

Experiences of four and a
half years practice in the
West Indies.

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In the following Thesis it is my intention to review shortly my experiences of four and a half years practice in the Island of Jamaica, principally Hospital practice.

I propose to divide my observations into

- I Remarks on the Government Medical Service of Jamaica, generally
- II Customs and manners of the people in so far as these affect Medical practice.
- III Tabulated statements of the work performed in Hospital, with a few remarks thereon
- IV Details of a few more interesting cases.

Section I

The Government Medical Service of Jamaica is described officially as a system in aid the objects of which is to diffuse Medical assistance throughout the several Parishes, by inducing Practitioners to locate themselves in districts which without some contribution from Government would be altogether destitute of Medical aid and advice the pay received from Government being considered merely as a retainer for professional services to be rendered by the recipient within the district in which he resides. It is required that candidates for these offices be possessed of qualifications in Medicine & Surgery & be registered as Medical Practitioners in Great Britain.

The District Medical Officers must reside within their Districts and are required in the discharge of their duties to undertake the Medical care of paupers on the Parochial roll, and of any

Hospital, almshouse or prison in their Districts: to attend the Constabulary: to vaccinate: and to advise the Government and Parochial Authorities on questions affecting the Public Health.

The District Medical Officers are at liberty to take private practice.

Since the inauguration of the Medical Department in 1852 the number of Medical Districts has been gradually increased, there being at present 45 such Districts, in 18 of which Public General Hospitals have been established, with a total of 1060 beds: the daily average number under treatment in 1884 being 500. In addition to the Public General Hospitals in the Country there are in Kingston a Public General Hospital with accommodation for 140 patients, and a Lunatic Asylum with accommodation for while at Spanish Town, there is a Lepers Home, for the treatment

of patients suffering from
Yaws or Leprosy.

The immediate control of,
the Medical Department is
exercised by a Superintending
Medical Officer, who is responsible
for the efficient working of the
Department, and part of whose duty
it is to visit and inspect periodically
the various districts, Hospital Alms-
houses, &c. and to report to Government
the result of such inspections.

On arriving in the Colony
a medical officer is attached to
the Public General Hospital in
Kingston, as Superintending
Medical Officer, in order that
he may have an opportunity
of studying the diseases peculiar
to the climate: before undertaking
the responsibilities of an independ-
ent charge in the country.

II. The Customs and manners of the people in so far as these affect medical practice.

Private practice in Jamaica is small, for various reasons, chief among which is the prevailing ignorance of the negro. The negro never thinks of sending for a medical man if he sends for him at all, until he is quite convinced that unless medical aid be called in the patient will die: thus it is that we are never called upon to treat any ulcers from the beginning, that part of the treatment being left to "Bush doctors" old women, obeah-men & quacks of every description; when these have failed, the "Head Doctor" may be called in, but such is the faith of the negro, in his bush doctor & obeah man, that very often, after they have exhausted their resources & impoverished their patients, the poor unfortunate, is allowed to die without having been seen by a medical man, from whom nothing is to be expected when

these impostors have failed.

Jamaica is overrun by impostors of all kinds; from the druggist who pretends to medical skill to the old woman with her simples, and some of these "Native Doctors" as they are at times styled deserve more than passing notice.

The "Bush Doctors:" are generally old men who as a rule were nurses in the Estates Hospitals, in the days of slavery, and who in consequence, consider themselves perfectly qualified to treat all kinds of diseases.

The Obeah man is undoubtedly the most dangerous of all the impostors who practice on the credulity of the negro. The obeah man pretends to possess supernatural powers, and are to the negroes very much what the practitioners of witchcraft were to our own forefathers in days happily long gone past.

The law is very strict against the practice of obeahism, & when detected in their nefarious work the obeahmen

are very severely punished: but such is the faith of the negro in the overseer, & so great his dread of his mysterious power that evidence sufficient to convict is seldom forthcoming.

Thus the obedient man flourishes in defiance of the law & will flourish until education & religion have diffused sufficient light to dispel the gloom of ignorance & superstition under which the unfortunate negro at present labours. At present however the prospect is not hopeful, indeed progress seems to be backward rather than upward & forward. A recent writer in the "St. James's Gazette" in an article on "The Civilisation of Savages" says, "In Jamaica, this tendency to revert to savagery is still more marked & more extraordinary. Most of the black inhabitants have been under the influence of Christianity and civilisation for

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two or three generations: and it might be supposed, therefore, that the negroes were thoroughly leavened with the teachings of their instructors. Not so. Some, no doubt half, & blood, & full blooded negroes alike have, completely overcome the hereditary instincts of their race, and display an ability which is worthy of sincere respect. But the great mass of the enfranchised negroes, where they are left to their ^{own} devices are drifting back to savagery, with its concomitant devotion to Obi." This notwithstanding the outcry that has been raised among the Jamaica Journalists. Must be admitted to be true by all who have had the opportunity of studying the negro as he is when left to his own devices, and no one has more ample opportunities of observing the superstitious customs of the people than he whose daily life.

is spent in ministering to the sick & dying.

