centres of Central and North-Central Provinces where outbreak of cholera occurred during 1900, the dates and duration of each outbreak, and number of cases and deaths, classifying them into different races:—

[For Table see next page.]

During the prevalence of cholera in the two Provinces the medical officers worked most energetically and efficiently, and in many instances at great personal inconvenience and risk in trying to cope with the disease.

I would therefore particularly wish to draw the attention of Government to the efficient manner in which the work was done, if not for which there would have been greater loss of life by the disease spreading.

Central Province.

Sanitation.—The general sanitary condition of the Province is, on the whole, fairly satisfactory.

In the low-lying parts of the Province, which are not easily drained, stagnant pools and swamps are formed during the rains.

In the villages and small towns cleanliness is not, as a rule, observed, but there has been a decided improvement of late due to the active measures taken by the headmen under the guidance of the medical officers of the different stations. In the hilly portions of the Province drainage is more satisfactory than in the low-lying parts.

As a rule, water is obtained for domestic purposes from natural springs and rivers, and where wells exist they are seldom or never protected from surface pollution.

The chief towns and bazaars in the Central Province are Kandy, Matale, Gampola, Nawalapitiya, Nuwara Eliya, Hatton, Maskeliya, Dikoya, Kotagala, Talawakele, Lindula, Nanu-oya, Kadugannawa, Rattota, Wattegama, and Dambulla.

Kandy: Water supply is good and plentiful, and obtained from an unpolluted source. The supply is sufficient for the requirements of the town, except during a very dry season, when the water-level falls very low in the reservoir. The whole of the catchment area has not as yet been acquired by the Municipality, and in my opinion it is most desirable that it should be done without loss of time, as there is danger of pollution should the proprietors of Hantane estate contemplate manuring the tea.

Drainage.—No improvement has taken place in the drainage of the town since my last report. The town has been surveyed and levels taken, and the proposed scheme is under the consideration of Government. Slight improvements have been carried out in the more crowded parts of the town and alleys.

Alleys.—Alleys are numerous and more or less in the same insanitary condition as mentioned in my last report.

Cesspits.—Wherever practicable all cesspits have been closed and the dry-earth system introduced, but in certain parts of the town the dry-earth system cannot be introduced owing to the want of proper outlets; this subject, however, is receiving every attention of the Municipal authorities.

District.	Place.	Number of Cases and Deaths.		Date of First Appearance.	Date of last Case.	Of these												Source of Infection.
		Cases.	Deaths.			Sinhalese.	Moors.	Tamils.	Immigrants.	Malays.	Others.	Total.						
Central Province.	Kandy	27	21	1900. September 1	1900. September 21	1	—	—	—	—	26	—	—	—	27	21	Katugastota	
	Do.	3	3	do. 18	do. 18	—	—	—	—	—	1	—	—	—	3	3	Pallekelly	
	Do.	2	1	do. 26	do. 4	—	—	—	—	—	1	—	—	—	2	1	Idamalanda	
	Do.	1	1	do. 30	do. 30	—	—	—	—	—	—	—	—	—	1	1	do.	
	Do.	2	1	do. 10	do. 28	—	—	—	—	—	2	—	—	—	2	1	Not traced	
	Hanguranketa	40	33	do. 26	do. 6	—	—	—	—	—	—	—	—	—	40	33	Pallekelly	
	Do.	4	4	do. 28	do. 30	—	—	—	—	—	—	—	—	—	4	4	Idamalanda	
	Do.	1	1	do. 30	do. 30	—	—	—	—	—	—	—	—	—	1	1	do.	
	Do.	1	—	do. 30	do. 30	—	—	—	—	—	—	—	—	—	1	—	do.	
	Matale	9	5	August 1	do. 16	—	—	—	—	—	—	—	—	—	9	5	Madawela village	
	Do.	2	2	September 6	September 7	—	—	—	—	—	—	—	—	—	2	2	Katugastota	
	Do.	9	8	do. 18	do. 29	—	—	—	—	—	—	9	—	—	9	8	Not traced	
	Do.	1	1	do. 18	do. 18	—	—	—	—	—	—	—	—	—	1	1	Grove estate	
	Do.	1	1	do. 18	do. 18	—	—	—	—	—	—	—	—	—	1	1	do.	
	Do.	1	1	do. 22	do. 30	—	—	—	—	—	—	—	—	—	1	1	do.	
	Do.	11	8	do. 23	do. 19	—	—	—	—	—	—	11	—	—	11	8	do.	
	Do.	1	1	do. 31	do. 31	—	—	—	—	—	—	—	—	—	1	1	do.	
	Do.	3	2	November 23	do. 2	—	—	—	—	—	—	—	—	—	3	2	Not traced	
	Katugastota	8	8	September 3	September 11	—	—	—	—	—	—	—	—	—	8	8	Matale District	
	Dambulla	1	1	December 2	December 2	—	—	—	—	—	—	—	—	—	1	1	Maradankadawela	
	Kongahawela	9	5	August 19	August 24	—	—	—	—	—	—	—	—	—	9	5	Waradamme village	
	Maturata	1	1	October 1	October 1	—	—	—	—	—	—	—	—	—	1	1	Gonagampitiya	
	Pussellawa	3	2	do. 2	do. 7	—	—	—	—	—	—	—	—	—	3	2	Karandagolla	
	Do.	13	7	July 8	July 26	—	—	—	—	—	—	13	—	—	13	7	Coast of India	
	North-Central Province.	Tamankaduwa	25	14	September 16	September 26	—	—	—	—	—	—	—	—	25	14	Traced to Matale District	
		Do.	14	10	do. 18	do. 29	—	—	—	—	—	—	—	—	14	10	Manampitiya	
Do.		20	12	November 10	November 25	—	—	—	—	—	—	—	—	20	12	Traced to Batticaloa		
Do.		25	10	do. 16	do. 27	—	—	—	—	—	—	—	—	25	10	do.		
Maradankadawala		16	7	December 3	December 18	—	—	—	—	—	—	—	—	16	7	Tamankaduwa		
Kekirawa		3	1	October 12	October 15	—	—	—	—	—	—	—	—	3	1	do.		
Total		257	172			98	74	56	29	20	32	64	6	2	1	1		

Waste Lands.—There has been a considerable improvement in the condition of the uncultivated land in the vicinity of houses. All decaying vegetation is periodically removed and the undergrowth cut down.

Public Latrines.—Since my previous report there have been a few additions to the number of public latrines. The existing ones are kept in a fairly sanitary state. I need hardly mention that sufficient importance is not attached to the keeping at hand a supply of dry-earth ready for use as a deoderant.

Market.—There has been a slight improvement in the condition of the market, but nothing has been done to remove the rough woodwork and sacking, &c., used for partitioning the stalls. Besides these being unsightly there is always danger of fire.

Lake.—During the year a dredger was engaged in removing the silt and deepening the sides of the lake.

Bakeries, Laundries, Eating-houses, and Slaughterhouse are periodically inspected by the Municipal authorities, and are kept in a fair sanitary condition.

There has been a considerable improvement in the town conservancy. Municipal authorities take every precaution to see that infectious diseases are duly notified.

Matale.—Drainage very defective. Water supply insufficient. Latrine accommodation insufficient for the requirements of the town. Cesspits are numerous, and should be replaced by dry-earth closets. No overcrowding.

Gampola.—Drainage still defective, although slight improvements have been and are being effected. Water supply deficient. A scheme for a better supply is under consideration. Latrines insufficient and not properly supervised. Cesspits numerous, but are gradually being abolished. There is very little overcrowding.

Nawalapitiya.—Water supply good, pure, and abundant. It is conducted into the town by piping. The drains are being constructed as funds permit, and when completed will be in perfect order. Latrines are insanitary and insufficient. Horbury latrines are being gradually introduced since my last report. No overcrowding.

Nuwara Eliya.—The water supply of the town is pure and abundant. Drainage is defective. Sewage of the town finds its way into the stream which flows through the town and empties itself into the lake, which is, in my opinion, highly objectionable.

Latrine accommodation sufficient, but not kept in a sanitary state for want of a liberal supply of dry-earth. No overcrowding.

Hatton.—Water supply is obtained at present from a well, which is polluted by surface drainage. A scheme is in hand to provide the town with a pure supply. Drainage defective. A Horbury latrine has been erected at Dikoya end of the town, and another one is in course of construction in the centre of the town, but a third one is required. There is slight overcrowding.

Dikoya.—Water supply sufficient, but requires improvement. Drainage is being gradually attended to. Latrine accommodation insufficient. Scavenging of both Hatton and Dikoya is given out on contract and efficiently carried out. No overcrowding.

Maskeliya.—Water supply sufficient. Drainage defective, but improvements are being effected. Latrine accommodation insufficient. There is slight overcrowding.

Kotagala.—Drainage system is being improved, and a new water supply is about to be introduced. Latrine accommodation insufficient. No overcrowding.

Talawakele.—Water supply insufficient for flushing purposes, but a scheme is under consideration to bring in sufficient water for all purposes from an adjoining estate. Latrine accommodation insufficient. Periodically the bazaars are overcrowded.

Lindula.—Drainage defective. Water supply sufficient, but requires improvement. Latrine accommodation insufficient. No overcrowding.

Nanu-oya.—Drainage bad. No improvements effected since last report. Water supply defective and contaminated. No overcrowding. Latrine accommodation defective at present, but two Horbury's will shortly be erected.

Kadugannawa.—Drainage being improved by Government. Latrine accommodation much needed. Scavenging is daily attended to. Water supply sufficient. No overcrowding.

Rattota.—Drainage defective. No latrine accommodation. Water supply sufficient. No overcrowding.

Dambulla.—Drainage defective. No latrine accommodation. Water supply insufficient. No overcrowding, except during pilgrimages.

Wattegama.—Drainage defective. No latrine accommodation. No overcrowding. Water supply insufficient, but a scheme is under consideration to provide the bazaars with a pure water supply.

North-Central Province.

The general sanitary condition of this Province is unsatisfactory. Drainage defective. Water supply sufficient, except during severe droughts, and is obtained mostly from tanks, which are filled during the north-east monsoon. Wells are generally excavated in the vicinity of paddy fields, and are more or less polluted by surface drainage. The principal towns are Anuradhapura and Mihintale.

Anuradhapura.—Drainage defective, but is gradually being improved upon. Horbury latrines have been erected since my last report. It is only during the pilgrimages that the town is overcrowded, and every precaution is taken of the conservancy of the town during such times.

Mihintale.—Drainage defective. No latrine accommodation. No overcrowding, except during pilgrimages. Water supply deficient; it is obtained from a tank, which is used for bathing, washing, cooking, and drinking purposes.

The other minor bazaars are too small to call for any comments.

Vaccination.—During the year under review the vaccination staff of the two Provinces consisted of 1 Superintendent of Vaccination, 1 Assistant Superintendent, 1 Inspector, 7 Estate Vaccinators, 13 Village Vaccinators, 1 Mohammedan Vaccinator, and 1 Female Vaccinator, who works among the Mohammedan community in the towns of Kandy, Matale, Gampola, Nawalapitiya, Kadugannawa, and the neighbouring villages; she vaccinated 923 subjects, being 166 subjects more than the previous year.

The work of all these vaccinators was inspected by the Assistant Superintendent of Vaccination, myself, Inspector of Vaccination, and medical officers of the different districts.

The following table will show the number of persons vaccinated and result during three years :—

Years.	Total Number of Subjects.	Total Number of Successful.	Total Number of Unsuccessful.	Total Number of Absent.	Percentage of Successful.
1898	22,828	19,503	1,400	1,925	85.43
1898 (re-vaccination)	862	675	138	49	78.38
1899	25,276	22,134	1,305	1,837	87.56
1899 (re-vaccination)	3,920	2,603	820	497	66.40
1900	25,699	21,757	1,895	2,047	84.66
1900 (re-vaccination)	4,184	2,586	1,012	586	61.80

Animal Vaccine Depot.—During the year under review there were 91 calves purchased, and 83 were successfully vaccinated. 2,824 large tubes and 1,415 small tubes of paste were prepared and distributed among vaccinators and medical officers of both the Provinces, and, as a rule, the lymph proved effective whenever it was used.

Jails.

Jail and Jail Hospital, Kandy.—The number of prisoners confined during the year in the Bogambara jail was 2,938 and in the Old Jail 1,948.

The daily average in Bogambara jail was 416.97 and in the Old Jail 54.15. There was no overcrowding in either of the jails.

The number treated was 580, giving a daily average of 15.89, and a percentage of deaths of 4.65.

The diseases most prevalent amongst the prisoners were malarial fever, dysentery, diarrhoea, and respiratory diseases. One case of mumps, 3 cases of chickenpox, and 1 of cholera were transferred from these jails to the Infectious Diseases Hospital.

The case of cholera occurred in a man who was employed in whitewashing the confinement cells of the Bogambara jail. It appears that a prisoner who was convicted at Colombo for escaping from the Infectious Diseases Hospital at Ragama, and transferred from the Welikada jail, conveyed the infection to this prisoner, although he was thoroughly disinfected and isolated on arrival here.

The general health of the prisoners during the year was, on the whole, satisfactory. Twelve prisoners were transferred on recommendations of Medical Boards to other jails.

The following table will show the daily average on light labour, daily average sick, daily average strength, as well as the total number of deaths in the Bogambara jail during the past seven years :—

	1894.	1895.	1896.	1897.	1898.	1899.	1900.
Light labour daily average ...	25.33	24.49	12.18	7.69	5.86	6.08	4.58
Sick daily average ...	27.67	41.42	31.54	24.96	12.82	11.32	15.89
Daily average of all classes ...	419.07	357.87	363.83	378.99	433.68	470.82	471.12
Number of deaths ...	31	30	17	20*	24*	22*	27

* Of these, one committed suicide.

Anuradhapura.—The number of prisoners confined in this jail during the year was 260; average daily strength was 13.43. Fifteen cases were treated in the hospital during the year, with a daily average sick of .87. The diseases most prevalent were malarial fever, debility, malarial cachexia, and ulcer. There were no deaths.

Nuwara Eliya.—This is a small jail, and the health of the prisoners has been satisfactory. Sanitary condition good, and the prisoners are mostly engaged at outdoor work.

Hospitals.—Nearly every institution in the Provinces was visited by me at least once during the year. Some of them several times. Most of the buildings are in fair state of repair, with the exception of Kelebokka, Dikoya, and Uda Pussellawa, which are old and dilapidated buildings, handed over by the Medical Aid Committees in 1883. These institutions should be replaced by hospitals according to modern ideas.

Overcrowding occasionally occurred in most of the institutions, but not to any great extent, and was unavoidable.

The following hospitals are in course of construction, viz., Maturata, Dimbula, and Pussellawa. The latter two will be handed over to the Medical Department during the current year.

The temporary wards at Matale and Gampola should, as funds permit, be replaced by permanent ones.

Dispensaries.—In the Central Province the number of dispensaries is almost sufficient for the requirements, and they are principally Government buildings, which are in good state of repairs.

In the North-Central Province there are two hospitals, one at Anuradhapura and the other at Mihintale, 8 miles apart from each other.

There are ten dispensaries in the Province. The officers in charge itinerate regularly to several stations weekly, attending to all cases of sickness.

Tamankaduwa is at certain seasons of the year left without medical aid owing to the Mahaweli-ganga being in flood, and in my opinion it would be desirable to open a dispensary in Egoda pattu.

This station could then be conveniently inspected by the Colonial Surgeon of the Eastern Province, to whom it would be more accessible.

Nursing.—The nursing establishment of the Kandy hospital, under the supervision of the Anglican nursing sisters, worked very satisfactorily during the year under review.

(3) NORTHERN PROVINCE.

This Province is under the supervision of Colonial Surgeon H. A. Moraes, L.R.C.P. and L.R.C.S., whose report is subjoined :—

In submitting my report of the Northern Province for the year 1900, I have the honour to state that I took charge of the Province from Mr. Santiago, who had been acting since the death of Dr. Thornhill.

Population, Births and Deaths, &c.

The estimated population of the three districts of this Province for the year is 347,043. The number of births registered was 13,468, and deaths 8,866. The birth-rate per 1,000 was 38·80, and the death-rate 26·12.

The following table furnished by the Provincial Registrar gives the particulars for each of the three districts :—

			Jaffna.		Mannar.		Mullaittivu.
Population	...	{ 1900	307,016	...	25,396	...	14,631
	...	{ 1899	302,552	...	25,094	...	15,521
Births	...	{ 1900	11,723	...	1,059	...	686
	...	{ 1899	16,296	...	968	...	519
Deaths	...	{ 1900	7,259	...	1,031	...	576
	...	{ 1899	12,438	...	1,185	...	681
Birth-rate per 1,000	...	{ 1900	38·18	...	41·6	...	46·89
	...	{ 1899	34·03	...	38·5	...	35·74
Death-rate per 1,000	...	{ 1900	23·64	...	40·5	...	39·37
	...	{ 1899	41·11	...	47·2	...	46·89

The above table shows that the population has increased by 4,876 over that of the year 1899. Each district shows an increase : thus, Jaffna District 4,464, Mannar District 302, and Mullaittivu District 110. In each of the districts, except Mullaittivu, each quarter of the year shows an increase, in the Mullaittivu District the second quarter of the year shows a slight decrease.

The number of births also exceeded that of the previous year by 1,518. In the Jaffna District it was exceeded by 1,427, Mannar District by 91, and Mullaittivu District by 167. In the Jaffna District the second and fourth quarters show the largest number of births, in the Mannar District the first quarter, and in the Mullaittivu District the third and fourth quarters.

The number of deaths registered shows a marked decrease, being 8,866 against 14,304, or less by 5,438. The Jaffna District shows the largest decrease, viz., 5,179, Mannar District 154, and Mullaittivu District 105. This large decrease in the mortality is no doubt owing to the yearly epidemic of fever having been of a comparatively mild type.

The birth-rate per 1,000 in the Jaffna District shows an increase of 4·15, and the death-rate a decrease of 17·47 ; in the Mannar District the birth-rate shows an increase of 3·1, and the death-rate a decrease of 6·7 ; and in the Mullaittivu District the birth-rate an increase of 11·05, and the death-rate a decrease of 7·52.

Prevailing Diseases.

The diseases most prevalent were malarial fevers and their sequelæ, diseases of the digestive system, skin, respiratory system, parangi, rheumatic affections, and venereal diseases.

Malarial Diseases.—The principal of these is fever. It prevailed more or less throughout the year in the whole Province, but to a much less extent than the previous year. The exact number of cases which occurred in all the villages cannot be given, but the returns of the several hospitals and dispensaries show that 39,845 cases were treated, which works out about 114 per 1,000 of the estimated population. It was generally of the intermittent type, chiefly quotidian, though cases of the remittent type also occurred.

It is most prevalent during the north-east monsoon, attaining its height during the months of December, January, February, and March.

Dysentery and Diarrhœa were reported from all the stations, but these diseases did not prevail to the same extent as in the previous year.

Ulcers and other Skin Diseases were also prevalent. Pallai contributed the largest number of ulcer cases.

Scabies also prevailed to a great extent, especially at Jaffna and Point Pedro.

Respiratory Diseases occurred in many stations. Pneumonic was the chief of these diseases, and is reported from twenty-six stations.

Venereal Diseases.—Valluvettitturai heads the list with 271, an increase of 66 over the previous year.

Parangi.—This disease still prevails to a great extent, especially in the Wannu, of which it is the scourge. Cases were reported from twenty-two stations, the largest number, viz., 847, being from Vavuniya, which is probably the centre of the Wannu district.

The disease appears to be increasing, as the total number of cases treated at all the hospitals and dispensaries in the Province for the year 1900 is hospitals 309 and dispensaries 1,911, making a total of 2,220, which is an increase of 553 over the previous year.

It will be seen from the figures given below for the five years 1896 to 1900, that the disease increased in 1897 and 1898, decreased in 1899, and increased again in 1900. The figures are as follows :—

	Hospitals.		Dispensaries.		Total.
1896	...	349	...	831	1,180
1897	...	468	..	979	1,447
1898	...	458	...	1,411	1,869
1899	...	261	...	1,406	1,667
1900	...	309	...	1,911	2,220

The several medical officers attribute the prevalence of the disease to bad food, bad water, and insanitary habits of the people.

Leprosy does not seem to be prevalent in this Province. At Point Pedro hospital 7 cases were treated and 3 at Kankesanturai dispensary. The medical officer of Point Pedro writes: "Like parangi this disease is not peculiar to this district. It is found mostly among the maritime population, who go to Batticaloa for trading purposes."

Anchylostomiasis is not prevalent in this Province, Valluvettitturai being the only place where it appears to be found to any extent, as many as 55 cases being reported from there. Point Pedro and Jaffna dispensary reported 6 each, Marichukaddy 2, and Vavuniya and Kankesanturai 1 each.

Ophthalmia was reported from 25 stations. No cases were reported from 11 stations.

Epidemic Diseases.—The Province was entirely free from cholera and smallpox. A few cases of cholera occurred at Paumben among the coolies coming from India for the Giant's tank works, but owing to strict quarantine and precautions taken the disease was not introduced into the Province.

A few cases of chickenpox were reported from Kankesanturai, Mullaittivu, and Delft.

Relative Mortality in the different Seasons.—There are practically two seasons in the Northern Province, the wet and the dry. The wet season commences with the setting in of the north-east monsoon in October and continues till December, after which the nights become dewy and the days begin to get warm. The dry season begins at the setting in of the south-west monsoon in May and lasts till October, though there are a few occasional showers of rain during this period. The dry season is the healthiest and the wet the unhealthiest.

The first quarter is the unhealthiest period of the year, and consequently the mortality is highest then. The second quarter comes next, but the decrease is very marked. It begins to rise in the fourth quarter. Of the total number of deaths registered in the Province, viz., 8,866, there were 2,925 in the first quarter, 2,128 in the second, 1,868 in the third, and 1,945 in the fourth quarters. The Jaffna District contributed the largest number, viz., 2,445 in the first quarter, 1,740 in the second, 1,507 in the third, and 1,567 in the fourth quarters. The Mannar District 312 in the first quarter, 238 in the second, 233 in the third, and 248 in the fourth quarters; while in the Mullaittivu District there were 168 in the first quarter, 150 in the second, 128 in the third, and 130 in the fourth quarters. Though the largest number of deaths occurred in the Jaffna District, the rate per 1,000 of the estimated population is less than the other Provinces, viz., Jaffna 23.64, Mullaittivu 39.36, and Mannar 45.96.

Meteorological Conditions and other Causes affecting the Public Health.

The climate of the Northern Province is generally hot and dry. The monsoon rains reduce the temperature to some extent, but the public health suffers at this season, owing chiefly to the outbreak of fever. This is the only disease which can be said to be at all influenced by the seasons. Though it prevails more or less throughout the year, it is most prevalent and frequently assumes an epidemic form during the latter part of the north-east monsoon, when there is a heavy fall of dew at nights. Chest affections, especially pneumonia, and rheumatic affections also prevail at this time, and in some districts bowel complaints. The climate of the town of Jaffna and Point Pedro is said to be well suited for consumptive cases, and it exerts a beneficial effect on those who come here with phthisis in its incipient stage, but has no effect when the disease is far advanced.

General Sanitary Condition of the Province.

The only town in the Province in which some system of sanitation is carried on is Jaffna, and even here the system is open to vast improvement. Such a large, thriving, and populous town as this—the chief town of the Province—is without a Municipality, or even a Local Board, while small towns in other parts of the Island can boast of Local Boards. At Jaffna there is a body called the Board of Health or Sanitary Board. There were only two meetings of this Board held during the year, one was to consider the question of the destruction of rats, and the other the advisability of establishing a Municipality.

The water supply of Jaffna is very unsatisfactory. The chief and only source is wells. Most of these are seldom cleaned. With the exception of a very few, the water of which is fairly good, the others are hard, brackish, and undrinkable.

Vaccination.

Vaccination was carried on throughout the year. The number of vaccinators employed was eight, but one of them who was engaged in calf vaccination resigned in September. The work of the vaccinators was frequently inspected by the Inspector of Vaccination and found to be satisfactory. Vaccination was also carried on by the several medical officers and apothecaries at their respective stations.

During the year 15,196 subjects were vaccinated, which shows an increase of 820 over the previous year. Of this number, 10,162 were vaccinated by the vaccinators and 5,034 by the medical officers and apothecaries. Of the number vaccinated by the vaccinators, 8,385 were successful, 1,206 unsuccessful, and 571 unknown; and of the number vaccinated by the medical officers and apothecaries, 4,208 were successful, 679 unsuccessful, and 147 unknown.

The preparation of calf lymph at the depôt was carried on throughout the year with satisfactory results.

Other Observations.

Jail.—The Jaffna jail is the only one in this Province. There is accommodation for 217 prisoners. The hospital consists of two wards, with six beds in each. There is no separate hospital accommodation for females.

The total number of admissions into the jail was 610, of which 263 were local convictions, 144 were sent from other prisons, and 203 were remand prisoners. Of the local convictions, 36 were road defaulters.

There were 74 admissions into the hospital, against 85 the previous year. Twenty of these admissions were for dysentery, 14 for diarrhœa, and 7 for simple conjunctivitis. The dysentery was of a mild type, and the diarrhœa occurred among habitual opium eaters as a result of the sudden discontinuance of the drug.

There were no deaths in the jail hospital.

The general health and sanitary condition of the jail was very satisfactory.

Plague Precautions.—I have not much to say on this subject. The precautions which were taken in 1899 under the regulations of 12th January of that year were rigorously adhered to.

There was only one prosecution under the Plague Ordinance, and this was at Kayts. No Indians, whether passengers or crew, are allowed to land.

The total number of vessels inspected at this port was 650, against 627 the previous year. Of this number, 407 were from India, which is less by 82 than the previous year. Of this number, 302 were quarantined.

Hospitals and Dispensaries.—There were 2,366 admissions into the hospitals of the Province. The daily average was 109·85, ranging from 1·19 at Pesalai to 22·84 at Mullaittivu. The average residence was 10·99, the average in the different hospitals being from 10 to 12. Point Pedro hospital was overcrowded all through the year, except three days, and Vavuniya hospital on twenty-four days. The total number of deaths was 82, ranging from 8·10 at Pesalai to 1·23 per cent. at Mullaittivu.

At the dispensaries in charge of apothecaries 59,467 received treatment, and at those attached to hospitals 20,544 persons, making a total of 80,011, who altogether paid 127,869 visits.

(4) SOUTHERN PROVINCE.

