

The above resolutions were arrived at without a division, with the exception of that portion of the latter which makes the study of Chinese optional on the declaration of the parents. On that point, the voting was as follows:—

For making Chinese optional.
 The Honourable the Colonel Commanding
 the Troops.
 The Honourable the Colonial Secretary.
 The Honourable J. M. PRICE.
 The Honourable F. B. JOHNSON.
 The Reverend E. J. EITEL.

For making Chinese compulsory.
 The Honourable P. RYRIE.
 The Honourable H. LOWCOCK.
 Mr. STEWART.

4. That increased accommodation, more English speaking Masters, and smaller classes are essential to the proper teaching of English at the Central School.
5. That as a preliminary step, the staff of English Masters be doubled forthwith.
6. That with regard to the other Government Schools entirely supported by Government, arrangements be made, as soon as possible, to teach the boys English in all of them.

J. POPE HENNESSY,
Governor.

Read and confirmed this 5th day of March, 1878.

H. E. WODEHOUSE,
Clerk of Councils.

The following Annual Report from the Colonial Surgeon is published for general information.

By Command,

J. M. PRICE,
Acting Colonial Secretary.

Colonial Office, Hongkong, 3rd July, 1878.

GOVERNMENT CIVIL HOSPITAL,
 HONGKONG, *May 10th*, 1878.

SIR,—I have the honour to forward my annual Report for the year 1877 together with the Tables showing the work done in the different Establishments of the Colonial Medical Department. I also enclose the Report of the Superintendent of the Government Civil Hospital on the working of that Establishment.

POLICE.

The health of the Force has been good. There has been a very great decrease in sickness among the Europeans, and but a slight increase in the Indian and Chinese components of the Force. The deaths have decreased from 6 to 4, and of the four, two died away from Hospital—one Indian while in India on leave and one Chinaman while in China on leave. There must always be a considerable variation in sickness among the Indian and Chinese of the Force, who are more liable to fevers and bowel complaints than Europeans, both of them living on very sparing diet, especially among the Indians, who, denying themselves the necessaries of life from motives of economy, are prone to become anæmic and more liable to the above complaints. Many of the Police Stations are far from what they ought to be in the matter of accommodation, and even those that are not limited as to space are badly constructed and designed. The Hulk is too small, besides being old and rotten, and the ventilation very defective, especially in bad weather. The prisoners' cells on board are always damp, and a most unpleasantly free use of carbolic acid has to be made to keep the lower hold wholesome. Aberdeen, though still supplying a large number of fever cases, is decidedly improved, and I hope will still further improve now that the swamp has been filled in and trees planted over it. Altogether, considering that the heat registered last year was greater than in the past eight years, and that there was less rain than usual, I think that the returns of the health of the Force are satisfactory. Table I. shows the admissions to Hospital every month during the year and the mortality. Table II. the sickness and mortality as compared with the strength of the Police Force. Table III., given for the first time, shows the districts from which the sick were brought during the different months of the year, the principal cause of admission being fevers, bowel complaints and injuries.

TROOPS.

Table IV. shows the strength, sickness and mortality of the Troops in Garrison.

<i>Average of Strength of Garrison.</i>	<i>Admitted to Hospital.</i>	<i>Deaths.</i>
1874,.....1,040	1,067	10
1875,.....1,020	716	9
1876,.....1,540	563	2
1877,.....1,130	973	9

The above statistics of the sickness and mortality during the last four years shew the enormous increase that took place in the sickness last year. It is true that the temperature was much greater than usual, also the rain-fall less, and that there was a considerable increase in the general sickness and mortality in the Colony, but why the Troops should have suffered so much more from sickness, I am at loss to understand, as they are specially looked after and cared for and in very few places have they better accommodation. In previous years the sickness among the Police has shown badly as compared with the Troops, which was not to be wondered at, as they have harder work and not nearly as good accommodation, but this year their health has been very much better in comparison. There was a considerable increase of malarious fever at Kowloon last year, but even this could hardly account for so much extra sickness among the Troops, as the Police at Kowloon have not suffered more than in past years.

GOVERNMENT CIVIL HOSPITAL.

I regret that nothing further has been heard of the design for the new Civil Hospital. In some respects we may congratulate ourselves that the old buildings were ruined in the Typhoon of 1874. Still the present structure, though a great improvement upon the former one, is unfitted for a Hospital.

Towards the end of the year 1876, the European Wardmasters were done away with, with one exception, and Chinese Wardmasters substituted; the alteration has worked well, nor has there that I am aware of been any serious complaint against any of these men, as there used to be under the former arrangement. We have now got a Chinese Clerk, and for the future I will have no difficulty in keeping the records of the Hospital in order. As far as the years previous to 1876 are concerned the records, the few there are of them, are in great confusion, and what remains; there are letters without answers and answers to letters of which no trace is to be seen. Some of them by ladies, who seem to have done their best to do so. Some were in Government service, but to whose services the Government was not indebted. My last annual report took me nine hours to write, and as I wrote steadily from 9 P.M. one night to 6 A.M. the next morning, it could hardly be expected that I should make another fair copy for record in my own office. Surely with only two Surgeons on the Staff to look after about 600 Police, 500 prisoners, the Colonial Staff drawing less than £400 a year, 4 Hospitals, and a Lunatic Asylum, and 300 prostitutes, their time and skill might have been put to better use than clerical office work. The new clerk does not find he has too much time on his hands.

The Tables showing the cases admitted into Hospital do not in any way account for extra unhealthiness in the Colony. There is a very slight increase in the number of fever cases, also in the number of pulmonary complaints, but there is also a slight decrease in the number of bowel complaints. Venereal cases are about the same, though there are less than half the number of cases of constitutional syphilis as compared with last year. The terrible accident on board the steamer *Yesso* created great confusion in the Hospital for a short time. All the cases but two were within four hours transferred to the large Ward in the Gaol, under my superintendence. During the time the poor creatures were in the Hospital great assistance was rendered by the Naval Surgeons who were in Harbour at the time, and also the private practitioners. After their removal to the Gaol Ward, the services of Surgeon MOWLL of H. M. S. *Vigilant* were kindly placed at the disposal of the Government by His Excellency Vice-Admiral HILLYAR, and he took charge of the wounded, sixty in number, with such assistance as I could give him. Nearly all the cases were fatal; of the 64 brought to the Hospital, only five are known to have survived. Most of them died during the first forty-eight hours; some were taken away by their friends. I tried to persuade the latter to leave the patients where they were, but the question asked was "If we leave them, will they get well?" and as there appeared very little chance of such an event, I had to reply accordingly. Both friends and relatives desired however to hear their last words and to give the patients their blessing, and if we could not guarantee to save them, they expressed themselves desirous to take them home. Surgeon MOWLL remained in charge about a fortnight. I am happy to say his valuable services were recognised both by the owners of the vessel, Messrs. DOUGLAS LAPRAIK & Co., and by the Chinese Community here; I hope they may also be acknowledged by the Home Government, to whom his services were reported by His Excellency the Governor. It cannot be expected that Hospital accommodation should have sufficed

for such exceptional events as this accident to the *Yesso*. I have seen a London Hospital as badly crowded for a longer time after a railway accident with as horrible scenes and formidable operations going on in different wards.

