Black-boy Labourers admitted to Hospital in Year 1922-23.

]	Disease.			Number of Cases.		Number of Cases.			
Abscesses Bronchitis Burns Colitis Dysentery (Bac.)	• •		• •	3 2 1 3	Gonorrhœa Injury Pneumonia Synovitis Yaws				1 2 5 1
All in the l	••	•• ,	•••	3	Total	••	••		32

Chinese remaining in hospital on 31st March, 1922 Chinese admissions during 1922-23 353 . . Black-boys remaining in hospital n Black-boy admissions during 1922-23 32. . 440

Total

Three Chinese died in the wards, two from beriberi and one from cardiac disease; one of the beriberi cases died directly after admission, and the other was complicated by chronic nephritis.

Report of the Dysentery Cases admitted to the Apia Hospital during the Epidemic of 1923.

History.—A few cases of dysentery were admitted to the hospital during the last three months of 1922 and the first four months of 1923, but it was not till May, 1923, that the numbers had increased to such an extent that it became necessary to make special arrangements for dealing with them. At the end of May the isolation area fales were inadequate to accommodate the number of Samoan cases, so the fales adjacent to these were used.

The surgical activities of the hospital were restricted, except in the case of emergency, because of the risk of infection being conveyed to a convalescing patient, and also to decrease the number of patients in the hospital.

The admission-rate reached its maximum in June, and then steadily declined, as the following table will show :-

Dysentery Admissions

•	 					. 1 1310	r VIDI	HILDDI.	J.115.		·						
			1922.			1923.											
_		Oct.	Nov.	Dec.	Jan.	Feb.	March.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	
Europeans Samoans Chinese Melanesians	 }	 1 1	5	3 2 2	9 3 3	2 2 2 2	$\left \begin{array}{c} 7 \left\{ \\ \frac{3}{2} \right. \right.$	5 5 3	14 23 5 1	25 32 5 4	12 23 8	3 8 	2 4 ··	$egin{bmatrix} 1 \\ 2 \\ \cdots \\ \cdots \end{bmatrix}$	1 1	3 1	
Totals	 	2	5	7	15	6	12	13	43	66	43	11	6	3	2	4	

No cases of dysentery have been admitted to the Samoan wards for the first three months of 1924.

Etiology.—It became evident in April, 1923, that the sporadic dysentery cases that had been admitted to hospital during the last few months were still occurring, and would probably lead to an epidemic at the beginning of the dry season. The pathological records of the fæces of all the cases that had been examined showed the infection was probably bacterial, as no protozean had been constantly found and the cell-contents were bacillary in type.

At the end of May bacterial agglutinations were started, and by the middle of June they showed that the epidemic was caused by the bacillus of shiga, as is shown in the accompanying report (Appendix A.)

Agglutinations were continued throughout the epidemic, and confirmed the original report, as is shown in the following monthly table :-

DYSTENTERY AGGLUTINATIONS.

		June.		July,		Aug	gust.	Septe	mber.	Oct	ober.	November.	
		Cases exam,	Pos. B. Shiga.	Cases exam,	Pos. B. Shiga.	Cases exam.	Pos. B. Shiga.	Cases exam.	Pos. B. Shiga.	Cases exam.	Pos. B. Shiga.	Cases exam.	Pos. B. Shiga.
Europeans Samoans Chinese		6 7 9	6 6 6	5 4 4	4* 4 3	$\begin{array}{c}4\\2\\2\end{array}$	4 2 2*	1 1 	1 1	i	i	 3 	3
Totals		22	18	13	11	8	8	2	2	1	1	3	3

^{*}One case included in each of these groups had a slightly higher agglutination to B. flexner than to B. shiga, but this was probably just a marked group agglutination. as no cases were seen of B. flexner agglutination without marked B. shiga agglutination.

December nil.

Note.—The threatened typhoid epidemic mentioned in Appendix A rapidly died out; only six suspected enteric cases were agglutinated during the remainder of 1923, with the result that three agglutinated B. typhosus and two B. paratyphosus "B," one being negative.