The Prevalent Diseases of the Upper Karroo

Their etiology, relative frequency

by

James Linton Bogle

M.R.S. C.M., 1873.
The Prevalent Disease of the Upper Harros

their etiology & relative frequency

by

James Lindsay Bogle

M.B. C.M. 1873
In choosing the subject of my Thesis, I have felt that, although during the last twenty years I have had little opportunity, owing to my particular circumstances, of pursuing or investigating the more scientific branches of my profession still that an experience of nearly forty years practice of medicine in the Uplands of Cape Colony may prove interesting in pointing out the class of disease generally met with in the Upper Karroo, the causes of the prevalence of certain types of disease - their relative frequency - any special forms of disease these found, peculiar to the locality or only rarely found elsewhere - the modifications resulting from the influence of climate, race, social habits and other considerations.

To further mention any points in treatment which appear remarkable or worthy of record.

In the first place I would like devote a few words to the geographical position and some of the characteristic features of the district to which I am about to deal.
Map of Cape Colony showing districts described as Upper Karroo.
The Upper Karroo.

is an elevated plateau rising from the Midland Mountain ranges of Cape Colony in a gradual ascent to the banks of the Orange river. It extends from Namaqualand and Balcania on the west to Albert and Alver North on the East. The central portion of this large tract of country (with which this paper is concerned) lies between 20° to 26° East Longitude and 29° to 32° South Latitude, includes the districts of Fraserburg, Carnavon, Victoria West, Richmond, Hopetown, Hanover and boldesty. - See Map.

The altitude of this plateau varies from 3000 feet at the river to 7800 feet in the siebogging range in the Richmond district. The average heights above sea level being 4000-6500 feet.

The great and characteristic features are the purity, rarefaction, dryness of the air, large amount of oxygen present, the coolness of the air temperature, the great warmth of the sun temperature, the small amount of rainfall, the scantiness of vegetation.

Taking first the rainfall, I find that the amount annually, for a period of four years varied from 6 to 14 inches as found in the report of the Waterproofing Commission for 1883. The following table gives details for...
Each district respectively: passing from the arid west to the more fertile East via:

- Frakturberg 6.11 inches annually.
- Carnarvon 7.78 "
- Victoria West 9.82 "
- Hopetown 11.0 "
- Richmond 11.64 "
- Hanover 13.77 "
- Caledonia 12.82 "

I may add that in 1879, Caledonia had a rainfall of 13.35 inches and that in time of drought, Frakturberg has sometimes none at all.

Temperature:

This varies from a maximum of 100° F in shade to a minimum of 20° F. In Caledonia during the same year (1879), the Summer mean temperature was 69.7° F with a maximum of 101° and a minimum of 33°; the Winter mean temperature was 49.3° F with a maximum of 84.5° and a minimum of 23°.

In Richmond, the average temperature region by the British Museum in 1887 was 70° F in Summer and 55° F in Winter.

From my own observation, I have found the maximum shade temperature in summer in Victoria West to be 100° F and that only on very rare occasions; the usual maximum being 88° F. In Winter, the thermometer registered 12° F of frost during the night upon the ground. The mean
of summer weather being the same as those of 

The character of the vegetation work and the 

Geological formation of the country exercise a 

powerful influence upon the climate and health 

of the inhabitants. The country is as a rule 

flat or slightly undulating covered with 

short, scrubby, Karoo bushes only a few 

inches in height; it stretches out in vast plain 

with here and there a low range of sandstone hills 

or a few more bold conical or jagged peaks. 

Volcanic or metamorphic in origin — trees are 

only met with in the vicinity of dams or 

farmhouses with their underground springs 

or fountains as they are called. The rivers or 

streams are intersected by dry river channels 

or streams which are 2 or three yearly filled 

by the tropical summer showers which fall 

during the Summer months.

Geologically the Karoo consists of a filled in 

trough or basin formed by a synclinal axis 

of the Upper Tertiary rocks, consisting 

of sandstones, carbonaceous shales & magnesian 

limestones belonging to the Permian System; 

resting conformably upon a coarse conglomerate 

rock interspersed with distinct Calamine 

through the strata from the Kimberley, fluvial in 

origin, & belonging to the Upper Coal measure 

(Carboniferous) in front of time.
Above the Harroo beds, for find the Storming Coal measures, Secondary formations particularly London. The fossils of the Harroo consist of a great variety of uplifting remains which Sir R. Owen has classified & described as belonging to the Late Palaeozoic Period (Permian). The impregnation of sandstone, causing the soil to be a rapidly absorbent one, increases the natural dryness of the atmosphere; whilst the occurrence of the magnesian limestone in hill masses causes, as at Victoria West, the permanent hardness, or bracken quality of the drinking water; which gives rise to colic, diarrhoea & other ill effects on those unaccustomed to its use both in man & beast. The seasons practically consist of a long summer to which scant, any spring or autumn. During the months of November, February, March, the greatest rainfall occurs generally speaking in the form of thunderstorms lasting only for a few hours but during which time 2 or 3 inches of rain may fall. Thus in the Upper Harroo the rains are almost entirely summer ones, January being of course the hottest months. It is after the occurrence of these rains that outbreaks of typhoid fever, diarrhoea, contagious ophthalmia are so frequent - a fact noticed by all medical men. During the colder in Victoria West
for instance, for 3 months consecutively no rain will fall; the sky serene without a cloud, warm & sunny by day, but cold at night; the temperature falling below the freezing point. These are rapid & great variations of temperature which accounts for the marked prevalence of certain acute forms of lung disease & rheumatism in some of its persons found.