One of the Jamaican newspapers commenting on the above extract states that "as to the great masses of the enfranchised negroes they are proud what the English estate owners & ministers & officials have made them, and if that means an inclination to drift back to savagery, why England must assume the responsibility of it for she has ruled it with despotic power. We however assert that such a statement is a libel on a patriotic, peaceful law-abiding people." The Jamaican newspapers however cannot be expected to be impartial, & there cannot be any doubt that the tendency of the negro population of Jamaica is at the present moment to go backwards, and that notwithstanding the efforts of their teachers spiritual and temporal.

The Obiahman is

consulted about everything, and
 has charms for all. They profess
 to be able to cause or cure disease,
 detect theft or murders. "Such
 confidence being given to these
 jugglers, what wonder if a
 people untaught in the simplest
 elementary truths of Christianity,
 regarded the Obeahmen as gods
 who could kill or make alive"
 (Garrison's travels in Jamaica)

The same authority again says.
 "When Ohi was set for a suspected
 thief the magic charm was usually
 burned at his gate or in some
 place over which he was accustomed
 to walk. The tale of what had
 been done reached his ears. He
 could no longer rest for the mighty
 power was at work. The first
 pain he felt was an intimation
 that the work of exorcism had
 commenced. Every symptom
 was magnified & not infrequently
 he would pine away & die"

I have never met with a case

in which the fear of Obeah has produced death, but it has been my painful duty on more than one occasion to send to the Lunatic Asylum or King's Cross Prison those whose mental balance had been upset by the dreadful anticipations of of ill, which had been produced by the knowledge that the "ungodly power" had been put in operation against them.

I have in my possession at the present moment an Obeah charm which was given me by a man whose wife had got tired of him, & took this means of getting rid of him. This man's history might be related as illustrating the faith of the negro in his Obeah man. He had found the charm beneath his pillow one morning but did not know how long it had been there, but it at once accounted for the sleeplessness, bad dreams & general restlessness for which

he had been suffering for some
 time past. I tried to reason with
 him but it was of no avail
 His manner was that of a man
 who had quite made up his mind
 that it was no use struggling
 against fate. The power was at
 work and nothing could break
 the spell. The wife accomplished
 her purpose, the man left her
 & went away from the district.
 I lost sight of him for some
 months but at last he was
 brought back by a drayman
 who found him lying by the
 road side unable to proceed
 further. He told me how that
 he had tried to avert his fate by
 moving from place to place, but
 he could find no work, he was
 unable to work, and had often
 to go for days without a proper
 meal, & often without shelter
 at night, want and exposure
 did their worst and when he
 found that his strength was

giving out, he came back to me in the hope of being admitted to the Hospital where he might die in peace. His strength was unequal to the task however and had it not been for the kindness of the drayman, who picked him up & drove him to me, he might have died on the road side.

When brought to me he was in an advanced stage of Bright's Disease, and died a few days after admission his last words to me being "Beat down' him work now Sir"

The charm which had produced this an effect is a little one, since small, containing a couple of seeds about the size & shape of pigeon's eggs & which are immersed in some dirty kind of fluid.

Seeds are very commonly used as charms, also feathers, cats heads, lizards tails, toads feet, rags, snakes teeth, cats teeth

egg shells & many other things
too filthy to be named.

Cheat men have been credited
with being experts in the art
of secret poisoning, & though
there is only too much reason
to believe that they have supplied
poison for the purpose of revenge.
Yet their power in this respect
have been exaggerated. Their favorite
poison is Ground Glass, which of
course acts mechanically, and is
supposed to induce ulceration
& hemorrhage of the intestines.
I have never heard of a well
authenticated case of illness from this
cause, and was only once called
in to prescribe for a patient
who was supposed to be ill
from the effects of poisoning
by this means. I found the patient
suffering from an attack of
dysentery but at my attempt
to convince his friends
that it was so was futile. The
patient made an excellent recovery.

but whether that convinced them
that I was right I never heard.

It is interesting to trace this
superstition to its origin. The
negroes no doubt brought it
with them from Africa, in many
parts of which the Fetish worship
of which Obeahism is a modification
is to be found at the present day.

In a series of articles which
have appeared lately in the Sunday
at Home, a form of Fetish worship
which resembles Obeahism in many
points, is described as being practiced
in the Valley of the Congo at the
present time.

Gardner in his History of
Jamaica traces it back to the
time of the ancient Egyptians
whose name for a Serpent was
Ob. Oub, or Obian, and we are
told that the Israelites were comman-
ded not to enquire of Ob.

In Kistner's Encyclopaedia of Biblical
Literature, in an article on Serpents
Worship we read that accomplished

Hebrew & Chaldeans, are agreed that the literal translation of the word, in 1st Samuel xxviii. 7. rendered in English "a woman that hath a familiar spirit" is "a mistress of Ob".

It is a remarkable fact that the Obshimans word, is often carried into the wide resemblance of a snake.

Having traced the history of Obshimism so far it only remains to enquire further whether or not there is any reason to believe that this dread superstition is likely soon to die out, & though it is not possible to answer this question in the affirmative, yet there is reason, to hope that in time - it may be many years, perhaps generations - this dread superstition will lose its hold on the people whose every thought and act it at present influences. The most hopeful sign that it will become a thing of the past is that the people are ashamed of their faith in Ob and whereas at one time it was practised openly in the light of day it is now done in the dark and in

a Corner. The oblation no longer openly professes his untidy calling, and his charms are sought for secretly, and are secretly used.

