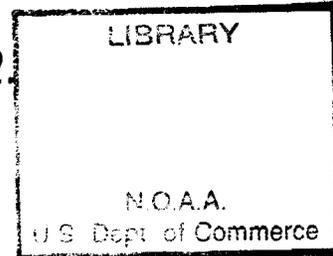


CHINA.

IMPERIAL MARITIME CUSTOMS.

II.—SPECIAL SERIES: No. 2



MEDICAL REPORTS,

FOR THE YEAR ENDED 30TH SEPTEMBER 1892.

43rd and 44th Issues.

RA
457.5
.05
M4
no. 43-44
(1892)

PUBLISHED BY ORDER OF

The Inspector General of Customs.

SHANGHAI:

PUBLISHED AT THE STATISTICAL DEPARTMENT OF THE INSPECTORATE GENERAL OF CUSTOMS,

AND SOLD BY

KELLY & WALSH, LIMITED: SHANGHAI, HONGKONG, YOKOHAMA, AND SINGAPORE.

LONDON: P. S. KING & SON, 12 AND 14, KING STREET, WESTMINSTER, S.W.

1895.

[Price \$1.]

CHINA.

IMPERIAL MARITIME CUSTOMS.

II.—SPECIAL SERIES: No. 2.

MEDICAL REPORTS,

FOR THE YEAR ENDED 30TH SEPTEMBER 1892.

43rd and 44th Issues.

PUBLISHED BY ORDER OF

The Inspector General of Customs.

SHANGHAI:

PUBLISHED AT THE STATISTICAL DEPARTMENT OF THE INSPECTORATE GENERAL OF CUSTOMS,

AND SOLD BY

KELLY & WALSH, LIMITED: SHANGHAI, HONGKONG, YOKOHAMA, AND SINGAPORE.

LONDON: P. S. KING & SON, 12 AND 14, KING STREET, WESTMINSTER, S.W.

1895.

[Price \$1.]

National Oceanic and Atmospheric Administration

Environmental Data Rescue Program

ERRATA NOTICE

One or more conditions of the original document may affect the quality of the image, such as:

Discolored pages

Faded or light ink

Binding intrudes into the text

This document has been imaged through the NOAA Environmental Data Rescue Program. To view the original document, please contact the NOAA Central Library in Silver Spring, MD at (301) 713-2607 x124 or www.reference@nodc.noaa.gov.

Lason, Inc.
Imaging Subcontractor
Beltsville, MD
December 20, 2000

INSPECTOR GENERAL'S CIRCULAR No. 19 OF 1870.

INSPECTORATE GENERAL OF CUSTOMS,

PEKING, 31st December 1870.

SIR,

1.—It has been suggested to me that it would be well to take advantage of the circumstances in which the Customs Establishment is placed, to procure information with regard to disease amongst foreigners and natives in China; and I have, in consequence, come to the resolution of publishing half-yearly in collected form all that may be obtainable. If carried out to the extent hoped for, the scheme may prove highly useful to the medical profession both in China and at home, and to the public generally. I therefore look with confidence to the co-operation of the Customs Medical Officer at your port, and rely on his assisting me in this matter by framing a half-yearly report containing the result of his observations at.....upon the local peculiarities of disease, and upon diseases rarely or never encountered out of China. The facts brought forward and the opinions expressed will be arranged and published either with or without the name of the physician responsible for them, just as he may desire.

2.—The suggestions of the Customs Medical Officers at the various ports as to the points which it would be well to have especially elucidated, will be of great value in the framing of a form which will save trouble to those members of the medical profession, whether connected with the Customs or not, who will join in carrying out the plan proposed. Meanwhile I would particularly invite attention to—

a.—The general health of.....during the period reported on; the death rate amongst foreigners; and, as far as possible, a classification of the causes of death.

b.—Diseases prevalent at.....

c.—General type of disease; peculiarities and complications encountered; special treatment demanded.

d.—Relation of disease to { Season.
Alteration in local conditions—such as drainage, etc.
Alteration in climatic conditions.

e.—Peculiar diseases; especially leprosy.

f.—Epidemics { Absence or presence.
Causes.
Course and treatment.
Fatality.

Other points, of a general or special kind, will naturally suggest themselves to medical men; what I have above called attention to will serve to fix the general scope of the undertaking. I have committed to Dr. ALEX. JAMIESON, of Shanghai, the charge of arranging the Reports for publication, so that they may be made available in a convenient form.

3.—Considering the number of places at which the Customs Inspectorate has established offices, the thousands of miles north and south and east and west over which these offices are scattered, the varieties of climate, and the peculiar conditions to which, under such different circumstances, life and health are subjected, I believe the Inspectorate, aided by its Medical Officers, can do good service in the general interest in the direction indicated; and, as already stated, I rely with confidence on the support and assistance of the Medical Officer at each port in the furtherance and perfecting of this scheme. You will hand a copy of this Circular to Dr., and request him, in my name, to hand to you in future, for transmission to myself, half-yearly Reports of the kind required, for the half-years ending 31st March and 30th September—that is, for the Winter and Summer seasons.

4—

* * * * *

I am, etc.,

(Signed) ROBERT HART,

I. G.

THE COMMISSIONERS OF CUSTOMS,—*Newchwang, Ningpo,*
Tientsin, Foochow,
Chefoo, Tamsui,
Hankow, Tainan,
Kiukiang, Amoy,
Chinkiang, Swatow, and
Shanghai, Canton.

SHANGHAI, 1st May 1895.

SIR,

In accordance with the directions of your Despatch No. 6 A (Returns Series) of the 24th June 1871, I now forward to the Statistical Department of the Inspectorate General of Customs, the following documents:—

Report on the Health of Hoihow (Kiungchow) for the fifteen months ended 31st December 1891, pp. 1, 2.

Report on the Health of Tamsui for the two years ended 30th September 1892, pp. 20-24.

Report on the Health of Chinkiang for the year ended 31st March 1892, pp. 10-12.

Report on the Health of Swatow, pp. 13-15;

Report on the Health of Shanghai, pp. 27-31; each of these referring to the year ended 30th September 1892.

Report on the Health of Wenchow, pp. 3, 4;

Report on the Health of Pakhoi, pp. 5-8;

Report on the Health of Ichang, p. 9; each of these referring to the half-year ended 31st March 1892.

Report on the Health of Chefoo, pp. 16, 17;

Report on the Health of Ichang, pp. 18, 19;

Report on the Health of Wenchow, pp. 25, 26; each of these referring to the half-year ended 30th September 1892.

I have the honour to be,

SIR,

Your obedient Servant,

R. ALEX. JAMIESON.

THE INSPECTOR GENERAL OF CUSTOMS,
PEKING.

The Contributors to this Volume are:—

WILLIAM KIRK, M.D., M.CH.	Hoihow (Kiungchow).
J. H. LOWRY, L.R.C.P.Ed., L.R.C.S.Ed.	Wenchow.
A. SHARP DEANE, L.R.C.P.I., L.R.C.S.I.	Pakhoi.
E. A. ALDRIDGE, L.M.&L.R.C.P.I., M.R.C.S.	Ichang.
J. A. LYNCH, M.D., M.CH.	Chinkiang.
HENRY LAYNG, M.R.C.S., L.R.C.P.	Swatow.
E. W. VON TUNZELMANN, M.B., M.R.C.S.	Chefoo.
ALEXANDER RENNIE, M.B., C.M.	Tamsui.
R. ALEX. JAMIESON, M.A., M.D., M.R.C.P.	Shanghai.

DR. WILLIAM KIRK'S REPORT ON THE HEALTH OF HOIHOW (KIUNGCHOW)

For the Fifteen Months ended 31st December 1891.

THE health of this port during the past 15 months has been on the whole very good, partly due, no doubt, to the unusually prolonged winter 1890-91 and the following comparatively cool summer.

Among the European population there was little sickness, and there were no deaths; and among natives there was less sickness than during the previous year. Cases of malarial character were rare, and no case of dysentery came under my observation.

Towards the end of October and beginning of November 1890 the influenza epidemic made itself felt for the second time. Few, if any, of the foreigners escaped; but in no case were the symptoms of any great severity, and all yielded readily to treatment. The disease was also very prevalent among natives.

In August an outbreak of cholera was reported to have taken place in the neighbourhood of Kiungchow—the prefectural city, some 5 miles distant. None of the cases came under my personal observation; but judging from the fact that the disease did not spread, nor manifest itself in the usual way, I am of opinion that it was not true Asiatic cholera, but merely severe diarrhoea, attended with much pain and weakness, and due, probably, to surfeits of unripe fruit and vegetables or to some local defective hygienic condition.

As before remarked, the weather during this period has been particularly favourable to the health of the foreigner. The winter cold lasted well up to the end of March and the summer was much cooler than usual. Tropical thunderstorms were of frequent occurrence throughout the spring and early part of summer, and the accompanying rainfall was at times very heavy. The greatest rainfall in one day (2.20 inches) occurred on the 5th September. From the appended meteorological table it will be noticed that the registered temperature differs little from that of previous years. The highest registered temperature (95°) occurred on the 14th April and 29th May, and the lowest thermometrical reading (52°) was taken on the 12th February.

Several cases of gunshot wound, the result of the riot which took place at this port in October 1890 between the soldiers and civilians, came under treatment. Many persons were shot dead, and about 40 others were more or less severely wounded. In some the injuries were of a character too severe to be hopeful of good results, but of the less severely wounded the majority made wonderful recoveries; in fact, considering the circumstances and surroundings of some of these cases, I must confess I was quite astonished at the rapidity and completeness of the healing process. The guns used were of the old-fashioned muzzle-loading type, and

the bullets being large, round and roughly made, produced large, ragged, irregular-shaped wounds and much destruction of tissue.

After freeing the wounds from as much as possible of the embedded foreign matters, and after a thorough cleansing with perchloride of mercury solution, a dressing of carbolic oil was applied in most cases.

One case was of a character rarely met with in civil practice, and interesting from the fact that the bullet in its course made six distinct apertures, viz., three at points of entrance and three at points of exit. Its course was as follows: entering first the anterior part of outer surface of left thigh, high up, it passed right through the thigh, emerging on inner surface; next it passed through the soft structures at root of penis, making a wound of entrance and a wound of exit; and finally it passed completely through the right thigh, its aperture of exit being almost exactly on a level with the aperture of entrance on outer surface of left thigh. The patient survived his injuries but a very few hours, and judging from his collapsed condition and the hæmorrhage, I concluded that one or both of the femoral arteries had been injured.

The appended abstract is taken from the Custom House meteorological tables.

METEOROLOGICAL TABLE, October 1890 to December 1891.

