

THE REPORT

OF THE

ORDINARY MEDICAL OFFICERS,

AND THE

INSPECTOR AND DIRECTOR

OF THE

PUBLIC HOSPITAL,

KINGSTON, JAMAICA,

FOR THE YEAR

1865.



KINGSTON, JAMAICA :

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[The Honorable MR. WESTMORLAND presented the Report of the Inspector and Director of the Public Hospital, and several other Documents connected with the Hospital. Ordered to lie on the Table.]—*Extract from the Proceedings of the Honorable House of Assembly.*

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THE REPORT  
OF THE  
ORDINARY MEDICAL OFFICERS  
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PUBLIC HOSPITAL  
TO THE  
INSPECTOR AND DIRECTOR.

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PUBLIC HOSPITAL, Kingston, November 25th, 1865.

SIR,

We have the honor, in accordance with the Hospital Laws, to transmit through you a return in triplicate of patients treated in this Institution during the financial year which terminated on the 30th September last, together with several statistical tables appended thereto.

These annexed tables are nearly the same as those used in the last annual report of the Medical Officers. Slight alterations or additions may however occur, for reasons which will be evident, from a careful perusal of the present report.

In table No. I, it will be perceived that in framing this return, we have made an alphabetical list or index of all the diseases, similar to the plan adopted in the Hospital returns of the three preceding years; and, in this table, is contained a statement of the number of cases of each disease remaining from last year; the number admitted into the Hospital during the year—the result is also shewn, whether by cure, by relief, by non-relief, or by death. The number also appear, who remained under treatment at the end of the year.

Table No. II. as in the last annual report, contains the several forms of disease condensed and grouped under their natural orders, with the view of shewing the number of males who suffered from each, and the proportion that died and recovered under five years of age; from five to fifteen years of age; from fifteen to forty years of age; and from forty years upwards.

In table No. III. the diseases of female patients are grouped and classified in the same manner as in table No. II.

Table No. IV. gives a synopsis of Surgical operations performed during the year.

Table No. V. shows the monthly number of persons, male and female, who applied at the Hospital for admission without obtaining

it, and who were rejected, either from there having been no spare beds for their reception, from their ailments having been of such a character as to render their admission unwarrantable, or from the fact of their dismissal previously for conduct subversive of the discipline of the Institution.

Table No. VI. gives the respective number of patients who died within the period of twelve, twenty-four, forty-eight, and seventy-two hours after admission.

Table No. VII. gives the average duration of the stay or residence of each patients, male and female, in the Hospital.

Table No. VIII. shows the occupations or trades of the several patients. And from this appears that they were one thousand one hundred and sixty-three labourers, four hundred and ninety-three servants, two hundred and fifty-nine seamen, eighty carpenters, thirty-three shoemakers, thirty-four planters, twenty eight tailors, seventeen sempstresses, twenty-six blacksmiths and seventeen fishermen. Other trades and occupations were represented by much smaller numbers.

Table No. IX. gives the respective countries of patients, from which it is shewn that there were one thousand seven hundred and eight Jamaicans, one hundred and eighty-four East Indians, one hundred and seven English, one hundred and twenty-four Africans, thirty-one Americans, fifty Chinese, twenty Germans, twenty-five Scotch, and forty-six Irish. Other nationalities are in much fewer numbers.

Table No. X. shews the dietary scale at present in use at the Hospital.

Table No. XI. adopted for the first time in the Annual Medical Report, is in some measure calculated to show the amount of sickness and mortality that prevails in the several months of the year. In this table therefore appears the number of applications for Hospital in-door relief, the number actually admitted, and the number of patients who died in each month of the financial year of 1863-4, and 1864-5. Much value cannot of course be attached to a single table of this nature, calculated on the experience of only two years, as determining the sickly periods of the year; but if annually adopted in the medical returns of the Hospital, a fair idea may soon be obtained as to the period when sickness and death is most liable to occur in this colony. We are only able to give in this table the statistics of two years, as previous to this period the Hospital was associated with the Lunatic Asylum, and also because some of the data, necessary for its formation, we have been unable to procure.

From the statistical tables above referred to, we believe many important and interesting facts may be deduced.

It will be seen that the total number of patients treated during the year was two thousand four hundred and seventy two, viz., two thousand and thirty-eight males, and four hundred and thirty-four females, being an increase of two hundred and sixty-seven on the number of the previous year.

It will also be seen that five hundred and forty-three left the

Institution relieved ; one hundred and sixty-three not relieved ; one thousand three hundred and eighteen cured ; and two hundred and forty-six dead. Of the two thousand and thirty eight male patients one hundred and seventy-four died, being a death-rate of 8.53 per cent. Of the four hundred and thirty-four females, seventy-two died, being a death-rate of 16.58 per cent. Of the males and females united, the death rate was 9.95 per cent, being a decrease of 0.34 per cent. on the rate of mortality in the preceding year.

The average daily number of patients was 180.43, and the average residence of patients in the Hospital was, for the males 26.43 days, and for the females 29.70 days.