Another hopeful circumstance is that the education of the young which hitherto has been practically neglected is now occupying the attention of the Government and at an distant date the education of the young will become compulsory. It may then be hoped that the next generation will be less ignorant than fathers & be able to rise above their fathers' superstitions, & that the stream of education as generation succeeds generation will ultimately emanate the people from a bondage which is more degrading than than the slavery from which they have been so recently set free.

Another circumstance which affects Medical practice in Jamaica is that the distances to be travelled are so great. In a district such as the one in which I was stationed it was quite impossible to conduct a practice, as we understand the phrase in this Country. Some parts of my District were 20 miles from my residence, over roads and rivers which were at all times difficult to travel, but in the rainy seasons almost impassable, if not quite so. It can be readily seen therefore that it was quite impossible to attend patients at such distances as their cases required and the fees payable were such that few could afford to pay for more than one visit and sometimes not even that, and it was seldom that a patient was seen a second time. As a matter of fact the great majority of people who die have not been seen by a medical man at all. It was a consideration of these facts which led the Government to establish Hospitals

throughout the island, and indeed to establish a Medical Department at all, and the amount of good that is being done may be inferred from the facts. That in 1852 when the Department was established the amount voted by the House of Assembly for the support of hospitals for the whole island was £2,300 whereas in 1853. 54 the amount voted for the same purpose was £50,000. There is still much to be done however before medical aid can be brought within the reach of all, and before all will be persuaded to avail themselves of it when brought within their reach. But the progress is upward and forward and the time will not doubt come when the negro having got rid of his suspicions concerning "white man medicine" & his faith in Obeis & other superstitious will be more willing to place himself under the treatment of proper

qualified practitioners, and I am sure
 instead of having one medical
 man for every 12,000 of the population
 would be overrun with them as in
 some more civilized countries.

The negro when he does come
 under treatment makes a very
 good patient. He tries to follow out
 his instructions, and is very particular
 as to diet and regimen. He never
 fails to ask what he may eat
 and drink, and never by any chance
 forgets to ask if he can use cold
 water. It is not known about cold
 water are peculiar, & with the
 object of erring on the safe side,
 it perhaps in compliance with
 the instructions of the "Native Doctor"
 it very often happens that the
 unfortunate patient is entirely deprived
 of water either for drinking or
 washing, and many times the
 first question that is put to a
 medical man by a patient is
 "Can I drink cold water" and the
 eagerness with which he drinks

it can only be valued by those who like him have been deprived of it. hahaha for days.

In his progress towards civilization the negro has not yet got beyond the stage of the humorably pathological of old. When he is sick from whatever cause, his idea is that there is something deleterious in him somewhere, he does not know what, nor where it is, but it is there and must be got rid of before he can recover, hence his love of purgatives, and the strong as they are the better he likes them. He always expects the doctor to give him something that will set up very lively peristaltic action, and he is very much disappointed and thinks the doctor does not know his business if the medicine does not "pull" like "cold" (mucous) or something that he is not accustomed to see in his stools.

Sunk in ignorance and

superstition as he is, it is not
 to be expected that the negro
 can have the latest information
 on matters sanitary. Still
 one is scarcely prepared to
 find so much ignorance as
 does really exist. For a people
 who are undoubtedly so fond
 of the open air as the negroes are,
 and in a climate in which
 extremes of cold are never ex-
 periences, it is surprising that
 before going to bed at night the
 negro carefully closes his doors
 and windows, besides stopping
 every crevice & cranny in the
 wall of his mud cabin, when
 it is remembered that there are
 no chimneys to the houses. That
 a camp is generally left burning
 and that a man and all his
 family will sleep in this one
 apartment, the state of the
 atmosphere in the morning
 can be more easily imagined
 than described. These precautions

are taken to keep out the night
 air which for some reason which
 I have never been able to discover
 is supposed to be injurious. But
 I suspect it is less to keep out
 the night air than "doppies"
 (demonstrated spirits) in whom the
 negroes are firm believers. In
 cases of sickness these precautions
 are doubled & neither by night
 or day is the fresh air allowed
 to come freely in to the sick
 chamber, but by any chance
 it may "not agree with the
 Complaint"

In choosing a site for
 his home the negro again displays
 his want of sanitary knowledge.
 Besides a lack of ordinary common
 sense, and very often builds
 in the worst possible position,
 in many instances choosing ~~the~~
 a low lying site, simply to
 save himself the trouble of
 carrying his materials up a
 hill. His style of architecture

is very crude. The house is generally built of boats with lattice work between, the whole being covered with mud; the roof thatched as often as with. There is no window in it and the size of the hut seldom exceeds the barest limits necessary to allow himself and his family to stretch themselves at night on the earthen floor, from which they are separated only by a plantain fibre mat.

In matters relative to the negro is not much more advanced than in his style of building. Yam or other ground provision, forms the staple of his diet and one meal per day generally satisfies him. In the morning he may take a little water & sugar which he calls "tea", and a piece of bread if he can afford the luxury, on that he does his days work and in the evening when he returns

has his meal which as already stated consists principally of Ham or other ground provisions besides which when money is plentiful he may have a little salt fish or salt beef. The meat is generally helped out with furs in their season. If he lives near a market town, he can have fresh meat once a week but as a rule he prefers salt-fish to anything else in the way of what to his name.