MONTH.	THERMOMETER.		BAROMETER.		RAINFALL.	
	Maximum.	Minimum.	Highest.	Lowest.	Number of Hours.	Quantity.
1890.	° F.	° F.	Inches	Inches		Inches
October	83	69	30.23	29.69	22	2.59
November	78	53	30.28	30.06	32½	1.30
December	84	62	30.32	29.94	10	0.39
1891.						
January	77	62	30.29	30.02	35	2.74
February	84	52	30.88	29.84	137	0.91
March	89	61	30.30	29.80	111	0.59
April	95	61	30.25	29.73	68	5.18
May	95	72	30.12	29.76	20	7.66
June	93	76	29.97	29.68	31	9.03
July	92	76	29.98	29.60	30	5.12
August	90	75	29.97	29.66	50	9.49
September	87	76	30.08	29.59	100	12.51
October	89	76	30.23	29.90	22	4.55
November	84	61	30.35	30.00	37	0.96
December	74	59	30.43	30.10	61	2.22

DR. J. H. LOWRY'S REPORT ON THE HEALTH OF WENCHOW

For the Half-year ended 31st March 1892.

THE health of foreigners resident here has been generally good during the past six months; there have been few cases of sickness attributable to climatic causes. The winter was fairly mild—certainly up to Christmas we had no serious cold weather. During February and March a thin coating of snow was noticed on the hills. The rainfall has not been so great as in the previous six months. Bronchial catarrh has been very prevalent among both foreigners and natives during the past two months, but, so far, no cases of influenza have been observed. There was no serious epidemic among the native community; chicken-pox had its sway for a time, and two foreign children were attacked.

ACCIDENTS.

"Lawn Tennis Leg."—An ardent tennis player, while playing a quiet game, received suddenly an accident to the calf of his leg, and exclaimed at once to his opponent, "You struck me." He hopped to a seat and was subsequently taken home in a chair, and I saw him shortly after. There was considerable pain in the middle of the calf, and there was a boggy feeling over the painful part. The sufferer was totally unable to put his foot to the ground. I came to the conclusion that some fibres of a muscle, probably the plantaris, had been ruptured. With rest, bandaging, etc., and the subsequent wearing of an elastic stocking, the patient was able to walk with a stick after three weeks. This case is precisely similar to the one reported by Dr. POWELL, of Ottawa, in the *Lancet* of 7th July 1883, and in vol. ii of the *Lancet*, same year, other like cases are reported. In all, the receiver of the injury at once exclaimed, "Someone struck me."

Fracture of Skull.—A Chinese boy, æt. 8 years, fell from the city wall, a distance of 30 feet, and sustained a compound fracture of the right parietal bone about the eminence, besides receiving incised wounds on the right brow and temple. He made a slow but good recovery.

Dislocation of the Wrist.—A Customs coolie, while stepping into a sampan from the jetty, slipped and fell, dislocating his left wrist. I saw him immediately after and reduced the dislocation with ease.

Incised Wounds of Face.—A blind Chinese, æt. 70, while struggling with a thief in the night, fell or was thrown down a narrow stair, receiving severe injuries to the face. There was a large, gaping wound on the chin, and the left half of the upper lip was almost torn off; there were also small incised wounds on the left cheek and brow. By careful suturing, the wounds did well, and very little deformity was left.

Eversion of Finger-nail.—A Chinese actor was bitten on the finger by one of his fellows during a quarrel. A very unhealthy inflammation followed, which necessitated the removal of the nail.

Compound Fracture of the Elbow-joint.—The missionary lady, mentioned in my last Report, who fell from the city wall and received the above injury went up to Shanghai. The surgeons under whose care she was removed a quantity of dead bone. Later—five months after the injury—it was found necessary to amputate the arm at the shoulder-joint, and she subsequently died.

The following medical and surgical cases (foreign and native) have been treated during the period under review :—

Amenorrhœa.	Dyspepsia.
Asthma.	Eversion of finger-nail.
Bronchial catarrh.	Fracture of skull.
Carcinoma of womb.*	Gonorrhœa.
Carbuncle.	Incised wounds of face.
Chicken-pox.	"Lawn tennis leg."
Congestion of liver.	Pharyngitis.
Congestion of lungs.	Phthisis.
Diarrhœa.	Remittent fever.
Dislocation of wrist-joint.	

* Case of old standing, which proved fatal in October, after much suffering.

I append an abstract from the Customs meteorological observations taken at Wenchow (latitude, 28° 1' 30" N.; longitude, 120° 38' 28½" E.).

METEOROLOGICAL TABLE, October 1891 to March 1892.

MONTH.	BAROMETER.		THERMOMETER.		RAINFALL.	
	Highest.	Lowest.	Highest.	Lowest.	No. of Days.	Quantity.
1891.	<i>Inches</i>	<i>Inches</i>	° <i>F.</i>	° <i>F.</i>		<i>Inches</i>
October	30.32	29.80	81	65	18	6.18
November	30.65	29.93	76	47	4	2.21
December	30.57	29.90	67	40	12	2.64
1892.						
January	30.60	29.90	65	38	5	0.42
February	30.50	29.75	63	38	19	5.35
March	30.40	29.75	61	38	22	8.02

DR. A. SHARP DEANE'S REPORT ON THE HEALTH
OF PAKHOI

For the Half-year ended 31st March 1892.

IN the Report for the preceding half-year it was stated that the health of this district for the period then under review had attained an average far above that of some years past. I now have to add that that happy state of affairs continued until the 12th February, when a universal epidemic manifested itself alike among foreigners and natives. Cattle also were said to be affected at the same time, and apparently in the same way, as human beings, but not to the same extent, as it was in some villages only that the disease appeared among them.

Among the foreign residents, one female infant was born on the 19th October, being the second female out of a total of seven children born since the opening of this port.

One death, resulting from chronic disease of the kidneys—complicated by the formation of a vesico-intestinal fistula about 18 months prior to death,—occurred on the 8th February.

Influenza, from which eight of our small community suffered, was prevalent during February. Case C., however, is the only one calling for comment; the others being of a mild variety, convalescence was established in 10 or 12 days.

The general symptoms of this epidemic were: headache, variously situated, but principally bilateral-parieto-frontal; vertigo; harsh cough, with little or no expectoration; catching pain across the front lower half of the thorax; aching pain across the back, just above the sacrum, and general muscular pain; anorexia; urine high-coloured or unduly loaded with phosphates; sleeplessness, and sometimes delirium. Temperature varied from 97° to 104°, but averaged 102°.5 for the first three days of the attack, there being little difference between the morning and evening. A great sense of exhaustion was complained of in some cases.

If bronchitis did not supervene the patients made a quick recovery. This complication occurred in three of the cases—one in particular under Dr. HORDER's care, in which there was considerable dyspnoea, the lungs being blocked up with tenacious mucus.

The constant symptoms—though varying in severity, but common to all—were pain in the head, vertigo, pain above the sacrum, griping pain across the thorax, and anorexia.

CASE C.—On the evening of the 23rd February a Tidewaiter, whom in December 1890 I examined and passed in sound health for the Customs service, reported sick, stating that he had just been relieved from duty on board a steamer where he had fainted; that he had suffered from headache and a harsh dry cough for three days, but thought nothing of them; that his appetite had been failing, and that the only food he had taken on this day was a cup of chocolate in the forenoon and a few glasses of plain filtered water during the day.

When the patient reported to me his symptoms were:—Intense diffuse throbbing headache; he could not localise the pain, but said he felt as if his head would burst. Dull grinding pain across the back, just above the sacrum. Catching pain on inspiration felt in the sides and across the chest in front,

following the course of the fifth and sixth ribs. Respirations 35 per minute, laboured. Frequent harsh cough. Dizziness and unsteadiness of gait. The pupils were dilated and responded sluggishly and partially to light. The surface of the body was cold and bathed in perspiration. The pulse was barely perceptible, and there were apparently long intermissions between the pulsations. The first and second sounds of the heart had given way to what I can only describe as a succession of short, faint, puffing sounds, of equal rhythm and intensity, numbering 190 or 200 per minute. The lungs were healthy, air entering them freely; no râles could be detected and, with the exception of prolonged expiration and laboured breathing, nothing abnormal could be found. The liver and other organs were normal. The tongue was clean. The temperature taken in both axillæ registered 97°. There was no rigor at any time. The bowels had acted normally in the morning; urine was passed three times during the day; and there had been no vomiting. His use of tobacco was moderate, as was also his consumption of stimulants.

24th February, 8 A.M.—Patient spent a very restless night, but was not delirious. He rose some time about 2 A.M. to urinate, and staggered about the room as if he were drunk, having to hold on to chairs, etc., to keep himself from falling. Headache much less; pain situated in the occiput, with a tendency to be felt in the neck. Still severe gripping pain across the chest felt on inspiration. Pain in the back unaltered. Urine abundant, depositing about one half its bulk of phosphates; acid in reaction, specific gravity 1.035, containing neither albumen nor sugar. Tongue clean. Has a most intense loathing for food of any kind. Pupils normal. Cough troublesome, without expectoration. The heart sounds still retain the same character, but are stronger and more distinct. Temperature 103°; skin dry.

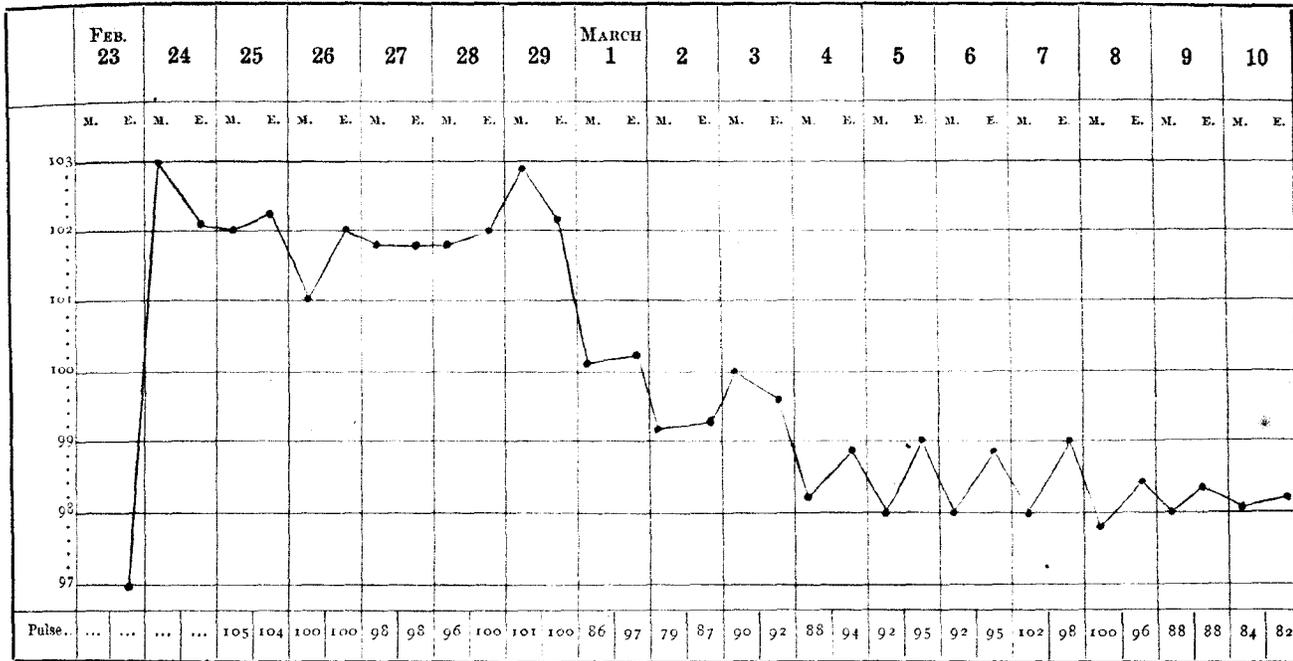
7 P.M.—Temperature 102°. I. Saline aperient given in the forenoon acted, bringing away a small normal motion. Heart sounds distinctly improving; one of the "puffing" sounds is stronger and of longer duration than the other, but still does not resemble the second sound of the heart. Headache not felt, except when the head is suddenly moved. Pain across the chest and over the sacrum still continue. Feels very light-headed if he only sits up in bed.