By careful perusal of the figures and tables above quoted, it will be seen that whilst in this year the number of patients is the largest that has ever yet appeared in the Hospital returns, the rate per cent. of mortality is less than it has ever yet been. The following statistics for the last three years (being the period of the complete separation of the Hospital from the Lunatic Asylum) proves this most conclusively :

YEAR.	Number of Patients Treated.	Per centage of Death Rate.
1862-3	1830	11.85
1863-4	2205	10.29
1864-5	2472	9.95

It will thus be seen that of the last three years in the one just terminated, the largest number of patients was treated with the smallest per centage of mortality.

In recent reports to the House of Assembly, it has been represented that the physical condition of the class of patients admitted into the Hospital has been gradually getting worse and worse. If this is the case, we might naturally have expected an increased mortality this year, considering the suffering caused by the late continued drought ; the incidents arising from the American war ; the wide-spread epidemic of small-pox and its sequelæ ; and the decided prevalence of an epidemic of bowel complaint. But it is a source of pleasure to the present medical officers to find that while the number treated is greater than has ever yet appeared, the mortality per cent. of the Hospital is less this year than it has ever yet been in the annals of the Institution. Although we might favorably to ourselves do so, we will not compare its rate of mortality with that of Hospitals in Great Britain, for reasons which will be self-evident on further perusal of this report. We will not either compare its statistics with those of other Colonial Hospitals, as we are unacquainted with the class of patients therein treated, and are in ignorance of the rules regulating their admission.

By reference to the annexed tables it will be seen that the following diseases constitute the principal items in the catalogue of

affections which have been treated in the establishment during the year :

Firstly, ulcers, 596 cases ; secondly, fever, 217 cases ; thirdly, venereal diseases, 170 cases ; fourthly, rheumatism, 186 cases ; fifthly, dropsy, 70 cases ; sixthly, pulmonary consumption, 86 cases ; seventhly, bronchitis, pleurisy and pneumonia, 67 cases ; eighthly, anemia, 63 cases ; ninthly, diseases of the eye, 78 cases ; tenthly, dysentery, 79 cases ; eleventhly, stricture of the urethra, 23 cases ; twelfthly, wounds, 50 cases ; thirteenthly, fractures, 20 cases.

By reference to the annexed tables, it will be seen that consumption is the disease which occasions by far the largest number of deaths ; eighty-six patients having been admitted for this disease, of whom forty-five died, equal to 18.29 per cent. of the whole mortality of the Institution,

The next most fatal disease is dysentery, which, along with other forms of bowel complaint, prevailed in an epidemic form during the year ; for out of seventy nine cases, thirty-four died, equal to 13.82 per cent. of the whole mortality.

Dropsy follows next in the list of most fatal diseases ; for seventy cases caused thirty deaths, equal to 12.19 per cent. of the total mortality

Out of two hundred and seventeen cases of different forms of fevers treated, twenty-one died, being 8.53 per cent. of the total mortality of the Hospital.

Of five hundred and ninety-six ulcer cases treated, fifteen died, equal to 6.09 per cent. of the whole mortality.

It will thus be seen at a glance that consumption, dysentery, dropsy, fevers and ulcers combined, occasioned one hundred and forty-five deaths, being 58.94 per cent. of the total mortality.

Of sixty-seven cases of bronchitis, pleurisy and pneumonia admitted, twelve died, being 4.87 per cent. of the whole.

In sixty-one cases of anemia, there were six deaths.

In fifty cases of wounds, there were no deaths.

In twenty-eight cases of stricture, there were no deaths.

In thirty cases of fracture there was one death, this being the case of fracture of the base of the skull.

In one hundred and seventy cases of venereal diseases there were two deaths.

By table No. VI. it will be seen that a large proportion of the deaths occurred within seventy-two hours after admission. Of this, strictly speaking, moribund class of patients, eleven died within twelve hours after admission ; fifteen, within twenty-four hours ; fourteen, within forty-eight hours ; and six within seventy-two hours after admission. It thus appears that nearly nineteen per cent. of the deaths occurring in the Institution during the year, took place within seventy-two hours after admission.

If to these forty-six deaths be added the forty-five deaths from pulmonary consumption, there is an aggregate of ninety-one deaths, or nearly one-half of the whole that occurred in patients, nearly all of whom, on their admission into the Hospital, were evidently be-

yond the reach of curative treatment. And if these ninety-one deaths be deducted from the total mortality, as in strict justice they should be, the death-rate of the Institution would be about six and a-quarter per cent. of the total number treated during the year.

With regard to the surgical practice of the Hospital, it will be perceived by table No. IV. that one hundred and forty-six surgical operations were performed during the year, and that seven of those operated on died, being a death-rate of 4.79 per cent. It will thus be seen that the mortality, after surgical operations, is less this year than it was last year. Last year 8.02 per cent. died of those operated on. This year only 4.79 of the operations have proved fatal. The number of surgical operations performed during the year would have been much greater had it not been for certain extraordinary proceedings on the part of the Coroner of Kingston, who, in a most unusual, unjustifiable, and illegal manner, called Inquests on two patients who died in the Hospital many days after operations had been performed on them. These proceedings extended over many weeks, and necessarily occupied much of the time and attention of the Ordinary and Resident Medical Officers of the Institution, together with that of the dresser, the nurses, and other subordinate officers.