Hospitals	...	{ Civil	...	...	...	...	5
		{ District	...	...	...	...	1
Dispensaries	...	{ Civil	...	...	...	...	32
		{ District	...	...	...	...	3
		{ Estates	...	...	...	...	—
Houses of observation	...		...	...	...	...	1
Jails	...		...	...	...	...	4
Estimated population	...		...	...	...	...	540,902
Birth-rate per 1,000	...		...	...	...	...	44·242
Death-rate per 1,000	...		...	...	...	...	28·012
Number of successful vaccinations	...		...	...	...	...	13,819
Number of estates scheduled to hospitals and dispensaries	...		...	...	...	...	48
Number of cases of smallpox	...		...	...	...	...	15
Number of cases of cholera	...		...	...	...	...	Nil

The Province is under the supervision of Colonial Surgeon W. G. Keith, M.B., C.M., whose report is subjoined:—

The following table will show the population of the Southern Province for 1900, with birth- and death-rates per 1,000, compared with 1899:—

Year.	Estimated Population.	No. of Births.	No. of Deaths.	Birth-rate per 1,000.	Death-rate per 1,000.
1899	532,123	24,612	12,806	46·252	24·065
1900	540,902	23,931	15,152	44·242	28·012

The general health of the Province during the year was, on the whole, satisfactory. There were no epidemics, and a small outbreak of smallpox on an estate was soon stamped out. Malarial fever occurred in a few districts to some extent, and dysentery appeared in some localities in a somewhat epidemic form, and necessitated the employment of an itinerating medical practitioner in one district.

The most prevalent diseases were malarial fever, dysentery, and parangi. The other diseases chiefly treated at the outdoor dispensaries were worms, rheumatic affections, respiratory disorders, and disorders of the digestive system, skin diseases, ulcers, injuries, malarial cachexia, and syphilis.

The chief stations where the greatest number of cases of malarial fever were treated were Tissamaharama (2,087 out of a total of 3,508 treated at the dispensary), Hambantota (1,455 out of 3,616 treated), Udugama (1,209 civil and 673 estate, out of 3,872 civil and 1,710 estate), Tangalla (1,158 out of 4,804), Ambalantota (1,111 out of 2,238), Balapitiya (993 out of 9,088), Nagoda (862 out of 3,699).

Cases of malarial cachexia were treated chiefly at Weligama (354), Bentota (259), Balapitiya (234), Udugama (217 civil and 149 estate), Hakmana (203), Nagoda (198), Outdoor Dispensary, Galle (145). Malarial fever was the chief disease treated throughout the year at Tissamaharama, but, on the whole, of a milder type than in the previous year.

Dysentery.—The largest number of cases of this disease treated at outdoor dispensaries were Udugama (civil 134, estate 114), Akuressa (77), Nagoda (63), Balapitiya (57), Hambantota (33), Batapola (32), Outdoor Dispensary, Galle (32).

But the disease appeared from time to time in villages in the different districts, sometimes attaining an almost epidemic form and a severe type. Cases reported by the headmen were nearly in all cases visited by the medical officers of the respective districts, who enforced sanitary measures, but in only a few was the treatment of the medical officer availed of, the patients preferring the treatment of their vedaralas. In a good many cases the disease seemed to have been existing in the villages before the medical officers were informed by the headmen, and the patients were already recovered or some of them dead.

Parangi.—The number of cases of this disease treated during the year at the outdoor dispensaries were Matara (1,321), Hakmana (665), Beliatta (430), Akuressa (389), Kamburupitiya (343), Wallasmulla (281), Tangalla (277), Kottegoda (276), Weraketiya (213), Weligama (202), Outdoor Dispensary, Galle (194), Batapola (183), Imaduwa (172), Elpitiya (166), Balapitiya (151), Katuwana (135), Talawa (132), Ranna (113), Kirama (110), Nagoda (81), Katukurunda (75).

Conjunctivitis.—This disease was prevalent at Hambantota, but it was only during the dry weather, and not to a great extent. It also prevailed at Kottegoda from May to September.

Anchylostomiasis existed amongst the immigrant population in the districts of Deniyaya, Udugama, and Balapitiya, and Elpitiya.

Measles.—There was an outbreak of this disease in some villages in the Udugama district, which lasted from early in January to the middle of March. There were 248 cases reported, of whom 2 died of capillary bronchitis. Five cases were reported from the Galle District and one from the Weligama district.

Leprosy.—The number of lepers in the Province was 26. Of these, 20 were males and 6 females. The oldest was 80, the youngest 20. They were in the following districts:—Galle (15), Balapitiya (3), Akuressa (2), Matara (2), Nagoda (1), Batapola (1), Beliatta (1), Hambantota (1).

Chickenpox.—This disease appeared in six localities, and 99 cases were reported from time to time: 36 from the Galle District, 30 from the Baddegama district, 13 from the Weligama district, 12 from the Akuressa district, 5 from the Kirama district, and 3 from the Katukurunda district.

Smallpox.—This disease appeared in only two localities, and was soon stamped out. The first case was that of a Sinhalese man who had come to Kalahe, a village $3\frac{1}{2}$ miles from Galle, on 22nd February from Gampola, where he had a boutique. On the 26th February he was found to be suffering from smallpox. Prompt measures were taken, and there was no spread of the disease. On the 9th May four cases of smallpox were reported from Diviturai estate in the Elpitiya district. These were at once segregated, and all measures taken to prevent the spread of the disease. It was found that a lad who had come from Tataparai to Colombo had introduced the disease. He travelled to Colombo with his father and kangani, and in due course was taken to Ragama, where he was vaccinated. He had arrived at Colombo on 5th April, and three days after his reaching Ragama he came by train to Ambalangoda and walked to the estate. Three days after his arrival on the estate he had an eruption over his body, and the superintendent thinking it was due to vaccination took no steps about the matter, nor did he see the patient. He was in his lines for fifteen days, after which his father removed him to another set of lines. On 11th May I found that the infected rooms (two) were in the middle of the set of lines. One of the cases died just before my arrival and was at once buried. The remaining cases were thoroughly segregated and the lines disinfected, and those exposed to contagion kept under observation. Nine more cases occurred in the same set of lines, and by the beginning of July the disease was stamped out.

On 12th June a case of modified smallpox occurred on Manangoda estate in the same district, but the disease did not spread.

Cholera.—There was no case of this disease in the Province during the year, though the disease existed at Kataragama.

The general mortality during the year seemed to be greater in the third and especially the fourth quarter of the year than in the early part of the year. This bears, no doubt, some relation to the weather, which was very wet from June to December, and also accounts for the greater mortality in the hospitals during that period.

The general health of the Province during the year was on the whole satisfactory, although malarial fever and dysentery prevailed in some districts, and the latter became almost epidemic owing to the continuous bad weather; and although there was a slight outbreak of smallpox, the majority of the districts was free from any unusual prevalence of disease.

The general sanitary condition of most of the stations is far from satisfactory. The medical officers have frequently brought this to the notice of the headmen, but it is only when an outbreak of any disease takes place that the headmen attend to the sanitary wants of the villages. The great wants everywhere are a good water supply, latrines, burial places, and the proper scavenging of the villages and surroundings. The general complaint of the medical officers is that the food of the inhabitants in a good many villages is innutritious and unwholesome; water from streams and wells foul owing to contamination with faecal matter; the soil of the villages waterlogged; the grounds contaminated on the surface by their being used as open latrines; the dead being buried indiscriminately in gardens and on the roadside; gardens full of low brushwood and accumulations of filth, with densely growing trees, preventing air and light; pools and puddles of stagnant water everywhere choked with rubbish and the drainage very defective, or often absent.

The town of Galle was free from any epidemics during the year, and the general health of the inhabitants was satisfactory. A good many improvements have been effected by the Municipality as regards the drainage and conservancy, but much yet remains to be done. The water supply is still derived from the Bikke reservoir, a system of filtration not having yet been arranged for owing to the great cost of it.

The Sanitary Officer reports that the health of the Fort residents has shown a marked improvement since the dry-earth system was adopted, and he very properly urges that the sooner this is extended to all the houses the better.

Vaccination.—The staff during the year consisted of the Assistant Superintendent of Vaccination and thirteen vaccinators, one of these being a female, who, with three other vaccinators, works in the Galle District. The remaining nine vaccinators are at outstations. The medical officers of eighteen stations carried on vaccination at their chief stations weekly.

The number vaccinated by the native vaccinators was males 7,961, females 7,441, total 15,402. By the medical officers males 1,865, females 1,472, total 3,337. The grand total of vaccinations in the year was males 9,826, females 8,913, total 18,739. There were 341 re-vaccinations, 214 being successful, 118 unsuccessful, and 9 in whom the results were unknown. The percentage of successful re-vaccinations was 63.5 by the vaccinators. The total number of infants vaccinated was 43, of children 17,328, and of adults 1,368.

The percentage of successful cases was 73.74. By vaccinators 75.37 and by medical officers 66.07.

The vaccine establishment at Galle has, during the year, been worked in a very satisfactory manner. Constant supplies of lymph have been sent to the various medical officers and vaccinators, but increased demands have frequently been with difficulty supplied owing to the great difficulty in procuring calves and the want of a regular contractor, though efforts have been made to secure one.

There are a good many parts of the Province which have not been visited by a vaccinator for a long time. This is unavoidable, owing to the staff not being large enough. They are, however, not so populous, but they are being gradually attended to as the vaccinators are being spared from thickly populated places. On the whole, the population of this Province is well protected from smallpox. Though the disease appeared in one district in a village (having been introduced there from Gampola) and in another district on an estate (having been introduced there by a cooly from Southern India), I am glad to state that it did not spread amongst the native population, but was confined, in the first instance, to that one patient, and in the other to the set of lines in which the case appeared.

Hospitals.—The Galle Civil Hospital has accommodation for 73 male and 28 female patients, but these numbers were frequently exceeded. Additional accommodation is much needed for patients, and increased accommodation also for nurses. It was proposed to build a new kitchen and have a ward on the site of the present kitchen. Covered ways from the wards are also much needed. Cases of malarial fever and malarial cachexia and dysentery were admitted throughout the year, but in larger numbers and of a more severe type during the second half of the year, when the weather was so continuously wet. In the Jail Hospital, Galle, the chief diseases treated were influenza, ague, dysentery, diarrhœa, and conjunctivitis. The health of the prisoners in the jail throughout the year was very satisfactory.

In the house of observation 39 persons were treated, the chief disease being mania. Twenty-two persons were committed to the Lunatic Asylum by the District Judge. This institution was in a very satisfactory state during the year.

In the hospital for women at Kaluwella, Galle, 131 were treated, the chief diseases being secondary syphilis, gonorrhœa, primary syphilis, and ulceration of vulva.

In the Infectious Diseases Hospital at Dadalla 7 cases were treated : measles 3, chickenpox 2, mumps 2.

The plague hospital and house of observation at Bathfield were kept ready for use in the event of plague being introduced into the Island, but I am thankful to say that only two persons were kept under observation there, both seamen from vessels in the harbour in quarantine, as the proper period had not elapsed from the time of their leaving Calcutta, which was plague-infected. One was a severe case of erysepelas and the other of compound comminuted fracture.

In the Government Civil Hospital of Matara the total number treated was 1,055, with a daily average of 44.39. No estate labourers from the Morawak korale are now treated there, after the opening of the hospital at Deniyaya, so that the accommodation is ample.

Hambantota Civil Hospital.—The accommodation at this hospital is sufficient, but some improvements to the apothecary's quarters are needed.

Tangalla Civil Hospital.—The accommodation here is very limited. A new surgical ward is much needed, and also dispensary and apothecary's quarters.

Balapitiya Civil Hospital.—Here, too, increased accommodation is much needed in the shape of an extra ward, and also a dispensary and apothecary's quarters.

Deniyaya Hospital, for civil and estate labourers, is the most complete and satisfactory hospital in the Province, but here, too, the accommodation is now limited, though the hospital was opened only two years ago.

In the Jail Hospital at Tangalla 19 prisoners were treated during the year. There were no deaths.

In the Hambantota Jail Hospital 74 were treated, with one death during the year. Convalescents from other jails are sent to this jail. The chief diseases treated were conjunctivitis, dysentery, diarrhœa, and asthma.

In the Jail Hospital, Matara, 32 were treated, and there were no deaths. The chief diseases were dysentery, diarrhœa, and mumps.

The various dispensaries in the Province are now more satisfactorily supervised by the medical officers and apothecaries since the redistribution that has been carried out, which enables only two dispensaries being placed in charge of officers, instead of as formerly groups of three dispensaries.

(5) EASTERN PROVINCE.

Hospitals, Civil	...	...	...	...	3
Hospital, Leper...	...	...	...	...	1
Dispensaries, Civil	...	...	...	...	17
Jails	...	...	...	...	2
Estimated population	...	...	...	...	169,065
Birth-rate per 1,000	...	...	...	...	41.62
Death-rate per 1,000	...	...	...	...	33.09
Number of successful vaccinations	...	...	...	...	6,228
Number of cases of smallpox	...	...	...	...	1
Number of cases of cholera	...	...	...	...	33

This Province was under the supervision of Colonial Surgeon F. Oorloff, M.B., C.M., whose report is subjoined :—

I assumed duties as Colonial Surgeon of this Province on the 10th June, 1900.

Population, Birth- and Death-rates.

The estimated population of the Eastern Province on the 31st December, 1900, was 169,065, showing an increase of 1,960 over the population at the end of the previous year. In the Batticaloa District the increase was 1,853, and in the Trincomalee District it was 107. During the year under review there were 7,278 births and 5,318 deaths, with a birth-rate of 41.62 and a death-rate of 33.09 per 1,000, as against 7,093 births and 6,000 deaths, with birth- and death-rates of 42.58 and 36.02 respectively in the previous year.

Prevalence of Sickness.

The general health of the Province, notwithstanding a smart though short outbreak of cholera was, on the whole, pretty good. Malarial fevers, which prevailed extensively during the first and second quarters of 1899, existed in a mild and less diffuse form for the same period during the year under review. During the third quarter of the year, especially in the Batticaloa District, when the south-west monsoon was in full force, conjunctivitis, rheumatic affections, diarrhœa, and dysentery prevailed to some extent.

Parangi.—This disease is widely diffused throughout the greater part of this Province. It prevails with equal severity all throughout the year, and is not affected in the least by the meteorological conditions of the seasons. Its prevalence is no doubt due to the want of wholesome food and water and segregation.

Leprosy.—This is another disease which prevails in this Province. It is pretty generally diffused in Kalmunai, and there are several cases in Batticaloa also. Very probably bad food and bad hygienic circumstances have in this, as in most germ diseases, a predisposing influence; but if it be conceded that leprosy is caused by a germ, then the leper must be regarded as a source of danger, and the most effectual way of suppressing the disease is the thorough isolation of existing lepers.

Relative Mortality in the different Seasons.

The seasons, strictly speaking, are only two in number in this Province, viz., the hot and dry, beginning in April and ending in September, and corresponding with the second and third quarters of the year; and the wet and dewy, extending from October to February or March, and corresponding with the first and last quarters of the year. The mortality was highest during the first and last quarters of the year, which was due to the prevalence of malarial fever during the former, and to malarial fever and cholera during the latter period. During the second and third quarters of the year, although pneumonia, diarrhœa, and dysentery prevailed more than any other disease, the mortality was not high.

The Meteorological Conditions and other Causes affecting the Public Health.

The rainfall was heaviest during the months of November, December, and January. There were 58 inches of rain in Batticaloa, 59·08 inches in Trincomalee, 58·23 inches in Kalmunai, and 52·22 inches in Maha-oya. From April to September there was hardly any rain, and the weather was in consequence dry and hot in the extreme. In August, owing to the prolonged and severe drought, most of the wells in Batticaloa (Puliyantivu) and Kalmunai, including those in the hospital premises, ran dry. During the wet and dewy season malarial fevers are most prevalent, and during the hot and dry season sore-eyes, pneumonia, diarrhœa, and dysentery are the prevailing diseases.

Particular Diseases that have recurred during the Year.

In October last cholera was introduced into Batticaloa. From the data available it was very evident that the original source of infection for the district was Vakaneri, where a large number of coolies were employed in tank work. The infection to Vakaneri was in all probability brought from the North-Central Province, where cholera was prevailing at the time. The first cases occurred among two coolies of Eravur, who were working at Vakaneri, and who took ill and died after their return to Eravur. The next victim was a butcher of Batticaloa, who visited Eravur when the two coolies above referred to were ill. He took ill, and died soon after his return to town. Then the disease prevailed to a certain extent in the town and five adjoining villages. Altogether there were thirty-three cases, with twenty-one deaths. Rigorous measures were adopted to check the spread of the disease, and in less than a month of its appearance it was effectually stamped out.

Smallpox.

There was only one case of modified smallpox in Kattankudi.

Other Infectious Diseases.

Chickenpox.—Thirty cases of this disease were reported from Batticaloa, Toppur, Muttur, and Kalmunai respectively.

General Sanitary Condition of the Province.

There is much still to be done to improve the general sanitary condition of this Province. In the villages there are no public latrines, no drainage whatever, and the water supply is bad. Boards of Health have, however, been established in some of the villages, and during the year some, though minor, improvements have been effected in their sanitary condition by the apothecaries in charge, headmen, and sanitary inspectors.

Condition of the Principal Towns.

The chief towns are Batticaloa, Trincomalee, and Kalmunai.

Batticaloa.—The drainage is very bad, the water supply is equally bad, and the small supply of good water we have is considerably curtailed by the wells running dry during the third quarter of the year. Public latrine accommodation is also very deficient, and in consequence both the soil and the atmosphere are polluted in several parts of the town. On my recommendation the Local Board intend affording more public latrine accommodation and covering up the private cesspits and introducing dry-earth closets. At the request of the Board an inspection of those parts of the town occupied by the Moors and fishermen was made about the end of the year by myself and two of the Unofficial Members of the Board. We found the dwellings and their surroundings highly insanitary. On our recommendation the Board have decided to open three roads and erect a public latrine in the Moorish quarter, and to acquire the fishers' quarter with the object of razing the houses to the ground and building healthy dwellings and re-selling them to those who would care to buy them. Some of the houses in these quarters of the town were overcrowded.

Trincomalee.—The water supply is sufficient, but there is much danger in its being polluted from the want of latrine accommodation in the premises of the inhabitants of the town. The drainage is defective, and the town is densely populated.

Kalmunai.—The drainage is defective. The observations made with regard to the water supply of Batticaloa are applicable to the water supply of this place. There is no public latrine accommodation whatever, and in consequence pollution of the soil and atmosphere is the general rule. There is no overcrowding, but the houses in the Moorish quarter are built very close to one another, and admit of very little light and air, owing to their being surrounded by high cadjan fences.

Vaccination.

Nine vaccinators, including the female vaccinator and the calf vaccinator, were employed during the year. In addition to this, the medical officers and apothecaries carried on vaccination at the outdoor dispensaries once a week. The work of the vaccinators was regularly inspected by the Inspector of Vaccination, and also periodically by the Colonial Surgeon, the medical officers, and apothecaries.

The number of persons vaccinated and re-vaccinated and the results during 1899 and 1900 were as follows :—

				<i>Primary Vaccination.</i>	
				1899.	1900.
Number vaccinated	...	...	...	6,944	6,228
Number successful	...	...	...	5,301	5,270
Number unsuccessful	...	...	...	798	739
Number unknown	...	...	...	195	219
Percentage of successful	...	...	...	76.34	84.62
				<i>Re-vaccination.</i>	
Number re-vaccinated	...	...	...	10	110
Number successful	...	...	...	10	87
Number unsuccessful	...	...	...	—	23
Number unknown	...	...	...	—	—
Percentage of successful	...	...	...	100.00	79.09

Calf vaccination was successfully carried on during the year. Forty-four calves supplied by the Vanniahs were inoculated, and 1,000 tubes of paste were collected and distributed among the vaccinators, medical officers, and apothecaries in the Province.

Hospitals and Dispensaries.

Under this heading I would wish to make the following remarks. An administration block, quarters for the dispenser, and a ward for paying-patients are urgently needed for the Batticaloa hospital. Full particulars of what is wanted have already been submitted. The dispensary at Paddirippu should be visited twice a week by the medical officer of Kalmunai. A permanent dispensary should be established at Nadukadu. At present the apothecary at Karunkoditivu visits the place once a week, and even this he is unable to do in wet weather.

A permanent dispensary should be established at Kadiraveli. At present the apothecary at Valaichenai visits it once a week, and the journey to and fro occupies three days. Further, during the north-east monsoon the apothecary is, on several occasions, unable to visit the place. Accommodation for a dispensary is required at Padiyatalawa, and a visiting dispensary should be established at Pillumalai. The medical officer of Trincomalee says that a dispensary is wanted at Madawachchi, which is about 28 miles to the north of Trincomalee and 20 miles from the nearest dispensary. He also mentions the necessity for quarters for the medical officer in close proximity to the hospital and for the dispenser, a diarrhoea ward each for males and females, and a wire fence at the back of the hospital. These wants were referred to by me in my half-yearly inspection report.

(6) NORTH-WESTERN AND SABARAGAMUWA PROVINCES.

These Provinces were under the supervision of Colonial Surgeon E. de Livera, M.B., C.M., whose report is subjoined :—

I assumed duties as Colonial Surgeon of the North-Western and the Sabaragamuwa Provinces on 24th June, 1900.

Population, Birth- and Death-rate.

The population of the North-Western Province is 354,414 and of the Province of Sabaragamuwa 351,255.

I regret I am not able to give the birth-rate and the death-rate of the two Provinces, as I have not been furnished with statistics, but I am able to give this information with respect to the District of Kurunegala only.

In the Kurunegala District of the North-Western Province the birth- and death-rates were respectively 44.5 and 39.15 per 1,000, as against 40.3 and 51.8 in the preceding year, showing a great improvement in the death-rate.

Prevalence of Sickness.

The most prevalent disease in both the Provinces was malarial fever. As a rule, in former years malarial fever was more prevalent in the North-Western Province during the north-east monsoon; but during 1900 outbreaks of fever, more or less severe in character, occurred in May and lasted till August, while the other months of the year were comparatively healthy. There was, however, no difference in the period of the year in which fever was prevalent in the Province of Sabaragamuwa.

The outbreaks of fever in the North-Western Province referred to above occurred principally in Kurunegala, Dandugamuwa, Chilaw, Puttalam, Marawila, Dankotuwa, Mundel, Nikaweratiya, Narammulla, and Giriulla, and were probably due to the unprecedentedly heavy rainfall which occurred in April. In that month itself there was not much fever prevalent, but in May and June there was a very large increase in the number of cases treated in all the hospitals and dispensaries.

In the Province of Sabaragamuwa malarial fever was more prevalent in May, June, July, and August, which were the wettest months of the year, and in some portions, as in the Kegalla District, it assumed an epidemic form of a severe character and prevailed to such an extent as to necessitate the employment of itinerating medical officers. Two medical officers and four vaccinators were employed in itinerating work, the latter to distribute fever powders among the residents in the affected villages.

The rainfall in the Province of Sabaragamuwa was highest in the second quarter. The total rainfall in 1900 appears to have been higher than in the previous year.

The total number of cases treated for malarial diseases in the hospital and dispensaries of the Province of Sabaragamuwa was 47,155, and the number of fever cases treated by the itinerating officers was 5,801.

Altogether in the two Provinces 125,392 cases were treated for malarial diseases in the hospitals and dispensaries and 17,498 cases by the itinerating medical officers.

The disease next in importance to malarial fever as regards prevalence is parangi. There were 14,450 cases treated in the hospitals and dispensaries of the North-Western Province, and 2,691 cases treated in the institutions of the Province of Sabaragamuwa. In the North-Western Province the disease is most prevalent in Nikaweratiya and Dandugamuwa, where there are special field hospitals provided for its treatment, and Anamaduwa, Balalla, Galgomuwa, and Narammulla, and large numbers

of parangi cases have been treated in the hospitals at Kurunegala and Puttalam also. In the Province of Sabaragamuwa the disease is chiefly prevalent in Kolonna and Godakawela, where also there are special field hospitals for the treatment of parangi cases, and in Embilipitiya, Mahawalattenna, and Rambukkana, and in the villages round Ratnapura, Kegalla, and Rakwana.

The largest numbers were treated at Nikaweratiya, Balalla, Galgomuwa, Dandugamuwa, and Narammulla, where the numbers treated were respectively 2,566, 2,097, 2,052, 1,130, and 1,004.

Anchylostomiasis.—There seems to be an increased prevalence of this disease. It is not confined to estate labourers, by whom it was probably introduced to Ceylon, and among whom it is chiefly prevalent, but a fairly large number of persons other than Malabar coolies have been treated for it in the hospitals.

Diarrhœa and Dysentery.—These diseases were as widely distributed as malarial fever, and they and malarial cachexia are the diseases which chiefly contributed to the mortality in the hospitals. There were 2,711 cases treated in the hospitals and dispensaries of the North-Western Province, and 3,238 cases treated in those of the Province of Sabaragamuwa.

Phthisis and Pneumonia.—Pulmonary phthisis is responsible for 67 deaths and pneumonia for 107 deaths of the cases treated in the hospitals of the two Provinces. There were 238 cases treated of the former and 280 of the latter. The deaths from these two diseases form 14·27 per cent. of the total mortality in the hospitals. By far the largest number of cases of both these diseases were treated in the Kurunegala hospital, where there were treated 120 cases of pneumonia and 80 cases of phthisis.

Leprosy.—This disease is not very prevalent in either of the Provinces. The patients that came under treatment were generally visitors from other parts of the Island. There were 7 cases reported from the North-Western Province (6 from Kurunegala and 1 from Puttalam), and 20 cases from the Province of Sabaragamuwa (9 from Ratnapura, 7 from Karawanella, 1 from Rakwana, 2 from Godakawela—7 shown in returns, but one patient's name appears 6 times—and 1 from Kitulgala).

Chickenpox and Measles occurred in different parts of the Provinces, especially in Kegalla and Ratnapura and Chilaw and Marawila, but only 14 cases of the former and 67 of the latter have been reported. The epidemics were mild and were easily suppressed.

Smallpox.—An outbreak of smallpox occurred in the town of Kurunegala in May and lasted till the end of June. The disease is said to have been introduced by a Malay tailor, who brought the disease from Colombo. Fourteen cases occurred, with one death. The cases were promptly removed to the infectious diseases hospital, and vaccination was vigorously carried on in Kurunegala and the neighbouring villages, and the spread of the disease was soon checked.

Cholera.—Three deaths were reported from cholera on Galatura estate in the Ratnapura District in August. The deaths occurred among coolies just arrived from India. The estate was at once visited by the district medical officer, followed by the Colonial Surgeon, and necessary precautions were taken to prevent the spread of the disease, and no further cases occurred. An outbreak was also reported from Battulu-oya a village 12 miles north of Chilaw, in October last. A Moorman, who had just arrived from Negombo, having travelled about in Colombo and other places hawking fruits, &c., for sale, was the first to be taken ill with the disease, but it could not be ascertained whether he had visited any infected place. He died, and immediately afterwards other cases occurred among his neighbours, chiefly among Moormen, 13 in all, of which 9 proved fatal. The outbreak lasted only a week, from 21st to 28th October.