25th February, 9 A.M.—Had a fairly good night; slept for six hours; perspired profusely. Cough less troublesome. Took half a glass of milk during the night, which he vomited at once. Pain across sacrum and chest continues unaltered. Headache has left the occiput and is now situated behind the eyes and in the temples. Urine still very heavily loaded. Temperature 102°; pulse 105. The first and second sounds of the heart, though weak, could be heard distinctly, unaccompanied by bruit of any kind.

Nothing further of interest is to be obtained from the notes of this remarkable case, which at first looked very much like one of poisoning by some cardiac depressant drug. From the 25th February the patient made a slow but uninterrupted recovery, all the symptoms, with the exception of anorexia, gradually subsiding, appetite being last regained. On the 1st March he considered himself well, but, having regard to the temperature and pulse, convalescence was not pronounced until about the 10th March, and not until nine days later did he return to duty.

In what has gone before it will be noticed that in this case there was a distinct premonitory stage of three days' duration, during which time the only symptoms were headache, cough and failing appetite. On the fourth day the climax was reached, with sudden symptoms of collapse as indicated by failure of the heart's action and subnormal temperature of the body; and on the sixth day profuse diaphoresis ushered in the crisis, with immediate restoration of the normal action of the heart. Then the headache was peculiar in that it was at first diffuse; on the next day it was located in the occiput and upper cervical region; and on the day following it was frontal, from which situation it gradually disappeared. Anorexia, without further evidence of gastric disturbance, was also a marked symptom; and the amount of deposit in the urine is another point worthy of mention, as it would look as if the kidneys were the principal medium through which the poison in this disease is eliminated. I have never seen urine throw down such a copious and dense precipitate as in this case.

The subjoined chart indicates the course of the temperature and rate of the pulse in Case C., from which it will be seen that the pulse was very irregular and bore no relation to the temperature.



Among the native population it was reported that more than 30 deaths occurred in Pakhoi during February and the beginning of March due to lung complications in the course of influenza; and numerous deaths from the same cause were said to have occurred.

Simultaneously with the appearance of influenza among foreigners, it was reported to be affecting the inhabitants of every town and village in the surrounding country. Five out of eight of our in-door staff suffered from it. The out-door staff, however, did not suffer in the same ratio, nine only out of 32 contracting the disease. Only two of these cases were severely affected; but such cases must not be taken as representing the general type of the disease as it occurred among the mass of the population, as in many instances it proved fatal.

During the spring of each year the Chinese usually experience an epidemic catarrh affecting the mucous membrane of the nose, throat and perhaps that of the bronchi, which as a rule passes off in a few days, leaving the patient without any after effects. In the present epidemic they recognise three symptoms which do not occur during the course of the ordinary spring epidemic, namely, vertigo, which they consider a very grave symptom; next, complete loss of appetite; and lastly, the debilitated state of the patient after the disease has run its course.

The symptoms of influenza among natives were precisely similar to those which prevailed among foreigners. Bronchitis was of very common occurrence either during or after the disease. In one case I noticed a rash similar to that of scarlet fever on the patient's face, body and limbs. It lasted only 30 hours and then disappeared without desquamation. This rash did not appear to affect the patient's condition; his attack of influenza had been slight, and I do not think it was due to measles, or to his having eaten poisonous fish or any other food likely to cause it.

Foreigners and natives suffering from influenza were treated alike; but in a disease with so many, and in some cases varied, symptoms no special line of treatment can be carried out—symptoms have to be contended with as they arise.

Of the medicines prescribed, antipyrin, where it could be borne, was found very useful, in most cases, for promptly relieving the headache and for temporarily reducing the temperature. Salicylate of soda also acted well in removing the pain in the back and general muscular pain. A native over 60 years of age with bronchitis and intense dyspnoea, of whose recovery I had little hope, and who was taking an alkaline cough mixture with little or no benefit, on being given 10 grains of salicylate of soda every hour, after six doses began to expectorate freely, the dyspnoea subsiding very shortly after.

Case C. was treated at first by the administration of ammonia and ether, with small doses of tincture of digitalis frequently repeated; subsequently acid tonics, quinine and stimulants were ordered.

Early in October the thermometer began to fall, and from that time until February we experienced cool weather. December was not as fine and bright as usual. Throughout February the temperature was very changeable, the thermometer rising and falling as much as 25° in 12 hours.

Fogs occurred frequently during February and March. They gave to the air the appearance of being charged with fine dust instead of vapour. Curiously enough, with the setting in of the fogs came also influenza, and with the change to clear weather the epidemic subsided.

Rain fell to the extent of 15.67 inches from October to March, which, when compared with the fall for the same periods in the two previous years, shows an excess of 4.29 inches over 1890, and 4.82 inches more than in 1891.

METEOROLOGICAL TABLE, October 1891 to March 1892. (Latitude, 21° 29' N.; longitude, 109° 6' E.)

MONTH.	THERMOMETER.			Rainfall.	MONTH.	THERMOMETER.			Rainfall.
	Highest.	Lowest.	Mean.			Highest.	Lowest.	Mean.	
1891.	° F.	° F.	° F.	Inches	1892.	° F.	° F.	° F.	Inches
October.....	91	65	83.5	2.83	January.....	78	45	59.0	0.43
November.....	88	54	70.0	1.09	February.....	80	45	59.0	1.60
December.....	76	47	63.0	4.55	March.....	82	44	62.0	5.17

DR. E. A. ALDRIDGE'S REPORT ON THE HEALTH OF ICHANG

For the Half-year ended 31st March 1892.

The following abstract is from the meteorological observations taken at the Custom House:—

METEOROLOGICAL TABLE, October 1891 to March 1892.

MONTH.	THERMOMETER.				BAROMETER.		RAINFALL.	
	Highest.	Lowest.	Average Highest.	Average Lowest.	Highest.	Lowest.	No. of Days.	Quantity.
1891.	° F.	° F.	° F.	° F.	Inches	Inches		Inches
October	89.0	48.5	75.3	61.8	30.260	29.750	17	5.29
November	86.0	34.0	65.9	50.1	30.586	29.854	3	3.04
December	74.0	32.0	57.9	38.5	30.678	29.932	2	0.34
1892.								
January	68.5	28.5	53.3	35.2	30.630	29.880	5	0.54
February	65.0	30.5	51.0	36.0	30.562	29.500	9	1.30
March	73.0	28.5	58.0	40.0	30.404	29.520	5	1.58

As is usually the case at Ichang, the winter has been pleasant, the average temperature for the six months being but a little over 50° F., and the rainfall only 12.09 inches, falling in 233 hours, nearly half of which was in October. Snow fell during three days in February—about $\frac{3}{4}$ inch on the 5th, and about 1 inch on the 17th.

The British blue-jackets on board the s.s. *Ella*, sent here for the protection of the foreign community after the riot in September, had lately served on the west coast of Africa, and among them some cases of dysentery and malarial fever were attended. The *Ella* was relieved by H.B.M.S. *Esk* on the 9th November, the crew on board of which have enjoyed good health during the winter, as have also the other foreigners living on shore (9 in all), on junks—for want of better habitations—and on the revenue steamer *Lingféng*.

It is said that there has been unusually little sickness in the city. Owing to the unsettled state of affairs, the missionary hospital was closed and very little medical work was done among the native population.

DR. J. A. LYNCH'S REPORT ON THE HEALTH OF CHINKIANG

For the Year ended 31st March 1892.

METEOROLOGICAL TABLE, April 1891 to March 1892.

MONTH.	THERMOMETER.				BAROMETER.		RAINFALL.	
	Highest.	Lowest.	Average Highest.	Average Lowest.	Highest.	Lowest.	No. of Days.	Quantity.
1891.	° F.	° F.	° F.	° F.	Inches	Inches		Inches
April.....	82	43	70.10	51.70	30.38	29.68	9	2.43
May.....	96	51	77.70	65.10	30.18	29.52	6	0.54
June.....	99	62	89.20	72.10	29.84	29.48	5	1.88
July.....	100	69	90.01	76.50	29.75	29.45	9	12.37
August.....	99	69	92.01	77.07	29.94	29.58	8	2.53
September.....	92	57	84.30	70.10	30.10	29.56	10	3.34
October.....	84	51	72.08	63.00	30.29	29.81	13	2.89
November.....	77	28	60.10	46.80	30.71	29.88	3	0.48
December.....	67	20	50.06	35.07	30.63	29.85	4	0.96
1892.								
January.....	63	21	43.07	32.02	30.66	29.90	4	0.56
February.....	60	20	44.00	32.00	30.57	29.78	9	3.10
March.....	63	25	47.30	36.50	30.47	29.67	7	2.14

For the above table I am indebted to Mr. J. H. J. SUSEMIHL, Acting Tidesurveyor.

The summer of 1891 was one of the longest and most trying ever felt in Chinkiang. Two cases of sunstroke occurred in August, one being fatal.

X., 47, an old alcoholic soaker and the subject of advanced cirrhosis of the liver; had been in feeble health for more than a month; had not been out of the house for several days. At 1 o'clock in the afternoon of the 10th August, while writing a letter, he fell from his chair. Half an hour later I was summoned, and found him profoundly insensible, livid and stertorous, with a temperature of 106°. He was stripped and rubbed with ice. The pyrexia abated, consciousness returned; and at half-past 4 he was sitting up in bed, talking rationally and sipping a cup of coffee. An ice-bag was fixed on his head and an

antipyrin mixture ordered. He was seen at frequent intervals during this night and the following day. The temperature wavered between normal and $101^{\circ}.5$. At 4 o'clock on the 11th August I found him again comatose. The thermometer in the axilla stood at $106^{\circ}.5$. He had a few epileptoid convulsions. Treatment was unavailing, and death took place a little before 7 P.M.

The other case illustrates a variety of sunstroke which seems to be far from rare, but which is not, to my knowledge, described or alluded to in text-books.