The following are the cases that died after surgical operations, and the causes that led to this result: Thomas Watt died from gangrene, after an operation for hoematocle. Richard Bailey, a broken down drunkard, about sixty years of age, with disease of the heart and kidneys, died seven or eight days after a slight incision made in the perinæum for the removal of a catheter which, by his own misconduct, he had broken in his urethra and bladder. The cause of his death was pyæmia and chronic disease of the kidneys. Antonio Graham was admitted for strangulated inguinal hernia, which had existed four days. Though an almost hopeless case, an operation was performed for the purpose of giving him a last chance of life, but he died eight or ten hours subsequently from the effects of peritonitis and enteritis which had existed before his admission. David Bell, aged sixty eight, suffering from disease of the heart, died from exhaustion three or four days after amputation of the thigh for diffused aneurism of the popliteal artery. Selina Bell had her leg amputated at the knee-joint for several large ulcers, with a slight amount of elephantiasis. She died nineteen days after operation, from exhaustion, produced by an unhealthy condition of the stump, resulting from the notoriously bad sanitary condition of the wards of the Female Hospital. She was a very bad patient, and frequently refused the medicine and food ordered for her. Henry Davis died of tetanus or locked-jaw eighteen days after his leg was amputated below the knee, for several enormous ulcers. Louisa Thompson died nineteen days after amputation of the thigh for phlegmonous erysipelas and gangrene, from an attack of dysentery, contracted at a time when the stump was in a perfectly healthy condition and more than half healed. This death, like Selina Bell's, was also owing to the notoriously unhealthy condition of the wards of the Female Hospital.

We are glad to be able to state that at last the female patients of the Hospital are placed in wards much better suited for the treatment of disease than those which they have occupied for many years past. For a long series of years the medical officers have pointed out the sanitary defects of the Female Hospital and how in this department the deaths were more than double in number those of the Male Hospital. We will not dwell on those defects, for they have, in an able and concise manner, been pointed out in the last annual medical report, in which the old Female Hospital was characterized as being "as wretched an apology for a Hospital as can be well conceived, and unquestionably a disgrace to the island." On taking medical charge, we at once resolved that such a condition should no longer be allowed to exist; and after much trouble and difficulty we have succeeded (only within the last few weeks) in placing the female patients in wards which, although very defective in many respects, are far superior to those they previously occupied.

We trust and believe that next year's annual medical report will show that this change of wards has had a beneficial result in lessening the hitherto enormous mortality amongst the female patients.

We regret to state that the drainage of the Hospital is still in a very unsatisfactory condition. The main drain which had just been completed at the commencement of the financial year was expected to "carry off all the excretions and filth of the Institution to a distance; and in a hygienic point of view must prove of the highest utility." We cannot state that a year's experience has ratified the hopes thus expressed. We are assured that no proper system of flushing out the drain is or ever can possibly be carried out. Under the present arrangement, a small quantity of water is daily poured down the drain wholly insufficient, both in volume and force, for proper cleaning. Another defect is, that hardly one-half of the Hospital has been benefited by this expensive and imperfectly constructed system of drainage. The privy of the old Female Hospital (occupied only a few weeks ago) was merely a cess-pool which had to be periodically emptied through the adjoining public lane, much to the annoyance of those living in the neighbourhood. Neither the present female Hospital or No. 11 ward have their excreta and filth carried off by the existing drain. The present system of drainage is therefore of a very partial nature.

On taking medical charge of the Institution, we found that nine sink-holes existed which directly communicated with the main drain already alluded to, only one or perhaps two of which were furnished with so-called stink-traps, which were not very efficient. All these sink holes surrounded or were between the medical wards of the Hospital, and the ward in which patients are kept after operation. During the prevalence of the usual strong sea-breeze during the day, but little annoyance as regards smell resulted from these open sink holes; but during a hot still day, or early in the morning and during the night, the miasm that arose from them was offensive in the extreme. We have made visits at all hours of the day and night, for the sole purpose of ascertaining whether any offensive



odour really did arise from these sink-holes ; and on every visit we found that the stink was intolerable, a fact acknowledged by many casual visitors to the Hospital. We therefore with as little delay as possible had some of these sink-holes closed up and the others furnished with efficient stink-traps. The nuisance is thus in some measure abated.