Notwithstanding all these the negroes are a powerful race and when it pleases them, capable of doing an enormous amount of work in a day. This may be accounted for by the fact that as a race they are very temperate in their use of alcoholic liquors. Very few will refuse a drink when they can get it, but there is scarcely one who drinks to excess even occasionally and a habitual drunkard is almost unknown.

and that in a country, be it
 noted, where Rum is plentiful,
 and cheap. Or again it may
 be that they seldom exhaust
 themselves by doing hard work
 In a country where nature is so
 bountiful and land so cheap, the
 necessity for hard labour does not
 exist. Laziness becomes the normal
 condition, and the negroes are,
 undoubtedly, lazy.

Intellectually and morally,
 little can be said in their favour.
 The children are remarkably
 bright and intelligent up to a
 certain age perhaps as much
 so as European children, but beyond
 that they begin to deteriorate or
 perhaps it might be more
 correctly stated that they cease
 to advance, hardly, for the
 want of opportunities to improve
 themselves and partly from the
 fact their parents knowing no
 more than themselves can
 teach them nothing. Men

and women are simply grown
 up children in feeling and
 ways of thinking. light hearted
 self indulgent, literally taking
 no thought for the morrow, doing
 nothing to day which can be
 left over to a more convenient
 season, Troubles which would
 weigh heavily on more intelligent
 minds sit lightly upon them
 If the present times are to be
 looked hopefully forward to a
 bright future. Pain sickness &
 death make little impression
 on him. They come from God.
 if He ordains that he will recover
 he will if not why then his
 end has come, & he will die
 but the thought causes him
 no uneasiness. neither for
 himself nor those he leaves
 behind.

It is in his moral life
 that the foulest blot is to be
 found in the negro character
 One fact alone would illustrate

This, 64 per cent of the children born during the year 1883-84, were illegitimate. This needs no comment.

In spite of all their faults however, the negroes are hopeful subjects. Once their intemperance, laziness & ignorance have been overcome and they waken up to a sense of their own deficiencies the negroes will become a very fine race in every way. It is difficult however to teach a people who do not know that they have anything to learn but it is not impossible. At present one can only lament that so little is to be seen for the amount of money and missionary enterprise that is being expended on them. We must hope however that the seed sown will some day fructify & that like the seed sown in good ground yield some sixty and some an hundred fold.

III

In Oct 1880, I arrived in Jamaica, and according to the rules of the service was attached to the Public Hospital in Kingston, as Supernumerary Medical Officer. In the Month following I was appointed Govt Medical Officer of the Western District of the Parish of Clarendon, a District situate in the very centre of the island. As Govt Medical Officer I had entire charge of the Public General Hospital in my District, medical care of the In-door and Out-door Poor, and of the Constabulary, and in this section I propose to record in a tabulated form a history of my Hospital work.

The Hospital when I took charge of it contained 16 beds, this number I soon found to be quite inadequate, and had the number increased to 20, and afterwards to 23, which number the Superintending Medical Officer refused to increase further on Sanitary grounds, but that

it was still insufficient may be inferred from the fact that the population of the District numbered 25,000

The building itself was old having been originally a dwelling house, afterwards a Colic Hospital & lastly when at the General abandonment of Calcutta in 1806 when Colics became no longer necessary, it was converted into a Public General Hospital. The Staff consisted of myself a Dispenser, a Nurse, a Cook, a house-woman a washerwoman and a labourer, all except myself negroes. It will thus be seen, that I had no intelligent assistance, a serious matter in the performance of major operations. The great distances between medical men rendered consultations & assistance at operations quite impossible. Thus it happened that in all operations the most had to be made of the help at my disposal, and I

Considered myself very fortunate
in not having lost a patient
either under Chloroform, or as
a result of the operation in any
way.

Subjoined in a tabular
statement of all the work done
during the 4 1/2 years. I was in
charge of the Hospital. The
Diseases are arranged according
to the Classification of the
Nomenclature.

General Diseases A

	1880-81	81-82	82-83	83-84	84-85	Total
Intermittent Fever.	1	6	5	13	6	31
Erysipelas			1	1		2

General Diseases B.

Lumbago	2		1	1	1	5
Chronic Rheumatism	4	5	3	6	6	24
Syphilis	4	14	9	5	1	33
Scabies.			2		1	3
Epithelioma.			1			1
Fibro Cellular Tumor.		1	1			2
Lipoma	1					1
Lupus Erythem.			1	1	1	3
Phthisis	1	6	1	2	3	13
Anaemia.	1					1
General Dropsy		2	1		1	4

Local Diseases.Disease of the nervous System

Paraplegia	2	1				3
Locomotor Ataxy			1			1
Tetanus	2			2	2	6
Paralysis Agitans	1	1	1			3
Hysteria			1			1
Neurodynia.	2					2

1880-81 81-82 82-83 83-84 84-85 Total

<u>Disorders of Intellect:</u>						
Insanity					1	1
<u>Diseases of Eye:</u>						
Ophthalmia	1	3	2	1	3	10
" (Gonorrheal)	1					1
<u>Diseases of Ear, (External Meatus)</u>						
Otorrhoea	1					1
<u>Diseases of Circulatory System</u>						
(Of Heart.)						
Pericarditis				1		1
(Valve Disease)						
Mitral		1	1	2	3	7
(Of Blood Vessels)						
Aneurism (of Aorta)	1	1	1			3
<u>Diseases of Respiratory System</u>						
Bronchitis	2	3	2	3	1	11
Asthma	1				1	2
Pneumonia			1	1	3	5
Gangrene (of Lung)				x	1	1
<u>Diseases of Stomach</u>						
Gastritis			0		1	1
Dyspepsia	1	2	1	4	1	9
<u>Diseases of Intestines:</u>						
Dysentery	2	3	1			6