Z., 34, sanguine, robust, of very temperate habits; felt giddy and queer after a cricket match on the 1st August. On the 12th he walked home to tiffin, protected by a sun-hat, dark spectacles and an umbrella. On entering his house he felt giddy. I saw him at 2 o'clock, when he was suffering from intense vertigo, some confusion of ideas and great restlessness, with a feeling of "going mad." These sensations came on paroxysmally, at intervals of 10 or 20 minutes, when he would rise and pace round the room, stamping and gesticulating violently, with a bewildered and anxious look. Pulse full and slow, and again hard and tense, by turns; pupils dilated; temperature normal; face flushed; temples throbbing. Ice was applied to the head, 6 grains of calomel laid on his tongue, and bromide of potash in 20-grain doses administered every three hours. These measures gave great relief. For the next three weeks he was kept perfectly quiet in a darkened room, with ice to his head, and had small doses of bromide. Improvement was slow, with occasional return of the first symptoms in a minor degree. On the 27th and 28th August he had a very severe relapse; signs of emotional weakness made their appearance for the first time. On the 2nd September Dr. REID, of Shanghai, saw him with me. He had then considerably recovered, and it was agreed to remove him to the Shanghai Hospital, where he passed under the care of Drs. JAMIESON and REID. The further history of the case belongs to Shanghai; but I may mention that his recovery was gradual and steady. He was able to leave the hospital after a month's stay; took a trip to Corea; and since then has been as well as ever.

Of typhoid fever there were three cases; one, seen in July, proved fatal:—

C., 24 (?), missionary lady; came here on 14th July from Yang-chou. She was said to be suffering from dysentery, which had commenced a week or 10 days before. Later on I met Dr. HOWARD TAYLOR, who had attended her in Yang-chou, and who informed me that the symptoms were unmistakable; she had 10 to 20 small muco-sanguinolent dejections a day. Under my charge she had four or five stools a day, copious, yellow and offensive, without a trace of blood or mucus. There were a few rose-spots on the epigastrium; the abdomen was slightly swollen; and there were distinct tenderness and gurgling on pressure in the right iliac fossa. The temperature, ranging from 101° to 104° , presented the characteristic curve of typhoid. The pulse, extremely rapid and feeble, grew every day more thready. She died on the 17th, of cardiac failure.

The other two cases, occurring in September 1891 and March 1892 (the latter also in a missionary lady from up country), ran a favourable course, presenting no special features.

One other death took place in 1891:—

S., 43, an emaciated, feeble and breathless man, suffering from an aneurism of the thoracic aorta of three years' standing, came to the port in the last days of November. On the 8th December he went off duty with symptoms of bronchial catarrh. On the 13th he had some fever and rusty sputa. On the 16th there was dulness over the base of the right lung. The sufferings of the patient from incessant cough, dyspnoea, sleeplessness and exhaustion increased every day up to his death, which occurred on the morning of the 20th from respiratory failure.

At the autopsy the central portion of the chest-cavity was found occupied by an enormous aneurismal dilatation of the ascending and transverse aorta, pressing upon the heart, bronchi and great

vessels, and adherent to the chest-wall in front, over a space of about 1 inch square, at the junction of the sternum and second rib, both of these bones being deeply eroded. At this spot there was no deposit of fibrin in the interior, but all the remainder of the cavity of the aneurism was lined with friable fibrinous laminae, over an inch thick in parts. The middle and lower lobes of the right lung were hepatised.

A case of perityphlitis (ending in resolution), a few mild cases of influenza and of malarial remittent, one of intermittent, one of chronic diarrhoea, and an outbreak of measles in a family of four children complete the record of the year's sickness.

Two children were born in the first quarter of 1892.

DR. HENRY LAYNG'S REPORT ON THE HEALTH OF SWATOW

For the Year ended 30th September 1892.

THE general health of the foreign and Chinese population has been highly satisfactory. Excepting a short and mild epidemic of "influenza" in the early spring, and one of tropical measles localised among the foreign children on Double Island, no disease has assumed an epidemic nature. No case of cholera has been seen. In the autumn of 1891 malarial fever of an intermittent type was more prevalent than usual among foreigners and Chinese; this was due, in all probability, to the excessive rainfall that accompanied the typhoon of September 1891 and to the denudation of the surface soil of the hills, together with the uprooting of many hundreds of trees. A well-recognised point here in reference to the prevalence of malarial fever is that it is far less extensive on the swamp of Swatow than it is on the south side of the river, where numerous villages are situated at the base of the hills. In describing Swatow as a swamp, it must be remembered that its extensive mud foreshores are daily washed twice by the tide and that its creeks and inlets are likewise well flushed. The summer heat was less severe and less prolonged than usual. During the hot months a considerable portion of the foreign community resided on Double Island.

In summer a frequent cause of trouble to many foreigners is a condition of malaise and despondency due to slight but persistent elevation of the bodily temperature, which, though rarely rising above $99^{\circ}.5$, is accompanied by muscular pains, nausea, headache and a feeling of lassitude. I have repeatedly noticed that if on a hot day the temperature of the body be only ever so slightly raised, the individual, on being questioned, will state that he does not feel quite well, or that the heat is too much for him. This I note, as one frequently hears it said that a temperature of $98^{\circ}.8$ or 99° on a hot summer's day is immaterial. My own idea is that it is of much importance: experience has taught me that such persons do not stand the debilitating influences of tropical summers as well as others.

Frequently I am consulted by patients saying that for some time they have not felt themselves, that they are not ill, have no fever, but that everything is a bother to them, they cannot work as they ought to, etc.; in fact, the history given is much the same as that so often heard when one is first consulted in a case of typhoid fever, only that the period of malaise is more extended and in most cases less severe. With such a history from a patient I expect to find, and usually do find, some slight elevation of temperature some time during the 24 hours. In many of these cases the rise of temperature will only continue for a few hours; but in others the morning register may be $98^{\circ}.8$ or 99° , and the afternoon and evening $99^{\circ}.4$ or $99^{\circ}.6$ —only rarely is 100° reached. When the morning temperature is not above normal, I have often found it many points below. The same condition follows slight ailments in children and continues long after convalescence has been well established; I have also noted it in women after childbirth.

As to treatment, many cases recover quickly under arsenic and quinine, or arsenic and iron; but frequently the condition continues for weeks. Change of climate for a short time is very effectual, but often impossible. Cases of this kind have been noticed in persons living on

the top of the hills and in those resident on Double Island. People leading a sedentary life are most subject to it, but no classes are exempt.

Nine cases of tropical measles were treated on Double Island during the summer months, the first occurring on 2nd July and the last at the end of September. The nature and spread of this small epidemic were peculiar: no case was seen in Swatow and no case was heard of among the Chinese children on the island. At the time there were about 40 foreign children on the island, and as they met every afternoon on the small beach, one expected a quick spread of the disease; but not so. The nine cases extended over nearly three months.

The first case was that of a visitor from Hongkong, but as the child had been residing on the island for some weeks before the onset of the attack, there is no reason for supposing that the infection was brought from Hongkong.

The nature of the attacks was most varied; some were so slight that the children were convalescent in a few days, others, again, were severe.

Coryza, suffused eyes, bronchial catarrh and a febrile condition were present in all cases. The typical rash of true measles was only present in one. In all except the very mildest there was an abundant papular eruption, which appeared first on the face, chest and arms, and after an interval of some days on the legs, and lasted three or four days.

In two cases urticaria appeared after apparent convalescence had been established—in one as late as the 12th day.

Ear-ache was present in two cases, diarrhoea in two and constipation in some.

No albumen in the urine.

In families where the strictest isolation was carried out no second case occurred, but where this was omitted, other children suffered.

Temperature chart No. 1 is that of a severe case, which might be considered a typical case of true measles. The child was delirious for the first five days and had congestion of one lung.

CHART NO. 1.

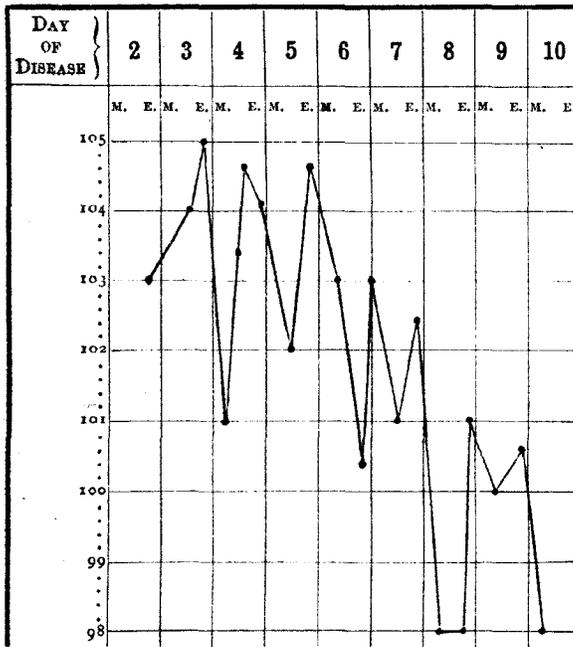
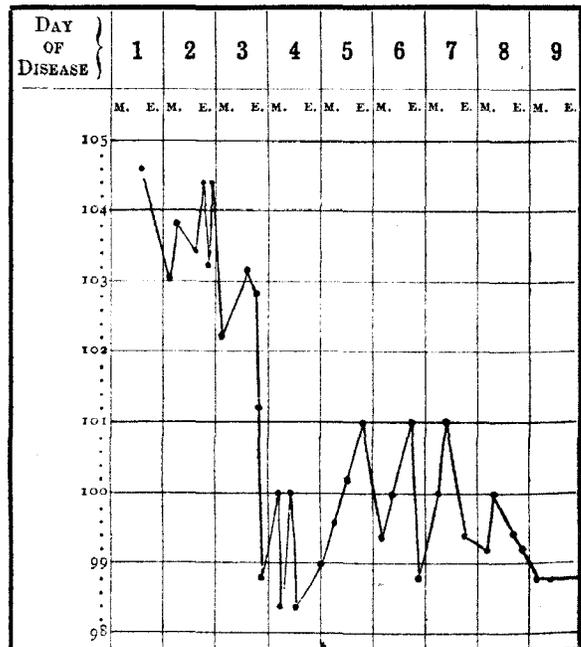


CHART NO. 2.



DR. E. W. VON TUNZELMANN'S REPORT ON THE HEALTH OF CHEFOO

For the Half-year ended 30th September 1892.

DURING the half-year ended 30th September 1892 the health of the Imperial Maritime Customs staff, as of the foreign residents generally, was good. The subjoined table shows the amount and nature of sickness among the out-door staff; among the in-door staff there were nothing but trivial ailments.

Case.	NATURE OF ILLNESS.	No. of Days off Duty.	Case.	NATURE OF ILLNESS.	No. of Days off Duty.
1	Intermittent fever.....	6	5	Diarrhoea.....	2
2	Diarrhoea	2	6	Chronic rheumatism	4
3	Subacute rheumatism.....	4	7	Dental abscess.....	3
4	Diarrhoea	4	8	Diarrhoea	6

Among the other residents there were five cases of acute illness, viz.:-

Pneumonia	1	Acute dysentery	1
Rheumatic fever	1	Choleraic diarrhoea	1
Acute gastro-enteritis	1		

All did well.