Cases are continually being sent down for treatment here by the Canton Imperial Maritime Customs, I do not understand why, as they have their own Surgeons; but a few weeks back a case of Small Pox was sent down from Canton in a Revenue Cruiser, to admit which the Small Pox Hospital had to be specially opened, as we had no cases here at the time. On this most extraordinary proceeding, I made a special report.

We have now, I am glad to say, a temporary Lunatic Asylum. I called special attention in my report of 1874 to the way in which lunatics were confined in the Hospital and Gaol, who not only kept the whole Hospital or Gaol in an uproar, but whose terrible cries became a public nuisance to the residents in the neighbourhood. This has, I am glad to say, been remedied this year.

I have already in previous reports noticed the unwillingness of Chinese to go into Hospital, and this does not apply only to European Hospitals, they will not go into the Tung Wah Hospital till in either the last extremity of disease or destitution, hence the enormous mortality of this Hospital, as explained in the report of 1876.

I cannot say that I have found the Medico-legal and Post-Mortem work to interfere materially with my other duties, during the time I took charge of the Government Civil Hospital, though I had to the full, the average amount of this special work, nor did I receive any complaint that the patients found themselves neglected in consequence. The working of the Civil Hospital, notwithstanding its many inconveniences and defects which nothing but the advent of the new building can rectify, has been, by the Superintendent's own showing, most satisfactory in its results, as has also the new and improved arrangement of the Hospital Staff.

SMALL POX HOSPITAL.

This building, which is under my personal charge, is situated not far from the Lock Hospital, and was formerly one of the Chinese Schools. It answers the purpose for which it is required very well, being isolated and having a good open space for the patients to exercise in. There have been twenty-five admissions and one death, some of the cases were very severe and these were chiefly among the Europeans. The one colored man, who died, was brought off a vessel that had just arrived. He was delirious at the time of admission, and died in about twenty-four hours, the pustules not being fully developed.

TUNG WAH HOSPITAL.

I have not to previous reports in respect of this Institution, it does a considerable amount of good, might do a good deal more. The number treated in Hospital during the year was 1,492, the deaths 523; the number of vaccinations performed 1,374; the number of out-patients treated: males 47,167, females 7,807, total 54,974.

LUNATIC ASYLUM.

This is a small building in the Hollywood Road, and, pending the erection of the proposed new asylum, has answered its purpose very well. It has only been established four months and has had two inmates, one male and one female; the latter was discharged cured, the former is still under treatment.

VICTORIA GAOL.

There has not been so much sickness as usual, though plenty of scheming and malingering. Table X. shows the number of admissions to Hospital. Table XI. shows the number of trifling cases on the books. Table XII. shows the number of admissions, rate of sickness and mortality. Table XIII. shows the number of deaths and their cause. There were two suicides, who hung themselves by their quies, one of them was to have been handed over to the Chinese authorities. Of the other five deaths, one was a paralytic patient, who had been some time in Gaol, and had never been subjected to work. Another was the case of a man who died of general debility forty-eight hours after admission. When he was sent in on remand, I sent a certificate to the Magistrate to inform him the prisoner could not possibly live many days longer. The case of diarrhoea was a weakly young European seaman. One MOK-A-KWAI on remand for trial had phthisis, for which he had been treated during a former term of imprisonment and when he returned to Gaol this time he was in a deplorable condition, and there was not the slightest hope of his recovery. The last was a partially paralysed man who was seized with apoplexy in his cell and died in a few hours. Many changes have been made in the arrangements of the Gaol this year; at the beginning of the year the Royal Commission concluded its labours, and the new rules and diet scale were put in force. The allowance of rice was diminished, the chutney taken away, as also the allowance of pork to long term prisoners. To the abolition of the chutney and

pork I objected; the first is necessary to help the digestion of the mass of rice, and the second is but a very small allowance of animal food indeed and absolutely necessary to sustain health. Later in the year, when the chutney and pork were restored, I recommended that the allowance of rice should be still further diminished, which was done.

I am happy to say flogging with the cat on the back or shoulders has been stopped pending enquiry. About the beginning of 1875, some of the public journals having remarked that the public floggings as conducted here were a farce, Chief Justice Sir JOHN SMALE requested to see me, and asked if this were really the case. I explained to the Chief Justice that these punishments might naturally be considered not sufficiently severe by the Public, as at the time of their infliction there was little enough to see, but that an inspection of the men's backs three days after the flogging could not but modify such opinions, and I described the effects as they appeared to me. I have subsequently made more careful observations as to the results of these floggings, and I gave evidence in January, 1876, on their effect before the Royal Commission, and have since specially reported on this method of punishment. The effect of thirty lashes on the back is at the time a large dark purple bruised and abraded surface, from which a few drops of blood may be drawn. In twenty-four hours, the man complains of great difficulty of breathing, pain inside the chest, and both pulse and temperature rise, about the fourth day the bruised skin begins to come away leaving a large ulcer at the end of a week, when the difficult breathing and pain in the chest begin to abate, this large sore taking from five to six weeks to heal. But the man is indelibly marked for life, and in a country where it is the custom to strip to the waist when working for the greater part of the year, he who has been flogged in this way, cannot but expose these marks to the ridicule of his fellow workmen, and to his own detriment, as lessening his chances of obtaining honest work, known felons not being generally preferred for employment. I have therefore recommended that in future all floggings should be on the breech with a rattan, they are quite as painful and severe, no injury is done to any internal organ, the sore produced is similar and takes as long, sometimes longer to heal, and the man is marked for life, but on a part which need not be visible, and he at least has a chance of reforming. I am satisfied that the seeds of constitutional disease have been sown, in many cases, by these floggings on the back, even the Warders in the Gaol have noticed this and pointed out men whom they considered broken down by repeated floggings on the back. Though possibly a matter difficult to prove to the satisfaction of everybody, for there are many difficulties in the way, I have little doubt but that a special enquiry into the matter would prove the correctness of my views. The question of work and punishment for prisoners is beset with difficulty; in recommending flogging in my last report, as it is carried out in India, *i.e.*, from five to thirty strokes on the breech, I did so as the best alternative and not as a special advocate for that mode of punishment, and because I considered that the diet, the only other punishment which not so severe at the time, did harm that was more than made up for. I have however explained my views on these subjects at greater length.

One great improvement introduced into the Gaol this year, has been the dry wash system of conservancy in the cells; before this important sanitary improvement was introduced, the effluvium in the morning in the corridors at unlocking hour was very great, now no disagreeable smell is detected.

The introduction of the solitary system is, I understand, under consideration. I do not think there is anything that would make the Gaol more dreaded by the Chinese than knowing every prisoner would be in separate confinement for the whole of his term of imprisonment. Very many of the prisoners who are sent to Gaol for short terms are a source of great trouble, they are often in such a debilitated state that it becomes a necessity to give them better food than the penal diet, simply to avoid Coroner's Inquests, and then when they do get a good meal, they make the discovery that they have only to cut a tree in sight of a Lokong to get back to Gaol and to a full belly and accordingly they are soon again on our hands. So if one errs on the side of humanity, the Gaol fills, or if on the side of strict justice, a coffin is perhaps filled a few days sooner than it would otherwise be.