The privies which communicate with this main drain are of the most unsatisfactory construction. In each of those used by the patients, there are several seats placed above an open vault through which the main drain runs ; and for want of proper flushing and other apparatus, the out-let to this vault is frequently choked ; and often, to remove the obstruction, the drain has to be dug down to, and opened outside the privy. No apparatus exists to prevent the escape of foul air from these privy vaults, and consequently, between the intervals of the so-called process of flushing the smell in and around these buildings is nauseous in the extreme, and almost insupportable. Such odours must exercise a prejudicial effect on the patients, as one of these privies, though a separate building, is only about fifteen feet from the windows of some of the wards, and the other may almost be said to be under the very roof of other of the wards. Such an imperfect system of drainage and privy accommodation is a disgrace to the Hospital, and should be amended with as little delay as possible. As we have said before, there are certain hours, as during the prevalence of the usual daily strong sea-breeze, when the offensive odour is not much felt and a casual visitor might think that the Hospital is perfect in its drainage arrangements ; but when the wind is in such a direction as to blow directly up the drain, or when there is no breeze at all, the smell in some of the wards is most disagreeable. Apart from the evils we have already mentioned we have also to state that the present drain is insufficient to carry off the surface water that accumulates during the heavy tropical rain. The past year has been one of unusual drought ; and on only one or two occasions has this defect been practically demonstrated. The medical wards and the operating ward, we must remark are built in a hollow surrounded on at least three sides by elevated land and consequently most of the rainwater that falls in the Hospital, drains into this hollow in which are the sink-holes above referred to. We have within the last few months known this hollow filled with water to the depth of some inches. It drained off in a few hours, but left behind it a stratum of stinking mud, the result of the washing of the Hospital premises. This had to be scraped and washed off subsequently. The result of this flood however was that for several days after this deposit accumulated, more than the usual amount of secondary dysentery and intermittent fever prevailed in the Hospital wards. In concluding these observations on the drainage and privy accommodation of the institution, we would express it as our opinion, that even were an efficient system of flushing adopted there would still remain many other serious defects requiring to be remedied.

With regard to drainage and many other points connected with the buildings, management and internal economy of the Hospital,

we would refer to a lengthened correspondence we have held with the late and present Inspector and Director. We are glad to state that many of our suggestions and recommendations have been carried out by the Government.

There is one particular form of disease which we consider it our duty especially to refer, as by far the greater proportion of the Hospital admissions are for this disease. Ulcers, principally of the lower extremities, during the last financial year, were the cause of admission of 23.26 per cent. of all admitted into the Hospital. This year the number of these cases slightly increased, as 24.11 per cent. were admitted. This disease in the Kingston Hospital seems enormously out of proportion to the others, when compared with British Hospitals. In a table we have beside us, of the diseases of one hundred and eighty-eight thousand six hundred and thirty patients treated in the Hospitals, Infirmaries, &c. of England and Wales during the year 1863, we find that only two thousand six hundred and seventy-seven, or less than one and a-half per cent. were admitted for ulcers. The number of ulcer cases admitted into the Kingston Hospital has been gradually increasing year by year. In 1862-3, it was 21.47 per cent. In 1863-4, it was 23.26 per cent. In 1864-5, it was 24.11 per cent. In this, as in previous years, the Medical Officers have, out of the numerous persons with ulcers who applied for admission, rejected the slighter cases, and only admitted the more severe and dangerous. But still, the above figures shew the large amount that *had* to be admitted. We fully agree with the remarks of the late Inspector and Director in his last annual report, when he says, "many of this class of patients are generally in fair bodily health; they are always the longest resident within the wards; are the most troublesome, and contribute not only to swell up the dietary expenses of the establishment, but occupy beds which might be otherwise available for the more legitimate objects of an Hospital." It may, then, well be asked, why should this class of patients be admitted in such large numbers? We can only state, the Medical Officers of this Hospital are in a measure *compelled* to admit them. Many are half-starved, in the last stage of exhaustion, with enormous sloughing or phagedenic ulcers, often opening into the large joints of the leg. About the propriety of admitting these, no doubt can exist, as prompt Medical and Surgical treatment, together with the highest feeding, and the liberal use of stimulants is urgently called for in order to save or prolong life. But we cannot shut our eyes to the fact, that the greater proportion of the ulcer patients admitted, if placed on a good plain diet, assimilated to that they generally make use of in health, rest and strict cleanliness enforced, would be equally well treated under occasional medical superintendance in an Alms-House, at a very much cheaper rate. But still, in the absence of proper Poor Law regulations, and Alms-House accommodation throughout the island, the Kingston Hospital is the refuge to which destitute and starving ulcer patients resort from all parts of the island, and the Medical Officers are compelled to admit them, "either because they are found to be suffering from such an amount of destitution and debility as to place their lives in danger, or because their

