

With the Compliments of the Secretary to the Government of  
the Department of Commerce and Industry.

## REPORT

ON

The Condition of Indian Immigrants in the  
Four British Colonies: Trinidad, British  
Guiana or Demerara, Jamaica and Fiji,

and in the Dutch Colony of

Surinam or Dutch Guiana.

PART I. Trinidad and British Guiana.

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SIMLA,

June 9th, 1914.

To

THE SECRETARY TO THE GOVERNMENT OF INDIA,  
COMMERCE AND INDUSTRY DEPARTMENT.

SIR,

We have the honour to submit the following Report on the condition of Indian immigrants in the four British colonies, Trinidad, British Guiana or Demerara, Jamaica, and Fiji, and in the Dutch colony of Surinam or Dutch Guiana.

2. The following is a brief account of our tour :—

We sailed from Southampton on January 1st and arrived at Trinidad on 14th January 1913. We remained in Trinidad until 25th February, our enquiries being conducted during about one-half of the time from Port of Spain, the capital, and during the other half from San Fernando, the local business centre of the southern sugarcane area. On the 25th February we sailed from Port of Spain and on the 27th reached Georgetown, British Guiana. We remained in Georgetown till 12th March. From 13th March a halt was made for three days at Suddie, the centre of a group of estates and settlements in the Essiquibbo district north-west of the capital. We were in Georgetown again from the 16th till the 29th March when we sailed for Paramaribo in Dutch Guiana. The steamer put in at Nickeri in Dutch Guiana *en route* and reached Paramaribo on 31st March. We made our head-quarters here until 16th April when we returned by steamer to Nickeri where we halted for visits to estates and settlements until April 20th. On that date we crossed the Correntyne River into the Berbice District of British Guiana and arrived at New Amsterdam, an important town about 70 miles east of Georgetown. On 26th April we returned from New Amsterdam to the latter place whence we departed on 11th May, arriving at Trinidad on 13th May. We sailed for Jamaica on 20th May and arrived at Kingston, the capital, on 29th May. We remained in Kingston until June 1st and from the 2nd to the 13th June toured in the east of the island making halts of a few days each at three local centres in St. Mary, Portland, and St. Thomas districts. We again halted at Kingston from the 14th till the 18th June and on the 19th commenced a tour in the south-west and west of the island, making short halts of a few days each in the Vere, Manchester, and Westmoreland districts. We returned to Kingston on 30th and sailed for New York on July 17th. On September 3rd we caught the monthly steamer for Fiji at Vancouver and arrived at Suva, the capital of the Fiji islands, on September 19th. We remained in Suva till September 24th when we commenced a tour of the three islands, Viti-Levu, Vanua Levu, and Taveuni. Halts were made at Lautoka, Singitoka, and Ba in Viti Levu, Lambasa in Vanua Levu, and Waiyevo in Taveuni, the tour lasting until October 14th.

We were again in Suva from October 14th until the 17th when we went for 2 days to the Navua district returning again to Suva where we halted till our final departure. We sailed for Sydney on the 22nd and arrived on the 28th October. The quarantine restrictions imposed by the Commonwealth Government in consequence of an epidemic of small-pox necessitated a halt of seven days in Sydney and altogether seven visits to Health Offices in Sydney, Melbourne, and Adelaide. We arrived at Colombo on 27th November and at Tuticorin on November 29th. From Tuticorin we travelled by rail to Delhi *via* Bombay. Arrangements were made at Delhi for writing our

report on 9th December. Our tour from the date of leaving Southampton until our arrival in India lasted for eleven months.

Our movements within the colonies were facilitated in every way by the Colonial Governments. In Trinidad we were given free passes for journeys on the Government railways and steamers. In Demerara and Jamaica motor cars were placed at our disposal. In Surinam, where communications are by river and canal, a launch was supplied, and in Fiji the steam yacht of His Excellency the Governor was always available. Much time was saved and discomfort obviated by the use of this yacht for journeys to estates, etc., within the reefs surrounding the island. We also retain lively recollections of the open sea crossings which duty compelled us to perform in this yacht.

**3. Scope and method of inquiry.**—In making our inquiries we were guided by the instructions contained in the memorandum transmitted to us through the Secretary of State for India and printed as Appendix A of this report. In the subsequent paragraphs we have, subject to the exceptions noted below, summarised separately for each colony the information collected under the several heads of inquiry as the conditions prevailing in each colony will be more readily intelligible if so exhibited than if under each head the ascertained facts with our comments and recommendations for all colonies together were presented. For obvious reasons, the matters treated in paragraphs 56 to 60 of this report were more suitably and conveniently dealt with for all colonies together.

We have not aimed at giving a comprehensive survey of the origin and development of Indian immigration into the colonies. The historical resumé embodied in the report of the recent Sanderson Commission obviously requires neither condensation nor elaboration. We have endeavoured 'to report upon the conditions of life of the Indian immigrants in the colonies and to submit recommendations considered desirable to promote their welfare'.

We have dealt with the colonies in the order in which they were visited. As Trinidad was the first colony visited and is dealt with first we have usually given fuller explanations of proposals and recommendations included in the paragraphs referring to that colony than in subsequent sections of the report. And while in some cases we have thought it necessary to repeat recommendations it will be understood that recommendations made as regards Trinidad are intended to apply generally unless the contrary is obvious.

In each of the colonies visited the method of inquiry adopted was identical. At head-quarters arrangements were made for the supply of statistical and other documentary information; tours were planned having regard to the local distribution of indentured Indians and the location of casual or organised settlements of Indian immigrants; interviews were arranged with heads of Departments and other Government Officers as well as with representatives of the employers of Indian labour, and with Indian associations or individuals of Indian birth or extraction. From all places where we halted visits were paid to estates, settlements of Indians, schools, orphanages, and other institutions which concerned themselves with the Indian Community. Naturally most of our time was taken up with visits to estates on which indentured immigrants were employed. Such visits were usually but not invariably preceded by notice to the estate authorities. The normal routine on visiting an estate was to meet the manager, go to one or more places in the field where immigrants were working, inquire orally about their work, wages, and food, their occupations in India and reasons for emigration, and listen to all their statements. Managers gave us in this as in everything else all assistance in their power, and our conversations with labourers were rarely overheard by any one in authority on the estate. We also observed work in progress and devoted special attention to the amount of work fixed as a standard task in the various agricultural operations. Having spent from one to three hours, usually about an hour and a half, amongst the gangs of workers in the field we returned to the lines of dwellings, inspected the housing accommodation, sanitary and water supply arrangements and hospital. Then we adjourned to the Manager's office, looked at the pay-sheets, prosecution register, birth and death registers and

other records, and discussed with each manager both matters brought to notice during our visit and the reasonableness and suitability of the system in general. Such visits usually occupied about four hours in the forenoon. According to the distance from our halting place and the size of individual estates one or two estates would be visited. In the afternoon the same routine might be followed on another estate, or a visit might be paid to a locality where there was a body of Indian settlers, or we held a succession of interviews with permanently or temporarily domiciled Indians. A part of most afternoons was necessarily given to correspondence and the perusal of statistics, local ordinances, reports, reference books, etc., etc. On a few occasions in Trinidad and Demerara we were accompanied to estates by officers of the local Immigration Department, but our inquiries on the spot were conducted apart unless we called these officers in to elucidate matters on which they could usefully throw immediate light. In Jamaica, Surinam, and Fiji the Immigration Agent General or an Inspector usually accompanied us as estates were more difficult to locate, but here also we habitually went unaccompanied among the workers in the field or in the dwelling quarters. Our inquiries in the field were some times made in company but more frequently we separated and compared notes later. Visits to rural settlements were made either with or without notice and were devoted to ascertaining the condition of the settlers as well as the earlier experiences of immigrants while under indenture.

The oral information obtained on estates or settlements was supplemented by no less valuable information elicited in the course of interviews with others who sought to meet us or whom we sought to meet. In each colony we were of course in constant communication with officers of the Immigration Department. Officers of the Medical, Educational and Lands Departments were consulted. Managers of estates other than those visited by us, attorneys controlling groups of estates, school managers, clergymen, magistrates, and hundreds of Indians, representing every occupation and degree of social status, including Indian employers of indentured Indian labour, supplied us with facts and suggestions. At each interview or discussion we endeavoured to elicit from the person or persons present, firstly, the information which the speaker was most anxious to impart and, secondly, such further facts as he was most likely to know at first hand. We met at formal and informal meetings members of Indian associations and representatives of the domiciled Indian community. We are reasonably confident that all valuable sources of information were tapped and that all shades of opinion found expression.

Appendix B gives for each colony a list of estates or settlements visited once or oftener for the purpose of collecting information.

## TRINIDAD.

**4. Housing and sanitary conditions.**—The dwellings ordinarily consist of ranges of compartments constructed of wood and roofed with smooth or corrugated iron sheets, a building being divided by a central longitudinal partition forming the back wall of the rooms opening on either side. Sometimes dwellings are in single not in double rows. The location of single men and families in separate blocks is always aimed at but on small Estates with a total of 10 to 20 immigrants, accommodation in separate buildings is unusual. The floors are of wood and are raised above ground level. The sites are chosen with regard to soil and drainage facilities, the positions most suitable for dwellings being naturally those least valuable for cultivation. Responsibility for securing sanitary dwellings is divided between the Medical Department and the Immigration Department. The Ordinance (Section 85) requires the employers to provide suitable dwellings in good repair with water-proof roofs and to keep the surroundings well drained and free from vegetation. The floor space assigned by Section 86 is 50 square feet per adult, or 120 square feet to three single men or to a man, woman, and not more than two children. A copy of general rules regarding water supply and dwellings, made by the Protector and the Surgeon General is printed as appendix 1 to this report. A register of dwellings is kept on the Estate and visiting Medical Officers are required to note therein which dwellings are unfit for habitation. These Officers also make requisitions, through the Surgeon General and Protector of Immigrants, regarding the removal of sanitary defects. Failure to provide suitable dwellings renders the employer liable to prosecution, while at the same time the Protector may transfer all or any of the immigrants to another Estate willing to accept them. In the more recently constructed dwellings the Immigration Department has had the internal space required by the Ordinance supplemented by a verandah 6 feet wide with space for a *chula* or earthen cooking furnace, a store of firewood, etc. In the older buildings the width of verandah was four feet. On one Estate visited new dwellings under construction had rooms of 12 feet by 14 feet as compared with a floor space of 120 square feet in the older type. The mean height of buildings is approximately 10 feet, with one door and one window in each compartment of 12 feet by 10 feet. The accommodation on Estates is usually in excess of the statutory requirements for the average population so that two men only occupy many compartments.

The drinking water supply usually consists of rain water collected in tanks and cisterns from the roofs of houses. Water for other purposes is obtained from ponds and occasionally from streams. Drains round dwellings are almost always channels cut in earth.

The defects noted on Estates visited by us were leaky roofs, drains which did not run off water, inadequate arrangements for collecting and storing water, insufficient ventilation, absence of latrines, and the existence of vegetation in the vicinity of the buildings. These defects were of course not universal. The only general defect was the want of latrines. In other respects some estates were satisfactory, but the majority exhibited one or other of the defects above-mentioned. It is, however, just to state that the general condition of the dwellings and their surroundings was much more sanitary than that of the houses in an ordinary Indian village. Taking the defects *seriatim* the older thin sheet roofs should be replaced by stout smooth or corrugated sheets. Owners and managers sometimes wish by patching up a roof as long as possible to postpone the cost of complete renewal, and inspecting officers will occasionally assent to the work of renewing roofs or rebuilding blocks entirely being carried out not simultaneously in a group of blocks but block after block, in succession. Conformity with required sanitary standards might sometimes be enforced with more promptitude. Surface drains which are mere channels cut in the soil will seldom be satisfactory. Even with zealous supervision they tend to become a chain of small stagnant pools. Some estates have concrete channels which should be introduced generally. The drinking water supply problem in some parts of the island has, on and off rain estates, presented difficulties. Potable water can be obtained neither from streams nor from wells. In these cases the source of supply for all consumers is

water collected from roofs of houses into cisterns. The rainy season extends from May to January, with occasional showers in the other months. The average annual rainfall is 62 inches ranging from about 75 inches to 50 inches in tracts of greater or less moisture. During the wet months the supply of water is good and sufficient. On some estates in the drier districts the storage arrangements might be improved by providing a larger cubic capacity, while the rigorous closing or screening of cisterns practised by the most careful employers should be generally enforced. Immigrants themselves are seldom careful to avoid fouling water, and insects and foreign matter should be excluded. In Jamaica we saw simple and effective waste prevention taps which might be advantageously adopted. No definite scale of storage capacity per unit has been prescribed, and probably a uniform scale for all localities would be unsuitable. But as the average dry season rainfall not only of a tract but usually of each individual estate is ascertainable the medical officer should prescribe the minimum storage having regard not to average conditions but to drought conditions on each estate. The collecting gutters and pipes must of course be kept always in good order and illicit interference with the supply by the immigrants themselves discouraged. It is just to add that our visit immediately followed a season of exceptional drought. The supply of water for bathing and washing purposes is sometimes a running stream or river but more usually one or more ponds. It would be easy, as in India, to recommend the observance of sanitary rules in the use and maintenance of these ponds but it seems more immediately practical to recommend that sufficient drinking water be supplied to minimise temptation to drink from them. We think, however, that for the health and convenience of the indentured immigrants regular bathing places should be provided in the immediate vicinity of the dwellings. A solid floor of cement or smooth stone surrounded by a screen  $5\frac{1}{2}$  feet high, would be sufficient. The superficial floor area might be from 30 square feet upwards according to the population, men and women having separate bathing places. The bathers would carry their own water where a running supply was not available.

Ventilation was not specially provided for in some of the older buildings. The door and window were regarded as sufficient channels for admitting fresh air or conveying foul air outward. It seems also that other openings were regarded unfavourably as affording ingress to mosquitoes. The immigrants themselves are disposed to keep their dwellings closed up. What is in our opinion needful is the replacement of solid roofs by "cow-mouthed" roofs or roofs with ridge ventilation. Birds and insects can be kept out by means of wire gauze. Latrines were not provided as employers and supervising officers apparently accepted the theory that Indians of the cooly class could not, without adding unduly to the already large list of prosecutions, be persuaded to use them, while it would also be difficult to find estate labourers willing to clean them. On most estates the immigrants defecate in the cane field or scrub usually at a distance from, sometimes unpleasantly near, their dwellings just as in small Indian villages. A few employers have, either of their own accord or at the instance of the Immigration Department, begun to provide latrines. From time to time the latrine question was discussed and in 1911 an amendment in the Ordinance was proposed, and has since been passed, to empower the Governor to have latrine accommodation provided. The difficulties in Trinidad seem to be no greater than in Fiji where latrines are now regularly and cheerfully used. What is needful is to fix on a type of latrine which is both sanitary and acceptable to those for whose use and benefit it is intended, to pay liberal wages to the labourer in charge of latrines and by constant supervision ensure that the arrangements are always clean and sanitary. The latrines must not be too far from the dwellings. The employers whom we met did not grudge the expense of building latrines but betrayed considerable anxiety lest they should be compelled to build latrines of a type which the labourers would not use while efforts to enforce their use and to repress old habits would lead to serious friction. Those familiar with efforts to popularise the use of latrines in Indian villages will not reject this explanation as insincere. Employers also urged that estate latrines would not effectively prevent ankylostomiasis infection as the vicinity of dwellings off estates was infected, and that partial preventive measures would be practically useless. We think that even without the adoption of general sanitary measures the erection of estate latrines would be beneficial, and that estate



owners might effectively agitate to have action taken outside. The matter has been very fully discussed in the colony and action should no longer be postponed. Suitable latrine accommodation having been provided insanitary habits would soon pass away. A few refractory individuals might be slow to abandon old customs, and in the interests of immigrants in general these should be subjected to any legal form of coercion. Apart from the offensiveness of the practice of defecating all round a group of dwellings, it is here undoubtedly the cause of a great deal of chronic sickness of a disabling kind. The ground for a considerable radius round the dwellings becomes infected with ankylostomiasis. The majority of immigrants arrive in the colony infected and the uninfected minority are at once exposed to infection. With reinfection unrestricted curative treatment in hospital is a costly palliative and not a remedy. The need for a systematic campaign against the hook worm or ankylostomiasis will be referred to later, but medical authorities unanimously regard the provision of latrines as more important than any other preventive measure.

The ground in the immediate vicinity of buildings is kept clean by the immigrants. But we have seen grass, low vegetation, and even cane crops nearer dwellings than was desirable. For at least 20 yards, and preferably for 30 yards, from any range of dwellings no vegetation should be permitted. Most estates aim at keeping the surroundings clear, some are more favoured than others as regards the soil of the building sites and the local rainfall, but in no case need there be any serious difficulty in keeping the proposed space clear of vegetation and free from depressions which harbour filth and facilitate the breeding of mosquitoes. The agency employed for keeping latrines clear might keep the yard space sanitary.

In the past responsibility for keeping estates up to a satisfactory standard in sanitary matters has been in fact, if not also in theory, divided. Medical officers are required to visit estates for treatment of the sick twice in each week and, at intervals not definitely prescribed, to visit the dwellings and surroundings. They are authorised to make requisitions in respect of sanitary matters not direct to the estate managers but in a roundabout way through the Surgeon-General and the Protector of Immigrants. They also submit annually a report in a prescribed form on the hospital and the dwellings on each estate. The Protector of Immigrants in fact undertakes the responsibility of enforcing compliance with requisitions. The procedure does not in practice tend to inspire medical officers with a sense of direct responsibility as health officers nor to ensure regular and prompt attention to requisitions. Defects were pointed out but no entry of the requisitions was made in the registers or records which estate owners are bound to keep. Inspectors of the Immigration Department are not required to submit periodical reports regarding their action. The Protector of Immigrants devotes a good deal of attention to dwellings, etc., but his visits are necessarily at long intervals and in any individual case he might or might not know of a requisition or take effective action to obviate or penalise delay in compliance. The Protector, with the assistance of the Surgeon General, is empowered to make rules regarding the construction, arrangement and drainage of buildings. What is required in our opinion is that the visiting doctor as Health Officer should inspect the dwellings and surroundings at fixed intervals and enter his requisitions in a special Estate register. Subject to the right of appeal to higher medical authority or to Government these requisitions should be obeyed promptly like the orders of any Health Officer. The Government of Trinidad accept the view that requisitions on sanitary matters should hereafter be so made. Under this system the Surgeon General as head of the Medical and Sanitary Department may, with or without the assistance of the officers of the Immigration Department, enforce compliance. The Surgeon General's memorandum covering the abstracts of medical returns supplied for publication with the annual report of the Protector of Immigrants for 1911-12 concludes as follows :—

“Dealing with the reports by Medical Officers on the estates' hospitals and barracks, water supply, etc., your attention is invited to several instances in which the insufficient and unsatisfactory character of the water supply for drinking purposes is adversely commented upon, to the condition of some of the barracks that are described as leaking, not water-tight, or otherwise unsatisfactory and even dangerous in one instance, and to the entire absence of latrine accommodation at estates' barracks.”

Many, probably the majority, of employers do not wait for requisitions but voluntarily do what is necessary. Some require stimulating, and censurable delay is most likely to arise when a manager on the spot is fettered either by instructions or want of instructions from a non-resident owner. On large estates what is needed and sought for is not stimulation but expert guidance. The provision of sanitary dwellings, etc., is regarded not only as a humane duty but as good economic management. The proprietors of one group of estates arranged in 1912 for the special inspection of their properties by a non-official expert possessing the highest qualifications, *viz.*, Dr. George H. Masson, F. R. S., M.D., D.Sc., (Public Health). A copy of his valuable report was supplied to us by the attorney of this group of estates who regarded sickness as the most fruitful source of discontent and of industrial inefficiency.

We think that it would be advisable to cast on the Medical Department, subject to the control of Government, the duty and responsibility of making all rules regarding sanitation, of issuing directly individual requisitions, and if necessary of enforcing compliance. The officers of the Immigration Department would of course take notice of failure to comply with a rule or order regarding sanitation as they would notice any other breach on the part of the employers. The standard attained in practice would be raised if the Surgeon General whose visits with reference to sanitary conditions are now occasional or a selected Medical Officer specially deputed by him, were to make systematic visits to estates. District Medical Officers are not solely or mainly employed on attending to the needs of indentured immigrants. Some may be keenly interested, some may be dutifully methodical and some may be perfunctory in the discharge of their duties as Medical Inspectors. Experience in Demerara suggests that regular support and stimulus from superior medical authority is beneficial. Medical officers in that colony seem to devote a larger amount of their time and energies to estate work than their colleagues in Trinidad.

To sum up, the housing and sanitary conditions are very much better than those to which the labourers are accustomed, the standard is being raised steadily, and the only general defect is the absence of latrines which are now being generally provided. Temporary defects would be more promptly remedied by a slight change in the method of making requisitions.

**5. Medical arrangements.**—Dealing first with the birth and death rates, the following information is derived from the annual reports of the Registrar General:—

TABLE SHOWING THE BIRTH RATE AMONG (a) INDIANS, AND (b) ALL OTHERS IN TRINIDAD.

	1906-07.	1907-08.	1908-09.	1909-10.	1910-11.	1911-12.
East Indian Population ...	100,101	102,430	104,983	107,955	112,940	112,796
Number of Indian births including—	3,471	3,842	3,857	4,204	4,051	4,082
(a) Boys ...	1,769	1,957	1,957	2,183	2,042	2,108
(b) Girls ...	1,702	1,885	1,900	2,021	2,009	1,974
Indian birth rate (per mille) ...	34.7	37.5	36.7	38.9	35.9	36.19
General birth rate of the colony ...	33	33	33.9	33.2	31.8	33.83
Indian still births } percentage of local } births.	11.55	10.98	9.51	9.89	11.47	11.14
Other still births }	6.98	6.74	6.77	5.95	6.31	6.69
Number of Indian deaths ...	2,467	3,021	2,825	2,724	2,698	2,937
Indian death rate ...	24.6	29.4	26.7	25.2	23.9	26.04
Death rate of general } (per mille) ... population (i.e., not } Indian).	23.9	23.9	21.4	20.3	19	22.01

The figures of population above shown are the calculated annual mean population. The figures of the year 1911 to 1912 are more nearly accurate than those of the earlier years because they are based not on progressive estimates but on the census taken on April 2nd, 1911. The statistical returns show the infant mortality in the colony but do not give separate figures for the Indian population only. The figures of still births seemed to us so striking that we thought it well to show the percentage on local births amongst Indians and amongst all others. Still births being deducted the Indians in

Trinidad are more prolific than the rest of the community. Accurate information regarding the deaths among indentured immigrants on estates is obtainable. The figures regarding births on estates as collected and published in the annual reports of the Protector of Immigrants include births among indentured and non-indentured immigrants. Separate figures for each class are not given. We recommend that this should be done in future, and that the deaths of infants under one year should be separately shown. For the information of the Government of the colony a detailed annual return of the mortality amongst the indentured labourers on each estate is prepared by the Protector. The annual mortality return published in March 1912 shows the population of, and deaths among, indentured immigrants in each of the last 5 years as under :—

Year.	Population.	Deaths.	Death rate per mille.
1907 ... ..	10,764	171	15·89
1908 ... ..	10,384	393	38·08
1909 ... ..	11,620	222	19·1
1910 ... ..	10,200	157	15·4
1911 ... ..	10,660	122	11·4

The annual report of the Protector of Immigrants for 1908-09 states that the season was very unhealthy but gives no particulars. The years comprised in the Surgeon General's annual report ends in March and not in September so that no reliable explanation could be extracted from this source. The utility of the Protector's annual report would be enhanced if, firstly, substantial fluctuations not merely in the aggregate mortality but in the mortality under main contributing heads such as malarial fever, ankylostomiasis, etc., and, secondly, instances of sustained high death rates on individual estates, were noted and commented upon. The focussing of attention on weak spots should expedite remedial action. The separate mortality return alluded to above gives for individual estates the number of deaths, the annual percentage, and the mean death rate. The return also calls special attention to estates with high death rates for the year. Under sections 73 and 74 of the Ordinance a plantation with a mean death rate, based on not less than 3 years' figures, exceeding the general mean death rate among indentured immigrants by more than one per cent. may not be allotted additional immigrants until the health conditions are considered to be satisfactory. A few plantations have in recent years had mean death rates exceeding the average by one per cent., but the explanations and assurances given and the action taken were regarded as satisfactory and allotments were not withheld. We think that the annual report of the Protector should give fuller information regarding the application of these sections to estates. Estate owners and managers are not inhumane but like every one else they dislike unenviable notoriety and like every one else will endeavour to avoid it.

The steady decline in the death rate among indentured immigrants in recent years is satisfactory. The mean rate for the quinquennium is 18·2 per 1,000 and the rate for the last year 11·4. It is to be expected that the rate would be lower than the rate among a population with a more normal distribution of persons throughout the age periods and a larger proportion of women. The mortality of recent years amongst indentured immigrants in Trinidad compares favourably with the rates recorded in other colonies.

The recorded births and deaths on estates in each of the last five years for which statistics were collected and published were as under :—

Year.	INDENTURED AND UNINDENTURED POPULATION.		Births.	Rate per mille.	Deaths.	Rate per mille.
	Males.	Females.				
1907 ...	17,675	6,753	374	15.3	387	15.8
1908 ...	17,454	8,701	370	14.1	381	14.56
1909 ...	17,583	8,576	374	14.3	344	13.1
1910 ...	16,776	8,291	345	13.7	298	11.8
1911 ...	16,938	8,568	304	11.9	250	9.8

The figures show both a very low death rate and even allowing for the disproportion of the sexes, a rather low birth rate. The reports contain no comment or explanation. On the estates visited by us the rates among the indentured were not consistently abnormal. The prescribed registers did not include statistics of the unindentured population, who were living under no restrictive control. As only workers' names appear in pay lists we could not accurately ascertain the rates among unindentured without making a special census. The statistics published in the Protector's report are probably incomplete. An estate manager is compelled by law to keep *inter alia* a list of indentured immigrants allotted to his estate and registers of births and deaths of such immigrants occurring on the estate. He is under no legal compulsion to keep accurate population registers relating to the unindentured. Managers are invariably informed by their subordinates of births in the dwellings provided for the indentured immigrants or in the estate hospital. There is no danger of omission to record deaths occurring among the indentured. The non-indentured Indians may live in dwellings near the indentured or they may live in houses on or near the small cane plots, etc., which they cultivate. Only the indentured labourers are legally entitled to free medical attendance. Other labourers residing in estate dwellings do in fact receive attendance but need not accept treatment. Consequently births and deaths on an estate among the non-indentured may easily escape record in any estate register. Moreover, children of an indentured father are sometimes born off the estate. The medical officers' annual reports, do not deal sufficiently with birth and death rates. The Inspectors of the Immigration Department do not submit annual or periodical reports. The desirability of scrutinising the birth and death rates as reflecting health conditions on estates amongst the non-indentured as well as the indentured might advantageously receive more systematic recognition. In respect of births and deaths it would be desirable to have the same statistical year recognised in the Protector's reports as in the annual reports of the Surgeon-General and the Registrar General.

The medical care of the indentured immigrants is entrusted to the Government medical officers in the districts in which the estates are situated. Usually patients are treated in estate hospitals maintained at estate expense. A few estates (twelve at the time of our visit), have no hospitals and send patients to the nearest Government hospital, the estate paying one shilling daily for each patient.

Fifty-seven estates have separate hospitals, a joint hospital usually serving two estates only, in a few cases three or four estates, and in one case five small estates. Men and women are kept in separate wards or rooms. Some hospitals are better housed or equipped than others but to the lay eye none of them fell

below a satisfactory standard. The mosquito-proof gauze surrounding verandahs in Fiji and in American tropical hospitals seen by us has not yet been introduced in Trinidad and British colonies generally nor, we think, in India. The latrines were usually of the ordinary box pattern which, though kept clean, were unacceptable to Indians of the labouring class. Ordinarily hospitals are visited twice a week by the medical officer. In the case of a few hospitals drawing patients from a small estate population and situated at a considerable distance from the medical officer's residence a single weekly visit is authorised by special order of the Governor. In all cases the medical officer must visit an estate on receipt of an urgent call at any time. The resident staff of the hospital consists of as many dispensers and nurses as the average number of patients may require. These dispensers and nurses are usually black or coloured men, as are some of the outside workers on the estate and consequently of the patients. Indians are usually kept in wards or rooms apart from the latter. A hospital on a large estate or a joint hospital may have an average in-patient record of upwards of 40 patients. We thought that the larger estate hospitals should be visited oftener than twice a week and the Government of Trinidad having consulted the Surgeon-General assented to this view. We think that Indian youths, whether born in India or in the colony, should be attracted to the colonial hospitals at Port of Spain for training as dispensers. We have no reason to question the technical competence of the dispensers now employed but men of the same race as the patients, as in Demerara, would be more efficient. Hospital in-patients are nowhere characterised by reasonableness and Indian patients often express their distrust of and dissatisfaction with the treatment. A common complaint was that they did not get enough food. We found that this grievance rested on nothing more than the substitution of "low diet" (not necessarily a cheap diet) for more solid and less digestible food in the case of patients suffering from malaria, diarrhoea, dysentery, etc. A dispenser of Indian extraction would often have made the *regimen* more acceptable and would have been in a better position to deprive a patient's relatives and friends not merely of the opportunity but of the inclination to smuggle in contraband food. In the interests of the patients hospitals are required to be fenced so as to preclude ingress and egress except by a gate under control. The rule is usually but not always observed. Patients will try to go out to their dwellings which are often within 50 yards' distance, and their friends will smuggle in food occasionally with serious results. Leaving a hospital without leave is under the Ordinance an offence. Prosecutions for the offence are rare but not unknown. The Government of Trinidad assents to the desirability of placing more reliance on effective precautionary measures. A deterrent effect created by the occasional prosecution of a contumacious offender is dearly purchased. Many other immigrants regard such prosecutions as instances of callous oppression, and when some ailment necessitates their own admission to hospital are not predisposed to regard the doctor simply as a capable friend in need.

On most estates an indentured immigrant is regarded as either fit for work or a subject for hospital; a man who professes himself unable to turn out for work is ordinarily sent to the hospital at once. An exception may be made in the case of an industrious immigrant of a few years' standing. If such a man states that he is mildly indisposed his word will be taken. In adopting an almost invariable rule of sending men to hospital when they plead illness estates are endeavouring to prevent delay in treatment and to check malingering. Among 10,000 immigrants there will of course be malingerers but neither doctors nor managers are unduly hasty in diagnosing this offence. On 96 estates for which we obtained complete statistics for five years preceding our visit, there was an average of 33 prosecutions for malingering yearly or one prosecution per estate in three years. It is better for the immigrants to be sent to work if they are not unwell and do not want leave for a definite purpose. Many immigrants who do a good day's work would take a day off frequently if a casual plea of indisposition was accepted and would be clamorously dissatisfied later at the deficiency in their earnings. Officers of the Immigration Department also look askance at entries of idle days as managers are expected to find work for all

who are willing. An estate which had frequent entries indicating that men were on the estate but neither at work nor in hospital would risk being suspected of slackness in providing employment.

Below are given statistics of the total number of cases and of the number of cases under each principal ailment treated on estates in each of the five years from 1907-08 until 1911-12 as recorded in the digest prepared by the Surgeon-General for incorporation in the annual report of the Protector of Immigrants. The figures relate only to the indentured population. In Appendix 3 to our report we give as a sample the latest complete statistical return from which the digest is abstracted, and shall comment on this later.

	1907-08.	1908-09.	1909-10.	1910-11.	1911-12.
Population ... ..	11,506	10,777	11,285	11,551	9,627
Total number of cases treated	28,592	25,055	25,872	21,872	24,304
Dysentery ... ..	935	701	910	860	938
Malarial fever ... ..	10,248	8,716	8,491	6,800	8,433
Rheumatism ... ..	758	624	468	489	514
Anaemia ... ..	1,499	1,429	1,087	1,122	744
Ankylostomiasis ... ..	121	994	1,420	1,596	1,113
Local injuries ... ..	759	<i>Nil.</i>	<i>Nil.</i>	<i>Nil.</i>	<i>Nil.</i>
Respiratory System ... ..	785	786	760	934	781
Digestive system ... ..	2,120	1,988	1,692	1,679	1,647
Parasites ... ..	1,258	843	884	576	820
Ground Itch ... ..	456	376	468	357	478
Skin Diseases ... ..	4,527	3,567	4,076	2,996	3,766

It will be seen that malarial fever accounts for about one-third of the total cases, and that skin diseases and diseases of the digestive system are next in importance. It might be well to regard anaemia and ankylostomiasis together because there is reason to think that many cases classed comprehensively as anaemia are due to ankylostomiasis. Cases returned as skin diseases may also be ankylostomiasis. As regards diagnosis the following remarks are extracted from the memorandum of Dr. Eakin, Acting Surgeon-General, forwarding the abstract for 1908-09 :—

“Nine hundred and ninety-four cases of ankylostomiasis were recorded as against 121 cases during 1907-08, while the following group of diseases Anaemia, Ground Itch, Parasitic Skin Disease (in which are probably included cases of ankylostomiasis) yielded 6,213 cases as compared with 7,740 cases during the previous years’ contrasts which are of interest as indicating more careful diagnoses.”

In that year and in two succeeding years ankylostomiasis cases showed a steady increase. In 1911-12 these cases showed a decrease but again Dr. Clare, the Surgeon-General comments as follows :—

“There are recorded 1,113 cases of ankylostomiasis with 26 deaths assigned to that cause. It is probable, however, that amongst cases of Anaemia 744, Parasites 820, Skin diseases 3,776, and Ground Itch 478, which together account for 5,808 cases, there is included a considerable amount of ankylostomiasis which escapes statistical identification.”

In the hospitals on Trinidad estates the dispensers generally did not appear to have been so systematically trained as subordinates in Demerara estate hospitals to assist medical officers in detecting ankylostomiasis by an examination of the patients' stools. It is obvious that a busy medical officer in charge of several hospitals cannot personally perform all these examinations.

All estates are anxious to combat malarial fever, but all do not take equally systematic measures. Some estates try to eradicate mosquito breeding grounds. On some quinine is distributed more or less regularly, while on others it is supplied on demand. On one estate the owner—manager, who had come to the colony as an indentured labourer, told us he gave out quinine to all labourers daily in the morning. Besides adopting all sanitary measures to destroy mosquitoes and keep dwellings mosquito proof, the practice of inducing both labourers and their children to take quinine daily or at short intervals, at least during seasons when infection is probable, might with advantage be adopted generally. In British Guiana it has apparently worked well on a large scale. When hospital returns clearly showing the daily sickness rate for this and other diseases are introduced managers of estates with an unsatisfactory record will not wish, even if they are permitted, to leave any preventive or remedial measure untried.

The organisation of measures to reduce ankylostomiasis seems to have received prolonged consideration. The following extract from Dr. Masson's report abovementioned incidentally explains the nature and effects of this disease:—

“The mouth of this small creature (*i. e.*, the hookworm or *ankylostoma duodenale*) is provided with a fringe of hooks by means of which it attaches itself to the inner lining of that portion of the small intestine which is in immediate continuity with the stomach. It lives on the blood which it sucks from the bowels. The females are usually more numerous than the males, and after impregnation they lay a prodigious quantity of eggs which, happily, do not hatch in the intestine of the infected person, but pass out of his body in the stools. Once deposited in damp soil, the eggs, which may rapidly be recognised under a low power of microscope, hatch out little larvae which grow for a while, and then develop a protective capsule in which they lie dormant, until swallowed by men, in food or water, or through the medium of soiled hands. The disease set up by the worms is apt to run a chronic course, owing to constant reinfection. The gastric irritation caused by the worms, and sometimes by other intestinal parasites as well, is not infrequently associated with a depraved state of the appetite in which the patient craves for dirt. This condition is known as geophagia or allotriophagy, and as the dirt eaten is often contaminated with the eggs of the hookworm, reinfection is indefinitely kept up. When trodden upon by bare feet the larvae sometimes burrow into the skin and produce the form of irritation known as ground itch. The profound anæmia of estate coolies is, in most cases, due to hookworm diseases and so also the bulk of the digestive or “belly” troubles which go to swell the number of hospital admissions. I must confess to some difficulty in understanding why planters patiently suffer 4,000 and odd coolies, otherwise valuable labourers, that is to say, more than two-fifths of the whole indentured population to be put out of action yearly by this most preventable of diseases. In 1896, 85 per cent. of the miners round about Brunnberg, a large mining centre in Austria, were found to be infected with ankylostomiasis. As a result of medical treatment and the adoption of preventive measures, the percentage of sufferers was reduced to 47 per cent. in 1898, 26 per cent. in 1899, 23 per cent. in 1900, 12 per cent. in 1901, and 8 per cent. in 1902.

“In England a similar outbreak recently occurred in a Cornish mine, and was the subject of investigation and report by an inspector of the Local Government Board. The cause of the disease was the same as in Trinidad; *viz.*, ignorance and filthy habits on the part of the miners and the failure of the mine-owners to provide proper sanitary conveniences for the men underground”.

On one large estate we were told that three-fourths of the immigrants arrive from India infected and were at once sent to hospital for treatment, and it may be safely said that more than half of the total number of immigrants bring the infection. The medical officers in charge of immigrant ships apparently hold that they cannot deal with the disease on board ship, partly because a complete cure could not be effected in the time available and partly because the medical staff, even when the majority of immigrants cease to suffer from sea-sickness, is otherwise fully employed. It may be necessary to accept this view but certainly not hastily nor without regret. The infected immigrant

is quite unconscious of his pathological condition. He arrives in a state of cheerful excitement and is allotted to an estate where he hopes to earn and save money from the outset. He is on arrival given light work and within a few days is subjected to examination for hookworm. His work and opportunities of saving are stopped and he is sent to hospital, put on low diet, and given unpleasant medicine at intervals. If he is very intelligent he may understand that he is being cured of an ailment which he brought with him but even then his first experience of the colony is unhappy. Most immigrants will vaguely credit the colony with the immediate need for hospital treatment of a novel kind and tend to side thenceforward with the grumblers whom they have met among their predecessors. Again, the voyage lasts about 6 weeks. Ten days or a fortnight will ordinarily be needed to overcome seasickness. A month of idleness remains. It is true that it is a month of improvement in general condition in most cases, but this is more than counterbalanced by the loss of wage-earning time later. A complete cure in 3 or 4 weeks is not possible in most cases. The parasite is not expelled by a single treatment. But a great deal can be done in 3 or 4 weeks. The immigrant will arrive in a really, though not perhaps apparently, healthier condition. He will see hundreds of fellow patients on the voyage and he will readily understand that he and they did not at any rate contract the disease in a country which they have not yet seen. As regards the possibility of treatment on board ship we can see no insuperable difficulty. A few dispensers, trained to assist in this treatment, might be needed to reinforce the ordinary medical staff. Before the treatment of immigrants on the voyage is regarded as impossible it would be in our opinion desirable to depute a medical officer from the Demerara staff, together with two or three dispensers, to make a voyage as additional medical officer from India to Trinidad or Georgetown. His report would be a valuable preliminary to any conclusion for or against ankylostomiasis treatment on the voyage. The medical officers now employed on immigrant ships may without discredit have never had personal experience of what might be called wholesale treatment of ankylostomiasis. The deputation of a medical officer from Demerara is suggested because the staff includes several officers who have specialised in the treatment of this disease among immigrants to the very great profit of the latter and perhaps also to the advancement of medical science. The experiment would be worth making in the interest of all the West Indian colonies receiving immigrants and all might share in the expense. Whether or not curative treatment is to be undertaken on board ship or after arrival the principal sanitary measure needed is, as already stated, the provision of latrines which the Government of Trinidad recently decided to expedite.

We found on one small estate that the manager had supplied all his indentured immigrants, men and women, with boots which protect the wearers not only from small cuts which, if neglected, may develop into disabling sores, but also from exposure to one of the sources of infection. We do not feel justified in recommending that this practice be universally followed partly because we were told that other managers failed to get labourers to wear boots regularly and partly because we do not know to what extent boots are protective. Some of the large estates, which are willing to try any hopeful experiment, might provide boots for a substantial number of their labourers and have the results carefully noted and compared with the results among the bootless over a lengthy period. Some estates tried the effect of supplying kerosine oil tar, and mixtures of tar and oil, etc., into which the labourers might dip their feet in the early morning. The results were inconclusive.