As regards opium smoking, no prisoner who confessed to being an opium smoker has been allowed a single grain in the Gaol. Neither has he had any stimulant as a substitute, and I do not find there has been any evil consequence in breaking off this habit at once, nor that any precaution has been necessary further than a closer attention to the general health. Several very good specimens of opium smokers have come under observation, one was the case of a man whose daily consumption had been two ounces a day for nineteen years, and who was allowed neither opium or gin, nor was he given any narcotic or stimulant. For the first few days, he suffered from want of sleep, but soon was in fair health and expressed himself much pleased at having got rid of the habit. I am no advocate for opium smoking. My experience of it is that it may become a habit, but that that habit is not necessarily an increasing one; nine out of twelve men smoke a certain number of pipes a day, just as a tobacco smoker would, or as a wine or beer drinker might drink his two or three glasses a day without desiring more. I think the excessive opium smoker is in a greater minority than the excessive spirit drinker or tobacco smoker. In my experience, the habit does no physical harm in moderation. In the greatest case of excess just mentioned at the Gaol, a better nourished or developed man for his size it would be difficult to see. With the morality of the opium smoking question, I have nothing to do; no doubt it is a costly luxury, and when indulged in even to a small extent by a poor man by no means

increases the comfort of his family, but as far as my experience goes, and I have had good opportunities of judging, there is no great difficulty in breaking off the habit. I have seen many cases of excessive smoking in men who could afford to spend large sums on the vice. At the Tung Wah Hospital the stranger may at any time see the most dreadful and ghastly looking objects in the last stages of scrofula and phthisis smoking opium, who had never previously in all their lives been able to afford the expense of a pipe a day, yet the European visitor leaves the establishment attributing to the abuse of opium effects which further enquiry would have satisfied him were due to the diseases for which the patients were in Hospital. From what I have seen there, there is no doubt that the advanced consumptive patient does experience considerable temporary relief to his difficult breathing by smoking a pipe of opium, though it is very poor quality of drug that is given to patients at the Tung Wah Hospital. I do not wish to defend the practice of opium smoking, but in the face of the rash opinions and exaggerated statements in respect of this vice, it is only right to record that no China resident believes in the terrible frequency of the dull, sodden witted debilitated opium smoker met with in print, nor have I found many Europeans who believe they ever get the better of their opium smoking in matters of business. I have conducted my observations with much interest, as the effects of opium eating were well known to me by my many years' experience in India, and I have been surprised to find the opium smoker differs so much from the opium eater. I am inclined to the belief that in the popular mind the two have got confused together. Opium smoking bears no comparison with opium eating. The latter is a terrible vice most difficult to cure and showing rapidly very marked constitutional effects in the consumer.

LOCK HOSPITAL.

This institution and the working of the Medical Department of the Contagious Disease Ordinance No. 10 of 1867, is under my personal charge. There have been a few more admissions to Hospital, and the number of examinations have increased by about 700 this year, but the type of disease has not been very severe. Further particulars under this head are contained in Tables E2, and E3 appended hereto, and in my private reports to Government on the subject.

A Commission is at present enquiring into the working of the Ordinances, and will shortly report the results of their investigations.

HEALTH OF THE COLONY.

Table XVI. shows the population, mortality and percentage of deaths of the European Community in Hongkong by which it appears that there were more deaths last year than any of the nine preceding years, the percentage being greater than that of the years 1870 and 1871. There was a considerable increase, chiefly among the residents at Kowloon, which may perhaps be partly accounted for by the increase among the Garrison, as many of the troops were stationed there. Table XVII. shows the annual Atmospheric Report, showing a greater heat than has been experienced in the past eight years, and a very considerable decrease in the rainfall, which as indicated in my report of 1873 is commonly accompanied by a greater mortality. The records of the Government Civil Hospital and those of the Tung Wah Hospital, do not show any excess of climatic disease.

SANITATION.

Table XVII. shows the work done by the Inspectors of Nuisances during the year. Though there is a considerable increase in the number of persons fined, the amount of the fines collected is hardly one third that of last year. This is principally owing to the new Government Scavenging Contractor having performed his duties more satisfactorily than his predecessor; last year his fines were very heavy in consequence of the inefficient way the contract was carried out. Little more need be said than has been mentioned in previous reports, which have pointed out the state of the drains, the markets, the Chinese dwelling houses, the keeping of cattle and pigs in dwelling houses, &c. It is to be hoped something may be done with the markets, especially the Central and Western markets, which are a disgrace to the Colony. It would also be a great boon to the poorer classes of the Chinese, if the Government could provide small patches of leveled ground in different parts of the suburbs of Victoria, on which they might be allowed to build pig-sties, on condition of their being kept clean and in good order. This I think might be accomplished, and the advantage to the poorer class, who depend entirely on the keeping of pigs for their living, would be very great.

I have the honour to be,

Sir,

Your most obedient servant,

PH. SYRES,
Colonial Surgeon.

The Honourable

J. M. PRICE,
Acting Colonial Secretary.

The Superintendent of the Government Civil Hospital to the Colonial Surgeon.

GOVERNMENT CIVIL HOSPITAL,

HONGKONG 10th April, 1878.

SIR,—I have the honour to forward the report on the Civil Hospital for the year 1877, with the tables of statistics pertaining thereto.

In November the Hospital completed its third year of occupation of the three houses in Hollywood Road, Nos. 2⁴ and 6, in which it took refuge after the typhoon of 1874.

The occupation of these buildings continues to be unsatisfactory, as their more complete adaptation to Hospital purposes is said to be inadvisable, because the occupation is only temporary, and it is not worth while to incur further expense for improvements.

There is but limited room for patients, nurses, stores, kitchens, or for any of the conveniences which are looked upon as necessities in a well ordered Hospital.

On the 1st January, 1877, a slight alteration was made in the staff of the Hospital, the Senior Wardmaster, Mr. J. EDGAR, being relieved from his ward duties to become Clerk, Steward and Storekeeper. He performed these duties till the end of July, when he left the service. He was succeeded by Mr. J. C. DE SENNA, who continued all the duties till the end of the year; the salary of a Chinese Clerk when having been passed in the Estimates, this much needed addition to the Establishment was obtained, and Mr. SENNA is now able to devote his whole attention to the stores and provisions.

With regard to the Hospital work, the Register for the year records 950 cases: 31 of these however, comprising superficial wounds, three cases of dog-bite, and one of opium-poisoning, were treated in the surgery and then dismissed; 20 others were admitted moribund from injury or disease, and died within a short period of their admission.

There were thus 899 patients admitted during the year, who underwent treatment in the Hospital. (No reference is here made to the number [31] remaining in Hospital on the 31st December, 1876.)

418 of these were Policemen, and 481 were seamen, private residents, members of the Chinese Customs and Revenue Services, and officers and crew of ships of war.

The total number of admissions from the Police Force is 1100, and from the Europeans number only 84 admissions as compared with 106 in the previous year. The number of admissions from the Indians and Chinese is counterbalanced by an increase of 21 from the Indians and 9 from the Chinese.

A reference to the tables will show the number admitted in each month from the different stations. Their diseases were principally intestinal and bronchitic affections with febrile attacks and surgical injuries.

The increase of sickness among the Police is due to the unhealthiness and overcrowding of some of the Police Stations, the unhealthiness being due equally to situation and to defects of construction.

These defects were in various instances made conspicuous by the number of sick coming to Hospital from certain Stations, notably the Police Hulk and Tsim-tsa-tsui, and these two with No. 3 Station at Wán-tsai were made the subject of special representations to the Government.