There were 5,952 patients treated in the hospitals of the North-Western Province during 1900, as against 5,440 in the preceding year; and 8,229 patients treated in the hospitals of the Province of Sabaragamuwa in 1900, as against 6,925 treated in 1899.

The following tables show the numbers treated, the numbers of deaths, the daily average sick, and the percentage of deaths to totals treated in the hospitals of the two Provinces during 1899 and 1900:—

North-Western Province.

Name of Hospital.	Number treated.		Average Daily Sick.		Number of Deaths.		Percentage of Deaths to Total treated.	
	1899.	1900.	1899.	1900.	1899.	1900.	1899.	1900.
Kurunegala ...	3,010	3,240	132·14	115·39	337	282	12·18	8·70
Puttalam ...	557	630	23·32	22·34	68	35	12·21	5·55
Chilaw ...	237	242	8·92	9·52	22	29	9·66	11·57
Marawila ...	718	764	36·08	34·83	41	55	5·69	7·19
Nikaweratiya ...	560	640	27·35	31·95	32	29	4·69	4·53
Dandugamuwa ...	358	436	101·74	10·49	32	30	8·93	6·88
Total ...	5,440	5,952	269·55	232·52	532	460	9·76	7·72

Province of Sabaragamuwa.

Name of Hospital.	Number treated.		Average Daily Sick.		Number of Deaths.		Percentage of Deaths to Total treated.	
	1899.	1900.	1899.	1900.	1899.	1900.	1899.	1900.
Ratnapura ...	1,169	1,174	59·19	50·50	149	107	12·74	9·11
Karawanella ...	1,785	1,996	157·75	167·80	380	315	21·28	15·78
Balangoda ...	1,083	1,590	68·62	80·47	84	111	7·75	6·98
Rakwana ...	618	824	28·09	35·96	62	82	10·03	9·35
Kegalla ...	955	954	49·25	47·81	95	111	9·94	11·63
Kolonna ...	745	1,070	30·12	36·99	15	13	2·06	1·21
Godakawela ...	570	621	19·28	24·65	22	20	3·85	3·38
Total ...	6,925	8,229	412·90	444·18	807	759	11·50	9·10

There were 248,479 cases treated in the outdoor dispensaries of the North-Western Province, and 137,581 cases treated in the dispensaries of the Province of Sabaragamuwa.

Meteorological Conditions.

Observations that could be made on the meteorological conditions and their effects on the public health have already been embodied in the remarks made under prevalence of disease.

General Sanitary Condition of the Provinces.

The general sanitary condition of the Provinces may be said to be fairly satisfactory, but the drainage generally is defective and the want of pure water is felt in many villages, the people being obliged to resort to tanks and muddy pools for their water supply. If wells be supplied in the villages where at present there are none, or, if any, they are few and far between, and villagers encouraged to use well water always for drinking, and steps be taken to drain the localities inhabited by people, and fill up the swamps and puddles which are in close proximity to habitations, a great stride will have been made in the efforts to eradicate malarial fever and parangi from the districts in which they are so much prevalent.

Sanitary Condition of the Chief Towns.

Kurunegala.—The town is badly drained, and good and abundant water supply is much wanted. Well water is at present mostly used, but it is generally brackish. The Local Board has, I understand, begun to take levels of the town with the view of improving the drainage and providing a better water supply.

Puttalam.—The drainage is defective, but there is no means of improving it as the town stands on low-level land. The water supply is also said to be unsatisfactory.

Chilaw.—Improvements are said to have been lately made in the sanitary condition, but much has yet to be done with reference to drainage. Steps are being taken to improve it, but nothing has yet been done to provide a better water supply.

Madampe.—This is a crowded little town, and the sanitary condition of it is reported by the medical officer at Marawila to be not very satisfactory.

Kalpitiya.—The medical officer states that the sanitary condition of this township, inhabited chiefly by Moors, is far from satisfactory.

Ratnapura.—The sanitary condition is said to be fairly satisfactory, drainage being sufficient and the water supply good.

Rakwana.—The town is reported by the medical officer to be in a very insanitary condition. The houses, he says, are too closely built and too small, and the drains unsatisfactory.

Karawanella.—The medical officer writes: "The sanitary condition of the bazaars of Ruwanwella, Karawanella, Yatiyantota, and Dehiowita is not quite satisfactory. As regards drainage, there is no means provided to carry away the rain water and dirty water of the houses, and consequently they accumulate on the grounds adjacent and soak into the soil or stagnate in pools."

Kegalla.—The sanitary condition is said to be fairly satisfactory. The medical officer states he has prevailed on the Local Board to sink several wells in town and that sites have already been selected.

Vaccination.

There were eight vaccinators employed in the North-Western Province, including the female vaccinator and one estate vaccinator, who also worked for some months in the Province of Sabaragamuwa, and there were eight civil and four estate vaccinators employed in the Province of Sabaragamuwa, besides the female vaccinator, who worked in both the Provinces. Vaccination was also performed in many of the outdoor dispensaries.

There were 9,416 subjects vaccinated and 1,352 re-vaccinated, with 7,394 successful vaccinations, in the North-Western Province; and there were 9,732 subjects vaccinated, with 8,090 successful vaccinations, in the Province of Sabaragamuwa. The percentage of successful vaccination, was 69·87 in the North-Western Province and 83·12 in the Province of Sabaragamuwa. The number of successful estate vaccinations was 44 in the North-Western Province and 2,288 in the Province of Sabaragamuwa.

The number of successful vaccinations in both the Provinces compares favourably with that of the previous year, as will be seen below:—

Province.	<i>Successful Vaccination.</i>			1899.	1900.
	North-Western	...	...	5,059	7,394
Sabaragamuwa	...	...	5,437	8,090	
		Total	10,496	15,484	

The work of the vaccinators was frequently inspected by the two Inspectors of Vaccination, and occasionally by the Colonial Surgeon. Calf lymph has invariably been used in vaccinating, as the use of human lymph is not safe when parangi prevails in many of the districts.

Jails.

There are three jails in the North-Western Province at Kurunegala, Puttalam, and Chilaw, and two in the Province of Sabaragamuwa at Ratnapura and Kegalla. Only short-sentenced prisoners and those on remand, with road defaulters, were confined in these jails. Very few prisoners were treated in the jail hospitals, and there were no deaths except at Ratnapura, where, out of 34 patients treated, 1 died of dysentery. This death occurred at the Civil Hospital, to which the patient had been removed.

Other Observations.

There is only one port in the Provinces under my charge, the one at Kalpitiya. It has been closed against the arrival of vessels from India since the outbreak of plague there, and the sea coast has been regularly guarded by coast patrols. 222 native vessels, mostly from Jaffna and Negombo, were inspected by the medical officer.

The following improvements were effected during the year in the hospitals. At Balangoda the medical assistant's quarters were completed, and the building of nurses' quarters has begun, and a new room was added to the dispensary. At Marawila a covering was put to the well, and its walls were cemented and a house for the dead cart was built. At Dandugamuwa a site has been acquired for a cemetery. At Rakwana also a site has been chosen for a new cemetery. A vote has been sanctioned for the addition of a new block of wards to the Kegalla hospital, and for converting the temporary wards at Karawanella into permanent ones.

The Government Agent of the North-Western Province has made proposals for the establishment of permanent central and branch dispensaries in the Kurunegala District, the cost to be covered by contributions recovered from the villagers, and if these are carried out, the medical requirements of the district will be fully met with. A beginning has already been made in carrying out the scheme.

I have inspected all the hospitals and dispensaries of the two Provinces, with the exception of one dispensary at Mahawelatenna and two branch dispensaries at Ma Eliya and Nikawewa.

The dispensary at Wariyapola, in the Kurunegala District, was closed in May last, and branch dispensaries were opened during the year in the Ratnapura District, at Timbilyana and Kandangamuwa to be visited by the apothecary stationed at Parakaduwa, and at Kiri-ella to be visited by the apothecary at Ellagowa. No separate registers of the patients treated have been kept at these places.

(7) PROVINCE OF UVA.

Hospitals	{ Civil	...	...	...	...	1
	{ District	...	...	...	...	2
	{ Field or Parangi	...	...	...	...	3
Dispensaries	{ Civil	...	...	...	...	12
	{ District	...	...	...	...	9
	{ Estate	...	...	...	...	11
Jails	...	...	...	...	...	1
Estimated population	...	...	...	...	188,964	
Birth-rate per 1,000	...	...	...	...	38.7	
Death-rate per 1,000	...	...	...	...	35.5	
Number of successful vaccinations	...	...	...	...	6,927	
Number of cases of smallpox	...	...	...	...	7	
Number of cases of cholera	...	...	...	...	442	
Number of estates scheduled to hospitals and dispensaries	...	...	...	...	219	

This Province is under the supervision of Colonial Surgeon F. Oorloff, M.B., C.M., whose report is subjoined:—

I assumed duties as Colonial Surgeon only on the 1st March, 1901, and therefore this report is only an epitome of the reports furnished by the several medical officers and apothecaries of the Province.

Population, Birth- and Death-rates.

The estimated population of the Province of Uva on the 31st December, 1900, was 188,964, showing an increase of 22,393 over the population at the end of the previous year. During the year under review there were 7,322 births and 6,718 deaths, with a birth-rate of 38.07 and a death-rate of 35.5 per 1,000, as against 6,968 births and 6,450 deaths, with birth- and death-rates of 41.08 and 38.07, respectively, in the previous year.

Prevalence of Sickness.

The general health of the Province was not satisfactory, cholera, acute diarrhoea, smallpox, chickenpox, influenza, malarial fevers, diarrhoea, and dysentery having prevailed to a greater or less extent. During the third quarter of the year in Lunugala and Alutnuwara conjunctivitis is reported to have prevailed to some extent.

Parangi.—This disease is reported to have prevailed extensively in Medagama and Tanamalwila. The apothecary of the latter place reports that it did not prevail with equal severity all throughout the year, and that it was most severe during the months of May, June, July, August, and September.

Relative Mortality in the different Seasons.

The seasons, strictly speaking, are only two in number, viz., the wet and dry, and these correspond with the two monsoons. The mortality was highest during the last quarter of the year, except in the following places,—Madulsima, Taldena, and Maspana.

Madulsima.—The apothecary here reports as follows:—"The mortality was highest during the first and second quarters, although sickness was most prevalent in the last quarter."

Taldena.—The apothecary here says that the mortality was highest during the second and third quarters, when there was an epidemic of malarial fever.

Maspana.—The apothecary here says that the mortality was not high, and that it was about the same all throughout the year.

The diseases, excepting cholera, which chiefly contributed to the high mortality in the last quarter, were respiratory diseases, malarial fevers, dysentery, and diarrhoea.

In Madulsima the same diseases caused a high mortality during the first and second quarters. In Taldena an epidemic of malarial fever during the second and third quarters, when the weather was very hot, gave rise to a high mortality.

In the dry season the death-rate, as a rule, is not high.

Meteorological Conditions and other Causes affecting the Public Health.

The rainfall was heaviest during the prevalence of the north-east monsoon, viz., from October to March. There were 64·88 inches of rain in Badulla, 79·02 inches in Lunugala, 75·10 inches in Bibile, 75 inches in Medagama, 114·56 inches in Madulsima, and 71·92 inches in Buttala. The dry season corresponds with the south-west monsoon, which lasts from April to September.

During the wet season the diseases which chiefly prevail are malarial fevers and respiratory affections, and during the dry season parangi, diarrhœa, dysentery, and sore-eyes.

Particular Diseases that have recurred during the Year.

Badulla.—Towards the latter end of September cholera was introduced into Kumbalwela, a village 11 miles from Badulla on the Badulla-Bandarawela road. It was introduced by a cart contractor who had visited Kandy, where cholera was prevailing at the time. He died, and the disease thence spread to two adjoining villages and the Welhena group of estates. A medical officer from Colombo was stationed at Naulla (7 miles from Badulla on the same road) to deal with the outbreak. The disease was stamped out in two months, and there were 98 cases, with 39 deaths. There was no smallpox, and only 15 cases of chickenpox.

Haputale.—Nine cases of chickenpox occurred on two estates, and there were also 5 cases of acute diarrhœa.

Lunugala.—Chickenpox prevailed on and off during the year.

Bibile.—Fourteen cases of acute diarrhœa occurred about the middle of the year, when the weather was very hot.

Medagama.—Cholera appeared in the early part of October. The source of infection was from a tavalam party from Buttala, where it was raging at the time. There were 10 cases, with 6 deaths.

Mupane.—Five cases of sporadic cholera were reported from this place, with 1 death. The source of infection was not ascertained.

Alutnuwara.—Cholera appeared in the early part of September, and was introduced from Kandy where it was prevailing at the time. There were 27 cases, with 11 deaths. There were also 7 cases of acute diarrhœa, with 6 deaths.

Bandarawela.—There were 24 cases of acute diarrhœa, with 15 deaths in three of the adjoining villages. There were also 38 cases of chickenpox.

Koslanda.—Influenza prevailed from February to April, but there were no deaths from it. There were also 9 cases of acute diarrhœa, with 3 deaths, among the road and estate coolies.

Taldena.—Here there was a smart outbreak of cholera with 86 cases and 47 deaths. The apothecary attributed it to polluted water.

Buttala.—Cholera prevailed here to a great extent. It appeared on the 3rd October, and was introduced from Naulla and Kumbalwela. The medical officer reports that it spreads extensively in consequence of the pollution of a stream of water. There were 216 cases, with 99 deaths. It was stamped out towards the end of the year, *i.e.*, about three months after its appearance.

Pingarawa.—Six cases of smallpox occurred on an estate, with 2 deaths. There were also a few cases of chickenpox and measles.

General Sanitary Condition of the Province.

There is much room still for improvement in the general sanitary condition of this Province. The chief towns are Badulla, Bandarawela, Haputale, Haldummulla, Koslanda, Passara, Lunugala, and Welimada.

Badulla.—The water supply is good and ample, the drainage is very bad, and the public latrine accommodation is also deficient.

Bandarawela.—A scheme for improving the water supply is under the consideration of Government. There is no overcrowding of the bazaars.

Haputale.—The water supply is good and ample. The drainage is very unsatisfactory. There is no overcrowding in the town.

Haldummulla.—The water supply is good. The drainage is bad. There is no overcrowding in the town. Public latrine accommodation is wanting.

Koslanda.—The general sanitary condition is very unsatisfactory. The water supply is fairly good. The drainage is bad. There is no overcrowding in the town.

Passara.—The water supply is pretty good. The drainage is bad. There is no overcrowding in the town.

Lunugala.—Regarding the water supply, the medical officer says that the stream which supplies the town is liable to get polluted during the dry season. The drainage is very unsatisfactory. There is no overcrowding.

Welimada.—The water supply is pretty good. The drainage is unsatisfactory. The apothecary reports that some of the dwellings are overcrowded.

Vaccination.

Six vaccinators (four district and two estate) were employed during the year. In addition to this, the medical officers and apothecaries carried on vaccination at the outdoor dispensaries once a week. The work of the vaccinators was regularly inspected by the Inspector of Vaccination, and the vaccination at the outdoor dispensary at Badulla was regularly inspected by the Colonial Surgeon.

The number of persons vaccinated and re-vaccinated and the results during 1899 and 1900 were as follows:—

Primary Vaccination:—		1899.	1900.
Number vaccinated	...	7,607	6,835
Number successful	...	5,777	6,036
Number unsuccessful	...	432	414
Number unknown	...	398	385
Percentage of successful to total inspected	..	4·00	93·68

Re-vaccination :—		1899.	1900.
Number revaccinated	... ..	3,781	1,400
Number successful	... ..	2,399	891
Number unsuccessful	... ..	792	266
Number unknown	... ..	590	243
Percentage of successful to total inspected	... ..	75.18	77.00

(8) REPORT of the Acting Surgeon in charge of the General Hospital, Colombo, Dr. H. M. Fernando, M.D., B.Sc. Lond., Fellow of University College London.

(A) GENERAL HOSPITAL.

(1) Administration.

I ASSUMED duties as Acting Surgeon in Charge, General Hospital, on the 2nd November, 1900.

During the year 1900 there has been a sudden and unprecedented increase in the number of patients treated in the General Hospital. For purposes of comparison I append the following table :—

				Number admitted during the Year.	Total treated.
1895	...	...	...	7,504	7,806
1896	...	...	...	7,640	7,876
1897	...	...	...	8,773	9,063
1898	...	...	...	8,802	9,102
1899	...	...	...	9,053	9,399
1900	...	...	...	13,843	14,221

It will be seen that, although the numbers since 1895 have been steadily increasing, the rate of increase has not been very striking until last year, when the hospital had to face an increase of 52 per cent. on the previous year's figures. The daily average, which amounted to 386.04 in 1899, went up to 495.01 in 1900, or in other words, 109 more patients daily had to find accommodation and treatment. Year after year it has been pointed out that the hospital accommodation was insufficient, that its equipment was meagre, and that its vote for Diets, Wages, &c., insufficient, so that last year, when the sudden and unexpected demands on its resources increased by 52 per cent., I regret to state that the administration of the hospital became very difficult, and the lack of accommodation and equipment was acutely felt.

During the latter part of the year over 120 patients daily had to be accommodated on the floor of the wards owing to want of space, although several were sent away from time to time to the Urugodawatta hospital.

This serious overcrowding in the wards was brought to the notice of Government with a request that provision be made elsewhere for the large class of chronic cases and incurables that fill some of our lower wards, but as it was found impossible to find accommodation elsewhere, it has been decided to build temporary wards within the General Hospital premises to accommodate 100 patients. This work, I regret to state, has not yet been taken in hand, and unless this accommodation is ready by July next, a great deal of hardship and inconvenience will be felt this year also in dealing with the demands likely to be made at that time of the year.

The increase of patients so suddenly and unexpectedly require some explanation. I find that the death-rate of last year in Colombo had increased very much. It amounted to 36.2 per 1,000, as against 31.4 per 1,000 in 1899. This great increase is no doubt an index of the still greater increase of the sick rate of the year under discussion. No special epidemic of a far-reaching character was prevalent, but I find that under the heads Phthisis, Dysentery, Diarrhoea, Pneumonia, and Enteric Fever there has been a considerable increase in the number of patients who received treatment. Since November last, when I assumed duties as Acting Surgeon in charge, I have been preparing a weekly list of the enteric cases admitted into the hospital from within Municipal limits. These lists indicate that enteric fever is widespread throughout the town of Colombo, but not in a markedly epidemic form. A few cases crop up from time to time in the overcrowded and insanitary areas, and are probably communicated through contaminated food, flies, and perhaps through the polluted surface wells, whose waters are used for bathing purposes.

From the list of diseases which I have already mentioned as especially on the increase, it is clear that the public health of Colombo is far from satisfactory. I have no hesitation in stating that the chief sanitary drawbacks of the city are the want of proper drainage and conservancy. The surface drains of the congested areas are not built on scientific principles; they are almost always in bad repair, and are often used as common sewers. The present system of conservancy is totally inadequate, inelegant, and expensive. The continual procession of malodourous carts through the town night after night, not only pollutes the atmosphere, but is likely to disseminate disease germs and scatter them broadcast throughout the town and its vicinity.

The excellent scheme suggested by Mr. Mansergh for the efficient drainage and sewerage of the crowded districts of Colombo at a small cost is, I understand, still under consideration. The early adoption of this scheme is highly desirable, and, in my opinion, is the only remedy for the sanitary defects, which are urgently calling for correction. With a death-rate of 36.2 per 1,000 (more than double the death-rate of London), Colombo can no longer claim to be the healthiest city of the East.

The Professional Staff.—Several changes occurred in the staff of the hospital. In November last Dr. T. F. Garvin, the Surgeon in charge, was sent as Chief Medical Officer, Boer Camp, Diyatalawa, with the result that the administration of the hospital devolved upon me, and the surgical work was undertaken by Dr. H. G. Thomasz. Consequent on Dr. Johnson proceeding to England on long leave, the Third Physician of the hospital was called upon to discharge the duties of the Judicial Medical Officer, in addition to his hospital work.

Nursing.—I have much pleasure in bearing testimony to the devotion and self-sacrifice displayed by the Rev. Mother Superior and her staff. Their work was considerably increased owing to the increase of patients, without compensatory increase of nursing sisters. Three new additional sisters, a long-felt want, were sanctioned by Government last year as an addition to the nursing staff. They have already arrived from Europe and have begun their work, but even before their arrival, with the sudden growth in the number of patients, a further increase of nursing sisters has become imperatively necessary. At present there are eleven sisters for day duty and four sisters for night work. This staff requires strengthening by the addition of four new sisters, two for day work and two more for night work.

Disinfection.—I am glad to state that a Thresh's disinfecter was brought into working order in the beginning of last year. Since then it has worked efficiently, and proper disinfection of clothing has been systematically effected for the first time in the General Hospital.

Expenditure.—The vote for diets for the year was Rs. 38,500, but under this head the expenditure amounted to Rs. 52,338·31, exceeding the vote by Rs. 13,838·31. This was due to the large increase in the number of patients treated. Our daily average increased from 386·04 in 1899 to 495·01 in 1900. The total cost per head per day for food and stimulants was 30·63 cents, as compared with 32·57 in 1899. The total cost per head per day in the General Hospital, Colombo, inclusive of nursing and medical staff and cost of drugs, I estimate at about 60 cents, or 10*d.* In this connection I may state that the expenditure in London hospitals varies from 3*s.* per day at Guy's to 6*s.* per day at St. George's for each inpatient received for treatment.

Improvements effected and required.—The only addition made during last year consisted of an extension of the female surgical ward by which sixteen beds were added to this ward. A further effort was made to obtain the new administration block for this year. After the plans had been submitted and estimated, it was found impossible to obtain sanction for undertaking the building this year. As the demands for accommodation in the hospital keep steadily increasing, I think that the time has arrived for undertaking a wholesale rebuilding of the General Hospital on a two-storeyed basis. The land is now completely occupied, and the only way of providing further accommodation is by putting up two-storeyed pavilions. The temporary sheds, plans for which have already been approved, are urgently required to prevent overcrowding.

(2) Professional.

The total number of cases treated during the year reached the enormous total of 14,231 for the 370 beds available in the whole hospital. For purposes of comparison, I may state that this number exceeded by 3,000 the number of inpatients treated in the London hospital (the largest of London hospitals) with 800 available beds during the year 1899.

Of the cases treated, 1,111 died, making a mortality of 7·80, as against a death-rate of 8·35 per cent. in 1899. Amongst Malabars the death-rate was 8·69, a great reduction from the previous year's mortality in this class of patients, and amongst those cases sent in by the police, the death-rate reached 32·69 per cent.; these are cases picked up on the roadside and carted to the hospital often in a moribund condition.

The cases treated during the year were distributed as follows, viz. :—

Under First Physician's care ...	...	...	...	3,114
Under Second Physician's care	...	...	...	3,086
Under Third Physician's care...	...	...	...	2,290
Surgical cases	...	...	...	5,125
Paying ward patients	...	...	...	616
			Total ...	14,231

The Paying Wards.—The work of these wards was considerably increased during the year under review. This was due to the fact that large numbers of troopships passed through the port conveying troops to the China stations, which landed their sick soldiers and officers for treatment in the Seamen's and Passengers' Wards. The number treated reached the large total of 616, as against 412 in 1899, being an increase of nearly 50 per cent. for the year. These cases were distributed as follows :—

	Medical.	Surgical.
Seamen's Ward ...	237	159
Planters' and Anthonisz	103	93
Passengers' Ward ...	19	3
Cargill's Wards ...	2	—
Total ...	361	255
	616	

The deaths numbered 54, *i.e.*, about 8·7 per cent., as against a mortality of 10 per cent. in 1899. Of the cases treated, nearly 70 suffered from enteric fever, mostly due to infection contracted in the China and South African campaigns. Of these, 18 died, a high mortality, due to the privations and enfeeblement of the general system in the patients, consequent on the hardships incidental to military operations.

Of the Boer prisoners sent to this Colony as prisoners of war, 35 received treatment, 32 being medical cases, chiefly enteric, and 3 were surgical. Of these, 4 died.

The Staff.—The professional staff consisted of myself as Physician and Dr. T. F. Garvin and later on Dr. H. G. Thomasz as Surgeon. The medical cases amounted to 60 per cent. of the total cases treated in the paying wards.

Accommodation.—The accommodation of the Seamen's Ward was for months found to be insufficient, due chiefly to the large number of French, German, and Russian soldiers received for treatment.

Revenue and Expenditure.—The total revenue amounted to Rs. 33,061·25, against an expenditure of Rs. 27,785·51, leaving a balance of profit of Rs. 5,275·67.

Report of Mr. H. G. Thomasz, F.R.C.S.E., Surgeon, Civil Hospital, Colombo.

DURING 1900 I continued to be Second Surgeon of the Civil Hospital, Colombo, till October; from the 1st November I was in sole charge of the surgical work.

Medicines, Materials, and Surgical Dressings.—These have been supplied in sufficient quantities for the wards this year, the apothecary having formed a very good estimate of what is required for constant use.

The Operating Room has been well looked after by competent nurses, who used their best endeavours to keep the instruments and room perfectly clean. It is necessary that a few of the instruments with wooden handles, &c., should be replaced by aseptic ones.

Nursing.—There has been an improvement in this Department. A few nursing sisters have come out to strengthen the staff. I have every reason to believe that the Principal Civil Medical Officer and the Government are fully alive to the importance of good nursing in such a large establishment, and satisfactory endeavours have been made to supplement the staff by appointing pupil nurses to help in this noble work.

The Dressers have done better work this year. Their attendance has been more regular, owing to the active measures taken. They are still of but little use after 9 A.M. to the house officers, who, it is well known, are seriously over-burdened with work.

Accommodation.—The wards have been often overcrowded. The female surgical ward No. 2 has been enlarged to accommodate sixteen beds. Even with the extra accommodation there has been overcrowding, and I have been forced, with the advice of the Superintendent, to utilize the dispenser's quarters close by the female surgical ward for a certain class of cases. The ulcer and syphilis wards have had double the number of patients than they are certified to hold. The congestion in the ulcer wards is relieved by transferring periodically patients to the hospital at Urugodawatta. Steps are being taken by the Principal Civil Medical Officer to secure two large temporary wards for relieving overcrowding in the hospital. With the erection of these wards there will be no cause for complaint for some time.

Remarks on Professional Work.—I find that a large number of operations have been performed by the surgical staff, viz. :—

	Cases.	Deaths.
Mr. Allan Perry, Principal Civil Medical Officer ...	8	—
Mr. Harvey Hilliard, Assistant to Principal Civil Medical Officer ...	10	—
Mr. T. F. Garvin, First Surgeon ...	399	16
Mr. H. G. Thomasz, Second Surgeon ...	416	14
	<hr/>	<hr/>
	833	30
	<hr/>	<hr/>

List of operations performed at the General Hospital, Colombo, during the Year 1900.