There has been a good deal of inquiry, discussion, searching of minds, and outlay of money in Trinidad in the effort to solve health and sanitation problems but hitherto with less practical result than in British Guiana. Returning to the statistics of sickness we are faced by the regrettable fact that they convey very little definite meaning to ourselves. As regards mere case numbers we have no standard with which to compare figures because these cases represent not voluntary but compulsory attendance for medical treatment. On our visits to individual estate hospitals we endeavoured to understand exactly what the sickness meant to the average immigrant in days of inability to work.



and to earn wages. We found that the detention in hospital per immigrant unit on estates from which information was obtained was from two to four weeks yearly and that men were longer under treatment than women. After we had visited some estates we explained to the Surgeon General our difficulties regarding the existing method of registration, tabulation, etc. We found that Dr. Clare had already taken up the question and was consulting authorities including one of the schools of tropical medicine. As he manifested willingness to take account of our special suggestions a series of conferences with him at intervals during our stay in the colony resulted in the drafting of the hospital forms and returns shown in Appendix 2 of this report. The diseases shown as headings of columns in the returns are entered for purposes of illustration. They will be prescribed by the Surgeon General having regard to the importance of particular diseases from time to time. They have, we believe, now been introduced in estate hospitals in Trinidad and Demerara. We were agreed that the existing annual report return (Appendix 4 of our report) contained both less and more than was required in statistics published for general information or for the guidance of sanitary authorities. In drawing up the forms we aimed at securing an easily kept record of the principal diseases affecting the health and contentment of immigrants, exhibiting in a readily intelligible form their effect on working efficiency, showing the incidence of sickness amongst immigrants at successive stages during the indentured period, and giving separate particulars regarding men, women, minors, and children. The existing returns in themselves would not for instance show up continued bad health among children on an estate though the medical officer's annual report on that estate would probably bring the fact to the notice of the Surgeon General. What is needed is the presentation of really instructive facts in published returns available to all medical officers, estate managers, and officers of the Immigration Department as well as to the colonial and Indian Governments. A commentary might illuminate the position still further. A comparison of the health records of different estates will be valuable and is calculated to draw attention to remediable defects in either medical or sanitary arrangements. Moreover, colony can be compared with colony. Although such inter-colonial comparison might involve careful consideration of differences in the organisation and working of medical arrangements, there would at any rate be reasons for thorough inquiry if one colony had an average sickness record of 15 days while another had a record of 25 days per unit per annum. It would be better to know the fact and the explanation than to remain in ignorance. A comparison of case totals is practically unprofitable. We have discussed this question of medical statistics at considerable length because our experience in Trinidad led us to believe that discontent among immigrants, apart from dissatisfaction arising out of petty and sometimes formal grievances, was usually accompanied by an indifferent health record. In some cases a high prosecution record was possibly an accidental and possibly a consequential accompaniment of unhealthy conditions. An immigrant's unwillingness to work or impatience of reasonable disciplinary control may be due not to laziness or moral depravity but to the nervous consequences of physical weakness. If the published medical records give more readily intelligible information regarding preventible ailments of each class of immigrants on each estate, the sanitary and other measures required to promote the health, wage-earning efficiency, and general contentment of the indentured labourers will be more surely and promptly introduced.

The treatment of the sick in hospital is supplemented by a system of dealing with invalids as out-patients. Immigrants with trivial ailments are treated as ordinary out-patients as at any other hospital or dispensary. Any indentured immigrant who on first arrival or subsequently is for any reason incapable of doing the ordinary task may be put on the "Invalid List". Such immigrants are entitled to daily rations and to be given work suitable to their condition receiving such wages as the Protector thinks proportionate to their work. "Rations" in the Ordinance means a prescribed quantity of various specified kinds of food, but in practice we found that in interpreting the word as applicable to immigrants leaving hospital some medical officers understood it as including any kind of solid or liquid food they thought suitable.

Managers always accepted this liberal interpretation which the Trinidad Government agrees to legalise. On states visited by us the treatment of patients out of hospitals varied. One medical officer might order discharged patients to be put on light work while another made no specific direction. Managers usually visit hospitals daily and know the condition in which a patient is discharged. Having regard to the reducing effects of some ailments it is desirable that persons convalescing after these ailments should be considerably treated. It is for every reason necessary to restore the workers to full vigour as speedily as possible. We think that when a discharged patient is not able to do a full day's work—a very ordinary occurrence—the medical officer should have power to direct that he be given for so many days such diet as may be needful and *in addition* for so many days not exceeding a quarter day's work or quarter task, for so many a half day's work, etc., at ordinary time or task rates. The diet should be in addition to wages until normal strength returns. The cost of ordinary rations issued to all invalids at present is apparently deducted from earnings subject however to the limitation imposed by section 91. The adoption of our proposal may add slightly to wages bills of estates but money spent on expediting the recovery of a labourer's full strength is not a net increase of cost. A labourer discharged from hospital after a smart attack of malaria should not be compelled to do normal work too soon. Half a task will frequently exhaust him as much as a full task will an able-bodied man, but he will earn half the latter's wage or just about enough to keep himself. If he tries to save part of his earnings or by over-exertion to increase his earnings he will injure himself. Both his own health and spirits and the goodwill of his neighbours will improve if the estate helps him on the way to normal health. We detected no trace of the exercise of compulsion to undertake full tasks at once, but we think that the risk should be minimised. As regards the present practice of putting persons of inferior physique on the invalid list we have no other comment to make. Medical officers adequately use their power to prevent men who are normally weak being called on to work in excess of their strength. We have seen technical invalids who voluntarily exceeded their limited tasks and earned full wages without undue effort.

Variations in the condition of a labourer and his fitness to do daily work involving from 6 to 8 hours of physical exertion are generally reflected in his weight. At least during the first year immigrants should be weighed once a fortnight and the medical officer should inspect them at least once a month. The immigrants are living under new conditions and their food is different in some respects. They have fewer cereals to choose from and vegetables though abundant are often strange to Indian palates and stomachs. The work involves more active muscular exertion than that to which Indian agricultural labourers are accustomed. Individuals suffer at first from more or less pronounced home-sickness. During acclimatisation and training into being good workmen systematic medical supervision of *all* immigrants is desirable. It is not sufficient to wait till a man or woman is incapacitated or reports sickness, which might be obviated by periodic examination and the supply of additional food, tonics, etc., at the expense of the estate. The Government of Trinidad agrees to the introduction of a monthly medical inspection of all first year immigrants and their fortnightly weighing.

**6. Tasks, hours of work, and wages.**—The important provisions of the Ordinance as regards tasks are:—

“Section 115”.—

No task shall be of greater extent than can be performed by the immigrant to whom it is assigned within one working day of seven hours without extraordinary exertion.

“Section 117”.—

The rate of wages for any description of task work performed shall not be less than that ordinarily paid for the same description of work to the Creole and other unindentured labourers working on the same plantation; and if there are no such labourers, or if they are paid less than the average rate paid for the same description of work

to such labourers on neighbouring plantations, then not less than such average rate; and if there are no such labourers performing the same description of work on neighbouring plantations then it shall not be less than that ordinarily paid for the same description of work to indentured labourers upon neighbouring plantations. Provided that the money wage agreed upon for a task shall in no case be less than the minimum amount of day wages payable for time work.

The important provisions relating to time work are:—

*“Section 116”.*—

(1) The employer shall pay to every indentured immigrant employed in time work day wages at the rate, for each day during which such immigrant has been present at work and has worked with ordinary diligence for the full time prescribed by this Ordinance, of not less than one shilling and one half-penny if he is indentured as an able-bodied adult immigrant, and not less than eight pence if he is indentured as other than an able-bodied immigrant. Provided that if any indentured immigrant is, in the opinion of the Government Medical Officer, physically incapable of earning the minimum amount at the ordinary rates of wages, the Government Medical Officer may direct that his name be placed on a list to be called the “Invalid List” and any immigrant whose name is entered on this list shall receive daily rations and be given work suitable to his condition and be paid such wages proportionate to the work as may be approved by the Protector, or the Protector may, if he thinks fit and with the consent of the employer, cancel the indenture of any such immigrant and provide him, if he so desires, with a return passage to the port or place from whence he came.

(2) The employer shall keep a pay list or labour book in the prescribed form of all wages paid to indentured immigrants on his plantation.

*“Section 125”.*—

(1) An indentured immigrant may, by agreement with his employer, work extra time in the field. Provided that the description of work to be assigned to him during such extra time shall be expressly stipulated beforehand.

(2) An indentured immigrant may, by agreement with his employer, work extra time in the buildings, and the employer may assign to him during such extra time any work in the buildings which he is physically competent to perform.

*“Section 126”.*—

All extra time work shall be paid for by the hour, at a rate not less than that at which ordinary time work is paid for: and the same provisions, remedies, and penalties in respect of the due performance of work and payment of wages shall apply to service as a watchman and to extra time work, whether under agreement or otherwise, as are contained in this part with reference to ordinary work.

*“Section 127”.*—

It shall not be lawful for any employer to employ any immigrant under indenture for more than fifteen hours in any one day, and no immigrant shall be compelled to work for more than nine hours.

Every employer who employs any immigrant contrary to the provisions of this section shall be guilty of an offence against this Ordinance and shall on conviction thereof forfeit any sum not exceeding two pounds.

The following provision governs time and task work:—

*“Section 114”.*—

Subject to the provisions for leave of absence from the plantation hereinafter contained, every indentured immigrant shall be present at the work assigned to him on every day (except Sundays and authorized holidays), for nine hours: provided that no immigrant employed in field labour who has been present at the work assigned to him for forty-five hours or has earned, if able-bodied, five shillings and two-and-a-half pence wages, or if other than able-bodied, three shillings and four pence wages during the week, shall be compelled to be again present at work during that week, except during the reaping of the crop, when he shall work six days in the week: provided that every immigrant shall be allowed at least half-an-hour daily for the purpose of eating and resting when he has been at work for four hours and a-half, such half-an-hour to be included in the aforesaid nine hours.”

By far the greater part of the work, from 80 to 90 per cent., is done by task. Almost all field work is task work. Forking and weeding provide the bulk of the employment, the former for ordinary men and the latter for men

of inferior physique and women. Draining provides a smaller amount of employment usually for skilled men who earn very good wages. Grooms, watchmen, stock-keepers, carpenters, blacksmiths, etc., are usually paid by the week or fortnight at wages exceeding the ordinary daily rates by 50 to 100 per cent. Work in buildings and miscellaneous outdoor jobs, given either (a) to skilful workers or (b) to weak labourers unable to do work requiring steady effort, are paid for as day work. On cocoa estates the work of picking and breaking cocoa pods and 'dancing' the beans occupies the labourers for half the year, while cultural operations are almost uninterrupted. Tasks are fixed carefully and reasonably. Managers, who have been a few years on an estate either as managers or as overseers, *i.e.*, assistant managers, know the texture of the soil of each field and can gauge with approximate accuracy its friability at any time. They must know its state as regards weeds. Some managers are more careful than others in originally laying down tasks, the more careful making their own estimate in the field before work is begun, the less careful relying at the outset on the statements of a trusted subordinate to supplement their own general knowledge. But, however the task has been estimated originally, it will be checked during the progress of work by the manager. We have never heard of a task being enhanced by a manager and know that it is sometimes reduced. Occasional complaints were made to us about tasks but in only one case of ordinary field work did we think the task stiff. In that case the manager was ill, and work in the field was just begun. In the case of one work of a special kind undertaken during a few weeks in the crop season there was some genuine discontent. During crop season on one group of estates men earned good wages, 30 to 35 cents and sometimes 40 cents daily by "heading" canes into trucks, that is by carrying them from the field where they were cut to a light railway for transport to a central mill. The rates varied with the lead. The men on one estate complained that when the lead was long, *i.e.*, over 3 chains the work was excessively arduous. It did not seem that the trouble lay in the employment being uninterruptedly exhausting, but that when the lead was long on undulating ground the strain lasted too long at a time. We discussed the matter with the manager of the estate and were unable to appreciate the practical difficulties in the way of dividing the lead or substituting vehicular transport. Unfortunately we were unable to discuss the question subsequently with the attorney or general manager whose sympathetic fair-mindedness was recognised by all classes of Indians. A minor complaint was that empty trucks were not always available so that the hours of the men were prolonged by involuntary intervals of idleness. We understood that both these matters were being taken up by the local Inspector, an experienced and capable officer. We mention these grievances as the only instances of apparent hardship which were observed in the ordinary working of an estate. The men at the same time earned good wages and the estates had a good health record. Our visits to fields, which were numerous, usually took place between 8 and 11 A.M. We knew the men had begun work between 6 and 6-30. It was easy to see what proportion of each individual's task had been done up to the time of our inspecting the work of a gang of men. If we spent upwards of half an hour in a single field we could also easily ascertain what amount of work was done before we left by the men whose work had first been interrupted by our conversation with them. We have seen tasks completed by very good men as early as eleven o'clock, while men of very inferior skill or industry might not finish their tasks till 4 P.M. We inquired if anything like an average scale could be prescribed, each kind of work being assigned a standard quantity. This, however, is quite impossible. From field to field, from season to season, and even from week to week, the task must be modified. A shower of rain, an unusual baking of the sun, an enforced delay in weeding operations, variations in crop growth, etc., etc., are seriously disturbing factors. The scale could lay down only maxima and minima, and within the two extremes there would be ample room for hopeless mismanagement. While we are satisfied that tasks are now reasonable we also observed that the unit task, for which 25 cents or one shilling and one-half penny are paid, was on most estates rarely exceeded by any large number of able-bodied men employed on ordinary work. A few men would perform a task and a quarter or a task

and a half and we have known a man to perform two tasks in a day. Men doing work requiring strength and special skill usually exceed tasks. We have noted fortnightly earnings of drainers up to 6.80 dollars, i.e., 27½ times 25 cents earned in at most 12 and probably in 11 working days. Having ascertained that although the tasks were reasonable comparatively few men regularly exceeded the tasks we tried to ascertain why many others of apparently equal strength and skill restricted themselves to the unit. The labourers themselves threw no light on the matter. We discussed the point with many managers and suggested that as the men were anxious to earn and save there was some reason, possibly fear of tasks being increased, which induced many able-bodied men to restrict themselves habitually to a single task per diem. Some managers thought that distrust was at the bottom of the restricted output. In former years, i.e., 15 to 20 years ago when sugar estates were struggling with adverse conditions tasks seem to have been temporarily pushed up. When they were reduced again the disinclination to show capacity to exceed the normal task seems to have taken root. The custom remains and is regretted by many, and doubtless by all, managers. No manager wishes to pay for importing, housing, and doctoring 50 men to do the work of 40. This state of affairs is in marked contrast with that observable in the neighbouring colony, British Guiana, where the task unit, though no lighter apparently, is habitually exceeded. There is this practical difference in the two colonies. In British Guiana managers often set a task after taking a time test of half an hour or more in the field. Both in Trinidad and British Guiana the Ordinances provide for appeals to a magistrate by immigrants dissatisfied with wages tendered for time or task work. Such appeals are made from time to time in British Guiana but are uncommon in Trinidad. We do not attribute the comparative frequency of appeals in British Guiana to carelessness or unfairness in the setting of task, but think it is probable that the labourer who wants to put out his energies fully is more critical of task rates than the man who habitually leaves a margin of energy unused. We discussed with managers and with officers of the Immigration Department the utility of empowering the latter to take time tests and adjudicate if complaints were made, without referring immigrants to the Magistrate. The weight of opinion was against this procedure mainly on the ground that it would have an unsettling effect and would suggest that existing tasks were regarded as likely to be excessive. It may be conceded that a ripple of interest and perhaps widely optimistic expectation would be the first result. Probably for a time labourers on most estates would think it wise to apply for tests. But a little patience, tact, and firmness on the part of Inspectors and managers would calm the initial excitement. Subsequently, the fact that Inspectors inquired into tasks regularly would create confidence where there is now apparently distrust or at any rate an undesirable custom which about fifteen years ago originated in distrust. The Government of Trinidad assent to the proposal abovementioned and also to the issue of formal instructions to Inspectors directing them to assist immigrants if formal complaints of a *prima facie* reasonable kind are made in Court against employers regarding tasks, wages, etc. It is obviously bad for everyone to let matters stand, and in this case the healing effect of time has operated with disappointing slowness. We did not find that tasks were fixed unreasonably or had undergone any recent change, but that the strong and skilful labourer was not induced to exert his full strength and skill and that managers recognised and regretted the fact but proposed no remedy. We think that, apart from adjudicating on complaints, Inspectors by going more frequently than they now do into the fields will obviate complaints both by inspiring confidence in the labourer and securing the reasonableness of tasks under all conditions and on all estates.

A reference to section 115 of the Ordinance, as set forth above, will show that strictly speaking, the task should vary with each individual worker. It is not so varied. The average worker's capacity is taken as the standard, and we think that this is necessary. Thirty men working together as piece-workers cannot have thirty separate rates, nor, except possibly in Utopia, will a good worker be content with the wage paid to another whose daily output of work is invariably less than the former's by 25 to 50 per cent. Under this section as

now interpreted and applied there is a danger that the new-comers may suffer. On most, probably all, estates new-comers are for a few weeks employed as time workers till they get accustomed to the new conditions and novel field work. The majority of immigrants, though of the agriculturist class, have had no experience of working on five or five and a half days weekly for seven hours a day at work which requires constant muscular effort. They are accustomed to long hours at a slow pace with irregular breaks. When a worker is put on task work he is often put to work side by side with an old hand who will help and encourage him. Our scrutiny of books at estates visited indicated that men in their first year of indenture earned from 10 to 15 per cent. less than the older hands. We think it unreasonable to ask that the earnings be equalised but we think the practice which is common in Jamaica of paying a new-comer for three months a shilling a day (in the case of women 9 pence) as a minimum, even though his work at task rates justified a reduced payment, might be more generally adopted. It obviates querulousness and despondency, which easily grows into discontent. The new-comer, instead of comparing reduced receipts with his expectations and the promises held out to him, finds he has what is to him ample money to spend, recognises that he is not getting it on his merits as a workman and is concerned with fitting himself to earn it as of right and not by favour after the three months expire. He sees clearly that he is inefficient and that his employer is treating him generously in ignoring his palpable inefficiency. Neither men nor women like being kept on time work. The task worker is superior in status, and relegation to time work is a recognised punishment for slackness or unruliness even though earnings are not reduced.

The hours of work for all workers usually commence between 6 and 6-30. About 10-30 A.M. a break is made for the mid-day meal. Legally, this stoppage must last for at least half an hour. In practice it lasts for about an hour. Task workers begin to drop off and return to their quarters soon after two o'clock, the slow workers and men working in excess of the standard task usually finishing by four o'clock. The less efficient are not only slower while at work but take more frequent casual halts to have a drink or merely to rest. Time workers usually stop about 4-30 P.M. We observed that on cocoa estates time workers were sometimes kept longer, the usual recompense being, we were told, some form of remuneration in kind. We were assured by managers that the workers cheerfully agreed to this prolongation, but were not convinced of the spontaneity of this agreement in *all* cases. The Ordinance (sections 125 and 126) provides for labourers being employed with their own consent on overtime work at not less than ordinary time rates. The Government of Trinidad is willing to insert a provision requiring all overtime, to be paid for at the rate of one cent. per 12 minutes of overtime, that is at a definite rate substantially higher than ordinary time wages. Such a rule is simple and minimises the risk of misunderstanding and suspicion.

Complete and accurate information regarding the wages on estates is not available because the Immigration Department in Trinidad had not, prior to our visit, arranged for the compilation of a wages return in the form recommended by the Sanderson Commission. In other colonies this was done promptly, and during our stay in Trinidad the Protector of Immigrants arranged for its preparation henceforward. On each estate a register of the daily wages earned by each indentured immigrant is kept in the form printed as appendix 4 to this report. We examined these registers on estates visited. The only official return relating to wages was an annual return showing for each estate the percentage of adult male immigrants whose earnings fell below six pence daily, that is for all days and not merely working days. If thirty per cent. of the adult males on an estate earn less than six pence daily, no immigrants may be allotted by the Protector in the following year, unless the Governor on inquiry is satisfied that good reason for the deficient earnings is shown (*vide* section 70 of the Ordinance). We visited three estates on which more than 30 per cent. of the male adults earned less than six pence daily and found that sickness had been exceptional on two, and in the case of the third bad management as well as sickness contributed to the result. This estate

was warned by the Immigration Department to amend its ways speedily. A scrutiny of estate registers supplemented by oral statements of employers convinced us that, in the year preceding our visit, earnings on most estates were slightly lower than usual. During a long drought, described sometimes as 'unprecedented,' it was more difficult to find useful work than in normal years. While work was always provided, casual holidays were granted freely and excuses for casual absence were more readily accepted. On many, probably most, estates this depressed average earnings. The absence of any return showing average daily earnings accurately and precisely doubtless accounts for the omission of any reference in the Protector's annual report to the consequences of a very unpleasant visitation from which both employers and labourers suffered. From 10 per cent. to 20 per cent. of the indentured immigrants would gladly limit their work to three or four days weekly, the earnings for three and a half tasks enabling them to subsist comfortably, while if sick they are maintained at no cost to themselves. When the employer does not press for regular work, labourers of this kind will take frequent holidays and grumble at the smallness of their wages.

While in the absence of reliable information as regards average wages, no confident statement regarding estates generally can be made, the earnings on estates visited by us averaged about four shillings and three pence per week for indentured men. On a few of the best the earnings were a little under or over five shillings and on one estate under four shillings. All days including days lost by sickness, bad weather, desertion, imprisonment for any offence, attendance in Court, etc., are included. A steady man of ordinary industry and physique works on about 260 days in the year. Average earnings for women varied very greatly because firstly women cannot be ordered to work after three years' residence and secondly, throughout the five years of their indenture, the employer seldom uses pressure to exact work except to reinforce the wishes of the husband. Their earnings were normally about one-half to two-thirds of those of the male immigrants. The numbers were of course much less and on a small estate irregular work on the part of one woman greatly reduces the estate average. Amongst the male workers, the seasoned immigrants usually earned from 10 to 20 per cent. more than new-comers, but much would depend on the liberality of the estate in assigning work to the latter. The earnings are not uniform throughout the year. In the wet months rain interferes occasionally with certain operations on all estates. On sugar estates, the cutting and crushing season and the early weeding season, corresponding roughly to February, March and June, were most remunerative. The Ordinance (section 114) authorises an employer to call upon a labourer to work six days in a week in crop time, the ordinary limit being five days or five tasks, but the workers are probably less conscious of this provision than of the long established custom of doing extra work and, getting extra pay at this season. Extra wages are on many estates supplemented by small doles in kind and petty concessions to evoke willing and cheerful work at a time of stress. We noticed that during the crop season there was less sickness and thought that the recognition of sickness might be impeded by the pressing demand for labour, but inquiry and careful scrutiny of registers on several estates indicated that there was no ground for anxiety. The health record remained favourable long after the pressure had slackened and, was affected by climatic conditions. Single men, unless physically weak or incorrigibly lazy, can keep themselves and save money steadily. We ascertained that the food of an industrious man with a healthy appetite would cost from two shillings and nine pence to three shillings a week, and that all other expenses might raise the total to three and six pence. Thrifty men, intent on saving money, keep well within this weekly expenditure.

A good worker can easily save two shillings a week, and all but inferior workers can save on the average about a shilling a week. Men employed on special work at special rates of pay can of course save more than ordinary field labourers. Sickness means only curtailment of savings. Women earn from half-a-crown to three shillings weekly on the average and their wants will cost from half-a-crown upward. A few men whose earnings on ordinary

or special work are much above the average permit their wives to stay at home and devote themselves solely to domestic work including the care of their children. The best women workers earn almost as much as the average man. The less efficient women are in part supported by their husbands. It was usually difficult to get accurate and complete information regarding expenditure. The reports of the Immigration Department do not deal with the question of the cost of living. Managers' estimates seldom went closely into details. The immigrants were naturally concerned to shew that the cost of living was very dear and that necessaries included items which seemed to be comforts and petty luxuries.

While good or average workers can and do save we believe that the average earnings are lower than in British Guiana. We could not obtain complete figures in Trinidad but we are reasonably certain that our conclusion is correct. We also think that an average of five shillings and six pence weekly for able-bodied males should be aimed at. If better sanitation and a substantial reduction in the number of prosecutions do not in themselves produce this result, either the wage unit should be raised for all workers or a fortnightly or monthly bonus added to the earnings of the steady workers. We think that average weekly earnings of able-bodied males should exceed reasonable expenditure by two shillings. Possibly the cost of living may be reduced if the recent discoveries of mineral wealth enable the Government of the Colony to modify its tariff on foodstuffs. The staple food is rice which is sold retail at about two pence per pound. Though rice is locally cultivated the imports are large and steadily increasing. An import duty, slightly exceeding 20 per cent. of the import value, is levied. On dhall, another large item of Indian consumption, the tax is approximately 12 per cent. Whether the gain to the consumer would in all cases be proportionate to the reduction in the wholesale price resulting from a reduction of the duty is perhaps doubtful. But as labourers frequently combine to buy a bag of rice at a time at least a very considerable part of the reduction should be transmitted. Neither our instructions nor our knowledge justify our entering into the details of the fiscal arrangements of the colony, but as these may in the near future be modified by the exploitation of mineral oils we think a passing reference to the incidence of the present tariff on the Indian consumer is not inappropriate. Of course others also are affected by the tariff on all foodstuffs.

In Trinidad, unlike Demerara, there are few opportunities for adding to the ordinary earnings. A few estates allow immigrants to keep cows and to cultivate small plots of lands out of ordinary working hours and on holidays. We think, that except for special reasons, no immigrants should be allotted to estates that do not provide small plots and give facilities for cow keeping to indentured immigrants in the fourth and fifth year of their indentures. Cows, besides being profitable to their owners, supply milk which contributes to the health of the immigrants generally but more especially of the children. Some employers are liberal and even generous in the matter of supplying milk but a recognised system would be more generally beneficial. We do not recommend that all immigrants be entitled to keep cows but that the most deserving should be granted this concession in the latter part of their indentured service. If some trouble is involved, there will be to the employer also some compensation in the fact that all his immigrants will be more contented, and disciplinary control will be strengthened if industrious and well-conducted men, and these only, are specially rewarded. Only a comparatively small number of picked men can be given special jobs on high wages. Small plots of land should be systematically given to other deserving men, the employer deciding as to the merits of individuals. The Immigration Department would merely see that the employer was not too exacting in fixing his standard of merit as indicated by the proportion of men allowed to keep cows or cultivate plots. The proposal amounts to a recommendation that pressure be exercised on all employers to keep up to the standards voluntarily adopted by the best employers. The absence of a recognised system of rewards to set against the well defined system of punishments is, we think, productive of some discontent and impatience of reasonable discipline. The lowest class



of coolies do not find continuous work for good wages monotonous but the better class of labourers do. The immigrant is called upon to make special exertions when the employer's interests are affected. All employers may reasonably be called upon to give special recognition to the best of the workers and to enhance their own authority in doing so.

Indentured labourers and free labourers are ordinarily paid at the same rates for task work. The free labourer's advantage lies in superior skill. As regards *time* work a higher wage is usually paid to the free man. Sometime the free man is paid more because he is more efficient by reason of superior physique or of years of training, *e.g.*, in pruning cocoa trees. But apart from superior physique or skill he often gets from 5 to 15 cents more daily because he is employed casually. Estates cannot expect to pay the same rates for occasional labour as for labour engaged for a long period. Nor can labourers who must be paid continuously if willing to work expect the same rates as men who are engaged by the day. Moreover, if a number of casual labourers are employed all will be paid alike and the rate may in some cases have to attract men daily from a distance of 2 to 5 miles.

The provisions of section 117 of the Ordinance are as follows :—

“(a) The rate of wages for any description of task work performed shall not be less than that ordinarily paid for the same description of work to the Creole and other unindentured labourers working on the same plantation; and if there are no such labourers or if they are paid less than the average rate paid for the same description of work to such labourers on neighbouring plantations, then not less than such average rate; and if there are no such labourers performing the same description of work on neighbouring plantations then it shall not be less than that ordinarily paid for the same description of work to indentured labourers upon neighbouring plantations: Provided that the money wages agreed upon for a task shall in no case be less than the minimum amount of day wages payable for time work.

(b) In the computation of the average rate of wages payable for task work for the purpose of the preceding section, there shall be taken into account the value of free quarters for and medical attendance on immigrants during their terms of service, upon such scale as may be fixed from time to time by the Governor in Executive Council.”

The proviso (b) was added in 1908 as the representatives of Creole labour urged that—

“The indentured labourer who received free quarters and medical attendance, costs his employer more than his actual wages; that it is impossible for the employer to increase these wages; and that as a result the Creole labourers who decline to work at the rate fixed for the indentured immigrants, cannot be employed at all.”

The allowance now recognised by the Governor in Executive Council under the proviso is 17 cents daily. We did not find differential task rates in force. The free Indian labourer worked at the same task rate as the indentured Indian, whether the former lived on or off the estate. The black or coloured Trinidadian was usually employed on tasks where his greater strength told in his favour. The recent proviso has done and can do no harm to any class of Indian. But we think that it may be inadvisable to accept unreservedly the view that housing and medical accommodation may be regarded as a part of the indentured labourer's wage. These benefits may be set off against the temporary restriction on the indentured labourer's liberty of selecting his residence or work. Discrimination on the ground of the length of the engagement, security from dismissal, and nearness of work cannot reasonably be questioned. And provided the Indian immigrant receives a wage which enables him to live comfortably and save money he cannot grumble if account is taken of the cost of his importation and repatriation in fixing rates paid to other labourers. However, in practice, the proviso has had no effect on the immigrants' wages, while the Creole labourer is satisfied that his wages are not now depressed merely by reason of the statute.

We have recommended that during the first three months of his indenture a labourer should, as regards wages, be treated liberally, perhaps generously, by his employer. It is right to acknowledge that in fact the provisions of section 91 of the Ordinance augment the labourer's earnings appreciably above the amount payable on task or time scales. An employer must for at least six months

supply ' rations ' to newcomers, deducting 6 cents or 3 annas for each day's rations in the case of adults and minors, while infants' rations are issued entirely at the employer's expense. The scale of rations prescribed by the Governor in Executive Council costs the estate 8 cents or 4 annas and would cost still more purchased in small quantities so that the issue of rations now benefits the recipient by upwards of 2 cents or 1 anna daily on every day for at least six months. Immigrants put on rations by a medical officer also benefit in the same way. The Immigrant does not always appreciate the fact. The Ordinance penalises the sale or barter of rations so issued to prevent the newcomer being cheated. We think that the purchaser only should be penalised, and that a labourer should not be liable to punishment for being a fool and being easily duped. The penal section (section 93) was framed solely in the labourer's interest and we found no trace of its having been put in operation. Only the clause prohibiting persons to take rations by barter or purchase from immigrants should be retained. If the curtailed section becomes operative it will do nothing but good.

**7. Judicial administration and penal clauses of the Ordinance.**—The aim of all Courts is unquestionably to administer justice impartially, and the equitable working of the Courts in the case of Indians who have completed their indentures is not questioned. It was represented to us that indentured Indians accused of offences by their employers labour under the following disadvantages. They cannot afford to pay for legal advice and assistance and do not know how to defend themselves. Usually the only witnesses they can call are their fellow workers who are unwilling to appear against their employer. Magistrates attach undue weight to the statements of the estate officers and if inexperienced in the ways of immigrants are unduly prejudiced by irrelevant volubility. Interpreters are occasionally incompetent. Officers of the Immigration Department do not attend Courts sufficiently often to watch over the interests of the immigrants or actively to defend them. Immigrants complaining against employers are handicapped by poverty and the difficulty of getting witnesses to come forward. It was also pointed out to us that certain sections of the Ordinance provided unduly severe penalties, others were too restrictive, and that Magistrates sometimes awarded excessive punishments.

The criticisms embodied in the last sentence only are in our opinion justified and the defects may easily be remedied. We have discussed the conduct of cases in Court with judicial officers of all grades, with Indian and other members of the legal profession, with employers, and with all classes of Indians, and think that in so far as there is ground for dissatisfaction with the hearing of cases the only remedy required is the compulsory reduction of prosecutions. Our inquiries satisfied us that the trouble was not in the prosecution and conviction of the innocent but in overreadiness to prosecute technically guilty persons and in the discretionary powers of punishment conferred on Magistrates. Taking seriatim the criticisms which we do not uphold, obviously the indentured immigrant is in just the same position as a free Indian labourer as regards legal assistance and possible misunderstanding by the Magistrate. Our personal experience did not suggest that immigrants were too timid to say what might displease their employers. They are by no means in a state of terrified subjection. As regards interpreters, we found that some used solecisms and would not have passed an exacting literary test. At the same time an interpreter with higher literary qualifications might require their assistance if required to interpret the language spoken. The local dialect of Hindustani which an immigrant speaks on arrival is rapidly modified and amplified by words and phrases of local currency and of English, French, or Spanish origin. There are Tamil and other interpreters also, but soon after arrival all immigrants learn plantation Hindustani. Officers of the Immigration Department cannot obviously attend any large proportion of cases if the present figures are maintained. In any case they cannot both attend Courts frequently and actively supervise estates. Magistrates do not ordinarily see eye to eye with immigrants regarding the time needed for inquiry into a simple issue of fact. One of the

leaders of the domiciled Indian community told us that Magistrates often treat these cases as morning cases are treated in a London Metropolitan Police Court. Other petty cases are dealt with similarly.

In the annual reports of the Protector of Immigrants no statistics of prosecutions are given prior to 1911-12. The tabular statement given in that report is reprinted below :—

Offences.	YEARS.			
	1909 10. No.	1910-11. No	1911-12 No.	Total 3 years.
Desertion ... ..	567	582	519	1,668
Absence from work without lawful excuse ...	481	592	393	1,466
Absence from estate without leave ... ..	66	104	85	255
Refusal to obey lawful order ... ..	105	91	75	271
Neglect to obey lawful order ... ..	238	149	216	603
Vagrancy and refusing to give particulars ...	347	290	346	983
Breach of hospital regulations ... ..	167	61	118	346
Malingering ... ..	56	96	35	187
Persuading immigrants to desist from work ...	21	20	11	52
Using threatening words, etc., to those in authority	188	123	94	355
Habitual idler ... ..	137	147	128	412
Refusing to register marriages ... ..	16	2	4	22
Harbouring immigrant's wife ... ..	10	12	12	34
Enticing away immigrant's wife ... ..	6	4	3	13
Immigrant threatening his wife ... ..	2	2	2	6
Drunk when at work ... ..	2	3	2	7
Damaging employer's property ... ..	19	28	24	71
Molesting Inspector while making enquiries ...	1	...	...	1
Employing indentured immigrants ... ..	...	1	...	1
Cohabiting with wife of immigrant ... ..	8	...	...	8
Using false certificates ... ..	2	3	...	5
Endangering property of employer ... ..	1	6	7	14
Refusing to begin or finish work ... ..	410	417	298	1,125
Threatening to murder ... ..	5	3	1	9
<b>Total</b> ... ..	<b>2,800</b>	<b>2,726</b>	<b>2,873</b>	<b>7,899</b>

Results.	YEARS.			
	1909-10 No.	1910-11 No.	1911-12 No.	Total 3 years.
Number discharged for want of prosecution, or want of evidence.	540	498	405	1,441
Number of cases dismissed on the merits. ...	54	83	82	219
Number fined ... ..	750	736	528	2,009
Number convicted and reprimanded or discharged ...	347	319	361	1,027
Number imprisoned ... ..	597	538	397	1,532
Number sent to hospital ... ..	27	21	33	81
Number sent back to estates ... ..	142	96	230	468
Total ...	2,457	2,289	2,031	6,777

Statistics of prosecutions are not compiled in the Protector's office, and no periodical returns from estates or from Inspectors are received in that office. The above tables are compiled from the records of the Magistrates' Courts. It appears that the number of offences exceeds the number of cases because one prosecution may involve two offences. To obtain further information especially as regards the prosecution of cases contributed by offenders prosecuted twice or oftener, we applied first to the Protector and later obtained permission to examine magisterial records. The form in which the latter were kept was such as to render the abstraction of information regarding separate estates impossible within any reasonable time. We were compelled to ask the Protector to obtain copies of the prosecution registers kept by all estates for subsequent abstraction and tabulation. Complete returns from 98 out of 122 estates reached us before our departure from the West Indies, and from these the following abstract for the last five calendar years has been made:—

—	1908.	1909.	1910.	1911.	1912.	Total.
(A.)						
Desertion ... ..	395	350	423	324	586	2,078
Absence without leave ...	290	313	395	244	266	1,508
Refusal to work ... ..	160	180	241	151	179	911
Neglect to finish work ...	128	169	133	160	155	745
Refusal to obey lawful order ...	53	66	59	46	32	256
Abusive or threatening language to superior.	35	72	58	32	45	242
Vagrancy ... ..	62	66	59	37	57	281
Malingering ... ..	41	49	31	13	31	165
Misconduct in hospital ...	35	18	11	6	10	80
Larceny ... ..	30	37	28	43	35	173
Common assault ... ..	21	47	33	30	16	147
All other offences ... ..	98	114	144	105	191	652
Total ...	1,348	1,481	1,615	1,191	1,603	7,238

	1908.	1909.	1910.	1911.	1912.	Total.
<b>(B.)</b>						
Convictions with fine ...	643	706	748	574	764	3,435
Convictions with imprisonment	507	418	455	331	380	2,121
Conviction with reprimand ...	182	267	189	181	272	1,041
Dismissals ...	23	20	42	23	22	130
Withdrawals ...	21	48	88	66	99	322
Result not clearly stated ...	24	22	63	16	66	191
<b>Total ...</b>	<b>1,350</b>	<b>1,481</b>	<b>1,615</b>	<b>1,191</b>	<b>1,603</b>	<b>7,240</b>
<b>(C.)</b>						
Persons prosecuted once ...	733	900	912	711	1,092	4,348
Persons prosecuted more than once.	617	581	703	480	511	2,892
<b>Total ...</b>	<b>1,350</b>	<b>1,481</b>	<b>1,615</b>	<b>1,191</b>	<b>1,603</b>	<b>7,240</b>

The cases are classified as to (a) nature of charge, (b) result, and (c) the criminal record of the accused person. Both sets of statistics show that desertion, unlawful absence, and vagrancy constitute one-half of the total number of offences. Vagrancy is unlawful absence under another name. If the accused goes away for one or two days and returns voluntarily he may be charged with unlawful absence. If he is apprehended while away he may be charged as a vagrant. In our classification as regards disposal it will be seen that nearly one-fourth of the cases end in conviction with reprimand, dismissal or withdrawal. Conviction with reprimand almost always means that the manager or overseer states in Court that the offence could not be overlooked in the interests of discipline, or words to that effect but that he does not press for any specific penalty. Dismissal and withdrawal usually mean that the offender promises to amend his ways and the employer is induced to abandon proceedings before going to Court or more rarely while in Court. Dismissal may also mean dismissal on the merits, *i.e.*, failure of the prosecution. On many estates it is the practice to withdraw the case or ask for a nominal conviction in the case of first offenders. We think that the disadvantages of this course outweigh the advantages. If labourers know that a manager's reproof or warning may be ignored without serious consequences at least until a summons has been taken out the reproof is discounted. A manager who intends a prosecution to be a warning and regards such a warning as necessary before invoking a substantive punishment will be more ready to file a complaint. The record of prosecutions is thus increased by over 20 per cent. Admitting that in some cases the manager's contention as to the corrective value of this magisterial warning is well founded there are the more serious drawbacks that the individual accused is often rendered sulky and that all immigrants naturally dislike the aggressive obtrusion of the penal clauses of the Ordinance. The relations between a labourer

who has been reprimanded in Court and the headman of his gang are seldom bettered if the charge relates to disobedience or neglect of work. In the majority of cases, however, offenders are not prosecuted unless the employer thinks that something more deterrent than any kind of warning is requisite. The attendance in Court of a manager or overseer with the estate register is for the estate a troublesome and costly method of enforcing discipline. But, allowing for the difficulties of managers with no power of fining, dismissing, or inflicting any punishment on their labourers, some of whom are idle and some downright rascals, the number of prosecutions has risen to an objectionably high figure. It will be seen that desertion heads the list of offences. Absence without leave for 3 days constitutes desertion and the Ordinance requires a manager under heavy and accumulating penalty to prefer a charge against a deserter within 15 days after the desertion occurs. The object of this mandatory provision of ancient origin was to prevent managers from quietly getting rid of inefficient. There is now-a-days no need for a provision which has survived from a time when supervision and control were not organised. The result of the survival is seen in the statistics. No manager wants the provision. Some confessed that they disregarded it at their own risk. Some immigrants go away of their own accord or under outside suasion in the hope of finding more freedom and enjoyment among the domiciled Indian community and after a short absence during which their expectations are not realised return repentant. Some stay away until they are recognised and apprehended as deserters. No manager wishes to be compelled to prosecute even the apprehended deserter, and we think the mandatory provision regarding prosecutions for desertion (section 144) should be repealed. The object aimed at by the provision would be equally attained by compelling managers promptly to report desertion and, if necessary, to offer a small reward, say five shillings, for information leading to their apprehension. It is desirable to apprehend deserters speedily not merely as a deterrent but because deserters are not usually the men whose indentured period is soon to expire but the more recent arrivals, and such men living a stealthy existence often on scanty earnings rapidly decline in health. As regards other offences against labour laws we have after careful consideration come to the conclusion that prosecutions should be reduced by direct interference of the Immigration Department. Reliance on the Courts to maintain discipline seems to have grown into a habit of mind with the majority of managers. Their defence is that in every allotment of coolies a number are not only idle themselves but lead others astray unless they are firmly dealt with, that contumacious disobedience must be penalised not for vindictive reasons but to prevent its spread among people who often misunderstand and misinterpret leniency, and that the Immigration Department holds employers responsible unless earnings are satisfactory. But the most capable managers maintain discipline with a much smaller number of prosecutions than the average, respect and regard for the employer contributing at least as much to cheerful efficiency as dread of the penal consequences of disobedience. We had many talks on the subject of prosecutions not only with managers and indentured labourers but with men who, having arrived as indentured labourers, have prospered as landowners, business men, etc. All agreed that discipline could not be maintained without a certain number of prosecutions, but the intelligent representatives of the Indian community thought that the numbers would be much less if managers exercised more control over the overseers and headmen who immediately supervise the labourers. The headmen are sometimes Indians and sometimes Creoles. We cannot formulate proposals for making all managers equally capable of exercising authority over Indian immigrants either directly or through their subordinates. The most practical remedy is to give more control and more responsibility to the Immigration Department. We think that except in the case of desertion and breaches of provisions relating to sanitation no complaint for an offence punishable under the Ordinance should be filed before a Magistrate without the previous sanction of an Inspector of the Immigration Department. The Protector of Immigrants and the Inspectors should also, as in Jamaica, be empowered to deal with complaints, their jurisdiction being concurrent with that of the Magistrates. As regards the first of these proposals provision might be made for exempting

from the general rule estates which had a low average of prosecutions. We think it would be better for all parties if the bulk of the complaints could be disposed of by Inspectors when visiting estates. Amongst other consequences the preliminary prosecution would disappear. Some managers feared that if Inspectors disposed of complaints the immigrants might regard them with distrust. There seems to be no reason for this anxiety. In Jamaica, the Protector who disposed of many complaints was liked and trusted. Domiciled Indians suggested that the Inspectors should more frequently attend Courts and assist accused immigrants. It is better that their knowledge and experience should be used at first hand and that immigrants should be kept out of Criminal Courts as much as possible. Apart from assisting immigrants, complainants or accused in specially important cases, the most useful service Inspectors can render regarding cases disposed of by Courts is to file appeals against occasional severe sentences by inexperienced Magistrates. An Inspector on first appointment or an officer temporarily officiating might not deserve to be invested immediately with quasi-judicial functions, but the individual Inspector's fitness would be gauged by his own Government. When a manager elected to go to Court without waiting for the Inspector's visit he would have to send a *prima facie* case to the Inspector first. The latter would know the manager and the condition of the estate, and would be in a position to send a reply promptly. We recognise that these are drastic proposals but as managers who have no wish to be harsh and exhibit in many ways personal interest in the welfare of their labourers have for years accepted a prosecution record of 20 per cent. as a regrettable necessity the remedy must come from outside. If the small proportion of managers who seem to exercise no personal influence and to manage their estates through the Courts are led by the proposed restrictions to relinquish the management of indentured immigrants the latter will not be the losers. The best managers should not be affected by the change. We can suggest no means of doing away with prosecutions entirely. It is not merely that individuals must be compelled to do what is fair and reasonable but that the example of a few must not be allowed to corrupt a large number.