The total number of days spent in Hospital in 1877 by members of the Force was 3,391, and this may be more than doubled by adding the number of days spent on sick leave by Constables after their discharge from Hospital. This is equivalent to nineteen men off duty for the whole year.

The admissions from foreign ships-of-war were not so numerous in 1877, as most of their sick were taken into the Naval Hospital. On several occasions, however, there were no vacant beds there, so accommodation had to be found for them in the Civil Hospital.

Table V. shows the varieties of disease with the mortality from each.

Fevers form a large item in the list, but there was only one fatal case, in a Chinese Constable from the Police Hulk. Some of these febrile attacks were severe, but a large number were comparatively trivial. Quinine, but careful nursing were relied on for the treatment of these cases, and the results have been satisfactory.

One case of typhoid fever (which is said never to occur in China) was treated in January. The patient was a Chinese Constable who lived in an old house next door to the Hospital, and it is worthy of note that in the case of a European Constable living in another part of the same house he suffered from carbuncular abscess of the thigh. All the sinks about these houses were untrapped and there was a very foul latrine immediately adjoining.

The possibility of these two cases having had a common origin here suggests itself, and secondarily the question of the origin of typhoid fever *de novo*, which is disputed by some authorities.

There were a number of cases of rheumatism caused by exposure to wet and cold. With a large Police Force and sea-faring population this is only to be expected.

Three Europeans were admitted with heat apoplexy: two made a complete recovery, but the third when discharged from Hospital, though well in other respects, suffered from aphasia. Considering the power of the sun in Hongkong and the notorious carelessness of sailors in exposing themselves to its rays, it is a matter of surprise that more cases of the sort do not occur.

Only one case of delirium tremens occurred; though 13 others were on the high road to it when admitted. It is worthy of remark that all of these were Europeans. There is ample evidence in the Hospital and in the Post-mortem Room, that both Indians and Chinese suffer from the effects of drink, but they seldom come under treatment for this alone.

Bronchial catarrh is somewhat prominent in the list, but pulmonary affections are not very frequent. There were fourteen cases of phthisis, which is about the average.

Bowel complaints were less frequent last year than in 1876, and in most of the severer cases were contracted at other ports in the China seas.

One Chinese was admitted suffering from round worms, a common complaint among the natives.

The Indians and Chinese were almost the only sufferers from colic and constipation, which may be attributed to their diet.

Affections of the liver were not more frequent than usual, and the causes were much the same, principally excessive drinking, and a few said to be malarious in their origin.

One interesting case of abscess of the liver was admitted in October, and bade fair to make a good recovery. Several abscesses, one of them containing 30 oz. were tapped with the aspirator, and did well; the first one, after discharging for some weeks, healed up. Complications have now set in, however, which will exhaust the patient, and bring about a fatal termination to the case.

Enlargement of the spleen, with anæmia, was recorded in three cases, one European and two Chinese. This enlargement was observed in a number of the Indian Constables, admitted from other causes; they appeared to suffer no inconvenience from it, and it did not seem to interfere with the performance of their duty.

Admissions [REDACTED] nained about the same

Boils, of [REDACTED] [REDACTED] to be specially productive, only brought 11 patients to Hospital, and of these, [REDACTED] [REDACTED] presented no remarkable features and yielded readily to treatment.

47 cases were set down to debility. These comprised seamen, destitutes, and Police suffering from causes incidental to their several modes of life.

Privation accounts for 10 admissions, and 3 deaths; being either the predisposing cause of disease or aggravating that already in existence.

51 admissions were for observation, seamen, Police and prisoners.

Seamen who were malingering or whose ailment was not apparent were taken into Hospital, in order to form an opinion as to their fitness to proceed to sea, and to their duty on board.

Policemen suffering from slight indisposition, chills, strains, or feverishness from exposure to the sun, were taken in for a day or two, and then returned to duty.

Prisoners arrested in the evening and desirous of avoiding a night in the Police cells, complain of illness, and are sent to Hospital for observation.

Three cases of opium poisoning were brought in, two of which recovered under treatment, but the other was seen too late to derive any benefit from medical assistance.

Wounds of all sorts were numerous, and occurred mostly among Chinese. Many of the injuries were superficial, but some were mortal, though this does not appear in the table, for all the Chinese who had received fatal injury, were carried away by their relatives.

One exception, the only case which reached a fatal termination in Hospital, was that of an old Chinese man, aged 76, who had been attacked on the Sháu-kí Wán road by thieves and hacked about the hands, arms, scalp, neck and lower extremities. He never recovered from the shock of the injuries, but died as soon as the reactionary fever set in.

Six cases of gunshot wound were admitted, only one of which, a European, was allowed to remain in Hospital till the termination of his case. Of the other five, Chinese, some had been shot by burglars near Yau-má-Tí, the others came from Custom cruisers. All five were taken away a few days after admission.

Four cases of scalds are recorded; one was a trivial case, and the other three were sufferers from the *Yesso* explosion: two of them were retained in Hospital and the other was sent back to Hospital in an exhausted condition after a fortnight in Gaol. The accident on board the *Yesso* made the want of space in the Civil Hospital very painfully felt. The Hospital had at the time 44 beds occupied, and as there were only 10 left vacant, and these were nearly all in the female and venereal wards, the only course was to spread mattresses over the floors and passages, and there deposit the wounded as they were brought in. The number of the sufferers and the severity of their injuries taxed the resources of the Hospital staff to the very utmost, but every one responded manfully to the call and did their best.

On several occasions noisy lunatics were sent to the Hospital, for want of a better place. Lack of accommodation necessitated their being kept in close confinement, which could not be otherwise than detrimental to them, and their insane vociferations day and night were a source of great annoyance to both patients and attendants. Provision being made elsewhere for them in September, no lunatics have been admitted since that time.

There were 49 deaths during the twelve months, as compared with 35 in 1876. Of these 20 were moribund on admission, and 3 were attributed to privation.

The receipts from paying patients in 1877, amounted to \$3,619.36, less by \$1,100 than the receipts for 1876. There were fewer patients in Hospital in 1877, and some of the accounts due for 1877 have been collected in 1878. The fees for Board of Trade patients are not here included, as they are paid directly into the Treasury. Hospital stoppages for the Police are paid in the same way.

A reference to the tables shows that 236 Chinese were treated in the Civil Hospital in 1877.

This is about the usual number, and as usual, about one half of them were Policemen, and most of the rest were brought in by the Police—cases of assault, or sick destitutes picked up in the street. The presence of nearly all these 236, therefore, was in great measure compulsory. The Lokongs are sent in because they are in receipt of pay from the Government, and it is to the interest of the Colony that when disabled, they shall be restored to health and efficiency as soon as possible, and Police cases are brought, in order that they may be disposed of before the Magistrates without delay, and that trustworthy evidence shall be forthcoming as to the nature and severity of the injuries sustained.

The medico-legal work performed by the Superintendent of the Hospital in 1877, consisted as usual in giving evidence before the Magistrates and in the Supreme Court touching the nature and severity of the injuries in criminal cases sent to Hospital. In addition to this, there were 116 dead bodies examined and reported on, of which 82 were adults, viz., Europeans, 7 Coloured, and 69 Chinese; and 34 were children, all Chinese.