Dr. Garvin.

	Cases.	Deaths.
Radical cure for hydrocele (extroversion and excision of sac)	40	—
Excision of knee joint ...	1	—
Enucleation of eyeball ...	4	—
Removal of glands ...	50	—
Circumcision ...	46	—
Appendicitis ...	1	—
Hepatic abscess ...	10	4
Gastrotomy ...	1	—
Thoracotomy ...	4	1
Trephining for mastoid abscess ...	1	—
Scraping sinus ...	6	—
Laparotomy (exploratory) ...	2	—
Abscess ...	27	—
Amputation of fingers and toes ...	12	—
Amputation of leg ...	4	—
Amputation of forearm ...	2	—
Amputation at hip ...	1	1
Hernia radical cure ...	19	1
Hernia strangulated ...	16	—
Fistula in ano... ...	14	1
Hæmorrhoids ...	12	—
Castration ...	6	—
Excision of papilloma ...	2	—
Ligature of brachial (for wound) ...	1	—
Sequestrotomy ...	14	—
Ovariectomy ...	3	1
Suture of penetrating wound of abdomen with protrusion of intestines ...	2	—
Trephining for cerebral abscess ...	1	—
Trephining for depressed fracture ...	15	5
Curetting ...	8	—
Amputation of penis ...	3	—
Osteotomy for genu valgum ...	2	—
Evulsion of nail ...	3	—
Removal of foreign body (gunshot) ...	2	—
Fisture of anus ...	4	—

	Cases.	Deaths.
Iliac abscess ...	1	—
Removal of tonsils ...	4	—
Operation for ganglion ...	1	—
Epithelioma ...	9	—
Pyocele ...	6	—
Paracentesis thoracis ...	2	—
Removal of sebaceous cyst ...	4	—
Aspiration of knee ...	2	—
Oophorectomy ...	2	—
Salpiugo oophorectomy ...	1	1
Carbuncle ...	4	—
Removal of nasal polypus ...	3	—
Hydronephrosis ...	1	—
Perineorrhaphy ...	2	—
Removal of breast ...	2	—
Operation for elephantiasis scrot ...	2	—
Resection of upper maxilla ...	2	—
Repair of harelip ...	2	—
Operation for abscess of antrum ...	1	—
Removal of fibrous tumour from neck ...	1	—
Whitehead's operation (excision of rectum) ...	1	—
Operation for varicocele ...	1	—
Vasico-vaginal fistula ...	4	—
Recto-vaginal fistula ...	1	—
Elephantiasis of labia ...	1	—
	<hr/> 399	<hr/> 16

Dr. Perry.

Iridectomy for glaucoma ...	1	—
Cataract ...	5	—
Mule's operation ...	1	—
Iridectomy ...	1	—
	<hr/> 8	<hr/> —

Dr. Hilliard.

Abscess ...	1	—
Pharyngeal adenoids ...	1	—
Radical cure for hernia ...	1	—
Hæmorrhoids ...	1	—
Vaginal lithotomy ...	1	—
Castration ...	1	—
Removal of glands ...	1	—
Elephantiasis penis ...	1	—
Radical cure of hydrocele ...	1	—
Ventral hernia ...	1	—
	<hr/> 10	<hr/> —

Dr. Thomasz.

Amputation of toes and fingers ...	6	—
Amputation of forearm ...	6	—
Amputation of leg ...	6	—
Amputation at shoulder ...	2	—
Amputation of foot ...	1	—
Amputation of thigh ...	2	1
Radical cure for inguinal hernia ...	16	—
Strangulated hernia ...	6	3
Cholecystotomy ...	1	—
Hepatic abscess ...	7	2
Abscess, large ...	32	—
Sequestromy ...	11	—
Hydrocele ...	28	1
Lymph scrotum ...	2	—
Curetting ...	4	—
Removal of glands ...	59	—
Cataract ...	1	—
Aspiration of knee ...	1	—
Suture of penetrating wound of abdomen ...	1	—
External urethrotomy (Koch's) ...	7	—
Amputation of penis ...	5	—
Litholapaxy ...	1	—
Removal of sebaceous cyst ...	8	—
Removal of post pharyngeal adenoids ...	2	—
Piles ...	10	—
Castration ...	14	—
Amputation of cervix ...	1	—
Excision of epithelioma ...	6	—
Excision of lower jaw ...	1	—
Catheterization ...	6	—
Evulsion of nail ...	5	—
Scraping of ulcer ...	9	—
Extraction of tooth ...	3	1
Foreign body in urethra ...	2	—
Reduction of paraphimosis ...	6	—
Fibrous polypus from pharynx ...	1	—
Carbuncle ...	4	—

	Cases.	Deaths.
Internal urethrotomy ...	2	—
Fistula in ano ...	14	—
Suture of extensive wound with wound of muscles ...	6	—
Harelip ...	2	—
Pyocele ...	3	—
Scraping of sinus ...	6	—
Nasal polypus ...	2	—
Excision of breast ...	4	1
Trephining ...	8	3
Circumcision ...	56	—
Removal of foreign body ...	2	—
Trephining for Potts' puffy tumour ...	1	—
Vesico-vaginal fistula ...	3	—
Naevus ...	1	—
Scraping and cauterization ...	1	1
Enucleation of eye ...	2	—
Large cyst from lower jaw ...	1	1
Recto-vaginal fistula ...	1	—
Perincorrhaphy ...	2	—
Removal of uterine polypus ...	1	—
Sarcomatous tumour in axilla and ligature of axillary artery ...	1	—
Hydrocele of cord ...	1	—
Antral abscess ...	1	—
Suture of fractured patella ...	1	—
Enchondroma ...	2	—
Ovariectomy ...	1	—
Fibroid tumour in foot ...	1	—
Papilloma ...	4	—
Appendicitis ...	2	—
Paracentesis abdominalis ...	1	—
	416	14

Report of Dr. M. Sinnatamby, M.D. Brux., F.R.C.S., Second Physician.

I HAD during the year four wards under my charge as in the previous year, viz., the Male Medical No. I., Upper First and Second Male Diarrhoea Wards, and the Female Medical Ward, all giving an accommodation for 74 patients. The two diarrhoea wards nearly always and the other two wards occasionally were found overcrowded. The number of patients therefore under my treatment far exceeded the number of beds allotted to me. The number and distribution of the patients admitted into my wards during the year were as follows. Out of a total number of 13,242 cases admitted into the hospital, both medical and surgical, no less than 3,185 patients were treated in my wards. The distribution of this number into wards was as follows:—

The Male Medical No. 1 ...	654
The two Upper Male Diarrhoea Wards ...	1,503
Female Medical Ward ...	1,028
Total ...	3,185

The clothing supplied to patients is inadequate, and the washing is done on lines which leave much to be desired.

The material for clinical teaching is varied and interesting. The students are in possession of a living Pathological Museum, whose resources are inexhaustible.

Before concluding, I must again appeal for a qualified House Physician.

Report of Mr. Allan de Saram M.B. Aber., Third Physician.

During the year I had the medical charge of three male wards in the lower block with 32 beds and one female ward with 24 beds, making a total of 56 beds. 2,290 cases were treated in these wards, 1,561 males and 729 females. There was considerable overcrowding all throughout the year, and the large number in excess were accommodated in the verandahs and passages.

The two "sisters" were very hard worked, owing to the overcrowding, but they performed their duties very satisfactorily. As for the attendants, I regret to have to complain of their inefficiency.

A Junior House Physician to assist me in my work has not been appointed yet. It is very essential that a third house officer should be appointed at once, as the cases admitted in the lower wards require more constant attention than in the other wards.

Report of Mr. J. W. Attygalla, Pathologist to the General Hospital, Colombo.

1. One hundred and twenty post-mortem examinations were performed by me during the past year. The prevailing cases were principally pulmonary and cardiac diseases. There were also several cases of abscess of the liver and acute serious diarrhoea.

2. Nearly 150 pathological specimens were prepared in the laboratory for the College Museum, besides hardened specimens for microscopic work.

3. A number of specimens were examined after preparation and reported on for medical officers in various outstations, and also a large number of specimens were examined for members of the profession in Colombo.

4. *X Ray Work*.—A few cases were skiagraphed, but the work as a whole is unsatisfactory.

5. A number of important clinical cases were photographed before and after operation.

Report of Mr. W. H. de Silva, M.B., C.M., Ophthalmic Surgeon.

Staff.—Dr. M. Sinnetamby, F.R.C.S.E., has been in charge of the Ear Department of the infirmary since the resignation of Dr. Hilliard in November last. The throat cases have been attended to by Dr. H. G. Thomasz, F.R.C.S.E. The Senior House Surgeon of the General Hospital has been of great service in assisting the Ophthalmic Surgeon in attending to the eye cases, both at the infirmary and hospital. Miss M. Moreira, who succeeded Mr. Arthur de Silva as dispenser on September, 1900, has given entire satisfaction in the discharge of her duties.

Number of Outdoor Patients, Grenier Memorial Infirmary: Eye Cases.—3,233 eye cases have been treated during the year, as against 3,165 cases during 1899. The figures for the last five years are as follows:—

1896	1,971	1899	3,165
1897	2,684	1900	3,233
1898	3,348				

Throat Cases.

1899	18	1900	83
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Ear Cases.

1899	84	1900	360
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Collections for the year amounted to Rs. 98.43. These were of a purely voluntary nature.

Indoor Patients.—204 cases have been treated in the Eye Ward, as against 74 last year. The accommodation is insufficient, the wards being frequently overcrowded. A special female attendant should be provided to attend on the female patients. Several operations were performed, the majority being for cataract. A list of operations is annexed:—

Cataract	...	...	35	Operation for dislocation of lens	...	1
Iridectomy	...	..	15	Removal of foreign body imbedded		
Enucleation	...	...	3	in ciliary region	...	1
Iridectomy for glaucoma	...	...	3	Operation for onyx...	...	2
Scraping of trachoma	...	...	1	Removal of cyst	...	3
Cauterization of ulcers	...	...	6			
Mules' operation...	...	...	2			
Needling	...	...	4			
				Total	...	76

REPORT of the Medical Superintendent, Lunatic Asylum, Colombo, Mr. J. B. Spence, M.A., M.B.

I HAVE the honour to submit the annual report of this asylum for the year 1900.

At the beginning of the year there remained on the register of the asylum 289 males and 178 females, total 467. During 1900 89 males and 50 females, total 139, were admitted. The total number under treatment was therefore males 378, females 228, total 606.

During 1900 46 males and 28 females, total 74, were discharged, and 22 males and 16 females, total 38, died. The number remaining on the register at the end of the year was therefore males 310, females 184, total 494. There was thus an increase of 21 in the number of males and of 6 in the number of females, a total increase of 27.

The average daily number resident in 1900 was in the case of males 295, in that of females 186.03, in that of both together 481.03.

The largest number resident in the asylum on any one day during the year was in the case of males 310, in that of females 197, in that of both together 500. The maximum number of female patients and the total maximum exceed those of any previous year by 16 and 10 respectively. These figures refer to the asylum as distinct from the house of observation.

In the house of observation there remained one male on the 1st January, 1900.

During 1900 104 males and 53 females, total 157, were admitted. The total number under treatment was thus 158 (105 males, 53 females). Of these, 19 males and 14 females, total 33, were transferred to the asylum, and 81 males and 38 females, total 119, were discharged. Two males and 1 female, total 3, died. The number remaining in the house of observation at the end of the year was therefore 3, all males.

The daily average number of patients was in the case of males 3.03, in that of females 1.45, in that of both together 4.48. The largest number resident on any one day during the year was in the case of males 8, in that of females 6, and in that of both together 9.

The maximum number of patients for whom accommodation has had to be provided at one time in the institution was males 313, females 197, total 504. This total is 9 in excess of that of any previous year.

The average daily number of patients in the whole institution was 485.51 (males 298.03, females 187.48). This also exceeds that of any previous year, but the increase has been confined to the female division, the average for males being slightly lower than was the case in 1895 and 1896.

Admissions (Asylum).—The total number of admissions is the second highest in the history of the asylum (139, as compared with 147 in 1895), and the number of female patients admitted

exceeds by 8 the number in any previous year. The general character of the cases admitted was of the usual type, and the ratio of the different forms of mental disorder was also very much as usual. 72 cases (36 males and 36 females) were classed under Mania, and 41 (30 males and 11 females) under Melancholia, while in 19 cases (17 males and 2 females) no sign of insanity was detected on admission, and 9 of them were discharged without having developed signs of mental alienation, while others had been recommended for discharge, though that had not actually taken place before the end of the year. Two out of the 19 were prisoners who had been serving terms of imprisonment in jail, one of these had previously been sent here (in 1899), but after a long period of observation had been returned to Welikada as "not insane." The case was that of a woman, who traded, I think, on the fact that the kinds of discipline which might have been adopted in the case of a man could not be applied to her. I have on several occasions had to differ from the prison medical officers regarding the insanity of prisoners, and though I am ready to admit that in some of the cases at any rate I may have been mistaken, I cannot help thinking that in other instances they were somewhat too early convinced.

Two cases with symptoms of general paralysis of the insane were admitted. One was an Englishman who had been an officer on a steamer calling here: after a brief period of residence he was despatched to England by another vessel of the line. The other was a Malay who arrived almost at the end of the year, and whose symptoms, though strongly suggesting general paralysis, were hardly diagnostic at first, and he was therefore classed provisionally under Mania. I fear there is now no room for doubt as to the real nature of the case.

The proportion of very acute, dangerous, or suicidal cases among those admitted continues to be small, but as usual there have been many sub-acute cases, in whom the excitement present has occasioned considerable difficulty in management. The small amount of space available within the asylum wall increases the difficulty experienced in the management of such cases, and the overcrowded state of the building adds to it still further.

Discharges (Asylum).—Of the 74 cases (46 males and 28 females) discharged, 55 (30 males and 25 females) had recovered, 8 (6 males and 2 females) were relieved, and 11 (10 males and 1 female), were not improved, 9 of these (8 males and 1 female) having been found not to be insane.

The percentage of recoveries on admissions and on the daily average number of residents was among males 33·70 and 10·16, among females 50 and 13·43, and in both 39·56 and 11·43. The ratio to admissions is lower than the average of the previous twelve years, but the percentage is slightly higher in the female cases than during those years.

The period of residence in one of the cases discharged recovered was over ten years, and in another over nine years, in both improvement had been very gradual, and in both the decision to discharge the patient was come to after the very prolonged period of absence of abnormal mental manifestations. I am sorry to say the former of the two was re-admitted after only a short absence, his symptoms having recurred; the other, though apparently less hopeful, has not returned. She has been away about a year.

Deaths (Asylum).—The death-rate was slightly under the average of the previous twelve years. The ratio per cent. of deaths to the total number treated was 6·27 (5·82 in males and 7·01 in females); the ratio per cent. to the average daily number resident was 7·89 (7·45 in males and 8·60 in females). The cases in which organic brain disease was the sole or chief cause of death were unusually numerous, and in several cases in which death was mainly due to some other cause, cerebral degeneration had contributed to the result. Of the former there were 17 cases (including 1 of general paralysis of the insane), and of the latter 8 cases. In 5 cases phthisis pulmonalis was the main cause of death, and in 4 more a contributory cause. Dysentery, acute or chronic, was the chief cause in 8 cases. In my report last year I commented upon what appeared to be the undue prevalence of phthisis in this asylum; this year there has been some diminution in the mortality, attributable directly to that cause, but the number of cases is still greater than might be expected were more sleeping space available.

I am glad again to be able to report that no case of suicide or fatal accident occurred during the year under review.

Tabular Statements.—I append tabular statements showing the forms of mental disease in those who were admitted or discharged, and in those who died during the year, and also in those who remained at its beginning and close; and further, tables showing the numbers admitted, discharged, died, and remaining each year since 1888, together with the average daily number of patients and the percentage of recoveries and deaths for the same period, &c. These figures refer to the asylum alone, not to the house of observation.

House of Observation.—I have already referred to the number of discharges, admissions, &c., in the house of observation. It may be well to explain that these numbers convey a somewhat misleading idea of the number of persons concerned, since many patients have to be admitted and discharged more than once. Reckoning persons, not cases, the number of admissions to the house of observation in 1900 was males 64, females 28, total 92. The burden of the court work entailed by these cases does not tend to diminish, on the contrary in some courts there appears to be an increasing tendency to subject persons to observation here, though the evidence of mental observation may be of the slenderest kind. It is a significant fact that out of the 92 persons sent for observation here, 56 were found not to be so insane as to require more prolonged detention. In a considerable number of these I venture to think that the labour imposed on the asylum staff was unnecessary. However that may be, the residuum of necessary cases is large enough to occupy much of the time of an assistant medical officer, too large to allow of his doing justice to the steadily increasing number of patients already in the asylum. If the work of observing and reporting on cases of suspected lunacy is to continue to be done by a medical officer of the asylum (and for many reasons it would seem desirable that this should be the case), a second assistant medical officer is required. Indeed, apart from such work, there is quite enough for him to do; the mere recording of important facts in connection with a daily average of 500 patients, with an admission rate of about 140 (apart from the house of observation), is no small task; under present circumstances it is almost impossible for it to be adequately performed.

Deaths (House of Observation).—Of the three deaths that occurred, two were due to organic disease, far advanced when the patients were admitted, the third was the result of concussion of the brain, sustained before the patient's admission. The case was chiefly remarkable in respect of the

facts that a case of excitement arising from concussion caused by a severe blow on the head was mistaken for one of ordinary insanity, and that, though the blow had caused a large scalp wound which bled freely, none of the police officials who had had charge of the man seemed to have observed the wound.

The need of a separate house of observation for cases in which there is room for doubt as to the insanity of the individual continues to be felt. A considerable proportion of the cases nominally in the house of observation have already been decided to be insane, and are merely waiting for the necessary authority for their transfer to the asylum. In these cases no injustice is done by their detention in the asylum. Similarly, I think, no hardship is involved when a person sent for observation is obviously insane; but in other instances it would seem desirable that, till a decision as to sanity is arrived at, cases of the kind should be kept quite apart from those recognized as insane. The accomplishment of this involves the provision of a separate building, or rather buildings. However, I hope it may be found possible to provide them at no very distant date.

General Remarks.—I have in a previous report dwelt on the necessity for some provision for patients who can afford to pay for the accommodation, and who are in a mental condition that is likely to suffer from the noise and general surroundings unavoidable in the present building. I need not reiterate what I have already said, but I desire again to call attention to this need, which is a somewhat pressing one, and which is likely to become more and more pressing as the number of persons for whom the accommodation would be appropriate continues to increase. The needs of patients of this class have recently been recognized in the Civil Hospital. I trust they will also receive recognition here. Unfortunately, adequate provision of the kind must be costly, both to begin with and afterwards. A certain number of trained officers would be needed to make it successful, and the demands on them would probably be irregular. The location of the building, if it were undertaken, might be a matter for discussion, but it would obviously be premature to say more on that point at present.

The necessity for additional accommodation for native male patients becomes greater and greater with steadily increasing numbers. It is unnecessary to discuss here the various ways in which relief may be provided, but I wish once more to emphasize the existence of the need. The additional single rooms built recently have relieved the pressure in a certain direction temporarily, but that relief will soon cease to be felt. In the female division similar accommodation has been in process of provision for a long time, so long that I regard its completion with feelings akin to despair. At present the urgency of the demand for these new rooms is so great that it is impossible to do justice to the requirements of a considerable number of the female inmates.

The difficulty in obtaining good attendants and other servants becomes greater and greater with successive years, and as this is the only asylum in the Island, it is impossible to get attendants with any experience in place of those who leave. In the female division especially the difficulty is serious already, and is almost certain to be aggravated in future.

Expenditure.—This has been kept within the amounts originally voted, except in the case of diets (including extras), for which an additional vote had to be obtained in consequence of the increased number of patients and the high price of certain staple articles. Part of the excess has been repaid by paying patients however, and the real deficit on the original vote under this head is comparatively small. The supplementary vote proved sufficient, a small balance—about Rs. 500—remaining at the end of the year. I regret to say that the contract prices of the chief articles of diet in use here are still rising: for rice alone the increase in cost under the contract for 1901 is about Rs. 4 per day, and though the rise in the price of other staple articles is not so great, it is considerable.

I am sorry to have to report that changes in the staff have been rather numerous during the year. The services of the clerk and steward ceased to be available after the middle of the year, and for some time before that had been only partially available. The office work has consequently been performed under great disadvantages, and it has entailed unusual effort on the part of the officer who previously acted as assistant to the steward (whose services in this respect I desire specially to bring to your notice), and to a less extent upon many other officers. I have to record my sense of obligation to them for the help given during a trying time.

In August Dr. Prins, who had been assistant medical officer for about two years, and had become conversant with the work of the institution, was removed for duty elsewhere. He had performed his duties here very carefully and satisfactorily, and I viewed his removal with regret. It is unfortunate that the conditions of the appointment of assistant medical officer here are such as to offer little inducement to a good officer to remain. Some of the disadvantages are unavoidable, but some might be diminished, *e.g.*, the rate of pay might be raised, and, as I have already said, I think the work entailed by the house of observation necessitates the appointment of a second assistant, who would thus, as junior, have an opportunity of learning something of the work of the institution before having to undertake the full duties of assistant medical officer. Besides, constant work among the insane induces a condition of mental weariness that it is difficult for any one not engaged in it to realize, and in the present conditions it is almost impossible for either the Superintendent or the assistant medical officer to go on short leave. I trust it will be found possible to make these conditions less strenuous in future.

Nurse F. H. Smith, one of the nursing staff, left in November, and her place has not yet been filled.

What I have said may indicate, though it does not by any means fully reveal, the trying nature of the year under consideration. It has been one of constant harassing work (I myself have not been off duty for a single day, Sunday or other, during its course), of worry and weariness, of difficulty and discouragement. I should have found it much harder still to bear but for your kindness and support, for which I desire to express my gratitude and appreciation.

Industrial Department.—The transactions for the year show a profit of Rs. 612.60, wholly derived from interest on investments. The receipts from other sources fell short of the expenditure by Rs. 3.97. Owing to the pressure of work in other directions it has been found impossible to do more than continue the routine already established. I annex a balance sheet showing the financial condition of the Department.

Additional Tables.—I also append, as desired, a tabular statement of the intercurrent physical ailments of patients treated during 1900, and I have added one showing the duration of residence of those who were discharged recovered and of those who died during the year.

I.—Table showing the Forms of Mental Disorder in those admitted, discharged, and died in the Asylum in 1900.

	Remained.			Admitted.			Discharged.									Died.			Remaining.		
	M.	F.	T.	M.	F.	T.	Recovered.			Relieved.			Not improved.			M.	F.	T.	M.	F.	T.
							M.	F.	T.	M.	F.	T.	M.	F.	T.						
Mania ...	116	64	180	36	36	72	23	20	43	4	—	4	—	—	—	8	5	13	117	75	192
Melancholia ...	84	43	127	30	11	41	7	5	12	1	1	2	1	—	1	9	5	14	96	43	139
Dementia ...	68	59	127	2	—	2	—	—	—	1	1	2	—	—	—	3	5	8	66	53	119
Idiocy and imbecility ...	1	5	6	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	2	5	7
General paralysis ...	1	—	1	1	—	1	—	—	—	—	—	—	1	—	1	1	—	1	—	—	—
Epileptic insanity ...	17	7	24	2	1	3	—	—	—	—	—	—	—	—	—	1	1	2	18	7	25
Alternating insanity ...	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Not insane ...	1	—	1	17	2	19	—	—	—	—	—	—	8	1	9	—	—	—	10	1	11
Total ...	289	178	467	89	50	139	30	25	55	6	2	8	10	1	11	22	16	38	310	184	494

II.—Table Showing the Numbers remaining, admitted, discharged, and died in the Asylum (not including the House of Observation) each Year from 1888.

Year.		1888.	1889.	1890.	1891.	1892.	1893.	1894.	1895.	1896.	1897.	1898.	1899.	1900.	
Remained 1st January ...	Males ...	237	220	242	248	251	251	246	269	315	271	268	276	289	
	Females ...	119	123	123	131	147	143	136	149	158	160	160	172	178	
	Total ...	356	343	365	379	398	394	382	418	473	431	428	448	467	
Admitted ...	Males ...	44	65	59	56	65	73	83	105	78	57	65	88	89	
	Females ...	25	21	32	41	28	28	31	42	35	29	39	42	50	
	Total ...	69	86	91	97	93	101	114	147	113	86	104	130	139	
Total treated ...	Males ...	281	285	301	304	316	324	329	374	393	328	333	364	378	
	Females ...	144	144	155	172	175	171	167	191	193	189	199	214	228	
	Total ...	425	429	456	476	491	495	496	565	586	517	532	578	606	
Discharged :	Recovered ...	Males ...	37	33	34	30	24	30	31	25	68	28	23	34	30
		Females ...	11	11	16	14	17	18	10	13	24	16	13	17	25
		Total ...	48	44	50	44	41	48	41	38	92	44	36	51	55
Relieved ...	Males ...	5	1	3	2	7	3	3	13	7	8	3	4	6	
	Females ...	1	2	1	1	1	2	—	2	3	2	2	3	2	
	Total ...	6	3	4	3	8	5	3	15	10	10	5	7	8	
Not improved	Males ...	1	—	1	—	—	1	3	1	1	3	6	10	10	
	Females ...	—	—	1	—	—	—	—	—	—	—	3	2	1	
	Total ...	1	—	2	—	—	1	3	1	1	3	9	12	11	
Total discharged	Males ...	43	34	38	32	31	34	37	39	76	39	32	48	46	
	Females ...	12	13	18	15	18	20	10	15	27	18	18	22	28	
	Total ...	55	47	56	47	49	54	47	54	103	57	50	70	74	
Died ...	Males ...	18	9	15	21	34	44	23	20	46	21	25	27	22	
	Females ...	9	8	6	10	14	15	8	18	6	11	9	14	16	
	Total ...	27	17	21	31	48	59	31	38	52	32	34	41	38	
Remaining 31st December ...	Males ...	220	242	248	251	251	246	269	315	271	268	276	289	310	
	Females ...	123	123	131	147	143	136	149	158	160	160	172	178	184	
	Total ...	343	365	379	398	394	382	418	473	431	428	448	467	494	

III.—Table showing the Average Daily Number Resident and the Ratio per Cent. of Recoveries to Admissions of Deaths to Total Number treated, and of Deaths to Average Daily Number of Residents in the Asylum, for the Period 1888-1900.

