

dition in 1885, receiving a medal with clasp and the Khedive's bronze star; and in the South African war in 1899-1900, when he was Senior Medical Officer on the lines of communication, and during the defence of Ladysmith Principal Medical Officer at the Intombi Spruit Hospital Camp, and afterwards Principal Medical Officer of a division, being mentioned in despatches.

Brigade-Surgeon JAMES HUNT CONDON, M.D., late Indian Medical Service (Bengal), died at Glasnevin, Dublin, on July 19th, aged 73. He joined the department as Assistant Surgeon in February, 1859, and became Brigade-Surgeon, October 19th, 1886.

INDIA AND THE COLONIES:

HONG KONG: REPORT OF MEDICAL OFFICER OF HEALTH FOR 1904.

CLIMATE.

THE maximum monthly temperature was attained in the months of July and August, and the minimum monthly temperature was recorded in the month of January. The highest temperature recorded was 91.1° F. on June 26th, and the lowest was 44.8° on December 24th. The total rainfall for the year was 80.41 in., as compared with 93.66 in. in the previous year. The wettest month was August, with 27.64 in. of rain; the driest was January, when only 0.12 in. of rain fell. The greatest amount of rain which fell on any one day was 11.135 in. on August 25th, while no rain fell on 221 days of the year. The relative humidity of the atmosphere averaged over 80 per cent. for seven months of the year. The average daily amount of sunshine throughout the year was 5.2 hours, and on only 51 days was no sunshine recorded.

WATER SUPPLIES.

The result of the monthly analyses by the Government Analyst of the public water supplies of the colony showed that its quality was excellent.

GENERAL SANITARY CONDITION.

The houses which are now being erected in accordance with the provisions of the Public Health and Buildings Ordinance of 1903 are a great improvement on the existing type of house, especially in respect of that provision which permits the kitchens of tenement dwellings to extend across only one half of the width of the house. This enables the long narrow living rooms—which constitute the invariable type of the Chinese dwelling in this colony—to be adequately lit and ventilated from the back as well as from the front, and thus a far more sanitary dwelling is secured. A certain amount of land has been resumed in respect of scavenging lanes, its total area being 428 square feet, while in connexion with the general resumption scheme for the improvement of the sanitary condition of the city an area of 24,898 square feet has been resumed during the year in one of the most overcrowded areas, and the buildings are now being demolished for the purpose of forming a wide street through the block. In addition, an area of 1,650 square feet, on which stands a coolie house for the chair coolies at the Peak, has been resumed for administrative purposes.

POPULATION.

The population of the Colony at the census taken in January, 1897, was 248,880, while at the census taken in January, 1901, it was (exclusive of the New Territory) 283,975. This shows the remarkable increase of 35,095 within a period of four years, and affords eloquent testimony of the prosperity of the Colony. The following is the estimated population to the middle of 1904:

Non-Chinese civil community ...		10,181
Chinese population	City of Victoria, including Peak and Stonecutters ...	190,690
	Villages of Hong Kong ...	15,614
	Old Kowloon ...	65,072
	New Kowloon (approximate) ...	20,000
	Floating population ...	50,930
Total Chinese population ...		342,306
Army ...		4,359
Navy ...		4,360
Total population of the Colon		361,206

In addition to the foregoing there is a population of about 85,000 in that portion of the Kowloon Hinterland which is not under the jurisdiction of the Board. The number registered for the New Territory in 1903 was 6,207. The city of Victoria is divided into ten health districts, and District No. 5 shows an estimated population of more than 900 persons to the acre, which indicates excessive overcrowding, while the remaining central districts also show far too many persons to the acre. It was hoped that the electric tramway would do much to lessen the overcrowding in the more central districts of the city by enabling the workers to live on the outskirts of the city and come in daily to their work; but, unfortunately, the result has at present been that more workers have crowded into the central districts and use the tramway to go out to their daily work. The proximity to theatres and places of amusement is no doubt the attraction which has led to this migration of the working classes to the more central districts, but this will no doubt be met in due course by the establishment of similar places of amusement on the outskirts of the city when the owners of property realize that they are necessary to the letting of their premises.

BIRTHS.

The births registered during the year were as follows:

	Males.	Females.	Total.
Chinese ...	621	321	942
Non-Chinese ...	119	144	263
	740	465	1,205

This is equal to a general birth-rate of 3.3 per 1,000 as compared with 3.2 per 1,000 during 1903, and 3.8 per 1,000 in 1902.

DEATHS.

The total number of deaths registered during the year was 6,118, as compared with 6,185 in 1903 and 6,783 in 1902. The death-rate for 1904 was therefore 16.94 per 1,000 as compared with 18.9 per 1,000 for 1903 and 21.7 per 1,000 for 1902. These deaths include 495 from plague.

The total number of deaths among the Chinese community was 5,882, which is equal to a death-rate of 17.18 per 1,000, as compared with 19.1 per 1,000 during the previous year.