In some of these a superficial external examination only violence apparent and no suspicious circumstances attendant further was done.

no marks of
bodies, nothing

In a number of the cases, however, death had resulted from poisoning or from criminal violence, and in these a thorough and complete investigation of the body and the internal organs was made and in some cases the contents of the stomach were examined.

The examination of the 116 bodies brought to Hospital, showed every variety of death from homicide, suicide and disease.

The Coroner's returns record the cause in all cases coming under the first two heads, and in the third category, the diseases were found to be principally those leading to sudden death, viz., heart disease, aneurism, and apoplexy.

The suicides were from opium poisoning, hanging and possibly drowning.

Of the 34 children, some were still-born, and the rest had died from disease and mal-nutrition.

There was little reason to believe that in any of these cases death had resulted from violence. The bodies had been exposed in the street, and on the hill-side, or thrown into the water to avoid the trouble and expense of burial.

There is, however, little or no check to homicide in a hundred ways among the Chinese, for as there is not, and cannot be, any correct diagnosis of disease among them, registration of the cause of death must be a mere form, and the Registrar has no guarantee that the cause stated to him is the true one.

I have the honour to be,

Sir,

Your most obedient Servant,

C. J. WHARRY, M.D.,
Superintendent.

Dr. PH. B. C. AYRES,
Colonial Surgeon.

POLICE.

I.—TABLE showing the ADMISSIONS into and DEATHS in the GOVERNMENT CIVIL HOSPITAL, during each Month of the Year 1877.

MONTHS.	EUROPEANS.		COLOURED.		CHINESE.		TOTAL Admissions.	TOTAL Deaths.
	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.		
January,	6	..	10	..	7	..	23	..
February,	8	..	9	..	7	..	24	..
March,	9	..	12	..	5	..	26	..
April,	6	..	14	..	11	..	31	..
May,	2	..	20	..	11	1	33	1
June,	7	..	20	..	4	1	31	1
July,	5	..	22	..	10	..	37	..
August,	5	..	24	1	10	..	39	1
September,	6	..	25	..	9	..	40	..
October,	7	..	26	..	13	..	46	..
November,	11	..	30	..	6	..	47	..
December,	12	1	18	..	11	..	41	1
Total,	84	1	230	1	104	2	418	4

C. J. WHARRY, M.D.,
Superintendent.

II.—TABLE showing the RATE of SICKNESS and MORTALITY in the POLICE FORCE, during the Year 1877.

AVERAGE STRENGTH.				TOTAL SICK.			TOTAL DEATHS.			RATE OF SICKNESS.			RATE OF MORTALITY.		
Europeans.	Coloured.	Chinese.	Total.	Europeans.	Coloured.	Chinese.	Europeans.	Coloured.	Chinese.	Europeans.	Coloured.	Chinese.	Europeans.	Coloured.	Chinese.
92	177.16	349.08	618.24	84	230	104	1	2 *	3 †	91.30	129.94	29.79	1.08	1.12	0.85
													per cent.	per cent.	per cent.

* 1 Coloured } did not die in Hospital.
† 1 Chinese }

III.—TABLE showing the ADMISSIONS to HOSPITAL from each District, during the Year 1877.

	No. 7.			WATER POLICE HULK, TSM-TSA-TSUI, WHITEFIELD.			SHAU-KI WAN.			POK-FU LAM.			ABERDEEN.			STANLEY.			YAU-MA TI HUNGHOM.								
	Europeans.	Indian.	Chinese.	Europeans.	Indian.	Chinese.	Europeans.	Indian.	Chinese.	Europeans.	Indian.	Chinese.	Europeans.	Indian.	Chinese.	Europeans.	Indian.	Chinese.	Europeans.	Indian.	Chinese.						
January,	3	6	3	..	..	..	..	..	..	1	..	4	1	..	..	..	..	..	2	..	..	1	..	1	1	..
February,	5	6	3	1	..	..	1	2	..	1	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	1
March,	6	8	3	..	1	..	..	2	..	2	..	1	1	1	..	..	..	..	..	..	..	..	..	..	..	1
April,	3	13	6	1	..	..	..	..	..	1	..	4	..	..	..	..	..	..	1	1	..	..	..	..	..	1
May,	2	17	7	..	2	..	..	..	1	1	..	3	..	..	..	..	..	..	1	1	..	..	..	1	1	..
June,	2	14	2	2	2	..	..	2	1	1	..	5	..	..	..	..	..	1	1	1	..	..	..	1	1	..
July,	4	15	3	1	1	..	..	2	..	..	..	..	..	..	..	..	..	3	3	1	..	..	..	..	..	1
August,	2	14	1	..	1	2	..	..	..	1	..	5	1	1	..	..	..	3	1	..	1	..	..	4	..	..
September,	3	16	2	..	1	1	..	1	1	1	5	..	..	2	..	..	..	2	2	..	1	..	1	1	..	..
October,	3	21	2	..	..	..	..	..	..	..	9	..	..	..	1	..	..	2	2	..	1	..	..	1	1	..
November,	8	21	1	..	..	..	..	..	..	2	..	5	..	3	..	..	..	1	2	..	1	..	..	3	..	..
December,	9	14	7	..	..	..	..	..	..	1	..	3	..	..	..	..	..	2	2	..	..	..	..	1	..	..
	50	165	40	5	8	13	1	48	3	6	2	1	3	..	7	19	2	1	5	..	3	12	3

C. J. WHARRY, M.D.,
Superintendent.

IV.—TABLE showing the RATE of SICKNESS and MORTALITY of the TROOPS serving in HONGKONG, during the Year 1877.

STRENGTH.			ADMISSIONS INTO HOSPITAL.			DEATHS.			RATE OF SICKNESS.		RATE OF MORTALITY TO STRENGTH.	
White.	Black.	Total.	White.	Black.	Total.	White.	Black.	Total.	White.	Black.	White.	Black.
998	84	1,082	915	58	973	7	2	9	91.6	69.0	0.70	2.38
									per cent.	per cent.	per cent.	per cent.

R. GILBORNE,
Deputy Surgeon General,
Principal Medical Officer.

V.—TABLE showing the ADMISSIONS and MORTALITY in the GOVERNMENT CIVIL HOSPITAL, during the Year 1877.