local disorder really requires Medical and Surgical treatment." This latter, and much larger class of ulcer patients, usually present themselves, requesting admission for ulcers of a moderate size on the lower extremities. They usually come from distant parts of the island, and have travelled on foot many miles; are in a state of constitution considerably below par, and their ulcers are in an acutely phagadenic or sloughing condition. If, from valid reasons, we consider it our duty to refuse them admission at the time they apply, the result is, that they wander about the streets of Kingston in a semi-nude condition, without the means of procuring food, wretched, starved, miserable, helpless, homeless, and at the same time in a great pain, and in the course of a few days again seek admission into the refuge for the destitute—the Kingston Hospital. If we admit this class of ulcer cases, we find that a few days' good diet, rest, with simple local and constitutional treatment, brings them into a state of health, which excepting the ulcers they suffer from, very nearly approximates to their normal condition. The question then arises, what to do with these patients? If retained in the Hospital wards until their ulcers are completely healed, by the care and attention shewn them, they too often become lazy, impudent, and "the most troublesome" class of patients, and the "longest resident in the Hospital," and "contribute not only to swell up the dietary expenses of the establishment, but also occupy beds which might be otherwise available for the more legitimate purposes of a Hospital." If, on the other hand, we dismiss these patients in an improved state of health, with their ulcers rapidly healing, though not completely cicatrized, they knock about the streets of the city neglecting their local malady, and in a week or ten days again request admission in a worse condition than when first admitted, the ulcers much larger, and phagadenic or sloughing, and often filled with crawling maggots. To refuse them admission then would be to violate the dictates of humanity. Although on their first discharge we have enjoined cleanliness, and given them lotions and bandages, with instructions how to use them, no heed is paid to our advice, and by their own indolence and neglect, these patients again have to be admitted, much to the embarrassment and annoyance of the Medical Officers who wish to admit other cases, which more legitimately should be the inmates of an Hospital. We are thus placed in a dilemma with regard to admitting this class of patients for the reasons stated above. They form, along with cases of chronic rheumatism, and venereal disease in different forms, a class of patients which may be termed a fluctuating Hospital population, spending about an equal period of their time within and without the walls of the Hospital. On looking at the registers of the Institution for this and past years, we find that the same patients are admitted, dismissed and re-admitted in many individual instances, several times in the year. Knowing thoroughly as we do these cases, we cannot avoid expressing it as our opinion that very many of these patients should be in an Institution similar to the Alms-Houses or Work-Houses of England, when if really ill, they would be first placed in the infirmary attached to it, under Medical treatment, but when, after some days' treatment,

their health had much improved, and their ulcers had assumed a healthy condition, they would be compelled to perform labor of a sedentary nature which might in a great measure defray the expense of their maintenance until their ulcers had healed. Such Alms-House accommodation and relief, if accompanied (under the Medical Officers sanction) by compulsory sedentary labor, to a certain and fixed extent, would, we are certain, be very distasteful to many ulcer patients, who would prefer the present system under which they spend days, weeks, or months of idleness, lying in the beds of the Hospital, well fed, and receiving as much attendance and consideration as if they were suffering from a dangerous attack of typhoid fever or inflammation of the lungs. But such patients should not occupy the Hospital beds, to the exclusion of those acute cases which are legitimately the objects of relief in a properly constituted Hospital. If then, when these cases are by medical men declared perfectly able to contribute to their own support, and are unwilling by their indolence and indifference to do so, we think they should no longer be considered as having any claim on the public to support them, whether in an Alms-House or an Hospital.

In table No X. we have appended the dietary scale which we have adopted in the Hospital, and which has now been in use for some months past. The only alteration we need now direct attention to, is the introduction of an "ordinary diet," which we framed more especially for the use of patients admitted for ulcers, venereal disease, or chronic rheumatism. This diet is of a character approximating to that generally made use of by the lower classes in this island, when in health. We have found by experience that patients admitted for the diseases mentioned above, when placed on this diet, not only maintain the same state of general health in which they were admitted, but wonderfully improve, and gain flesh, while at the same time their malady, whether local or constitutional, is much ameliorated. And this desirable result is effected at a much reduced rate of expenditure by the adoption of this "ordinary diet." But we wish it to be distinctly understood, that a patient is not on his admission placed on this diet, because he is labouring under a certain form of disease; he is given the diet which the Medical Officers deem best suited to the requirements of his case, and, as a secondary consideration, the least expensive. It has been justly remarked by a recent English writer on hospital dietetics, "a disregard of the customary tastes and wishes of the patients will soon make itself felt, either in the introduction into the Hospital of a variety of contraband articles of food and drink, or in a more depressed condition of the vital energies of the patient, indicating a want which requires to be satisfied. Every one is aware of the all-powerful influence of habit on matters relating to the appetite: and no medical man would knowingly disregard it. It would be difficult to induce the London artizan to partake of a diet of oat-meal porridge and butter-milk, so much in favor in Scotch and Irish Hospitals, nor would his repugnance be less marked if he was doomed to the *soupe maigre* of a Parisian Hospital. Hence the necessity in the construction of our diet tables to adopt the scales

to the habits and desires of the people who surround us." These valuable suggestions we bore in mind, and acted upon, when we framed the ordinary and other diets. The other diets in the scale we have framed with the intention of allowing a more extended use of extras to those who are really the fit objects of Hospital relief. In this principle we find we are supported by Professor Parkes in his "Manual of Practical Hygiene." This able author states, "fixed scales of diet for the sick must be used in Hospitals for convenience, but the innumerable wants of the sick can never be compressed into three or four beds of Procrustes; and as the treatment by diet is better understood, the fixed diet tables will gradually become mere outlines which will be filled up by orders for each special case." Although we believe that the scale of diets we have introduced is better adopted for the class of patients in the Hospital, and certainly less expensive than that previously made use of, it is possible that more extended experience may lead to some slight modification. But, as far as we have had experience of it, it has answered remarkably well, and is more suited to the class of patients than the previous one.