The deaths registered among the non-Chinese numbered 236, of which 189 were from the civil population, 34 from the army (including 5 deaths of men who belonged to the North China command and 6 six camp followers, 3 of whom belong to the North China command, and 2 children) and 13 from the navy; this is equal to a death-rate of 12.48 per 1,000. The nationalities of these deaths were as follows: British 74, Indian 70, Portuguese 40, Japanese 16, French 9, Malay and Philippino 8, German 7, American, Austrian, and Peruvian 2 each, Norwegian, Italian, Russian, African, Brazilian, and Chilian 1 each.

Only 3 deaths from plague occurred among the non-Chinese community, all of them being Indians. The principal causes of death (other than plague) among the non-Chinese resident civil population were:

Enteric fever ...	10	Phtisis ...	28
Cholera ...	1	Pneumonia ...	4
Small-pox ...	1	Dysentery ...	5
Puerperal fever ...	1	Apoplexy ...	8
Influenza ...	1	Bright's disease ...	3
Malarial fever ...	4	Alcoholism ...	5
Septicaemia ...	1	Beri-beri ...	2

One of these deaths from beri-beri occurred in a Japanese and the other in a Portuguese.

Age-Distribution of Deaths.

The number of deaths of infants under 1 year of age was 1,207, or 19.7 per cent. of the total deaths. The infant death-rate among the non-Chinese community during the year was 76 per 1,000, as compared with 108.7 per 1,000 in 1903.

Among the Chinese population the deaths of infants numbered 1,187, which exceeds the total number of births registered. Taking, however, the corrected number of births, this gives an infant mortality of 784 per 1,000. This is a very high figure, and the infant mortality is undoubtedly high in the Colony among the Chinese community, though possibly not so high as the foregoing rate indicates, as many births escape registration, while not a few infants are brought to the Colony from China and die here, though they were not born here. A large number of these infant deaths are due to diseases of a convulsive type which may depend for their origin on insanitary conditions generally, and more particularly on improper treatment of the umbilical cord after birth.

Diseases of the Chest.

The number of deaths among the Chinese from respiratory diseases was 1,394, or 23.7 per cent. of the total Chinese deaths. The number of deaths of Chinese from phthisis was 524, or 37.6 per cent. of the total deaths from respiratory diseases.

Nervous Diseases.

The deaths of Chinese recorded under this heading number 543, and no less than 387, or 71 per cent., of these occurred in infants under 1 year of age, the causes of death being convulsions, tetanus, and trismus. Most of the infants are left at the doors of the French or the Italian convents in a moribund condition, and very little information is obtainable concerning them. A Committee which investigated this question during 1903 was of the opinion that some of these infant deaths were brought about by improper feeding, and I understand that instances have been met with in the public mortuary of actual rupture of the stomach or intestine as a result of the feeding of young infants on hard, solid food.

Malarial Fever.

The total number of deaths among the Chinese from malarial fever was 289, while among the non-Chinese it was 12, of which 7 occurred among the troops, 1 in the navy, and 4 among civilians.

A very considerable amount of antimalarial work has been done during the past four years, mostly in the direction of the subsoil draining of swamps and the training of nullahs, and the results of this work will be seen in the following table of deaths from malarial fever for the past five years, which shows a rapidly-falling death-rate. There is no reason, however, why this death-rate should not be reduced still further by a continuance of the work above indicated:

Year.	Deaths Among Chinese.	Deaths Among Non-Chinese.
1900	546	20
1901	541	33
1902	393	34
1903	283	13
1904	289	12

Beri-Beri.

There were 735 deaths among the Chinese from beri-beri, as compared with 379 during the previous year, and 452 in 1902. The deaths among the non-Chinese community numbered 4 only.

The Government Bacteriologist, Dr. Hunter, is engaged on a special research into the etiology of this disease, but the Medical Officer of Health repeats his opinion that the disease is most probably attributable to infected food, such as rice or other grain, which has been attacked by some fungoid growth.

Infectious Diseases.

The total number of cases of infectious disease reported by registered medical practitioners during the year was 758, of which 510 were cases of plague. The following tables show the number of cases of each disease reported during each quarter of the year:

Infectious Diseases.	Nationality.	First Quarter.	Second Quarter.	Third Quarter.	Fourth Quarter.	Total.
Plague	Chinese	7	367	124	9	507
	Other Asiatics	—	2	—	3	5
	European	22	5	13	17	57
Enteric fever	Chinese	3	5	5	44	57
	Other Asiatics	5	7	4	4	20
	Chinese	1	35	4	—	40
Cholera	Other Asiatics	—	—	1	—	1
	European	—	3	1	1	5
	Chinese	15	35	3	1	54
Small-pox	Other Asiatics	2	2	1	—	5
	European	1	1	1	—	3
	Chinese	—	—	1	2	3
Diphtheria	Chinese	—	1	1	3	5
	Other Asiatics	—	1	—	—	1
	European	—	—	—	1	1
Scarlet fever	Chinese	1	—	—	—	1
	Other Asiatics	—	—	—	—	—
	European	—	—	—	—	—
		57	464	155	81	758