DISEASES.	ADMISSIONS.				DEATHS.				DISEASES.	ADMISSIONS.				DEATHS.			
	Europeans.	Coloured.	Chinese.	Total.	Europeans.	Coloured.	Chinese.	Total.		Europeans.	Coloured.	Chinese.	Total.	Europeans.	Coloured.	Chinese.	Total.
Typhoid Fever,	1	...	...	1	...	...	...	...	Brought forward,.....	218	188	88	494	9	4	3	16
Rubeola,	1	...	...	1	...	...	...	...	Cirrhosis of Liver,.....	5	...	...	5	1	...	...	1
Febricula,	30	54	40	124	...	...	...	...	Jaundice,.....	1	...	...	1	...	...	...	...
Intermittent Fever,.....	4	23	1	28	...	...	...	...	Hypertrophy of Spleen,.....	1	...	2	3	...	...	...	...
Remittent Fever,.....	12	...	4	16	...	...	1	1	Bright's Disease, Chronic,.....	4	...	...	4	2	...	...	2
Rheumatism, Acute,.....	2	2	...	4	...	...	...	...	Irritability of Bladder,.....	3	1	...	4	...	...	...	...
Do., Subacute,.....	2	1	...	3	...	...	...	...	Retention of Urine,.....	3	...	1	4	...	...	...	...
Do., Muscular,.....	8	2	2	12	...	...	...	...	Gonorrhœa,.....	56	5	2	63	...	...	...	...
Do., Chronic,.....	1	...	1	2	...	...	...	...	Gleet,.....	3	...	1	4	...	...	...	...
Lumbago,.....	1	...	...	1	...	...	...	...	Stricture of Urethra,.....	6	1	...	7	...	...	...	...
Scrofula,.....	1	...	...	1	...	...	...	...	Simple Excoriation of Penis,.....	10	5	2	17	...	...	...	...
Leprosy,.....	1	...	1	2	...	...	...	...	Induration of Prepuce,.....	1	1	...	2	...	...	...	...
Syphilis, Primary,.....	17	5	1	23	...	...	...	...	Hydrocele Testis,.....	1	1	...	2	...	...	...	...
Do., Constitutional,.....	2	...	...	2	...	...	...	...	Ochritis,.....	5	...	1	6	...	...	...	...
Anœmia,.....	4	1	...	5	...	...	...	...	Lacerated Wound of Scrotum,.....	1	...	1	2	...	...	...	...
Anasarca,.....	1	1	1	3	...	...	...	...	Induration of Testis,.....	1	...	...	2	...	...	...	...
Softening of the Brain,.....	1	...	...	1	...	...	...	...	Inflammation of Glands,.....	1	1	1	3	...	...	...	...
Anœmia of the Brain,.....	1	...	...	1	...	...	...	...	Leucorrhœa,.....	1	...	...	1	...	...	...	...
Hemiplegia,.....	1	...	...	1	...	...	...	...	Amenorrhœa,.....	1	...	...	1	...	...	...	...
Paralysis of 7th Nerve,.....	1	...	...	1	...	...	...	...	Menorrhagia,.....	1	...	...	1	...	...	...	...
Do. do. Lead,.....	1	...	...	1	...	...	...	...	Dropsy of Pregnancy,.....	1	...	...	1	...	...	...	...
Aphasia,.....	1	...	...	1	...	...	...	...	Periostitis,.....	1	...	...	1	...	...	...	...
Neuralgia,.....	1	1	...	2	...	...	...	...	Necrosis of Frontal Bone,.....	1	...	...	1	...	...	...	...
Sciatica,.....	1	...	...	1	...	...	...	...	Synovitis of Wrist,.....	1	...	...	1	...	...	...	...
Cephalalgia,.....	2	1	...	3	...	...	...	...	Do. of Knee,.....	1	1	...	2	...	...	...	...
Heat Apoplexy,.....	3	...	...	3	...	...	...	...	Scrofulous Inflammation of Elbow,.....	1	...	...	1	...	...	...	...
Delirium Tremens,.....	1	...	...	1	...	...	...	...	Dropsy of Knee Joint,.....	1	1	...	2	...	...	...	...
Alcoholism,.....	13	...	...	13	...	...	...	...	Stiffness of Muscles of Arm after Fracture,.....	1	...	...	1	...	...	...	...
Imbecility,.....	1	...	...	1	...	...	...	...	Paralysis of Supinator Muscles } Left Forearm after Contusion, }	1	...	...	1	...	...	...	...
Dementia,.....	2	1	...	3	1	...	1	...	Thecal Abscess,.....	2	...	...	2	...	...	...	...
Asthenopia,.....	1	...	...	1	...	...	...	...	Bunion,.....	1	...	...	1	...	...	...	...
Conjunctivitis,.....	4	1	1	6	...	...	...	...	Inflammation of Cellular Tissue of Thigh,.....	1	1	1	3	...	...	...	...
Iritis,.....	1	...	...	1	...	...	...	...	Sinus of Thigh,.....	1	...	...	1	...	...	...	...
Irido-Choroiditis,.....	1	...	...	1	...	...	...	...	Iliac Abscess,.....	1	...	...	1	1	...	...	1
Keratitis,.....	2	...	...	2	...	...	...	...	Carbuncle,.....	1	...	1	2	...	...	...	...
Incipient Cataract of both Eyes,.....	1	...	...	1	...	...	...	...	Psoriasis,.....	1	...	...	1	...	...	...	...
Rupture of Cornea from a Blow,.....	1	...	...	1	...	...	...	...	Eczema,.....	1	1	...	2	...	...	...	...
Otorrhœa,.....	1	2	...	3	...	...	...	...	Acne,.....	1	...	...	1	...	...	...	...
Otitis,.....	1	2	...	3	...	...	...	...	Do., Syphilitica,.....	1	...	...	1	...	...	...	...
Necrosis of Nasal Bones,.....	1	...	...	1	...	...	...	...	Ulcer,.....	5	3	4	12	...	...	...	...
Morbus Cordis,.....	1	...	3	4	...	...	1	1	Rhagades,.....	1	...	...	1	...	...	...	...
Aortic Constriction,.....	1	1	...	2	1	...	...	...	Boils,.....	3	7	...	10	...	...	...	...
Do. Regurgitation,.....	1	...	2	3	...	...	...	...	Bursitis,.....	1	...	...	1	...	...	...	...
Mitral do.,.....	1	...	1	2	...	...	...	...	Onychia,.....	1	...	...	1	...	...	...	...
Aneurism of Aorta,.....	1	...	1	2	...	...	...	...	Burn with Caus,.....	4	...	...	4	...	...	...	1
Varicose Veins,.....	6	22	4	32	...	...	...	...	Tinea Tonsurans,.....	1	...	...	1	...	...	...	...
Do. Venæ,.....	1	...	1	2	...	...	...	...	Scabies,.....	2	1	...	3	...	...	...	...
Bronchitis, Acute,.....	2	...	1	3	...	...	...	...	Debility,.....	24	18	5	47	1	...	...	1
Do., Chronic,.....	1	4	...	5	...	...	...	...	Poisoning, Opium,.....	2	...	2	4	...	...	...	...
Asthma,.....	3	5	4	12	...	...	...	...	Privation,.....	5	5	...	10	1	2	...	3
Pneumonia, Acute,.....	3	4	...	7	...	...	...	...	Inebrietas,.....	8	...	...	8	...	...	...	...
Do., Chronic,.....	2	1	...	3	...	...	...	...	Moribund,.....	4	5	11	20	4	5	11	20
Hæmoptysis,.....	1	...	...	1	...	...	...	...	Observation,.....	16	26	9	51	...	...	...	...
Empysemata,.....	1	...	...	1	...	...	...	...	Bite of Dog,.....	1	...	3	4	...	...	...	...
Phthisis,.....	9	4	1	14	4	3	7	...	Bite of Man fracturing little Finger,.....	1	...	...	1	...	...	...	...
Pleurisy,.....	1	...	...	1	...	...	...	...	Contusions,.....	7	1	12	20	...	...	...	...
Hydrothorax,.....	1	...	...	1	...	...	...	...	Cut-throat Suicidal,.....	1	...	2	3	...	...	...	...
Pleurodynia,.....	2	...	...	2	...	...	...	...	Sprain of Ankle,.....	1	...	1	2	...	...	...	...
Hæmip.,.....	1	...	...	1	...	...	...	...	Wounds, Contused,.....	8	3	19	30	...	...	...	...
Abscess of the Cheek,.....	1	...	...	1	...	...	...	...	Do., Incised,.....	7	1	20	28	...	...	1	1
Cancerum Oris,.....	1	...	...	1	...	...	...	...	Do., Lacerated,.....	4	1	14	19	...	...	...	...
Aveolar Abscess,.....	1	...	...	1	...	...	...	...	Do., Gun-shot of Hands,.....	1	...	1	2	...	...	...	...
Necrosis of Jaw,.....	1	...	...	1	...	...	...	...	Do. do. of Thigh,.....	1	...	1	2	...	...	...	...
Excoriation of Tongue,.....	1	...	...	1	...	...	...	...	Do. do. of Chest,.....	1	...	1	2	...	...	...	...
Epithelioma of do.,.....	1	...	...	1	...	...	...	...	Do. do. of Abdomen,.....	1	...	3	4	...	...	...	...
Pharyngeal Abscess,.....	1	...	...	1	...	...	...	...	Concussion of Brain,.....	1	...	1	2	...	...	...	...
Tonsillitis,.....	2	...	...	2	...	...	...	...	Fracture of Radius,.....	1	...	1	2	...	...	...	...
Ulceration of Tonsils,.....	2	2	...	4	...	...	...	...	Do. of Radius and Ulna,.....	1	...	1	2	...	...	...	...
Dyspepsia,.....	4	1	...	5	...	...	...	...	Do. of Finger,.....	1	...	1	2	...	...	...	...
Dysentery, Acute,.....	7	1	...	8	...	...	...	...	Do. of Femur,.....	3	...	1	4	...	...	1	1
Do., Chronic,.....	2	...	...	2	1	...	1	...	Do. of Neck of Femur Com- minuted and Lower } Jaw,.....	1	...	1	2	...	...	1	1
Obstruction of the Bowels,.....	1	...	...	1	...	...	...	...	Do. of Tibia,.....	1	...	1	2	...	...	...	...
Hernia,.....	1	...	...	1	...	...	...	...	Do. of Fibula,.....	1	...	1	2	...	...	...	...
Lumbrici,.....	1	...	...	1	...	...	...	...	Do. of Spine,.....	1	...	1	2	...	...	...	...
Hydatida,.....	15	10	1	26	...	...	...	...	Do. Compound of Skull,.....	1	...	1	2	...	...	...	...
Diarrhœa,.....	8	4	1	13	1	1	2	...	Do. do. of Tibia & Fibula,.....	1	...	1	2	...	...	1	1
Do., Chronic,.....	2	11	1	14	...	...	...	...	Do. do. of Femur,.....	1	...	1	2	...	...	...	...
Colic,.....	2	11	4	17	...	...	...	...	TOTAL,.....	433	281	236	950	19	11	19	49
Constipation,.....	1	1	...	2	...	...	...	...					
Rectal Abscess,.....	4	2	...	6	...	...	...	...					
Fistula in Ano,.....	1	1	...	2	...	...	...	...					
Hæmorrhoids,.....	1	...	...	1	...	...	...	...					
Condylomata and Bubo with Sec- ondary Syphilis,.....	1	...	...	1	...	...	...	...					
Hepatitis,.....	3	...	...	3	1	...	1	...									
Abscess of Liver,.....	1	...	...	1	...	...	...	...					
Congestion of Liver,.....	10	...	...	10	...	...	...	...					
Carried forward,.....	218	188	88	494	9	4	3	16									