We may briefly allude to some improvements in the Hospital buildings effected during the year. As we mentioned before, the females have been removed from the former objectionable Hospital to wards which, though very defective in many points, and unfit for permanent use, are still an improvement. The old buildings they thus vacated we had to place ulcer cases in for a few weeks, until we had completed the new ward for their reception. This ward is formed by the most southerly range of the old lunatic cells. We had all the intervening brick partitions in the building pulled down, and, after several improvements and additions, we had a ward formed which, though defective in many of the requisites of a proper Hospital ward, was yet spacious, cool and well ventilated, and, on the whole, not badly adapted to the requirements of the ulcer cases who generally reside in it. Another improvement is the bridge which connects the two ranges of the medical wards, by means of which much fatigue is saved to the under nurses and labourers, in running up and downstairs, and the head nurses are enabled to exercise a much stricter supervision over the patients. We have had a stair built in each range, leading from the verandah into the paved space below the wards. The convalescent patients are thus enabled to obtain out-door exercise, without exposure to the sun or rain. Very much, however, is still required in the Hospital buildings.

There is one very grave defect in the Hospital arrangements, which we must call especial attention to. It is the facility with which patients are able to obtain from without contraband articles, such as spirits, tobacco, pipes, fruit and other articles of food or luxury. This arises from the bad position and arrangement of the Hospital buildings. The surgical range, containing ten wards, and usually sixty or eighty patients, bounds on Rose-lane; and through the windows of these wards, the patients can, during the night, obtain from their friends anything they wish for. Unlike any other

Hospital we are acquainted with, these windows are unglazed, and merely furnished with iron bars and wooden shutters. It is needless to point out the injurious effect that this facility of obtaining any article of food, drink or luxury a patient may desire must have on their diseases, as well as on the discipline of the Institution. Bounding on this narrow lane, another source of annoyance is the noise arising from houses on the opposite side of it. This is at times very disagreeable, and must be injurious to those patients who are in need of quiet. However much the present Hospital buildings may be improved, this drawback will still exist, of ten wards bounding on, and by their windows opening into a dirty, narrow and noisy public lane.

Sir J. Ranald Martin, the "examining medical officer to the Secretary of State for India, in Council," in his article "On Hospitals," published in the "System of Surgery," vol. page iv. 1099, states: "No stronger condemnation of any Hospital or Ward can be pronounced than the simple fact of any zymotic disease originating in it, or that such diseases have attacked other patients than those brought in with them." With this statement we, along with the medical officers of all British Hospitals, fully and unreservedly concur, and testing the present Kingston Hospital by this rule, we fear it must be very strongly condemned. We have found that patients admitted for other diseases are frequently subject to secondary attacks of fever of various kinds, but principally of dysentery, diarrhœa, and other forms of gastro-intestinal derangement. Such secondary diseases do not, for the most part, appear in the books and registers of the Institution; but still they exist to a very considerable extent, and seriously embarrass the medical officers in their treatment of disease. Nothing is more common than to find a patient admitted for ulcer, rheumatism, or intermittent fever, and in a few days attacked with acute dysentery or diarrhœa; and many of the secondary diseases thus contracted prove fatal. So frequent is it, that hitherto but little attention has been paid to these secondary attacks. Within a few days after taking medical charge, we were surprised to find that nurses on their own responsibility stopped the administration of medicines, that a day or two before the medical officers had ordered. On asking the reason, we were informed that the patient had contracted an attack of dysentery or diarrhœa, and that the nurse had thought it best to stop the medicine, and give a few doses of "lead and opium pills," or a little of the "catechu and chalk mixture." Such interference with treatment on the part of nurses we thought at first rather unusual and extraordinary; but we soon learned from experience that such interference was not on the whole injudicious, considering the almost daily occurrence and severity of these attacks of bowel complaint affecting those admitted for other diseases. Reference to the prescription book will show the enormous amount of acetate of lead, opium and its compounds, and astringents, that are consumed in the Hospital. These secondary attacks of bowel complaint, appear always to have prevailed in the Institution, and must, we fear, still continue to a great extent. On taking charge we found that certain beds in the medical wards and

Female Hospital were known to the resident medical officer and the nurses as notoriously unhealthy, so much so that patients placed in them were almost certain, within twenty-four hours, to be attacked with dysentery or diarrhœa. The cause of the specially unhealthy condition of these beds we found principally to arise from the fact that they were close to closets in which were kept the chamber utensils, dirty clothes, mops, brooms, &c., which were in daily use in the wards. In these closets many of the utensils were emptied and washed. These closets opened by imperfectly fitting doors directly into the wards. In some of them we found ten or twelve chamber utensils, many of them filled with urine and diarrhœa stools, awaiting the inspection of the medical officers on their next visit. The smell thus arising was nauseous and sickening in the extreme, and even through the doors made itself unpleasantly felt in the wards. No wonder therefore that patients placed in beds near these closets were almost immediately attacked with bowel complaints, and that many of them died in consequence of these defective sanitary arrangements. We did our best to remedy these evils, and believe that our endeavours have succeeded to a great extent.