Four children were born during this period, two of each sex—three to residents in the port, one aboard a merchant barque.

A considerable number of visitors spent a portion of the summer here, enjoying for the most part good health. One was found soon after arrival to be affected with tubercular phthisis, which progressed rapidly at first, then became chronic, with improved general health. There were several cases of dysenteric diarrhoea, mostly in children, and two of infantile cholera. Nearly all were clearly due to dietetic errors, to injudicious exposure to causes of chill or to insolation.

In the General Hospital 11 cases have been treated, as shown in the appended table. The one fatal case was an elderly seaman who was admitted suffering from subacute bronchitis, alcoholic dyspepsia and aortic regurgitation. After 10 days, feeling much better, he discharged

himself, against advice. He returned next day with symptoms of a gross cerebral vascular lesion, probably thrombosis. He died three days later.

Case.	Sex.	NATURE OF ILLNESS.	No. of Days in Hospital.	RESULT.
1	Male	Bronchitis, cardiac disease, etc.; cerebral thrombosis...	13	Death.
2	"	Acute dysentery.....	13	Discharged well.
3	"	Cystitis.....	29	" "
4	"	Contusion of hip.....	25	" "
5	"	Parapneumonia.....	3	" "
6	"	Typhoid fever.....	73	" "
7	"	Septicæmia.....	15	" "
8	Female	Pleurisy.....	18	" "
9	Male	Rötheln.....	2	" "
10	Male child	Rötheln; tonsillitis.....	9	Discharged improving.
11	Female	Febricula.....	9	Discharged well.

The first case of rötheln (No. 9) was isolated in the hospital until the rash, which had appeared on the day of arrival in Chefoo, had entirely disappeared; the usual precautions, carbolic bath, etc., were taken before discharge, to minimise the risk of infection. In spite of these precautions, a subsequent case occurred after the usual period of incubation (14 days) and another a week later, both children. Both were promptly isolated—one in Dr. DOUTHWAITE'S fever hospital, one in the General Hospital,—and no further cases occurred.

The meteorological table requires little comment. The daily variations in temperature and humidity during the three summer months are extremely wide, and seem to afford an adequate explanation of the undoubted fact that visitors, especially those from the South, many of whose malaria-damaged spleens are unable to fulfil their duty of protecting the intestines from sudden vascular engorgement, are very much more liable to bowel complaints than the residents are—a fact usually, though erroneously, attributed by the public to the hard Chefoo water, which, if adequate precautions be taken, is innocuous as a rule, though often nauseous.

METEOROLOGICAL TABLE, May to September 1892. (Observations taken at 9 A.M.)

MONTH.	THERMOMETER.				RELATIVE HUMIDITY.	
	Dry Bulb.		Wet Bulb.		Maximum.	Minimum.
	Maximum.	Minimum.	Maximum.	Minimum.		
	° F.	° F.	° F.	° F.		
May.....	72.0	59.0	64.5	54.0	79.5	55.5
June.....	86.0	62.5	75.0	58.5	88.0	46.0
July.....	84.0	75.0	80.0	67.0	90.0	59.0
August.....	85.0	72.0	81.5	68.5	100.0	50.0
September.....	78.0	63.0	77.5	56.0	97.0	60.0

DR. E. A. ALDRIDGE'S REPORT ON THE HEALTH OF ICHANG

For the Half-year ended 30th September 1892.

The following abstract is from the meteorological observations taken at the Custom House:—

METEOROLOGICAL TABLE, April to September 1892.

MONTH.	THERMOMETER.				BAROMETER.		RAINFALL.	
	Highest.	Lowest.	Average Highest.	Average Lowest.	Highest.	Lowest.	No. of Days.	Quantity.
	° F.	° F.	° F.	° F.	Inches	Inches		Inches
April.....	91.0	42.0	73.7	55.5	30.17	29.45	12	9.42
May.....	99.0	49.0	84.7	63.0	30.30	29.56	11	4.51
June.....	100.0	67.0	93.5	71.6	29.83	29.51	6	2.54
July.....	110.5	71.0	98.9	77.3	29.78	29.50	12	4.35
August.....	110.5	71.0	98.4	76.6	29.83	29.51	16	8.49
September.....	100.0	58.0	86.5	67.7	30.29	29.58	7	1.54

The most noticeable feature presented in the above is the extraordinarily high temperature recorded. Never has such heat been known at Ichang, nor has the summer ever been of such long duration. The very extreme heat may be said to have begun on the 19th July and not to have ended before the 21st August; the average maximum temperature between those dates reached 102°.7, while both before and afterwards the thermometer occasionally registered 100°. The rainfall was 30.85 inches, making 42.94 inches for the last 12 months, falling on 105 days, during 537 hours. The river in July rose 20 feet 4 inches in three days, and covered the Bund opposite the Custom House to the depth of 3 feet. Not since the opening of the port has there been such a flood, and many huts and houses along the river bank were either washed away or were under water for some days.

The health of Europeans generally was not good; there were several cases of dysentery, remittent fever and other fevers of malarial origin, but no deaths. The great heat experienced for so long a period was most trying, and in the case of anyone taken ill, greatly delayed convalescence.

The Chinese population suffered from a severe epidemic of cholera, from which, fortunately, all Europeans escaped. Here as in other Chinese cities, cholera every summer causes

many deaths, but not since 1883 was there any such outbreak as that which occurred this year. About 700 persons are reported to have died during the latter part of May, June and the first few days of July. The years 1850, 1864, 1883 and now 1892 are memorable in the annals of Ichang for cholera epidemics. Cholera has been present this summer all along the Upper Yangtze valley. At Shashih, 80 miles down river from Ichang, it caused about 1,000 deaths between July and the end of September. At almost the same time over 2,000 persons died, it is said, in the Chinese and Manchu cities of Ching-chou, while reports reached us of a still more heavy mortality from cholera up river at K'uei-chou-fu, Chungking and Ch'eng-tu, in the province of Szechwan. The natives here have two names for cholera, *wu-sha-chéng* (烏痧症) and *huo-luan-chéng* (霍亂症), the former including cases in which the patient is struck down and usually succumbs to the poison after very little or no purging and vomiting, while the latter term is given to a much less fatal class of cases in which all the general symptoms of the disease are observed.

In April there were some cases of small-pox both within and outside the native city.

On the night of the 4th September a fire broke out on the island of Hsi-pa, and after destroying many houses and mat huts, spread to the junks that crowded the creek separating the island from the city, and finally burnt down some property on the mainland. It is estimated that 100 persons were either drowned in the attempt to escape from the blazing junks or burnt to death.

Life at Ichang during the summer six months has not been enviable, for unprecedented heat, a cholera epidemic, a serious fire and the highest recorded rise in the river were comprised in its incidents.

DR. ALEXANDER RENNIE'S REPORT ON THE HEALTH OF TAMSUI

For the Two Years ended 30th September 1892.

DURING the period under review the health of the community with regard to diseases of climatic origin was rather less satisfactory than usual.

The summer of 1891 was cool and fairly healthy, but on a recurrence of hot weather in October cases of fever became frequent both among foreigners and natives. Among the former the cases were of a mild intermittent type, while remittent and continued forms proved most fatal among the latter.

At this period two foreigners incurred severe attacks of dysentery, with a fatal result in one case.

In December diphtheria was prevalent among the natives at the port; about 20 deaths occurred from this cause, chiefly among children. The disease presented the typical symptoms. It is exceedingly rare in the island, as during a period of six years these are the only cases I have observed. Seeing that the town did not appear to be in a more insanitary condition than usual, the occurrence of the disease is difficult to account for.

The summer of 1892 was fairly hot, but dry, and foreigners enjoyed comparatively good health.

In the Customs quarters, the building of raised bedrooms, although a less satisfactory arrangement than proper upper-storied houses, is nevertheless a step in the right direction. The period that has elapsed since their erection is as yet too brief to enable us to institute any comparison from a sanitary point of view with the ground-floor apartments formerly occupied as bedrooms, which in a climate with such a heavy rainfall as this are apt to be exceedingly damp. In summer, when a good elevation is a desideratum, the new raised bedrooms ought to prove a decided benefit.

Taking a retrospective view of the health of the port, I am inclined to believe that so far as the prevalence of diseases of malarial origin is concerned, a gradual improvement has taken place. To this conclusion I am led by comparing my own observations, extending over six years, with those of my predecessors. Although cases of intermittent fever are very frequent among foreigners, the severe remittent types are now seldom met with.

Three deaths and two births have to be recorded.

1. *Phthisis*.—A. B., aged 36, male; had been a resident of the port since 1884. The commencement of his illness dated from July 1888, when deposit was noted in the apex of the left lung. The disease extended more or less continuously until the beginning of 1891, when several cavities had

formed in the left lung along with consolidation of the apex of the right. Towards the end of March certain symptoms pointed to invasion of the cerebral meninges by the tubercular process, viz., increased temperature, severe headache, ptosis of the right eyelid, dilatation of the left pupil, partial paralysis of the left side, and unconsciousness which gradually deepened until death occurred on 19th April.

2. *Dysentery*.—C. D., 18 months resident, was on 25th September 1891 seized with severe abdominal pain, vomiting, dysuria, straining and tenesmus, accompanied by characteristic stools. Patient was at once confined to bed, and under suitable diet and treatment by quinine and ipecacuanha the more distressing symptoms almost disappeared, but the stools, although improved in character, were still frequent, and temperature remained high.

3rd October.—Motions improved as to frequency and character. General condition somewhat improved; temperature $102^{\circ}.8$, but towards midnight temperature became high and the patient delirious.

4th October, 2.15 A.M.—Temperature 104° ; pulse 122.

11.30 A.M.—Temperature $105^{\circ}.5$; pulse 136. Cyanosed; unconscious.

3 P.M.—Temperature $105^{\circ}.8$. Died at 4 P.M.

The attack was evidently of malarial origin, and characterised from the outset by the obstinate nature of the fever as compared with the abatement of the other symptoms.

3. *Cirrhosis of the Liver; Low Fever; Syncope*.—E. F., male, aged 38; four years resident in the island. With the exception of a severe attack of fever in July 1889, had enjoyed good health. Towards the end of June 1892 felt tired and out of sorts. Temperature ranged from 99° to 100° . Liver slightly enlarged; spleen much enlarged, but may have been so previously, as the patient stated that when a youth he had suffered much from anaemia consequent on malarial attacks.

17th July.—Patient took a short trip to the mainland, returning on the 23rd. Condition unchanged. Has been taking Warburg's tincture and a mixture containing diluted nitro-hydrochloric acid and Fowler's solution.

In the beginning of August went to Kelung.

10th August.—Temperature 100° to 102° . Conjunctivæ yellow. Liver smaller; no tenderness; no ascites. Urine high coloured; no albumen. Takes an occasional dose of calomel.