We have stated above that certain criticisms appeared to us to be reasonable. The maximum penalties provided in the Ordinance are in some cases excessive and while Magistrates of judgment and experience are not thereby misled into imposing severe penalties less experienced Magistrates are influenced partly by the penalty provided and partly by the local custom, into imposing substantial fines as deterrents in ordinary police court cases. The ordinary punishment inflicted for offences other than desertion seems to be five shillings or in default seven days' imprisonment. Desertion is usually punished with fines of ten shillings to one pound or in default one month's imprisonment. In some cases we have found that a substantive sentence of imprisonment was inflicted for desertion, and in one case a fine of £2 was inflicted for a first offence apparently in spite of an appeal from the prosecuting employer. We understand that the Government of the colony is willing to rectify these defects and to reconsider the scale of penalties, and do not propose to initiate detailed proposals. What seems to be needed is that for minor offences the maximum substantive punishment for a first offence should not exceed five shillings and for a subsequent offence the maximum fine should be ten shillings. The lower maximum corresponds to one week's pay. For more serious offences these penalties might be doubled. The present maximum fines range from £1 to £5 and imprisonment may be awarded as a substantive punishment for minor offences. For some unknown reason a Court is empowered to deal with vagrancy either by sending the accused unpunished to his estate or by sending him to prison. The third course of fining him is not authorised. The Court could of course convict for unlawful absence. The imprisonment in default of payment of fine might be at the rate of two days for each shilling. Fines should be payable in instalments of not more than two shillings weekly if the accused is unable to pay at once, and employers might be authorised if not compelled to deduct the sum to be paid. The latter will not like the duty but they may reasonably be expected to assist as in fact they do in Fiji. The object in view is to facilitate payment of fines and obviate imprisonment. An immigrant whose wages are subjected to a fine

deduction for a few weeks will serve as a warning to his neighbours. When an immigrant goes to jail the warning may seem more impressive but it arouses keen resentment if imprisonment seems to be the consequence of a heavy fine coupled with an inconsiderate method of recovery. Immigrants are as a class credulous and excitable but are neither habitually unreasonable nor opposed to the just and firm exercise of lawful authority. Neither work nor discipline benefit by allowing the worker to brood over needless hardships.

As the copies of estate registers did not always show whether fines were paid, we referred to the Inspector of Prisons for information as to the number of immigrants imprisoned for breaches of the Ordinance. We also visited the prison. In the last official year 840 immigrants underwent imprisonment. the number having fallen steadily for ten years. The great majority were imprisoned for periods of between one week and one month. The prison authorities endeavour to keep these prisoners apart from others but complete isolation is not possible in an ordinary prison. If our recommendations regarding (a) reduction of maximum penalties, (b) payment of fines by small instalments, (c) investiture of Inspectors with judicial authority, (d) repeal of the mandatory provision regarding prosecution of deserters, and (e) need for sanction to prosecute in most cases are accepted, no immigrant need go to prison. But as some may nevertheless go to prison we make a further recommendation that they serve their term of imprisonment in a separate prison or place of detention. The construction of quarters near the Government Agricultural Farm about six miles from Port of Spain would seem to be the most suitable arrangement. The culprits would have to work for their food and would be under lock and key at night. Persistently contumacious offenders might be sent to the ordinary prison.

The following sections of the Ordinance are unduly restrictive or otherwise objectionable:—

*Section 136.—*

“No person shall employ any immigrant under indenture until such immigrant has produced his certificate of exemption from labour, and every person who receives into his employment any such immigrant before such certificate has been so produced shall be liable to a penalty not exceeding five pounds.”

*Section 140.—*

“Where any immigrant is found on a public highway or on any land or in any house not being the land or house of his employer, or in any ship, vessel or boat within the waters of the Colony, any of the following persons, that is to say—

- (1) the Protector or any person authorized in writing by him;
- (2) any estate constable attached to the plantation to which the immigrant is under indenture; and
- (3) the employer of the immigrant or his manager or overseer, may without warrant stop such immigrant, and in case he fails to produce a certificate of industrial residence or of exemption from labour or a ticket of leave may, if there is reasonable cause to suspect the immigrant is under indenture, arrest him and take him to the nearest police station, there to be detained until he can be taken before a Stipendiary Justice of the Peace.

If upon such immigrant being brought before a Stipendiary Justice of the Peace it appears in respect of what plantation his services are due, and he fails to prove that at the time of his being arrested he was absent from such plantation by virtue of a ticket, the Stipendiary Justice, if he deems fit, may order such immigrant to be returned to the estate to which he is indentured or to be imprisoned with or without hard labour for any term not exceeding 7 (seven) days; but if it does not appear in respect of what plantation the services of such immigrant are due, and such immigrant does not prove to the satisfaction of the Stipendiary Justice that he is not an immigrant within the meaning of this Ordinance or that he has completed his term of industrial residence, the Stipendiary Justice may if he sees fit make an order for the imprisonment of such immigrant with or without hard labour for any term not exceeding three months.

The Stipendiary Justice may from time to time remand any immigrant brought before him under this section for such reasonable time as he sees fit, for the purpose of inquiry being made in respect of what plantation the services of such immigrant are due.

If it appears to the Stipendiary Justice that any employer, manager or overseer has arrested an immigrant without reasonable or probable cause, the Stipendiary Justice



may order the person making the arrest to pay to the immigrant by way of compensation any sum not exceeding twenty pounds and any such order shall be a bar to any action for the same cause."

*Section 144.—*

- (1) "If any indentured immigrant without leave absents himself for three days from the plantation whereon he is under indenture, he shall be taken to be a deserter from the plantation; and the manager shall thereupon prefer a charge against him in that behalf before the Magistrate and apply for a warrant for his apprehension, and shall also report the same in writing on the prescribed form to the Inspector of the district, and also to the Immigration Office.
- (2) Such warrant shall be granted free of cost and shall be directed to all constables.
- (3) A copy of such warrant shall be forwarded by the Magistrate to the Inspector-General of Police within three days on which such charge is made, and any copy thereof, certified under the hand of the Inspector-General of Police, shall be executable in the same manner as the original warrant."

*Section 150.—*

"If any immigrant, on being brought to the Protector, or to an Inspector or to a police station by any police constable, wilfully refuses to give his name, the name of the ship in which he was introduced into the Colony and the name of the estate to which he is indentured, or any other information that may reasonably be required by the Protector or by the Inspector, or by the police constable in charge of the police station, for the purpose of identification, he shall be liable to a penalty not exceeding one pound or to imprisonment, with or without hard labour, for any term not exceeding fourteen days."

*Section 151.—*

"If any indentured immigrant, while an inmate of the Immigration Depôt, without leave absents himself therefrom for three days, he shall be taken to be a deserter, and the Protector shall thereupon prefer a charge against him in that behalf before the Magistrate and apply for a warrant for his apprehension. Such warrant shall be granted in the same manner as is hereinbefore provided with respect to a deserter from a plantation."

*Section 156.—*

"If any indentured male immigrant is absent from work without lawful excuse for twelve days in any one month or in any two consecutive months, he shall be deemed a habitual idler, and shall be liable to imprisonment for any term not exceeding three months."

*Section 210.—*

"In reckoning the term of service of any immigrant under indenture for the purpose of ascertaining the time when such indenture determines, all periods of time shall be excluded during which the immigrant has been absent from his work for any one of the following causes, that is to say—

- (1) imprisonment: Provided that imprisonment shall not, for the purpose of this section, include detention in respect of any proceeding which results in the acquittal or discharge of the prisoner, whether from want of prosecution or from any other cause;
- (2) desertion; and
- (3) unlawful absence duly certified as such by the Protector:

Provided that no indentured immigrant shall be deemed to have been absent from his work within the meaning of this section on account of any desertion, unless such immigrant has been duly convicted of such desertion: Provided also that this section shall not apply to any imprisonment, desertion or unlawful absence which is not duly recorded in the Register of Defaulters."

The object of section 136 seems to have been to bar the employment of deserters. It was enacted when the number of ex-indentured Indians was few and the supervision of estates was not organized. With a population of more than 120,000 Indian immigrants, of whom a large number are unskilled labourers the provisions of the section are not and could not be enforced. We understand that the Government of Trinidad do not wish to retain it. Its survival seems to have been the result of its desuetude.

Sections 140 and 150 are also survivals. No immigrant should be required to produce documentary evidence of his identity to prevent his apprehension on the general suspicion that he is a deserter or an absentee without leave. It is reasonable that (a) the Protector of Immigrants, (b) an Inspector of

Immigrants, and (c) any person authorised in writing by either of those officers should be empowered to apprehend any one reasonably believed to be an indentured immigrant absent from an estate without leave. It is also reasonable that an employer or a person authorised in writing by him should be empowered to apprehend an immigrant unlawfully absent from the employer's estate. It is in our opinion desirable that the person apprehended should be sent forthwith to the estate to which he belongs, or to an Immigration Depot or office for detention over night in case he cannot reach the estate by daylight, and only if neither the estate nor an Immigration Office can be reached by day-light should he be lodged temporarily in a police station. Despatch to a police station seems to have originated at a time when police officers might arrest immigrants on suspicion. That power has been withdrawn and except for safe custody at night, no detention in a police station is necessary.

Production before a Magistrate without reference to the employer is also neither necessary nor desirable. No immigrant should be penalised merely for refusing to disclose his identity nor compelled to prove that he has completed his industrial residence before *prima facie* credible evidence of his having committed an offence is recorded. We received no complaints of reckless arrests under this section but many resident Indians protested that under existing conditions the retention of the section cast a slur on all domiciled immigrants. We believe that the Government of Trinidad do not wish to retain the existing section. Under section 144 absence for three days or more constitutes desertion. In other colonies one week's absence is necessary to constitute desertion. If, as we recommend, managers are no longer compelled to prosecute in all cases, the length of the period becomes of less importance, but the longer period is preferable if employers are to be permitted to prosecute without previous sanction and desertion is to be regarded as a graver offence than unlawful absence, and if managers are to be compelled to notify desertion. In the case of this offence particularly the punishment for a first offence should be much less than for a subsequent offence as it is frequently if not usually an offence of the ignorant and inexperienced who envy the freedom from all restraint enjoyed by hundreds of Indians in the vicinity. In Fiji a substantive sentence of imprisonment cannot be passed until a fourth conviction for desertion has been obtained. The harbouring of deserters should render an offender liable to substantial punishment, because harbourers sometimes instigate credulous immigrants to desert and exploit them subsequently, while evidence sufficient to justify a conviction is obviously difficult to procure.

Section 156 penalises habitual idling which consists of unlawful absence from work for not less than twelve days altogether within two consecutive months. As each individual absence is unlawful there is no need to constitute a separate offence with an enhanced punishment. If an immigrant is allowed to absent himself unlawfully at intervals for twelve days altogether it is unfair to punish him for this laxity of supervision. The provision is calculated to prompt an indifferent manager or overseer to atone for his own slackness by making an example of some one else.

Under section 210 the exclusion of absent days should be permitted and not prescribed rigidly. In practice the section is seldom put in operation and the Protector of Immigrants should have power to include all absent days in the term of service, whether the employer assented or not. If a man is idle, lazy, or disreputable his employer is glad to be rid of him. If he is otherwise it is right that the Protector should make such allowances as the record of the man or of the estate may suggest. During our stay in the colony a deserter who had disappeared as a youth reappeared as a middle-aged man and gave himself up. His indentures were cancelled and he was not prosecuted.

We did not find that the labourers met with any difficulties in prosecuting their employers. No register of complaints filed by labourers against employers is kept either by the Immigration Department or on estates. Such cases are very rare, so rare that in the interests of everyone a register should be kept and detailed reference made to them in the Protector's annual report. A knowledge of facts may dispel suspicion, and publication of the facts of all such cases is on all grounds most desirable. Inspectors are instructed to assist immigrants in

Court when a *prima facie* case of misconduct against an employer or superior is made out.

**8. (a) Restrictions on movements of labourers and facilities for lodging complaints ; (b) facilities for performing marriages and other ceremonies.**—(a) Indentured immigrants are entitled by the Ordinance to leave for one day and one night for each fortnight of satisfactory work. The immigrant may demand a pass for leave due from his employer. In practice there is no difficulty about leave. Saturday afternoon, Sunday, and general holidays are ordinarily spent in shopping and visiting friends in the vicinity. A man who finishes a task early may and often does enjoy his afternoon and part of the evening off the estate. Immigrants going to a distance sometimes obtain a pass, but more often do not. We have already recommended that omission to obtain a written pass should not in itself render an indentured immigrant liable to apprehension or detention when found away from his estate. On working days leave cannot be had for the asking but it is not unreasonably refused. An immigrant, even if his employer refuses leave is entitled to go to a Magistrate to complain against his employer or to the Protector to make any complaint or obtain advice. On estates the labourers sometimes complained that the Protector was at a distance while domiciled Indians represented that passes were refused when the applicant's object was to complain against estate authorities. This latter representation seems to have been based on a misunderstanding as no pass is required in such cases nor can omission to obtain a pass be penalised. It is true that the Protector at headquarters is at a distance from the southern part of the island but there are two Inspectors, one for the Central and one for the Southern group of estates, and their offices are easily accessible to all but the outlying estates in their districts. There are eight Courts with resident Stipendiary Magistrates and these Courts are well distributed for the convenience of immigrants as well as others. Road communication is good. Complaints and requests are made both to the local Inspector and to the Protector at headquarters, and absence for the *bond fide* purpose of making a complaint to an Inspector is regarded as lawful though the Ordinance refers only to complaints to "the Protector" or a Magistrate. The wording of the Ordinance should be altered to legalise the current practice. What seems to be required is that one day in each week, probably Monday, should be specially set apart for the entertainment of complaints by the Inspector personally. In his absence a clerk or interpreter will on any day make a note of complaints or requests made by immigrants. But most immigrants want to address the officer and not an office when they have a distinct grievance. When they want assistance in the writing of letters or the sending of a remittance or information of a formal kind they are content with any official guidance. In matters about which they feel strongly they like to be sure that their case is placed before the Protector or the Inspector personally. Some immigrants on outlying estates complained to us that they were not sure of finding an Inspector or the Protector after a journey of ten, fifteen, or twenty miles. In the case of officers who are constantly travelling on inspection duty it seems desirable to have one day fixed for personal interviews. Time patiently spent either in office or on an estate in listening to complaints or requests will not be wasted, though some of the complaints may be trivial or vexatious and some of the requests utterly unreasonable. We were told by immigrants that they wanted to be heard more freely and we are inclined to think that undue reliance has been placed on routine methods of dealing with their representations. It is not merely an outwardly business-like system that is needed but a system adapted to their temperament and understanding. Our impression was that troubles which would have almost vanished in the telling were magnified merely because immigrants did not feel that they could easily unburden themselves to Inspectors or to Managers.

(b) All facilities are given to immigrants for the performance of marriages and other ceremonies and for celebrating religious festivals. Material for mandapams or temporary pavilions is often, possibly always, lent by employers to indentured and free immigrants at times of marriages and festivals. Want of consideration in these matters was never suggested.

**9. Suggestions regarding other provisions of the Ordinance.**—The provisions of the Ordinance relating to (a) commutation of indentures, (b) transfer of immigrants from one estate to another, and (c) marriage, should, in our opinion, be modified.

(a) The ordinary period of indenture is five years. It may be but rarely is lengthened owing to unlawful absence, desertion, and imprisonment. It may be shortened by the period remaining after an immigrant has earned \$350, which is the sum which an immigrant will earn by performing  $5 \times 280$  tasks. Immigrants are entitled to commute their indentures on payment of commutation money under certain circumstances. A man or woman marrying an immigrant on another plantation may commute. A mother may have an indentured minor's indenture commuted. An immigrant may not ordinarily commute without his or her employer's consent. The rate for commutation is five shillings per month for each month wanting to make up five years residence plus two pence half-penny per day for each working day endorsed (for absence) on the indentures. We recommend that an immigrant should be able to claim to commute as of right on payment of commutation money, which would at the outset be the total cost of his importation and incidental charges and would be reduced by one-sixtieth for each month of indentured service. The employer's consent should not be necessary. The only restrictions needed are that in the case of women the Protector's consent should be necessary and that commutation as of right should be restricted to ten per cent. of the population of an estate in a single year. The Protector will never prevent a husband's payment of commutation money for his wife. In the case of girls or widows he should have authority to exercise his discretion in the best interests of the female immigrant herself. We do not think that a large proportion of labourers will commute but it is just possible that the first few years after the rule is brought into force individual estates might have a rush of commutations. While commutation as of right might be restricted to ten per cent. of the indentured population of an individual estate, applications in excess of that percentage should require the Protector's sanction. The effect of this change will be to expose estates to the loss of some of their best men. An Indian settled on the land will often be glad to pay the commutation of a son-in-law who will help him. But it is best that an immigrant should be able to insist on the determination of the indenture when he can pay off the cost of his importation. Even if it is at times inconvenient it is a more equitable arrangement than any other alternative. A good worker, unassisted, will be able to curtail the indentured period by one-half, and if after commutation he is going to live solely or mainly by manual labour he will have gained by spending upwards of two years in learning local agricultural methods and in being trained to work.

(b) Transfers from one estate to another may be made at present only with the consent of the estate receiving immigrants (*vide* sections 190, 203, 204, 208 of the Ordinance). The right of transfer from an estate is necessary. The relations of an immigrant with his employer, headman, etc., as well as with other immigrants may become such that a transfer to other surroundings will obviate serious trouble. Under the existing law another employer may object to receiving a transferred immigrant, who must be kept in a depôt till some employer is induced to take him. We think this is a very one-sided arrangement. The Protector who is responsible for the well-being of all immigrants under indenture should have authority both to take an immigrant from an estate and compel another estate to accept him. An employer who thinks the right of transfer should be used to ensure peace on his own estate should be willing to facilitate peacemaking elsewhere. We have noticed in several colonies that some managers refuse to accept transferees, while others with less obstinacy and more consideration assist the Immigration Department in the smooth working of the system by taking them. It is more equitable to empower the Protector to make transfers

and intertransfers to and from estates irrespective of the employers' consent. There is no risk of unreasonableness or partiality in the Protector's action.

(c) The law of the colony regarding marriages operates unsatisfactorily. It may be summarised as follows :—

- (1) Immigrants who arrive married may register their marriages before the Protector on arrival without cost or trouble.
- (2) Indian Christians are subject to the same marriage laws as other Christian residents of the colony.
- (3) Non-Christian marriages not registered before the Protector on arrival must be registered before the Registrar of the district. The latter before registering the marriage must satisfy himself that the marriage actually took place between the persons appearing to claim registration and, if one or both of the applicants are not of full age, satisfy himself that proper persons appear as guardians.
- (4) Any person may contract a civil marriage under the marriage Ordinance of the colony.

As regards marriages registered before the Protector on arrival there is no trouble. Very few non-Christian marriages are registered subsequently. They are celebrated by hundreds, just as marriages are celebrated by Hindus or Musalmans in India with all publicity, but they are seldom registered. The consequence is that the marriages have no legal validity, and in the case of intestate succession to property of any value a higher succession tax has to be paid. The Colonial Government might but never does claim the property as being without legal heirs. The children are illegitimate in law and the compilers of vital statistics record their births as illegitimate. No reason was given for the almost total abstinence from registration except that Indians were not accustomed to it and did not like appearing before the Registrar after their own priest or kazi had married them. This state of affairs is unsatisfactory from every point of view. What would meet all requirements would be the recognition of a number of Hindu priests and Musalman kazis as marriage-registrars, bound to register marriages performed by them and issue certificates. One month's notice of their intention to solemnize a marriage should be given to the Protector and some form of local public notification should be required. The law of the colony would not recognise the validity of a marriage performed between persons below a certain age or during the lifetime of the undivorced husband or wife of either party. The Indian community in Trinidad would welcome the recognition of marriage registrars among non-Christian Indians. We think that divorces should be established in the Courts.

The provisions of the Ordinance relating to non-Christian marriages are restricted in their application to marriages performed subsequent to July 1st, 1881. We were informed that both parties to a number of such marriages performed prior to that date were still alive and did not know how to obtain legal recognition of their marriages. It would seem desirable to empower Stipendiary Justices of the Peace for a period of two years to order the registration of non-Christian marriages proved in a summary inquiry to have been performed prior to July 1881. This special provision would obviously affect a very limited number of persons, but to them it would mean a great deal while the whole community to which they belong would be gratified. The only persons who might be dissatisfied are the relatives of the men concerned and these, in almost all cases residing in India, have no moral claim to consideration as against the wives and children of the men concerned. The colonial revenues will lose a few pounds in reduced succession duties but that objection will not be raised.

**10. Relations between employers and labourers.**—An estate is ordinarily controlled by a manager, aided by overseers in charge of a number of gangs of workmen, each gang being immediately supervised by a headman. On a large estate there may be a deputy manager, while on very small estates no overseers are needed between the manager and the headman. A manager almost always learns his work as an overseer. All overseers cannot however be regarded as embryo managers. As a class they show considerable variations in character, temperament, and education. The great majority exercise authority justly, considerately, and without friction. Some create trouble and incur censure by expressing their impatience at disobedience, idleness, or neglect in direct, terse, and vigorous language. From time to time individuals have been violent in act as well as in word and have been punished. Happily such cases are rare and both managers and the colonial authorities vigorously repress violent ill-treatment. The headmen are sometimes Indians and sometimes coloured Creoles, the majority of those whom we saw being Indians. The contentment of immigrants depends to a great extent on the proper selection and control of these men. They supervise and exact work in the field and practically all complaints about work originate with them. Some inspire trust and cheerful obedience, while others seem to be aggressively authoritative. But it is fair to recognise that their attitude towards labourers is not uninfluenced by that of higher authority. Some seem to exact petty personal services out of hours. One gang of men complained that a former headman had levied contributions towards the expense of building a mosque and was removed in consequence to other work. They did not add what we learnt subsequently that he was dismissed by the employer on the facts becoming known but was reinstated and placed in charge of the 'free' labourers because of the repeated requests of the whole estate population including those who were originally aggrieved. On the whole headmen, as a body, seem to be upright and humane. If they sometimes assert their authority aggressively they have a proportion of perverse labourers to control, and they have the unpopular duty of checking laziness and slovenliness on its first appearance. If they are wanting in zeal or if their zeal is excessive they may be discredited or dismissed. A revengeful immigrant or a gang of labourers acting under a burst of passion may inflict serious or fatal injuries on them. They have been promoted for industry, intelligence, and skill, and the principal headman on a large estate is a well paid and responsible member of the staff. One headman whom we met was also a substantial landowner.

The relations between employers and labourers would be generally satisfactory but for the number of prosecutions. On well managed estates where prosecutions are few the relations are excellent. The employer resembles the head of a patriarchal community. His authority is willingly recognised and the estate labourers lay all their troubles and difficulties before him. He exercises quasi-judicial authority in disputes between immigrants, is entrusted with the temporary care of their savings, and acts as confidential adviser. On badly managed estates, of which there are usually one or two, the employer seems to regard the Ordinance as fully defining the relationship between himself and his labourers. He is bound to keep his buildings up to requirements, to provide medical relief and to pay each individual strictly according to his work and he is satisfied that he does so. He is aggrieved because out of every score of immigrants two or three are below a fair standard of efficiency owing to their inability or disinclination to work regularly or to attain a reasonable degree of skill within a reasonable time. Disputes among his labourers are another source of annoyance, as he wants peaceful and not quarrelsome people as workers. Evasive and untruthful answers paralyse his critical faculties. He is sensitive to what he calls interference from the Immigration Department, with the officers of which his relations are not cordial and he is reluctant to believe that a headman's unpopularity is ever due to anything but his conscientiousness. He gives a troublesome labourer a

warning or two and then almost mechanically files a prosecution. Happily such employers are very few and the Immigration Department tempers their administration. If remonstrance is not effective, the owners are addressed. The consequence of persistent disregard of official remonstrance is a decision that the manager is not a proper person to have charge of immigrants. Such extreme measures are rarely necessary but immigrants were removed a few years ago from one estate on this account. It is impossible that each individual out of 122 managers, a body constantly changing its personnel, should be above reproach, but it is satisfactory that formal observance of statutory liabilities is not accepted as sufficient. Putting aside the few managers who are in trouble until they change their ways or their occupation as employers of immigrants, the remainder may be classed either as unexceptionable or as reasonably good. If our experience of a comparatively small number of estates may be taken as a guide the numbers are about equal. We encouraged immigrants to speak freely and found that the only serious cause of discontent was the possibility of being imprisoned for offences which were not crimes. Many immigrants referred to the dearness of food as compared with India but where earnings were good and prosecutions were few this was regarded less as a grievance than as a drawback in weighing the pros and cons of emigration. The recruits whom we met in depôts in India were often very well informed as regards prices and those who seemed to have given no previous thought to the subject received information with indifference. On some estates the absence of anything corresponding to a regular orderly room for dealing with complaints or noting requests seemed to be felt. Accessibility at an unmistakable time and place was desired. Managers who listen patiently when they are caught are sometimes hard to catch. Some managers have a fixed time daily for listening to all complaints. With them a groundless complaint will bring no rebuke unless it is also probably dishonest and vindictive. Overseers and headmen will understand that an appeal against their orders is in no sense insubordination, and even when the appeal arises from a feeling of irritation and not a sense of real wrong it will be disposed of like others. Other managers appoint no fixed time and adopt no regular procedure. This regular orderly room system should be universal on large estates. On small estates the manager is in closer touch with his labourers. But as regards conditions of employment on estates the only grievance which occasions any real feeling is the liability to imprisonment. Even indentured immigrants who resent a suggestion that they themselves might have incurred liability to prosecution regard with strong disfavour the risks incurred by their weaker brethren under existing arrangements. Neither on nor off estates did the feeling exist that no immigrant should under any circumstances be imprisoned, but it was felt that only the real black sheep should be in danger. The company of thriftless and idle, vicious or cantankerous immigrants is not desired by immigrants generally. The latter sympathise with the man who is not perverse but weak, or negligent, or irresponsible. He may require reproof or correction but he should not be imprisoned. A man who has undergone imprisonment may, but does not always, bear a grudge against his own employer. It is felt that the system is bad and oppressive and might lose most of its rigour without losing its efficiency.

The immigrants on arrival are disposed to be unquestioning in their obedience. A short residence in their new surroundings disposes them to take a clearer view of their own rights. The majority pass through a period of homesickness which will last a longer or shorter time according to the individual's health and working capacity. If a labourer is earning good money and saving or remitting money to India he is not dissatisfied. If his health is not good or his physique poor or his muscles untrained to steady work he will recall with regret the cheap food and the laxer discipline and less strenuous if more protracted work of his native country. It is very desirable that in his first few months he should be broken into harness gently and paid for his efforts rather than their results. On most large estates there are a few old hands who are restive under any control or discipline. They are dangerous mentors

to new-comers and may inoculate the latter with sullenness and querulousness. The best immediate antidote is the employment of good headmen who know what is happening in the dwelling quarters and can dissipate imaginary or trivial grievances. At all stages of their industrial service immigrants are very excitable and it is important that erroneous impressions should be promptly removed before they create serious misunderstanding. Again, the advantage of a regular orderly room is that trouble is probed to the bottom at once. Even a trivial grievance unredressed may impel immigrants suddenly to formulate unreasonable demands and to put these forward clamorously or even threateningly. A good manager is seldom so surprised, but, if he is, he will not only quell the tumult and do what is right but inquire why the grievance did not promptly come to his notice and take steps to prevent his being kept in ignorance in future. Many managers will remove the grievance and regard the clamour as one of the characteristic traits of the Indian cooly, which is a true but incomplete judgment. An inferior manager will regard only the clamour and threats and may refuse to listen to requests so presented and will be too ready to threaten or apply legal coercion as the only reply to illegal coercion. While we recognise that discontented men can exercise a bad influence over newcomers we think there is a tendency on the part both of estate authorities and of the Immigration Department officers to attach too much importance to the influence of individuals in fomenting disturbances on estates. There are people on and off estates who from motives of ill-will towards a manager, an overseer, or headman, will foment trouble. It is sometimes necessary to transfer a man to another estate. But it is usually a very imperfect inquiry which traces the trouble no further. There is always some tinder for the spark, and while the spark may not be under control the tinder should not have been ready to hand. The conditions of restraint under which immigrants live, their ignorance, and their excitable temperament render it necessary not merely to discover mischief-makers but to be vigilant and prompt in dispelling noxious elements in the atmosphere of an estate. On rare occasions the root of the trouble may be of a social or religious kind which is beyond the control of the most capable manager, but even in that case influence which is based on knowledge and character may often be effectively exercised. Trinidad has had comparatively little serious trouble in the form of strikes or tumultuous violence. A few years ago an Indian headman was beaten to death by workers, and a few years earlier a European overseer was beaten to death. In each case sentences of imprisonment for a term of years on several members of the gang were inflicted, the Courts taking the view not that there was provocation which reduced the offence to manslaughter but that murder was not intended. On another estate several years ago a European overseer who was attacked by a gang of men drew a revolver and shot two of his assailants. He was tried and held to have exercised justifiably his right of self defence. Though the judicial decision was accepted as correct it was thought improper that the overseer should subsequently exercise authority over Indian immigrants. Last year an Indian overseer was beaten by labourers apparently owing to a dispute about tasks.

Our detailed references to causes and manifestations of discontent and suggestions for improvement may create a mistaken belief that there is a general absence of good-will between employers and labourers. This is not the case. Daily life on most estates is marked by acts of personal kindness and consideration by employers and by manifestations of trust or gratitude, by labourers. All employers do not understand their labourers equally well but, notwithstanding the prosecution record, the relationship between employers and labourers on all but a very few estates includes more intimacy and mutual good-will than in most systems of employment of bodies of men within our cognisance.

In this as in other colonies irregular relations between members of the superior staff of an estate and Indian women, whether born in India or the colony, are not tolerated. The formation of any such relation is regarded as an absolute disqualification to the exercise of authority over indentured Indians. No record of cases of this kind in which inquiry was made or action taken is



available. We understood that cases were rare, and not a single complaint of the existence of such relations was made to us.

**11. Repatriation.**—The arrangements for repatriation are satisfactory. The only complaint made by immigrants was that applications for passages, together with deposit of passage money when payable, had to be made some months in advance. As the contracts to be entered into depend on the passengers to be carried it is necessary to require those intending to take return passages to give reasonable notice of their intention. Moreover, it is necessary in each case to ascertain under what terms as regards passage money a passenger is entitled to travel, to provide clothing and food, and to receive deposits of cash and jewellery from those who wish to have the former remitted and the latter carried in safe custody. The despatch of a return ship implies a good deal of work besides issuing tickets to passengers. We visited the Protector's office in Port of Spain while returning immigrants were arranging about their passages, and subsequently returned to Port of Spain for a day to see a return ship, the S.S. Indus, receive its load of passengers and depart. The office and embarkation arrangements were well devised and the accommodation suitable. The space between decks was divided off into quarters for single men, single women, and married people. The hospital accommodation for men and women was very good, and the Captain knew his business and his passengers. The numbers repatriated in each year since 1890, the amounts deposited by them in the colonial treasury for payment on arrival in India, and the sums consigned to the care of the Surgeon Superintendent on board are shown in the table printed as Appendix 5 (a). Immigrants who arrived before August 1898 are entitled to free passages. Immigrants who arrived after that date must pay, in the case of males one-half and in the case of females one-third of the passage money. Children of returning immigrants travel free. A small charge is made for warm clothing on the voyage the clothing being retained by the immigrant. Every year a certain number of invalids, mendicants, etc., are given free passages. The number varies partly with the demand and partly with the accommodation but has of recent years increased. In January 1912, 195 passages were given to paupers, invalids, etc. Domiciled Indians pressed for still more liberality. We believe that it would be well to give Inspectors the right of issuing orders for such passages. In each of the three districts there are a number of immigrants who owing to bad health, intemperance, or general shiftlessness, drift into mendicancy. Most Indians would rejoice at their departure. Each Inspector might be authorised to give up to twenty-five passages. A central office cannot deal with such cases so efficiently or systematically as an officer on the spot. Though a House of Refuge takes in the needy and decrepit, the latter would be happier in India. So also would those of the wandering beggar type, whose presence in the colony only tends to discredit their fellow countrymen. The steady increase in the number of paid passages indicates a steady increase in the prosperity of the Indian community. Paying passengers include both those who have once enjoyed a free passage and persons who came originally as business men and not as indentured immigrants. The change from free to assisted passages has only begun noticeably to reduce the number of those returning to India. Of those who returned in former years a number re-emigrate yearly to this or other colonies notwithstanding an instruction ordinarily to regard "returns" as undesirable recruits. It may be convenient here to express our dissent from the view that re-emigration should be discouraged by Emigration Agents. No doubt some of those seeking to re-emigrate are more adventurous than industrious and orderly, but after a good deal of discussion with managers in all colonies visited we are convinced that the average "return" immigrant is superior to the average original recruit. We have heard of more than one case in which a man after a short residence in India has written to his former employer begging the latter to secure his allotment to his old estate if he returns. Such men are trained workers and accustomed to the food, law, and customs of the colony, and are superior to mendicants, barbers and others who seldom develop into steady agricultural labourers or industrious and enterprising

settlers. Experience shows that a small percentage of each ship's complement of new emigrants are unsuitable. It is hard, too, on the man seeking to return to be rejected. He has spent ten of the best years of life learning to live under one set of conditions and frequently, if not usually, finds it difficult to re-accommodate himself to his earlier surroundings. As a matter of fact hundreds do re-emigrate yearly, some avowedly as re-emigrants others un-avowedly. In the year preceding our arrival the immigrants to Trinidad included 88 persons who were re-emigrating, 22 having formerly been in Trinidad. It is true that the colony, by encouraging re-emigration, also encourages repatriation wholly or partly at its own expense. But as the colony needs immigrants re-emigration is a good advertisement and the presence of re-emigrants in the depôts may help to dispel suspicion regarding deceit practised on those emigrating for the first time.

**12. Protector of Immigrants and Inspecting Staff.**—The Protector of Immigrants has under the Ordinance powers which enable him to secure the welfare of indentured immigrants. He is assisted by a staff of three inspectors, each supervising one of the three groups of estates, northern, central, and southern, into which the properties employing labour are divided. The actual amount of inspection performed is not recorded in the annual reports and the Inspectors submit no periodical diaries or reports to the Protector. Each estate should be visited at least once in six weeks and oftener if necessary. Inspectors note their visits in the estate register. In the registers of the larger estates we noticed frequent entries. Smaller outlying estates seemed to be visited less regularly.

It appeared to us that so far as business was to be transacted at headquarters, *e. g.*, landing and shipping of immigrants, dealing with remittances disposal of any business of an individual immigrant in office, etc., the Protector's arrangements were good. But we think that he trusted too much to general knowledge and general impressions gathered on inspection tours for obtaining needful information on matters of great importance. In this colony alone we could ascertain from the Immigration Department records neither the average earnings of immigrants on each estate nor the prosecution record of each estate. These are matters about which opinions can have little value unless based on figures, which must not only be tabulated but very carefully examined. So also the routine work of Inspectors cannot be effectively controlled or directed if they submit neither diaries nor periodical reports. The Protector's annual report is much less informing than the annual departmental report of other colonies. We believe that the mere publication of figures regarding the earnings, sickness, and prosecution on individual estates would have a beneficial effect. We have elsewhere stated why we consider the bulky medical statistics now given to be of little practical utility. Commander Coombs has in the last seventeen years improved the organisation which he took over but appears to have placed undue reliance on a system of personal administration of which the methods were unsystematic while the results eluded precise estimation.

The three permanent Inspectors were senior officers with long experience and so far as we could gather moved actively about in their districts. We thought that their visits to estates should include not only scrutiny of registers inspection of dwellings, and formal entertainment of complaints or other applications, but also in most cases an adjournment to the fields where labourers were working. An Inspector's visit is usually made after short notice and labourers seeking for interviews come to the estate office. It is in our opinion desirable that the Inspector should see not only those seeking his assistance but the ordinary labourers at work. He should not merely have general grounds for believing that tasks and the conditions of work generally are satisfactory. He should satisfy himself and show the immigrants that he does know. Many petty matters will come to his notice and immigrants will, as is desirable, feel that they are protected rather than indentured. We have elsewhere recommended that one day a week should be set apart for office interviews. On the days remaining for inspections as well as other miscellaneous duties an Inspector should be able to pay a routine visit to each estate

in his charge *at least* once in six weeks. A hard and fast rule enforcing frequent visits to estates with a very small population, say less than 15, may be undesirable. It would often be better to require a monthly visit to an estate with 400 indentured immigrants than to insist on eight formal visits yearly to a small estate with a few labourers under an employer with a widespread reputation for benevolence.

The Immigration Department undertakes the administration of the estates of deceased indentured immigrants and takes care of their orphan children. Where no Indian is fit and willing to take charge of these orphans they are sent to one of two public orphanages. On the death of one parent the other has been known to place the child in an orphanage for the sake of the free maintenance and education.

**13. Free Indians.**—An Indian, whose indenture has expired, is in the same position as the rest of the population. A gentleman of pure Indian descent, by profession a barrister, is now one of the non-official members of the Legislative Council of the colony. We had several opportunities of meeting him and are much indebted to him for assisting us in our enquiries. After his five years' industrial service an Indian has many choices of occupation. The majority subsist by farming or agricultural labour. All large estates have regular gangs of free Indians who continue to do the same work as that performed during their industrial service. They are housed and given free medical treatment. They are usually under separate headmen, and Indian headmen are recruited from their ranks. Some of them are given plots of land on which they grow cane which is sold to the employer either at a fixed rate or a rate which rises or falls with the market price of sugar. There were over 6,000 Indian cane farmers in 1912. Many estates employ free labour only. Their task rates of pay seem to be the same as those paid to indentured immigrants. The time rates are usually higher by 5 to 15 cents, but the labourers at time rates are seldom housed or provided with free medical attendance by the employer or maintained while sick. Their condition in no way differs from that of ordinary labourers in any industry. Some Indians gain a livelihood as owners of carts or carriages, the initial cost of which may be met from savings or partly by borrowing. Carts are usually owned by the driver or a relative. In 1912 licenses were issued in Port of Spain, the capital, to 4 hackney carriage proprietors, 4 carriage drivers, and 635 cart drivers. In rural districts 237 licenses were issued to carriage proprietors, 280 to carriage drivers, and 973 to cart drivers. In Port of Spain carters earn from 5 shillings to 8 shillings daily, one-third of the earnings being regarded as the driver's pay. A few Indians are employed as police constables on salaries of £45 rising to £75. The Public Works Department employs a considerable number of unskilled Indian labourers, the daily average being about 1,300 mainly employed in the south of the island where Indians are most numerous. They earn from 30 to 50 cents (1 cent =  $\frac{1}{2}$  anna) daily, a few receiving 60 cents. In addition a good deal of petty contract work under Government is undertaken by Indian contractors. Some hundreds find steady employment in clearing forests and planting out cocoa by contract, the work lasting for nearly five years and being paid for, as regards cash remuneration, by a fixed sum, usually 25 cents per tree. Those who buy land frequently accumulate a little capital in this way. The payment for an acre fully planted out being about 40 dollars. Besides the cash payment the contractor takes crops of Indian corn and ground provisions from the land under plantation. Some immigrants work for private employers as gardeners, grooms, porters, watchmen, etc. Many are shopkeepers, including a fair proportion of prosperous traders. A large number are landowners. The area of Crown Land granted to Indians from 1869 to 1876 and from 1885 to 1912 is 89,222 acres. The figures from 1877 to 1884 are not available. Until 1876 grants were made in lieu of return passages. Statistics of land purchased by private treaty are not available and the area now in Indian ownership is not accurately known. The Crown Land is alienated in perpetuity, the earlier price of £1 per acre having risen to £1-10-0, and in 1903-04 and 1904-05 to £2 and again in 1905-06 to £2-10-0, the present price. The enhanced price however, now covers a survey fee which was formerly charged for separately.