Year.		1888.	1889.	1890.	1891.	1892.	1893.	1894.	1895.	1896.	1897.	1898.	1899.	1900.	Average for the Thirteen Years, 1888-00
Average daily number resident ...	Males ...	231.24	232.84	242.09	253.21	256.49	247.61	256.17	296.77	298.17	272.28	276.44	291.98	295.00	265.40
	Females ...	119.71	122.32	129.45	140.68	145.11	139.16	142.36	156.31	158.25	159.17	168.43	175.36	186.03	119.41
	Total ...	350.95	355.16	371.54	393.89	401.60	386.77	398.53	453.08	456.42	431.46	444.89	467.33	481.03	414.81
Ratio per cent. of recoveries to admissions	Males ...	84.09	50.76	57.62	53.57	36.92	41.09	37.34	23.80	87.17	49.12	35.38	38.63	33.70	48.39
	Females ...	44.00	52.38	50.00	34.14	60.71	64.28	32.25	30.95	68.57	55.17	33.33	40.47	50.00	47.40
	Total ...	69.56	51.16	54.94	45.36	44.08	47.52	35.96	25.17	81.41	51.16	34.61	39.23	39.56	47.67
Ratio per cent. of deaths to total treated	Males ...	6.40	3.15	4.98	6.90	10.75	13.58	6.99	5.34	11.70	6.40	7.50	7.41	5.82	7.45
	Females ...	6.25	5.55	3.87	5.81	8.00	8.77	4.79	9.42	3.10	5.82	4.52	6.54	7.01	6.11
	Total ...	6.35	3.96	4.60	6.51	9.77	11.91	6.25	6.72	8.87	6.18	6.39	7.09	6.27	6.99
Ratio per cent. of deaths to average daily number	Males ...	7.78	3.86	6.19	8.29	13.25	17.76	8.97	6.73	15.42	7.71	9.04	9.24	7.45	9.36
	Females ...	7.51	6.54	4.63	7.10	9.64	10.77	5.61	11.51	3.79	6.91	5.33	7.98	8.60	7.37
	Total ...	7.69	4.78	5.65	7.87	11.95	15.25	7.77	8.38	11.39	7.41	7.64	8.77	7.83	8.64

IV.—Table showing the Intercurrent Physical Ailments of Patients treated in 1900.

Disease.	Remained on January 1, 1900.	Admitted.	Discharged.	Died.	Remaining on December 31, 1900.
A.—General :—					
Chickenpox ...	—	12	12	—	—
Febricula ...	1	10	9	—	2
Dysentary ...	—	35	23	9	3
Malarial Fever ...	—	8	8	—	—
Tubercle, Phthisis pulmonalis... ...	1	11	4	6	2
Debility ...	1	5	6	—	—
Old age ...	1	1	—	2	—
B.—Local :—					
(a) Nervous system—					
Softening of brain ...	—	10	—	10	—
Apoplexy ...	—	2	—	2	—
Paralysis ...	—	1	—	—	1
Paralysis, general, of insane ...	1	—	—	1	—
Epilepsy ...	—	1	1	—	—
Brain disease (other forms) ...	—	5	—	5	—
(b) Eye diseases					
Conjunctivitis, simple ...	1	7	8	—	—
Ulcer of cornea ...	1	1	2	—	—
(c) Circulatory system—					
Valvular disease of heart ...	—	3	1	2	—
(d) Respiratory system—					
Bronchitis ...	—	1	1	—	—
Asthma ...	—	3	3	—	—
Pneumonia lobar ...	—	1	1	—	—
Lobular ...	—	2	2	—	—
(e) Digestive system—					
Dyspepsia ...	—	2	2	—	—
Diarrhoea ...	1	46	42	1	4
Abscess of liver ...	—	1	—	1	—
Jaundice ...	—	1	1	—	—
Cirrhosis of liver ...	—	1	—	1	—
Hæmorrhoids ...	—	1	1	—	—
Fistula in ano ...	1	—	1	—	—
(f) Urinary system—					
Retention of urine ...	—	1	1	—	—
(g) Generative system—					
Leucorrhœa ...	—	1	1	—	—
Partus ...	—	1	1	—	—
Disease of cellular tissue—					
Cellulitis ...	1	1	1	—	1
Abscess ...	—	5	5	—	—
Skin disease—					
Eczema ...	—	1	—	—	1
Ulcer ...	—	5	5	—	—
Scabies ...	—	1	1	—	—
Injuries—					
Local :					
Contusion ...	—	3	3	—	—
Wound ...	—	5	5	—	—
Fracture ...	—	4	4	—	—
Dislocation ...	—	1	1	—	—
Concussion of brain ...	—	1	—	1	—
Parasites—					
Ascaris ...	—	2	2	—	—
	10	203	158	41	14

V.—Table showing Length of Residence of those discharged recovered and of those who died during 1900.

Length of Residence.	Discharged recovered.			Died.		
	Males.	Females.	Total.	Males.	Females.	Total.
Under 1 month ...	—	—	—	2	1	3
From 1 to 3 „ ...	7	2	9	3	4	7
From 3 to 6 „ ...	12	11	23	1	1	2
From 6 to 9 „ ...	7	4	11	1	1	2
From 9 to 12 „ ...	1	3	4	1	—	1
From 1 to 2 years ...	2	2	4	5	2	7
From 2 to 3 „ ...	—	1	1	—	—	—
From 3 to 4 „ ...	—	—	—	2	—	2
From 4 to 5 „ ...	—	—	—	1	—	1
From 5 to 10 „ ...	—	2	2	4	2	6
From 10 to 15 „ ...	1	—	1	—	3	3
From 15 to 20 „ ...	—	—	—	1	1	2
From 20 to 25 „ ...	—	—	—	1	1	2
From 25 to 30 „ ...	—	—	—	—	—	—
From 30 to 35 „ ...	—	—	—	—	—	—
Total ...	30	25	55	22	16	38

Industrial Department, Lunatic Asylum.

Statement of Account. 1900.

	Rs.	c.	Rs.	c.
Balance on December 31, 1899 :—				
Cost of 4 per cent. Inscribed Stock (Rs. 8,480)	...	8,629	85	
Do. do. (Rs. 4,000)	...	4,400	0	
				13,020 89
Fixed Deposit, National Bank of India ...	...	—	...	1,706 5
Current Account, Hongkong and Shanghai Bank ...	...	—	...	1,523 92
Cash in hand ...	...	—	...	113 64
				<u>16,373 46</u>
Receipts in 1900 :—	Rs.	c.		
Interest on current account ...	...	32	7	
Interest on fixed deposit ...	...	85	30	
Dividends on Government Stock ...	...	499	20	
Sales of produce, &c. ...	...	1,349	54	
				<u>1,966 11</u>
Expenditure in 1900 :—				
General current expenditure ...	...	1,353	51	
				<u>612 60</u>
Balance Profit ...	...	—	...	612 60
				<u>Total ... 16,986 6</u>
Invested, &c., as follows :—				
In 4 per cent. Ceylon Government Stock...	...	8,629	85	
Do. do. ...	...	4,400	0	
				<u>13,029 85</u>
Fixed Deposit, Hongkong and Shanghai Bank ...	...	—	...	1,800 0
Current Account, Hongkong and Shanghai Bank ...	...	—	...	2,075 76
Cash in hand ...	...	—	...	80 45
				<u>Total ... 16,986 6</u>

(10) REPORT of the Medical Superintendent, Leper Asylum, Hendala, Mr. W. H. Meier.

I HAVE the honour to submit the annual report of the Leper Asylum, Hendala, for the year 1900.

(1) *Statistics.*

The general statistics for the year are as follows :—

	Males.	Females.	Total.
Remained on 1st January, 1900 ...	215	47	262
Admitted during the year ...	117	20	137
	<u>332</u>	<u>67</u>	<u>399</u>
Total treated ...			
Discharged ...	72	10	82
Died ...	38	1	39
Remained on December, 1900 ...	222	56	278

The number under treatment was eight less than in the previous year. The highest number resident was 281, the lowest 254, and the daily average 267.18. The average amount of cubic space was 986.11 cubic feet, the superficial area 66.09 square feet. The number of available beds was 282. There was no appreciable overcrowding during the year. In the male wards there always were some vacant beds, but in the female section the beds (54) were fully occupied, and on some occasions a few more patients than the assigned number were accommodated on the floor.

Admissions.—The number admitted was 137, 4 less than in the previous year : 78 were new cases and 59 re-admissions. Of the new cases, 20 were of the tubercular, 23 of the anæsthetic, and 35 of the mixed form of leprosy.

The new cases are distributed as follows according to residence previous to admission into the asylum :—

<i>Western Province.</i>			<i>North-Western Province.</i>	
Residence.	No.		Residence.	No.
Colombo ...	27		Kurunegala ...	2
Hewagam Korale ...	2		<i>Province of Sabaragamuwa</i> ...	1
Alutkuru Korale North ...	3		<i>Southern Province.</i>	
Alutkuru Korale South ...	4		Galle ...	3
Rayigam Korale ...	6		Galle District ...	6
Siyane Korale ...	5			<u>9</u>
Salpiti Korale ...	4		<i>Central Province.</i>	
Kalutara ...	2		Kandy District ...	2
Pasdun Korale ...	1		<i>Southern India</i> ...	10
	<u>54</u>			

The Western Province, as usual, shows a preponderance of lepers, and the town of Colombo, where intercommunication is more frequent, as many as 27 new cases. Ten leper immigrants from Southern India, chiefly estate labourers, were admitted during the year. The total number of leper Indian immigrants in the asylum was twenty-one. The regular influx of these lepers from the neighbouring continent and their subsequent distribution as estate labourers and road coolies is a

further means of extension of the disease and its progressive increase in the Colony. As their compulsory detention in the asylum would be an additional cost to Government and the overcrowding of the institution, it would be necessary to return them to their homes in India, or prohibit their landing and following occupations in the Island. Any precise statistical return of lepers in the Colony is rendered difficult, apart from the consideration of native prejudices, by the admitted difficulty of recognizing or differentiating the disease in its earliest stages from other skin diseases, from leucoderma and pigmentary changes observed in the skin of dark races, and in the later stages from secondary syphilis and parangi which are not infrequently mistaken for true leprosy.

Discharges.—Eighty-two patients were discharged at their own request, of whom 72 were relieved and 10 showed no signs of improvement. These invariably return to the asylum having their disease considerably aggravated and their general health and condition deteriorated from neglect, bad food, and insanitary surroundings. The enforced detention of destitute lepers in the asylum would be as beneficial to them as it would be of advantage to the general community and to public health.

Deaths.—There were 39 deaths during the year, 6 less than in 1899, the percentage to the total treated being 9·77, as against 11·05 in the previous year. The deaths were chiefly due to leprosy and exhaustion, ulceration and gangrene of extremities, and to intercurrent affections as phthisis, dysentery, and diarrhoea; the duration of leprosy in these cases varying from two to twenty-six years.

(2) Administration.

There have been no changes in the asylum staff, who continued to perform their respective duties satisfactorily during the year. The nursing of the sick inmates is still done by the ward attendants, who have also to perform, when necessary, both day and night duties, in consequence of which the work is imperfectly done. The nursing staff is represented by Matron Schokman, who has the supervision of the female wards, her attention being strictly confined to the sick female inmates. It would be to the advantage of the asylum if another trained nurse be appointed to attend to the sick male inmates, who will in future be treated in the new infirmary ward reserved for the treatment of sick lepers. I would also suggest, in view of the extension of the asylum, the necessity of appointing a gate porter, who could also act as a watcher to prevent intercourse between the inmates and the villagers, who loiter about the gate and outside the walls of the institution.

The addition of a kitchen assistant requires attention, as the work in the kitchen is greatly augmented in consequence of the increased number of inmates.

The administrative and medical work has hitherto been performed by the Superintendent, who has also the charge of the outdoor dispensary, which has been of much service to the district, as the increasing number of sick who seek relief show.

The asylum has gradually been extended since 1879, when I assumed duties, when there were only seven wards. Five have since been added, and one is in course of construction, the leper population having increased in proportion from 115 to 339, the number treated during the year. In view of the further extension of the institution and of the compulsory segregation of lepers being enforced, it would be much to the advantage of the asylum if the present staff be augmented by the appointment of a qualified assistant to assist the Superintendent in his administrative and medical duties.

(3) Structural Additions and Improvements.

The new infirmary for fourteen beds has been completed, and will be occupied as soon as the necessary equipment is obtained. The new ward for thirty-six beds is very near completion; the additional accommodation provided will increase the total number of beds to 300.

The covered main drains have been converted into open cemented drains, with outfall into the river, adding to the general sanitary condition of the asylum.

As regards further additions and improvements, I may here mention the urgent necessity of extending the asylum cemetery, which is now overcrowded by acquiring the adjacent lands, and enclosing it with a wall or barbed wire fence, the grounds at present being overrun by stray cattle and trespassing villagers.

(4) Water Supply and Dietary.

The water supply is plentiful and good, the potable water being obtained from pipes laid in the bed of the river in connection with the town supply from Labugama. The dietary has been varied and good throughout the year, and there have been few, if any, complaints of their food by the patients, an unusual circumstance in the asylum!

(5) Outdoor Dispensary.

This dispensary is worked in connection with the asylum, and is the means of relief to the sick of Hendala and the adjoining villages. 2,037 patients were treated, an increase due chiefly to the prevalence of fever of 694 to the number treated during the previous year; the collections, amounting to Rs. 589·34, were deposited in the Colombo Kachcheri. 903 old cases of leprosy previously returned received outdoor treatment at the dispensary. The principal diseases treated were, as usual, malarial fever, anæmia, worms, rheumatic affections, respiratory diseases, diseases of the digestive system, dysentery, and skin affections.

Malarial Fever.—Remittent and intermittent malarial fever was more especially prevalent during June in the village of Palliawatta, bordering on the sea in the neighbourhood of the asylum. A report on the outbreak of fever in this village was forwarded to the Colonial Surgeon, Western Province, 175 cases of which received relief from the outdoor dispensary, and quinine and fever powders were freely distributed to the villagers.

Respiratory Diseases and Rheumatic Affections were observed chiefly during the monsoon rains, and affected the low-lying villages in the immediate vicinity of the Kelani river and the Dutch and Hamilton Canal.

Diseases of the Digestive System and Dysentery appeared sporadically during the year, being chiefly due to errors of diet and exposure to extreme variations of temperature.

There was general immunity from epidemic diseases, no cases of cholera, smallpox, chickenpox, and measles having been observed or reported in the district, or in the localities in the vicinity of the asylum.

(6) *Garden Fund.*

The receipts from garden produce, Government allowance, and expenditure on betel, &c., during the year was as follows :—

				Rs.	c.
Receipts from garden	...	...	...	912	56
Government allowance	...	...	...	731	37
			Total	1,643	93
Expenditure on betel, &c.	...	...		1,486	91
			Balance	157	2

The inmates also received the usual Christmas gratuity and a handkerchief each from Government.

(11) REPORT of the Port Surgeon, Colombo, Mr. H. A. Keegel, L.F.P. and S. Glas., L.R.C.P. Edin.

I HAVE the honour to submit my annual report for 1900.

The year has been another one of unceasing activity and vigilance against the plague. The ports of Bombay, Calcutta, and Mauritius remained foul throughout the year. Restrictions were also enforced as against arrivals from Sydney, Singapore, and Aden, where the disease appeared for a time. Special attention was directed to Indian passengers coming across by way of Tuticorin, disinfection of soiled linen being carried out in every case where the medical officer designated the holder of his certificate as coming from an infected area. Disinfection of soiled linen was carried out in every instance where a vessel from infected ports received pratique here. Several persons were during the year kept under observation as suspects on board, the vessels themselves being worked strictly in quarantine until declared "healthy," but no case developed specific symptoms of plague.

Disinfection.—The hospital ship was fitted with two Thresh's patent steam disinfectors, but only one machine was worked during the year. It proved sufficient for our purposes. The sum realized was Rs. 2,177, which was duly credited to revenue, monthly returns of the recoveries being forwarded to the Principal Civil Medical Officer.

Bills of Health.—The sum realized by the sale of bills of health was Rs. 14,364, which was duly credited to revenue. Monthly returns of the recoveries were forwarded to the Principal Civil Medical Officer.

The staff employed remained the same as during the previous year, and proved efficient.

Immigration.—The arrangements at the depôt continued as before. Vaccination of coolies for Colombo or the depôt commenced in March and was carried on regularly, the total number vaccinated being 3,324.

The total number of native passengers arriving in Colombo was as follows :—

Traders	...	...	...	...	47,853
Coolies	...	...	...	...	160,865

2,815 steamships, 1 sailing ship, and 500 native craft arrived during the year, 451 of which were placed in quarantine for various reasons.

Nine cases of cholera or choleraic diarrhoea were sent to hospital and 10 died on board in harbour or while entering and were buried at sea. Eight cases of smallpox were landed and sent to hospital.

(12) REPORT of the Registrar, Ceylon Medical College, Mr. H. G. Thomasz, F.R.C.S., Edin.

THE Ceylon Medical College entered on its thirtieth year on 1st May, 1900.

Twelve new male students joined the Senior Division, making up a total of 64 students taking the course for the license, of whom two are female students.

In the Junior Division 19 new students were admitted, making a total of 99 in this class, and a grand total for the College of 163.

The Matriculation Examination of the Ceylon Medical College was held for the second time on 2nd, 3rd, and 4th April, 1900. Twenty-nine candidates presented themselves, 15 of whom selected French as an optional subject, 1 Greek, and the remainder taking Tamil and Sinhalese. Of these, nine successfully passed the examination, and after having joined the College in May, 1900, were duly entered on the Register of the General Medical Council as medical students.

The Winter Session commenced on 1st October, 1900, when four new male students joined the College in the Senior Division, bringing up the total in this class to 67.

Of the female students, two hold the Scholarships open for competition among them; three male students also hold Government Scholarships.

The strength of the Junior Department in October, 1900, was 82, of whom one was a female student. The grand total for the College is therefore at present 149.

The fees credited to revenue were :—

				Rs.	c.
Half-yearly fees, May, 1900	...	...	...	5,346	0
Do. October, 1900	...	...	...	5,532	0
Re-admission fees to professional examinations, April, 1900	...	...	...	160	0
Do. do. August, 1900	...	...	...	170	0
			Total	11,208	0

Half-yearly Professional Examinations.—The Winter Examinations commenced on the 19th April, 1900, and ended on the 5th May, 1900.

First Professional Examination: 5 passed in biology, 10 in chemistry and physics, and 4 in osteology.

Second Professional Examination: 4 passed in anatomy, 6 in physiology, and 3 in materia medica.

Final Examination : 4 passed in hygiene, 5 in medical jurisprudence, 4 in medicine, 4 in surgery, and 3 in midwifery. Four completed the Final Examination for the license.

The Summer Examinations commenced on the 15th August, 1900, and ended on the 29th August, 1900.

First Professional Examination : 8 passed in biology, 5 in chemistry and physics, and 12 in osteology.

Second Professional Examination : 2 passed in physiology and 4 in materia medica.

Final Examination : 4 passed in medical jurisprudence, 1 in medicine, 1 in surgery, and 3 in midwifery. Three passed out finally as licentiates.

Junior Department : 20 passed as apothecaries during the year under review.

(13) REPORT of the Medical Officer in charge of the Lady Havelock Hospital,
Miss M. N. Sharman, M.B., London.

I HAVE the honour to submit my annual report for 1900.

The work of the Lady Havelock Hospital has increased very considerably during the year, the number of patients admitted exceeding that of the previous year by about one-third, the figures being 934, as against 656 in 1899. This is a greater increase than there has been in any previous year, and it has led to considerable overcrowding.

As the General Hospital is itself so constantly overcrowded, and to a much more serious extent than is the case in this hospital, there is no place to send those patients who need admission when the hospital is full, so that they must either be sent away or admitted into already overflowing wards. Although this does not lead to such disastrous results as it would in an English hospital owing to the great openness of the wards, the warm climate, and the consequent abundance of fresh air, yet there are serious objections to the system. I have therefore to suggest that the trouble may be checked before it becomes more serious by building another ward of eight beds and increasing our staff of pupil nurses by two. This, when our staff is complete, would enable the new ward to be effectively nursed.

During the year there were 45 deaths, the rate being 4·7 per cent., as compared with 4·4 per cent. last year. The death-rate varied in the different months, the highest rates (about 5 per cent.) occurring in March, November, and December, and the lowest ·78 per cent. in October, while June and September had a rate of 1·9 and 2·1 per cent. respectively.

Of the 934 patients admitted, 228 were children under ten, 121 girls and 107 boys.

There were eleven cases of enteric fever admitted, two of which died, and one of the eleven has died since in 1901, making a death-rate of 27·3 per cent., a much higher rate than in London hospitals, where it is about 16 per cent.

There were twenty cases of dysentery, with three deaths, giving a rate of 15 per cent.

There were 80 cases of diseases peculiar to women. There were 68 surgical operations, with 7 deaths. Of these, 4 were cases of puerperal septicæmia, in which the uterus was curetted to remove retained secundines, and all were admitted in a precarious condition.

One death occurred after laparotomy for intestinal obstruction, of which the patient had every symptom, including abundant fæcal vomiting. I saw her in consultation with Dr. H. G. Thomasz, who assisted me in the operation. We could not find the obstruction, and none was found post-mortem. The case occurred in a neglected emaciated Tamil cooly woman, and was apparently one of obstruction simply from accumulation of fæces. Death occurred within an hour of the operation, and was due to collapse. The operation had only lasted about twenty minutes altogether.

One death occurred after tracheotomy in a child of eleven months. The operation was performed for urgent laryngeal obstruction for a foreign body, the mother stating that the child had got a fish bone in its throat. No foreign body was found either before or after death, but there was some slight post-mortem evidence of inflammation of the larynx, on which a small piece of membrane was to be seen.

The remaining death after operation occurred after opening large abscesses and removing sequestra on both sides in a case of double morbus coxæ, the patient being a woman of 47. Death took place within an hour of operation, and was due to collapse.

Paying Patients.—There were 21 paying patients, as against 14 in 1899, showing an increase of one-half. Of these, 10 were Europeans, 6 Burghers, and 5 Sinhalese.

The Staff.—Miss Alice de Boer, L.R.C.P. & S. Ed., returned from England and resumed her appointment as House Surgeon on 1st January, 1900.

The Nursing Staff and Training School.—Miss Louisa Wollen was appointed matron of this hospital and took up duty on 15th June, 1900, replacing Miss Croft, who had held the appointment of acting matron since May, 1899.

(14) REPORT of the Medical Superintendent of De Soysa Lying-in Home,
Dr. M. Sinnatamby, M.D., Brux. F.R.C.S.

I HAVE the honour to submit my annual report of the above institution for the year 1900.

The total number of patients treated during the year was 521, as against 441 in 1899 and 162 in 1890. Of these, 496 were discharged cured, 2 removed by relations relieved, 11 died, and 12 were remaining at the end of the year. The percentage of deaths to total treated was 2·11, as against 1·36 in 1899 and 3·08 in 1890. Of the 11 deaths recorded during the year, 1 was due to anchylostomiasis in its last stage, 1 to cerebral hæmorrhage, 3 were due to eclampsia, 2 to rupture of the uterus from obstructed labour (one a case of transverse presentation and the other a case of foetal malformation, hydrocephalus), 1 to pulmonary embolism, 1 to placenta prævia, 2 to exhaustion from obstructed labour (one a case of transverse presentation and the other a case of impacted head, in both cases tonic contraction of the uterus). All these deaths were admitted several hours after commencement of labour in a state of exhaustion, amounting in some cases to a state of collapse. Excluding the case of anchylostomiasis and that of cerebral hæmorrhage, the death-rate for the year was 1·72.

Of the 512 admissions during the year, 484 were admitted before delivery and 28 after delivery. Of 484 admitted before delivery, 54 were admitted before commencement of labour and 30 after commencement of labour.

Subjoined I give in a tabular form the relative frequency of the different presentations, their positions, and the form of delivery :—

Presentation.	Position.	No.	Mode of Delivery.
Vertex	First	205	Natural
		44	Forceps
		1	Craneotomy
		1	Version
	Second	46	Natural
		11	Forceps
		17	Natural
		18	Forceps
	Third	4	Natural
		12	Forceps
Breech	First	5	Natural
	Second	6	do.
	Third	2	Forceps after coming head
Footling	First	5	Natural
Knee	do.	1	do.
Face	1st M. P.	1	Craneotomy
	3rd M. A.	1	Forceps
Brow	First	1	Forceps, small head
	D. A. L.	6	Version
Transverse	D. A. R.	2	do.
	D. P. R.	5	do.
	D. P. L.	1	do.
	Complex presentation :—		
Funis and footling	—	6	Natural
Head and foot	—	1	Version
Head and hand	—	1	Forceps
Twins :—			
Both vertex	—	4	Natural
Vertex and breech	—	2	Forceps
Not known	—	28	—
Placenta prævia :—			
Centrales	—	1	Version
Laterales	—	1	do.
Do.	—	1	Forceps
Abortion	—	19	Natural
Spurious	—	53	—
		512	

No case of post-partum hemorrhage worthy of the name occurred during the year. Seven cases of ante-partum hæmorrhage were admitted during the year, of which 4 were due to accidental separation of the placenta and 3 to placenta prævia. Six cases of puerperal convulsions were also admitted during the year. Of the 512 admissions, labour was complicated in 17 cases with rigidity of the cervix, in 13 with premature rupture of membranes, in 3 with pinhole os, and 1 with occluded os.

During the year the following operations were performed :—

	No.
Forceps extraction	93
Version	12
	6
Craneotomy	2
Perineorrhaphy	16

The percentage of forceps deliveries to total treated was 17·85. This exceptionally high percentage cannot be wondered at, considering the large number of cases that seek admission into this institution when delivery by natural means becomes impossible, and in many instances after unsuccessful attempts have been made by the village midwife to extract the child.

Of 18 cases of version performed, 14 were for transverse presentation, 2 for placenta prævia, 1 for accidental hæmorrhage, and 1 for complex presentation (head and foot of a dead foetus six or seven months old). Of 2 cases of craneotomy, 1 was for hydrocephalus and the other for impacted face presentation (mento-posterior).

Of 457 births reported, 53 were stillbirths, giving a percentage of 12·12. This high percentage was due to the admission of a large number of cases of abortions, premature and obstructed labours. Of 404 children born alive, 17 died within forty-eight hours, of which 12 were due to premature births and 5 to convulsions.

The popularity of the institution is steadily increasing from year to year. Within the last ten years the admissions have more than trebled. One noteworthy feature of this increased popularity was the admission during the year of twelve women of the Mohammedan community.

This hospital as a training institution for midwives has been doing excellent work during the year under review. In previous years Europeans, Burghers, and natives were admitted on equal terms. The two former, who received certificates as ladies' monthly nurse, were inaccessible to the poorer classes owing to their prohibitive charges. As this in a way defeated the intentions of the founder of this institution, by restricting the number of admissions of the native midwives, who are only available for the poorer classes, it was thought advisable to reserve the stipend for the native nurses, and to enforce a small payment of Rs. 50 as entrance fee and Rs. 10 as fee for certificate on European and Burgher pupil midwives, at least tentatively. The experiment was justified by the result. This system came into force in March, and during these ten months six paying pupil midwives were admitted, of whom four received certificates after passing the required examination. Of the stipendiary midwives (Burghers and natives), 4 remained at the end of 1899, 9 were admitted, 2 resigned, 7 passed, and 4 were remaining at the end of 1900.