1850-51 52-53 54-55 56-57 58-59 60-61 Total

	1850-51	52-53	54-55	56-57	58-59	60-61	Total
<u>Diseases of Intestines (Contn)</u>							
Obstruction	1						1
Sterna Reducible				1	1		2
Diarrhea	2	2	3	3			10
Coughphagou	1						1
<u>Diseases of Rectum & Anus</u>							
Abscess	1						1
Hemorrhoids		4	3				7
<u>Diseases of Liver</u>							
Abscess	1						1
Cirrhosis	1	2					3
<u>Diseases of Urinary System</u>							
Chronic Bright's Disease	2	5	7	7	6		27
<u>Diseases of Bladder</u>							
Cystitis	2		3				5
Hematuria			1	2			3
<u>Disease of Prostate Gland</u>							
Enlargement			1				1
<u>Gonorrhoea and its Complications</u>							
Gonorrhoea	1	8	8	5			22
Balanitis		1					1
Paraphimosis				1			1
<u>Diseases of Male Urethra</u>							
Stricture of penis	6	3	4	4	5		22
Urethral Stricture	2	4	1				7

<u>Diseases of male Urethra (cont^d)</u>					
Impacted Calculus			1		1
<u>Diseases of Generative System</u>					
<u>of Penis</u>					
Cancer of body			1	1	2
Phimosis.			2	2	4
<u>of Scrotum</u>					
Edema	1				1
<u>of Tunica vaginalis</u>					
Hydrocele			1	1	2
<u>of Testicle.</u>					
Orchitis Acute.	1	3	2	1	7
Stenna Testis				1	1
<u>Disease of Vagina</u>					
Inflammation. (Embraced ?)				1	1
<u>Functional Diseases of Female</u>					
<u>Organ of Generation</u>					
Am			1		1
Dys				1	1
<u>Affections Connected with</u>					
<u>Pregnant Womb.</u>					
Hæmorrhage			1		1
<u>Disease of Female Breast</u>					
Cancer.			1		1

1880-81 81-82 82-83 83-84 84-85 Total

Diseases of Female Breast (Continued)

Abscess

1 1 2

Diseases of Organs of Locomotion

Disease of bone

Osteomyelitis (Tibia)

1 1 1 3

Necrosis

1 1 1 3

Disease of Joints

Synovitis

2 2 4

Wolteration of Cartilage

2 1 3

Diseases of Cellular Tissue

Abscess

2 4 2 7 6 21

Diseases of Skin

Herpes Zoster

1 1

Eczema Chronic

1 1 2

Wolcers

49 50 45 49 35 228

Omphelia

2 1 1 1 1 6

Paronychia

1 1

Gangrene

2 2 1 5

Scute Jaugrene.

1 1

Injuries

General Injuries

Burns

3 3

Injuries of Head

Contusion

2 1 1 4

1880-81. 81-82. 82-83. 83-84. 84-85. Total.

<u>Injuries of Head (contused)</u>						
Scalp Wounds	2	1	2	3	2	10
Concussion of Brain					1	1
Compound Fract. of Skull.	1					
<u>Injuries of face.</u>						
Contusions				1		1
Injured Wounds	1	1	2	2	4	10
Compound Fract. of Nasal bone			1			1
<u>Injuries of Eye</u>						
Wound of Lacrimal duct			1			1
<u>Injuries of neck</u>						
Superficial			1			1
Cut throat		1				1
<u>Injuries of Chest</u>						
Fractured Ribs			1			1
<u>Injuries of Abdomen</u>						
Gun Shot Wound (Parietes)					1	1
<u>Injuries of Pelvis</u>						
Anus, lacerated Wound.				1		1
Vulva " "			1			1
Perineum " "				1		1
Fracture		1				1
<u>Injuries to Upper Extremities</u>						
Contusions	1		2		1	4

<u>Injuries to Upper Extremities (Continued)</u>						
Lacerated Wound	3	4	4	8	2	21
Fracture of Clavicle	1			1	1	3
" " Humerus		1	4	1		6
" " Forearm		1	2	2		5
" " " Compound				1	1	2
" " Fingers "		1				1
Dislocation of Clavicle (Sterno Clavicular)					1	1
" " Humerus				1		1
" " Elbow joint	1					1
" " Carpus	1					1
" " Thumb Compound	1		1	2		4
" " Fingers "	1		2			3
<u>Injuries to Lower Extremities</u>						
Contusions		1		2	1	4
Wounds	1	4	4	4	1	17
Fracture of Femur	3		4	1		8
" " " Compound			1	1		2
" " Patella					1	1
" " Tibia			1	2		3
" " " Compound			1			1
<u>Sprained Ankle</u>				1	2	3
<u>Multiple Injury</u>				1	1	2
<u>Malingerer</u>	1	1	1	1		4

1880-81. 81-82 82-83 83-84 84-85 Total.