We would be failing in our duty to the government were we not to express our opinion that a new Hospital is urgently called for. The site of the present one has been condemned as unhealthy by very many medical men. The buildings, with the exception of the two brick ranges, are old, and not originally built for a Hospital, but as a negro work-house or prison during the time of slavery. Ten of the wards bound directly on a public lane, and their windows open into it. There is not a glass window either in the surgical wards or in the Female Hospital. Prison-like iron bars and wooden shutters supply their places. Instead of all the wards being under one roof, they are divided amongst seven different buildings. From want of a house or other accommodation, both the so-called Resident Medical Officers are compelled to live outside the walls, much to the detriment of the discipline of the Institution. The kitchen is too small, and in such a position that the smoke is continually blowing through the wards. There is a great want of room for the different offices and stores. Accommodation is also urgently required for many of the subordinate officers, who should be resident within the Institution. We have already alluded to the defective drainage and privy accommodation that exists; and we believe we are not in error when we state that official opinions have been given to the effect that it will be excessively difficult to establish in the present Hospital any thing like an efficient system of drainage. The above are only a few of the many objections that might be urged against the site, construction, accommodation and arrangements generally of the Kingston Hospital. We believe that many of the present existing defects might be ameliorated by a large expenditure of money; but we submit that it would be far better and much more economical in the long run, were an entirely new Hospital built in a more healthy situation, and in accordance with the rules which regulate the construction of modern Hospitals. Such a plan would be far better than year after

year frittering away the public funds on the continual repair of old buildings which were not originally constructed for a hospital. We think that a Hospital containing one hundred and twenty beds, would be amply sufficient to accomodate those who are really the objects for legitimate Hospital relief. The present Hospital might then be converted into a Alms House in which chronic ulcer, and other patients might be admitted and made in some measure to contribute to their own support under medical superintendence, by sedentary labour of some description. By this arrangement the Hospital would be relieved of those who now seek admission more as an Asylum, where they may obtain food and shelter than as a means of cure for their diseases.

Were it not that this report is already a very long one, we would have appended the correspondence which has taken place between the Medical Officers and the late and present Inspector and Director. Were this published it would be seen that, on taking charge we found serious abuses existing. Many of these we have succeeded in abolishing : but as honest men we are bound to confess that many still exist, and we believe will exist until a radical change is effected on the arrangement and internal economy of the Hospital.

We would strongly suggest the necessity and propriety of augmenting the medical staff of the Hospital, by filling up the appointments which the present hospital law provides for ; such as the consulting appointments, and a full ordinary medical staff.

In concluding this report, we have to acknowledge the courtesy and attention with which all our suggestions have been met by the late and present Inspector and Director. Especially would we allude to the cordiality and zeal with which the Honorable A. J. Lindo, has seconded all our efforts for improvement, and the assistance we have derived from his valuable suggestions.

Before closing, the Ordinary Medical Officers cannot but acknowledge with much pleasure the assiduous and valuable services of Drs. Somerville and Gayleard, the Resident Medical Officers of the Institution.

We have the honor to be, Sir,

Your obedient servants,

LEWIS Q. BOWERBANK, M.D., F.R.C.P., Edin.

IZETT W. ANDERSON, M D., Edin.

Ordinary Medical Officers.

HON. A. J. LINDO, Inspector and Director.  
Public Hospital, Kingston.



THE REPORT  
OF THE  
INSPECTOR AND DIRECTOR  
OF THE  
PUBLIC HOSPITAL  
TO THE GOVERNMENT,

ENCLOSING AMONG OTHER DOCUMENTS THE REPORT OF THE  
ORDINARY MEDICAL OFFICERS.

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PUBLIC HOSPITAL, 12th December, 1865.

No. 123.

SIR,

I have the honor to transmit herewith the annual Medical and Surgical returns, and the Report of the Ordinary Medical Officers of this Institution for the past financial year.

I have also the honor to send herewith the financial returns.

I quite agree with that portion of the Ordinary Medical Officer's Report, which treats of the ulcer patients, and there are others who enter the Hospital, in an utter state of destitution, and who although cured of diseases,—I do believe in most instances brought on from starvation—cannot be discharged, having no shelter or means of support; this operates seriously against the legitimate intention of a Hospital, by excluding others whose condition demands the charitable intention of the Institution.