The staff of the institution consists of a Medical Superintendent and a matron. The dispensing and a portion of the clerical work are done by an officer of the Ceylon Medical College, who receives Rs. 10 a month charged under the head of Wages. An operating room and ward for septic cases are urgently required.

(15) REPORT of the Director of the De Soysa Bacteriological Institute,
Dr. H. M. Fernando, M.D., B.Sc. London.

THIS institute, which is the outcome of the generous bequest that Mr. J. W. Chas. de Soysa, J.P., made to the Government of Ceylon in 1897, was formally opened by His Excellency the Governor on the 31st January. Since its opening it has undertaken work of a diverse character, chiefly for the purpose of diagnosis, and from the various letters I have received from medical practitioners and the Government medical institutions I feel convinced that it is supplying a long-felt want in the Colony by supplying bacteriological analysis of tissues, secretions, blood, &c., so indispensable to scientific diagnosis of disease.

Besides this part of the work, on two occasions this institute was appealed to to examine the brain and spinal marrow of dogs supposed to have suffered from hydrophobia. During the year a class was held for the first time in Ceylon for the Senior Students of the Ceylon Medical College, when a short course of lectures on bacteriology was delivered by me, illustrated by specimens and followed by practical demonstrations.

I append herewith a tabulated schedule of the analyses and reports furnished by me and my Assistant during the year:—

Examinations of blood for Widal typhoid reaction	...	...	Samples	155*
Examinations of sputum for terberele bacilli	...	...	Samples	41
Bacteriological analysis of secretions for cholera, &c., undertaken during the year	...	...	Cases	21
Reports furnished on bacteriological and allied subjects	...	...	Cases	2

These works were undertaken for the following institutions:—

- (1) General Hospital, Colombo.
- (2) Lady Havelock Hospital, Colombo.
- (3) Borella Convict Hospital, Colombo.
- (4) Police Hospital, Colombo.
- (5) Boer Camp Hospital, Diyatalawa.
- (6) District Hospital, Rakwana.
- (7) Infectious Diseases Hospital, Kanatta.
- (8) Cooly Camp, Ragama.

Nine private medical practitioners have applied during the year for reports on specimens submitted by them.

At the present time no charge is levied for the work done by this institution, not only from the Government institutions, but also from the private medical practitioners.

The staff of the institute at present consists of two officers:—Director, which is an honorary appointment; Assistant to the Director, which appointment is at present held by a recent licentiate of the Ceylon Medical College.

(16) REPORT of the Chief Medical Officer, Prisoners of War Camp, Diyatalawa,
Mr. T. F. Garvin, M.B., C.M.

I.—GENERAL.

THE Boer Camp at Diyatalawa was opened on the 9th August, 1900, when the first batch of prisoners of war from South Africa arrived. The strength of the camp was added to by fresh arrivals from time to time as shown in the following tables:—

Batch No.	Date of Arrival in Camp.	No. of Prisoners of War in each Batch.				Name of Vessel by which each Batch arrived.	No. of Cases detained in Colombo Hospital.
		Free Staters.	Transvaalers.	Uitlanders.	Total.		
	1900.						
1	August 9	—	113	129	242	Mohawk	Nil
2	Do. 11	—	26	26	52	Orient	Nil
3	September 3 and 4	525	46	27	598	Ranee	1
4	Do. 8, 9, and 10	1,230	42	19	1,291	Bavarian	23
5	Do. 11 and 12	800	146	42	988	Dilwara	2
6	Do. 13 and 15	719	—	4	723	Mongolian	2
7	Do. 26	57	184	20	261	City of Vienna	6
8	November 10	128	96	17	241	Ranee	9

The strength of the camp on—

August 31 was	...	...	...	...	293
September 30	...	...	...	...	4,148
October 31	...	...	...	...	4,119
November 30	...	...	...	...	4,319
December 31	...	...	...	...	4,256

The number of deaths up to the end of the year was 73, out of a total population of 4,396, or 1.66 per cent. Of these, 69 deaths occurred in the hospitals and the remaining in the camp, 1 being the result of an assault, 1 from gunshot injury when attempting to escape, 1 from cerebral meningitis (verified by a post-mortem), and the last from heart disease.

* Thirty of which came from the Boer Camp, Diyatalawa.

2.—SANITARY.

(a) *Topography and Geology.*—The camp is located in the Diyatalawa Valley in the Province of Uva at an approximate elevation of 4,140 ft. above mean sea level. It is 157 miles from Colombo, and reached by the line of railway terminating 4 miles further at Bandarawela. The station serving it, which is 227 ft. higher than the camp, is connected with it by a good roadway just being metalled, about $\frac{3}{4}$ mile long. The valley, which is of vast extent and surrounded by mountains of considerable altitude, consists of a series of sandhills, or hummocks, which give it an undulating appearance. On two of these sandhills, dominated by others in the immediate vicinity, occupied by the military guards, the camp is built. Each sandhill is formed of a basis of porous sandstone, crusted over with gravel and a thin layer of soil. The vegetation is sparse, consisting mostly of a rank and innutritious grass.

(b) *Drainage.*—The natural drainage of the camp is defective, and the soil is in consequence disposed to be damp, the geological formation of the hummocks also favouring the condition. But artificial drainage by numerous surface drains to carry away the slops and storm water, and a deep ditch traversing the gully, which drains the camp on one side, has reduced the level of the sub-soil water to a considerable extent. Further means of drainage are now in contemplation and in the process of execution, and they will on their accomplishment bring about a very appreciable decrease in the humidity of the soil.

(c) *Water Supply.*—The water supply of the camp, which is more than ample for all requirements, and of great purity, as testified by repeated chemical and microscopical examinations, is derived from two sources on the mountain range adjoining, viz., the springs at Roehampton and Kahagalla. Hitherto only the Roehampton supply has been utilized. The water flows down in iron pipes into two large reservoirs, carefully protected from contamination, and thence distributed throughout the camp, discharging by standpipes liberally disposed about the wash-houses, cook-houses, and residential huts.

(d) *Food.*—The food of the prisoners of war is both nutritious and wholesome. The daily ration consists of $1\frac{1}{4}$ lb. of beef, 1 lb. bread, 11 oz. potatoes, 3 oz. vegetables, about 4 oz. milk, $\frac{5}{7}$ oz. tea and $1\frac{3}{7}$ oz. coffee (on alternate days), 2 oz. rice, $2\frac{1}{2}$ oz. sugar, and a sufficiency of salt and condiments. By way of change a ration of mutton instead of beef and $\frac{1}{4}$ lb. jam per man have recently been issued once a week. The food is dressed and cooked by the prisoners of war themselves; 20 lb. fuel are allowed per man per week. The complaints regarding the bread and beef have been few and unimportant. Latterly these have practically ceased.

(e) *Removal of Excreta.*—The solid excreta are disposed of by burial in large pits well away from the camp, a line of light railway affording facilities for transport. The latrines are worked on the dry-earth system, each bucket being in addition charged with disinfectants, e.g., Jeye's or McDougall's fluid. There are four sets of latrines located in the most convenient situations. Each latrine has six buckets for the reception of solid excreta and a galvanized iron trough for urine. The urine troughs empty into a pipe, which discharges into the soil down a slope about 100 yards away among broken stones and rubble liberally dressed with sulphate of iron. The excreta are removed twice daily by a corps of latrine coolies, by whom also the buckets are washed, disinfected, and returned. The scupper drains and floors of the latrines are well washed, flushed, and disinfected, and liberally dusted with lime. The refuse and garbage are systematically transported from the precincts of the camp and disposed of by fire or burial.

(f) *Wash-houses and Baths.*—Wash-houses are liberally scattered over the camp, and ample water furnished for bathing and washing. The wash-houses are walled to a height of about 4 ft. and roofed with thatch. The floors are concreted and impermeable to fluids and slope down to a central drain. Tubs and buckets are plentifully supplied. It is in contemplation to furnish the prisoners of war with more facilities for bathing.

(g) *Dwellings.*—The dwellings consist of huts with galvanized iron walls and roofs and boarded floors. The officers' huts are lined with ceiling boards. Each hut is 120 ft. long, 20 ft. wide, and 12 ft. high. The huts are 15 ft. apart from each other. Each hut originally accommodated 64 tenants, but this number is being reduced, as fast as exigencies of space will permit, to 56, so that each occupant will have a cubic space of 500 ft. available.

(h) *Ventilation.*—Each hut is provided, with a few exceptions, with large windows. But with a view to increase the efficiency of the ventilation large circular openings have been made at the gable ends and the banking of soil about the floor of the huts removed. The effect of this last measure has been to produce a marked degree of dryness of the soil under the huts in addition to producing a strong up-current of fresh air.

(i) *Exercise and Recreation.*—Exercise in the open by route marching twice a week has been indulged in freely. A certain number of prisoners of war were employed with distinct advantage to their health in the construction of a road to Bandarawela. Tennis, quoits, football, and cricket are among the most popular pastimes and means of physical exercise. In the recreation hall, a large thatched building, facilities for intellectual recreation, in the way of lectures, concerts, theatricals, &c., were available and freely indulged in.

(j) *Clothing.*—The clothes worn by the prisoners of war on arrival were very dirty and in a ragged condition. After months of campaigning, usually under adverse conditions, it is not surprising that the clothing should have been in the condition mentioned. Fresh clothing was liberally issued to such as needed them, and every means was adopted to bring about the desirable degree of improvement in the personal hygiene of the prisoners of war.

(k) *Disinfection.*—The huts occupied by the prisoners of war were, as a matter of routine, cleansed and disinfected once a week by the prisoners of war themselves and their belongings put out and aired. It was early deemed advisable to perform this duty daily, and in view of the increasing ill-health of the prisoners of war a system of a more perfect disinfection of the huts under the personal supervision of a medical officer was initiated and put into vigorous practice. The process consisted in the spraying of the walls and roofs of the huts with Jeye's solution and the dressing of the floors with a 1 in 500 acid solution of perchloride of mercury. Contemporaneous with this the bedding and clothing of the prisoners of war were subjected to sterilization in a Thresh's disinfector.

(l) *Climate and Meteorology.*—The climate of Diyatalawa must be conceded to be one of the best in the Island. It has long enjoyed a reputation for its dryness and bracing character. Being situated at so great a height above the level of the sea and practically closed in by high mountains, the valley on which the camp is located is subject to temporary increases of humidity from mists collecting about it. No meteorological observations have been made. An observatory, fully equipped, will come into operation very shortly. The rainfall was as follows:—

						Inches.
June	...	...	...	...	...	1.13
July	...	...	...	...	...	4.22
August	...	...	...	...	...	1.34
September	...	...	...	...	...	2.57
October	...	...	...	...	...	10.88
November	...	...	...	...	...	16.49
December	...	...	...	...	...	7.56
Total for Seven Months ...						44.19

3.—MEDICAL.

1. *Staff: (a) Professional.*—I took over charge of the camp on the 5th November (Dr. Griffin, Colonial Surgeon, Uva, was in charge from August), and my staff consisted of Assistant Medical Officers Prins and De Saram. On the 15th November Dr. Van Langenberg, on the 27th November Mr. E. R. Loos, L.C.M.C., and on the 29th November Mr. Eapen, L.R.C.P. & S., were added to it. The professional staff on the 31st December therefore consisted of the following officers besides myself. Their charges and duties are noted opposite their names:—

V. van Langenberg, M.B., Visiting Officer, Boer Hospital.

L. A. Prins, L.C.M.C., in charge Isolation and Segregation Hospitals, and Visiting Medical Officer of the Camp.

H. de Saram, L.S.A., in charge Convalescent Hospital and Visiting Medical Officer of the Camp.

K. Eapen, L.R.C.P. & S., Assistant Medical Officer, Boer Hospital.

E. R. Loos, L.C.M.C., Assistant Medical Officer, Boer Hospital, and in charge Disinfection of Camp.

(b) *Nursing.*—The nursing arrangements were in the hands of Sister Lucy, who took up duties as Superintendent on 1st November. She had assistants Nurses Gregson, Von Dadelszen, and Grey. Nurse Gregson retired on account of ill-health on the 30th November and was succeeded by Nurse Baldwin. Besides the ladies above-mentioned, several prisoners of war were employed as hospital orderlies and quickly learnt their work, which they performed with great intelligence, tact, and patience.

(c) *Dispensing.*—Mr. Weerekoon took up duties as Apothecary on the 28th July, and the dispensing staff was increased by the appointment of Mr. Weerasinghe on the 18th October and Mr. B. G. Perera on the 30th November.

2. *Hospitals.*—At the opening of the camp the hospital accommodation consisted of only one ward of 25 beds. On the 11th September a special ward of eight beds was opened. This ward has since been utilized for cases of enteric requiring special attention and nursing. On the 20th October a second general ward of 25 beds and on the 22nd November a third also of 25 beds were added to the accommodation. Owing to the great number of cases admitted this accommodation was, however, found insufficient. Huts 37, 38, 39, and 40 adjoining the hospital were placed at my disposal by the Camp Commandant and utilized as hospital wards, each hut accommodating 50 patients. On the 19th November the Convalescent Hospital near the railway station was opened and 24 patients convalescing from enteric selected and sent there for a change. On the 2nd December the Isolation Hospital of 10 beds was opened in the South Camp Extension and 10 patients sent to it. On the 17th December a Segregation Hospital, consisting of cadjan sheds, found accommodation for convalescents from enteric.

In addition to the above, during the epidemic of measles several tents pitched within the Boer Hospital enclosure and subsequently two unused huts in the South Camp Extension were utilized as hospital wards for the reception and treatment of these cases.

On the 27th December the first batch of 25 convalescents was sent to Mount Lavinia, where accommodation for 50 such cases is in contemplation.

3. *General Health of the Camp.*—The general health of the camp was at first very unsatisfactory. An epidemic of measles had just subsided in the early days of November when a severe outbreak of enteric occurred. By the end of the year, however, a great improvement was noticed, and in every way the general health of the prisoners of war showed favourable indications. The number treated during this period at the Outdoor Dispensary was 8,229 and in the Hospital 1,048. In addition, on an average 150 cases were daily visited and treated in the huts.

The daily average of sick in the hospital was 134.98; the largest number in any one day was 314 on the 30th November, and the smallest 2 on the 10th, 11th, 29th, 30th, and 31st August. The mortality rate of those treated in hospital was 6.5 per cent.

4. *Outdoor Dispensary.*—The number of patients treated in the Outdoor Dispensary was 8,229, made up as follows:—

August	...	...	...	...	...	305
September	...	...	...	...	...	1,479
October	...	...	...	...	...	3,514
November	...	...	...	...	...	2,065
December	...	...	...	...	...	866

The great falling off of numbers in December is noteworthy, and must be conceded to be good evidence of the improvement in the general health of the prisoners of war. As regards the

character of the cases treated, I may state that they were of moderate severity, although they involved the performance of a considerable number of minor and dental operations.

The cases treated here were, I may also mention, independent of those that had received attention in the residential huts, which numbered on an average 1,000 a week from the middle of November, as shown in the weekly reports furnished by me.

5. *Diseases treated in the Hospital.*—In the annual return statistical information regarding these is furnished in detail. I now propose to make brief reference to those diseases of more than ordinary interest and importance.

(a) *Measles.*—An epidemic of measles began on the 6th September and ended on the 25th November. During this period no less than 251 cases occurred, 7 of whom died. The mortality rate was therefore 2·7 per cent. The disease was introduced into the camp by J. P. Coetzee, who arrived in the ss. Ranee at Colombo on the 3rd September and in the camp on 5th September, while sickening with measles.

(b) *Enteric.*—Enteric fever first began in the camp on the 24th September, when the first case was diagnosed as such. The total number of cases to the end of year was 601, and of these 50 died, *i.e.*, a mortality of 8·31 per cent.

As regards the origin of the epidemic, all evidence points to the introduction of the disease by the arrivals by the "Bavarian" in September. No less than 23 prisoners of war who arrived by this vessel were detained in the Colombo Hospital, some with enteric fever, which proved fatal. The disease having been introduced into the camp, the virus soon found in it conditions very favourable to its propagation, and in the majority of its inmates very receptive and susceptible hosts, and before long the epidemic assumed alarming proportions.

In September only 2 cases occurred, in October 33, in November 370, and in December 196. The epidemic was at its height in November, and commenced to decline in the early days of December. On the 30th November there were 278 cases of enteric out of a total hospital population of 314.

The various steps that had been from time to time taken to combat the epidemic are detailed in the weekly reports furnished by me. Shortly, these may be stated as follows:—

- (1) Early removal to and segregation in the hospital.
- (2) Disinfection of the huts and clothing.
- (3) Increase in the ventilating areas of the huts.
- (4) Reduction in the number of tenants of the huts and increase in consequence of the air space.
- (5) Ventilation and aëration of the floors under the huts.
- (6) Free drainage of the sub-soil.
- (7) Free airing and sunning of the clothes, bedding, &c., of the prisoners of war.
- (8) Discouraging the retention and dressing of food in the huts.
- (9) Free exercise in the open.
- (10) Restriction in the sale and usage of patent purgative drugs in the camp.
- (11) Encouragement of personal cleanliness by greater facilities for washing and bathing.
- (12) Removal of obnoxious latrines.
- (13) The institution of a system of daily inspection of the huts and those reported sick.

As regards the character of the disease, I may state that the earlier cases were marked by the occurrence of severe cerebral symptoms.

The type gradually changed for the better, and the cases admitted towards the end of the year were milder and more amenable to treatment. Epistaxis occurred in a fair number of cases at the beginning of the illness, and hæmorrhage from the bowels occurred in about 1·5 per cent. of the cases. Parotid buboes occurred with more than the usual frequency, particularly in cases marked by a foul tongue. Epididymitis as a complication occurred in about $\frac{1}{2}$ per cent. of the cases. Pyæmic abscesses were not uncommon in cases that dragged a long course and were marked by emaciation. Pneumonia complicated about 1 per cent. of the cases. Perforation occurred with relatively great frequency in the early days of the epidemic, and was responsible for a good many sudden and unexpected deaths.

(c) *Dysentery.*—Of this disease there were only 43 cases, of which 2 died, making a mortality of 4·6 per cent. The type of the disease was generally mild, the two cases that succumbed being, however, virulent and hæmorrhagic in character. The cases were distributed as follows:—

September	...	...	...	...	...	4
October	...	...	...	...	...	7
November	...	...	...	...	...	5
December	...	...	...	...	...	27

The increase in numbers in December was probably due to climatic causes.

(d) *Other Diseases.*—Of these, there were 153 cases, with 10 deaths. Malarial fevers of an irregular intermittent type contributed 10 cases, and they were mostly recrudescences of malaria contracted in South Africa. There were 58 cases of diarrhœa with 1 death, 7 cases of rheumatism with 1 death, 4 cases of pneumonia with 2 deaths, 1 case of apoplexy, and 2 cases of cerebral meningitis, which all died.

A marked feature in the medical history of the camp was the nearly total absence of syphilis in all its stages. Only one case of secondary syphilis came under notice.

Among the deaths are two cases of peritonitis and one appendicitis.

(e) *Surgical Operations.*—There were no operations of any gravity performed during the period under review. Numerous minor operations—the reduction of a shoulder dislocation, setting of a Pott's fracture, and the incision and drainage of post-enteric parotid buboes—constituted the surgical work of the camp. A rather large number of cases of inguinal hernia came under observation and were ordered trusses.

4.—ADMINISTRATIVE.

In the administration work I was assisted by the Assistant Medical Officers and by a clerk and a steward selected from among the prisoners of war. The following is a statement of the expenditure:—

Month.	Total Number of Cases treated.	No. of Days Patients stayed in Hospital.	Daily Average Sick.	Cost of Establishment.	Cost of Diets and Extras and Stimulants.	Cost of Contingencies.	Total Cost of Patients per Head per Diem.	Cost of Patients per Head per Day per Diets, Extras, and Stimulants.
				Rs. c.	Rs. c.	Rs. c.	Rs. c.	Rs. c.
August ...	10	94	3.03	574 74	57 23	28 85	7 3	0 60
September ...	94	836	27.8	943 16	544 96	69 88	1 86	0 65
October ...	351	4,766	153.7	1,567 44	3,180 20	166 70	1 3	0 67
November ...	581	5,901	196.7	2,808 49	5,088 16	412 36	1 40	0 86
December ...	565	9,055	292.9	4,852 35	11,837 23	518 84	1 90	1 30

STATISTICS.

Table I.—Estates Medical Aid: Receipts and Expenditure in the District and Civil Hospitals in 1900.

RECEIPTS.			EXPENDITURE.		
<i>District Hospitals.</i>	Amount. Rs. c.	Total. Rs. c.	<i>District Hospitals.</i>	Amount. Rs. c.	Total. Rs. c.
1. Diets—Paid by estates at 30 cents a day ...	41,834 80		1. Diets—For estate labourers and "others" ...	121,599 62	
2. Diets—Paid by Government for "others" at 50 cents a day ...	48,163 50		2. Medicines supplied from Civil Medical Stores ...	35,670 96	
3. Funeral expenses of "others" ...	619 79		3. Funeral expenses of estate labourers and "others" ...	3,526 72	
4. (a) Medicines sold and prescriptions compounded at Dispensaries ...	12,171 22		4. Salaries of District Medical Officers, allowances, &c. ...	120,966 53	
(b) Collections at Dispensaries ...	1,600 33		5. Departmental expenditure ...	3,439 70	
(c) Medicines used by "others" in Hospitals ...	14,412 6		6. Maintenance and repairs to buildings ...	139,618 4	
(d) Medicines used by "others" at Dispensaries ...	19,912 80		7. Rent of Outdoor Dispensaries ...	10,684 98	
5. Paid by estates for visits ...	20,763 0		8. Transport of medicines and other miscellaneous charges ...	1,688 61	
6. Sale of drugs, unserviceable articles, &c., from Civil Medical Stores ...	3,085 89		9. Equipment ...	14,353 98	
7. Recoveries for Maintenance of "others" ...	1,870 22		10. Wages of Dispensers, Attendants, &c. ...	43,235 96	
		164,433 61	11. Contingencies ...	5,794 75	
			12. Printing ...	2,553 14	
			13. Nursing service ...	5,251 15	
			14. Exchange compensation ...	2,218 4	
					510,602 18
			<i>Civil Hospitals.</i>		
1. Paid by estates for labourers at 30 cents a day ...	20,471 60		1. Diets—Estate labourers ...	15,076 88	
2. Paid by estates for visits ...	4,370 0		2 (a) Medicines used by above in Hospitals ...	1,580 0	
		24,841 60	(b) Medicines used by estate labourers at Dispensaries ...	463 88	
			3. Funeral expenses of estate labourers ...	260 95	
					17,381 71
Grand Total ...	—	189,275 21	1. Value of medicines supplied to District Dispensaries ...	31,523 47	
Export Duty ...	—	137,947 40	2. Value of medicines, &c., supplied to Estate Dispensaries ...	32,258 60	
Deficit ...	—	264,543 35			63,782 7
Total ...	—	591,765 96	Total ...	—	591,765 96

Table II.—Statement of Expenditure under the Medical Aid Ordinance during 1900.