SURGICAL OPERATIONS.

	Europeans.	Coloured.	Chinese.	Total.		Europeans.	Coloured.	Chinese.	Total.
Removal of Large Sebaceous Cyst,.....	...	...	1	1	Operation for Phimosis,.....	6	...	1	7
Do. of Bullets,.....	1	...	2	3	Paracentesis Vesical through the Rectum,.....	1	...	1	2
Incisions for Fistula in Ano,.....	4	2							

VI.—TABLE showing the RATE of MORTALITY in the GOVERNMENT CIVIL HOSPITAL, during the last 10 Years.

Rate to Total Number of Admissions.		Rate to Number of Europeans Admitted.		Rate to Number of Coloured Persons Admitted.		Rate to Number of Chinese Admitted.	
	Per cent.		Per cent.		Per cent.		Per cent.
1868,.....	5.76	1868,.....	2.77	1868,.....	4.42	1868,.....	15.35
1869,.....	9.00	1869,.....	5.88	1869,.....	2.45	1869,.....	21.85
1870,.....	6.48	1870,.....	4.05	1870,.....	3.86	1870,.....	15.38
1871,.....	6.61	1871,.....	4.20	1871,.....	3.98	1871,.....	13.18
1872,.....	6.82	1872,.....	4.86	1872,.....	2.39	1872,.....	12.93
1873,.....	6.33	1873,.....	3.33	1873,.....	7.93	1873,.....	7.14
1874,.....	9.12	1874,.....	9.06	1874,.....	6.22	1874,.....	12.50
1875,.....	4.55	1875,.....	4.35	1875,.....	4.08	1875,.....	5.76
1876,.....	2.49	1876,.....	2.81	1876,.....	2.53	1876,.....	1.76
1877,.....	5.15	1877,.....	4.16	1877,.....	3.25	1877,.....	8.12

C. J. WHARRY, M.D.,
Superintendent.

VII.—TABLE showing the ADMISSIONS into and DEATHS in the GOVERNMENT CIVIL HOSPITAL, during each Month of the Year 1877.

MONTHS.	EUROPEANS.		COLOURED.		CHINESE.		TOTAL Admissions.	TOTAL Deaths.
	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.		
January,.....	23	2	14	2	15	1	52	5
February,.....	30	3	10	1	10	...	49	4
March,.....	29	...	17	...	7	...	54	...
April,.....	27	1	17	...	23	1	68	2
May,.....	25	1	25	...	19	1	69	2
June,.....	36	2	27	...	14	3	77	5
July,.....	62	2	25	2	26	...	113	4
August,.....	42	1	28	2	24	2	93	5
September,.....	...	2	34	4	28	5	104	11
October,.....	...	3	30	...	25	1	90	4
November,.....	...	...	31	...	23	3	92	3
December,.....	...	...	...	...	22	2	90	4
Total,.....	43	19	281	11	236	19	950	49

C. J. WHARRY, M.D.,
Superintendent.

VIII.—LIST of DEAD BODIES brought to the GOVERNMENT CIVIL HOSPITAL, Examination, during each Month of the Year 1877.

MONTHS.	EUROPEANS.		COLOURED.		CHINESE.		TOTAL.
	Adults.	Children.	Adults.	Children.	Adults.	Children.	
January,.....	...	...	...	...	3	1	4
February,.....	...	...	...	...	3	4	7
March,.....	1	...	1	...	3	4	9
April,.....	...	...	...	...	10	1	11
May,.....	...	...	...	...	3	1	4
June,.....	1	...	1	...	5	2	9
July,.....	...	...	...	...	6	1	7
August,.....	1	...	3	...	12	7	22
September,.....	1	...	1	...	5	4	10
October,.....	...	...	1	...	7	4	11
November,.....	2	...	...	...	2	3	5
December,.....	...	...	...	...	10	2	12
Total,.....	6	...	7	...	69	34	109

C. J

IX.—TABLE showing the ADMISSION into and DEATHS in the GOVERNMENT SMALL POX HOSPITAL, during each MONTH of the Year 1877.