Land is surveyed and demarcated as required. The acreage sold to and the amounts paid by Indians in the last ten years are as follows :—

Year.	No. of grants.	Area.	Amount.		
			£.	s.	d.
1902-03	346	2,796	4,194	0	0
1903-04	532	4,165	8,330	0	0
1904-05	646	4,898	9,796	0	0
1905-06	544	4,102	10,255	0	0
1906-07	493	3,306	9,015	0	0
1907-08	475	3,186	7,965	0	0
1908-09	651	4,802	12,005	0	0
1909-10	430	2,976	7,440	0	0
1910-11	232	1,283	3,207	10	0
1911-12	101	252	630	0	0
		Total	72,837	10	0

For about 20 years one-third of the total area alienated annually has been taken up by Indians. The area granted to all persons in recent years has been reduced as the Government of the Colony was conducting negotiations for the exploitation of mineral oils by an agency or agencies possessed of the capital and skill required to operate on a large scale. About two-thirds of the land available for sale was very prudently and justifiably reserved pending the conclusion of negotiations and issue of licenses to prospectors. The land outside the oil area, about 184,000 acres, contains much land suitable for cultivation. Portions of it are situated in localities with few or no Indian residents and most immigrants are unwilling to settle far from Indian communities. But there are in our opinion two unnecessary obstacles which separately and in combination retard the settlement of Indians on the land, namely, the payment of the whole occupancy price in one sum before a grant is made and the fixing of a minimum grant at 5 acres. We were informed that a generation or more ago some grantees cleared the timber of land alienated on easy terms and then abandoned their grants. It does not appear that they were Indians. There is very little danger of Indians abandoning land for any other reason than infertility and there would be no danger if Indians applied in the first instance to Inspectors of Immigration and not directly to the Lands Department. Any Inspector could find hundreds of good men, whose record he knew, anxious to get plots of land on reasonable terms. The price is by no means excessive. Hundreds of Indians would take up grants if the portion of the occupancy price immediately payable were reduced to ten shillings or even one pound per acre. The balance might be recoverable in annual instalments of ten shillings or a permanent rent of one dollar per acre might be substituted. Possibly if the occupancy price is recovered in instalments the minimum area need not be reduced. We understand that the Government of Trinidad is unwilling to give special concessions to Indians or to any other section of the community. Disinclination to make distinctions in dealing with applications for land is intelligible but the Indian applicant has very strong claims to special consideration. He is brought to the colony by the Government of the colony in the interests of the colony, serves an agricultural apprenticeship under official supervision, and at the close of his apprenticeship the majority want only one qualification to make them desirable settlers, namely, the possession of sufficient capital to pay down a substantial occupancy price, maintain themselves until land is cleared and becomes reproductive (five years in case of cocoa), and erect buildings. A settler may be helped slightly by the sale proceeds of timber and by growing ground provisions until his plantation is in bearing, but even for this

he has to wait. A man who remits money to India during his indentured employment cannot reasonably be expected to be a petty capitalist. The best of the immigrants want to settle on crown land. They are almost the only cultivators of rice in swampy lands but they also want other land suitable for cocoa or coffee cultivation, and we are strongly of opinion that facilities and not merely opportunities for its acquisition should be afforded. In fact, the continuance of emigration should be conditional on land being granted on such terms, involving no loss to the colony, as would facilitate its acquisition by industrious and well-behaved immigrants. Some of the immigrants who settled on land after their indentures expired have been surprisingly prosperous. The income of one who is now an employer of 60 indentured labourers, probably exceeds £2,000 yearly. He holds over 500 acres of land, mostly under cocoa. He began remitting to India about 40 years ago while under indenture and has done so ever since, annual remittances in recent years amounting to hundreds of pounds. Several others have upwards of 100 acres, with annual incomes of £500 to £1,250 from land, house property, and trade. We met one with an income of about £1,000 from land, and the sons of another whose income exceeded that sum. The majority are holders of from 5 to 20 acres cultivated partly by household labour and partly by paid labourers, most of the latter being Indians. They enjoy a good deal of comfort and bring up large families of children whose physique and appearance resemble not the average but the best Indian types. Their daughters inter-marry either with Indians of colonial birth or rearing or with young men under indenture. The father-in-law in some cases pays for commutation of indenture. The field for settlement in Trinidad is very good indeed.

The following table extracted from the Protector's report for 1912 gives the amounts deposited in the Government Savings Bank by East Indians for the last ten years :—

Years.				Average amount per head to credit at end of each year.	Number of depositors.	Amount deposited each year.	Balance to credit on 31st December of each year.
				£ s. d.		£ s. d.	£ s. d.
1902	...	...	...	18 0 0	5,646	59,725 13 9	102,829 16 3
1903	...	...	...	18 17 8	5,654	59,156 15 4	106,769 9 9½
1904	...	...	...	17 14 9	5,842	61,287 7 1	103,612 10 0
1905	...	...	...	16 11 10	6,092	64,076 18 11	101,094 15 ¼
1906	...	...	...	16 4 2	5,888	67,508 7 1½	98,408 0 8
1907	...	...	...	17 11 1	6,361	74,822 8 7	111,675 6 11½
1908	...	...	...	16 10 0	6,983	86,557 11 0	115,224 18 11½
1909	...	...	...	16 11 8½	7,553	76,863 4 1	117,728 11 10½
1910	...	...	...	14 10 2½	8,568	84,740 6 2½	124,326 1 5½
1911	...	...	...	12 16 10½	9,973	81,403 13 5	128,090 12 1

It will be seen that while the number of depositors has nearly doubled the average per head has declined by only one-third. In the case of remittances to India, exclusive of sums taken by those repatriated, the number of remitters fluctuates from year to year but the average amounts sent by individuals tend

steadily to rise. These remittances are made partly by indentured and partly by 'free' Indians. Particulars for the ten years ending 1911 are given below.

Years.				Amount remitted to India.	Number of remitters.	Average per head.
				£. s. d.		£. s. d.
1902	...	...	...	2,416 0 2	853	2 16 7½
1903	...	...	...	2,478 18 0	905	2 14 9½
1904	...	...	...	3,013 14 3	1,208	2 18 7½
1905	...	...	...	3,413 7 10	1,053	3 4 9½
1906	...	...	...	2,872 15 10	888	3 4 8½
1907	...	...	...	3,227 0 2	1,003	3 4 4
1908	...	...	...	3,491 13 4	1,072	3 5 1½
1909	...	...	...	3,500 7 4	1,056	3 11 11½
1910	...	...	...	3,990 0 4	1,116	3 11 6
1911	...	...	...	3,824 18 3	936	3 17 5½

There is only one serious drawback to the contentment of the Indian whose indenture has expired. While under indenture he learns to appreciate medical treatment, and subsequently whether he acquires land, goes into business, or works as a day labourer he wants to have medical aid readily available and at a cost which he can pay. The Regulations for medical attendance on the poor are printed as Appendix 6 to this report. They would meet all requirements if the certificates required to ensure that medical aid will be obtained free or at reduced rates were easily obtainable. Many medical officers habitually dispense with certificates but some require their production. To obtain a certificate application must first be made to the Warden, *i.e.*, the executive district official, or a Sanitary Inspector. The Warden or Sanitary Inspector naturally requires the applicant to be identified and this often or usually involves the production of a respectable guarantor. A labourer requires medical aid more often than people more comfortably circumstanced. The total number of certificates issued last year in some of the districts, *e.g.*, Oropuche and La Brea, would seem to be considerably less than the poor Indian population alone would require. A recipient of a poverty certificate must pay for advice and medicine one shilling, or about one day's income. To a man with a wife and children the cost of medical aid is a considerable item, even when he gets a poverty certificate. We do not recommend that medical aid be given at the expense of the medical officer who is paid an official salary on the assumption that fees will be levied, nor that Indians be treated differently in this respect from the rest of the population. We do not know how the certificate system affects other sections of the community but we think an alteration is required if Indians are to receive adequate medical aid. We would suggest that free medical relief as out-patients be given to persons with incomes of less than £ 80 yearly and that the issue of certificates be entrusted to a larger number of persons, official or non-official. If this adds to the work and curtails the income of the medical officer the remedy is simple. The colony does not gain by a palpable reduction of the industrial efficiency of its labouring population. If immigrants profess the same concern about medical relief in their letters to India as they did orally to us their communications will not promote immigration. We are not unaware of the fact that some Indians, like some others, can but are unwilling to pay for medical aid. We refer to those who can pay nothing or very little, are in most danger of sickness, and suffer a loss of income for each day of sickness. It seems also desirable to consider whether certificates should not be valid for at least six months.

The sums remitted annually to India and the amount deposited in the Savings Bank by immigrants annually since 1890 are shown in Appendix 5 (b).

**14. Education.**—Elementary education in Trinidad is imparted in schools managed for the most part by denominational bodies. The latest annual report showed that 52 Government and 200 denominational schools assisted by Government grants, were in operation. In schools under denominational management religious instruction is given at a stated time and children may not at any time be placed under religious instruction contrary to the wishes of parents. No fees are levied. More than one-fourth of the estates, and those above the average in population, have schools on or very near the estate. More than one-half of the estates are within one mile of a primary school. Of the remainder the majority are within 2 miles of school and of the ten estates having no school within 2 miles, some have very few and some have no children. Estates do not ordinarily make any contribution towards school expenses. A few of the large estates contribute to schools attended by children of indentured parents, and some have given land free for schools. Forty-three schools, of which forty are managed by the Canadian Presbyterian Mission, two by the Anglican, and one by the Roman Catholic Church, are special Indian schools at which both Urdu and English are taught. Indians send their children more willingly to schools for Indian children only. The attendance of Indians at all schools is not known, but the Canadian Presbyterian Mission schools, situated in small and large centres of Indian population, attract about 90 per cent of the school-going Indian children. The reports show a total roll of more than 8,000 and an average attendance of 4,542. The schools have an excellent reputation for efficient teaching and all classes of Indians speak highly of the educational work of this Mission. The indentured Indians are much more indifferent about sending their children to school than the free Indians. The second generation are fully alive to the value of education. The fact that children on estates can often earn a few pence daily by cutting grass tempts parents to keep them from school. The number of Indians who go to secondary schools or leave the island to go to Universities is still small but is increasing. Indians of colonial birth are seeking outlets for their energies in all promising channels.

Year.	Month.	Date.	Other diseases.			Total.				Medical Officer's initial.
			Adults.		Infants.	Adults.		Minors.	Infants.	
			F.	Minors.		M.	F.			
		1st								
		2nd								
		3rd								
		4th								
		5th								
		6th								
		7th								
		8th								
		9th								
		10th								
		11th								
		12th								
		13th								
		14th								
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		18th								
		19th								
		20th								
		21st								
		22nd								
		23rd								
		24th								
		25th								
		26th								
		27th								
		28th								
		29th								
		30th								
		31st								

*Note.*—"Infant" inclu  
 "Minor" inclu  
 years.  
 "Adult" inclu

1. Total indentured population of  
 2. Total days of sickness during t  
 3. Average days of sickness per ad  
 Remarks—



APPENDIX 2.

Form B.

RETURN OF SICKNESS OF INDENTURED IMMIGRANTS TREATED IN THE HOSPITAL AT PLANTATION \_\_\_\_\_ FOR THE QUARTER ENDING \_\_\_\_\_

Indentured population including children of indentured adults at the end of the quarter.				Total number of days of sickness of all classes.				Average quarterly number of days of sickness per head of all diseases.			Total number of days of sickness due to each of the principal diseases among adults only.																
											Malarial Fever including Febricula.		Ankylos-tomiasis.		Pneumonia.		Bronchitis, including Bronchial, Catarrh, Asthma and Chronic Brouchitis.		Skin diseases.		Dysentery, Diarrhoea and Enteritis.		Other diseases.		Total of adults only.		
											Adults.		Adults.		Adults.		Adults.		Adults.		Adults.		Adults.		Adults.		
M.	F.	Minors.	Infants.	M.	F.	Minors.	Infants.	M.	F.	Minors.	Infants.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				

*Note.*—"Infant" includes every child under the age of ten years, of either an indentured man or woman.  
 "Minor" includes every child of the above under the age of 15 years and of or above, the age of ten years.  
 "Adults" includes every person of or above the age of 15 years.

APPENDIX 2.

Form C.

RETURN OF SICKNESS AMONG ADULT INDENTURED IMMIGRANTS CLASSIFIED ACCORDING TO PERIODS OF INDENTURED SERVICE, TREATED IN THE HOSPITAL AT PLANTATION \_\_\_\_\_ FOR THE MONTH OF \_\_\_\_\_ 19 .

	Malarial Fever including Febricula.		Ankylos-tomiasis.		Pneumonia.		Bronchitis, including Bronchial Catarrh, Asthma and Chronic Bronchitis.		Skin diseases.		Dysentery, Diarrhoea and Enteritis.		Other diseases.		Total.		Total Adult Indentured Population at end of the month.	
	Adults.		Adults.		Adults.		Adults.		Adults.		Adults.		Adults.		Adults.		Adults.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
(a) Under 6 months	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(b) Under 1 year	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(c) Under 2 years	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(d) Under 3 years	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(e) Under 4 years	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(f) Under 4 years	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Note.—“Adult” includes every person of or above the age of 15 years.



APPENDIX 3—contd.

STATISTICAL ABSTRACT OF ALL RETURNS OF DISEASES ENTERED IN THE CASE BOOKS BY ALL GOVERNMENT MEDICAL OFFICERS, PREPARED BY THE SURGEON-GENERAL IN ACCORDANCE WITH SECTION 133 OF ORDINANCE NO. 161, FOR THE YEAR 1911-12.

DISEASES.	SUGAR ESTATES.																				Total Diseases.	Total number of Immigrants.	Percentage of Sickness.		
	Mon Jaloux.	St. Joseph.	Teacrigua.	Arina.	Chaguana.	Conva.	Pte. a Pierre.	Guaracara.	North Naparima.	South Naparima.	Princes Town.	Ind. Walk.													
Brought forward	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Yaws	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8	...	04	
Syphilis :	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	182	...	82	
(a) Primary	...	...	2	...	...	16	90	4	48	...	...	...	...	...	...	...	...	...	...	...	...	28	...	85	
(b) Secondary	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
(c) Tertiary	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Gonorrhoea	...	...	24	11	...	48	45	38	15	3	10	5	5	16	1	25	5	9	14	5	...	275	...	49	
Hydrophobia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Soury	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Alcoholism	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Delirium Tremens	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Rheumatism	...	6	38	...	1	35	39	15	11	23	17	9	19	45	34	9	19	6	36	57	16	422	...	89	
Inherited	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Anemia	...	44	28	...	...	38	22	80	55	22	22	...	...	...	...	31	28	140	117	24	...	651	...	82	
Ankylostomiasis	...	6	...	...	6	7	37	44	90	19	28	56	40	12	28	4	48	26	155	18	...	717	...	71	
Diabetes Mellitus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Debility	...	10	16	...	2	18	15	11	24	65	16	5	11	36	38	9	...	4	7	3	56	384	...	27	
LOCAL DISEASES.																									
DISEASES OF NERVOUS SYSTEM.																									
Sub-Section I.																									
Diseases of the Nerves :	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Neuritis	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7	...	08	
Meningitis	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	01	
Myelitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Hydrocephalus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	













## APPENDIX 3.

(3.)

Digest of Abstract of Cases treated in Estates' Hospitals during 1911-12.

Total number of Cases entered in Case Book during year 24,304.

## PRINCIPAL DISEASES TREATED.

Diseases.				No. of Cases.	Diseases.				No. of Cases.
Dysentery	...	...	...	938	Respiratory System	...	...	781	
Malarial Fever	...	...	...	8,433	Digestive System	...	...	1,647	
Rheumatism	...	...	...	514	Parasites	...	...	890	
Anæmia	...	...	...	744	Skin Diseases	...	...	3,766	
Ankylostomiasis	...	...	...	1,118	Ground Itch	...	...	478	

DISTRICTS.	Estates.	Population.	Total cases treated.	Diseases.											Mortality.
				Dysentery.	Malarial Fever.	Rheumatism.	Anæmia.	Ankylostomiasis.	Local Injuries.	Respiratory System.	Digestive System.	Parasites.	Ground Itch.	Skin Diseases.	
St. Joseph	Frederick	587	823	74	305	6	44	6	48	18	19	...	60	89	1.35
Tacarigua	Orange Grove	286	785	26	255	38	23	...	...	81	53	...	...	151	1.30
Chagnanas	Perseverance	532	1934	85	667	35	39	7	28	48	140	16	70	398	1.69
Couva	Savilla	682	1860	101	699	39	22	37	56	79	69	35	...	379	1.58
	Exchange	629	1508	86	528	15	80	44	28	28	77	8	...	523	1.11
	Waterloo	478	1484	117	602	11	55	90	19	125	49	9	...	251	1.68
Pointe-à-Pierre	Esperanza	519	1511	90	713	23	22	19	40	38	98	11	...	331	1.92
	Mount Pleasant	193	896	33	427	17	22	29	7	28	65	...	...	130	2.10
North Naparima	Petit Morne	741	997	32	235	34	7	89	40	16	114	165	...	119	1.07
	Harmony Hall	362	1022	4	322	45	...	12	88	16	137	164	...	85	1.38
	Cedar Hill	348	512	32	90	19	...	40	44	15	28	117	...	48	1.28
South Naparima	Union Hall	392	842	...	167	57	117	18	...	12	101	2	87	27	1.53
	Picton	593	1201	...	504	19	31	48	...	14	79	...	75	100	1.67
	Bronte	261	572	...	198	6	26	26	7	17	31	...	38	77	1.14
	Bien Venue, &c., &c.	619	2668	32	1048	36	140	185	15	22	194	...	97	533	4.63
Princes Town	Buen Intento	121	802	28	197	16	24	...	11	38	27	190	...	150	4.25
Guaracara	Brothers	272	678	51	224	3	...	56	19	36	17	...	...	27	1.10

H. L. CLARE,  
Surgeon-General.

## APPENDIX 3—contd.

(4.)

Comparative Statement of Principal diseases treated in Estates' Hospitals during the years 1909-10, 1910-11, 1911-12.

DISEASES.	SUGAR ESTATES.			COCOA ESTATES.		
	Number Treated 1909-10.	Number Treated 1910-11.	Number Treated 1911-12.	Number Treated 1909-10.	Number Treated 1910-11.	Number Treated 1911-12.
Influenza ... ..	219	254	98	17	39	84
Dysentery ... ..	748	674	742	162	186	241
Malarial Intermittent Fever ...	7,454	5,276	7,224	916	571	1,205
„ Remittent „ ...	97	10	8	15	440	...
„ Pernicious Remittent Fever ...	7	...	...	2	3	...
Primary Syphilis ... ..	121	134	132	10	7	20
Gonorrhoea ... ..	214	168	273	62	41	88
Rheumatism ... ..	401	439	423	67	50	92
Anaemia ... ..	806	924	651	281	198	93
Ankylostomiasis ... ..	1,319	1,270	717	101	326	336
Debility ... ..	556	322	334	67	119	57
Neuralgia ... ..	173	143	104	16	28	33
Diseases of the Eye ... ..	144	164	175	27	20	43
„ „ Respiratory System ...	658	766	681	102	143	150
„ „ Digestive „ ...	1,454	1,459	1,307	233	220	340
„ „ Male Organs ...	190	141	201	28	57	77
„ „ Cellular Tissue ...	443	512	519	139	171	163
Skin Diseases ... ..	3,577	2,791	3,389	499	205	377
Local Injuries ... ..	588	549	453	111	128	132
Parasites ... ..	830	506	751	54	72	69
Ground Itch ... ..	425	316	429	43	41	49

H. L. CLARE,  
*Surgeon-General.*

## APPENDIX 3.

(5.)

Comparative Statement of communicable Diseases treated on Estates during years 1909-10, 1910-11, 1911-12.

DISEASES.	Cases treated 1909-10.	Cases treated 1910-11.	Cases treated 1911-12.
Chicken Pox ... ..	...	...	..
Influenza ... ..	236	293	177
Typhoid Fever ... ..	...	...	4
Erysipelas ... ..	5	4	2
Tuberculosis ... ..	10	...	5
Leprosy ... ..	3	4	6
Yaws ... ..	28	6	3
Syphilis ... ..	207	160	233

H. L. CLARE,  
*Surgeon-General.*



APPENDIX 5 (a).  
REPATRIATION.

Year.	NUMBER OF RETURN PASSAGES EACH YEAR.						Total souls statute Adults.	Amounts deposited for remittance.	Amounts deposited with Surgeon Superintendent.
	Free after 10 years.	Ans'd. after 10 years.	Sent back as unfit.	Rejected.	Paid passages.	Children.			
1890	471	...	...	...	3	128	597	£ s. d. 7,809 7 6	£ s. d. 68 14 2
1891	545	...	...	...	86	104	585½	10,781 19 1	927 15 10
1892	556	...	...	...	10	131	685	9,181 12 6	118 19 11
1893	609	...	...	...	34	97	693	8,938 10 6	116 8 9
1894	590	...	...	...	...	117	697	10,868 1 9	300 0 0
1895	798	...	...	...	1	147	740	11,077 5 10½	105 0 0
1896	572	...	...	...	15	126	691½	9,685 4. 0	111 0 0
1897	605	...	...	1	...	141	707	7,091 9 2	40 0 0
1898	605	...	4	...	...	137	712	10,797 15 10	66 4 4
1899	597	...	4	...	20	99	649½	10,096 13 4	292 0 0
1900-01	578	...	14	...	5	118	746	8,688 19 2	97 0 0
1901-02	587	...	17	6	1	124	677½	9,102 18 4	184 17 1
1902-03	582	...	6	14	5	193	720	9,095 8 9	126 16 8
1903-04	582	...	9	11	1	138	670½	9,171 5 5	150 0 0
1904-05	568	...	13	15	4	133	710	9,078 19 2	204 5 0
1905-06	696	23	20	8	3	154	653½	14,560 0 0	806 0 0
1906-07	472	119	40	8	16	128	721	10,005 12 6	119 0 0
1907-08	382	185	24	1	40	120	652	13,578 11 10½	306 0 0
1908-09	372	157	27	...	57	118	728	17,426 0 10	286 5 10
1909-10	260	137	32	6	66	87	661½	18,656 17 6	208 9 7
1910-11	236	186	74	3	80	98	304	10,525 12 6	196 19 0
1911-12	214	118	51	6	87	50	897	9,046 5 0	90 11 8

## APPENDIX 5 (b).

## AMOUNTS REMITTED TO INDIA AND AMOUNTS PLACED IN DEPOSIT IN THE SAVINGS BANK BY INDIAN IMMIGRANTS ANNUALLY SINCE 1890.

Year.	Year.						Amounts remitted.	Number of remitters.	Savings Bank deposits.
							£ s. d.		£ s. d.
1890	...	...	...	...	...	...	2,218 10 5	608	31,955 1 1
1891	...	...	...	...	...	...	1,468 10 2½	383	30,987 11 4
1892	...	...	...	...	...	...	2,074 13 7½	559	36,988 17 9½
1893	...	...	...	...	...	...	2,510 15 5	654	37,772 7 7
1894	...	...	...	...	...	...	2,545 1 2½	686	36,300 4 3½
1895	...	...	...	...	...	...	2,829 17 5½	879	47,038 12 7
1896	...	...	...	...	...	...	4,542 18 11	1253	46,057 7 8½
1897	...	...	...	...	...	...	3,616 11 2	1213	38,877 11 2
1898	...	...	...	...	...	...	2,781 16 7	996	40,570 10 7
1899	...	...	...	...	...	...	2,910 12 0	908	55,278 14 0
1900-1	...	...	...	...	...	...	2,960 8 9	1020	59,907 19 5
1901-2	...	...	...	...	...	...	2,314 4 5	688	65,028 8 0½
1902-3	...	...	...	...	...	...	2,416 0 2	858	59,725 13 9
1903-4	...	...	...	...	...	...	2,478 18 0	905	59,156 15 4
1904-5	...	...	...	...	...	...	3,013 14 3	1028	61,237 7 1
1905-6	...	...	...	...	...	...	3,413 7 10	1056	61,076 18 11
1906-7	...	...	...	...	...	...	2,872 16 10	898	67,508 7 1½
1907-8	...	...	...	...	...	...	3,227 0 3	1003	74,822 8 7
1908-9	...	...	...	...	...	...	3,491 13 4	1072	66,557 11 0
1909-10	...	...	...	...	...	...	3,800 7 4	1056	76,633 4 1
1910-11	...	...	...	...	...	...	3,990 0 4	1116	84,740 6 2½
1911-12	...	...	...	...	...	...	3,624 18 3	936	81,403 13 5

## APPENDIX G.

**Regulations for Medical Attendance on the poor.**

1. The Government Medical Officer of the District attends at the times and places appointed for the purpose, to prescribe for poor persons presenting themselves for medical advice and treatment.

2. Any pauper producing a certificate of pauperism from the Sanitary Inspector of Port-of-Spain or San Fernando or the Warden of any District is prescribed for, and treated gratuitously, and the medicines ordered are furnished free of charge.

3. Persons unable to pay for private medical attendance, producing a certificate of poverty signed by a Warden or Sanitary Inspector, are prescribed for, and treated on pre-payment to the District Medical Officer of a fee of sixpence each time prescribed for, and the medicines ordered each time is supplied on pre-payment of sixpence.

4. The District Medical Officer must report to the Surgeon-General any irregularity or impropriety that he may discover in the issue of any certificate of pauperism or poverty.

5. The District Medical Officer will visit the sick poor when necessary at their homes on presentation of a pauper or poverty certificate and an order to visit signed by the Warden or Sanitary Inspector.

6. He is responsible for prompt attendance, whether prepaid or not in all cases of urgency when duly notified thereof, or summoned hereto, by any Magistrate, Warden, Ward Officer, Member of the Constabulary Force or Sanitary Inspector.

7. The pre-payment of any fee, or the presentation of any certificate, or order to visit is not to prejudice the Medical Officer's further legal claim for remuneration from the person attended.

8. If the District Medical Officer is of opinion that any pauper prescribed for, or visited, according to the foregoing Regulations, requires hospital treatment, he shall order his removal to hospital.

9. Certificates of pauperism are available for one month only and of poverty, for a fortnight only from date. Any order or certificate to visit is available for one week only from date.

10. No certificate of pauperism exempts any person receiving medical relief from his liability for subsequent payment for such relief according to his means.

11. Sick persons provided with certificates of pauperism or poverty signed by the Warden may present themselves for treatment to the nearest District Medical Officer. Those who require to be treated at their homes, however, must be attended by the Medical Officer of the District.

All questions arising in respect of the foregoing Regulations may be decided on the authority of the Governor.

## BRITISH GUIANA.

**15. Housing of labourers.**—The general rules regarding accommodation, sites, drainage, are substantially the same as in Trinidad. Both dwellings and yards are inspected monthly by the local Immigration Agent as well as by the Government Medical Officer who is in charge of the estate hospital. The Immigration Agents in their monthly reports keep the Immigration Agent General informed of the state of buildings, etc. The medical officers submit monthly reports to the Surgeon-General, the form prescribed being included in Appendix 7. The Surgeon-General, or an officer specially deputed by him, inspects the dwellings and yards of each estate once in six months.

The dwellings are on the same general pattern as those in Trinidad but are better ventilated. The arrangements for irrigating and draining estates have been described in detail in Surgeon-Major Comyn's report and need not here be repeated. After a number of experiments a simple and serviceable type of latrine has been constructed over the estate drainage trenches, emptied daily, and these latrines are now in general use. The drinking water-supply arrangements consist of open ponds as well as of barrels or cisterns for the collection of rain water from roofs. In some cases special cisterns have been constructed for storing and purifying water introduced in pipes from an outside source of water-supply. Unremitting efforts are made to raise the standard of purity of water from whatever source it may be derived. Even where no indentured Indian labourers but large numbers of free labourers are employed considerable sums are spent on drinking water-supply arrangements. Receptacles for water were carefully screened, and the space round buildings was kept clean. Much has been done in recent years to remove defects and we found unmistakable evidence of active co-operation between employers and medical officers in devising and carrying out improvements. Though the distance from buildings to main drainage trenches is short and ordinary surface trenches for storm water are easily kept clean cement-lined channels might perhaps be advantageously substituted. A memorandum regarding the organisation of medical and sanitary work on estates was drawn up for our information and is printed as Appendix 7 to this report. We have only to add that our experience indicated that an admirably close correspondence has been established between practice and theory. Bathing places, consisting of cement floors surrounded by any kind of effective screen, would be an improvement.

**16. Medical arrangements. Birth and death rate.**—For detailed information reference may be made to Appendix 7. Estates in this colony employ large numbers of labourers and the separate hospital on each estate is visited at least once in 48 hours by the Government Medical Officer, a trained dispenser with a nursing staff being always on the spot. Where the hospital is near to the medical officer's residence it is often visited daily both in the morning and in the afternoon. No distinction is made between the free and indentured labourers residing on an estate. The latter cannot be ordered to go to hospital but require no pressure to accept medical treatment which they have learnt to value. They do not however always apply promptly for treatment and may exercise an unwise discretion about compliance with dietary instructions. Of recent years quinine has been supplied by Government at cost price to estates and is distributed to labourers. Medical officers and managers of all estates have, with varying degrees of success, tried to induce all labourers to take small doses regularly. In every estate hospital visited the dispensers were trained specially to assist in the treatment of ankylostomiasis patients and the medical reports indicate that this has been done generally. The hospitals, 37 in number with 2,360 beds, are suitable and well equipped. The medical officers who visit the dwellings monthly seemed to know not only the ailments but often the personal history of the residents. Generally we regard the medical arrangements on estates as beyond our criticism.

The memorandum, Appendix 7, contains the rules relating to the medical treatment of poor persons off estates. It will be seen that certificates entitling persons to treatment either gratis or at reduced fees may be issued by a number of residents of each locality. Most Government medical officers dispense with certificates and treat Indians free unless they know them to be well off. On settlements at a distance from the residence of a Government Medical Office



Indian settlers sometimes complained that medical aid was not sufficiently accessible. In one locality we found that an allowance had been granted to defray the cost of a motor launch to enable the medical officer to travel up a creek twice a week to an Indian settlement of rice growers and cattle owners. It seems impossible to send fully qualified medical officers to every locality to which settlers are spreading, but we think that the prevailing conditions render desirable the entertainment of a small staff with qualifications similar to those of sub-assistant surgeons in India. The Indian population in villages and settlements accustomed to medical treatment on estates and appreciating its value needs local and prompt treatment of ordinary ailments. Dispensaries in charge of men of the sub-assistant surgeon class would be very useful if out-door patients received gratuitous treatment and visits to patients' homes in the vicinity of the dispensary were covered by a very small fee. It is possible that young Indian licentiates of medicine and surgery would be attracted by the offer of salaries of 50 dollars a month, and on resignation after 10 years' service a bonus of one month's pay per year of service. Leave might be given at intervals of four years with arrangements for passage as assistant medical officer on emigrant steamers. Not only Indians but all labourers would benefit by the establishment of dispensaries in populous localities situated at a distance of more than 6 miles from any existing centre of medical relief. It would also be well to exempt from payment of medical fees persons whose yearly incomes did not exceed £30. Though certificates of poverty may be obtained more easily than in Trinidad a general rule of this kind will often obviate the need for obtaining a certificate. The suffering and privation due to sickness amongst the very poor in tropical countries call for the administration of medical relief free from harassing restrictions.

The figures in Table V of Appendix 7 show that the death-rate of the indentured on estates varied in the 5 years ending in 1911-12 from 14.6 to 21.1 per 1,000, and that the death-rate amongst unindentured Indians on estates varied from 26.4 to 35.8. The Immigration Agent General's annual report for 1912-13, received during the compilation of this report shows that the low rates of 1911-12 have not only been maintained but improved upon. The following figures for the estate population in the last three years are noteworthy:—

Year.	Birth-rate.	Death-rate.	Infantile mortality.	Total population.
1910-11 ... ..	24.3	30.8	215	62,197
1911-12 ... ..	28.1	24.8	178	68,945
1912-13 ... ..	34.8	17.5	138	66,134

In the year 1912-13 the death-rate among indentured Indians was the lowest known, *vis.*, 13.3.

Malaria, bowel complaints, and pneumonic diseases have in the past been most fatal on estates. During the last three years the variations recorded on estates are as follows:—

Year.	Malaria, Coma, Convulsions, etc.		Diarrhoea, Dysentery, Colitis, etc.		Bronchitis, Pneumonia, Asthma.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1910-11 ... ..	22,385	212	3,841	200	6,321	445
1911-12 ... ..	15,825	167	3,216	215	4,376	289
1912-13 ... ..	7,134	66	2,708	141	5,078	258

The results achieved by well directed and zealously executed measures, both sanitary and medical, on estates in recent years are very satisfactory.

The Registrar-General's latest report showed that the general Indian birth-rate on and off estates, was 26 per 1,000, and that in the preceding quinquennium the mean rate was 26·7. The proportion of Indian males to females in 1911 was 4 to 3. If all persons below 15 years of age are excluded the proportion exceeded 3 to 2, and excluding all those below 20 years of age the proportion approximated 5 to 3. Under the circumstances a low birth-rate must be expected. The death-rate among Indians generally was 32·6, 33·7, 37·6 and 32·1, respectively, in the years from 1908-11. The mean death-rate for the whole population in the quinquennium 1906-10 was 32·2, and in 1911 was 31·7. The Indian death-rate is slightly higher than the general rate. The following table gives details of mortality among the various races :—

Races.	Rate per 1,000 of population.		
	1909.	1910.	1911.
Europeans other than Portuguese	15·0	16·5	13·0
Portuguese	34·8	34·3	32·7
East Indians	33·7	37·6	32·1
Chinese	40·3	37·0	34·7
Aborigines	53·8	67·1	63·4
Africans	59·1	89·1	113·6
Blacks	30·8	33·5	31·5
Mixed races	17·4	19·7	24·4

The Indian death-rate is stated to be highest among the rice-land cultivators, and if the fact is established the argument for organising special medical relief measures is strengthened. Experience on estates in recent years indicates that the death-rate may be reduced and the birth-rate increased by improving sanitation and medical aid. A reference to the Vital Statistics for India (1913) will show that birth-rates and death-rates of districts in the United Provinces, which is the largest supplier of emigrants to the colonies, do not always contrast favourably with the rates above recorded. In the ten years ending 1911 the death-rate of all India exceeded 35 per 1,000, and the birth-rate very closely approximated 39 per 1,000.

The Surgeon-General arranged to introduce hospital forms, similar to those proposed in Trinidad, in order to show the average number of days of sickness per head, the number of days of sickness contributed by each of the diseases contributing most largely to the total, etc. As in Trinidad the statistics of sickness in existing forms are very complete medical returns but are of small value to the layman, who wishes to know exactly the incidence on each estate, the diseases affecting large numbers of patients, and the explanations of abnormal rates or the remedial action taken. The last year's returns are printed as Appendix 8. From the annual report for 1911-12 it appears that out of 9,492 indentured labourers the daily average number in hospital was 494, equivalent to 5·3 per cent. The average number of days sickness per head per annum is therefore 19·4, the maternity cases being included. The average worker is unable to earn money and is maintained free of cost on these days. The percentage of sickness per head on individual estates in 1912-13 is given in the Work and Wages Return in the annual report received by us in March 1914. For details see Appendix 10. It would be imprudent to draw confident conclusions from the figures of a single year, but clearly when the sickness percentage of an estate is double the average percentage there is need for in-

quiry. It may mean unhealthy conditions but may also mean only a high birth-rate and considerate treatment of maternity cases or the presence of one or two chronic invalids who were never fit for work and never would be. So also if a single disease shows an abnormal rate on an estate, whatever the total sickness may be, the cause should be known. It may be defective sanitation or merely variations in medical treatment but a definite and not a conjectural explanation is needed.

**17. Tasks, hours and wages.**—The provisions of the Ordinance differ very slightly from those in Trinidad, even verbally. The only noteworthy difference is that in British Guiana a working day for the time-worker consists of 7 hours, exclusive of stoppages. It may in practice result in a shortening of the time in the field as compared with Trinidad, but time-work is a trifling percentage of the labour in British Guiana. In Trinidad time-workers are most in evidence on cocoa plantations, where work is less monotonous and much cooler than in the open. We found no cases of excessive hours and had no complaints from time-workers, but think our proposal regarding overtime payments in Trinidad should be generally applied.

The following remarks are extracted from a memorandum of the Acting Agent-General. We have converted dollars and cents into Indian coinage when this seemed likely to be a convenient aid to readers familiar with the latter. We endorse the statements made with the following exceptions. Firstly, we doubt if the trained ex-indentured labourer can earn as much in 3 days as an average indentured man in 5 or 6 with the same effort. It seems safer to state that the comparative efficiency is not less than 4 to 3. A good number of the men in the last half of their indentured service are as good as the ex-indentured man. We have seen indentured men in British Guiana earn two shillings (= Rs. 1-8-0) a day on ordinary task-work. Such men are often bracketted in the field with a newcomer to bring him along. Secondly, we see no difficulty in properly appreciating the daily earnings as set forth in the appendices to the Fiji and Jamaica reports, the latter giving complete details. We have, however, made a general recommendation in paragraph 62 of this report regarding the form in which labourer's earnings are shown.

"Immigrants as a rule get to work at 6 A. M. and leave the field at about 4-30 P. M., 7½ hours at task work (allowing an hour for meals).

"The weekly average per worker (including females as well as males, children, invalids and convalescents) for the last four years has been \$1.17½. On the assumption that the workers all worked 6 days the daily average is 19.6 cts. (= 9.8 annas).

"There are four females to every ten males. The minimum for a woman is 16 cts. (= 8 annas) a day, for an able-bodied man 24 cts. (= 12 annas) a day; therefore a group of 14 persons consisting of 4 females and 10 males should earn :—

$$\begin{array}{r} 4 \times 16 = 64 \text{ cts.} \\ 10 \times 24 = 240 \text{ ,,} \\ \hline \$3.04 \text{ ,,} \end{array}$$

or per unit  $3.04 \div 14 = 21.71 \text{ cts. (= 10.85 annas)}$ .

"The above 19.6 cts. compares favourably with the above 21.71 cts. when it is considered that in practice the workers do not work more than five days a week at most (½ day Monday and ½ day Saturday) and that there are included workers who have worked only portions of the week but whose time has been counted as a whole week. Further, as already mentioned, invalids and convalescents,—not to mention 'new coolies' who are strange to the work,—are included in the calculation. For example, assuming for a fact, as it is, that the immigrants do not work more than five days a week on an average, the weekly average of \$1.17½ ÷ 5 gives an *all round* daily average of 23.5 cts. (= 11.75 annas).

"On each monthly visit to an estate the Immigration Agent takes the 10 highest earnings of the shovel gang and a similar number of the weeding gang, which is composed of men and women, for the week immediately preceding his visit.

"In 1912 there were 30 estates which employ indentured labour; the total selected highest earnings for 1912 amount to \$13,166.16; this divided by  $20 \times 12 \times 30 = 7,200$  gives practically the highest weekly average per unit. This

refers only to field work earnings in the factory not being dependent on rates. Of the above amount, \$7,588.98 was earned by 3,600 shovelmen, \$5,677.18 by 3,600 women and weakly men, showing a weekly average of \$2.11 (= Rs. 6-9-6) for shovelmen and \$1.55 (= Rs. 4-13-6) for the others. Taking both together the weekly average per unit was \$1.83 (= Rs. 5-11-6).

"It may be mentioned that a comparison of the price of food stuffs ruling now and in 1872-73 when the shilling minimum was fixed by law, shows that the purchasing power of money is greater now. This applies with greater force to other commodities, such as clothing, etc.

"From the above taken together with the general health and condition of the immigrants it would seem that tasks are fairly moderate, hours of work suitable, and wages adequate.

"It may be well to describe here the procedure adopted when complaints are made by a body of immigrants as to insufficiency of rates. The District Immigration Agent at once proceeds to the estate and makes inquiries with a view to adjusting the price of the work to a rate fair to both parties. If such a course should appear desirable (if, for instance, one of the parties cannot be persuaded to accept the Agent's recommendation) the Immigration Agent may advise and assist the immigrants to lay their case before the Magistrate for arbitration, and this is done in some cases although the earnings of the complainants show a good average, when the immigrants continue dissatisfied and desire such a course.

"The arbitrators appointed by the Magistrate usually apply the time test and this, when carefully carried out and due allowance is made for flagging energy during the course of the day, is probably the most accurate and fair method of ascertaining whether the statutory minimum wage can be earned within the time and under the conditions laid down in the Ordinance.

"Two or three workers are selected by the employer and a similar number of volunteers from among the complainants are selected and set to work. An equal portion of work is given out to each and the time is taken at the beginning and finish of each man's work and his possible earnings in 7 hours ascertained.

"As a rule, of course, the "Strikers" in such a test work slowly but the mean between the time they take and that taken by the others is regarded as an indication of what an able-bodied man *ought to be able to do* 'without extraordinary exertion'.

"If an immigrant working leisurely takes 8 or 9 hours to finish a task for 24 cents which a willing and industrious worker can easily complete in 7 hours it is his own concern but he cannot complain that the rates are insufficient."

#### *Earnings of Indentured and Free Labourers.*

"Unindentured immigrants work at the same rate as indentured for the most part. Employers, however, sometimes have work which, if it can be accomplished fairly cheaply, they will get done, but not otherwise; and sometimes offer this work successfully to applicants for work at a lower rate than would be adequate for indentured immigrants.