Enteric Fever.—It will be seen that the total number of

cases of enteric fever reported during the year was 129, as compared with 44 in 1903 and 55 in 1902. The European cases numbered 54, and 24 of these were imported, leaving 30 of local origin, 12 of which occurred on board various men-of-war in the harbour. The Chinese cases numbered 55, while 20 cases occurred among other Asiatics. The most fruitful source of infection of enteric fever in the colony is the eating of raw vegetables in salads, owing to the time-honoured Chinese custom of manuring market gardens with an emulsion of human excreta. This method of cultivation is strictly prohibited in the Colony, and the inspectors are always on the watch to see it does not occur, but the great bulk of the food supply of the Colony is grown in Chinese territory in the Delta of the Canton River, and it is distinctly dangerous therefore to partake of raw salads in this Colony, unless they have been grown in a private garden and under the immediate eye of a European. Oysters are also a source of infection, and these again come from Chinese territory, so that there is no control over the fattening processes which usually precede their consumption. The public water supply of the Colony is above suspicion, but there are a certain number of small streams in the New Territory which may occasionally be used to furnish water to the shipping—though there is no necessity for this, as water can always be obtained from the public mains on payment—and those streams are liable to occasional contamination from market gardens.

Cholera.—A small outbreak of cholera occurred in the Wanchai District during the months of May, June, and July, 41 cases in all being reported, of which two only were known to have been imported. The disease was practically limited to the coal coolies, whose work is of a particularly thirsty nature, and it is more than probable that the disease was contracted on board the ships they were employed in loading, by the drinking of contaminated water which may not have been intended for drinking purposes.

Small-pox.—There was a small outbreak of small-pox in the first half-year, 64 cases being reported, of which 5 were known to have been imported. Five of the cases occurred in Europeans, of which 3 were imported, while 5 occurred in other Asiatics and the remainder among the Chinese. One of the European cases died and also one of the other Asiatics, while there were 38 deaths among the Chinese. In spite of the rapid growth of the population, the number of vaccinations recorded yearly has fallen off considerably of late, as will be seen from the following statement:

1898	...	...	7,011	1902	...	...	6,475
1899	...	...	6,529	1901	...	...	5,348
1900	...	...	4,466	1904	...	...	5,555
1901	...	...	5,937				

Diphtheria.—Six cases of diphtheria were reported during the year, as compared with 9 in 1903, and 20 in 1902. Three of the cases occurred in Europeans—1 in January, 1 in June, and 1 in September—and 3 in Chinese in September, October, and November respectively. None of these cases proved fatal.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF EDINBURGH.

The following candidates have been approved at the examinations indicated:

First Professional Examination.—D. C. Adam, D. Aitken, R. J. Allopp, F. Armstrong, T. H. Balfour, *G. E. K. Branch, J. A. Browne, B.A.; O. S. Bullock, J. R. Bullman, *W. L. Burgess, B. N. Burjorjee, G. L. Cawkwell, J. J. P. Charles, A. D. Child, W. F. Christie, Gladys H. Cook, J. Crockett, J. M. Dalzell, Lucy E. Davies, R. W. Davies, W. N. Davies, Jemima B. Dickie, J. K. M. Dickie, Adelaide A. Dreager, J. W. C. Dreaver, W. Duclor, A. L. Dykes, J. E. Eliot, A. M. Elliott, Euphemia L. Farmer, B.A.; H. G. Feltham, W. C. Fragozo, F. R. Fraser, Mary M. Gardner, G. H. Garnett, A. W. Gill, V. H. Gordon, W. T. Graham, E. S. B. Hamilton, W. F. Hamilton, R. Hamilton, *R. C. Harkness, J. Henderson, B. J. O. Hoare, R. I. Hughes, G. R. Inglis, Flora R. Innes, Hannah M. Irving, B.Sc.; H. E. Johnson, J. V. Kerrie, *R. R. Kerr, *G. E. King, C. G. Kurien, J. M. Lawl, A. J. B. Leckie, Janet Leiper, H. E. A. Lemeile, W. R. Logan, Mary Low, M.A.; W. H. Lowe, R. C. Lowther, W. G. McAfee, A. D. MacArthur, A. J. McConnell, P. A. McCool, *W. Macdonald, T. M. Frittridge, R. B. Macfie, Mary E. B. MacIlwaine, J. Mackail, M.A.; W. McKie, G. V. T. McMichael, R. D. M. Macpherson, C. G. Marais, T. H. R. Mathewson, W. Messer, R. W. Miller, A. M. Minford, J. Montgomery, J. M. Moyes, *J. Oag, M.A.; J. E. R. Orchard, J. E. T. Oxley, J. J. Pace, H. F. Pantou, H. Paterson, Ella F. Pringle, N. D. Pringle, Wylanwy D. Rees, *D. G. Robertson, J. Robertson, D. M. Rees, W. Ross, M.A.; J. M. Scott, K. B. G. Shah, K. Simpson, J. C. Smith, M.A.; W. Stevenson, C. P. A. Stranghan, R. K. S. Sutherland, J. Swan, A. L. Taylor, J. A. Thompson, J. G. Thomson, M.A.; W. S. Thomson, L. J. Wallis, A. Watson, J. C. Watson, J. P. Whetter, S. Williams, J. Wilson, D. W. Woodruff, *G. G. Wray, Margaret, C. Yourg.