In very few instances I have succeeded in getting the parishes from whence destitute patients come to receive them, where they have Alms-Houses, but here in Kingston there being no Alms-House destitute patients must either be kept at the expense of this Institution, or turned into the streets to starve. It is impossible that humane Medical Officers can resort to the latter alternative, and consequently the Hospital becomes, as indeed it is in a great measure, an Alms-House. If the ulcer patients of whom the Medical Officers speak, cannot be provided for in some other place, where they may be turned to account, provision should, I think, be made to compel this class of patients under the direction of the Medical Officers, to perform some hand work by which the expense for their keep, may in some measure be reduced by the product of their labour.

By the financial returns it will be seen that the number of patients treated during the year ending 30th September last, was 2472 at a gross cost of £764 14s. 9d. or for each patient £3 1s. 10d. against 2205 treated the previous year, at a gross cost of £7828 5s. 8d. or for each patient £3 11s. 0d. That the average daily number of patients for the last financial year was 180-3-8ths, at a gross cost of £427s. 3d. each per year, or 2s. 3½d. each per day, against an average number of the previous year of 170 at a gross cost of £46 0s. 11½d., each per year, or 2s. 6½d. each per day. Thus it will be seen that a greater number of patients by 267 were treated last year, than the year before, for a less gross expenditure of £186 10s. 11d.

I have made up a comparative statement of the two past years, based on the gross amount of expenditure as I find my predecessor made his calculations in this way; but I do not think in fairness to the Institution that this should be taken as the correct expenditure. It is but right that the Hospital should take credit for £134 13s. 2d. the amount paid into the Treasury for Hospital Dues, and the cost of medicine dispensed to the out door poor of the city of Kingston; amounting to £225 18s. 4d. as shewn by statement herewith.

I have made a return for the last financial year, shewing that the actual expenditure of the Institution, after deducting these amounts is £7281 3s. 3d. which reduces the cost of the average daily number of patients by nearly £2 0s. 0d. each, or of the patients treated during the year, by 2s 11d. each. I am unable to give a comparative statement as I do not find any account of the medicines dispensed to the city poor, for the previous year.

All other particulars will be found in the returns which accompany this report.

It affords me much pleasure to report that the condition of the female patients has been considerably improved. The Ordinary Medical Officers suggested to me, that the removal of the partitions in the late lunatic wards would be of great advantage to the ulcer patients then occupying two ranges of these wards.

I superintended this work myself and accomplished it by the sale of the old material.

I then suggested that the females should be removed to these wards which would increase the beds for females from 28 to 42, and that for a time the male ulcer patients should occupy the late female wards, until I could alter and repair the old Female Lunatic wards for the use of this class of patients.

The Medical Officers were but too happy to fall into this plan, and I am glad to say I have effected the alteration and repairs to the latter ward, and that is now occupied by the male ulcer patients. These alterations have the beneficial effect of having all the patients within the walls of the Hospital.

The wards now occupied by the ulcer patients were used for store rooms and work shops. I have removed the stores to the late female wards, in which place rooms could be partitioned off for the occupation of the subordinate servants, a thing highly desirable.

Although the wards to which the female patients and male

ulcer patients have been removed are a very great improvement on these lately occupied by them, still much is required to be done to make them more suitable. The pavement should be taken up and the wards floored; alterations are required in the windows—the buildings must be shingled, or in a short time they will not be habitable.

As the shingling must be done and the accommodation for the female patients is limited to 42 (increased certainly as I have stated before from 23) still the proportion of beds for females to that for males being about one-fifth, it does appear to me this state of things should be remedied, and this can be effected by raising a ward on the walls of one of the ranges now occupied by the females, which as I have stated must be shingled. This perhaps belongs more properly to the Island Engineer, to whom I have suggested this addition, and who will, I suppose, report on it.

The other buildings require general repairs, and all the buildings should be painted.

I have to complain of the unfinished state in which a flight of steps I suggested on the north side of the first new building from the yard has been left. At the same time I recommended a stair case from the veranda of each of the new wards on to the pavement below; all of which met the approval of the Medical officers, and sanction of the government. The steps leading from the yard into C and D wards have been left in an unfinished state, and the one at the south front of A and B wards in a dangerous state—a mound of earth left where a flight of steps was removed—and a bridge between the two buildings substituted. The Engineers attention has several times been called to this. He states he has no funds to complete the work. I do hope this will be put safe, and a finish given to the work.

The drainage is imperfect and incomplete, and the arrangement of the privies should be improved.

The kitchen ought not to remain where it is—it should be removed, and an improved building substituted in another place.

It is a matter of great satisfaction to me to bear testimony to the zeal, care, and kindness, evinced by the medical officers to the patients.

I cannot speak in too high terms of the courtesy and the attention of the Medical Officers to my suggestions and the kind manner in which their wishes have always been conveyed to me.

A schedule of the returns is sent herewith.

I have the honor to be, Sir,

Your most obedient servant,

A. J. LINDO, Inspector and Director:

WM. R. MYERS, Esq.,

Secretary Executive Committee,

Spanish Town.





L O N D O N :

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