	Number of Patients.	Number of Days in Hospital.	Other than Estate Labourers.	Number of Days in Hospital.	Provisions and other Necessaries.				Equipment.	Funeral Expenses.	Wages of Dispensers, Attendants.	Contingen- cies.	Medicines, supplied from the Civil Medi- cal Stores.	Total Expendi- ture.	Grand Total.
					Diets.	Extra Articles of Diet.		Total Provisions.							
						Stimulants.	Other Extras.								
					Rs. c.	Rs. c.	Rs. c.	Rs. c.	Rs. c.	Rs. c.	Rs. c.	Rs. c.	Rs. c.	Rs. c.	
<i>District Hospitals.</i>															
Dikoya ...	628	14,550	270	4,098	7,247 56	50 2	509 76	7,807 34	1,122 17	486 0	1,894 0	261 10	2,355 29	13,925 90	
Lindula ...	931	17,102	234	3,254	7,901 11	216 7	1,000 81	9,117 99	1,754 79	214 18	2,521 80	572 68	2,815 77	16,997 21	
Kelebokka ...	341	6,982	216	2,640	3,085 47	32 45	54 13	3,172 5	277 42	120 0	1,426 50	313 0	1,490 94	6,799 91	
Uda Pussellawa ...	151	3,692	184	3,561	3,025 68	21 43	99 29	3,146 40	390 8	131 0	1,380 0	128 64	2,002 68	7,178 80	
Haputale ...	293	5,886	356	4,181	5,660 46	126 88	161 61	5,948 95	690 36	—	2,269 10	241 17	2,190 94	11,340 46	
Lunugala ...	251	6,200	163	1,953	2,761 48	80 12	218 2	3,059 62	527 94	120 0	1,605 50	154 59	1,844 0	7,311 65	
Karawanella ...	1,028	42,143	968	19,105	24,260 1	79 88	1,070 90	25,410 79	1,808 63	240 0	3,268 0	691 35	3,870 5	35,288 82	
Maskeliya ...	638	12,977	159	3,351	6,761 59	15 99	445 33	7,222 91	415 63	192 85	1,926 50	281 53	1,938 59	11,978 1	
Deltota ...	243	5,502	121	1,123	3,078 64	68 62	107 57	3,254 83	484 53	—	1,669 51	151 63	1,439 97	7,000 47	
Rakwana ...	410	6,856	414	6,270	5,618 69	106 54	242 1	5,967 24	644 13	194 2	1,320 0	201 73	2,262 58	10,589 70	
Balangoda ...	408	8,166	1,182	29,374	13,888 58	62 5	388 41	14,339 4	1,496 25	157 8	2,028 0	434 57	2,352 12	20,807 6	
Nawalapitiya ...	578	16,758	278	1,765	6,767 73	0 56	8 39	6,776 68	692 1	378 50	1,310 27	408 50	2,098 1	11,663 97	
Avisawella ...	853	18,398	275	2,626	7,207 11	29 0	1,030 13	8,266 24	1,148 81	326 0	1,800 0	713 17	2,829 34	15,083 56	
Neboda ...	746	13,399	41	454	5,036 26	38 12	221 99	5,296 37	673 39	262 50	1,826 83	211 38	1,802 50	10,072 97	
Teldeniya ...	180	3,678	273	3,602	2,965 87	6 75	230 35	3,202 97	169 56	123 75	1,804 56	169 41	1,932 58	7,402 83	
Ramboda ...	197	5,975	128	2,594	4,961 82	80 85	218 85	5,261 52	944 43	220 50	1,854 0	281 16	1,190 59	9,752 20	
Deniyaya ...	321	6,151	295	2,376	3,943 58	290 45	114 65	4,348 68	357 58	360 34	1,401 17	247 1	1,255 1	7,969 79	
Civil District Hospitals	3,192	74,159	15,601	169,373	—	—	—	15,076 88	—	260 95	—	—	1,580 0	16,917 83	
Total	11,389	268,574	21,158	261,700	114,171 64	1,305 78	6,122 20	136,676 50	13,597 65	3,787 67	31,305 74	5,462 62	37,250 96	228,081 14	
<i>District Dispensaries.</i>															
Maturata ...	—	—	—	—	—	—	—	—	55 92	—	150 0	11 45	1,044 62	1,261 99	
Dimbula ...	—	—	—	—	—	—	—	—	45 83	—	576 0	31 26	1,571 14	2,224 23	
Pussellawa ...	—	—	—	—	—	—	—	—	3 15	—	600 0	6 69	1,459 69	2,069 53	
Elkaduwa ...	—	—	—	—	—	—	—	—	19 99	—	445 0	11 58	1,460 81	1,937 38	
Madulsima ...	—	—	—	—	—	—	—	—	12 97	—	120 0	7 81	614 29	755 7	
Muppane ...	—	—	—	—	—	—	—	—	6 37	—	120 0	8 29	867 47	1,002 13	
Agrapatana ...	—	—	—	—	—	—	—	—	8 95	—	648 0	9 0	899 30	1,565 25	
Watawala ...	—	—	—	—	—	—	—	—	15 59	—	649 0	32 90	972 18	1,669 67	
Bogawantalawa ...	—	—	—	—	—	—	—	—	66 86	—	516 0	10 90	2,245 9	2,838 85	
Dolosbage ...	—	—	—	—	—	—	—	—	42 71	—	546 0	1 92	1,074 51	1,665 14	
Koslanda ...	—	—	—	—	—	—	—	—	2 56	—	120 0	10 99	848 61	982 16	
Haldummulla ...	—	—	—	—	—	—	—	—	—	—	120 0	2 44	651 11	773 55	
Rattota ...	—	—	—	—	—	—	—	—	22 71	—	513 0	18 1	2,044 16	2,597 88	
Kotmale ...	—	—	—	—	—	—	—	—	2 86	—	648 0	6 0	639 28	1,296 14	
Galagedara ...	—	—	—	—	—	—	—	—	30 4	—	516 0	23 90	1,031 91	1,601 85	
Bandarawela ...	—	—	—	—	—	—	—	—	9 16	—	120 0	4 4	862 82	996 2	
Rangalla ...	—	—	—	—	—	—	—	—	4 17	—	420 0	3 50	636 73	1,064 40	
Passara ...	—	—	—	—	—	—	—	—	15 48	—	150 0	13 13	1,137 18	1,315 79	
Gammaduwa ...	—	—	—	—	—	—	—	—	57 59	—	413 22	25 49	1,154 92	1,651 22	
Watagoda ...	—	—	—	—	—	—	—	—	—	—	144 0	—	548 39	692 39	
Aranayaka ...	—	—	—	—	—	—	—	—	21 86	—	1,380 0	0 50	839 34	2,241 70	
Udugama ...	—	—	—	—	—	—	—	—	35 22	—	480 0	5 92	1,692 45	2,213 59	
Kadugannawa ...	—	—	—	—	—	—	—	—	41 21	—	120 0	0 85	1,240 46	1,402 52	
Elpitiya ...	—	—	—	—	—	—	—	—	20 29	—	582 0	29 94	579 42	1,211 65	
Pundalu-oya ...	—	—	—	—	—	—	—	—	122 35	—	120 0	3 96	672 71	919 2	
Kandy ...	—	—	—	—	—	—	—	—	—	—	528 0	—	1,696 55	2,224 55	
Kitulgala ...	—	—	—	—	—	—	—	—	44 54	—	436 0	21 18	849 50	1,351 22	
Nanu-oya ...	—	—	—	—	—	—	—	—	31 7	—	150 0	11 24	630 74	823 5	
Tonacombe ...	—	—	—	—	—	—	—	—	5 81	—	480 0	5 78	550 13	1,041 72	
Wattegama ...	—	—	—	—	—	—	—	—	11 47	—	120 0	13 46	1,007 96	1,152 49	
Estate Dispensaries	—	—	—	—	—	—	—	—	—	—	—	—	32,258 60	32,258 60	
Civil Dispensaries	—	—	—	—	—	—	—	—	—	—	—	—	463 88	463 88	
Total	—	—	—	—	—	—	—	—	756 33	—	11,930 22	332 13	64,245 95	77,264 63	
Grand Total ...	11,389	268,574	21,158	261,700	114,171 64	1,305 78	6,122 20	136,676 50	14,353 98	3,787 67	43,235 96	5,794 75	101,496 91	305,345 77	305,345 77

General.—Salaries and Allowances of Government Medical Officers, &c.

Exchange Compensation	...	...	...	...	120,966 53
Nursing Service	...	...	...	...	2,218 4
Salaries of Extra Clerks, &c.	...	...	...	...	5,251 15
Maintenance and Repairs to Buildings	...	...	...	...	3,439 70
Transport of Medicines and other Miscellaneous Charges	...	...	...	...	139,618 4
Rent of Outdoor Dispensaries	...	...	...	...	1,688 61
Printing	...	...	...	...	10,684 98
	...	...	...	...	2,553 14

Rs.... 591,765 96

Table III.—Return showing Cost of Drugs supplied Free to Estate Dispensaries during 1900.

	Rs.	c.		Rs.	c.
Abbotsford, &c., Nanu oya	276	71	Lebanon, &c., Madulkele	390	76
Ambalawana, &c., Deltota	479	84	Lynsted, Bogawantalawa	182	69
Agar's Land, Balangoda ...	459	15	Mahadova, Lunugala ...	167	12
Atabage, &c., Pussellawa	299	96	Mooloya, Kandy ...	497	96
Annfield, Dikoya ...	189	26	Moray, Maskeliya ...	200	0
Avington, Yatiyantota ...	80	0	Morankanda, &c., Mada-		
Avisawella, Avisawella ...	272	6	walatenna ...	389	73
Bamharabotuwa, &c.,			Mipitikande, Karawanella	175	0
Ratnapura ...	223	69	Mudamana, Kitulgala ...	429	88
Beverley, Morawak korale	480	23	Nabalma, Avisawella ...	266	97
Blackwater, Nawalapitiya	130	2	Nilambe, Deltota ...	364	11
Cabragalla, Koslanda ...	335	0	Norwood, Hatton ...	359	6
Campion, Bogawantalawa	196	42	North Matale, Matale ...	663	86
Clunes, Dehiowita ...	250	0	Osborne, &c., Hatton ...	199	24
Clodagh, Matale ...	249	5	Pantiya, Neboda ...	350	0
Cocogalla, Lunugala ...	207	64	Penriih, Avisawella ...	194	7
Concordia, Nuwara Eliya	910	87	Pitakanda, Kurunegala ...	369	17
Condagalla, Ramboda ...	319	46	Panawatte, Yatiyantota ...	300	73
Dehatgama, Aranayaka ...	195	64	Polatagama, Karawanella	219	15
Daisy Valley, Kurunegala	107	62	Queensberry, Kotmale ...	468	18
Degalessa, Karawanella ...	446	81	Ragalla, Uda Pussellawa...	314	89
Delwita, Kurunegala ...	383	36	Rassagala, Balangoda ...	521	73
Devalakande, Karawanella	208	21	Rayigama, Horana ...	250	0
Digulla, Dehiowita ...	494	49	Roeherry, Lunugala ...	126	2
Diyagama, Agrapatana ...	204	90	Rondura, &c., Kitulgala ...	226	50
Drayton, Dimbula ...	300	0	Rookwood, Hewaheta ...	138	75
Duckwari, Rangalla ...	168	42	Sapumalkande, Dehiowita	282	90
Dunedin, Karawanella ...	319	63	Spring Valley, Badullu ...	374	70
Dunsinane, Punduluoya ...	397	61	St. Leonards, Nuwara Eliya	255	54
Eadella, Polgahawella ...	250	0	Sarnia, Badulla ...	326	58
Ederapola, Kegalla ...	426	50	Sunnycroft, Veyangoda ...	565	50
Eila, Karawanella ...	266	98	Tangakelle, Lindula ...	338	74
Elfindale, Watawala ...	239	59	Theresia, &c., Bogawantalawa	377	81
El-Teb, Passara ...	150	0	Troy, Karawanella ...	399	29
East Holyrood, Dimbula...	299	0	Udabage, Kitulgala ...	324	80
Ganepella, Karawanella ...	259	20	Ury, &c., Passara ...	518	32
Galatura, Ratnapura ...	149	12	Uva, Madulsima ...	98	41
Gikiyanakauda, Neboda ...	350	0	Venture, Norwood ...	260	92
Glen Alpin, Badulla ...	278	95	Vellai-oya, Watawala ...	497	80
Glasson, Dehiowita ...	318	0	Vogan, Neboda ...	196	18
Goorookele, Deltota ...	304	91	Waharaka, Kegalla ...	157	35
Hauteville, Agrapatana ...	446	52	Warwick, &c., Ambawela	521	6
Havilland, Doloshage ...	260	67	We-oya, Karawanella ...	424	94
Hemmingford, Avisawella	700	0	Westhall, Kotmale ...	133	10
Halwatura, Panadure ...	400	0	Weywelhena, Badulla ...	543	16
Halgolla, Yatiyantota ...	271	78	Woodend, Dehiowita ...	98	36
Hayes, Morawaka ...	180	0	Yatederia, Kegalla ...	501	0
Hindugala, Nilambe ...	323	11	Yattawatta, Matale ...	333	49
High Forest, Maturata ...	230	15	Yogama, Dehiowita ...	269	95
Katugastota, Katugastota	250	0	Yoxford, Watagoda ...	582	80
Katooloya, Madulkele ...	300	0			
Lavant, Karawanella ...	368	85			
Laxapana, Maskeliya ...	499	99			
			Total ...	32,258	60

Table IV.—Statement showing the different Towns where outbreaks of Cholera occurred during 1900, the Dates and Duration of each outbreak, and the Number of Cases attacked and died, classifying them into different Races.

	Number of Cases and Deaths.		Date of First Appearance.		Date of Last Case.		Of these													
							Sinhalese.		Moors.		Tamils.		Malays.		Immigrants.		Others.		Total.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.		
WESTERN PROVINCE.																				
Infectious Diseases Hos-																				
pital, Kanatta ...	9	8	May	30	July	30	—	—	—	—	—	—	—	—	9	8	—	—		
Beruwala ...	4	3	Oct.	23	Oct.	31	—	—	4	3	—	—	—	—	—	—	—	—		
Negombo ...	10	9	Dec.	24	Dec.	31	3	2	1	1	6	6	—	—	—	—	—	—		
Total ...	23	20					3	2	5	4	6	6	—	—	9	8	—	—		
CENTRAL PROVINCE.																				
<i>Kandy.</i>																				
Pallekelle estate ...	27	21	Sept.	1	Sept.	21	1	1	—	—	—	—	—	26	20	—	—	27	21	
Kengalla ...	3	3	Sept.	18	Sept.	18	—	—	2	2	—	—	—	1	1	—	—	3	3	
Kandy town ...	2	1	Sept.	26	Oct.	4	1	1	—	—	—	—	—	1	—	—	—	2	1	
Middlemarch estate ...	1	1	Sept.	30	Sept.	30	1	1	—	—	—	—	—	—	—	—	—	1	1	
Uduwela ...	2	1	Oct.	10	Oct.	28	—	—	—	—	—	—	—	2	1	—	—	2	1	
<i>Hanguranketa.</i>																				
Idamalanda ...	40	33	Sept.	26	Oct.	6	40	33	—	—	—	—	—	—	—	—	—	40	33	
Karaliadda ...	4	4	Sept.	28	Sept.	30	4	4	—	—	—	—	—	—	—	—	—	4	4	
Gonaganpitiya ...	1	1	Sept.	30	Sept.	30	1	1	—	—	—	—	—	—	—	—	—	1	1	
Udugama ...	1	—	Sept.	30	Sept.	30	1	—	—	—	—	—	—	—	—	—	—	1	—	
<i>Matale.</i>																				
Waradahuma ...	9	5	Aug.	1	Aug.	16	9	5	—	—	—	—	—	—	—	—	—	9	5	
Alawatugoda ...	2	2	Sept.	6	Sept.	7	1	1	—	—	1	1	—	—	—	—	—	2	2	
Grove estate ...	9	8	Oct.	18	Oct.	29	—	—	—	—	—	—	—	9	8	—	—	9	8	
Galoya village ...	1	1	Oct.	18	Oct.	18	1	1	—	—	—	—	—	—	—	—	—	1	1	
Waraketiya ...	1	1	Oct.	18	Oct.	18	1	1	—	—	—	—	—	—	—	—	—	1	1	
Ratwatta estate ...	1	1	Oct.	22	Oct.	30	—	—	—	—	—	—	—	1	1	—	—	1	1	
Wariyapola ...	11	8	Oct.	23	Nov.	19	—	—	—	—	—	—	—	11	8	—	—	11	8	
Dehideniya village ...	1	1	Oct.	31	Oct.	31	1	1	—	—	—	—	—	—	—	—	—	1	1	
Puwakpitiya ...	3	2	Nov	23	Dec.	2	3	2	—	—	—	—	—	—	—	—	—	3	2	
Katugastota ...	8	8	Sept.	3	Sept.	11	1	1	3	3	3	3	—	—	—	—	1	1	8	8
Dambulla ...	1	1	Dec.	2	Dec.	2	1	1	—	—	—	—	—	—	—	—	—	1	1	
<i>Kongahawela.</i>																				
Talagoda ...	9	5	Aug.	19	Aug.	24	9	5	—	—	—	—	—	—	—	—	—	9	5	
<i>Maturata.</i>																				
Karandagolla ...	1	1	Oct.	1	Oct.	1	1	1	—	—	—	—	—	—	—	—	—	1	1	
Palawila ...	3	2	Oct.	2	Oct.	7	3	2	—	—	—	—	—	—	—	—	—	3	2	
<i>Pussellawa.</i>																				
Karagastalawa estate...	13	7	July	8	July	26	—	—	—	—	—	—	—	13	7	—	—	13	7	
Total ...	154	118					80	62	5	5	4	4	—	—	64	46	1	1	154	118
NORTH-WESTERN PROVINCE.																				
Battuluoya village ...	12	8	Oct.	16	Oct.	25	3	1	8	6	—	—	—	—	—	—	1	1	12	8
Bogamuwa estate ...	1	1	Oct.	21	Oct.	21	1	1	—	—	—	—	—	—	—	—	—	1	1	
Puttalam town ...	1	—	Oct.	30	Oct.	30	1	—	—	—	—	—	—	—	—	—	—	1	—	
Total ...	14	9					5	2	8	6	—	—	—	—	—	—	1	1	14	9
EASTERN PROVINCE.																				
<i>Batticaloa District.</i>																				
Puliyantivu ...	11	5	Oct.	4	Oct.	14	—	—	—	—	8	4	—	—	—	—	3	1	11	5
Amirtakali ...	2	2	Oct.	8	Oct.	10	—	—	—	—	2	2	—	—	—	—	—	—	2	2
Settukkuda ...	1	1	Oct.	10	Oct.	10	—	—	—	—	1	1	—	—	—	—	—	—	1	1
Satturukondan ...	4	3	Oct.	10	Oct.	14	—	—	—	—	4	3	—	—	—	—	—	—	4	3
Tandavanvali ...	1	1	Oct.	10	Oct.	10	—	—	—	—	1	1	—	—	—	—	—	—	1	1
Navalkuda ...	1	1	Oct.	10	Oct.	10	—	—	—	—	1	1	—	—	—	—	—	—	1	1
Koddamunai ...	7	6	Oct.	11	Oct.	22	—	—	—	—	7	6	—	—	—	—	—	—	7	6
Pioneer road ...	3	—	Oct.	10	Oct.	12	—	—	—	—	3	—	—	—	—	—	—	—	3	—
Puliadikuda ...	1	1	Oct.	20	Oct.	20	—	—	—	—	1	1	—	—	—	—	—	—	1	1
Kalmunai ...	1	—	Oct.	18	Oct.	18	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Nochimunai ...	1	1	Oct.	12	Oct.	12	—	—	—	—	1	1	—	—	—	—	—	—	1	1
Total ...	33	21					—	—	1	—	29	20	—	—	—	—	3	1	33	21

Table IV.—continued.

	Number of Cases and Deaths.		Date of First Appearance.	Date of Last Case.	Of these												Total.	
					Sinhalese.		Moors.		Tamilis.		Malays.		Immigrants.		Others.			
	Cases.	Deaths.			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
NORTH-CENTRAL PROVINCE.																		
<i>Tamankaduwa District.</i>																		
Mananpitiya ...	25	14	Sept. 16	Sept. 26	—	—	—	—	25	14	—	—	—	—	—	—	25	14
Dastota ...	14	10	Sept. 18	Sept. 29	13	9	1	1	—	—	—	—	—	—	—	—	14	10
Palliagodella ...	20	12	Nov. 10	Nov. 25	—	—	20	12	—	—	—	—	—	—	—	—	20	12
Pangurana ...	25	10	Nov. 16	Nov. 27	—	—	25	10	—	—	—	—	—	—	—	—	25	10
Maradankadawela ...	16	7	Dec. 3	Dec. 18	5	3	2	—	3	2	6	2	—	—	—	—	16	7
Kekirawa Balaluwewa	3	1	Oct. 12	Oct. 15	—	—	3	1	—	—	—	—	—	—	—	—	3	1
Total ...	103	54			18	12	51	24	28	16	6	2	—	—	—	—	103	54
PROVINCE OF UVA.																		
<i>Badulla District.</i>																		
Kumbalwela ...	18	10	Sept 21	Nov. 8	8	4	—	—	—	—	—	—	10	6	—	—	18	10
Badulla Infectious Hospital ...	4	3	Sept. 26	Nov. 24	4	3	—	—	—	—	—	—	—	—	—	—	4	3
Demodara ...	13	1	Sept. 29	Nov. 29	13	1	—	—	—	—	—	—	—	—	—	—	13	1
Naulla ...	1	1	Oct. 5	Oct. 5	1	1	—	—	—	—	—	—	—	—	—	—	1	1
Gourawella ...	1	1	Oct. 5	Oct. 5	1	1	—	—	—	—	—	—	—	—	—	—	1	1
Oduwera ...	1	—	Oct. 5	Oct. 5	1	—	—	—	—	—	—	—	—	—	—	—	1	—
Goluwelagama ...	9	—	Oct. 6	Oct. 10	9	—	—	—	—	—	—	—	—	—	—	—	9	—
Weywelhena estate ...	17	8	Oct. 7	Oct. 9	—	—	—	—	—	—	—	—	17	8	—	—	17	8
Rookatenne estate ...	7	1	Oct. 12	Oct. 20	—	—	—	—	—	—	—	—	7	1	—	—	7	1
Oetumbe estate ...	1	—	Oct. 12	Oct. 20	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Munugolla estate ...	1	1	Oct. 27	Oct. 27	—	—	—	—	—	—	—	—	1	1	—	—	1	1
Pepolgastenna ...	3	—	Nov. 2	Nov. 22	—	—	—	—	—	—	—	—	3	—	—	—	3	—
Badulla Town ...	3	3	Nov. 11	Nov. 22	3	3	—	—	—	—	—	—	—	—	—	—	3	3
Rosel estate ...	2	—	Nov. 12	Nov. 13	—	—	—	—	—	—	—	—	2	—	—	—	2	—
Mylagastenna ...	2	1	Nov. 11	Nov. 16	2	1	—	—	—	—	—	—	—	—	—	—	2	1
Angoda ...	3	3	Nov. 11	Nov. 14	3	3	—	—	—	—	—	—	—	—	—	—	3	3
Kirioruwa ...	1	1	Nov. 8	Nov. 8	1	1	—	—	—	—	—	—	—	—	—	—	1	1
Jail Hospital ...	6	3	Nov. 19	Nov. 21	5	3	—	—	—	—	—	—	1	—	—	—	6	3
Glen Alpine estate ...	1	1	Nov. 16	Nov. 16	—	—	—	—	—	—	—	—	1	1	—	—	1	1
Kottagoda ...	3	1	Nov. 18	Nov. 19	3	1	—	—	—	—	—	—	—	—	—	—	3	1
Wellikamulla ...	1	—	Nov. 21	Nov. 21	1	—	—	—	—	—	—	—	—	—	—	—	1	—
<i>Buttala District.</i>																		
Buttala ...	96	50	Oct. 3	Nov. 3	84	41	11	8	1	1	—	—	—	—	—	—	96	50
Occampitiya ...	50	19	Oct. 3	Nov. 17	43	16	6	2	1	1	—	—	—	—	—	—	50	19
Athala ...	18	10	Oct. 6	Nov. 4	18	10	—	—	—	—	—	—	—	—	—	—	18	10
Wellawaya ...	16	4	Oct. 15	Nov. 4	7	—	—	—	9	4	—	—	—	—	—	—	16	4
Alupota ...	6	4	Oct. 21	Oct. 23	—	—	6	4	—	—	—	—	—	—	—	—	6	4
Tellula ...	6	1	Nov. 13	Nov. 16	2	—	1	—	3	1	—	—	—	—	—	—	6	1
Kataragama ...	24	11	Nov. 25	Dec. 17	17	8	—	—	4	3	—	—	—	—	3	—	24	11
<i>Medagama District.</i>																		
Bakmigahawila ...	3	2	Oct. 6	Oct. 10	—	—	3	2	—	—	—	—	—	—	—	—	3	2
Karanda ...	7	4	Dec. 17	Dec. 28	7	4	—	—	—	—	—	—	—	—	—	—	7	4
Moopana Nakkala ...	5	3	Sept. 17	Nov. 6	3	3	—	—	2	—	—	—	—	—	—	—	5	3
<i>Taldena District.</i>																		
Watawala ...	11	8	Oct. 1	Oct. 16	11	8	—	—	—	—	—	—	—	—	—	—	11	8
Timbirigaspiya ...	3	1	Oct. 16	Oct. 17	3	1	—	—	—	—	—	—	—	—	—	—	3	1
Boleyadda ...	3	2	Oct. 18	Oct. 20	3	2	—	—	—	—	—	—	—	—	—	—	3	2
Tennapanguwa ...	32	17	Oct. 15	Oct. 7	32	17	—	—	—	—	—	—	—	—	—	—	32	17
Tallewalapanguwa ...	18	10	Oct. 25	Oct. 24	18	10	—	—	—	—	—	—	—	—	—	—	18	10
Kumbukwalapanguwa ...	14	15	Oct. 7	Oct. 21	14	15	—	—	—	—	—	—	—	—	—	—	14	15
Giragama ...	1	1	Oct. 6	Oct. 6	1	1	—	—	—	—	—	—	—	—	—	—	1	1
Paragaswatta ...	1	1	Oct. 14	Oct. 14	1	1	—	—	—	—	—	—	—	—	—	—	1	1
Kumketepitiya ...	1	1	Oct. 12	Oct. 12	1	1	—	—	—	—	—	—	—	—	—	—	1	1
Batalawatta ...	1	—	Oct. 21	Oct. 21	1	—	—	—	—	—	—	—	—	—	—	—	1	—
Moragalla ...	1	1	Dec. 1	Dec. 1	1	1	—	—	—	—	—	—	—	—	—	—	1	1
<i>Alutnuwara District.</i>																		
Pangaragama ...	8	2	Nov. 28	Dec. 5	—	—	8	2	—	—	—	—	—	—	—	—	8	2
Mahagama ...	9	3	Dec. 29	Dec. 23	7	3	2	—	—	—	—	—	—	—	—	—	9	3
Arava ...	1	1	Dec. 28	Dec. 28	1	1	—	—	—	—	—	—	—	—	—	—	1	1
Udagedarachagama ...	1	—	Nov. 24	Dec. 24	1	—	—	—	—	—	—	—	—	—	—	—	1	—
Alutnuwara ...	8	5	Sept. 2	Dec. 27	6	3	—	—	2	2	—	—	—	—	—	—	8	5
Total ...	442	215			337	168	37	18	22	12	—	—	43	17	3	—	442	215

Table IV.—continued.

	Number of Cases and Deaths.		Date of First Appearance.	Date of Last Case.	Of these											
					Sinhalese.		Moors.		Tamils.		Malays.		Immigrants.		Others.		Total.
	Cases.	Deaths.			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
CENTRAL PROVINCE.																
<i>Aitnuwara District.</i>																
			1900.	1900.												
Uddathewa ...	19	8	Oct. 26	Nov. 1	19	8	—	—	—	—	—	—	—	—	—	—
Ulpotagama ...	10	2	Oct. 26	Nov. 2	10	2	—	—	—	—	—	—	—	—	—	—
Muttettutenna ...	4	4	Nov. 17	Nov. 18	4	4	—	—	—	—	—	—	—	—	—	—
Bampia ..	4	—	Nov. 19	Nov. 24	4	—	—	—	—	—	—	—	—	—	—	—
Kandagedara ...	2	—	Nov. 20	Nov. 20	2	—	—	—	—	—	—	—	—	—	—	—
Kahatagedara ...	1	1	Nov. 23	Nov. 23	1	1	—	—	—	—	—	—	—	—	—	—
Mahawella ...	2	1	Nov. 25	Nov. 28	2	1	—	—	—	—	—	—	—	—	—	—
Total ...	42	16			42	16	—	—	—	—	—	—	—	—	—	—
PROVINCE OF SABARAGAMUWA.																
<i>Ratnapura.</i>																
Hengalagoda estate ...	3	3	Aug. 6	Aug. 10	—	—	—	—	—	—	—	—	3	3	—	—
Grand Total ...	814	456			485	262	107	57	89	58	6	2	119	74	8	3

Table V.—Return of Cases of Smallpox, Modified Smallpox, and Chickenpox that occurred in Ceylon during 1900, and which were reported to the Civil Medical Department.