17th August.—Patient somewhat weaker. Suffers much inconvenience from two external hæmorrhoids, one of which is ulcerated. Under cocaine snipped them off; much relieved.

19th August.—When visited at 10 P.M. patient was rather despondent. Temperature 103° ; pulse 82. He retired to rest, but having about 11.15 got out of bed, fell on the floor. On the arrival of medical assistance shortly afterwards life was found to be extinct.

Postmortem examination revealed an enlarged and congested spleen and a cirrhotic condition of the liver—no other pathological change.

The following cases are worthy of record:—

A. B., aged 26, male. Had enjoyed good health during his stay in the island, except for an occasional attack of intermittent fever in the autumn of 1890.

15th November 1891.—Complained of acute pain in the stomach after food and of a tendency to vomit. He attributed the onset to drinking some cold claret while feeling feverish on the preceding day. Considerable relief was experienced from a liquid diet and the administration of bismuth; but the temperature remained slightly elevated, accompanied by spasm of the abdominal muscles and epigastric tenderness so acute as to render minute examination impossible.

In the beginning of December the formation of an abscess was suspected, but whether hepatic or not could not be diagnosed. Subsequently a small swelling became noticeable over the pit of the stomach, continuous upwards with the left lobe of the liver. No fluctuation could be detected.

20th December.—Patient put under chloroform. On inserting exploring trocar, pus was found at a depth of 2 inches, after which an opening was made sufficiently large to admit a large-sized drainage-tube. Pus, at first sanguineous, afterwards thick and tenacious, flowed to the extent of 9 ounces. Cavity irrigated twice daily with a warm solution of boracic acid. Temperature reached normal six days after operation.

By the middle of January 1892 patient was able to resume his occupation and felt strong.

3rd April.—Temperature 104°.4. Patient states that on the previous day, after exposure to wet, he had a shivering fit followed by fever. Painful cough, attended by the free expectoration of blood and mucus. Well-marked dulness with moist râles over the base of right lung. Microscopic examination of the sputum revealed nothing. Liver dulness in front normal.

Subsequently to this he went under the care of Dr. CANTLE, by whom, as the case did not improve, exploratory punctures were made, and a hepatic abscess found in the axillary line. Some consolidation of the lower lobe of the lung persisted; but patient made a good recovery and is now in perfect health.

C. D., aged 28, male. Complained during July 1891 of an irritating cough, accompanied with sharp pain limited to a small area over the 9th and 10th ribs, right side, 3 inches from the spine. He attributed the onset to a prolonged stay in the river while bathing a few evenings previously.

1st August.—Had a sharp attack of fever. An area of dulness, 1½ inch in diameter, noted in the situation of tenderness; crepitant râles audible. Patient now commenced expectorating copiously mucopurulent sputum of a most offensive odour, quite free from blood. Temperature assumed a remittent type, ranging from 100° to 102°.

24th August.—Dulness extends from the base of the lung to the angle of the scapula, and outwards from the spine 7 inches. Except after coughing, breath sounds are inaudible over the area of dulness. Vocal fremitus absent. Patient cannot sleep on right side. Expectoration about 12 ounces per day—very offensive.

4th September.—Condition of chest unaltered; circumference of both sides equal. Ranges of temperature less; at times profuse sweating. As the diagnosis was by no means clear between empyema, pulmonary and hepatic abscess, an exploratory puncture was resolved upon.

5th September.—Patient put under chloroform. The needle of aspirator was inserted in the 9th interspace, at the site of original dulness, and directed forwards. No result. Punctures into the liver substance were made in two other directions, but no pus found. The needle was then inserted in the 8th interspace and pushed upwards into the lung to a depth of 4½ inches. A foul odour was immediately noticed, but no pus flowed through the canula. A few drops of blood-stained pus were, however, found in the canula, and the patient immediately coughed up some pus of the same offensive character. An incision was made and finger inserted; but as the affection was located in the base of the lung, and no adhesions had formed, it was deemed advisable not to attempt further operative interference.

6th September.—Beyond acute pain on coughing, patient has recovered well from the operation. Sputum tinged with blood.

10th September.—Patient had a rigor, after which temperature rose to 105°, but soon subsided.

12th September.—Incision healed, but some swelling round it.

16th September.—Fluctuation in swelling at site of incision; about 8 ounces of most offensive pus escaped.

22nd September.—Expectoration much diminished and not offensive. Slight discharge from the opening continues.

27th September.—Opening in the back quite closed. Expectoration scanty. Breath sounds now audible over the area of dulness, which is less absolute.

In the middle of October patient was able to move about and resumed duty. In November he left the port, and since then I have had no opportunity of examining the state of his lung.

Several interesting cases have come under treatment in the Mackay Hospital. Since the introduction of a railway system accidents are of more frequent occurrence than formerly. For severe injuries to limbs, amputation at the thigh was performed on three occasions; two of the patients get about comfortably with artificial limbs. An interesting case is the following:—

In December 1891 a native about 26 years of age was travelling on board a river steam-launch, and feeling cold, sought warmth by getting near the engine. Unfortunately, his queue got entangled in the machinery, and before the engine could be stopped he was completely scalped from the eyebrows round above the ears to the back of the neck. Notwithstanding the severe nature of the injury, healing proceeded satisfactorily, except over the vertex, which was completely denuded. Skin grafts over the occipital and frontal regions materially assisted the healing process. At Chinese New Year patient left for his home in Amoy, and since then I have been unable to trace the further progress of the case.

During the autumn of 1891 I tried the effect of injections of KOCH'S tuberculin in six well-marked cases of leprosy. I give the following case as typical of its action:—

HI, aged 52, farmer; has suffered from leprosy for four years. Condition on admission:—Tubercles well marked on the back of neck (where disease commenced), alæ of nose and lips. Ears much thickened; skin of cheeks also thickened, but tubercles not marked. Hands and forearms affected up to 4 inches above the wrists; rest of arms and body free. Legs affected from 6 inches above the knee-joints downwards. Above the right ankle is an ulcer $1\frac{1}{4}$ inch in diameter. Complains of pains in the limbs, especially about the knee-joints.

11th August.—1 milligramme tuberculin injected. No reaction.

13th August.—2 milligrammes tuberculin injected. No reaction.

14th August.—4 milligrammes tuberculin injected. No reaction.

16th August.—5 milligrammes tuberculin injected. No reaction.

18th August.—1 centigramme tuberculin injected. No rise of temperature, but giddiness and malaise.

19th August.—Says he is more free from pains in the limbs and can walk more freely.

20th August.—At 1.30 P.M. 2.5 centigrammes injected, followed by giddiness. At 7 P.M. temperature $100^{\circ}.3$; severe pain at the site of injection.

23rd August.—At 1.30 P.M. injected 3.5 centigrammes. At 6.30 P.M. temperature $101^{\circ}.5$; considerable malaise.

24th August.—Considerable swelling and tenderness at the site of injection. Patient states that on the nights following the injections he has had sharp pains in the limbs. Tubercles smaller and softer. Serous discharge from tubercles on ears and from ulcer on leg.

27th August.—3.5 centigrammes injected. Temperature 101° .

31st August.—3.5 centigrammes injected. Malaise; no fever.

5th September.—4 centigrammes injected. Malaise and fever.

9th September.—4.5 centigrammes injected. Temperature $101^{\circ}.8$.

12th September.—Patient says he is much better, has more sensation in the limbs, can walk more freely and is able to squat in Chinese fashion, which he has been unable to do for over six months. Left for home.

16th October.—Looks much improved; says numbness is less marked and the pains in the limbs are quite gone.

The action of the remedy was marked, both as regards its effect on the system and on the local manifestations of the disease. The tubercles showed at first redness, followed after larger injections by serous discharge from those on prominent positions, such as the ears or alæ of the nose; afterwards the tubercles became softer and smaller. Pains in the limbs were relieved or abolished.

I found on the part of the patients considerable reluctance to continue the treatment for any length of time, not so much from dislike of the method as from the fact that, being farmers and quite able to work, they could not afford the time spent in hospital, and preferred to follow out their former treatment by chaulmoogra oil internally and the application of gurjun oil.

From observation of these cases I was led to the conclusion that although the remedy exercises a marked effect in ameliorating some symptoms, its action is not such as to justify our regarding it as in any way a remedy for leprosy.

Appended is a table of meteorological observations, for which I am indebted to Mr. Harbour Master TRANNACK.

METEOROLOGICAL TABLE, October 1890 to September 1892.

MONTH.	WIND.						WEATHER.			BAROMETER.			THERMOMETER.			
	No. of Days N. to E.	No. of Days E. to S.	No. of Days S. to W.	No. of Days W. to N.	No. of Days Variable.	No. of Days Calm.	No. of Days Fog.	No. of Days Rain.	Rainfall.	Highest Reading.	Lowest Reading.	Highest Reading.	Lowest Reading.	Solar Rad. Max.	Ground Rad. Min.	
									Inches	Inches	Inches	° F.	° F.	° F.	° F.	
1890.																
October.....	23	2	...	...	6	...	...	13	12.08	30.30	29.83	90.0	54.0	162	54
November.....	16	2	...	...	12	...	...	8	2.03	30.45	30.05	82.0	54.0	152	51
December.....	19	5	1	...	5	1	1	10	4.11	30.35	30.00	81.0	50.0	148	49	
1891.																
January.....	14	3	...	2	12	...	...	8	0.56	30.43	30.10	76.0	43.0	139	40
February.....	20	1	...	...	7	...	3	19	6.05	30.55	29.95	79.0	44.0	148	40
March.....	20	4	...	...	7	...	4	21	12.64	30.38	29.88	76.0	48.0	136	44
April.....	14	4	2	...	7	3	...	12	3.23	30.29	29.88	84.0	49.0	148	...	
May.....	6	...	6	2	13	4	1	16	13.27	30.21	29.78	88.0	66.0	157	...	
June.....	2	7	4	...	16	1	...	15	11.17	30.09	29.66	92.0	67.0	159	...	
July.....	1	11	...	...	19	...	...	8	5.33	30.01	29.63	96.5	74.0	167	...
August.....	...	9	3	...	18	1	...	11	7.46	30.10	29.67	94.0	72.0	161	...	
September.....	11	6	1	...	12	...	...	11	17.29	30.15	29.57	93.0	68.0	162	...
October.....	14	2	...	...	14	1	...	7	1.32	30.34	29.99	92.0	64.0	159	62
November.....	20	6	...	...	4	...	...	13	4.03	30.53	30.03	87.0	56.0	152	53
December.....	15	8	...	...	7	1	3	12	2.35	30.57	30.13	81.0	51.0	147	48
1892.																
January.....	18	...	...	...	12	1	...	16	5.17	30.55	30.08	78.0	48.0	142	44
February.....	16	4	1	...	8	...	5	19	11.04	30.45	29.80	75.0	44.0	136	41	
March.....	19	4	...	...	8	...	5	23	9.55	30.35	29.81	78.0	45.0	140	42
April.....	8	6	2	...	13	1	...	8	3.06	30.40	29.95	85.0	52.0	156	51	
May.....	10	7	3	...	11	...	...	18	14.96	30.15	29.80	92.0	58.0	150	55
June.....	7	3	6	...	14	...	...	10	13.72	30.03	29.72	92.0	68.0	157	65
July.....	4	8	4	6	9	...	...	...	...	30.05	29.43	96.5	73.0	164	69
August.....	1	7	11	3	9	...	...	6	3.93	30.11	29.49	96.0	73.0	160	70
September.....	15	6	2	3	4	...	...	16	22.08	30.14	28.80	93.0	62.0	160	59

DR. J. H. LOWRY'S REPORT ON THE HEALTH OF WENCHOW

For the Half-year ended 30th September 1892.