"There are no statistics kept in this office as regards earnings of unindentured immigrants; but as examples in this regard I submit the average earnings of unindentured immigrants on 4 plantations in the different Immigration Districts for a month during the grinding or busiest season and a month in slacker times:—

DISTRICTS.	AVERAGE AMOUNT EARNED PER WEEK.	
	JULY. (Slack season).	DECEMBER. (Grinding season).
	Dollars.	Dollars.
No. 1 Berbice ...	1.87 (= Rs. 2-11-6)	1.47 (= Rs. 3-9-6)
No. 2 East Demerara ...	1.10 (= Rs. 3-7-0)	1.28 (= Rs. 4-0-0)
No. 3 West Demerara ...	1.26 (= Rs. 3-15-0)	1.25 (= Rs. 3-14-6)
No. 4 Essequibo ...	1.04 (= Rs. 3-4-0)	1.23 (= Rs. 3-13-6)

"It is difficult to make a comparison of the earnings of indentured and free labourers—the latter not being under obligation to work every day are frequently satisfied to

earn just enough for their weekly needs and they can do this with three days work a week.

"The free resident labourers (numbering 47 per cent of the total free immigrants in the Colony) enjoy the same advantages as the indentured immigrants in every respect, with the additional advantage that being skilled and acclimatized they are able to earn as much in three days as the indentured immigrants earn in five or six. I may add that the free resident labourers are allowed much latitude as regards the amount of work they afford for fear of losing their services altogether. Indeed, with a view to attracting and retaining the free labour, privileges (such as irrigated and drained plots of land for the cultivation of rice), are offered them on many estates, not to mention facilities for cattle raising.

"With regard to the system of entries in the muster-roll of the pay lists, it must be noted that the pay lists are framed in accordance with the schedule to the Immigration Ordinance and the presence or absence from work of immigrants for six days in every week has to be entered. No discrimination is practicable between immigrants working portions of a day and a full day, every immigrant who turns out to work being entered as present at work during the whole of that particular day. If therefore the test of the sufficiency or otherwise of the rates paid is the average daily amount earned, it will be seen that the earnings of some of the labourers who have worked portions of one or more days will lower the weekly average of the whole number.

"On estates where rice farming and the keeping of cattle and other stock is permitted and encouraged a reasonable amount of indulgence to enable the people to attend thereto is always granted, and on such estates especially where rice cultivation is extensively carried on, the week's work might often be taken as 4 to 4½ days.

"It was in view of this that about 11 years ago, it became the practice to regard an average of \$1.00 a week as a *minimum* per indentured worker as a sound indication that the law was being complied with as regards the rates. This allowed for absences from work during part of the week and for the inclusion in the total number of workers of weakly men and women, children, convalescents and invalids. This system affords a better indication of the means of support than that of a daily average as recommended by the Sanderson Committee—

The following examples illustrate this point:—

"On plantation La Bonne Intention during the week ended 11th January 1913, 181 indentured immigrants, male and female, earned \$162.12 giving a weekly average not quite 90 cts. showing inadequate earnings; but the daily average of the men was 24.4 cts. and of the women 19.1 cts. showing fair earnings especially on the part of the women.

"Again at plantation La Bonne Intention during the week ended 1st March 1913 186 male and female immigrants earned \$212.16 giving a weekly average of \$1.14 showing passable earnings, while the daily average of men was only 22.9 cts. and of the women only 15.6 cts.

"Writing on the subject of the earnings of the indentured immigrants, one of the oldest and most popular managers in this Colony states:—

"It must be remembered that the indentured immigrant works for himself during most of his spare time in the rice fields, many of them growing sufficient paddy to supply the family consumption throughout the year, and though this reduces their efficiency as workers for the estate, I agree with the views of the late Immigration Agent General, that they should be allowed to take land for this purpose. Undoubtedly there are some with sufficiently robust physique to enable them both to earn the minimum wage month after month and grow their own paddy out of working hours, but when dealing with the average earnings of a large number of immigrants it will always be found that the one interferes with the other. The question then arises; what is best for both parties;—the Employer and the Immigrant? If the Employer is forced to make his immigrants larger wage-earners, it will become necessary for him to see that their spare time is not occupied with further manual labour, (the earnings from which do not appear in the Employer's books) and thus cause general dissatisfaction. On the other hand if he is satisfied to accept fair average earnings from his immigrants allowing them to supplement this by growing paddy for their own consumption he has a happy body of people who work willingly for him. At the same time the fact must not be lost sight of that the crying want of the country is labour that can be depended upon, and the employer will naturally get the utmost, commensurate with contentment, out of his immigrants."

As regards earnings the table in Appendix 10 shows average weekly earnings for all workers together in 1908-12. The estates in the northern group, Esequibo district, show weekly earnings of four shillings and nine pence or

three rupees and nine annas. The average sick rate in this district was 4.7 per cent as against 5.3 on all estates in 1911. Less than ten per cent of the indentured labourers are employed on these estates. On the other estates the weekly earnings were in 1912 5s. 1½d. or three rupees thirteen annas and six pies. In the Agent-General's report for 1912-13 which reached us in March 1914 the earnings per working day and per day worked on each estate are given. These are printed as Appendix 10 of this report, and to ensure their proper appreciation paras. 32 to 34 of the Agent General's report are printed with the statistical tables. To the earnings in money must be added the small item of cost of maintenance during sickness and the substantial, but unknown amount earned by cultivating rice lands or keeping cattle. This addition must be made in making mental comparisons with the earnings of other day labourers. In this colony the excellent system of rewarding good workers by assigning them small rice plots or permitting them to keep cattle is generally practised. But omitting the supplementary items the actual money earnings show that men of ordinary industry and physique can without difficulty earn the wage promised them in India. On estates visited the pay-sheets show that good workers earn sometimes 19 rupees (over 6 dollars) in a fortnight, and that fortnightly earnings of upwards of Rs. 14 are by no means infrequent. That is, from 19 to 25 tasks are done on 11 working days. These earnings were not confined to one class of work but appeared in several, e.g., loading punts, forking banks, half-banking and planting, supplying tops, etc. The Agent-General's explanation of the figures in Appendix 10 must be borne in mind when reading the tabular statement. Even including minors and invalids, untrained as well as trained labourers, and counting days, on which more than a half day's work is rarely done as full working days, the *average* daily earnings of males are eleven pence, i.e., eleven annas, per day worked. We have seen the tasks in the field and found them always reasonable. The earnings show that they must be reasonable. We nevertheless recommend that each Inspector should go more frequently into the field to see men at work and listen to their casual representations. Without doing anything that remotely resembles what is colloquially described as playing to the gallery he will let a body of ignorant and rather suspicious labourers know that what concerns them concerns him. He will hear some things he might not otherwise hear and he will keep himself constantly informed of the conditions under which work is done. The system by which the reasonableness of tasks is tested is good. At present if labourers complain that tasks are unreasonable the Immigration Agent proceeds to inquire. In the great majority of cases the complaint is groundless and the labourers are shown that it is so. A regular time test is rarely made by an Agent. In one case out of 41 since 1908 an Inspector has increased the piece rate for the work. In 5 cases the dispute was referred to arbitrators appointed by a Magistrate and in all these cases the rate was held to be fair. The reason for the infrequent application of the time tests by Immigration Agents is that thirty-four years ago the then Immigration Agent-General forbade Inspectors to arbitrate and instructed them to help labourers to obtain a magisterial decision as the Agent whose duty it was to protect the labourer incurred odium by giving a decision in favour of the master. The practice of arbitrating was in time resumed by Agents and again in 1900 condemned by the Agent-General who ordered Agents to limit their interference to assisting labourers to obtain magisterial decisions under section 99 of the Ordinance. The reiteration of the prohibition was caused by two violent manifestations by labourers who were dissatisfied with decisions. In one case they beat the men employed to work against time and in the other assaulted the Head Overseer of the estate. Again the custom of summary arbitration by Agents has reappeared and will, we hope, escape future condemnation. An Inspector's decision should be as just and impartial as that of any other tribunal. The very fact that his duty is to protect and assist the labourer during and after indenture is the reason why the labourer should not be referred to another authority if the Inspector can effect a settlement. It is reasonable to allow either labourer or employer if dissatisfied to refer the case to a Magistrate. The fact that labourers dissatisfied with a decision may sometimes give violent vent to their dissatisfaction is a risk that must be taken with people liable

to sudden bursts of passion. An Agent who hoped never to displease either labourer or employer should be relegated to some other duty. The inquiry of an Agent will be much speedier than that of a Magistrate, and promptness will have two advantages. A heavy shower may alter the conditions of the soil if the inquiry is delayed. A dispute kept pending for several days is unsettling. The experience of the last few years shows that Agents can arbitrate successfully, and the final restoration of the twice formally prohibited practice under an Agent-General like Mr. Duff, recently retired, is not a slight argument in its favour. We think that an Agent should not only make thorough inquiries, apply time tests, and give definite decisions on complaints but that he should be empowered to make unsolicited tests occasionally. His decisions on complaints will not have less weight because practical testing of work is an ordinary part of his duty. It will be seen hereafter that we think Agents should be empowered to adjudicate in all disputes between labourers and employers.

The labourers in British Guiana gave us the impression that they were very critical of tasks rates. The employers seem to have aimed at very accurate adjustment of tasks and to have educated their labourers in so doing. A task is nominally an allotment of work for a day. In practice, a rate of piece work is fixed with reference to a reasonable seven-hour task at twelve pence (or annas) and a labourer is usually assigned work which will represent several tasks. Within wide limits he works at his own pace and a field book sometimes shows that on five successive days he has no two days' earnings alike. The ordinary worker will approximate to a steady rate from Tuesday to Friday. Monday and Saturday are generally light days. During crop time his work will be more strictly controlled. His earnings will go up, and at the end of the spurt he will be given holidays or some other form of reward for working continuously. He cannot be compelled to work more than 42 hours per week or do on any day a task which represents more than 7 hours' work performed without extraordinary exertion. He is stimulated by special rates to exert himself in crop time when the cane is being cut and taken to the factory so that the mill work will proceed uninterruptedly and economically.

The indentured labourer on the estates of British Guiana has no reason for dissatisfaction with the manner in which his work is assigned to him or the rate of payment. The average man gets more than he bargained for, and good work meets with special recognition apart from wages earned.

Recently an addition has been made to the ration supplied to new arrivals on estates, though no deduction from wages on this account has been made. It was found that new-comers frequently did not arrange to have food properly cooked before going into the field in the morning, and that this was bad for their health. Accordingly it was ordered that each man should, during his first three months of indenture, receive a special morning ration of 5 ounces of bread or biscuit, half an ounce of sugar and half a pint of milk. The cost of this ration is about 3½ cents, (one anna and nine pies,) and is a gratuitous addition to the labourer's pay for three months. It is a wise and humane provision, which might be adopted in all colonies. The cost of living in British Guiana is cheaper than in Trinidad owing to the fact that rice is now grown locally in much larger quantities than is sufficient to meet the local consumption, the majority of the estates having rice lands cultivated by their indentured and free Indian labourers. Some other requisites are slightly dearer. The net deduction in favour of British Guiana should be not less than three pence weekly. Since 1872 when the present rates of wages were instituted prices have declined. Tobacco alone shows an increase of no less than 100 per cent. However even to the inveterate smoker this means perhaps an increase of one anna per week, which may be compared with a reduction in the price of flour, which is consumed daily, from 6 cents to 3½ cents per pound. If a man does not save upwards of two shillings a week it is because he is below the average standard of industry and physique. Good workers can save from twice to three times that amount.

There is so little time-work at ordinary rates in British Guiana that the question of overtime rates is almost academic. The rule we have suggested for Trinidad is, however, recommended for adoption. A definite and equitable rule obviates trouble. It seemed to us that neither task workers nor time workers began their work as early in British Guiana as in Trinidad.

The indentured and free workers are employed at the same rates. We never heard of higher rates to outside workers. We were informed that if a manager had many applications from labourers he might offer a piece of work at a contract rate rather lower than the rates paid to indentured labourers. Its execution would effect some little improvement justifiable at a certain cost and not otherwise.

**18. Administration of justice, etc.**—The comments made on the administration of justice in Trinidad are generally applicable. What is needed is a reduction in the number of prosecutions, a revision of the maximum penalties, the recovery of fines by instalments, and the detention and the employment apart from ordinary convicts of offenders who will not pay fines imposed upon them for breaches of their agreement.

The prosecution record in this colony shows that the percentage of summonses to indentured immigrants began to rise in 1896-97, when it was 18·48 per cent, and culminated in 1906-07 with 37·8 per cent. It would seem that the development of the rice industry in the intervening years contributed greatly to this result. Indentured immigrants devoted to the plots assigned to them or to the land leased by other immigrants more of their time than their employers thought reasonable. The amalgamation of two or more estates into one large estate, a common occurrence during the last years of the century, reduced the direct personal influence of the manager himself. Managers became accustomed to a high percentage of prosecutions, and the prosecutions by way of warning rose into general favour. The records of the Immigration Department during the last quarter of a century show that successive Immigration Agent-Generals exhorted and circularised managers to trust more to personal influence and less to external coercion. From 1907-08 onward there has been an improvement, and in 1911-12 and 1912-13 a marked improvement, the percentage for these years being 23·8 and 18·3 respectively. During our stay in the colony the Immigrant Agent-General supplied us with information for the year 1912 as to the number of cases on each estate, the percentage to estate population, the results of the cases, and the number of occasions on which each offender was prosecuted. The tabular statement is given as Appendix 9. Three very small estates have abnormally high percentage rates, mainly owing to desertion and absence. One of these no longer employs indentured immigrants. The average earnings of the labourers on the other two stood highest in the colony in the last annual report, and in the case of a very small estate an unusual number of prosecutions in a single year is usually due to a temporary disturbance, while average earnings per day worked throughout the year indicate continuously satisfactory conditions of work. On the large estates the percentage rates vary from 0 to 32 per cent, a high-rate being almost always accompanied by a high proportion of cases withdrawn. The managers urged that recruits in recent years were less willing to work or to obey reasonable orders, and that outside influences were now constantly exciting trouble on estates. We have no means of estimating the force of the first argument. There is some truth in the second. But the prosecution rate began to rise 18 years ago, and though managers are very far indeed from being generally harsh towards their labourers, the majority have developed a wrong sense of proportion in this respect. They also urge here, as in all colonies, that they cannot show high average wages if they are lax about residence or work. But the experience of some estates in this colony, and of many elsewhere, shows that earnings may be kept satisfactorily high without a high rate of prosecutions. It may be conceded that a small percentage of labourers are not merely disinclined to work regularly and dislike a regular routine but are vicious or turbulent or both. But the number of persons prosecuted more than once only slightly exceeds 20 per cent of the total. The cases withdrawn are 32 per cent of the total, these being the cases instituted as warnings.



We think there is clearly room for the exercise both of more patience and of more personal influence. But as this has been urged by the Immigration Department unsuccessfully, we think that as in Trinidad prosecutions should be reduced by requiring managers to obtain previous sanction and by authorising Inspectors to dispose of complaints concurrently with magistrates. We do not believe in the preliminary prosecution for reasons already stated. As regards the persons prosecuted more than twice we have seen and talked with a few and looked into their work records. They were incorrigible vagabonds. The fact that a man can be punished six times in a year indicates that even hardened offenders do not receive maximum sentences. Altogether 462 sentences of imprisonment were inflicted, 439 fines were imposed and in 111 cases costs only were levied. The sentences of imprisonment ranged from 2 days to 3 months, the highest sentence being imposed for habitual idleness which was responsible for 200 out of the 462 sentences of imprisonment. We have already given our reasons for excluding this from the category of offences. In this colony also offenders who fail to pay fines should be sent to a separate place of confinement.

While looking through registers of prosecutions on estates we have seen very few *prima facie* objectionable sentences for first offences. We found one case in which a first offender had been sentenced to two days imprisonment without the option of a fine. The prosecuting manager did not know the reason which induced the Magistrate to pass the sentence. In this colony the decisions of the magistrates are scrutinised by the Attorney-General, and in cases falling under the labour Ordinance it seems desirable to make some provision for scrutiny in all colonies. Magistrates are not selected with reference to their knowledge of Indian immigrants or of the conditions existing on estates, and in any case regular scrutiny obviates many mistakes.

**19. Provisions of the Ordinance.**—The British Guiana Ordinance differs slightly from the Trinidad Ordinance. The modifications proposed in commenting on the latter need not here be repeated. What is undesirable in Trinidad is undesirable in this colony. Some provisions of the British Guiana Ordinance which exhibit less liberality than the Trinidad Ordinance should be amended or abrogated.

Except in crop time, *i.e.*, during such time between February and May as the crop of a particular estate is being cut and removed, a Trinidad labourer who has performed five tasks in a week cannot be compelled to work again during that week. The corresponding section (Section 95) of the British Guiana Ordinance requires the performance of six tasks before a labourer can claim a holiday as of right. As a matter of fact managers do not try to insist on six tasks a week, but it is right that the labourer should be entitled to take a day off if he wishes, when he has done five tasks, provided there is not very urgent need of his services and stoppage of work would not convert a year's profit into a loss. A needlessly restrictive provision is obviously objectionable.

Section 127 of the British Guiana Ordinance authorises a police constable to arrest an immigrant who is suspected of being a deserter or unlawful absentee. It is offensive and in practice useless. The corresponding Trinidad provision was deleted some years ago. When the present Ordinance was passed (1891) a number of the provisions of earlier laws were embodied, this provision being a striking instance. The earlier immigrants sometimes deserted with the object of walking to India overland. There were not then in the colony large Indian settlements and a peripatetic Indian not provided with a pass stood a very good chance of being a deserter. The provision under these circumstances was intelligible. At present the Indian community is the largest of the race divisions in the colony and immigrants include professional men commanding respect by their integrity as well as by their capacity. The section should be deleted and would have been deleted long ago had it been relied on for any other purpose than to justify a police constable in arresting deserters at the instance of responsible persons who identified them.

An 'immigrant' under the Ordinance includes ordinarily the child of an indentured immigrant, and certain restrictive sections are applicable to such 'immigrant'. For instance here, as in Trinidad, an 'immigrant', seeking employment may be required to produce a certificate of exemption

from labour (Section 115), an objectionable restriction in all cases. Some years ago persons professing to be interested in Indians born in the colony introduced into the legislature a Bill to enable all Colonial-born Indians to secure exemption from all provisions of the Ordinance by making a simple declaration. The Government of the Colony thought the measure unnecessary but made no opposition, and the Bill became Ordinance 5 of 1911. [See Appendix 10 (a)]. The bulk of the Indian Community stood aloof from or were hostile to the whole campaign. Two declarations in all had been made up to the time of our visit, though three years previously a good many Indians had signed a petition in favour of the Bill. Of the two declarants one personally visited an Immigration Office within a few weeks to obtain the assistance ungrudgingly given to all 'immigrants' in their private difficulties. The object of this recital is not of course to justify needless restrictions but to show what Indians in British Guiana think of the actual operation of apparently irksome statutory provisions. The whole transaction is a very high compliment to the Immigration Department in British Guiana, which is known to Indian labourers as 'Krási', the name being handed down from the time of Mr. Crosby, Immigration Agent-General in the sixties and seventies, who left an organised department zealously careful of the welfare of immigrants.

In the Ordinance of this colony an attempt is made to facilitate the recognition of marriages celebrated by Hindus and Musalmans (other than those born in the colony) according to their own religion. Such marriages are recognised if the bridegroom is above 15 years of age and the bride above 13 years of age, and if the parties obtain a 'no-objection' certificate before the marriage from the Immigration Agent-General (Section 151). Within seven days after the ceremony a certificate signed by the parties, and attested by witnesses 'subject to the same personal law' must be delivered to the Agent-General. If the bride is under 15 years of age, the certificate must include a declaration of consent, signed by the father or, if he is dead, by the mother or the legal guardian. In the case of orphans the consent of the Immigration Agent-General is requisite. If all these technicalities are fulfilled the marriage is registered and a certificate issued. During the last 10 years the marriages registered averaged less than 7 annually. The small number has been attributed to the age restriction, but it does not appear that the explanation rests on carefully ascertained facts. Unregistered marriages are undoubtedly celebrated with all publicity and the exact effect of the age restriction should be a matter of knowledge and not of speculation. The 'no-objection' certificate is not calculated to promote registration, nor is the liability to present a complex certificate attractive. If Hindu priests and Musalman kázis are recognised as marriage officers and parties are required merely to *notify* the Immigration Department and not to obtain a 'no-objection' certificate therefrom, and if the marriage officer is made liable for the submission of formal documents the procedure will present fewer obstacles to illiterate persons. The result of imposing needless obstacles in the way of contracting valid marriages is that people contract invalid marriages. It is quite enough to require reasonable notice to be given, to warn those concerned if a proposed marriage will be invalid or will expose either party to a criminal charge, and to recognise all marriages which are not *prima facie* illegal. If the object is to give women and children the minimum of protection by driving the former into marriages which have no legal validity the present system requires no modification. Though prompted by a desire to give legal recognition to religious marriages the Government of the colony has devised a procedure which in practice frustrates its own aims. The Indian community has manifested no great dissatisfaction because religious marriages are regarded as reputable, whether registered or unregistered, and because no material loss is likely to happen except in cases of intestate succession to valuable property. In the latter case danger is likely to arise only from claimants in India and the risk involved is comparatively small. The Government of the Colony claims no reversionary interest in such cases on the ground that there are no legitimate heirs. Owners of valuable property usually provide for its devolution, and forms of wills are supplied by the Immigration Department to all applicants. The advice or assistance of officers of

the department is frequently taken by immigrants making testamentary arrangements.

**20. Facilities for (a) lodging Complaints, (b) Meeting Friends, (c) Celebrating Festivals.**—(a) The facilities for lodging complaints are satisfactory. The Immigration Agents or Divisional Inspectors visit the estates once a month or oftener. Their offices are conveniently situated on the main roads. Labourers go to them freely and no hindrance is put in the way of an immigrant who wants leave to make a complaint either to an Immigration Agent or to a Magistrate.

(b) The estates in this colony are large settlements of Indians numbering from 400 to 4,000, of whom less than one-fifth are under indenture. Consequently friends can be met in very considerable numbers without leaving the estate. On week ends visits to other estates are frequently made, neither pass nor even oral permission being sought for or required.

(c) The most popular public festivals celebrated by immigrants are the Phagwa or Holi and the Muharram, the manner of celebration being as in an Indian village. The Muharram celebrations are beginning to be less attractive to the better Musalmans and Hindus, the colonial-born Indian and the youthful black being more prominent in the present holiday making which has lost almost all religious significance. Whatever may be wanting in either celebration it is not freedom.

On each estate there is either a temple or a mosque or both, the site being chosen with regard to the worshippers' convenience. Estate material is freely lent or given for buildings, temporary erections, etc. Managers are always asked to be present for a few minutes at some time during formal observances, and if kindly thought for the religious feelings of their labourers constitute any claim they well deserve the invitations. In all Colonies the attitude of managers is commendable, but in British Guiana where an estate is an Indian settlement the active manifestation of good feeling is chronic rather than occasional.

**21. Relations between Employers and Labourers.**—In British Guiana estates are larger than in Trinidad, and in addition to the labourers under indenture there are four times as many labourers who having completed their indentured service are settled on the estates. There are consequently more overseers and more headmen than on an ordinary Trinidad estate. The manager, besides directing the working of the estate, controls a small agricultural community numbering from several hundreds to a few thousands. A managership is reached by selection after long years of training and probation first as an overseer and later as a deputy manager. Having exercised authority over Indian labour for 15 or 20 years in the centre of an Indian community and having been chosen for his general fitness, and not merely technical capacity, he is seldom wanting in knowledge or sympathy. The overseers vary, as in Trinidad, the less competent moving from one estate to another and eventually disappearing. The headmen are usually satisfactory. Complaints of harshness come up from time to time. As one well-grounded complaint means removal and as labourers are not backward about complaining, the fact that complaints are only occasionally made and established is a fair indication that the labourer's interests are well looked after. The British Guiana labourer stands very much on his rights and we think there is a good deal of truth in the claim made in our presence by the attorney of one group of estates that the system makes men of them. He very soon learns that his rights are taken very seriously and that his employer's powers are restricted. In general, relations are friendly but waves of discord intrude on the harmony at intervals. Employers complain that of recent years persons outside the estates have systematically endeavoured to foment disturbances. Here also, the black labourer is jealous of the Indian who is taking root in the land. Some Indians who have arrived in the colony as passengers dislike the Indentured system, purvey journalistic and other literature of an unsettling kind, and conduct an agitation both on and off estates. While we recognise that employers are

embarrassed in this way we think that their only course is to take care that no specific cause of discontent is allowed to arise. Indentured labourers will behave like petulant children one day and express unqualified regret on the next. During the interval they require firm and tactful handling as their agricultural implements are deadly weapons and a crowd of excited labourers may go to dangerous lengths. While we were in this colony a very serious collision occurred on one estate, and was made the subject of a most exhaustive inquiry by a specially appointed stipendiary magistrate. His finding is printed as Appendix 11. Originating in a grievance about special holidays after the crop season the trouble grew until the indentured immigrants, more than 400, refused to work or let others work on the estate, beat and threatened members of the staff, expelled the Acting Immigration Agent-General when he came to inquire, resisted the execution of legal processes, and were finally reduced to submission by a large force of police which fired on a riotous crowd and inflicted fatal injuries on 15 persons. While the immigrants during the transaction committed many acts of illegal violence and were most unfortunate in their adviser or advisers, the finding of the magistrate shows that the action of the estate and public authorities was characterised by legality rather than by sound judgment. It was unfortunate that the manager under whom the trouble arose was compelled by illness to hand over charge to his deputy manager and go away while the excitement was growing. A change of managers is at all times productive of slight unrest on an estate. But apart from this, there was at the outset too much regard for maintaining the legal rights of authority over labourers who honestly believed themselves aggrieved by an ungrateful breach of faith, and later in the face of the excitement caused by this feeling and stimulated by mischievous advice the acts of the authorities were in our opinion an unhappy union of hastiness and indecision until order could be restored only by stern repression. A visit was paid to the estate when the inquiry was practically complete. The labourers were naturally in a very excited state and no little patience was needed to extract clear and definite statements of their grievances. Probably from a consciousness that their actions were legally indefensible they complained about work, wages and prosecutions, and not about the immediate causes of trouble. Work and wages grievances were not real, and the estate had a low record of prosecutions. The intractable attitude of the labourers was by some persons thought to be due to our arrival in the colony while the dispute was pending, and possibly a desire to attract attention may have been included in the motives of the more ardent spirits. Perhaps, also, the facts that, firstly, the local Immigration Agent had newly come to the district and had not had time to acquire the labourers' confidence and secondly, the post of Immigration Agent-General was held by an officer who, though of long experience, was known to be only a temporary officiator, may have weakened their influence with both parties to the dispute. The whole occurrence is most regrettable. It is, however, far from typical of what happens or is likely to happen. As has been above stated relations are usually friendly and labourers habitually look to employers for all kinds of help. Even when they leave an estate to take up land or engage in trade they will turn to their former employer in their difficulties. Labourers who have returned to India and re-emigrate write to their old employer almost as a matter of course asking that he may arrange for their return to his estate. We met one Indian landowner, now a wealthy man, who borrowed from his former employer the capital, many thousands of rupees, needed to launch him on the way to abundant prosperity. Employers ascribe a good deal of the petty trouble on estates to the recruitment of high caste labourers who are troublesome as workers and as residents of the lines. Even those who are disposed to work dislike being treated as workers in the same way as other labourers. High caste labourers have complained to us that caste distinctions received inadequate recognition. In housing labourers, however, distinctions are recognised. Pathan labourers allotted in numbers to an estate are dangerous. The rule as to keeping friends, etc., together in making allotments should in their case be abrogated in the interest both of discipline and of peace among immigrants. A collection of 300 or 400 miscellaneous immigrants is sufficiently inflammable. It must be borne in mind that all internal troubles, intrigues and dissensions tend to manifest themselves in the labourers' attitude to the

employer. A quarrel about a priest or a marriage may culminate in a strike. Sensible managers accept the position and take pains to keep themselves informed not only about tasks or dwellings but about everything that concerns their people. In this colony the orderly room system is general, and attention to sanitary conditions brings managers constantly into the lines. The system of giving out plots and allowing immigrants to keep cattle ensures a good deal of mutual understanding. All good workers are rewarded in this way in the last quarter of their indentured service.

The stringent orders prohibiting officers of estates from having immoral relations with any Indian women, wherever residing, led to serious consequences in two cases in the last decade. In the first, a complaint against an overseer of keeping an Indian woman was referred by the Agent-General to the manager of the estate. The latter questioned the overseer, recorded his denial, and reported the fact. Further inquiry by the Immigration Department established the truth of the complaint. The overseer kept a woman in a neighbouring village. He was of course dismissed promptly. The conduct of the manager was reported to the Governor. This manager had once previously been censured for want of personal interest in the condition of indentured immigrants, an outbreak of sickness on the estate being attributed to impure water and general neglect. The Governor required the owners of the estate to remove the manager, and after an unsuccessful effort to obtain an injunction from the Chief Justice and an animated debate in the Court of Policy, the manager was eventually relieved and left the colony. Five years later in 1909 an overseer who had been dismissed from an estate for immoral relations with an Indian woman was employed on another estate. His former manager communicated the facts to the Immigration Department and for this conscientious act was cast in heavy damages in a libel case, the communication not being legally privileged. The attitude of the Immigration Department and of employers generally towards irregularities of this kind is free from all weakness. But for the high record of prosecutions the relations of employers and labourers might have been described as generally satisfactory. We are convinced that the prosecutions can be reduced as recommended earlier in our report.

**22. Repatriation.**—The same shipping firm executes the contracts for carrying emigrants between India and all British Colonies, and the general rules regarding return passages and the arrangements for despatch are practically identical in Trinidad, British Guiana, and Jamaica. In Appendix 12 are given particulars of emigrants repatriated since 1890, and of money and valuables taken with them. While the numbers have decreased in recent years the average value of cash and jewellery taken back has noticeably increased. It will be seen that the number of free passages given to paupers and infirm persons has decreased in recent years, while the substitution of assisted for free passages in the case of persons emigrating since 1898 might have been expected to cause an increase. Those who were formerly granted passages as paupers were in fact merely exempted from the payment for clothing on the voyage. The Colony was willing to meet this expense in each of several return ships sailing in a single year as accommodation which would otherwise have remained vacant could easily be allotted to applicants up to the last moment. It is desirable to repatriate infirm persons who have no relatives and who wish to return. When the available accommodation, after providing for the passages of those legally entitled to return passages, is known each inspector or divisional agent might be allotted a number of pauper passages, for which he would be prepared immediately to nominate recipients. Complaints made to us regarding passages referred to the lengthy notice required to be given by intending passengers. The period is no longer than is required to enable the Immigration Department to make the necessary arrangements. We consider the repatriation arrangements are satisfactory and wish only to offer the suggestion above made regarding compassionate passages.

**23. Staff of the Immigration Department.**—The Immigration Agent-General is assisted by a Senior Immigration Agent, who does duty at headquarters, and four agents in charge of districts. There are also five graded clerks, a clerical assistant, and two interpreters. The superior staff is strong

enough, but has of recent years suffered from frequent changes. The salary of the Immigration Agent-General which was formerly £1,500 per annum is now £800 while that of the Senior Immigration Agent has been reduced from £600 to £500. The local agents receive salaries of £100 as formerly. It is not easy for strangers with a few weeks' experience of the colony to make confident recommendations regarding the salaries which must be paid to attract and retain competent incumbents of public offices. We think, however, that the salary now paid to the Immigration Agent-General may have to be increased, more especially as we recommend that he be invested hereafter with quasi-judicial authority and that changes involving closer supervision of estate management be introduced. Even under existing conditions his responsibilities are considerable. The efficient discharge of his duties calls for not merely conscientious and intelligent industry but cool and sound judgment, independence of character, tact, administrative experience, and a knowledge of the language, customs, sentiments, and temperament of Indian immigrants. Though the number of indentured immigrants is now little more than one half the number employed on estates sixteen years ago, the duties of the Immigration Agent-General have by no means been reduced proportionately. The Ordinance recognises the Immigration Agent-General as secretary to the Governor for Immigration matters. His pay is that of a senior magistrate or of the head of a department engaged on executive work. The incident at the Rose Hall estate during our visit to the colony is only an exaggerated example of the kind of emergency with which this officer must be prepared to deal at any time. His power of dealing with emergencies will depend largely on the influence he inspires by his personal character and his thorough understanding of his duties. Unless the pay is considerably enhanced men with the requisite qualifications will not seek to retain the appointment. For an efficient officer a salary of £1,000 to £1,200 does not seem excessive. It may be necessary at any time to attract a suitable man from another colony or even from India.

The appointment of other officers of the department must doubtless be made by the Governor of the Colony, but it is obvious that the Immigration Agent-General's recommendations should carry much weight. The amalgamation of posts in this department with those of other departments for the purpose of promoting junior officers would, we think, be hazardous. The impression we formed after visiting all Colonies was that divisional agents or inspectors selected from the estate overseers, with or without a short official training under the immediate control of the head of this department, were likely to prove efficient. An acquaintance with routine office methods is of less importance than a thorough knowledge of life and work on estates and a capacity to form equitable judgments without delay or indecision. Of course we do not suggest this as the only source of recruitment. Salaries subject to periodic increments would appear to be more suitable than fixed salaries, if officers are to remain in the department and not look for promotion elsewhere when their special experience and personal influence should not be dispensed with lightly. Possibly salaries rising from £300 to £450, with a charge allowance of £150 in the case of the agent or inspector selected for headquarters duty would be suitable.

Inspection work in this Colony was performed systematically and thoroughly. The permanent incumbent of the post of Agent-General, recently appointed, was temporarily on deputation. We were fortunate in meeting his predecessor who after his retirement paid a visit to the colony. The acting Immigration Agent-General was an officer of long experience as an immigration agent and wished to retire when the exigencies of the public service rendered it necessary to place him temporarily in charge of the department. The methods and tradition of the Immigration Department in this colony are alike praiseworthy, and it would be unfortunate if its efficiency were endangered by ignoring the special qualifications required in the higher officers.

It may be noted here that while in all Colonies officers of the Immigration Department concern themselves with Indian orphans and send to public orphanages children whom no Indian will adopt, the district Agents in British Guiana are required to see each adopted orphan once a quarter and submit a

special quarterly report. The duty is laborious and the need for exercising tact in its performance is recognised. Where children have a value as wage earners this tactful supervision is commendable and does not in practice deter childless couples from regarding the care of an orphan as an honourable trust.

**24. Free Indians.**—The Indian immigrants and their descendants enter into all professions and occupations. About one half of the total number remain on estates cultivating plots of land and working for wages. A specimen of a typical form of lease entered into by labourer-cultivators is given at Appendix 13. Many Indians have bought land from private owners, and a few grants of Crown lands are annually made. A reference to Appendix 17 will show that the assessed value of landed property now held by Indians is nearly one million dollars or thirty lakhs of rupees. In five localities the Government of the Colony organised regular settlements of Indians, the original object in view being to reduce the liability for return passages. But after a short time it was recognized that it was more desirable to secure the best settlers apart from their claims to passages. The Indian population of

*1. Huiat' Dieren	...	854
2. Helena	...	1,411
3. Whim	...	438
4. Bush Lot	...	622
5. Maria's Pleasure	...	228

these settlements in 1911 was as shown in the margin\*. We visited Nos. 1 and 2. Of the former nearly one-half, and of the latter nearly one quarter were non-Indian cultivators. The occupants in the three remaining settlements were almost

solely Indians. None of these settlements seems to have been quite successful, and various reasons have been assigned for the vicissitudes which marked their history. We are inclined to think that both the planning and the execution of the schemes were defective. The arrangements for the supply of irrigation water and the maintenance of a drainage system were inadequate and unsuitable. The settlements were converted into 'sanitary districts' for the purpose of local administration before their permanence as agricultural settlements was reasonably assured. In making the assignments all manner of calculations about women and children entered into the acreage grants. One authority after another was placed in charge of the settlements, which are now supervised by the Board of Health. Besides these Government settlements of which two were visited, there are large and small settlements which have grown up along the creeks and rivers. We visited two of these, one at Mahaicony and one at Cotton Tree, and found solidly prosperous landowners at the former. They complained of thefts of produce and cattle, and some paid high rates of interest for temporary loans. The Cotton Tree settlers were comfortably off but wanted a better irrigation supply to render their lands independent of rainfall fluctuations. They were willing to pay down a considerable sum if they could in this way obtain a larger and more secure return from their holdings.

The Indians not engaged in cultivation as owners, lessees, and labourers are employed in a variety of pursuits. There are a good number of day labourers in the towns. Government works alone give steady employment to between 410 and 500 on daily wages of from one rupee to two rupees. Mechanics, clerks, small shopkeepers, postmasters, male nurses or dispensers, earn from one to two pounds weekly. There are a few wealthy merchants, and professional men include a barrister, two solicitors, and four qualified medical practitioners, of whom one is a Government medical officer. The following statistics regarding licenses issued under the general law to Indians in the last year throw some light on the occupations of those engaged in non-agricultural pursuits :—

Horse and mule carts	...	68	Druggists shops	...	47
Donkey carts	...	1,609	Cook shops	...	43
Hucksters	...	1,529	Stores	...	82
Pawnbrokers	...	15	Wine and liquor shops	...	120
River and sea craft	...	833	Opium and ganja	...	23
Spirit shops	...	9	Tobacco and liquor shops	...	535
Provision shops	...	542	Carriages, 4 wheels, for hire	...	107
Butcher's shops	...	66	Carriages, 2 wheels, for hire	...	9
Horses or mules, for hire	...	...	...	...	298

Subordinate Government servants number about one hundred, of whom one-fourth are interpreters and one-fourth are non-commissioned officers or constables of police. We saw two rice mills owned by Indians who had arrived as indentured immigrants, and there are doubtless others. The community is growing in numbers, wealth, and influence. In non-agricultural pursuits they may be trusted to make steady progress.

We think that, though private land suitable for immediate cultivation is on the market, further efforts should be made to provide Crown lands and that the occupants should be selected by the officers of the Immigration Department. What seems to be needed is that Government should not merely survey and sell land but manage land settlements. Very little land in this colony can be occupied unless it is properly drained and irrigated. Holders of small allotments cannot be expected to combine to construct or maintain irrigation dams and channels and drainage systems. If a rent of about three dollars per acre were permanently reserved, a junior Government Engineer should be able with a very small staff to lay out new settlements and maintain main dams and channels without any direct loss but with much indirect profit to the colony. The produce of an average acre of rice land may be taken at seven pounds ten shillings (Rs. 112½) in value. Coffee, limes, and provisions are profitable crops, and in some parts cacao and coconuts give good returns. There is unlimited land available. Rents under private leases frequently amount to six dollars an acre. If three dollars (nine rupees six annas) an acre are charged for drained and irrigated land in lots of 5 to 10 acres the allotments should be popular and can be made with discrimination. The system would be more acceptable if only one consolidated annual payment was required, and it should be easy to arrange that any percentage of the rent should be assigned to the local authority which dealt with roads and sanitation. A book transaction at the Treasury is preferable to a multiplicity of demands, especially of fluctuating demands. We strongly recommend that the irrigation and drainage of the land as agricultural land be maintained by Government. The system of taking a small occupancy price and letting the settlers, with or without the aid of any Board, make the best of their bargain does not tend to steady and successful colonisation. The immigrants want to occupy land, and all that is needed is to adapt the conditions of occupation to their requirements. The Crown Lands Department seems to need a settlement branch. If colonisation and settlement operations are relegated to local bodies which are regarded by the settlers as tax-collecting agencies with meddlesome underlings it is doubtful if the demand for land will be adequately met. We recommend that Government should have ready for assignment from one thousand to fifteen hundred acres yearly. The land need not of course be cleared for cultivation, and if the occupant cannot obtain a normal yield for a year or two the recovery of full rent might be postponed in the interval. We think that all settlers on land would derive benefit from the establishment of Co-operative Credit Societies subject, as in India, to official audit and supervision.

Appendix 14 also contains information as to remittances, deposits, etc., of Indians since 1890, when Surgeon Major Comyns visited the colony. The growth of the area under rice cultivation, which is practically confined to Indians, is interesting. In 1899, more than 11,000 tons of rice were imported. Twelve years later the import was 354 tons, and the exports had risen to 300 tons in 1912.

Although Indians are under no political disability they have hitherto taken little interest in public affairs. In the Court of Policy or legislative assembly of the colony half the members are elected. In the combined Court, consisting of the Court of Policy and six additional members who jointly control all financial matters, nearly two-thirds are elected. The elected members are returned by voters possessed of certain property qualifications. Less than six per cent. of the Indian population are on the voters' list, though a much larger number must be qualified. In some cases ignorance of English, *i.e.*, the language of public discussion, and possibly even the fact that voting papers are printed in English, deters qualified persons from seeking registration. It is also probable that the presence of the Immigration Agent-General on both Councils induces a disinclination to active participation in local politics. That



officer undoubtedly watches over the interests of Indian immigrants. However, the percentage of Indian voters to population is increasing, even though slowly, and in some electoral divisions they are now strong enough to make their influence felt. In municipal matters a little more interest is evinced. In New Amsterdam, the second town of the colony, an Indian gentleman, by profession a solicitor, was recently elected as mayor and was universally recognised to have merited the distinction. He was, however, unsuccessful in a contest for a seat in the Court of Policy. There need be no doubt that when the interests of the Indian community indicate the need for political activity they will avail themselves more fully of the rights which they enjoy.