Station.	Total treated.				Total died.			
	Small-pox.	Modified Small-pox.	Chicken-pox.	Total.	Small-pox.	Modified Small-pox.	Chicken-pox.	Total.
<i>Western Province.</i>								
Infectious Diseases Hospital, Kanatta ...	39	21	189	249	9	—	—	9
Kalutara ...	2	2	—	4	—	—	—	—
Avisawella ...	—	1	—	1	—	—	—	—
Moratuwa ...	2	3	—	5	1	—	—	1
Horana : Perth estate ...	1	—	—	1	1	—	—	1
Kottawa ...	1	2	—	3	—	—	—	—
Negombo ...	—	—	3	3	—	—	—	—
Total ...	45	29	192	266	11	—	—	11
<i>Central Province.</i>								
Dikoya ...	3	—	14	17	2	—	—	2
Lindula ...	—	—	10	10	—	—	—	—
Kelebokke ...	—	—	2	2	—	—	—	—
Uda Pussellawa ...	6	—	53	59	1	—	—	1
Deltota ...	—	—	2	2	—	—	—	—
Nawalapitiya ...	6	—	6	12	1	—	—	1
Teldeniya ...	—	—	56	56	—	—	—	—
Ramboda ...	8	10	—	18	4	—	—	4
Maturata ...	—	—	14	14	—	—	—	—
Dimbula ...	4	—	12	16	1	—	—	1
Pussellawa ...	19	6	25	50	5	—	—	5
Watawala ...	—	—	15	15	—	—	—	—
Bogawantalawa ...	9	—	32	41	3	—	—	3
Dolosbage ...	—	—	5	5	—	—	—	—
Rattota ...	—	—	3	3	—	—	—	—
Kotmale ...	14	—	6	20	—	—	—	—
Galagedara ...	—	—	3	3	—	—	—	—
Gammaduwa ...	—	—	4	4	—	—	—	—
Watagoda ...	1	2	2	5	—	—	—	—
Kadugannawa ...	—	28	—	28	—	3	—	3
Pundalu-oya ...	—	—	2	2	—	—	—	—
Nuna-oya ...	4	1	3	8	1	—	—	1
Kandy ...	—	—	30	30	—	—	—	—
Matale ...	1	—	42	43	—	—	—	—
Kongahawela ...	—	—	1	1	—	—	—	—
Mausaheriya ...	—	—	75	75	—	—	—	—
Gampola ...	11	—	20	31	2	—	—	2
Nuwara Eliya ...	6	1	70	77	3	—	—	3
Mulhalkele ...	1	—	—	1	—	—	—	—
Hanguranketa ...	—	—	11	11	—	—	—	—
Total ...	93	48	493	634	23	3	—	26
<i>Northern Province.</i>								
Mathagala ...	—	—	16	16	—	—	—	—
Kankesanturai ...	—	—	1	1	—	—	—	—
Mullaittivu ...	—	—	1	1	—	—	—	—
Total ...	—	—	18	18	—	—	—	—
<i>Southern Province.</i>								
Batapola ...	7	7	—	14	1	—	—	1
Galle District ...	1	—	36	37	—	—	—	—
Baddegama ...	—	—	30	30	—	—	—	—
Weligama ...	—	—	13	13	—	—	—	—
Kirama ...	—	—	5	5	—	—	—	—
Akuressa ...	—	—	12	12	—	—	—	—
Katukurunda ...	—	—	3	3	—	—	—	—
Total ...	8	7	99	114	1	—	—	1
<i>North-Western Province.</i>								
Kurunegala ...	6	4	—	10	1	—	—	1
Wariyapola ...	1	—	—	1	—	—	—	—
Bogama ...	3	—	—	3	—	—	—	—
Total ...	10	4	—	14	1	—	—	1
<i>Eastern Province.</i>								
Puliyantivu ...	—	—	14	14	—	—	—	—
Kattankudi ...	—	1	—	1	—	—	—	—
Toppur ...	—	—	10	10	—	—	—	—
Muttur ...	—	—	1	1	—	—	—	—
Kalmunai ...	—	—	5	5	—	—	—	—
Total ...	—	1	30	31	—	—	—	—

Table V.—continued.

Station.	Total treated.				Total died.			
	Small-pox.	Modified Small-pox.	Chicken-pox.	Total.	Small-pox.	Modified Small-pox.	Chicken-pox.	Total.
<i>Province of Uva.</i>								
Pengarawa ...	6	—	—	6	2	—	—	2
Madulsima ...	—	—	3	3	—	—	—	—
Bandarawela ...	—	—	38	38	—	—	—	—
Maspone ...	—	—	21	21	—	—	—	—
Haputale ...	1	—	9	10	1	—	—	1
Haldummulla ...	—	—	3	3	—	—	—	—
Badulla ...	—	—	15	15	—	—	—	—
Total ...	7	—	89	96	3	—	—	3
<i>Province of Sabaragamuwa.</i>								
Mahawalatenna ...	—	—	7	7	—	—	—	—
Karawanella ...	—	—	7	7	—	—	—	—
Total ...	—	—	14	14	—	—	—	—
Grand Total ...	162	90	935	1,187	39	3	—	42

Table VI.—Statement showing Particulars of Vaccination in the Island during 1900.

Province.	Primary Vaccination.							Re-vaccination.				Percentage of Successful to Total Inspected.	
	Age.			Results.				Results.				Primary Vaccination.	Re-vaccination.
	Infants.	Children.	Adults.	Suc-cessful.	Unsuc-cessful.	Un-known.	Total No. vacci-nated.	Suc-cessful.	Unsuc-cessful.	Un-known.	Total No. vacci-nated.		
Western ...	212	25,217	3,393	23,143	1,549	4,130	28,822	2,581	668	736	3,985	94.13	79.43
Central ...	31	9,115	1,056	8,476	685	1,041	10,202	578	343	235	1,156	92.52	62.75
Northern ...	—	9,292	870	8,385	1,206	571	10,162	—	—	—	—	87.42	—
Southern ...	42	10,093	1,267	11,618	2,129	1,655	15,402	214	114	9	337	84.60	65.24
Eastern ...	21	4,631	480	4,341	590	201	5,132	87	23	—	110	88.30	100
North-Western ...	216	8,065	505	6,147	723	1,916	8,786	496	116	344	956	89.47	81.04
North-Central ...	2	4,471	594	4,418	450	199	5,067	350	112	45	507	90.75	75.75
Uva ...	41	3,372	44	3,134	153	170	3,457	—	—	—	—	95.34	—
Sabaragamuwa ...	—	6,128	197	5,138	306	881	6,325	—	—	—	—	94.37	—
Total ...	565	84,384	8,406	74,800	7,791	10,764	93,355	4,306	1,376	1,369	7,051	90.56	75.78
Number vaccinated on Estates by Estate Vaccinators ...	133	10,405	5,870	14,062	1,073	1,273	16,408	1,716	574	306	2,596	92.84	74.93
Number vaccinated in the District Outdoor Dispensaries ...	30	778	24	724	77	31	832	1	5	—	6	90.38	100
Number vaccinated in the Civil Outdoor Dispensaries ...	172	10,882	869	9,285	1,886	752	11,923	336	46	49	431	83.11	78.96
Grand Total...	900	106,449	15,169	98,871	10,827	12,820	122,518	6,359	2,001	1,724	10,084	90.13	76.06
In 1899 ...	645	106,955	15,874	100,229	10,123	13,122	123,474	9,619	2,595	2,538	14,752	90.82	78.75

Table VII.—Arrivals of Steamers, Sailing Ships, and Native Craft, with Native Traders and Immigrant Coolies, in the Port of Colombo, from January 1 to December 31, 1900.

	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Steamers ...	198	196	247	252	253	228	279	251	245	230	219	217	2,815
Sailing Ships ...	—	—	1	—	—	—	—	—	—	—	—	—	1
Native Craft ...	72	63	65	26	19	27	31	38	40	37	34	48	500
<i>Traders.</i>													
Men ...	2,800	3,188	3,275	3,433	4,131	3,117	3,898	3,184	4,141	3,904	3,457	2,750	41,278
Women ...	193	138	241	219	280	295	284	195	334	292	273	187	2,931
Children ...	152	271	231	251	310	232	253	210	336	317	247	159	2,969
Infants ...	36	25	33	46	61	76	57	53	90	85	71	42	675
Total ...	3,181	3,622	3,780	3,949	4,782	3,720	4,492	3,642	4,901	4,598	4,048	3,138	47,853
<i>Coolies.</i>													
Men ...	4,203	5,173	7,783	14,339	16,466	11,251	10,642	7,163	6,079	4,668	4,519	3,597	95,883
Women ...	1,016	1,610	2,441	5,266	6,114	4,045	3,692	2,336	1,679	1,044	951	919	31,113
Children ...	796	1,282	2,049	3,917	5,730	3,232	2,961	1,725	1,158	616	581	602	24,649
Infants ...	261	374	690	1,470	1,915	1,164	1,159	803	546	279	265	294	9,220
Total ...	6,276	8,439	12,963	24,992	30,225	19,692	18,454	12,027	9,262	6,607	6,316	5,412	160,865
Vessels placed in quarantine	30	32	32	31	45	31	41	33	37	37	38	64	451
<i>Cholera.</i>													
Number sent to Hospital ...	—	—	—	—	1	—	8	—	—	—	—	—	9
Number died on Board ...	—	—	—	—	7	—	3	—	—	—	—	—	10
Number remaining on Board ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	—	—	—	—	8	—	11	—	—	—	—	—	19
Number of Cases of Smallpox sent to Hospital ...	—	—	5	—	1	—	—	—	—	—	—	2	8
Number of Cases of Smallpox isolated on Board ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Number of Cases of Chicken-pox sent to Hospital ...	—	—	—	1	—	—	—	—	—	—	—	3	4
Number of Cases of Chicken-pox isolated on Board ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Number of Cases of Measles sent to Hospital ...	—	—	—	—	—	—	—	—	—	—	—	5	5
Number of Cases of Measles isolated on Board ...	—	—	—	—	—	—	9	—	2	—	—	—	11

For Tables VIII. and IX., see the Ceylon Blue Book, 1900, pages AA 34 and AA 43, Nosological Return and Return separating the Malabars into those sent in by the Police, &c.

Table X.—Return of Lepers treated in the Hospitals and Outdoor Dispensaries in the Island during 1900, excepting those treated in the Leper Asylum, Hendala, and Leper Hospital, Kalmunai.

Institution.	No. treated.			Nationality.							Age.							Birthplace.				
	Males.	Females.	Total.	Sinhalese.	Moors.	Malays.	Tamils.	Malabars.	Pattani.	Total.	1 to 10 years.	11 to 20 years.	21 to 30 years.	31 to 40 years.	41 to 50 years.	51 to 60 years.	61 to 70 years.	71 to 80 years.	Total.	Ceylon.	India.	Total.
<i>Western Province.</i>																						
Borella Convict Hospital ...	9	—	9	5	3	—	—	1	—	9	—	—	2	4	3	—	—	—	9	8	1	9
General Hospital, Colombo ...	6	2	8	5	—	—	1	1	1	8	—	2	3	2	1	—	—	—	8	5	3	8
Negombo ...	1	—	1	1	—	—	—	—	—	1	—	1	—	—	—	—	—	—	1	1	—	1
Avisawella ...	1	—	1	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	1	—	—	1
Neboda ...	1	1	2	1	—	—	—	1	—	2	—	—	2	—	—	—	—	—	2	1	1	2
Panadure ...	1	—	1	1	—	—	—	—	—	1	—	—	—	1	—	—	—	—	1	1	—	1
Kaduwella Dispensary ...	—	1	1	1	—	—	—	—	—	1	—	—	—	1	—	—	—	—	1	1	—	1
Maradana Dispensary ...	11	—	11	9	—	—	1	1	—	11	—	1	6	1	1	2	—	—	11	9	2	11
Henaratgoda ...	1	—	1	1	—	—	—	—	—	1	—	—	—	1	—	—	—	—	1	1	—	1
Matugama ...	1	—	1	1	—	—	—	—	—	1	—	—	—	—	1	—	—	—	1	1	—	1
Horawella ...	1	—	1	—	—	—	—	1	—	1	—	—	—	—	1	—	—	—	1	—	1	1
Maradana Female ...	—	4	4	4	—	—	—	—	—	4	2	—	2	—	—	—	—	—	4	4	—	4
Hendala Dispensary ...	6	6	12	11	—	—	—	1	—	12	2	2	4	1	—	1	2	—	12	11	1	12
Total ...	39	14	53	40	3	—	2	7	1	53	4	6	19	12	6	4	2	—	53	43	10	53
<i>Central Province.</i>																						
Kandy Hospital ...	4	—	4	2	—	—	—	2	—	4	—	1	1	—	1	1	—	—	4	2	2	4
Gampola ...	2	—	2	—	—	—	—	2	—	2	—	—	1	—	1	—	—	—	2	—	2	2
Pussellawa ...	2	—	2	—	—	—	—	2	—	2	—	—	2	—	—	—	—	—	2	—	2	2
Nawalapitiya ...	5	1	6	—	—	—	—	6	—	6	—	—	—	4	—	2	—	—	6	—	6	6
Maskeliya ...	3	—	3	—	—	—	—	3	—	3	—	—	1	1	1	—	—	—	3	—	3	3
Kotmale Dispensary ...	1	—	1	—	—	—	—	1	—	1	—	—	—	—	1	—	—	—	1	—	1	1
Dimbula ...	3	1	4	—	—	—	—	4	—	4	—	—	2	1	1	—	—	—	4	—	4	4
Rangalla ...	1	—	1	—	—	—	—	1	—	1	—	—	—	1	—	—	—	—	1	—	1	1
Bogawantalawa ...	1	2	3	—	—	—	—	3	—	3	1	—	—	2	—	—	—	—	3	—	3	3
Maturata ...	1	—	1	1	—	—	—	—	—	1	—	—	—	—	1	—	—	—	1	1	—	1
Total ...	23	4	27	3	—	—	—	24	—	27	1	1	7	9	6	3	—	—	27	3	24	27
<i>Northern Province.</i>																						
Vadamarachchi West ...	8	—	8	—	—	—	8	—	—	8	—	—	1	4	2	1	—	—	8	8	—	8
Kankesanturai ...	1	2	3	—	—	—	3	—	—	3	1	1	—	1	—	—	—	—	3	3	—	3
Total ...	9	2	11	—	—	—	11	—	—	11	1	1	1	5	2	1	—	—	11	11	—	11
<i>Southern Province.</i>																						
Galle Hospital ...	4	—	4	4	—	—	—	—	—	4	—	—	—	1	—	1	1	1	4	4	—	4
Galle Dispensary ...	5	6	11	7	3	—	1	—	—	11	—	2	5	3	1	—	—	—	11	10	1	11
Hambantota Hospital ...	1	—	1	—	—	1	—	—	—	1	—	—	—	1	—	—	—	—	1	1	—	1
Nagoda Dispensary ...	1	—	1	1	—	—	—	—	—	1	—	—	1	—	—	—	—	—	1	1	—	1
Akuressa ...	2	—	2	2	—	—	—	—	—	2	—	—	2	—	—	—	—	—	2	2	—	2
Batapola ...	1	—	1	1	—	—	—	—	—	1	—	—	—	—	1	—	—	—	1	1	—	1
Mataru ...	2	—	2	2	—	—	—	—	—	2	—	—	—	—	1	—	1	—	2	2	—	2
Beliatta ...	1	—	1	1	—	—	—	—	—	1	—	—	—	—	1	—	—	—	1	1	—	1
Balapitiya ...	3	—	3	3	—	—	—	—	—	3	—	—	1	1	1	—	—	—	3	3	—	3
Total ...	20	6	26	21	3	1	1	—	—	26	—	2	9	6	4	2	2	1	26	25	1	26
<i>North-Western Province.</i>																						
Kurunegala ...	5	1	6	2	2	—	—	2	—	6	—	1	2	2	1	—	—	—	6	4	2	6
Puttalam ...	1	—	1	1	—	—	—	—	—	1	—	—	—	—	1	—	—	—	1	1	—	1
Total ...	6	1	7	3	2	—	—	2	—	7	—	1	2	2	2	—	—	—	7	5	2	7
<i>Eastern Province.</i>																						
Kalmunai ...	16	6	22	—	9	—	13	—	—	22	—	2	8	7	3	2	—	—	22	22	—	22
Paddiyiruppu ...	4	—	4	—	—	—	4	—	—	4	1	2	—	1	—	—	—	—	4	4	—	4
Batticaloa ...	3	2	5	—	—	—	5	—	—	5	—	—	4	—	1	—	—	—	5	5	—	5
Kattankudi ...	5	3	8	—	5	—	3	—	—	8	—	—	1	6	1	—	—	—	8	8	—	8
Karrankoditivu ...	4	—	4	1	1	—	2	—	—	4	—	1	—	—	2	—	—	1	4	4	—	4
Total ...	32	11	43	1	15	—	27	—	—	43	1	5	13	14	7	2	—	1	43	43	—	43

Table X.—continued.

Institution.	No. treated.			Nationality.							Age.							Birthplace.				
	Males.	Females.	Total.	Sinhalese.	Moors.	Malays.	Tamils.	Malabars.	Pattani.	Total.	1 to 10 years.	11 to 20 years.	21 to 30 years.	31 to 40 years.	41 to 50 years.	51 to 60 years.	61 to 70 years.	71 to 80 years.	Total.	Ceylon.	India.	Total.
<i>North-Central Province.</i>																						
Anuradhapura ...	2	—	2	1	—	—	1	—	—	2	—	—	—	2	—	—	—	—	2	2	—	2
<i>Province of Uva.</i>																						
Alutnuwara Hospital	5	2	7	7	—	—	—	—	—	7	—	1	1	—	4	1	—	—	7	7	—	7
Badulla ...	5	1	6	4	—	—	—	2	—	6	—	—	—	4	2	—	—	—	6	4	2	6
Total ...	10	3	13	11	—	—	—	2	—	13	—	1	1	4	6	1	—	—	13	11	2	13
<i>Province of Sabaragamuwa.</i>																						
Balangoda ...	6	2	8	5	—	—	—	3	—	8	—	—	1	2	4	1	—	—	8	6	2	8
Godakawela ...	2	1	3	3	—	—	—	—	—	3	—	1	2	—	—	—	—	—	3	3	—	3
Karawanella ...	4	2	6	3	—	—	—	3	—	6	—	1	2	1	2	—	—	—	6	3	3	6
Kegalla ...	1	1	2	—	—	—	—	2	—	2	—	—	—	1	1	—	—	—	2	—	2	2
Kitulgala ...	—	1	1	—	—	—	—	1	—	1	—	—	—	1	—	—	—	—	1	—	1	1
Rakwana ...	1	—	1	1	—	—	—	—	—	1	—	—	—	—	1	—	—	—	1	1	—	1
Ratnapura ...	5	2	7	3	—	—	—	3	—	7	—	—	—	4	2	1	—	—	7	4	3	7
Total ...	19	9	28	14	—	—	—	12	1	28	—	2	5	9	10	2	—	—	28	17	11	28
Grand Total ...	160	50	210	94	24	1	42	47	2	210	7	19	57	63	43	15	4	2	210	160	50	210

Table XI.—Cost of Establishment, 1900.

	Amount.	Total.
	Rs. c.	Rs. c.
<i>Personal Emoluments</i>	275,592 68	
<i>Exchange Compensation</i>	11,392 77	
<i>Allowances.</i>		
House allowance to the Office Assistant to Principal Civil Medical Officer	840 0	
House allowance to the Surgeon in charge, General Hospital	840 0	
Do. Chief Medical Storekeeper	320 0	
Do. First Assistant Medical Storekeeper	150 0	
<i>Medical College.</i>		
Allowance to Lecturers	12,000 0	
Salary of Lady Doctor	4,200 0	
House allowance to Lady Doctor	600 0	
Scholarship Female Students	1,000 0	
Pay of head servant	240 0	
Pay of carpenter and cooly	330 0	
Laboratory Assistant	360 0	
Servant, Medical Museum	150 0	
Female attendant, dissecting room	180 0	
	308,195 45	
<i>Other Charges.</i>		
Remuneration to private medical practitioners	6,293 95	
Bookbinding, office furniture, and petty expenses	1,332 65	
Boatmen for Health Officer, Colombo	1,337 44	
Animal Vaccination, Western Province	3,993 40	
Do. Central Province	1,617 28	
Do. Southern Province	1,409 57	
Do. Northern Province	808 23	
Do. Eastern Province	824 4	
Subscription to Colonial Medical Library	500 0	
Appliances to illustrate lectures	433 30	
Purchase of glass almirahs, &c., for the Medical College	231 17	
Stationery	3,995 1	
Rent of Colonial Surgeon's Office, Jaffna	150 0	
Do. Kandy	660 0	
Do. Kurunegala	75 0	
Rent of Temple House	1,190 75	
Rent of Medical Officer's quarters, Chilaw	240 0	
Rent of Vaccine Stations, Colombo	2,160 0	
Horse allowance to the Principal Civil Medical Officer	420 0	
Horse allowance to the Colonial Surgeon, Western Province	420 0	
Carriage allowance to Inspector of Vaccination, Western Province	420 0	
Horse allowance to Medical Officer (Police)	420 0	
Relief to Medical Officers in solitary stations, travelling expenses of Medical Officers, &c.	484 11	
General	24,632 56	
Travelling expenses of Medical Officers, &c., in the Provinces	16,442 55	
	70,541 1	
<i>Hospitals and Dispensaries</i>	—	664,796 36
<i>General.</i>		
Purchase of medicines and instruments	213,120 26	
Purchase of medicines in India	527 60	
Do. Ceylon	8,432 41	
Transport of medicines	10,832 16	
Articles for Civil Medical Stores	4,810 7	
Repairing instruments	88 50	
Contingencies	114 92	
Petty expenses	97 0	
	238,022 92	
<i>Harbour Service.</i>		
Harbour service	—	4,063 13
Plague precautions	—	16,247 4
Grand Total	—	1,301,865 91

Table XII.—Statement of Expenditure of the several Government Hospitals, Asylums, &c., for 1900.

Hospitals, &c.	Total Number of Patients treated.	Average daily Sick.	Diets.	Extra Articles of Diet.		Total.	Equipment.	Funeral Expenses.	Wages and Allowances of Nurses.	Wages of Dispensers, Attendants, &c.	Contin-gencies.	Total.
				Stimulants.	Other Articles.							
I.—ASYLUMS.												
Lunatic Asylum, Jawatita	—	—	45,435 28	176 50	2,855 93	48,467 71	4,571 90	51 35	—	11,923 55	3,784 80	68,799 31
Leper Asylum, Hendala	—	—	27,269 18	136 22	3,104 39	30,509 79	4,702 27	66 97	—	4,026 1	3,133 81	42,438 85
Total	—	—	72,704 46	312 72	5,960 32	78,977 50	9,274 17	118 32	—	15,949 56	6,918 61	111,238 16
II.—De Soysa Lying-in Home												
	—	—	1,825 52	36 87	63 26	1,925 65	344 42	—	—	953 50	938 64	4,162 21
III.—CIVIL HOSPITALS.												
Colombo	—	—	47,697 5	2,121 52	5,120 20	54,938 77	6,988 68	444 60	—	10,274 85	6,139 26	78,786 16
Seamen's, Planter's, Anthonisz, Passengers', and Cargill's Wards	—	—	9,434 39	2,095 6	4,364 91	15,894 36	583 83	—	—	4,039 50	3,877 87	24,395 56
Lady Havelock Hospital	—	—	4,233 10	71 23	1,500 98	5,805 31	530 40	122 43	—	3,525 57	1,294 67	11,278 38
Negombo	—	—	4,248 55	68 3	124 86	4,441 44	705 86	184 50	—	1,504 0	396 6	7,231 86
Kalutara	—	—	3,801 70	20 75	188 57	4,011 2	763 51	154 50	—	1,440 0	281 36	6,650 39
Panadure	—	—	2,602 9	28 82	121 75	2,752 66	350 96	227 0	—	917 88	145 24	4,393 74
Kandy	—	—	13,015 24	512 11	1,282 10	14,809 45	2,025 94	877 34	—	5,257 10	1,400 51	24,370 34
Katugastota	—	—	1,032 91	—	—	1,032 91	63 65	—	—	610 72	55 39	1,762 67
Gampola	—	—	4,912 30	66 12	286 76	5,265 18	332 94	155 79	—	1,486 75	429 77	7,670 43
Nuwara Eliya	—	—	7,559 34	203 25	466 96	8,229 55	1,087 90	263 75	—	1,832 50	407 43	11,821 13
Matale	—	—	5,134 68	0 26	296 52	5,431 46	931 29	248 94	—	1,547 45	558 7	8,717 21
Mulhalkele	—	—	3,538 46	40 51	118 3	3,697 0	248 33	52 18	—	2,392 68	210 70	6,600 89
Mullattivu	—	—	2,147 5	1 12	38 77	2,186 94	150 71	22 36	—	936 0	186 19	3,482 20
Vavuniya	—	—	3,294 66	2 33	153 80	3,450 79	194 84	30 0	—	713 63	268 88	4,658 14
Point Pedro	—	—	2,026 75	12 10	35 14	2,073 99	149 32	13 75	—	766 99	114 29	3,118 34
Mantota	—	—	1,201 38	—	68 81	1,270 19	185 9	29 50	—	789 3	291 94	2,565 75
Galle	—	—	12,645 84	79 47	981 64	13,706 95	2,234 65	143 0	—	2,881 42	1,081 97	20,047 99
Balapitiya	—	—	2,465 95	71 85	83 36	2,621 16	257 64	146 25	—	723 96	71 12	3,820 13
Matara	—	—	5,094 48	11 65	104 84	5,210 97	746 22	84 0	—	1,200 0	724 51	7,965 70
Tangalla	—	—	924 64	5 80	6 84	937 28	87 93	44 0	—	732 0	138 50	1,939 71
Hambantota	—	—	988 45	2 83	60 8	1,051 36	79 16	48 0	—	750 0	282 67	2,211 19
Baticaloa	—	—	1,947 87	21 65	126 49	2,096 1	390 12	58 50	—	1,138 48	336 87	4,019 98
Trincomalee	—	—	1,805 71	13 20	32 35	1,851 26	320 47	55 10	—	785 55	139 20	3,151 58
Kalmunai	—	—	2,431 51	0 29	33 80	2,465 60	1,448 60	29 75	—	847 50	259 56	5,051 1
Kurunegala	—	—	8,751 68	149 58	321 96	9,223 22	1,757 47	356 50	—	2,488 0	703 42	14,528 61
Puttalam	—	—	2,723 28	8 0	48 63	2,779 91	212 20	153 18	—	1,086 50	148 50	4,380 29
Marawila	—	—	4,584 94	10 46	151 41	4,746 81	340 34	185 25	—	1,030 0	245 84	6,548 24
Chilaw	—	—	1,397 8	5 63	32 27	1,434 98	95 0	33 0	—	763 50	70 19	2,396 67
Anuradhapura	—	—	3,089 74	18 8	78 73	3,186 55	1,200 83	186 0	—	1,232 78	223 70	6,029 86
Badulla	—	—	7,917 83	209 85	880 6	9,007 74	2,005 1	298 50	—	3,130 58	859 47	15,301 30
Ratnapura	—	—	5,325 23	91 18	428 89	5,845 30	745 22	167 0	—	1,296 0	448 5	8,501 57
Kegalla	—	—	5,186 72	—	280 33	5,467 5	1,074 13	388 50	—	1,186 48	302 65	8,418 81
Total	—	—	183,160 60	5,942 73	17,819 84	206,923 17	28,288 24	5,203 17	—	59,307 40	22,093 85	321,815 83