THERE has been a good deal of sickness among foreigners during the period under review, though the heat has not been so great as during the corresponding period of last year, nor have we had so much rain. A glance at the meteorological table shows a total rainfall of 28 inches, against 55 inches in 1891, and 73 days on which rain fell, against 98.

There has been one birth (still-born), one miscarriage and one death.

Whooping-cough was very prevalent during the months of July and August, and five foreign children were attacked; one child, *æt.* 4, suffered severely, the cough being very persistent, lasting over three months.

Treatment was very unsatisfactory. Antipyrin—so much praised—was tried and found useless, though pushed. Bromide of ammonium gave better results, but had to be pushed almost to bromism.

There was no epidemic of cholera in the city.

The following cases were treated during the six months just ended:—

Cerebral congestion.	Leucorrhœa.
Chronic constipation.	Lumbago.
Diarrhœa, simple and tropical.	Remittent fever.
Dislocation of shoulder-joint (reduced).	Removal of impacted fruit-stone from rectum.
Dysentery, acute.	(?) Shell-fish poisoning or irritation.
Gunshot accident (shots extracted).	Whooping-cough.
Hepatic congestion.	Worms.

(?) *Shell-fish Poisoning or Irritation.*—Two missionary gentlemen, residing in the same house, took tiffin with a neighbour at noon on 2nd June. At 8 P.M. I was summoned to see them and found both in great agony, and they had been so since 5.30, when vomiting and purging commenced, accompanied by violent colic. So severe were the symptoms that it was late in the night before I could leave my patients. In the morning I found both better, but exhausted, their abdomens tender, slight rise of temperature, bad taste in mouth. I was at a loss to know what had caused such violent gastric and abdominal disturbance, for the tiffin was simple enough. At the request of the gentleman at whose house the meal had been taken, I inspected his kitchen and cooking utensils. I found everything scrupulously clean, no copper utensils had been used and no tinned foods had been eaten. Shrimp curry was the only item on the menu that might have caused trouble. My patients had sat next each other, and were consequently helped to curry in succession; and it seemed possible that some of the shrimps were not fresh and that it fell to their lot to get them, the second man helping himself with the spoon his neighbour had just laid down. The party was a large one; and it is hardly likely that enough shrimps could have been purchased, at

this season, from the same basket; so they were probably mixed. Four others, including the host, partook of the same dish, and suffered no evil consequences. No meal or drink was partaken of between the tiffin and the onset of the symptoms.

Malignant Tropical Diarrhoea.—This case ended fatally. The patient was first taken ill on 30th August, and died 15th September; total number of days ill, including the one on which she died, 17. The case resembled most what Sir JOSEPH FAYRER describes in his *Tropical Diseases*, page 129. Never through the sickness did the case take on either a dysenteric or enteric form. On the 13th day a miscarriage took place and a four-month fœtus was painlessly expelled. The patient was much worn out prior to her own illness by having had to nurse her children through prolonged whooping-cough.

I append an abstract from the Customs meteorological observations taken at Wenchow (latitude, 28° 1' 30" N.; longitude, 120° 38' 28½" E.).

METEOROLOGICAL TABLE, April to September 1892.

MONTH.	BAROMETER.		THERMOMETER.		RAINFALL.	
	Maximum.	Minimum.	Maximum.	Minimum.	No. of Days on which Rain fell.	Quantity.
	<i>Inches</i>	<i>Inches</i>	<i>° F.</i>	<i>° F.</i>		<i>Inches</i>
April	30.170	29.850	73	55	13	4.61
May	29.990	29.600	80	64	14	5.87
June	29.944	29.820	80	73	19	7.71
July	30.030	29.600	92	75	7	1.67
August	29.980	29.700	91	75	6	3.37
September	30.170	29.570	90	63	14	5.19

DR. ALEXANDER JAMIESON'S REPORT ON THE HEALTH OF SHANGHAI

For the Year ended 30th September 1892.

THE year 1891 closed and the year 1892 opened amid continual storms. After the September typhoons a period of unusual calm, covering the whole of October, was experienced throughout the entire China Sea. In November typhoons or severe gales again prevailed, but were little felt in the immediate neighbourhood of Shanghai. December was stormy from beginning to end. The temperature was extremely variable. The first days of October were wintry, but on the 6th 85° was registered. After this the normal for the month was maintained until within the last few days, when winter again threatened. This was, however, only a threat, for the first half of November recalled an English autumn; the latter half was again cold, in consequence of the unusually high barometric pressure which prevailed. All through December, except during two brief periods of two days each (4th and 5th, and 25th and 26th), the air was mild. That which characterised the temperature of the last quarter of the year was the brusqueness of its changes. Thus severe cold in the early days of October was suddenly brought to a close by a summer break on the 6th, and three days of autumn temperature at the beginning of December were instantly followed by a period lasting from 11 A.M. on the 3rd to 10 A.M. on the 5th during which the mercury never rose so high as freezing-point. The maximum temperature registered in October was 85° F. (6th); the minimum, $48^{\circ}.2$ (at 6 A.M. on the 31st). The maximum for November was $75^{\circ}.2$ (4th); the minimum, $25^{\circ}.2$ (at 5 A.M. on the 26th). In December the maximum was $68^{\circ}.4$ (2nd); the minimum, 19° (at 4 A.M. on the 5th). The rainfall in October was exactly double the average calculated from the registers of some twenty years; it was distributed pretty evenly through the month. The first week of November was dry, followed by heavy rain on the 8th, 9th and 10th; during the latter half there were only light occasional showers. December was moderately dry, except for four brief periods, namely, the 3rd, 7th, 20th, and 29th and 30th, on which days there were heavy downpours.

The first four months of 1892 were marked by frequent, violent and widespread atmospheric disturbances. A tempest of great fury burst over Shanghai on the 3rd February, unaccompanied by rain and following a day of exceptional heat. A storm of this kind so early in the year was, on account of its rarity, altogether phenomenal. In March a heavy gale occurred on the 12th; and April was chiefly notable for a dust storm on the 2nd which enveloped Shanghai and its neighbourhood in clouds of sand during several hours. Otherwise, April was as regards atmospheric pressure, mean temperature and rainfall an average month, many storms occurring on the coast which had little effect or none upon Shanghai. May brought calm weather, broken by but one storm on the 25th; and this calm remained uninterrupted through June, except by a thunder storm in the distance on the 15th, only the echoes

of which reached us. There was one typhoon on the coast in the middle of July and, as in June, the roar of far-off thunder was often heard; but there was no great summer storm until the 6th August, when a tempest of wind and rain with thunder and lightning passed over this region. In September there was but one gale worth noticing, which occurred on the 22nd.

The temperature in January was variable, but on the whole high for the season; the maximum, $59^{\circ}.5$, was registered on the 24th, and the minimum, $20^{\circ}.5$, at 5 A.M. on the 19th. From the 8th to the 12th and from the 18th to the 22nd the night temperature was considerably below freezing-point. February did not vary widely from the average. An exceptional temperature of $61^{\circ}.9$ on the 3rd was followed by the violent storm already mentioned; the minimum, $21^{\circ}.6$, was noted at 7 A.M. on the 16th. After the first three days of March, which were mild and springlike, the rest of the month was bitterly cold, with short temporary elevations on the 11th and 12th, and the 23rd, 25th and 26th; the maximum, 66° , was reached on the 3rd, and the minimum, $26^{\circ}.1$, at 6 A.M. on the 7th. Spring began in April, with several hot days, the mean temperature coinciding however almost exactly with the average of many years; the maximum, $80^{\circ}.6$, was recorded on the 23rd, and the minimum, 37° , at 6 A.M. on the 15th. May was mild, a little colder than the average. Its maximum was $86^{\circ}.7$ (20th); its minimum, $41^{\circ}.2$, at 5 A.M. on the 3rd.

The winter and spring months showed an average rainfall. January was dry from the 3rd to the 25th, rain in moderate quantity falling at the beginning and end of the month. The total quantity registered in February was large, in consequence of torrential rains on the 7th and 13th. Fifteen days were absolutely dry, and slight showers were distributed over the remaining days. There was a light fall of snow on the 18th. March was rainy throughout. In April there were 17 dry days. Torrents fell on the 11th and 20th, and there was continuous moderate rain during the last week; brief trivial showers fell on the remaining days. May alone sufficed to carry the total rainfall for the winter and spring seasons beyond the average. In quantity the fall was double the average for 20 years, although the number of rainy days was only 10, as against the mean number of 13. On the 1st and 9th there were extremely heavy downpours, during which 65.3 per cent. of the total fall for the month was registered; the 26th and 30th contributed 29.9 per cent. of the total, and the remaining 4.8 per cent. was distributed over six days.

The summer months were unusually hot and excessively dry. In June the rainfall was one-third of the average, in July one-seventeenth, in August one-sixth and in September one-half. There was one sharp downpour on the 21st June which accounted for rather more than one-third of the entire quantity registered during the month. There were very light showers on the 1st, 2nd, 4th, 5th, 6th, 23rd and 28th July, but except for these absolute drought prevailed. So in August, there was no rain between the 9th and 24th, and only a few brief and light showers before and after that period. In September there were moderately heavy showers on the 2nd, 20th and 21st, but the rest of the month was almost absolutely dry. Meanwhile the temperature, which was about the average in June, rapidly rose through July and August, the mean of July being 2° higher than the average and that of August between 3° and 4° above that point. Autumn coolness came in with the latter half of the first week of September, and the mean for that month was 2° below the calculated average. For June the maximum tempe-

perature was $92^{\circ}.8$ (at 2 P.M. on the 13th and 1 P.M. on the 20th). For July the maximum was $101^{\circ}.3$ (at 2 P.M. on the 30th). In August the maximum, 103° (between 1 and 2 P.M. on the 5th), was the highest ever registered at Zikawei. On this day the night minimum was $81^{\circ}.5$. The minimum for June was 57° (at 5 A.M. on the 6th); for July, $73^{\circ}.4$ (at 4 A.M. on the 6th); for August, $69^{\circ}.4$ (at 2 A.M. on the 25th).