**25. Education.**—In British Guiana almost all the primary schools are aided schools under denominational control but are open to all comers under the protection of a conscience clause. Near all estates and actually on the majority of estates schools were established. The total number of Indian children enrolled on school registers was 6,570, and judging from the estimated attendance of children living on estates only about one-third of the Indian children of a school-going age attend regularly. Probably the principal cause of abstention is that children of 7 years and upwards can earn money by cutting grass, herding cattle, or doing light field work. But other recognised reasons are the dislike of parents to sending children to a denominational school under any conditions, and the greater dislike to sending girl children to schools under a male Creole teacher. Though a local Ordinance compels parents to send children to school, the existence of these two reasons causes educational authorities to apply compulsion discreetly. Nevertheless, in addition to a liberal issue of cautions, hundreds of complaints, ending in the imposition of fines aggregating to a few hundred rupees, are filed annually. Well-to-do Indians in towns send their children to school regularly. Day-labourers like their children to work. In other classes individuals vary in their attitude, apathy being more usual than zealous appreciation of the value of education. Indifference is possibly strengthened by the fact that English is the medium of instruction. Parents contemplating return to India do not want their children to learn English. But for the children who remain in the colony, that is the majority, it is undoubtedly best that they should be taught English. It is difficult to suggest a practical remedy. We cannot recommend that other sections of the community pay for public schools. The managers of aided schools cannot be compelled though they might be induced by grants to appoint Indian teachers or to substitute school mistresses for male teachers. If the Indian community would imitate the other communities in organising aided schools in rural areas they might have their own masters and teach both Hindustani and English. But the educated and well-to-do members of the community do not seem disposed to exert themselves or make sacrifices for their poor compatriots in rural areas. The most hopeful means of effecting an immediate improvement would be the allotment of grants for the teaching of Hindustani by teachers who would necessarily be Indians. A corrupt form of Hindustani is the language used by the great majority in their homes. A single teacher might give instruction in two or three schools in localities where Indians were numerous. The supervision of this tuition need not long remain a difficulty. In a few schools established by the Canadian Presbyterian Mission Hindustani is taught. Although the Indian community may be unwilling to undertake the establishment of aided schools all over the colony it is not only possible but probable that some of them would assist in establishing a few experimental rural schools. It would be easier to apply compulsion if the hours of instruction and the subjects were adapted both to the needs of children, of whom the great majority will live by manual labour on the land, and to the difficulties of their parents. Some estates which assist in providing sites or buildings would probably help in the establishment of special schools. There seems to be a body of opinion in the Colony which doubts the suitability of the existing school for all purposes. What seems to be wanted is a type of school which would compress an elementary course of education into five years after the infant stage and restrict the ordinary hours of tuition of children over eight years of age to the forenoon. Probably the boy who has spent most of his afternoons in doing light work would develop into as intelligent and self-

reliant a man as the boy who had the benefit of a longer and more thoroughly academic primary education, with its tendency to manufacture clerks and shop assistants far in excess of the demand. Poor parents would require much less compulsion to send their children to such a school.

Children of well-to-do Indians attend the Queen's College in Georgetown. The community enjoys the same facilities for obtaining secondary or higher education as any other section of the community. The number of students has hitherto been small but it is the demand for higher education and not the opportunity which is lacking.

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## APPENDIX 7.

## SURGEON GENERAL'S OFFICE.

GEORGETOWN, DEMERARA.

7th February 1913.

**Memorandum.**

WITH REGARD TO THE MEDICAL SERVICE OF BRITISH GUIANA, MORE ESPECIALLY WITH REFERENCE TO IMMIGRATION.

*Composition of Medical Service Ordinance No. 5 of 1886.*

Surgeon General.

2 Bacteriologists and Health Officers for the Colony, 36 Government Medical Officers.

The Surgeon General is Head of the Medical Service, and subject to the authority of the Governor, has the general control and direction of all:—

- (a) Public Hospitals and Asylums.
- (b) Hospitals and Infirmaries attached to any Prison or Public Institution.
- (c) Medical Officers of the Medical Service.

*Medical Districts.*

The settled part of the Colony is divided into Medical Districts with defined boundaries, *Vide* Table I. and to each a Medical Officer is assigned.

In each District, with the exception of Mahaicony, Bartica, North-Western, and Pomeroon, there are a varying number of Sugar Estates.

Each Sugar Estate on which there are Indentured Immigrants is obliged to provide and maintain a Hospital. Section 75, of Ordinance 18 of 1891.

It will be seen from the attached Table that on the following Sugar Estates where there are no Indentured Immigrants Hospitals are also maintained— Table I.

Vryheid's Lust.  
Houston.  
Schoon Ord.  
Tuschen.

In addition to the duties imposed on the Medical Officers under the Immigration Ordinance they have to attend Paupers, Police, Prison Warders and Prisoners, free, and the general Public in their Districts in accordance with a prescribed tariff. *Vide* Regulations relating to the Professional Services of Government Medical Officers in Country Districts.

The following is a brief description of the powers, functions and duties of the Surgeon General, Employers and Managers, Medical Inspector, and Medical Officers under the Immigration Ordinance No. 18 of 1891:—

*The Surgeon General.*

The Surgeon General can visit and inspect any Plantation on which there are Immigrants. Section 12.

The Surgeon General can make Regulations for the management of Estates Hospitals. Section 79.  
*Vide* Regulations for the proper management of certified Hospitals on Estates.

*Employers and Managers.*

The Employer is required—

- (a) Before any Immigrants are delivered to the Estate, to furnish to the Immigration Agent General the particulars of the dwellings, called locally ranges, which he proposes to assign to such Immigrants. The Medical Officer of the District is then required to report as to the fitness of the dwellings for occupation. Section 64.  
Forms I.
- (b) To keep all dwellings occupied by indentured Immigrants in good repair and the roofs water-tight, and also to keep the yards, grounds, and drains in good order. Section 65.

- Section 71. (c) To provide Immigrants for the first three months of their indenture with rations in accordance with an approved scale. He may, week by week, deduct a stated sum for such rations, but the sum, if not deducted at the end of the week from earnings, cannot be deducted for that week in any subsequent week.
- Section 80. (d) To keep the Hospital properly furnished with beds, utensils, medicines, etc., in accordance with the Hospital Regulations.
- Section 81. (e) To employ such assistants as may be necessary for the Hospital.
- The Manager is required—
- Section 67. (a) To keep a Register of all Dwellings assigned to indentured Immigrants and to enter the names of the Immigrants occupying them.
- Section 72. (b) To keep a Muster-Roll of all Immigrants who have been allotted to the Estate within the next preceding twelve months.

*The Medical Inspector.*

Section 13. The separate Office of Medical Inspector was abolished by Ordinance No. 8 of 1912, but the powers, functions, and duties were retained and transferred to the Surgeon General who is authorised to appoint any Government Medical Officer to exercise any or all of the powers, functions, and duties of the Medical Inspector.

It will be seen that it is not intended to in any way abolish the supervision exercised by the Medical Inspector, but on account of the enormous reduction of Hospitals by the amalgamation of smaller estates, the employment of a separate officer was no longer considered necessary.

The Medical Inspector—

- Section 14. (a) Visits, once at least in every six months, every plantation on which there are Indentured Immigrants. At such visits he inspects the Hospital, Dwellings, Yards, and Grounds, and reports to the Surgeon General in duplicate, of which a copy is sent to the Immigration Agent General.
- Form 2.
- Sections 45, 46 and 207. (b) On the arrival of any ship having Immigrants on board, and on the departure of any ship with return Immigrants, assists in the inspection of the ship and Immigrants.
- Section 51. (c) Assists in classifying all Immigrants on arrival by distinguishing those who are not able-bodied, and not capable of performing service as an agricultural labourer.
- Section 66. (d) Has to decide if any dwelling is unfit for habitation and also the number of Immigrants that can be placed in each separate apartment over and above that allowed by this Section.
- Section 67. (e) Has free access to the Register of Dwellings required to be kept by each manager and is required to mark such dwellings as he may consider as unfit for habitation, and report to the Surgeon General such requisitions as may be necessary for ensuring their fitness.
- Section 68. (f) Assists in making Regulations with regard to dwellings. ✓  
*Vide Regulations in respect of Dwellings of Sugar Plantations.*
- Section 76. (g) Before any new Hospital is erected inspects site and plans.
- Sections 87-88. Whenever he considers it necessary to make any requisition with regard to the Hospital such requisition is made in the Hospital Register. The employer may appeal to the Surgeon General whose decision is final subject to the approval of the Governor.

*Government Medical Officers.*

Every Medical officer—

- Section 15. (a) Who is assigned the charge of a Medical District, is *ipso facto* the Medical Attendant of the Estates' Hospitals in the District.
- Section 83. (b) Is required to visit each hospital at least once in every forty-eight hours, and oftener if necessary.
- Forms 3, 4 and 5. Submits once a week a report to the Surgeon General showing the date and time of each visit, and the number of patients admitted, discharged or died, and the number of out-patients treated.
- In the case of the death of an immigrant he has to submit a special report to the Surgeon General, and if a post-mortem examination is made a further report.
- Sections 85 and 81. (c) Has complete charge of the Hospital and is responsible that the equipment is kept up in proper order and that the food and medicines are sufficient and of

good quality. He can, in addition to the authorised staff, require such additional assistants as may be necessary for the proper care of the patients. While he cannot discharge anyone employed at the Hospital, he can report to the Surgeon General any employee whom he considers unfit to be employed. As a matter of fact the Manager usually at once complies with any such request made by the Medical Officer to him.

- (d) Enters in the case book the name and disease of each patient, whether to be treated as an In or Out-patient with the remedies, diet, stimulants and extras ordered by him. Sections 83 and 84.

It is worthy of note that with regard to free treatment no distinction is made between the indentured and the resident free Immigrants.

- (e) May make such requisitions as he considers necessary with regard to the Hospital in the Hospital Register. The employer may appeal to the Surgeon General with regard to any requisition, but this is very rare—I cannot call to mind two appeals in the last ten years. Sections 87 and 88.
- (f) May require serious cases to be removed to one of the Public Hospitals, and, if an Indentured Immigrant, the Estate has to pay 25 cents a day for each day such immigrant remains in such Hospital, and in case of death, the cost of the burial of such immigrant. Section 86.
- (g) Has to report to the Surgeon General whenever the accommodation afforded in any certified Hospital falls short of that required by Section 75, or if any Hospital is unfitted for any reason to be used as such. Section 78.
- (h) Has to examine all Indentured Immigrants once every month for the first twelve months of their indenture. Section 72.  
Form 6.
- (i) May order that any Indentured Immigrant be placed in receipt of daily rations, such order to hold good for no longer than six months, but can be renewed. During such time the Immigrant is placed on what is called the "Invalid List" and is not to be considered able-bodied. These are always reported on the Weekly Report (*Vide* Form 4). Section 73.
- (j) Has to report once a month on the dwellings, yards, grounds, hospital, etc. Section 83.  
Form 7.
- (k) Is required to attend every Magistrate's Court and examine every Indentured Immigrant summoned or in the lock-up and certify if such immigrant is fit to undergo his trial and punishment if convicted.

The Jail Surgeons also submit a return showing the state of health of each Indentured Immigrant admitted to the Jail. Form 8.

#### *General Remarks.*

For several years the two diseases of Malarial Fever and Ankylostomiasis have received special attention with most gratifying results. The steps taken for the diminution of Malarial Fever have been (a) the abolition of mosquito-breeding grounds, such as the cleaning of drains, clearing away of bottles, tins, and other small receptacles that hold water; the cleaning of the yards of bush and long grass; the screening of water barrels, tanks and other receptacles for storing drinking water; and the free distribution of Quinine to all labourers and children on the Estates.

From the special report it will be seen that the number of cases of Malarial Fever has been reduced from 33,748 in 1906-1907 to 15,169 in 1911-1912.

*Vide* Report of the Surgeon General dealing with Malarial and Anti-Malarial Measures.

With regard to Ankylostomiasis the principal steps taken were (a) the erection of latrines, (b) the examination of the stools of all suspected cases, and their treatment.

The Medical Officers are required to examine the stools of all newly allotted Immigrants to ascertain if they are suffering from Ankylostomiasis or Ankylostome Infection. In like manner they also examine the stools of suspected cases which come under their observation. The results of these inspections are forwarded to the Surgeon General.

*Vide* Form 9.

The results have been excellent, but while I cannot quote reliable figures, yet all the Medical Officers report on the large diminution of the cases and the almost complete disappearance of those hopeless chronic cases which were so common a few years ago.

In connection with these two diseases, I attach copy of a report for the year 1911-1912 by Dr. Ferguson of the Peter's Hall District.

Dr. Ferguson's report on the Peter's Hall District, 1911-1912.

The drinking water question has for a considerable time occupied our attention, but the question is a difficult one to solve, *i.e.*, of providing an absolutely pure supply.

The usual method is to set aside ponds for the storage of the water. The whole question has been under the consideration of the Bacteriological Department; many analyses have been made, but more have to be done. The practical steps taken so far have been—

- (a) To protect existing supplies by erecting fences and banking up the sides to prevent fouling by surface drainage and animals;

- (b) The making of new ponds where existing ones were obviously bad and could not be protected.
- (c) The erection of concrete tanks or old iron boilers and collecting the water from the roof of the factory or the ranges.
- (d) The erection of concrete tanks, pumping in the Conservancy water and purifying the water by chlorinated lime.

We are rapidly collecting valuable data and I trust that in the near future we shall have devised means of providing a greatly improved supply.

The attached Tables III, IV and V dealing with Vital Statistics for the last five years are interesting and instructive.

*Tables III and IV.*—It will be seen that the East Indian Birth Rate has increased from 24.8 per 1,000 in 1907 to 26.0 in 1911, and the Death Rate has fallen from 41.3 to 32.1. The Birth Rate for the Colony generally is practically what it was five years ago, but the Death Rate has fallen from 36.9 per 1,000 in 1907 to 31.7 in 1911.

With reference to the East Indian Birth Rate special attention is called to the large preponderance of males over females. The mean for the last five years being 1,329 males to 1,000 females.

In the general population, which includes of course East Indians, the proportion is 1,080 males to 1,000 females. Excluding East Indians there is a preponderance of females over males, the proportion being 936 males to 1,000 females. The result is that the Birth Rate is considerably higher. Amongst the Indentured Immigrants the proportion is 2,503 males to 1,000 females.

*Table V.*—Shows the Birth and Death Rates of East Indians on the Sugar Estates.

The Birth Rates are given for Indentured and Unindentured together. It will be seen that the Birth Rate has increased from 21.0 per 1,000 in 1907-08 to 27.6 in 1911-12 and the Death Rate has decreased from 33.1 per 1,000 to 25.1 for the same periods.

It is very difficult to get the correct figures as regard the Birth Rate amongst indentured Immigrants alone, as there are many cases in which one or other of the parents are unindentured.

The Death Rate amongst the Indentured shows a slight reduction from 18.3 per 1,000 in 1907-08 to 17.7 in 1911-12. While amongst the unindentured it has fallen from 35.6 in 1907-08 to 26.4 in 1911-12.

*Table VI.*—Shows the Death Rate from bowel complaints which are to a large extent water-borne diseases. It is gratifying to note that they show a tendency to come down, and a further improvement may be expected with an improved drinking water supply.

J. E. GODFREY,  
Surgeon General.

APPENDIX 7—*contd.*

Table I.

Showing—

- (1) the name of each Medical District;  
 (2) the name of each Sugar Estate;  
 (3) whether there are any resident Indentured Immigrants; and  
 (4) the Hospital accommodation.

1	2	3	4
Name of Medical District.	Name of Sugar Estates.	If there are any Indentured Immigrants.	Hospital Accommodation.
I.—Skeldon ...	1. Skeldon ...	Yes ...	70
	2. Springlands ...	Yes ...	34
II.—Port Mourant ...	1. Port Mourant ...	Yes ...	75
	2. Albion ...	Yes ...	102
III.—Canje-Highbury ...	1. Rose Hall ...	Yes ...	81
	2. Providence ...	Yes ...	50
	3. Friends ...	Yes ...	68
IV.—Mara ...	1. Mara ...	Yes ...	72
V.—Cotton Tree ...	1. Blairmont ...	Yes ...	59
	2. Bath ...	Yes ...	65
VI.—Mahaica ...	1. Cane Grove ...	Yes ...	56
VII.—Enmore ...	1. Cove and John ...	Yes ...	30
	2. Hope ...	Yes ...	38
	3. Enmore ...	Yes ...	55
	4. Nonpareil ...	Yes ...	107
VIII.—Buxton ...	1. Lusignan ...	Yes ...	96
	2. Mon Repos ...	Yes ...	54
	3. La Bonne Intention ...	Yes ...	36
IX.—Plaisance ...	1. Success ...	Yes ...	50
	2. Vryheid's Lust ...	No ...	52
	3. Ogle ...	Yes ...	60
X.—Peter's Hall ...	1. Diamond ...	Yes ...	96
	2. Farm ...	Yes ...	55
	3. Providence ...	Yes ...	73
	4. Houston ...	No ...	78
XI.—Belle Vue ...	1. Wales ...	Yes ...	100
	2. Nismes ...	Yes ...	47
	3. Schoon Ord ...	No ...	59
	4. Versailles ...	Yes ...	39
XII.—Leonora ...	1. Leonora ...	Yes ...	104
XIII.—Philadelphia-Leguan ...	1. Uitvlugt ...	Yes ...	82
	2. De Kinderen ...	Yes ...	45
	3. Tuschen ...	No ...	61
XIV.—Wakenaam ...	1. Marionville ...	Yes ...	44
XV.—Suddie ...	1. Golden Fleece ...	Yes ...	52
XVI.—Anna Regina ...	1. Anna Regina ...	Yes ...	54
	2. Hampton Court ...	Yes ...	70

APPENDIX 7—*contd.*

Table II.

ANNUAL ESTIMATES.....EAST INDIAN POPULATION.

1				2			
Registrar-General's Estimates.				Immigration Agent-General's Estimates.			
1907	...	...	127,326	1907-08	...	...	132,850
1908	...	...	126,944	1908-09	...	...	132,921
1909	...	...	127,606	1909-10	...	...	133,585
1910	...	...	126,148	1910-11	...	...	132,984
1911 (Census)	...	...	126,168	1911-12	...	...	126,888

Table III.

Showing—

- (a) The Birth and Death Rates amongst the East Indians of this Colony, for the period 1st January 1907 to 31st December 1911, with numbers of births and deaths returned.
- (b) The General Birth and Death Rates for the Colony, with numbers of births and deaths returned.
- (c) The Birth and Death Rates amongst those Races other than East Indian, with numbers of births and deaths returned.

Each Birth or Death Rate is calculated per 1,000 of the estimated population for each year.

Year.	2				3				4			
	EAST INDIANS.				GENERAL.				RACES OTHER THAN EAST INDIAN.			
	No. of Births.	Birth Rate.	No. of Deaths.	Death Rate.	No. of Births.	Birth Rate.	No. of Deaths.	Death Rate.	No. of Births.	Birth Rate.	No. of Deaths.	Death Rate.
1907	3,105	24·3	5,259	41·3	8,606	28·3	11,262	36·9	5,501	31·0	6,008	33·9
1908	3,099	24·4	4,144	32·6	8,299	27·3	9,381	30·8	5,200	29·4	5,287	29·6
1909	3,523	27·6	4,294	33·7	8,947	29·3	9,367	30·0	5,424	30·6	5,073	28·6
1910	3,075	24·4	4,747	37·6	8,332	27·5	10,424	34·4	5,257	29·7	5,677	32·0
1911	3,276	26·0	4,048	32·1	8,530	28·8	9,385	31·7	5,254	31·0	5,387	31·5



APPENDIX 7—contd.

Table IV.

SHOWING THE PROPORTION OF MALES AND FEMALES FOR THE PERIOD 1ST JANUARY 1907 TO 31ST DECEMBER 1911 AS REGARDS—

- (a) The general population.
- (b) The East Indian Race.
- (c) Indentured East Indians.
- (d) Races other than East Indian.

1				2			3			4	5			6	7		
				GENERAL POPULATION.			EAST INDIANS.				INDENTURED EAST INDIANS.				RACES OTHER THAN EAST INDIAN.		
Year.				Males.	Females.	Proportion of Males to 1,000 Females.	Males.	Females.	Proportion of Males to 1,000 Females.	Year.	Males	Females.	Proportion of Males to 1,000 Females.	Year.	Males.	Females.	Proportion of Males to 1,000 Females.
1907 ...	...	...	...	158,847	145,702	1,080	72,753	54,578	1,338	1907-08 ...	6,928	2,861	2,419	1907 ...	86,094	91,129	944
1908 ...	...	...	...	158,156	145,940	1,083	72,182	54,762	1,318	1908-09 ...	6,346	2,527	2,511	1908 ...	85,974	91,178	942
1909 ...	...	...	...	158,435	146,662	1,080	72,416	55,190	1,313	1909-10 ...	7,128	2,842	2,507	1909 ...	86,019	91,472	940
1910 ...	...	...	...	156,944	146,260	1,073	71,236	54,912	1,297	1910-11 ...	6,824	2,736	2,494	1910 ...	85,708	91,348	938
1911 ...	...	...	...	153,411	142,378	1,078	72,666	58,500	1,258	1911-12 ...	6,589	2,552	2,582	1911 ...	80,745	88,873	908

APPENDIX 7—*conld.*

Table V.

SHOWING THE BIRTH AND DEATH RATES PER 1,000 AMONGST THE INDENTURED AND UNIDENTURED EAST INDIANS ON THE ESTATES OF THE COLONY, FOR EACH YEAR FROM 1907-08 TO 1911-12.

1 Year.	2 East Indian Population on Estates.	3 Indentured East Indian Population on Estates.	4 Free East Indian Population on Estates.	5 Indentured and Un-indentured East Indians on the Estates of the Colony.		6 Indentured East Indians on Estates.	7 Unindentured East Indians on Estates.
				Birth Rate.	Death Rate.	Death Rate.	Death Rate.
1907-08 ...	69,149	9,784	59,365	21·0	38·1	18·8	35·6
1908-09 ...	62,843	8,873	53,970	27·8	30·6	21·1	32·1
1909-10 ...	62,869	9,968	52,401	29·1	32·4	14·6	33·8
1910-11 ...	62,197	9,560	52,637	24·8	31·2	18·6	33·5
1911-12 ...	68,945	9,141	54,804	27·6	25·1	17·7	28·4

Table VI.

SHOWING THE NUMBER OF DEATHS, AND THE DEATH RATES PER 1,000 OF THE ESTIMATED POPULATION FROM BOWEL COMPLAINTS (INCLUDING DYSENTERY, DIARRHOEA AND ENTERITIS) FOR—

- (a) East Indians on Estates ;  
 (b) General population ; and  
 (c) General population, exclusive of East Indians.

1 EAST INDIANS ON ESTATES.				2 GENERAL POPULATION.			3 GENERAL POPULATION EXCLUSIVE OF EAST INDIANS.	
Year.	Cases.	No. of Deaths.	Death Rate.	Year.	No. of Deaths.	Death Rate.	No. of Deaths.	Death Rate.
1907-08 ...	4,728	301	4·4	1907	1,615	5·8	756	4·3
1908-09 ...	2,980	218	3·4	1908	1,078	3·5	529	2·9
1909-10 ...	3,139	196	3·1	1909	1,000	3·2	507	2·8
1910-11 ...	3,453	196	3·2	1910	1,187	3·9	587	3·3
1911-12 ...	2,995	212	3·1	1911	1,252	4·2	686	4·1

## APPENDIX 7—contd.

Table VII.

SHOWING THE NUMBER OF EAST INDIANS, AND THE NUMBER OF OTHER RACES ADMITTED, AND THE NUMBER REMAINING ON 31ST MARCH 1912, IN THE PRINCIPAL GOVERNMENT INSTITUTIONS.

For the year 1911-12.

1	2	3	4	5	6
Name of Institution.	Number of Admissions.	Number of East Indians admitted.	Number of other Races admitted.	Number of East Indians in Institution on 31st March 1912.	Number of other Races in Institution on 31st March 1912.
Public Hospital, Georgetown ...	11,149	2,169	8,980	121	323
Public Hospital, Barbice ...	3,711	1,375	2,336	49	105
Public Hospital, Suddie ...	1,437	659	778	30	39
Lunatic Asylum ...	131	50	81	360	407
Leper Asylum ...	139	84	55	171	269
Alms House ...	1,706	926	780	227	558

APPENDIX 7—*contd.*

## Form 1.

No. \_\_\_\_\_

Please fill in and return at earliest convenience.

REPORT ON THE SANITARY CONDITION AND FITNESS FOR  
 OCCUPATION OF THE DWELLINGS INTENDED FOR THE IMMI-  
 GRANTS TO BE ALLOTTED TO PLANTATION \_\_\_\_\_  
 EX-SHIP \_\_\_\_\_ SEASON 19 \_\_\_\_\_.

1. State date on which dwellings were inspected.
2. State Ranges to be occupied—Letter \_\_\_\_\_ No. \_\_\_\_\_.
3. State situation of Ranges.
4. State means of permanent ventilation provided for dwellings.
5. State in connection with the Water Supply, the kind of Reservoir, the position, the source of supply, and the means taken to prevent fouling.
6. Describe generally the sanitary condition of surroundings of Dwellings.
7. Remarks.

Government Medical Officer

District.

19

To the Surgeon General

## MEMORANDUM

Plantation \_\_\_\_\_

The following dwellings will be assigned to the Immigrants ex-Ship \_\_\_\_\_

Letters of Ranges.

Numbers of Apartments.

Size of do.

Condition of do.

Manager.

19

APPENDIX 7—*contd.*

## Form 2.

## BRITISH GUIANA—MEDICAL DEPARTMENT.

## REPORT OF INSPECTION MADE UNDER SECTION 14 OF ORDINANCE 18 OF 1891, FOR THE HALF-YEAR ENDING \_\_\_\_\_

1. Plantation

2. Date of Inspection

3. Medical Officer

4. Dispenser

## HOSPITAL.

5. Accommodation

M.

F.

Total

6. No of patients on day of Inspection

7. Condition of building

8. Condition of Wards, Bedsteads and Bedding, Dispensaries, Sculleries, Cupboards, Latrines, Bathrooms, Cleanliness, order, vermin, etc.

9. Are the Clothing, Bedding, Furniture, Medicines, etc., sufficient?

10. Are the Books neatly kept and written up-to-date?

11. Is there a copy of the latest Hospitals Regulations and Diet Sheets suspended in the Hospital, and are the instructions contained therein being carried out?

12. Are the Medical History Cards properly written up in accordance with Circulars Nos. 390 and 302?

13. Condition of Out-buildings such as Kitchen, Nurses' Quarters, Mortuary.

14. Condition of Vats and Tanks and are they Mosquito-proof?

15. Condition of grounds, are they tidy, free of long grass, broken bottles and other breeding-places for Mosquitoes?

## LABOURERS' DWELLINGS.

16. Condition generally—have there been any repairs and additions since last inspection?

17. Condition of yards, are they tidy, free of grass, broken bottles, old tins, and other breeding places for Mosquitoes?

18. Condition of the drains—

## LATRINES.

19. Condition generally—is there a sufficient number for each of the sexes?

20. Drinking Water Supply—

21. Copy of Remarks made in Visitors' Book, Hospital Register and Register of Dwellings—

22. General Remarks\*—

Date \_\_\_\_\_

\* Under this heading please deal with the following:—

The sanitary condition generally of the Estate.  
Administration of Quinine and other anti-malarial and anti-Mosquito measures.  
The way in which the Medical Officer appears to be performing his duties.  
And any other matters of importance.

APPENDIX 7—*contd.*

## Form 3.

## BRITISH GUIANA—MEDICAL DEPARTMENT.

REPORT of the Hospital of Plantation  
ending Saturday

for the week

19 .

	Indentured Immigrants.		Unindentured Immigrants.		Non-Immigrants.		TOTAL.		
	M.	F.	M.	F.	M.	F.	M.	F.	T.
<b>IN-PATIENTS—</b>									
Remaining from last week	...								
Admitted by Dispenser	...								
"    "    G.M.O.	...								
Total treated	...								
Discharged recovered	...								
"    Improved	...								
Absconded	...								
Transferred to Public Institutions	...								
Total discharged	...								
Died	...								
Remaining under treatment	...								
Certified Hospital accommodation	...								
<b>OUT-PATIENTS—</b>									
Remaining from last week	...								
Admitted	...								
Discharged	...								
Remaining under treatment	...								

## RETURN OF DEATHS.

Name, Ship, No. and Year of Arrival.	Indentured Immigrant.	Unindentured Immigrant.	Non-Immigrant.	Date of Death.	Cause of Death.
	Sex & Age.	Sex & Age.	Sex & Age.		

## DATES AND TIME OF VISITS OF GOVERNMENT MEDICAL OFFICERS.

DAY.	DATE.	HOUR OF ARRIVAL.	HOUR OF DEPARTURE.
Sunday	...		
Monday	...		
Tuesday	...		
Wednesday	...		
Thursday	...		
Friday	...		
Saturday	...		

INVALID LIST—	Males.	Females.	Children.
	Remaining from last week	...	
Put on	...		
Taken off	...		
Remaining at end of week	...		

## REMARKS.

Government Medical Officer,  
District.

To the Surgeon General.

*N.B.*—Under the heading "Remarks" are to be entered those made in the Visitors' Book, Hospital Register and Register of Dwellings. Also the result of the monthly inspection of the yard, ranges, &c., by the Government Medical Officer.

APPENDIX 7—*contd.*

## Form 4.

## BRITISH GUIANA—MEDICAL DEPARTMENT.

FREE.

DEATH RETURN.

INDENTURED.

---

 MEDICAL DISTRICT.
 

---

1. Pln. or Village ?
2. Name, age and sex ?
3. Ship, No. and year of arrival ?
4. How long ill ?
5. How long under treatment ?
6. When brought to Hospital (hour) ?
7. When first seen by Medical Officer (hour) ?
8. When last seen before death by Medical Officer (hour) ?
9. Date of death (hour) ?
10. Disease first treated ?
11. Disease intercurrent, if any ?
12. Disease immediately causing death ?
13. Was Post-mortem examination made ?
14. Was the person moribund or dead when first seen by Medical Officer ?
15. Where found or brought from ?
16. By whom ?
17. Were Police informed ?
18. Was Inquest held ?
19. Was Post-mortem made by Coroner's order ?

REMARKS AS TO CIRCUMSTANCES ATTENDING OR CAUSING DEATH.

To the Surgeon General.

---

 Government Medical Officer.

Date \_\_\_\_\_

*N.B.*—This return is to be filled up and posted immediately on the occurrence of the death of an Immigrant (in Hospital or elsewhere) coming to the knowledge of the Government Medical Officer in charge of the district. In every case the fullest information is to be given as to the circumstances attending or causing death.

APPENDIX 7—*contd.*

## Form 5.

(Vide Circular 869/1501/04.)

## BRITISH GUIANA—MEDICAL DEPARTMENT.

## REPORT OF POST MORTEM EXAMINATION.

- 
1. Name, etc.
  2. Country where born.
  3. Place of death.
  4. Date and hour.
  5. Date and hour of P.M. Examination.
  6. Apparent age.
  7. Sex.
  8. Colour.
  9. General condition of body.
  10. External marks, if any.

## SKULL.

11. Thickness.
12. Symmetry.
13. Condition.
14. Membrane and blood vessels condition.

## BRAIN.

15. Weight.
16. Condition.

## THORACIC CAVITY.

17. Pleural Cavity, condition—

Right.

Left.

18. Lungs, weight —Right.

Left.

19. Condition of—

(a) Right.

(b) Left.

20. Heart, weight.



APPENDIX 7—*contd.*

21. Condition of—

(a) Walls.

(b) Valves.

(c) Cavities.

ABDOMINAL CAVITY.

22. Spleen, weight.

23. Condition.

24. Liver, weight.

25. Condition.

26. Kidneys, weight :—Right.

Left.

27. Condition of—

(a) Right.

(b) Left.

28. Peritoneum (condition).

29. Intestines (condition).

30. Other organs showing any abnormality of condition.

31. Cause of death.

GENERAL REMARKS.

.....  
Government Medical Officer.

.....  
District or Institution.

Date .....

*N.B.*—(1) In the case of East Indians the Ship, No., Year of arrival, whether indentured or free is to be stated.

(2) Weights of organs need not be given unless it is considered essential.

(3) If the cause of death is apparent from the examination of the other organs, Nos. 11 to 16, inclusive, need not be filled in.

(4) Under the heading "General Remarks," any particulars connected with the case which may be of importance or interest must be given.

APPENDIX 7—*contd.*

**Form 6.**

No. of Inspection.....

Page.....

**RESULT OF MONTHLY INSPECTION OF IMMIGRANTS ALLOTTED  
WITHIN THE LAST TWELVE MONTHS TO PLANTATION.**

ORIGINAL.

SUMMARY.

DUPLICATE

Ship.	Date. of Arrival.	No. Allotted.	No. Estate's Hospital.	No. Public. Hospital.	No. Absent.	Dead.	Deserted.	Jail.	Transferred.

**PARTICULARS OF INSPECTION.**

Name.	Age.	Ser.	Number.	Remarks.

.....  
Government Medical Officer.

To the Surgeon General.

Date of Inspection .....

APPENDIX 7—*contd.*

## Form 7.

REPORT ON THE RANGES, YARDS AND HOSPITAL ON PLANT-  
 ATION ..... FOR THE MONTH  
 OF ..... 19 .

(a) Condition of Ranges.

(b) Condition of yard, drains, etc.

(c) Latrines—

(1) How many and the number of compartments.

(2) Condition.

(3) Other information.

(d) Condition of Water Supply.

*The Surgeon General.*

(e) Presence in yards of barrels, if present, whether screened or unscreened.

(f) If any indentured immigrants are occupying ranges not passed by the Medical Inspector.  
 Give full particulars.

(g) Condition of the Hospital:—

1. Wards.

2. Latrines, Bathrooms, etc.

3. Clothing, Medicines, Furniture, etc.

(h) Quinine distribution to labourers, etc., not patients:—

month.

2. Whether Government Tablets are used.

REMARKS AND RECOMMENDATIONS.

.....  
*Government Medical Officer.*

*Date*.....

NOTE.—Under "REMARKS" state whether recommendations of Medical Inspector at his last inspection have been carried out. If not carried out, please state in what particulars the Estate's authorities have failed to comply.

APPENDIX 7—contd.

Form 8.

REPORT ON THE STATE OF HEALTH OF AN IMMIGRANT committed by

Mr. S. J. P. \_\_\_\_\_ on \_\_\_\_\_

to the \_\_\_\_\_ Prison

offence \_\_\_\_\_

Punishment \_\_\_\_\_

Name \_\_\_\_\_ Ship and No. \_\_\_\_\_

Estate to which indentured \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Height \_\_\_\_\_ Ft. \_\_\_\_\_ Inches.

Weight \_\_\_\_\_ lbs. Condition, general \_\_\_\_\_

Lungs \_\_\_\_\_

Heart \_\_\_\_\_

Digestive Organs \_\_\_\_\_

Kidneys (\*) \_\_\_\_\_

Other Organs (†) \_\_\_\_\_

Surgeon.

19 .

\* Urine to be examined.

† Any Abnormality to be noted.

APPENDIX 7—contd.

Form 9.

(Vide Circular No. 357.)

RETURN OF THE EXAMINATION OF THE STOOLS OF NEWLY ALLOTTED IMMIGRANTS ON PLANTATION  
FOR THE SEASON

No.	Name.	Sex.	Ship.	Date of Examination.	No. of Specimens examined.	By whom the Microscopical Examination was made.	Result.	Remarks.

*N.B.*—Before a negative Opinion is given, the Government Medical Officer should examine, at least, two stools on different dates, and at least three specimens of each. This return is to be signed by the G. M. O. and sent in as soon as the examination is completed. Under the heading "result" say if ova or worms or both have been found.

RETURN OF CASES EXAMINED AND TREATED FOR INTESTINAL PARASITES DURING THE MONTH OF \_\_\_\_\_ PLN.

SUMMARY.

Number of cases under treatment from last month .	Number treated this month.	Number discharged.	Deaths.	Number remaining under treatment.

Date of Examination.	Name.	Age.	Sex.	Number.	Ship.	Result of Microscopic Examination of Faeces.	Result of Washing Faeces.	Remarks.

APPENDIX 7—*contd.***British Guiana.****REGULATIONS RELATING TO THE PROFESSIONAL SERVICES OF GOVERNMENT MEDICAL OFFICERS IN COUNTRY DISTRICTS.**

1. The Government Medical Officer shall act as medical attendant to all Prisons, Lock-Ups, Public Dispensaries and Police Hospitals within his district.

2. He shall attend free of charge,—

- (a) All members of the Police Force and Prison Service within his district ;
- (b) The families of these officers, except when otherwise ordered by the Governor ;
- (c) All Paupers provided with Pauper Certificates on a form approved by the Governor ;
- (d) Every patient in an Estate's Hospital either an indentured immigrant or a *bond fide* labourer employed by the Estate.

3.—(1) He shall on payment of a sum of eighty dollars per annum by the proprietors or representatives of an estate, render ordinary medical service to the Manager and Overseers of the estate, their wives and children, and to the Consulting Engineer, Chemist, Book-keeper, Dispenser, Foreman Engineer, and Head Panboiler, *but not to their wives and children.*

2) Midwifery, major surgical operations, and fractures shall not be deemed to be included in ordinary medical service, and in such cases the Government Medical Officer shall be entitled to charge a reasonable fee.

(3) He shall not be obliged to attend, unless he is paid a reasonable fee, any such person as aforesaid, unless such person resides within the bounds of the estate, and not more than one mile by road from the factory, hospital, or manager's residence.

4. He is authorised to charge fees according to the following scales:—

- (1) To persons in poor circumstances unable to pay for private medical attendance in accordance with the fees in sub-sections 2 and 3 on their producing a Poverty Certificate on a form approved by the Governor :
- (a) If the person presents himself at the residence of the Medical Officer, at any Medical Station, Public Dispensary, Estate's Hospital or is a patient in such hospital, for each attendance ... .. \$ 0 24
  - (b) If the Medical Officer is called while passing through a Village or along a public road—each attendance ... 0 30
  - (c) For a special call if the distance from the Medical Officer's residence is not more than a mile ... 0 36
  - (d) For each mile or part of a mile on the outward journey only ... .. 0 10
- (2) To all persons such as artizans, sailors, porters, labourers, small farmers, mechanics, seams tresses, etc. :
- (a) Under the same conditions as (1) (a) (b) ... .. \$ 0 48
  - (b) Under the same conditions as (1) (c) ... .. 1 00
  - (c) Under the same conditions as (1) (d) ... .. 0 12
  - (d) Calls during the night, *i.e.*, between 6 P.M. and 6 A.M., may be charged double.
  - (e) Operations may be charged extra.
  - (f) Maternity cases, surgical or otherwise' ... .. 5 00
  - (g) For a Medical Certificate for leave purposes ... 0 50
  - (h) For a Certificate under Bye-Law 3 (b), 2 of the Milk Regulations of 1908 ... .. 0 48
  - (i) For a Medical Certificate under Bye-Law 3 (b), (3) and (4) of the Milk Regulations of 1908 ... .. 0 24

(3) To all other classes the Medical Officer may make reasonable charges.

5. No Pauper or Poverty Certificate shall exempt any person receiving or who has received medical relief from his liability for subsequent payment for such relief if it be found that such person is able to pay for private medical attendance in accordance with the fees authorised in Regulation 4.

6. Persons provided with Pauper or Poverty Certificates may present themselves for treatment to the nearest Medical Officer. Those who require to be treated at their homes, however, must call in the Medical Officer of the District.

7. Pauper and Poverty Certificates shall be available for one month only, from date of issue.

8. The Medical Officer shall report to the Surgeon General any irregularity or impropriety in the issue of any Pauper or Poverty Certificate.

9. The following persons are hereby authorised to give Pauper Certificates under Regulation (2) (c) and Poverty Certificates under Regulation 4 (1):—

- (1) Members of the Executive Council or Combined Court;
- (2) Registered Medical Practitioners;
- (3) Justices of the Peace;
- (4) Ministers of Religion;
- (5) Members of the Local Boards of Guardians;
- (6) Immigration Agents; Inspectors of Police and Non-Commissioned Officers in charge of Police Stations, and Commissaries of Taxation;
- (7) Chairmen of Village and Country Districts.

10. Any dispute or complaint arising out of the foregoing Regulations shall be decided by the Surgeon General subject to an appeal to the Governor.

11. The Regulations relating to the Professional Services of Government Medical Officers made by the Governor and Court of Policy on the eleventh day of April, 1902, and the fourth day of August, 1904, are hereby revoked.

*Made by the Governor and Court of Policy under Section sixteen of the Medical Ordinance, 1886, on the 14th day of July 1908.*

By Command,

J. HAMPDEN KING,

*Clerk of the Court.*

APPENDIX 7—*contd.***British Guiana.****AMENDMENT TO THE REGULATIONS RELATING TO THE PROFESSIONAL SERVICES OF GOVERNMENT MEDICAL OFFICERS IN COUNTRY DISTRICTS.**

The following sub-head is hereby substituted for sub-head (d) of Regulation 2 of the Regulations relating to the Professional Services of Government Medical Officers in Country Districts made by the Governor and Court of Policy on the fourteenth day of July, 1908:—

- (d) Every patient at any Estate's Hospital who is either an indentured immigrant, or a person of the labouring class employed by the Estate, or any of his family residing on the Estate and recommended by the manager for free treatment.