Operations.

On bones for Injury	1		1			2
Amputation of Arm		1	1			2
Forearm			2			2
Fingers		1	1	2		4
Thigh	1					1
Leg	1	1	1			3
Foot	1	1				2
Toes	1		1	1		3
Removal of Tumours	1	1	1			3
" Impacted Catarrhus			1			1
Circumcision			2		2	4
Paracentesis abdominalis		2	1			3
" of bladder						
" above Pubis		1				1
" Per Rectum		1	1			2
Amputation of Penis.			1		1	2
Hæmorrhoids.		1	1			2
Hydrocele. (Radical Cure)		1	1	2		4.

1880-81 81-82 82-3 83-4 84-5 Total

Deaths.

Rheumatism					1	1
Phthisis	1	3	1	2	1	8
Bronchitis	1	1				2
Pneumonia				1		1
Gangrene of Lung					1	1
Bright's Disease.		1		2		3
Diarrhoea		1		1		2
Cholera	1	1	2			4
Burns.	2					2
Anaemia.	1					1

From these figures it will be observed that ulcers are in a large majority, there being 278 out of a total of 764 cases under treatment. These were all or nearly all ulcers of the feet or legs. This is accounted for by the fact that the negroes go barefoot, and working so much, as they do in the bush, are very apt to get their feet wounded by striking them on stones, stumps of trees &c. Once a wound is received it is neglected, on the hope and belief that it will soon be all right; when it does not get all right, all kinds of rubbish & flesh are applied to it in the shape of poultices, when this has gone on for weeks, months or even years, and all hope of a cure being effected by their own applications has been abandoned, medical aid may be applied for, and unless the conditions

of many of these wounds, when first seen, that amputation is the only treatment, feasible. The ulcers as a rule are in a sloughing condition, and the general health of the patient in many instances, completely broken down. It is surprising however, how soon regular diet, and rest begin to improve matters both generally & locally.

Another point which is to be observed from these figures is the absence of diseases which are generally supposed to be tropical. The only diseases of this nature which came under treatment were Intermittent Fever and Dysentery. Of the former there were 31 cases in 4 1/2 years, and, there as a rule were not serious, the more serious cases being those who contracted the disease while labouring at the Panama or Canal works. Of Dysentery

there were only six cases; 2 in 1880-81. 3 in 1881-82, 1 in 1882-83 and none in 1883-84. or during the present year up till at least the end of May. This freedom from serious cases of Intermittent Fever & Dysentery is common to most parts of Jamaica, their being only very few districts in which malarious diseases assume a serious form.

Leprosy & Yaws are frequently met with but it is seldom that medical men in the country are called upon to treat these diseases, a special Hospital being supplied for them in Spanish Town.

Subjomed are detailed the histories of one or two more interesting cases, that came under treatment, during the time that I was in charge of the Chapleton Hospital.

Case of Compound Fracture of skull;

Thomas Nelson: Age 34: a labourer, was admitted to Hospital on 31st March 1887 with compound fracture of skull, fracture of right humerus and both bones of left forearm.

Patient was a short, thick set and powerfully muscular man; and was able to give a clear statement as to how his injuries had been received. It seems that he and a few others had been engaged clearing some forest land preparatory to bringing it under cultivation. Patient who was unaccustomed to such work was standing at the wrong side of a tree when it fell. He tried to get out of the way but his foot having caught in some creeping plants, he fell just under the falling tree. His companions at once removed the tree & carried him to the Hospital when it was found that he had sustained the injuries described above.

The wound of skull was covered by a large semicircular flap of skin, & was situate about an inch to the right side of & parallel to the middle line of forehead, was about $1\frac{3}{4}$ inches in length, & $\frac{3}{4}$ of an inch at its widest part, the lower end of wound being exactly on a level with the upper surface of the supra-orbital plate. The wound was occupied by a stone, the dimensions of which exactly corresponded to the dimensions of the wound given above. The stone was firmly impacted and its surface flush with the edge of the wound.

An effort was made to remove the stone, but it resisted all attempts at removal by forceps elevators, &c. The patient was then brought under chloroform, with the object of enlarging the wound if necessary. This proceeding however was not resorted to, a last attempt to remove the stone by forceps having proved successful. The forceps used, were an ordinary

pair of Dentist's strong forceps.
 The sharp points of the instruments
 were gently forced between the stone
 and the edge of bone, thus being the
 more easily accomplished on account
 of the fragile nature of the stone
 which was of yellow limestone
 formation. A slight hole having
 been obtained an attempt was
 made to move the stone gently from
 side to side when a small portion
 broke off & was extracted. The remain-
 der was then easily removed.
 when it was found that the
 stone was triangular in shape
 the sides gradually approaching
 to a point and that it measured
 on the flat one inch and
 a half.

There was very little hemorrhage
 which was easily checked.

The wound was then thoroughly
 washed out and examined, it
 was found that there had been
 considerable destruction of brain
 tissue & that the fragments of

bone had been driven in and were firmly embedded in the brain.