MONTHS.	EUROPEANS.		COLOURED.		CHINESE.		TOTAL Admissions.	TOTAL Deaths.
	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.		
January,	9	...	1	...	2	...	12	...
February, .....	...	...	1	...	4	...	5	...
March,	1	...	1	...	1	...	3	...
April, .....	...	...	1	1	2	...	3	1
May, .....	...	...	...	...	...	...	...	...
June, .....	...	...	...	...	...	...	...	...
July, .....	...	...	...	...	...	...	...	...
August, .....	...	...	...	...	...	...	...	...
September, .....	...	...	...	...	...	...	...	...
October, .....	...	...	...	...	...	...	...	...
November,	2	...	...	...	...	...	2	...
December, .....	...	...	...	...	...	...	...	...
Total,	12	...	4	1	9	...	25	1

PH. B. C. AYRES,
Colonial Surgeon.

X.—TABLE showing the ADMISSIONS into HOSPITAL in VICTORIA GAOL, and MORTALITY, during the Year 1877.

DISEASES.	ADMISSIONS.				DEATHS.			
	Euro-peans.	Coloured Persons.	Chinese.	Total.	Euro-peans.	Coloured Persons.	Chinese.	Total.
Remaining in Hospital on 1st January, 1877,	4	...	6	10	...	...	...	...
Erysipelas, .....	...	...	1	1	...	...	...	...
Fever (Simple continued),	1	...	10	11	...	...	...	...
Fever (Intermittent),	5	3	40	48	...	...	...	...
Phthisis Pulmonalis,	1	...	4	5	...	...	1	1
Rheumatism,	1	...	1	2	...	...	...	...
Syphilis (Primary), .....	...	2	4	6	...	...	...	...
Do. (Secondary), .....	...	...	2	2	...	...	...	...
Apoplexy,	1	...	1	2	...	...	1	1
Insanity, .....	...	...	1	1	...	...	...	...
Cephalalgia,	9	...	...	2	...	...	...	...
Ophthalmia, .....	...	...	...	...	...	...	...	...
Conjunctivitis,	1	1	...	...	...	...	...	...
Paralysis, .....	...	...	2	...	...	...	...	1
Morbus Cordis, .....	...	...	1	1	...	...	...	...
Anæmia,	1	2	4	7	...	...	...	...
Bubo, .....	...	...	4	4	...	...	...	...
Catarrh,	1	...	...	1	...	...	...	...
Bronchitis,	1	1	6	8	...	...	...	...
Pleurisy,	1	...	...	1	...	...	...	...
Pneumonia, .....	...	...	1	1	...	...	...	...
Parotitis, .....	...	...	4	4	...	...	...	...
Colic and Co,	2	1	4	7	...	...	...	...
Diarrhœa,	6	4	25	35	1	...	...	1
Dysentery,	4	...	6	10	...	...	...	...
Gastritis, .....	...	2	1	3	...	...	...	...
Ascites, .....	...	...	1	1	...	...	...	...
Hernia, .....	...	...	2	2	...	...	...	...
Hæmorrhoids, .....	...	...	1	1	...	...	...	...
Tænia Solium, .....	...	...	1	1	...	...	...	...
Cystitis, .....	...	...	1	1	...	...	...	...
Orchitis, .....	...	1	1	2	...	...	...	...
Gonorrhœa,	2	...	...	2	...	...	...	...
Menorrhagia, .....	...	...	1	1	...	...	...	...
Phymosis, .....	...	...	2	2	...	...	...	...
Paraphymosis, .....	...	...	2	2	...	...	...	...
Stricture,	1	...	1	2	...	...	...	...
Hydrocele,	1	1	1	3	...	...	...	...
Synovitis, .....	...	...	1	1	...	...	...	...
Abscess,	1	3	6	10	...	...	...	...
Boil,	1	...	1	2	...	...	...	...
Carbuncle, .....	...	1	...	1	...	...	...	...
Tumour, .....	...	...	1	1	...	...	...	...
Ulcer, .....	...	...	3	3	...	...	...	...
œma,	1	...	...	1	...	...	...	...
ity,	1	1	13	15	...	...	1	1
tion,	1	...	...	1	...	...	2	2
...	...	...	6	6	...	...	...	...
...	...	...	2	2	...	...	...	...
...	...	3	4	7	...	...	...	...
...	...	...	4	4	...	...	...	...
TOTAL,	37	27	182	246	1	...	6	7

XI.—TABLE showing the CASES, not admitted to HOSPITAL, treated by the COLONIAL SURGEON in VICTORIA GAOL, during the Year 1877.

DISEASES.	Europeans.	Coloured Persons.	Chinese.	Total.
Remaining under treatment on 1st of January, 1877,.....	...	...	1	1
Fever (Intermittent),.....	...	1	3	4
Phthisis Pulmonalis,.....	...	...	3	3
Rheumatism,.....	2	...	...	2
Syphilis (Primary),.....	...	...	4	4
Do. (Secondary),.....	1	...	1	2
Ophthalmia,.....	...	...	1	1
Conjunctivitis,.....	...	...	1	1
Bronchitis,.....	2	1	...	3
Colic.....	...	...	2	2
Diarrhea,.....	2	...	4	6
Gastralgia,.....	...	...	2	2
Orchitis,.....	...	...	1	1
Gonorrhoea,.....	1	...	...	1
Stricture,.....	2	...	...	2
Synovitis,.....	...	...	1	1
Abscess,.....	...	...	3	3
Boil,.....	...	...	1	1
Ulcer,.....	...	...	1	1
Debility,.....	...	...	2	2
Delirium Tremens,.....	2	...	...	2
Fracture,.....	...	...	1	1
Sprain,.....	...	...	2	2
Wounds,.....	...	...	3	3
Total,.....	12	2	36	50

NOTE.—The rest of the Tables will appear in next issue.

No. 132.

GOVERNMENT NOTIFICATION.

The *Annals* of Stamp Revenue collected by the Collector of Stamp Revenue, is published for general information.

By Command,

J. M. PRICE,
Acting Colonial Secretary.

Colonial Secretary's Office, Hongkong, 3rd July, 1878.

Collected in 1878 up to June 30th,.....	\$63 101 78
Do. in 1877 up to June 30th,.....	.....5
Increase,.....	.....55

A. LISTER,
Collector of Stamp Revenue.

No. 133.

GOVERNMENT NOTIFICATION.

Information having been received by His Excellency Governor POPE HENNESSY, C.M.G., of the entry of Canada on the 1st instant into the General Postal Union, it is notified that from that date the postage to be charged on correspondence for Canada will be according to the rates in force for Union Countries generally, viz. :—

Letters. per ½ oz.	Registration.	Newspapers & Prices Current.	Books & Patterns. per 2 oz.
12 cents.	8 cents.	2 cents.	4 cents.
or via Brindisi only, 16 "	8 "	4 "	6 "

All correspondence for Canada is sent via San Francisco unless specially otherwise directed.

By Command,

J. M. PRICE,
Acting Colonial Secretary.

Colonial Secretary's Office, Hongkong, 3rd July, 1878.