*Made by the Governor and Court of Policy under Section sixteen of the Medical Ordinance, 1886, on the 10th day of December 1912.*

By Command,

GEO. D. BAYLEY,

*Clerk of the Court.*

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**REGULATIONS FOR THE PROPER ARRANGEMENT AND MANAGEMENT OF CERTIFIED HOSPITALS ON ESTATES.**

*Accommodation.*

1. Each Estate possessing not more than 50 immigrants shall have hospital accommodation for 10 beds; from 50 to 100 immigrants for 15 beds, and above 100 immigrants besides the 15 beds already required accommodation at the rate of 5 per cent for all the immigrants above that number.

2. Each bedstead which shall be not less than 6 feet long by 3 feet wide, shall be provided with at least:

- 1 Bed Sack.
- 1 Pillow Sack.
- 2 Pillow Cases.
- 2 Sheets.
- 1 Blanket.
- 2 Shirts or Bedgowns.
- 1 Shelf at the head of each bedstead or table beside bed.
- 1 Plate and Cup.
- 1 Fork.
- 1 Spoon.
- 1 Chamber utensil.
- 2 Frames (tin) for holding the Medical History Cards and the Temperature Charts. These to be of such a pattern and to be supplied in such quantities as the Surgeon General may approve.

3. Between each bed there shall be a clear space of three feet, and where the beds are placed in rows there shall be a clear space of six feet between the rows.



4. Each hospital shall be provided with the following articles :—

- (1) A Clock which shall be kept in order.
- (2) A small locked press for poisons in the Dispensary.
- (3) An enclosed lamp in each Ward, to be kept lighted from sunset to daylight; and to be suspended out of the reach of the patients.
- (4) Such tables as may be necessary for meals.
- (5) Such chairs, desks, presses as the Surgeon General may from time to time require; there shall be at least two movable night chairs in each ward.
- (6) A Microscope of a pattern to be approved by the Surgeon General.
- (7) One tell-tale Clock.

*The Government Medical Officer.*

5. The Government Medical Officer shall at every visit in the case of In-patients enter on the Medical History Card the following particulars :—

- (a) Date of visit.
- (b) Any alteration of the treatment, diet, or extras. Should there be no alteration, the word "continue" must be entered.
- (c) Notes on the progress of the case.

6. The Government Medical Officer shall at least once every month visit the yard and ranges and shall report on their condition to the Surgeon General.

*The Manager.*

7. The Manager, or an Overseer deputed by him, shall visit the hospital daily and shall record the date and hour of each visit with any remarks he may think proper to add in the Visitors' Book.

*The Dispenser or Principal Sicknurse.*

8. No person shall be employed as Dispenser or Sicknurse unless he is on the Register of Dispensers and Sicknurses.

9. The Dispenser or Sicknurse shall :

- (a) Reside on the premises and not absent himself without the permission of the Manager of the estate.
- (b) Carry out all orders and instructions of the Government Medical Officer.
- (c) Be present during the visits of the Government Medical Officer.
- (d) Whenever a patient is admitted to the hospital provide him or her with hospital clothing; and, when the case permits, have him or her bathed. The patient's own clothes shall be taken away, scalded, and a ticket attached to them, with his or her name or number.
- (e) Take care of all money, jewels, or other property brought into hospital by a patient, and enter such property in a book to be kept for the purpose by him.
- (f) Report to the Government Medical Officer any deficiency in quality or quantity of the articles required to be provided for by these Regulations.
- (g) Enter every birth of a child occurring on the estate in the Register of the hospital.
- (h) See that the diets are issued at stated periods in proper quantity and quality.
- (i) Take care that patients are visited by their friends only between the hours of six and seven in the morning and four and six in the afternoon, except by special permission from the Government Medical Officer.
- (j) Have the wards and galleries swept every morning, and also every afternoon if necessary; and the floors scrubbed or mopped at least twice a week.

- (k) See that the bedding and bed linen are always kept clean.
- (l) Maintain quiet and order in the wards and at the same time be forbearing, gentle and kind to the patients under his care.
- (m) Permit smoking in the hospital only with the permission of the Government Medical Officer, and then at such places and times as he may direct.
- (n) Keep the latrines and latrine passages and bathing rooms clean and free from any offensive odour.
- (o) If he finds it necessary to treat any person as an In or Out-patient, in the former case enter the treatment and other particulars on the Medical History Card and record the name in the Case Book ; in the latter case, enter such treatment and the reason in a book to be kept for that purpose. These entries shall be shown to the Government Medical Officer at his next visit and be initialled by him.
- (p) When it is necessary to take the temperature of any patient, record it on the Temperature Chart.
- (q) Visit all confinement cases daily for the first nine days after confinement and record their condition in the Casual Book.
- (r) At once report fully to the Government Medical Officer any case that he may admit which appears to be of a serious nature,- or any fresh symptoms of a serious nature in a patient already under treatment.
- (s) See that all patients discharged by the Government Medical Officer, but who may be too weak to work, report themselves daily at the hospital ; and, in the event of their neglecting to do so, visit their dwellings and ascertain the cause of their absence.

*The Female Sicknurse or Nurse-Midwife.*

- 10. The Female Sicknurse shall reside on the premises.
- 11. No person shall be employed as a Female Sicknurse unless she possesses a certificate of competency as a Nurse-Midwife to the satisfaction of the Surgeon General.
- 12. The Female Sicknurse shall, subject to the directions of the Government Medical Officer, be under the control of the Dispenser or Principal Sicknurse.

*Patients.*

- 13. Patients must submit to the treatment prescribed by the Government Medical Officer and must obey his directions and those of the Principal Sicknurse in carrying out such directions.
- 14. Patients shall behave in a quiet and orderly manner and shall when required keep to their beds and shall not disturb or annoy any of the other patients.
- 15. Patients shall wear the hospital clothing and shall keep it clean and shall not wilfully injure or destroy it.
- 16. Patients shall not wilfully soil the flooring or any other part of the hospital.
- 17. Patients shall not on any account leave the hospital without the permission of the Government Medical Officer.
- 18. Patients shall not receive spirits, food, or any other article other than those supplied at the hospital, without the consent of the Government Medical Officer.
- 19. On no account shall patients have matches in their possession or in the beds.
- 20. Patients or other persons shall not smoke on the hospital premises without the permission of the Government Medical Officer.
- 21. All persons without any exception admitted to hospital shall be bound by these Regulations.
- 22. Any infraction of these Regulations on the part of the patient shall be at once reported to the Manager and the Government Medical Officer by the Dispenser or Principal Sicknurse.

*Miscellaneous.*

23. (1) The articles enumerated in the Schedules to these Regulations shall be kept in each Hospital in the quantities specified.

(2) Articles not enumerated in the Schedules shall be provided when ordered by the Government Medical Officer.

24. The Rules and Regulations made by the Surgeon General and approved by the Governor and Court of Policy on the 13th of August 1895, are hereby revoked.

*Made by the Surgeon General under Section 79 of the Immigration Ordinance, 1891,  
and approved by the Governor and Court of Policy on the 3rd day of October  
1905.*

By Command,

J. HAMPDEN KING,

*Clerk of the Court.*

## THE FIRST SCHEDULE.

Acid, Acetic ...	...	$\frac{1}{2}$	lb.	Oil of Croton ...	...	...	2	oz.
" Boracic ...	...	1	"	Opium powder ...	...	...	2	"
" Carbolic ...	...	2	"	Ointment, Citrine ...	...	...	1	lb.
" Chrysophanic ...	...	1	oz.	" Iodine ...	...	...	1	"
" Gallic ...	...	1	"	" Mercurial ...	...	...	1	"
" Hydrochloric... ..	...	6	"	" Simple ...	...	...	6	"
" Hydrocyanic, Dil. ...	...	3	"	Pill, Colocynth and Hyoscyamus ...	...	...	1	oz.
" Nitric ...	...	6	"	" Carbonate of Iron ...	...	...	1	"
" Sulphuric ...	...	6	"	" Mercurial ...	...	...	1	"
" Tartaric ...	...	6	"	" Lead and Opium ...	...	...	1	"
Alum ...	...	$\frac{1}{2}$	lb.	" Compound Rhubarb ...	...	...	1	"
Ammonia, Aromatic Spirits of... ..	1	"	"	Phenacetin ...	...	...	4	"
" Acetate ...	...	$\frac{1}{2}$	"	Plaster, Sticking ...	...	...	3	yds.
" Bromide ...	...	$\frac{1}{2}$	"	Potash, Acetate of ...	...	...	$\frac{1}{2}$	lb.
" Carbonate ...	...	1	"	" Chlorate of ...	...	...	$\frac{1}{2}$	"
" Chloride ...	...	4	oz.	" Iodide of ...	...	...	$\frac{1}{2}$	"
Antimony, Tartrate of ...	...	1	"	" Nitrate of ...	...	...	$\frac{1}{2}$	"
Antipyrin ...	...	4	"	" Bromide of ...	...	...	$\frac{1}{2}$	"
Arsenic, Fowler's solution of ...	...	4	"	Quinine, Sulphate of ...	...	...	10	oz.
Atropine, Sulph. ...	...	$\frac{1}{2}$	"	Salol ...	...	...	4	"
Bismuth Subnitrate ...	...	1	lb.	Scott's Dressing ...	...	...	2	lb.
Blistering Fluid ...	...	1	"	Silver, Nitrate of ...	...	...	$\frac{1}{2}$	oz.
Borax ...	...	$\frac{1}{2}$	"	Soda, Bicarbonate of ...	...	...	1	lb.
Calomel ...	...	6	oz.	" Chloride of ...	...	...	$\frac{1}{2}$	"
Camphor ...	...	$\frac{1}{2}$	lb.	" Sulphate of ...	...	...	6	"
Chloral Hydrate ...	...	$\frac{1}{2}$	"	" Salicylate of ...	...	...	$\frac{1}{2}$	"
Chloroform ...	...	1	"	" Strychnine, Liquor... ..	...	...	1	"
Chlorodyne ...	...	12	oz.	" Sulphate of Iron ...	...	...	1	"
Chalk, prepared with Mercury ...	...	$\frac{1}{2}$	lb.	Sulphate of Zinc ...	...	...	1	"
" with Opium ...	...	$\frac{1}{2}$	"	Tincture Assafœtida ...	...	...		
" Aromatic Powder of ...	...	$\frac{1}{2}$	"	" Calumba ...	...	...		
Cocaine ...	...	$\frac{1}{2}$	oz.	" Camphor ...	...	...		
Cream of Tartar ...	...	1	lb.	" Camphor with Opium ...	...	...		
Cresote ...	...	4	oz.	" Capsicum ...	...	...		
Ether, Sulphuric ...	...	1	lb.	" Catechu ...	...	...		
" Nitrous Spirits of ...	...	1	"	" Cardamom ...	...	...		
Extract of Belladonna ...	...	2	oz.	" Colchicum ...	...	...		
Extract of Elaterium ...	...	$\frac{1}{2}$	"	" Digitalis ...	...	...		
Ferri et Quin. Cit. ...	...	$\frac{1}{2}$	lb.	" Gentian Co. ...	...	...		
Ergot ...	...	1	oz.	" Hyoscyamus ...	...	...		
Glycerine ...	...	$\frac{1}{2}$	lb.	" Iodine ...	...	...		
Ipecacuan powder ...	...	$\frac{1}{2}$	"	" Lavender ...	...	...		
" with Opium ...	...	$\frac{1}{2}$	"	" Nux Vomica ...	...	...		
" wine of ...	...	$\frac{1}{2}$	"	" Perchloride of Iron ...	...	...		
Iodoform ...	...	$\frac{1}{2}$	"	" Lobelia ...	...	...		
Jalap, compound powder of ...	...	1	lb.	" Myrrh ...	...	...		
Jalapine ...	...	$\frac{1}{2}$	oz.	" Opium ...	...	...		
Lead Acetate ...	...	1	lb.	" Squills ...	...	...		
Magnesia, calcined ...	...	1	"	" Stramonium ...	...	...		
Magnesia, Sulphate... ..	...	6	"	" Valerianate of Ammonia ...	...	...		
Mercury, perchloride of ...	...	$\frac{1}{2}$	"	" Tolu, Syrup of... ..	...	...	1	lb.
Morphia, Solution of acetate ...	...	$\frac{1}{2}$	"	" Vaseline ...	...	...	1	"
Morphia, Solution of Hydrochlorate ...	...	$\frac{1}{2}$	"	" Condyl's Fluid... ..	...	...	1	"
Mustard ...	...	2	"	" Cotton Wool ...	...	...	6	"
Oil of Peppermint ...	...	3	oz.	" Lint ...	...	...	6	"
" Turpentine ...	...	$\frac{1}{2}$	lb.	" Tow ...	...	...	6	"
" Castor ...	...	6	"	" Gauze ...	...	...	4	"

1 lb. each.

## THE SECOND SCHEDULE.

Graduated Glass Measures	...	...	4	Artery Forceps	...	...	4
Mortars and Pestles	...	...	2	Ligatures	...	1 phial of mixed.	
Spatulae	...	...	6	Irrigator Douche, with uterine piece	...	...	1
Glass Syringes	...	...	4	Drainage tubes	...	...	assorted.
Enema Syringes	...	...	2	Safety pins	...	...	1 box.
Bed Pans	...	...	4	Microscopic slides	...	...	8 dozen.
Scales and Weights	...	...	1	Cover glasses	...	...	12 „
Tourniquet, or Esmarch's Bandage	...	...	2	Staining agents	...	...	assorted.
Splints and Bandages	...	...		Vaginal speculum	...	...	2
Pill slab or machine	...	...		Hypodermic case	...	...	1
Feeding cups	...	...	6	Tooth Instruments	...	...	assorted.
Wafer paper or Cachets	...	1 gross.		Surgical Needles	...	...	„
Dressing Scissors	...	...	2				

## DIETARY TO BE USED IN CERTIFIED

	MILK.	SPOON.
	1	2
SCALE OF DIETS.	Milk ... 2 pints.	Sugar ... 8½ ozs. Milk ... 2 pts. Rice ... 3 ozs. Sago ... 3 ozs. Bread ... 2 ozs.

MEALS AND HOURS.	DIFFERENT MEALS	
At 6-30 A.M.	Milk ... ½ pint.	Bread ... 2 ozs. Milk ... 10 ozs. Sugar ... ½ oz.
BREAKFAST. 10 A.M.—Milk and Spoon Diets. 11 A.M.—Ordinary and Coolie Diets.	Milk ... ½ pint.	Sago ... 1½ ozs. Sugar ... 1 oz. Milk ... 10 ozs.
DINNER. 2 P.M.—Milk and Spoon Diets. 5 P.M.—Ordinary and Coolie Diets.	Milk ... ½ pint.	Rice (pap) ... 3 ozs. Sugar ... 1 oz. Milk ... 10 ozs.
SUPPER. 5-30 P.M.—Milk and Spoon Diets.	Milk ... ½ pint.	Sago ... 1½ ozs. Sugar ... 1 oz. Milk ... 10 ozs.

## EXTRAS WHICH MAY BE ORDERED

Sugar, to each pint of Milk ... ½ oz.	Beef Tea, Chicken Tea or Milk ... ½ to 1 pint.
Milk, Beef Tea or Chicken Tea ... ½ to 1 pint.	Bread up to or ... 8 ozs.
Bread up to or Biscuits up to ... 4 ozs.	Biscuits up to ... 4 ozs.

## DIRECTIONS : DIET SCALE.

1. The Medical Officer shall use his discretion in prescribing the diets and extras, and his directions are to be strictly adhered to.

2. Care is to be taken that no change of diet is made until the previous one is struck off the Medical History Card.

3. During the absence of the Medical Officer, the Principal Sicknurse shall have power to order such diets and extras as he may think necessary; the Medical Officer's attention to be drawn to this at his next visit. Stimulants are not to be ordered by the Principal Sicknurse unless they are absolutely necessary; if it is done then a full report stating the reason for so doing is to be made on the Medical History Card and shown to the Medical Officer at his next visit.

4. When possible all diets and extras for the following day shall be ordered before 4 P. M. in order to give the Dispenser time to prepare the Summary.

5. Condensed milk may be used with the consent of the Medical Officer, and of such a strength as he may direct.

6. Should occasion arise where a patient's diet requires to be changed at once, an exchange of diet with another patient is, if possible, to be resorted to for that day, and the requisite diet ordered for the following day.

7. Extra nourishment for the use of serious cases during the night must be specially ordered on the Medical History Card of each patient requiring it with directions as to the way it is to be given.

8. Patients placed on "Milk" and "Spoon" Diets for medical reasons should be carefully and daily watched so that the addition of beef or chicken tea and bread (or biscuits) either separately or together may be made the moment their condition will admit. These

## HOSPITALS ON ESTATES.

ORDINARY.			COOLIE.			REMARKS.
3			4			5
Milk	...	$\frac{1}{2}$ pint.	Milk	...	$\frac{1}{2}$ pint.	Rice, Plantains, Peas, Barley, or other Vegetables <i>uncooked</i> (60 % allowed on weight of Plantains for stalk and skin).  Chicken to be weighed cleaned, that is, without feathers or entrails.
Sugar	...	1 oz.	Sugar	...	1 oz.	
Rice	...	8 ozs.	Rice	...	8 ozs.	
Fish, Salt	...	3 ozs.	Fish, Salt	...	4 ozs.	
Beef, Salt	...	4 ozs.	Butter or Ghee	...	1 oz.	
Barley	...	$\frac{1}{2}$ oz.	Peas	...	4 ozs.	
Plantains	...	$\frac{1}{2}$ lb.	Flour	...	$\frac{1}{2}$ oz.	
Butter	...	$\frac{1}{2}$ oz.	Curry Powder	...	$\frac{1}{2}$ oz.	
Bread	...	8 ozs.	Bread	...	8 ozs.	
Salt	...	$\frac{1}{2}$ oz.	Salt	...	$\frac{1}{2}$ oz.	
Peas	...	2 ozs.				

## OF THE DAY.

Milk	...	$\frac{1}{2}$ pint.	Milk	...	$\frac{1}{2}$ pint.	
Sugar	...	1 oz.	Sugar	...	1 oz.	
Bread	...	8 ozs.	Bread	...	8 ozs.	
Rice	...	3 ozs.	Rice	...	4 ozs.	Beef Tea and Chicken Tea to contain not less than $\frac{1}{2}$ lb. of each cleaned, and 1 oz. of Barley to every pint.
Fish, Salt	...	3 ozs.	Fish, Salt	...	2 ozs.	
Butter	...	$\frac{1}{2}$ oz.	Butter or Ghee	...	$\frac{1}{2}$ oz.	
Salt	...	$\frac{1}{2}$ oz.	Peas	...	2 ozs.	
			Salt	...	$\frac{1}{2}$ oz.	
			Curry Powder	...	$\frac{1}{2}$ oz.	
Salt Beef	} In Soup. {	4 ozs.	Rice	...	4 ozs.	In Coolie Diet the Peas may be curried for Breakfast and Dinner.
Plantains		$\frac{1}{2}$ lb.	Peas	...	2 ozs.	
Peas		2 ozs.	Fish, Salt	...	2 ozs.	
Barley		$\frac{1}{2}$ oz.	Flour	...	$\frac{1}{2}$ oz.	
			Butter or Ghee	...	$\frac{1}{2}$ oz.	
			Curry Powder	...	$\frac{1}{2}$ oz.	

## WITH EACH DIET RESPECTIVELY.

Salt and necessary seasoning	...		Vegetables	...	2 ozs.	
Plantains	...	$\frac{1}{2}$ to $\frac{1}{2}$ lb.	Rice	...	2 ozs.	
Milk	...	$\frac{1}{2}$ pint.	or			
			Plantains	...	$\frac{1}{2}$ lb.	
			Chicken	...	$\frac{1}{2}$ lb.	
			(may be substituted for Fish at Dinner).			
			Milk	...	$\frac{1}{2}$ pint.	

*N. B.*—With the permission of the Medical Officer, 8 ozs. Flour may be used instead of Bread, and can be made into "roties" or "chuppatis" according to his directions.

diets are "sick diets", and are based on a minimum scale, and if care and attention be not daily and regularly bestowed with a view of making the above additions to them the moment the necessity arises, dissatisfaction will invariably result. So also when the further improved condition of a patient will allow of a change to any of the fuller diets it should be done without delay. The Nurse shall call the Medical Officer's attention to cases requiring extras or change of diet.

9. The following stimulants and extras may be ordered in such quantities as may be requisite, but to be decreased or discontinued the moment the medical necessity occurs, namely, Whisky, Brandy, Rum, Meat Extracts, Eggs and Ice.

10. The Medical Officer shall have power to order such other extras and stimulants as he may consider necessary for any patient, but must give his reasons in each case to the Surgeon General, if required.

11. The existing Dietary Table is hereby repealed.

*Framed by the Surgeon General under Section 79 of the Immigration Ordinance, 1891, and approved by the Governor and Court of Policy on the 3rd day of October 1905.*

By Command,  
J. HAMPDEN KING,  
Clerk of the Court.

APPENDIX 7—*contd.***British Guiana.****REGULATIONS IN RESPECT OF DWELLINGS OF SUGAR PLANTATIONS.**

1. In these Regulations, "plantation" means "sugar plantation".
2. (1) On any plantation where new dwellings for indentured immigrants are required, the manager shall give in writing one month's notice to the Medical Inspector of his intention to build such dwellings, at the same time describing the site on which they are to be erected.
  - (2) The Medical Inspector shall, as early as possible after receiving the same, make a special visit, if necessary, to the plantation and shall record his approval or otherwise in the Register of Dwellings.
  - (3) No such dwellings shall be erected without the approval of the Medical Inspector.
3. Each range shall be a single-storey building constructed on the following plan:—
  - (a) Length either fifty or one hundred feet and divided accordingly into five or ten rooms, each room to be numbered consecutively.
  - (b) Breadth fourteen feet.
  - (c) Height from upper side of sill to lower edge of wall plate, seven feet six inches.
  - (d) Height to apex of rafters from top of wall plate, eight feet.
  - (e) Height of upper side of sills from ground level not to be less than two feet, and in special cases, to be higher if required by the Medical Inspector, and approved of by the Surgeon General.
  - (f) The roof may be either shingled or covered with corrugated galvanized iron sheets, and need not be close-boarded.
  - (g) The floors may be either formed of boards laid on floor beams or made of earth raised to the level of top of sills and well rammed.
  - (h) The walls shall be made of close boards.
  - (i) Each room shall have a window on the windward side and a door on the leeward side or there may be a door on each side; if the latter, then the door on the windward side shall be in halves, so that the upper portion can form a window. Each room shall contain a platform or other suitable arrangement for sleeping, to be approved by the Medical Inspector.
  - (j) The partitions between the rooms shall be close-boarded with grooved and tongued joints to a height of two feet above the plate, the space above that to be close lathed.
4. Each range shall have a gallery not less than six feet wide by a height of not less than five feet in the clear; and running the whole length of the leeward side. In special cases, with the consent of the Medical Inspector and the approval of the Surgeon General, the gallery may be placed on the windward side.
5. Permanent ventilation shall be provided as follows:—
  - (a) A leeward "cow-mouth" four inches high running to within two feet of each end of the roof.
  - (b) The rafters shall be placed on interties, which on leeward side are to project three feet and on windward side one foot. The ventilating spaces thus formed shall be lathed not boarded.
  - (c) There shall be a series of louvres at both gables extending from the apex of the rafter downwards to a distance of four feet.
6. Each range shall be provided with a distinguishing letter and each room shall be numbered.
7. Each range shall be placed on a dam not less than thirty-six feet or more than sixty feet wide with a small drain running both in front and behind the range, and leading into the main drainage; the ground shall be sloped off towards these drains.
8. The distance between the gable of one range and the nearest of the next range shall not be less than forty feet or more than fifty feet.



9. The distance between the front of one range and the back of the one next in front shall not be less than fifty feet or more than seventy-five feet, except with the permission of the Medical Inspector.

*Made by the Immigration Agent General, with the assistance of the Medical Inspector and the approval of the Surgeon General, and approved by the Governor and Court of Policy, under section 68 of the Immigration Ordinance, 1891, this 17th day of December, 1901.*

By Command,  
J. HAMPDEN KING,  
Clerk of the Court.

## REPORT ON THE PETER'S HALL MEDICAL DISTRICT FOR THE YEAR 1911-1912.

RIVER VIEW,

EAST BANK, DEMERARA,

7th August, 1912,

SIR,

I have the honour to report as follows on the Peter's Hall Medical District for the year 1911-1912.

### ESTATES.

In comparison with previous years there were fewer cases of Malarial Fever and Pneumonia. On the other hand, Diarrhoea, Dysentery and Typhoid Fever were more than usually prevalent, this being doubtless due to deterioration of the water-supply resulting from the exceptionally long drought.

The following table shows the birth-rate and mortality of the four Diamond estates, taken together, for the year under report, compared with the average of the three previous years.

### THE DIAMOND ESTATES.

#### *Plantations Diamond, Farm, Providence and Peter's Hall.*

	Birth-rate per 1,000.	Death-rate per 1,000.
1911-1912	29.5	20.3
Average of the three previous years	29.7	24.7

These figures have reference only to the East Indians residing in the four nigger-yards, numbering 5,150, exclusive of those residing in the villages, pastures, etc.

It will be seen that last year the birth-rate exceeded the death-rate by 9.2 per thousand, and that the death-rate was 4.4 per thousand less than the average of the three previous years.

On Plantation Diamond proper, an exceptionally small number of births—52, equal to 23.9 per thousand, as compared with 72, equal to 33 per thousand, the average of the three previous years, has unfavourably affected the birth-rate of the four estates taken together.

Providence had the lowest death-rate, 16.9 per thousand. The same estate also had the highest birth-rate, 35.3 per thousand, followed closely by Farm with 34.8.

For some years past the birth-rate has been increasing and the mortality diminishing on these estates, especially Providence. I attribute this chiefly to the care exercised in the curative and preventive treatment of Anchylostomiasis and Malarial Fever, the two main causes of sickness and death among the estate coolies. I shall consider these two causes separately.

*Anchylostomiasis.*—When I took charge of this district in 1904, I found this disease exceedingly prevalent on the estates. The great majority of the coolies harboured the parasite. Their efficiency as labourers was much impaired. In both sexes deaths from acute anchylostomiasis were distressingly frequent. Some of the women were rendered sterile by the more extreme degrees of anæmia. To those who were less anæmic the stress of pregnancy proved so exhausting as to lead, in most cases, to the death of both mother and fœtus. Thus the parasite not only increased the mortality of the estates, but also adversely affected the birth-rate.

The more severe cases of infection were first dealt with. It took me some years of persistent effort, by the use of thymol and other anthelmintics in cases treated in hospital, to rid the coolies of their more dangerous degrees of infection.

Some years ago the manager of Providence carried out on his estate an efficient system for the disposal of night-soil, which was subsequently adopted on the other three estates. Re-infection has thus been to a great extent prevented.

The general result has been that the stationary coolie population of those yards is practically free from the more severe degrees of anæmia, a visibly anæmic person, if found there, being usually a new-comer from elsewhere. Deaths from acute uncomplicated anchylostomiasis are now quite exceptional. Pregnancy is seldom fatal from this cause. The improvement in the labour supply is manifest.

But although very many of the coolies have been cleared of their parasites entirely, a considerable proportion of them continue to harbour the worms in numbers which, indeed, are too small to produce an obvious effect on them when otherwise free from disease, but which, under the strain of malarial fever, and other illnesses, assert their debilitating influence. These coolies are apparently in good health, and work well, but the worms are there, ready to complicate other diseases.

How to deal with these people without impeding the work of the estates is a problem which I began to set myself to solve about four years ago. Up to that time I had been, as it were, merely pursuing the infection from the rear. I now wished to make a frontal attack on it, and entirely eliminate the parasite from the yards.

Clearly, to treat all these coolies in hospital with repeated heroic doses of parasiticide drugs was out of the question. There are so many of them that any attempt of the kind would have disorganised the work of the estates and cost a great deal of money; and, besides, such violent treatment would have been out of proportion to the mild degree of the infection. It was necessary to discover some method which, whilst practicable and efficient would inconvenience no one.

In November, 1908, I began an experiment on a few willing subjects at Providence. I gave each of them a cachet of ten grains of thymol every night for a period of many weeks. They did not find this moderate dose of the drug to interfere in the least with their ordinary occupation. Repeated microscopical examination showed a gradual diminution of the number of ova in their dejecta, until at the end of four months the ova disappeared entirely.

This long-continued course of thymol produced no ill effect whatever, and cured completely the disease. From that time I began to use this method of treatment in numerous cases of anchylostomiasis at Albouystown Dispensary and elsewhere, with uniformly satisfactory results. A very large experience of this use of the drug has convinced me of the efficacy and absolute innocuousness of this mode of dealing with the very difficult problem presented by the widespread infection of the coolies on the sugar estates.

In the beginning of the current year, therefore, it seemed to me that the time had arrived for giving those coolies the benefit of this line of treatment. By means of microscopical examination of the dejecta, an anchylostome census of all the coolies in the yards, from five years old upwards, has been making steady progress for some months. Completed at Farm, and nearly so at Providence, the census is proceeding apace at Diamond and will ultimately take in Peter's Hall.

As soon as the presence of ova is ascertained, the person is put on the "Thymol List", and begins at once to take ten grains of the drug every night, except on Saturdays, doing his work as usual. The coolies have taken to this treatment with remarkable readiness, being fully aware of its object and anxious to get rid of their parasites. I may mention that a thymol pulverette, coated with chocolate, is obtainable, which the coolies prefer to the cachet.

The first batch of coolies placed on the list in February at Farm have been re-examined, and nearly all of them have been found free from ova and taken off the list permanently. The others will be similarly re-examined after four months of treatment, and I anticipate that the bulk of them will be found free. Some stragglers may have to continue taking their dose for a month or two more.

It will be seen that, if this system is carried out accurately, the permanent residents in those yards will be entirely freed from this dangerous infection in a very short time. It will then be a relatively simple matter to deal with newcomers in like manner.

I am glad to say that the authorities of the estates are taking a deep interest in this matter; and with their all-important help I expect that the undertaking will be entirely successful.

*Malaria.*—In April, 1910, I began to give quinine systematically to the coolies in the estate yards as a preventive against this all-pervading cause of disease.

I started with the children at Providence. In the previous month a census of their spleens was taken, and complete lists were prepared of those whose spleens were distinctly enlarged, and of the others whose spleens appeared to be normal. Then I put them all without exception, on daily doses of quinine suited to their ages for the space of three months. The beneficial effect of this began to be perceived at once. Within a very short time malarial fever became less frequent, and convulsions practically ceased to occur.

Having thus brought them up to a more healthy standard, I restricted the daily doses to those with enlarged spleens, and relegated the others to a weekly dose. The manager gave

me his enthusiastic co-operation, without which success would not have been attainable. The sicknurse and his assistants carried out the additional duties thus thrown on them readily and whole-heartedly.

Not only have attacks of malarial fever almost ceased among those children, but their spleens have been steadily diminishing in size. Repeated splenic censuses have resulted in a shortening of the list of those taking daily doses, and a corresponding lengthening of the weekly list.

The system was soon adopted by the other estates; and the matter was brought to the notice of the Medical Inspector at an early date.

In order to extend the benefit of this quinine distribution to the adults larger machinery was required. The managers of Farm, Providence and Peter's Hall have solved the difficulty by dividing the ranges in their yards among the drivers, each of whom is given charge of a few ranges. Each driver is supplied with two lists, one containing the names of those with normal spleens, the other, those with enlarged spleens. To the former he gives a weekly dose of five grains; to the latter, a like dose daily, with an additional five grains when the spleen is very large. The drivers are supervised by the principal sicknurse. The occurrence of malarial attacks, and the results of the periodic splenic censuses show which of the drivers distribute the quinine carefully, and which of them shirk the work.

The results are seen in the marked reduction of the number of cases of, and deaths from, malarial fever. The adoption of this systematic distribution of quinine to the adults by the drivers at Diamond would doubtless have a like happy influence on the sickness-rate and mortality of that estate.

The salutary effect of the adoption of these measures for the cure and prevention of anchylostomiasis and malarial fever is seen most markedly in the high birth-rate and low mortality of Providence yard. A birth-rate of 35.3, and a mortality of 16.9 per thousand are highly encouraging figures.

There is therefore every reason to hope that, with the entire elimination of the anchylostome from these estates by the method described above, and the more complete control of malaria by still greater accuracy in the administration of quinine to the people, the birth-rate on these estates, in spite of the inequality of the sexes, can be kept well above 30 per thousand, and the mortality considerably below 20.

But a relatively high birth-rate, a low sickness-rate and mortality, and a prompt improvement in the labour supply, do not complete the list of benefits to be derived from these measures.

Anyone who has closely observed the East Indians in this colony knows that there is a marked difference in physique between the immigrants and those born here. Speaking generally it may be said that, compared with the Creole coolies, the immigrants are heavier and more muscular, their bones are thicker, their features coarser. They are stronger and more vigorous people. In a "tug of war" they run away with the Creole-born.

The effect of local rearing on the race tends, therefore, to physical deterioration, to the production of a light-weighting, thin-boned and delicate-featured man, having less capacity for prolonged, hard muscular effort.

Of the factors concerned with the production of this physical deterioration the two most important are, undoubtedly, malarial fever and anchylostomiasis.

The Creole coolie who begins to suffer from malarial fever in the first months of his existence, and who is burdened with an enlarged spleen from that time onwards throughout his growing years, lies under disabilities which are ceaselessly thwarting the natural tendency of the vital forces within him to raise him to his maximum of physical development. If to these disabilities from Malaria be added the constant draining of his blood through the bites of anchylostomes, it is easy to understand that such an individual inevitably tends towards the ranks of the degenerate.

Many such are being reared in the vullages of the colony—a menace to its future vital interests.

On the sugar estates—the other great nursing-ground of the East Indian race here—the adoption of the modes of prevention described above will enable the children to grow into stronger, more virile and desirable citizens.

*Water-supply.*—On these estates an entirely satisfactory water-supply remains a desideratum. The supply is best at Providence.

*Villages.*—The sanitary condition and water-supply continue to be unsatisfactory.

I have no figures relative to the vital statistics of these villages. Fewer cases came under my notice during the year than in previous years.

I have the honour to be,

SIR,

Your obedient Servant,

J. E. A. FERGUSON,  
G.M.O.

The Honourable  
The SURGEON GENERAL.

## APPENDIX 8.

Table 3.

RETURN SHOWING THE NUMBER OF OUT-PATIENTS TREATED AT ESTATES' HOSPITALS DURING THE YEAR 1911-12.

Hospitals.	Indentured.			Unindentured.			Total.		
	M.	F.	T.	M.		T.	M.	F.	T.
<i>Berbice—</i>									
Skeldon ... ..	22	12	34	156	85	241	178	97	275
Springlands ... ..	10	3	13	68	38	96	78	36	109
Port Mourant ... ..	12	14	26	379	189	518	891	183	544
Albion ... ..	10	39	49	328	155	468	838	194	538
Rose Hall ... ..	70	71	141	299	172	471	869	243	612
Friends ... ..	35	28	63	161	106	267	198	184	380
Providence ... ..	31	22	53	96	47	143	127	69	196
Mara ... ..	4	...	4	11	14	25	15	14	29
Blairmont ... ..	482	141	628	113	71	184	595	212	807
Bath ... ..	...	...	...	...	...	...	...	...	...
Total ... ..	676	830	1,006	1,606	822	2,428	2,282	1,158	3,434
<i>Essequibo—</i>									
Golden Fléce ... ..	4	8	12	160	100	260	184	108	292
Taymouth Manor ... ..	...	...	...	43	34	77	43	34	77
Anna Regina ... ..	...	...	...	48	40	88	48	40	88
Hampton Court ... ..	2	...	2	96	83	129	98	33	131
Marionville ... ..	10	4	14	167	128	290	177	127	304
Total ... ..	16	12	28	534	380	864	550	342	892
<i>Demerara—</i>									
Cane Grove ... ..	1	1	2	60	30	90	61	31	92
Melville ... ..	...	...	...	11	4	15	11	4	15
Cove & John ... ..	2	2	4	15	8	23	17	10	27
Hope ... ..	16	2	18	20	7	27	36	9	45
Enmore ... ..	20	2	22	30	34	64	50	36	86
Nonpareil ... ..	25	2	27	85	53	138	110	55	165
Lusignan ... ..	3	4	7	3	...	3	6	4	10
Mon Repos ... ..	...	...	...	...	...	...	...	...	...
La Bonne Intention ... ..	...	...	...	6	4	10	6	4	10
Success ... ..	4	8	12	267	250	517	271	258	529
Vryheid's Lust ... ..	...	...	...	378	387	765	378	387	765
Ogle ... ..	112	77	189	767	637	1,454	879	764	1,643
Diamond ... ..	56	78	134	156	99	255	212	177	389
Farm ... ..	5	3	8	99	75	174	104	78	182
Providence ... ..	1	7	8	98	64	162	99	71	170
Houston ... ..	...	...	...	63	64	130	66	64	130
Wales ... ..	15	7	22	2	...	2	17	7	24
Nismes ... ..	40	36	76	1	3	4	41	39	80
Schoon Ord ... ..	...	...	...	...	...	...	...	...	...
Versailles ... ..	10	...	10	1	...	1	11	...	11
Leonora ... ..	3	...	3	18	10	28	21	10	31
Uitvlugt ... ..	1	1	2	12	4	16	13	5	18
De Kinderen ... ..	11	2	13	18	9	27	29	11	40
Tuschen ... ..	...	...	...	20	12	32	20	12	32
Total ... ..	325	232	557	2,133	1,804	3,937	2,458	2,036	4,494

## SUMMARY.

BERBICE ... ..	676	830	1,006	1,606	822	2,428	2,282	1,158	3,434
ESSEQUEBO ... ..	16	12	28	534	380	864	550	342	892
DEMERARA ... ..	325	232	557	2,133	1,804	3,937	2,458	2,036	4,494
TOTAL ... ..	1,017	574	1,591	4,273	2,956	7,229	5,290	3,530	8,820

APPENDIX 8—contd.

Table 4.

SHOWING THE DISEASES TREATED IN EACH ESTATE'S HOSPITAL AND THE NUMBER OF DEATHS.

DISEASES.	HOSPITALS, BERRICE.																		Totals.			
	Skeldon.		Springlands.		Port Mourant.		Albion.		Rose Hall.		Blairmont.		Marv.		Friends.		Providence.		Bath.		Cases.	Deaths.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.				
<b>I.—GENERAL DISEASES.</b>																						
Measles ...	1	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	10	5
Whooping Cough ...			5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	5	1
Influenza ...			18	1	70	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	102	1
Febricula ...	28	4	53	154	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	244	6
Enteric Fever ...			9	1	18	5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	37	6
Mumps ...			2	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	9	9
Dysentery ...	16	7	4	8	4	35	1	74	1	23	1	18	12	14	1	1	1	1	1	1	209	8
Malarial Fever ...	555	7	195	8	57	1	332	8	768	3	1338	10	636	3	484	2	190	2	77	3	4,633	37
Black Water Fever ...								5	1	5	1	5	1	5	1	5	1	5	1	5	14	1
Convulsions, Infantile	8																				5	2
"    Puerperal			1				8	1													1	1
Anæmia ...								1	1												1	1
Erysipelas ...								2	1	3	1										1	1
Septicæmia ...					0	1						1	1	1	1						2	4
Tetanus ...							1	1													1	1
Tuberculosis (Pulmonary)	4	2	2	3	1			3	1			3	1	1	1						15	6
Leprosy ...			1	1	1	2		2													5	1
Yaws ...														5	1						7	1
Syphilis ...	1	2	1					20	9			5	1	1	1						40	6
(Inherited)												6	5								11	6
Condyloma ...					1																1	1
Shingles ...												3									3	1
Homophilia ...								1													1	1
Scurvy ...												1									1	1
Alcoholism ...			1	1								39	1								42	1
Rheumatism ...	10	3	1	13	17	9								9	7						70	...
Sciatica ...				2								1									3	...
Epitheliomata ...					1																1	...
Senectus ...												2	1								2	1
Anæmia ...	18	1	1	8	5	56	5	5	1			37	2	17	1	2					149	11
Marasmus ...			2	1				1													3	1
Diabetes, Mellitus ...				1	1																1	1
Debility ...	26	7	4	1	14	4	2					16	2	6	3						78	7
Senile Decay ...			1	1																	2	...
<b>II.—LOCAL DISEASES.</b>																						
<b>1. Diseases of the Nervous System—</b>																						
<b>(a) Dis. of the Brain and Spinal</b>																						
Cord—																						
Meningitis ...												2	1								2	1
Cerebral Hemorrhage			1	1				1	1			1									2	2
Do, Spinal							1														1	...
Hemiplegia ...																					1	...
Paraplegia ...				1																	1	...
<b>(b) Diseases of the Nerves—</b>																						
Neuralgia ...												2									2	...
Neuritis (Peripheral)												1		1							2	...
Herpes Zoote				1																	1	...
<b>(c) Functional Diseases—</b>																						
Epilepsy ...	1			2	7							11		2	2						25	...
Hysteria ...				1	1							1									5	...
Cephalalgia ...			1		3		1				3										9	...
<b>(d) Mental Diseases—</b>																						
Mania ...				1							1										2	...
Dementia ...			1																		1	...
Vertigo ...												1									1	...
Paralysis ...			2																		2	...
<b>2. Diseases of the Eye—</b>																						
Foreign body in Eye						1															1	...
Conjunctivitis ...	6			7	31			4		8		7		1	3						57	...
Keratitis ...				2	4			1													8	...
Cyst ...					4			2													2	...
Iritis ...								9				1		4	1						15	...
Corneal Ulcer ...				6	4			1		6											17	...
Ophthalmia ...				1				2		1		2			1						7	...
Carried forward	661	8	235	8	191	7	676	18	936	13	1476	14	779	15	572	6	242	4	100	6	5,871	93

TABLE 4—contd.