No attempt was made to remove these fragments lest further laceration of brain tissue should be produced. The wound was therefore dressed antiseptically and its progress watched from day to day. In a few days suppuration commenced, and in a few days more, a fragment of bone was found to be loose & was removed by forceps. Every day after this one or two pieces were removed until at the end of a fortnight from date of admission 10 fragments in all had been removed. The wound, being now perfectly clean & healthy in appearance & no more fragments of bone being discoverable, was allowed to heal from the bottom; this it did rapidly, until at length there remained only a large depressed cicatrix to show where the wound had been.

The other injuries having in the meantime been recovered from, the patient was discharged in two weeks from the date of admission, as strong & as capable of hard work as before the accident occurred. It is remarkable that from the beginning there was no loss of consciousness, & no impairment of the faculties mental or physical. According to last accounts, patient was at his old employment as a field labourer, doing his work as well as ever.

Case of Spontaneous amputation
of arms and toes.

Eleanor Williams, a negroes age 32.
was admitted on 2nd March 1883 -
stated that about a week before ad-
mission she noticed on each arm about



midway between
elbow and wrist
joints, a series of
small blisters, which
formed a complete
circle round the arm.
she had not at-
tention to it at the
time, but noticed
that the blisters

commenced to spread
downwards, while at the same time the
fingers got stiff, and black & commenced
to shrivel up, and swell badly.

On admission it was found that
a well marked line of demarcation
had formed at the seat of the blisters
on each arm, and that the whole
arm from this line was in a state

of gangrene, of the dry variety, as evidenced by the condition of the fingers which were quite mummified. Very little pain was complained of, and there was no constitutional disturbance, as evidenced by patients having been able to walk from her home to the Hospital. - a distance of 12 miles - on the morning of admission. Patient mentioned the present state of matters to having had to walk home, through a heavy shower of rain, about 2 weeks before symptoms shewed themselves. Supporting with her hands a heavy umbrella which she carried on her head.

States that she had always enjoyed good health. Of her family history she knew nothing. It may be mentioned parenthetically here, that it is very difficult to obtain anything like a personal history from a negro. They are naturally suspicious, and unless they see the drift of a question even in such a simple matter as their health, they will seldom give a satisfactory

answers. This remark applies with all
 the more force in cases where they have
 reason to be ashamed of their former ill-
 nesses. Such as venereal diseases. In the
 subsequent history of this girl's case will
 illustrate. For had it not been that one of
 the hospital servants remembered that
 patient had been under treatment in
 the hospital, in the time of my pre-
 decessor, we should never have checked
 the fact from the patient herself. On
 referring to the Admission Book it was
 found that patient had been admitted
 previously for Secondary Syphilis but
 no record of her case could be found
 and the exact nature of her complaint
 could not be made out but her own
 statement was that she had sores
 on the vulva. This information
 however was not received until
 she had been in hospital 7 days.
 In the meantime the treatment adopted
 consisted simply of rest, nourishing
 diet, while locally charcoal poultices
 were kept constantly applied.
 An attempt at amputation was made.

on the 6th day after admission, but
 patient having nearly died under
 chloroform, and only with difficulty been
 restored to consciousness, the attempt was
 for the time being abandoned. The
 next day on my visiting Hospital,
 I found my patient complaining of
 great pain in the feet which were
 swollen and very painful on pressure.
 The skin at the extremities of the toes
 looked subnormal, black, but there
 was no indication of any line of
 demarcation. This being the day on
 which I made the discovery that
 patient had been already under treat-
 ment for Syphilis, it occurred to
 me that possibly this was an unusual
 result of the poison of Syphilis on
 the arteries, and this idea was substantiated
 by the symmetrical nature of the disease
 as well as by the former history of
 the patient. Accordingly I prescribed
 a mixture containing Iodide of Potash,
 Precipitate of Mercury and Rabel's solution
 of Opium. This mixture was hereafter
 used, and it seemed to do good, it

Certainly relieved the pain, and the swelling which at first reached nearly to the ankles quickly subsided, but as the swelling decreased the black colour of toes spread until the whole of the skin of 2nd 3rd & 4th toe of each foot was quite black, the great and little toe of each foot remaining unaffected. At the same time a line of demarcation had formed thro' extended in the form of an irregular semi-circle, on the back of each foot, from the division between the 1st & 2nd toes to that between the 4th and 5th toes, while a corresponding line of demarcation had formed on each sole. It looked as if the affected toes would be lost, but this fear was not realized as only the skin & terminal joint of each toe sloughed.

In the meantime the line of demarcation on each arm had gradually deepened until at last the bones were exposed. The soft tissues were now

removed and the wrist joint divided leaving the bare radius and ulna protruding from a mass of what was now healthily granulating tissue. It was observed that the Radius of right arm was loose and very soon it became so loose that it was removed without difficulty. Having ulcerated through at a point a little higher than that at which the soft tissues had been divided, the ulna soon followed, as did likewise the bones of the left arm.

The further history of this case need not be followed particularly, it was simply the history of healthily granulating surfaces. The progress however was slow and it was 12 months from the time of admission, before I was able to discharge patients well. It is worthy of note that the tabs of right foot, in healing coalesced, the ulcerated surface of one, uniting with

that of ~~the~~ neighbour.

Attached is a photograph of patient taken a few days before she was discharged. I was unfortunately unable to be present when the photographs were taken otherwise it might have been arranged so that the condition of patient could be more clearly made out.