Some estimate of the severity of the summer as regards heat may be made from the facts that from the 27th to the 31st July the mercury never fell to 77° , and that on the 31st the night maximum was $84^{\circ}.6$ and the minimum $83^{\circ}.5$. On such nights sleep was impossible; and but for the dryness of the air the sustained high temperature of July and August would doubtless have caused many severe attacks of illness.

The maximum temperature during September was 100° (between 1 and 2 P.M. on the 2nd), and the minimum, $51^{\circ}.8$ (between 5 and 6 A.M. on the 30th). From the 6th onward the mercury, except on one or two occasions, never reached 86° .

There is little of importance to note as regards the prevalence of disease during the last quarter of 1891. A wide range of temperature with sudden changes, common at all seasons of the year in Shanghai, but especially during the early part of winter, accounted for the frequency with which affections of the air passages were encountered. Feverish colds, that is to say, catarrhal attacks accompanied by fever and more or less severe muscular pain with insomnia and loss of appetite, were common, and were generally called influenza; but the epidemic character was altogether wanting, and so long as this enters into the definition of influenza, such fugitive maladies, which moreover are little if at all infectious and are never followed by any of the serious chronic affections which often succeed influenza, must remain as a group which may be described so as to be recognised but which does not fall readily into any accurate system of classification. Many cases of true bronchitis came under treatment, along with a few of pneumonia. Tonsillitis in its various forms, with or without patches on the mucous membrane, was extremely common. Simple diarrhoea, dysentery of a mild character, hepatic congestion and muscular rheumatism, along with malarial fevers, completed the list of diseases of most frequent occurrence. In the group of malarial fevers I personally had a disproportionate number of cases of true remittent, without any suspicion of typhoid; but this was probably an individual and accidental experience, as I was unable to find that this form of fever was in any marked degree prevalent.

During the first quarter of 1892, although chicken-pox could hardly be said to be epidemic among children, several cases were observed; typhoid fever became more common than it was in the earlier months of winter, and malarial affections, often of indefinite character, were widespread. The prevailing type of disease was, however, catarrhal. Thus, to say nothing of the heavy "feverish colds" which are labelled "influenza," conjunctivitis, pharyngitis with or without tonsillitis, bronchitis, pneumonia, diarrhoea and the inflammatory form of enteric flux which is often called dysentery mainly filled the sick lists. The so-called influenza was specially prevalent in January, but in no case that I saw or heard of was it followed by any of the nervous or other symptoms which are the ordinary sequelæ of the true "epidemic catarrh" which has in late years proved so formidable and fatal in Europe and America. I am not aware of any fatal case having occurred among foreigners in Shanghai.

Taking now the summer months, one is struck, on going over any carefully kept record of cases from day to day, by the very slight difference introduced into its general form by the wide range of meteorological conditions throughout the year. Thus the catarrhal affections noted as prevalent in winter were observed with almost equal frequency during summer, but in addition to the inflammatory diarrhœas of the cold months several cases of true dysentery presented themselves after May. Malarial fevers were of very frequent occurrence, but, judging solely by my personal experience, typhoid fever, though never absent, was rare. The intense heat of July and August was of course not without effect in producing much "heat malaise" of greater or less intensity, along with several cases of genuine "heat stroke," of which one at least proved fatal. Many of those who suffered in varying degrees from the high atmospheric temperature were rendered specially sensitive to its influence by contemporaneous alcoholic excess, by chronic alcoholism or by chronic malarial infection. Among women I observed several instances of hysteria obviously attributable to exposure to heat; and menorrhagia has also to be noted as frequently due to the same cause. Hepatic and renal congestion even in severe forms may often be traced to surface chills acquired either by lying drowsy or asleep in the comparatively cool night air in perspiration-soaked clothes, or by sleeping in bed under a punkah the intermittent action of which, as some accident wakes the coolie, suddenly cools the sleeper and checks the action of his skin. One menacing case of acute nephritis which occurred in my practice last year could be ascribed to no other cause than this; and although the case in question terminated favourably, a like accident happening to an old, broken-down or alcohol-soaked person would probably prove swiftly or remotely fatal. Sleeplessness and boils are usually counted among the minor items in the list of inevitable summer dangers and discomforts; yet they are not by any means insignificant, each in its way rendering the nervous system irritable and diminishing the power of resistance in face of more obviously serious affections. During these summer months there was no true epidemic. A few cases of varicella occurred in April, and, probably by accident, a very large number of patients presented themselves to me in April and May with pityriasis versicolor. In June several children suffered from whooping-cough, and in September there were many cases of measles, attacking, in several instances within my experience, children who three months before had passed through whooping-cough.

On the whole, however, there was a striking uniformity in the nature of disease throughout the year. We associate the incidence of small-pox with cold weather, of cholera with autumn and the latter part of summer, of malarial fever with the changes of season. But during the year under review cholera, which disappeared in November 1891, was completely absent throughout 1892; and that small-pox was neither severe nor widespread is attested by the fact that the total mortality was two, both cases occurring in sailors, one in April and one in May. With regard to the diseases which are constantly present, season appears to have little influence on their incidence. Diarrhœa occurs at all times in the year, and if in summer and early autumn it is somewhat more frequent and more prone to put on an inflammatory form, the reason is the same as that above assigned to explain the frequency of visceral congestion at the same season. Several cases of true dysentery were observed, but the majority of the patients seen by me suffering from dysenteric symptoms were in fact suffering from inflammatory diarrhœa, speedily yielding to saline treatment with opium in very moderate quantity. Malarial and

typhoid fevers were distributed throughout the year, as also were acute pulmonary and rheumatic affections, and very frequent inflammatory affections of the pharynx.

The mortality returns for the year are in accordance with the conclusions drawn independently from clinical lists.

DEATHS OF FOREIGNERS from 1st October 1891 to 30th September 1892.

CAUSE OF DEATH.	OCT.	NOV.	DEC.	JAN.	FEB.	MAR.	APRIL.	MAY.	JUNE.	JULY.	AUG.	SEPT.	TOTAL.
Small-pox .....	...	...	...	...	...	...	1†	1*	...	...	...	...	2
Measles .....	...	...	1†	...	...	...	...	...	...	...	...	...	1
Enteric fever	1 1*	1	1†	1	...	...	1	1	...	...	1	1	9
Remittent fever .....	...	...	1	...	...	...	...	...	...	...	1†	...	2
Diphtheria .....	...	...	...	...	...	2†	...	...	...	...	...	...	2
Tuberculosis .....	...	...	...	...	...	...	...	1*	2*	...	...	...	3
Phthisis .....	...	1	...	1	1	1*	...	2	...	...	1	1 1*	9
Bright's disease .....	...	1*	1	...	1	1	1	1	...	...	1 1*	...	8
Cholera	1 2*	1*	...	...	...	...	...	...	...	...	...	...	4
Scorbutus .....	...	...	...	...	...	...	...	...	...	...	1*	...	1
Alcoholism	1	...	1	...	...	...	...	...	...	...	2	...	4
General debility .....	...	...	...	...	...	...	1	...	...	...	1	...	2
Infantile marasmus .....	...	...	...	1†	...	...	...	...	...	...	...	...	1
Meningitis .....	...	1 1* 1†	1	1†	...	...	1†	...	...	1†	...	...	7
General paralysis .....	...	...	...	...	...	...	...	...	...	...	1	...	1
Apoplexy	1†	...	...	1	...	...	...	...	...	...	...	...	2
Cerebral embolism .....	...	...	...	...	...	...	...	...	...	...	1	...	1
Insolation .....	...	...	...	...	...	...	...	...	...	1*	...	...	1
Locomotor ataxy	1	...	...	...	...	...	...	...	...	...	...	...	1
Heart disease	1*	1	1 1*	...	...	...	...	...	1*	1	1	1	8
Aneurism .....	...	...	...	...	...	...	...	...	...	1	...	...	1
Cyanosis .....	...	...	...	...	...	...	...	...	1†	...	...	...	1
Bronchitis .....	...	...	2	1†	...	1†	...	...	...	...	...	...	4
Respiratory spasm .....	...	...	...	1†	...	...	...	...	...	...	...	...	1
Atelectasis .....	...	...	...	...	...	...	...	...	...	...	...	1†	1
Tonsillitis .....	...	...	...	...	...	...	...	...	...	...	1	...	1
Enteritis	1	...	...	1†	...	...	...	...	...	...	...	...	2
Diarrhœa .....	...	1	...	...	...	...	...	...	1	...	...	...	2
Infantile cholera	1†	...	...	...	1†	...	...	...	...	1†	...	...	3
Dysentery	1	...	1 1†	...	...	...	...	...	...	...	...	1*	4
Obstruction of bowels .....	...	...	...	...	...	1*	...	...	...	...	...	...	1
Abscess of liver	1*	...	...	...	...	1	...	...	...	...	...	...	2
Strangulated hernia .....	...	...	...	...	...	...	...	...	...	...	1*	...	1
Tumour .....	...	...	1*	...	...	...	...	1	...	1*	1	...	4
Asphyxia .....	...	...	...	1†	1	...	...	...	...	...	...	...	2
Accident and injury	1	...	...	...	1*	...	...	1	...	1*	...	1	5
Drowning .....	...	1*	...	...	...	...	...	...	1*	1*	1*	...	4
Not certified .....	...	1	...	...	...	...	2	...	...	1 1*	...	...	5
TOTAL	14	11	13	9	5	7	7	8	6	10	16	7	113

* Non-residents (31).

† Children (23).

II.—SPECIAL SERIES.

No. 1.—NATIVE OPIUM	Published 1864.
„ 2.—MEDICAL REPORTS: 43rd and 44th Issues (First Issue, 1871) ..	„ 1895.
„ 3.—SILK	„ 1881.
„ 4.—OPIUM.....	„ 1881.
„ 5.—NOTICES TO MARINERS: Thirteenth Issue (First Issue, 1883) ..	„ 1895.
„ 6.—CHINESE MUSIC	„ 1884.
„ 7.—INSTRUCTIONS FOR MAKING METEOROLOGICAL OBSERVATIONS, AND THE LAW OF STORMS IN THE EASTERN SEAS ..	„ 1887.
„ 8.—MEDICINES, ETC., EXPORTED FROM HANKOW AND THE OTHER YANGTZE PORTS, WITH TARIFF OF APPROXIMATE VALUES ..	„ 1888.
„ 9.—NATIVE OPIUM, 1887	„ 1888.
„ 10.—OPIUM: CRUDE AND PREPARED	„ 1888.
„ 11.—TEA, 1888	„ 1889.
„ 12.—SILK: STATISTICS, 1879-88	„ 1889.
„ 13.—OPIUM: HISTORICAL NOTE; OR THE POPPY IN CHINA ...	„ 1889.
„ 14.—OPIUM TRADE: MARCH QUARTER, 1889	„ 1889.
„ 15.—WOOSUNG BAR: DREDGING OPERATIONS	„ 1890.
„ 16.—CHINESE JUTE	„ 1891.
„ 17.—ICHANG TO CHUNGKING, 1890.....	„ 1892.
„ 18.—CHINESE LIFE-BOATS, ETC.	„ 1893.