Showing the Diseases treated in each Estate's Hospital and the Number of Deaths.

DISEASES.	HOSPITALS, BEBBICHE.																		Totals.				
	Skeldon.	Springlands.	Port Marrant.	Albion.	Rose Hall.	Blairmont.	Mara.	Friends.	Providence.	Bath.													
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.							
<b>LOCAL DISEASES—(contd.)</b>																							
Brought forward ...	664	8	235	8	191	7	676	18	836	18	1476	14	779	15	572	6	242	4	100	6	5,871	89	
<b>2. Diseases of the Eye—(contd.)</b>																							
Pterigium ...							3															3	
Injuries ...								2				2										11	
Stye ...	1				1																	4	
Dacryocystitis ...												1										1	
Photophobia ...																						2	
Caruncle ...													1									1	
<b>3. Diseases of the Ear—</b>																							
Abscess ...													3		4							7	
Otorrhoea ...			1		2								1									7	
Otitis ...	4						1					1									8		
Otalgia ...					1																	1	
Earache ...								1														1	
Auditory Catarrh ...								1														1	
<b>4. Diseases of the Nose—</b>																							
Epistaxis ...								1														1	
Catarrh ...													1									1	
<b>5. Dis. of the Circulatory System—</b>																							
Cardiac ...	1																					1	
Valvular Heart Disease ...	1		1	1							1	1									6	5	
Functional Heart Disease ...							4								1						5		
Aneurism ...											1	2									1	2	
Embolism ...					1																	1	
Syncope ...	3		1										1									5	
Morbus Cordis ...					4	2																4	
<b>6. Dis. of the Respiratory System—</b>																							
Empyema ...															1							1	
Laryngitis ...					1			2			1											4	
Bronchitis ...	19	1	11	1	33	4	26	4	121	2	18	3	19	1	72	4	34		5		858	80	
Bronchial Catarrh ...	57		10		59		117		56		107		29		24		22				481		
Pneumonia ...	10	6	7	7	4		2	1	30	9	25	8	38	15	9	2	7	2	16	7	145	57	
Pleurisy ...											2		1								8		
Pleurodynia ...	1						3				2		8								12		
Asthma ...	11		26		28	1	43		85		18		19		80		11		1		262	1	
Bronchiectasis ...											4										1	1	
Atelectasis Pulmonum ...											1	2									1	1	
Phthisis ...													5								5		
Gastrodynia ...																					1		
Abscess of Lung ...			1														1	1			1	1	
<b>7. Dis. of the Digestive System—</b>																							
Enlarged Gland ...	1																					1	
Gumboil ...	2		2					2			3				1							10	
Herpes Oris ...							4															4	
Stomatitis ...	1		1						3						2							18	
Pharyngitis ...					4						1				1							9	
Dentition (morbid) ...					4		3								1							8	
Tonsillitis ...	6		1					1			3				2							15	
Gastritis ...								1							1							1	
Dyspepsia ...	4				25		59		1				6		5		2					107	
Singultus ...											1											1	
Gastro Ulcer ...													1									1	
Parotitis ...							1						1									1	
Gingivitis ...					1		1															1	
Enteritis ...					6	6					2	2			9							28	
Simple Diarrhoea ...	58	2	39	3	182	2	216	2	78	6	149	8	31	1	17	2	19	4	6	1	20	10	
Colic ...	17		5		88		104		7		80		19		18		4				780	31	
Hæmorrhoids ...																						238	
Anal Fistula ...	1						8		1						1							6	
Hernia (strangulated) ...	1																					1	
Do. (others) ...			1		1								2									3	
Constipation ...	4		1		2				6		2		6		5		1					8	
Hepatic Congestion ...					1				2				3									27	
Hepatitis ...	1		1					3					3		1							8	
Hepatic Cirrhosis ...	1				3		2	1													1	1	
Jaundice ...	4		1		2		4		2				9									6	
Carried forward ...	874	17	345	1	542	22	1280	28	1338	30	1854	40	961	34	773	14	349	11	143	21	8,459	238	

TABLE 4—contd.

Showing the Diseases treated in each Estate's Hospital and the Number of Deaths.

DISEASES.	HOSPITALS, BERBICE.																							
	Skeldon.		Springlands.		Port Mourant.		Albion.		Rose Hall.		Blairmont.		Mara.		Trianda.		Providence.		Path.		Totals.			
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.		
<b>II. LOCAL DISEASES—(contd.).</b>																								
Brought forward ...	874	17	345	21	542	22	1280	28	1398	30	1854	40	961	34	778	14	349	11	143	21	8,459	239		
<b>7. Dis. of the Digestive System—</b>																								
(contd.).																								
Peritonitis ...					1										1								2	
Hæmatemesis ...													1										1	
Tonsillar Abscess ...																			1				1	
Intestinal Catarrh ...									142	3							50	1	1				193	4
Gastro Enteric Catarrh ...																			1	1			2	1
Pharyngitis ...																							2	
Appendicitis ...																							2	
Typhlitis ...	1										1												1	
<b>8. Dis. of Lymphatic System—</b>																								
Ganglion ...							1																1	
Adenitis ...					6		22		12		2		1		5		8						51	
Lymphangitis ...					1		2		1														4	
Enlarged Spleen ...	1		4		1		2		4				2				1						15	
Splenitis ...																							2	
Perisplenitis ...																							1	
Lymphadenitis ...																							1	
Perisplenalgia ...											1												1	
<b>9. Dis. of the Urinary System—</b>																								
Bright's Disease ...	4	2	9	4	7	2	3	5	12	2	2	1	26	7			8	4	7	2			83	23
Acute Nephritis ...					2		2		1				1	1									5	1
Cystitis ...															3								4	
Urethral Stricture ...					2																		2	
Retention of Urine ...	1														1								2	
Uræmia ...							1	1	1	1			2	2									4	4
Hæmaturia ...					1						1		4	1									6	1
Albuminuria ...	1												3										4	
<b>10. Dis. of the Generative System—</b>																								
Veneræal Warts ...									1														1	
Epididymitis ...											1												1	
Balanitis ...					4		4						1				1						10	
Veneræal Ulcer ...					4		1				21												26	
Phymosis ...	1								1														2	
Paraphymosis ...							1						1										4	
Hydrocoele ...					1						1						2						5	
Varicocele ...							1								3								1	
Oorchitis ...					4		9		3		1		2		1		1						22	
Gleet ...					2																		2	
Gonorrhœa ...	7				12		12		25		14		11		8		17						106	
Bubo... ..			1		1						4		6										13	
Leucorrhœa ...	4		1		9		1								2		1						17	
Dysmenorrhœa ...	5				2		1		1		2				1								13	
Menorrhagia ...	1						12		3		1				7		8						27	
Uterine Hæmorrhage ...	1																						1	
Metorrhagia ...					4																		7	
Pregnancy ...			3						2						9		1						6	
Abortion ...	2		2				1		4		1		1		3								14	
Threatened Abortion ...											2	1	2	2									2	
Premature Parturition ...											2	1	2	2									6	5
Normal do. ...	1		1				7		2		5		13		4								33	
Abnormal do. ...							2		2		5		13		4								2	
Perimetritis ...															1								1	
Mastitis ...							5		3														8	
Eclampsia ...											3	2											3	2
Procidencia Uteri ...											1												1	
Chaneroids ...													12										12	
Chanore ...			1												6		2						9	
<b>11. Dis. of Locomotive System—</b>																								
Lumbago ...			1		4		12		2		4		2		1								27	
Synovitis ...	1		1		1		7		4				8		1		1						19	
Bursitis ...																							1	
Periostitis ...			3		1		2		3														10	
Necrosis ...													2	1									2	1
Syphilitic Ostitis ...																							1	
Myalgia ...	7		1		11		19				7												45	
Arthritis ...	1																						1	
Arthralgia ...					5		18																23	
Teno-Synovitis ...					1																		1	
<b>Carried forward ...</b>	<b>912</b>	<b>19</b>	<b>374</b>	<b>25</b>	<b>628</b>	<b>24</b>	<b>1433</b>	<b>34</b>	<b>1567</b>	<b>37</b>	<b>1934</b>	<b>45</b>	<b>1057</b>	<b>46</b>	<b>830</b>	<b>16</b>	<b>439</b>	<b>16</b>	<b>159</b>	<b>2</b>	<b>9,339</b>	<b>268</b>		

TABLE 4—contd.

Showing the Diseases treated in each Estate's Hospital and the Number of deaths.

Diseases.	HOSPITALS, BERSICE.																Totals.					
	Skeldon.		Springlands.		Port Mourant.		Albion.		Rose Hall.		Blairmont.		Mara.		Friends.		Providence.		Bath.		Cases.	Deaths.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.				
<b>II. LOCAL DISEASES—contd.</b>																						
Brought forward	912	19	874	25	628	24	1488	34	1567	37	1934	45	1057	46	830	16	439	16	159	24	9388	286
<b>12. Diseases of Cellular Tissue—</b>																						
Cellulitis	1				53		86		12		7		33		3		2		6		183	
Whitlow			1																		3	
Abscess (superficial)	17		8		3		14		27		29		28		7		9		1		143	
Do. (deep seated)	1		1		1				1												3	1
Carbuncle							2														1	
Gangrene									1	1											1	1
Sinus										1											1	
Mammary Abscess													2								2	
Edema	2		1								19										23	
<b>13. Diseases of Cutaneous System—</b>																						
Corns									1												1	
Ulcers	24		9		50		105		84		89		123		48		17		1		533	
Onychia									19		1				6						27	
Furuncles	16				18		34		18		26		1		2		5				120	
Erythema	1																				1	
Urticaria							1		1												1	
Herpes	1						3		2		1				2		1				10	
Ring Worm	9				15		40		5		26		1								97	
Scabies	7		2		1		2		22		5		4		10		3				56	
Chigoes	15				6		15		42		44		4		8		11				145	
Pustules	24		1		41		123		67		66		53		22		11				498	
Ankylostomum Dermatitidis					1		1		1		19										21	
Ground Itch	10		2		1		2		5				3		3		1				26	
Pemphigus											1										1	
Eczema	2		1		46		99		3		28		2								182	
Acne											1										1	
Impetigo													2								2	
Excoriation	6																				6	
<b>III. PARASITIC DISEASES—</b>																						
Anchylostomiasis	19		1		125	2	72	1	9	1	52	1	68		28		14		1	1	389	6
Filariasis					1				1		4				2		1				9	
Tape Worm					4																4	
Tinea													1								1	
Verues	1				3																4	
<b>IV. POISONS—</b>																						
Ganje			1																		2	
Snake							1				1										2	
Insect Sting									1												3	
Bites					2						1										3	
Belladonna					1																1	
<b>V. INJURIES—</b>																						
Burn	1		3	1	4		3		1		2		1								15	1
Scald	4	1			2		5	1			1										14	2
Contusion	8		4		13		36		17		9		1		17		14				119	
Abrasion	6				4		2		1		2		1		3		2				21	
Fracture Simple	1				1		1		1						1						5	
Do. Compound																					1	
Crushed Finger									1												1	
Asphyxi									1	1											2	2
Injury to Abdomen					1	1	1														1	
Cut Throat							1		1												1	
Hæmorrhage from Wound							1		1												1	
Sprains	1				3		18		8						2		1				33	
Inclosed Wound	51				75		120		90		38		91		45		6		4		180	
Contused do.	9		5		3		13		16		4		6		5		9		1		71	
Punctured do.	14		2		9		12		38		21		8		10		4				118	
Lacerated do.	1		3		7						3		3		2		1				20	
Septic do.									1								1				6	
Alligator Bite							4		1												7	
Under Observation			9		13		20		1		19				8		5		3		73	
Gunshot Wound			1																		2	
Not Sick	78		14		25		38		33		66		60		23		14				374	
<b>GRAND TOTAL</b>	1242	20	442	27	1121	27	2366	38	2069	40	2541	46	1559	46	1083	16	572	16	182	25	13209	301





TABLE 4—

Showing the Diseases treated in each Estate's

Diseases.	HOSPITALS, DEMERARA.																							
	Cane Grove.		Melville.		Cove & John.		Hope.		Emmore.		Nonpareil.		L'aignan.		Mon Repos.		La Bonne Inter-tion.		Success D'rara.		Vryheid's Lust.		Ogle.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
<b>I. GENERAL DISEASES—</b>																								
Measles ...	38									19		5												1
Whooping Cough ...		1																1						
Influenza ...	155	16											9					1		3				
Fabricula ...								1		3		23	1	3			17						11	
Enteric Fever ...									10	1	5	3	3	1									3	3
Mumps ...	10						4		6		6	6	3	2				2		3			3	3
Dysentery ...	56	4	1	1	30	85	1	91	4	61	3	123	16	252	10	21		42		40	4	76	1	
Malarial Fever ...	284	2	71	1	108	20	328	3	429	10	1127	9	882	4	39	5	287	302		115	4	434	2	
Blackwater Fever ...													1					1		1			3	2
Convulsions (Infantile)	4		2	1		1	1	3				12	1				1			6	2			
(Puerperal)												1	1											
Erysipelas ...							1					2												
Septicæmia ...			1	1									1											1
Tetanus ...																								1
Tuberculosis (Acute General)								2	1				1											
Do. (Pulmonary)	16	2	12	1					1				1	3	1			2		1				4
Do. (Other Forms)																								2
Leprosy ...																								
Yaws ...																								
Syphilis ...	21						4				15		1							4				3
Do. (Inherited)			1																					
Vaccinia ...	2																							
Condylomata Lata ...																								
Salivation ...				1																				
Vomiting ...																								
Granuloma ...																								
Scurvy ...																								1
Alcoholism ...												1												
Rheumatism ...	3	4	3		9	12		39		21				2		1					14		26	1
Rheumatic Fever ...																		25						
New Growth, non-malignant (decline)								1																
Myalgia ...	2											1												
Anasarca ...												1												
Anæmia ...					3	9		9		13	1	49	1	3		4		8			7		17	
Marasmus ...	1					1		1	1	4	3	4	1	3							2		6	
Debility ...											1	20	1	3						5				
Senile Debility ...																								
<b>II. LOCAL DISEASES—</b>																								
<i>Dis. of the Nervous System.</i>																								
<i>(a) Diseases of the Brain and Spinal Cord—</i>																								
Meningitis ...																							2	1
Cerebral Hæmorrhage ...		1	1															1	1				1	1
Sclerosis (define) ...																								
Hemiplegia ...												4	3											
Locomotor Ataxia ...																								1
Paraplegia ...					1																			
<i>(b) Diseases of the Nerves—</i>																								
neuralgia ...	1																						1	
Neuritis (Peripheral)								1																1
Sciatica ...																								
<i>(c) Functional Diseases—</i>																								
Epilepsy ...	1		1					1		1					1									
Hysteria ...					1		1	1																
Cephalalgia ...							2																	
Chorea ...	2																							
Sunstroke ...																								
<i>(d) Mental Diseases—</i>																								
Mania ...								1																
Melancholia ...																							1	
Dementia ...	1																							
Congenital Mental Defect															1									
Carried forward	597	9	121	4	150	7	445	5	570	18	1296	26	1170	84	313	16	346	3	404	6	198	13	596	10



Showing the Diseases treated in each Estate's

DISEASES.	HOSPITALS, DEMERARA.																							
	Cane Grove.		Melville.		Cove & John.		Hope.		Enmore.		Nonpareil.		Linsignan.		Mon Repos.		La Bonne Intention.		Success.		Vryheid's Lust.		Cyle.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
<b>II. LOCAL DISEASES—(contd.).</b>																								
Brought forward ...	597	9	121	4	150	7	445	5	570	18	1296	26	1170	34	813	16	348	8	404	6	198	13	596	10
<i>Diseases of the Eye—</i>																								
Abscess ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Conjunctivitis ...	3	...	...	...	...	...	12	...	9	...	12	...	4	...	3	...	3	...	3	...	...	...	...	12
Keratitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sclerotitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Iritis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Corneal Ulcer ...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pterigium ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Injuries ...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Foreign body in Eye ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Blepharitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Congd. after removal of Eye...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
<i>Diseases of the Ear—</i>																								
Abscess ...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Otorrhœa ...	1	...	...	...	...	...	3	...	4	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Otalgia ...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
<i>Diseases of the Nose—</i>																								
Epistaxis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Catarrh ...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Injuries ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ulceration ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Foreign body ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
<i>Diseases of the Circulatory System—</i>																								
Pericarditis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Abdominal Tumor ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Valvular—Heart Disease ...	3	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Functional ...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Phlebitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pain in Liver ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Malformation of Heart ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Heart Failure ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
<i>Diseases of Respiratory System—</i>																								
Laryngitis ...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis ...	71	1	19	1	18	2	13	4	22	1	21	9	26	2	5	2	10	1	68	2	63	5	64	2
Bronchial Catarrh ...	74	...	14	...	19	...	12	...	32	...	36	1	156	...	29	...	30	...	33	...	15	...	98	...
Pneumonia ...	17	8	8	2	4	2	1	...	7	2	8	8	27	9	15	8	7	...	39	10	29	19	81	5
Pleurisy ...	3	...	...	...	...	...	...	...	2	...	3	1	...	...	...	...	...	...	...	...	...	...	...	...
Pleurodynia ...	1	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Asthma ...	41	1	16	...	10	1	5	...	17	...	9	...	22	...	3	...	...	...	...	...	...	...	...	...
Chronic Bronchitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hæmoptysis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Phthisis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
<i>Diseases of the Digestive System—</i>																								
Aphthæ ...	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Gumboil ...	1	...	...	...	...	...	...	...	1	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Stomatitis ...	1	...	...	...	...	...	4	...	2	...	5	...	2	...	...	...	...	...	...	...	...	...	...	...
Dentition (morbid) ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tonsillitis ...	2	...	1	...	1	...	3	...	1	...	8	...	5	...	...	...	...	...	...	...	...	...	...	...
Gastritis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Dyspepsia ...	...	...	1	...	2	...	2	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Gastric Ulcer ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hiccough ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteritis ...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Simple Diarrhœa ...	47	1	4	...	7	...	5	...	20	2	46	5	53	6	15	...	14	2	17	3	19	2	17	...
Choleraic ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Colic ...	12	...	8	...	7	1	9	...	2	...	18	...	3	...	10	...	1	...	4	...	...	...	...	
Hæmorrhoids ...	...	...	2	...	...	...	1	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Anal Fistula ...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Prolaps ani ...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hernia (strangulated) ...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
" others ...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Constipation ...	1	...	3	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Carried forward ...	890	16	196	8	214	15	523	10	697	23	1476	51	1406	60	391	22	425	16	588	21	348	33	906	18



TABLE 4—

Showing the Diseases treated in each Estate's

DISEASES.	HOSPITALS, DEMBRABA.																									
	Cano Grove.		Melville.		Cove and John.		Hope.		Enmore.		Nonpareil.		Lusignan.		Mon Reposa.		La Bonne Intention.		Success.		Vryheid's Lust.		Oglo.			
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.		
<b>II. LOCAL DISEASES—(contd.).</b>																										
Brought forward ...	890	16	196	8	214	13	523	10	697	23	1476	51	1496	60	391	22	425	16	588	21	348	33	906	18		
<i>Dis. of the Digestive System—(contd.).</i>																										
Hepatitis ...													2						1							
Hepatic Abscess ...																										
Do. Chirrosis ...	1	1	1																							
Jaundice ...	15	1	1		1				8	1	1	1			2		3									
Peritonitis ...																										
Hæmatemesis ...																										
Appendicitis ...	1								3																	
Colitis ...			1										2				1									
Dental Caries ...																										
Mal Cachexia ...																										
Cholelithiasis ...																										
<i>8. Dis. of the Lymphatic System—</i>																										
Adenitis ...	17		4		1				1		13		5				1		2		1		10			
Lymphangitis ...																										
Enlarged Spleen ...	3		5						1		1		4				4		8		9		5			
Tongue-Tied ...													1													
Parotitis ...																										
<i>9. Dis. of the Urinary System—</i>																										
Bright's Disease ...	13	4	5	2	5	3	4		6	2	12	3	8	2	2	2	2	1	2		8		4	2		
Acute Nephritis ...							1				2		2		1		1				3		1			
Cystitis ...													2		1											
Retention of Urine ...							1	1					1													
Uræmia ...													3													
Hæmaturia ...													3													
<i>10. Dis. of the Generative System—</i>																										
Sloughing Penis ...													1													
Epididymitis ...									1										2				7			
Balanitis ...																										
Phymosis ...	2				1		1				2		1													
Paraphimosis ...																										
Hydrocele ...	1		1																							
Oorchitis ...	9		1		3		2		4		4		1				1		6				3			
Hæmatocele ...																										
Gonorrhœa ...	7		1		5		16		12		17		35		7		3		10		1		6			
Leucorrhœa ...	8								2				1				1		2				6			
Dysmenorrhœa ...							1		2				1										3			
Menorrhagia ...	1		1				7				1								1		1		1			
Vaginitis ...																										
Uterine Hemorrhage ...	1												8													
Bubo ...													3	3												
Premature Birth ...							4	4	3	3			3	3									2			
Abortion ...	1						3		4		7		1				1		2				2			
Threatened Abortion ...									1																	
Premature Parturition ...					1	1	2	1	1	1	4	4	2	2			2		1							
Normal " ...	17						2		1		5		6		2				1							
Abnormal " ...																										
Pregnancy ...					1														2		1		1			
Metritis ...																										
Endometritis ...																										
Perimetritis ...																										
Mastitis ...			1																							
Puerperal Fever ...			1																							
Chancre ...													4													
Chancroid ...																										
Circumcision ...																										
<i>11. Dis. of Locomotive System—</i>																										
Lumbago ...	1		1								6		2													
Synovitis ...	4		1		2						1		4		1								1		1	
Periostitis ...																										
Caries ...									1																	
Myalgia ...			1																							
Carried forward ...	968	23	223	10	231	17	568	16	743	29	1553	59	1607	66	405	24	457	19	625	21	370	33	963	21		



TABLE 4—

Showing the Diseases treated in each Estate's

DISEASES.	HOSPITALS, DEMERARA.																							
	Cane Grove.	Melville.	Cove and John.	Hope.	Enmore.	Nonparoil.	Lusignan.	Mon Repos.	La Ronne Inter-tion.	Success.	Vryheid's Lust.	Ogle.												
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.										
II. LOCAL DISEASES—contd.																								
Brought forward ...	988	22 222	10 234	17 568	16 743	29 1553	59 1607	63 405	24 457	17 635	21 370	33 963	21											
12. Dis. of Cellular Tissue—																								
Cellulitis ...	1		1	4	1	8	58	18	44	3	1	2	2											
Whitlow ...	1			1	1							1	2											
Abscess (Superficial) ...	35	4	5	5	13	15	19	2	7	8	1	20	25											
Abscess (deep-seated) ...				4	3	2			1	1		1												
Carbuncle ...		1				1																		
Gangrene ...							1		1															
13. Dis. of Cutaneous System—																								
Pemphigus ...																								
Ulcers ...	59	9	34	78	77	105	68	26	19	29	14	108												
Onychia ...	4	2					1		1	1		7												
Furuncles ...	20	3	2	8	12	31	3	10	1	6		6												
Erythema ...							1																	
Urticaria ...					1	1	1																	
Herpes ...	1			1	3	1	4	2	1	3	1	8												
Ring Worm ...				1	1	10	5	1		2		12												
Scabies ...	21			3	1	10	5	1		2		2												
Chigoes ...	14		12	2	10	41	53	4	23	48		74												
Pustules ...	30	4	3	2	23	8	192	38	45	112	18	233												
Ground Itch ...	7	2	1		9	7	35	2	4	13		83												
Pruritus ...																								
Eczema ...	2										1	1												
Verruca ...																								
Impetigo ...																								
Dermatitis ...																								
Edema ...																								
Phlegmon ...																								
III. PARASITIC DISEASES—																								
Anchylostomiasis ...	86	3	35	3	4	1	5	2	7	1	8	2	13	1	3	2	15	1	42	1				
Filariasis ...	4																							
Tapeworm ...																								
Ascariasis ...																								
Verues ...																								
IV. POISON—																								
Opium ...																								
Ganje ...																								
Snake ...																								
Insect Sting ...		1																						
Dog Bite ...		1	1																					
Ptomaine ...																								
V. INJURIES—																								
Spine, Nose and Wrist ...																								
Burn ...	4	1	3	2	1	1	6	2	1	1	1	1	1											
Scald ...	2		1	4	2	8	3	1	1	1	2	4												
Corrosive Fluid ...																								
Contusion ...	12	3	5	8	6	32	6	2	1	7		11												
Abrasion ...	8			6	6	6	2	1	1	2		1												
Fracture (Simple) ...	1		1		1	1	1			2	3													
Do. (Compound) ...		1				1	1					1												
Concussion of Brain ...																								
Dislocations ...																								
Drowning ...																								
Rupture of Spleen ...																								
Scalp Wound ...																								
Sprains ...	1				1	4	2			1		4												
Incised Wound ...	31	2	6	25	17	64	53	14	11	21	5	41												
Contused ...	10	2	4	17	12	9	10	2	1															
Punctured ...	14	3	3	11	25	44	21	9	4	7	5	15												
Lacerated ...			2	3	8	10	11	7	3	9	1	8												
Septic ...	10	4					4																	
Alligator bite ...					1																			
Unknown ...								1	1															
Observation ...	5	18	3	28	9	9			89	2		2												
Not Sick ...	34		6	8	27	65	131	30		10	1	39												
Grand Total ...	1403	26	819	13	331	18	767	18	1078	32	2047	62	2323	70	601	26	722	18	932	33	444	34	1649	23



contd.

Hospital and the number of Deaths.

HOSPITALS, DEMERARA.

Diamond.		Farm.		Providence.		Houston.		Wales.		Niames.		Schoon Ord.		Vernalles.		Leonora.		Uitvlugt.		DeKinderen.		Tuschen.		Totals.		
Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
1653	57	581	28	949	42	865	9	1021	30	828	13	92	13	762	12	615	34	1430	58	717	29	276	36	36	17,803	695
11	4	6		3		3		4		1				5		2	1	10		8		5			197	3
4		13		13		2		5		10		2		13		11		18		19		6			270	1
				4		5		1				1						1		1		1			25	3
																				1					3	1
1																									1	
33		11		7		17		17		7		8		8		2		34		36		6			309	
3		1						2		1				2		1		2							28	
1								2		7				3				9		10					184	
										1															2	
																									2	
																									3	
																									17	
18								5		5								3		12					86	
11		13				8		24		5				30		13		21		33		1			208	
20						2		19		3				15		1		9		4					355	
41		3		1		1		40		8				17		1		52		56		1			928	
17		3		3		1		33		10				12		2		16		2					202	
				1				3		3															1	
								10		1				5											8	
																									1	
										2															2	
																									2	
117		42	5	42	2	4		18		22				22		115		196		98		8			904	21
2										2				1											9	
1																									8	
																14									3	
																									18	
																									1	
										1															2	
																									5	
																									2	
																									4	
																									2	1
																									6	
																									34	5
																									48	1
																									1	
																									165	
																									50	
																									27	
																									6	1
																									2	
																									1	
																									1	
																									1	1
																									1	
																									3	
																									25	
																									526	
																									116	
																									215	1
																									95	
																									25	
																									1	
																									1	
																									1	
40																									387	2
7		20		10		2		2		5				9		12		165		72		8			507	





TABLE 4—contd.

Showing the Diseases treated in each Estate's Hospital and the Number of Deaths.

DISEASES.	HOSPITALS, ESSEQUEBO.											
	Golden Fleece.		Taymouth Manor.		Anna Regina.		Hampton Court.		Marionville.		Totals.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
<b>I. GENERAL DISEASES —</b>												
Measles	...	...	...	...	...	...	...	...	2	...	2	...
Influenza	1	1	...	...	...	...	...	...	14	...	15	1
Febricula	75	...	...	...	...	...	...	...	...	...	75	...
Mumps	...	...	...	...	1	...	...	...	1	...	2	...
Dysentery	65	4	15	1	35	4	14	...	53	5	162	14
Malarial Fever	305	6	239	9	405	7	280	6	357	4	1,586	32
Cachexia	8	1	...	...	...	...	...	...	...	...	8	1
Blackwater Fever	...	...	2	1	...	...	...	...	1	...	3	1
Convulsions (Infantile)	...	...	...	...	9	1	4	1	10	5	17	7
Erysipelas	1	...	...	...	...	...	...	...	1	...	2	...
Septicæmia	...	...	...	...	...	...	...	...	1	1	1	1
Tuberculosis (Pulmonary)	8	1	...	...	1	...	3	...	2	1	9	2
Leprosy	1	...	...	...	...	...	...	...	...	...	1	...
Yaws	2	...	...	...	...	...	...	...	...	...	2	...
Syphilis	20	...	...	...	10	...	4	...	2	...	36	...
Rheumatism	14	...	1	...	18	...	...	...	8	...	36	...
Anæmia	2	...	...	...	28	4	3	1	3	1	41	6
Marasmus	2	2	...	...	...	...	1	1	1	...	4	3
Debility	2	...	...	...	...	...	1	1	3	...	5	...
<b>II. LOCAL DISEASES —</b>												
<b>1. Diseases of the Nervous System—</b>												
<b>(a) Diseases of the Brain and Spinal Cord—</b>												
Meningitis	...	...	1	1	...	...	...	...	...	...	1	1
Cerebral Hamorrhage	...	...	...	...	1	1	...	...	1	1	2	2
<b>(c) Functional Diseases —</b>												
Epilepsy	1	...	1	...	1	...	...	...	...	...	3	...
Cephalalgia	2	...	...	...	...	...	...	...	...	...	2	...
Chorea	1	...	...	...	...	...	...	...	...	...	1	...
<b>(u) Mental Diseases—</b>												
Sunstroke	1	...	...	...	...	...	...	...	...	...	1	...
<b>2. Diseases of the Eye—</b>												
Conjunctivitis	15	...	2	...	6	...	...	...	7	...	30	...
Keratitis	1	...	...	...	...	...	5	...	...	...	6	...
Scleritis	...	...	...	...	...	...	...	...	1	...	1	...
Iritis	...	...	...	...	1	...	...	...	1	...	2	...
Corneal Ulcer	1	...	...	...	...	...	...	...	...	...	4	...
Panophthalmitis	1	...	...	...	...	...	...	...	...	...	1	...
Stye	1	...	...	...	...	...	...	...	...	...	1	...
<b>3. Diseases of the Ear—</b>												
Otorrhea	2	...	...	...	...	...	1	...	2	...	5	...
Foreign Body in Ear	...	...	...	...	...	...	...	...	1	...	1	...
<b>4. Diseases of the Nose—</b>												
Catarrh	2	...	...	...	...	...	...	...	...	...	2	...
<b>5. Diseases of the Circulatory System—</b>												
Morbus Cordis	1	1	...	...	...	...	...	...	...	...	1	1
Pericarditis	...	...	...	...	...	...	...	...	1	1	1	1
Valvular Heart Disease	...	...	...	...	...	...	...	...	1	1	1	1
Syncope	...	...	...	...	...	...	...	...	1	1	1	1
<b>6. Diseases of the Respiratory System—</b>												
Laryngitis	...	...	...	...	...	...	...	...	1	...	1	...
Bronchitis	69	1	18	2	8	1	4	...	55	...	149	4
Bronchial Catarrh	57	...	26	...	45	...	19	...	28	...	175	...
Pneumonia	46	15	2	1	6	...	2	...	28	6	84	24
Pleurisy	...	...	...	...	1	1	1	...	2	...	4	1
Asthma	2	...	10	...	6	...	6	...	15	...	39	...
Chronic Bronchitis	13	1	...	...	...	...	...	...	...	...	13	1
<b>7. Diseases of the Digestive System—</b>												
Gumboil	...	...	...	...	1	...	3	...	...	...	4	...
Dentition (morbid)	2	...	...	...	...	...	...	...	...	...	2	...
Tonsillitis	2	...	...	...	...	...	...	...	3	...	5	...
Dyspepsia	4	...	...	...	...	...	...	...	5	...	9	...
Carried forward	720	38	812	15	572	19	853	9	617	29	2,574	105

TABLE 4—contd.

Showing the Diseases treated in each Estate's Hospital and the Number of Deaths.

DISEASES.	HOSPITALS, ESSEQUEBO.											
	Golden Picece.		Taymouth Manor.		Ann Regina.		Hampton Court.		Marionville.		Total.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
<b>II. LOCAL DISEASES—(Contd.)</b>												
Brought forward	720	89	312	15	572	19	358	9	617	29	2,574	105
<b>7. Dis. of Digestive System—(Contd.)</b>												
Enteritis	...	...	...	...	...	...	...	...	...	...	...	1
Simple Diarrhoea	25	...	7	1	41	7	16	1	20	2	100	11
Colic	15	...	1	...	3	...	2	...	...	...	21	...
Hæmorrhoids	1	...	...	...	...	...	...	...	...	...	1	...
Hernia (strangulated)	...	...	...	...	1	...	...	...	...	...	1	...
Do. (others)	1	...	...	...	1	...	...	...	...	...	2	...
Constipation	2	...	...	...	...	...	1	...	3	...	6	...
Hepatic Cirrhosis	1	...	...	...	...	...	1	...	...	...	2	...
Jaundice	2	...	5	1	10	1	6	1	1	1	23	4
Chyluria	1	...	...	...	...	...	...	...	...	...	1	...
<b>8. Diseases of Lymphatic System—</b>												
Adenitis	2	...	...	...	...	...	...	...	...	...	2	...
Lymphangitis	...	...	...	...	4	...	1	...	6	...	11	...
Enlarged Spleen	5	...	1	...	2	...	...	...	...	...	8	...
<b>9. Diseases of the Urinary System—</b>												
Bright's Disease	2	...	...	...	6	5	3	1	9	1	22	7
Nephritis	1	...	...	...	...	...	...	...	...	...	1	...
Retention of Urine	...	...	1	...	...	...	...	...	...	...	1	...
Ūræmia	...	...	...	...	1	1	1	1	...	...	2	2
Hæmaturia	...	...	1	...	...	...	...	...	...	...	1	...
<b>10. Diseases of the Generative System—</b>												
Phymosis	...	...	...	...	1	...	...	...	...	...	1	...
Paraphymosis	...	...	...	...	1	...	...	...	1	...	2	...
Hydrocele	...	...	...	...	...	...	2	...	...	...	2	...
Orothitis	...	...	1	...	1	...	1	...	1	...	4	...
Gonorrhœa	10	...	7	...	2	...	2	...	15	...	36	...
Bubo	1	...	...	...	2	...	...	...	...	...	3	...
Leucorrhœa	1	...	...	...	1	...	1	...	...	...	3	...
Dysmenorrhœa	1	...	...	...	...	...	...	...	1	...	2	...
Menorrhagia	2	1	...	...	...	...	...	...	...	...	2	1
Abortion	7	...	...	...	1	...	...	...	1	...	9	...
Normal Parturition	18	...	...	...	6	...	1	...	13	...	35	...
Abnormal do.	1	...	...	...	...	...	...	...	...	...	1	...
Chancre	...	...	...	...	...	...	...	...	8	...	8	...
Venereal Ulcer	1	...	...	...	...	...	...	...	...	...	1	...
<b>11. Diseases of Locomotive System—</b>												
Lumbago	2	...	...	...	2	...	...	...	5	...	9	...
Synovitis	1	...	...	...	1	...	1	...	...	...	3	...
Periostitis	...	...	...	...	...	...	1	...	...	...	1	...
Necrosis	1	...	...	...	...	...	...	...	...	...	1	...
Myalgia	1	...	...	...	...	...	...	...	...	...	1	...
<b>12. Diseases of Cellular Tissue—</b>												
Cellulitis	7	...	...	...	...	...	...	...	2	...	9	...
Whitlow	3	...	...	...	...	...	...	...	...	...	3	...
Abscess (superficial)	16	...	4	...	16	...	8	...	5	...	49	...
Do. (deep-seated)	1	...	...	...	...	...	6	...	...	...	7	...
Carbuncle	...	...	...	...	...	...	1	...	...	...	1	...
<b>13. Diseases of Cutaneous System—</b>												
Ulcers	41	...	32	...	73	...	56	...	55	...	257	...
Onychia	2	...	...	...	...	...	...	...	4	...	6	...
Furuncles	10	...	9	...	12	...	7	...	...	...	32	...
Psoriasis	...	...	...	...	...	...	...	...	1	...	1	...
Herpes	...	...	...	...	1	...	1	...	1	...	3	...
Ring Worm	1	...	10	...	28	...	10	...	7	...	56	...
Scabies	3	...	2	...	7	...	1	...	39	...	50	...
Chigoes	8	...	...	...	12	...	12	...	19	...	46	...
Pustules	88	...	10	...	111	...	27	...	46	...	232	...
Ground Itch	19	...	3	...	2	...	1	...	37	...	62	...
Eosema	...	...	...	...	...	...	...	...	4	...	4	...
Warts	5	...	...	...	...	...	...	...	...	...	5	...
Carried forward	968	34	898	17	925	34	523	13	921	33	3,735	151

TABLE 4—contd.

Showing the Diseases treated in each Estate's Hospital and the Number of Deaths.

DISEASES.	HOSPITALS, ESSEQUEBO.											
	Golden Flesce.		Taymouth Manor.		Anna Regina.		Hampton Court.		Marionville.		Total	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Brought forward	968	34	398	17	925	34	523	18	921	33	3,735	131
III. PARASITIC DISEASES—												
Anchylostomiasis ...	64	1	58	...	73	...	25	4	89	...	304	5
Ascaris Lumbricoides	...	...	...	...	...	...	...	...	...	...	2	...
IV. POISON—												
Insect sting	1	...	1	...	...	...	2	...	...	...	4	...
V. INJURIES—												
Burn	...	...	4	...	1	...	...	...	1	...	6	...
Scald	2	...	1	...	1	...	2	...	4	...	10	...
Contusion	14	...	4	...	16	...	9	...	10	...	53	...
Abrasion	7	...	...	...	1	...	...	...	11	...	19	...
Fracture (Simple)	8	...	...	...	1	...	...	...	1	...	5	...
Injury from fall (shock)	...	...	...	...	...	...	...	...	1	1	1	1
Sprains	...	...	...	...	1	...	...	...	1	...	3	...
Insect Wound	51	...	36	...	26	...	37	...	34	...	184	...
Contused do.	4	...	4	...	...	...	...	...	7	...	15	...
Punctured do.	25	...	3	...	5	...	7	...	10	...	50	...
Lacerated do.	2	...	5	...	12	...	16	...	12	...	47	...
Septic do.	...	...	...	...	6	...	4	...	...	...	10	...
Alligator Bite	...	...	...	...	...	...	...	...	1	...	1	...
Under Observation	34	...	2	...	3	...	...	...	...	...	39	...
Not Sick	12	...	8	...	2	...	3	...	10	...	85	...
GRAND TOTAL	1,189	35	519	17	1,078	34	629	17	1,113	34	4,528	187
SURGICAL OPERATIONS—												
Major (define)—												
Amputation of Finger (chloroform)	...	...	...	...	...	...	...	...	1	...	1	...
Minor (define) —												
Abscess opened	1	...	9	...	9	...	14	...	2	...	85	...
TOTAL	1	...	9	...	9	...	14	...	3	...	86	...

Statato.	Mean Adult Population.	Total number of prosecutions.	Section 108.				Section 105.				Total cases.	Total immigrants.	Once.	Twice.	Thrice.	Four times.	Five times.	Six times.
			Neglect of duty as watchman.				Refusal to amend work improperly done.											
			Withdrawals.	Reprimands.	Dismissals.	Not disposed of.	Convictions.	Withdrawals.	Reprimands.	Dismissals.								
Shen.	268	88								33	29	25	4					
Spokane	134	...								..	..	..	..	..	..	..	..	
Pocomant	293	25				4				25	20	16	8	1				
Albu.	622	199								199	136	92	30	11	1	2	..	
Rose Hl	509	58								58	49	42	5	2				
Provinc	110	4								4	4	4						
Fris.	160	19								19	19	19						
Mesa.	199	49					2			49	41	35	4	2				
Blair	452	77								77	66	57	7	2				
Chase	462	65					1			65	48	34	11	3			..	
Hopk.	322	80								80	66	57	6	1	2			
Octal John	168	17								17	14	11	3					
East	433	94								94	78	62	7	2			2	
North	642	123								123	97	82	8	3	4			
Luzon	705	217								217	167	134	23	7	2	2	..	
Mexico	194	30								30	28	19	2	1	1			
La Belle Intention	260	63								63	48	34	9	4	1			
Sund	128	14							1	14	13	12	1					
Oyic	418	75								75	54	39	12	1	1	1	..	
Prohibo	10	9								9	6	4	1	1				
East	5	6								6	4	3		1				
Diana	317	51								51	43	35	5	2				
Wah	318	52								52	34	24	5	3	1	1	..	
Napa	130	13								13	12	11	1					
Yoc	207	60								60	50	41	8	1				
Leon	197	23	14							23	23	19	3	1				
Edwin	537	133								133	98	66	16	9	2			
De Koen	181	57	31							57	42	32	6	3	1			
Mary	263	25	8							25	22	19	3					
Goblesco	416	67	10							67	50	39	6	4	1			
Ameyama	339	72	21							72	61	51	9	1				
Thomas Blance	12	10	31							10	9	8	1					
Hamden Court	191	27	14							27	24	21	3					
T.	9,671	1,657	10						4	4	1,857	1,439	1,147	201	66	17	6	2