This case was seen by several of my medical friends but all confessed that like myself they had neither seen nor heard of a similar case, and none were able to suggest a probable explanation of the remarkable symptoms. One gentleman on seeing the photograph suggested that it might be an unusual case of Schrey, but this explanation does not commend itself to my mind, and unless my own theory that it was due to syphilitic degeneration of the arteries supplying the heart.

affected. I am unable to give,
as the report
 any explanation of the exact
 nature of the lesion.

It has already been stated
 that at the time of admission there
 was no constitutional disturbance,
 and this state of the general health
 continued to the end. Carefully and
 frequently were the important organs
 of the body examined, more especially
 the heart, but at no time were any
 traces of disease discovered, and the
 patient at all times expressed herself
 as feeling well. Her appetite at
 all times was good, & she always
 slept well. Menses were
 perfect & regular, ~~and~~ the other
 secretions.

For some months after
 being discharged patient supported
 herself regularly. Last time I saw
 her she reported herself as feeling
 better than ever she had done before.

Case of neglected Stricture of
Urethra. 57

William Morgan, a labourer, age
45, was admitted to Hospital, on
14th September 1883. Suffering from
Complete retention of Urine, and
states that for two days previous
to admission, he had not passed a
drop of water. Confessed to having
had Gonorrhoea, about 4 years ago.
but noticed nothing the matter until
about six months ago, when the
urine first became difficult to pass,
which difficulty gradually increased
until two days ago when retention
became complete. During all this
period medical aid had not been
sought for, and it was only when
he became no longer able to pass
water, and his own home remedies
had failed to relieve him, that the
idea of seeking medical aid
first occurred to him.

Examination of penis showed
that the stricture extended, for about
an inch downwards from the meatus
a slight depression marked the
place where the meatus had been.

but it was now impossible to
 pass the smallest catheter, in
 As a means of temporary relief func-
 tion of the bladder per rectum was
 proposed but this patient would not
 consent to, neither would he was full
 of apprehension. It was then suggested
 that an opening should be made
 into the urethra behind the stricture.
 — The urethra at this point and so
 far as could be examined being
 dilated with urine, showing the
 absence of any serious obstruction
 in any other part of the canal —
 this step to be followed by an
 artificial opening through the
 stricture, when a catheter would
 be passed into the bladder and
 retained in position, until the
 surface of the new canal should
 have healed. This was also object-
 ed to. Patient was willing to
 have the urethra opened behind
 the stricture, but would hear of
 nothing else. This was accordingly
 done, under chloroform, to the
 immediate relief of patient. A
 No 12 Catheter was passed into
 the bladder & retained in the

hope that by this means the new opening would be kept patent; but patient finding himself able to pass urine freely refused to remain longer under treatment and left the Hospital before the wound had healed, promising however to return daily & have the catheter passed, a promise which he did not keep. The natural result followed. Creatural contraction occurred, and gradually the opening closed, until at last retention again became complete and he was admitted a second time, on Dec. 29th of the same year.

In the meantime the natural canal had become more permeable and a No. 3 catheter could be passed through the stricture, though not into the bladder, this however gave him a certain amount of relief for after catheterization he was able to void his urine slowly a result which perfectly satisfied him, and he again left Hospital a few days after admission, after refusing to have any further operation performed

though the danger of such carelessness was clearly pointed out to him.

At the end of April 1884 he was admitted for the third time. He stated that he had ~~not~~ not had retention again, but that he had lost control of his bladder, that his urine kept constantly dribbling from him. He was in a very exhausted condition, there was general oedema of skin, the bladder felt full & hard though not unduly distended. The urine was strongly alkaline, had a marked ammoniacal odour, and abounded in lime, water & triple phosphate of Magnesia.

Patient was now eager to let me do what I liked in the way of operation, but on hearing of my wish I declined to perform any operation. He gradually sank, and died on the 10th day after admission, his death being preceded by symptoms of Uraemic Poisoning.

At the Post mortem examination the bladder was found to be full.

of urine, the walls being greatly ⁶¹
hypertrophied, The ureters were also
much dilated, while the kidneys
were found to be full of pus and
quite disorganized.

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I should have been glad to be able to close this paper with a few remarks on the vital statistics of the country: but unfortunately these, as published, are valueless either for this or any other purpose. It has already been remarked that only a small proportion of patients seek medical aid, as a consequence of this only a small proportion of deaths are certified by properly qualified men. The District Registrar is left to fill in the cause of death in any manner he pleases, and the result is often more amusing than valuable to the statistician. Under the heading "Cause of Death" I have often seen such entries as these, "Downward Consumption" "Cramps in the stomach" "Black bil" "Stoppage of breath" "Inflammation" &c. &c. From information of this kind the Registrar General (who by the way is not a medical man) has to make up his annual returns, which of course are as stated above of no value whatever. That the climate of Jamaica

63.

As good may be inferred from the fact that it enjoys a remarkable immunity from epidemics, During the five years I was in the country the only epidemic that visited it was a mild one of Measles, Of Typhus, Typhoid, Small Pox, Scarlet Fever or Diphtheria, I did not see a case, Only six deaths from Yellow Fever were reported and of these only two were certified by properly qualified medical men.

With these remarks I close this paper in which I have attempted, however imperfectly, to describe briefly, but as accurately as possible, my experience of nearly 5 years' practice in the West Indies.

Wm Taylor M.D. & Cui (1847)