Another feature of this district is the magnificent clearness of the air and the intensity of the sun light which enables an observer to see objects at a great distance. But it has at the same time a peculiar, deleterious effect upon the eyesight - an ill effect increased by the strong winds & prevalent dust storms.

**Population**

The population of the several districts included under the term Upper Harro, as given by the census taken in April 1891, are as follows:

<table>
<thead>
<tr>
<th>District</th>
<th>White</th>
<th>Colored</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fraserburg</td>
<td>3528</td>
<td>5379</td>
<td>6907</td>
</tr>
<tr>
<td>Carnarvon</td>
<td>3733</td>
<td>5399</td>
<td>9132</td>
</tr>
<tr>
<td>Victoria West</td>
<td>5425</td>
<td>6097</td>
<td>11522</td>
</tr>
<tr>
<td>Hopetown</td>
<td>3038</td>
<td>2462</td>
<td>6500</td>
</tr>
<tr>
<td>Richmond</td>
<td>2868</td>
<td>4378</td>
<td>7246</td>
</tr>
<tr>
<td>Hanover</td>
<td>1854</td>
<td>2447</td>
<td>4301</td>
</tr>
<tr>
<td>Colerburg</td>
<td>3464</td>
<td>4824</td>
<td>8288</td>
</tr>
</tbody>
</table>

25,910 29,986 53,896
During the period in which it was observed that
Suffolk's weapons were used effectively in the field of
battle, the frequency of Suffolk's victories was
considered to be high. Suffolk's military tactics, in particular,
were characterized by a strong reliance on horseback
fighting. This strategy allowed Suffolk to outmaneuver
his opponents and gain significant advantages in battle.

Passing on to the main battle of this campaign,
I would like to mention the Battle of Agincourt,
which took place during the period of the Hundred Years' War.

The Battle of Agincourt was fought in 1415. During this battle,
Suffolk played a crucial role, leading his forces to victory.

Suffolk's leadership and strategic decisions were
instrumental in securing England's triumph.

In conclusion, Suffolk's military
accomplishments and leadership
were significant contributions to
England's success in the Hundred
Years' War.
The latter especially showing aggravated forms of the disease. In the year 1853, I reported to Government in the following terms: "I am sorry to have to report the extensive prevalence of Syphilis among the colored people, generally in the tertiary form. It is a common disease among the prisoners in jail. Some very bad cases having come to my notice during the past year, but it also prevails quite commonly among the servants on farms. My attention was often being called to open syphilitic sores capable of spreading contagion to all around. Steps should be taken by Government to have these cases treated, the men obliged to report themselves to the District Surgeon." In the neighbouring district of Barnavon, Dr. Hanaw in the same year stated that the most prevalent of all diseases, foremost amongst the natives, has been Syphilis; nevertheless the cases were not excessive in number. In the adjoining district of Dargleburg, the report states the disease to be greatly on the increase. In Barnavon during this year general diseases were more prevalent than usual. At Richmond, the District Surgeon reports in the same year as follows: "I am sorry not to be able to give a more favorable account of Syphilis which has been raging in and about Richmond.
for some years - I see very little chance of
letting the disease unless more strict lega-
lations are put into force. Both young &
old are affected. Some children just able to
walk were brought in; or my notice celery
from head to foot with sores. There is a building
where the Syphilitic patients are sent to receive
treatment - if they like, they remain; others
walk away half cured. Some who have tried
join them at night time. These men & women
are as servants to the white inhabitants during
the day. I am astonished that this disease does not
spread more than it does - I do not think I shall
be exaggerating if I say that two-thirds of the colored
inhabitants are affected with this loathsome
disease." - At Colerberg. Syphilis continued
very prevalent among the colored population
in spite of every precaution, and at Hope
town Dr. Mustell states that the disease
continues to prevail, but is difficult today
to what extent: probably few farms in the
district are free from it; many bad cases
have come under the observation of the District
Surgeo." In the following year 1857 he had
38 cases, among the prisoners alone - two
cases proving fatal.

Owing to the terror of these reports and
similar ones from other parts of Cape Colony
the Cape Government issued instructions in 1888.
to the Government Surgeons to proceed on a tour of inspection through the district districts
the result of my personal inspection in the district of Victoria West was the discovery of
Eighty-five cases which were duly reported to Government: but as I visited less than one
half of the farms, and as a large number of the colored servants were absent at far away
Sheep stations on the.veldt, it is evident that
this number, large as it is, is only a small proportion of the actual number of cases existing.
The table below gives those under treatment
by Government Surgeons as paupers during the period between Nov 16, 1888 and Dec 31, 1889.
many being not treated at all, 8 others by the
other resident medical men in the district districts

<table>
<thead>
<tr>
<th>Table A</th>
</tr>
</thead>
</table>

**Syphilitic Paupers**

Under Treatment by Government Surgeons.

From Nov 16, 1888 to Dec 31, 1889.

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fransburg</td>
<td>24</td>
<td>23</td>
</tr>
<tr>
<td>Oornoor</td>
<td>45</td>
<td>37</td>
</tr>
<tr>
<td>Victoria West</td>
<td>85</td>
<td>64</td>
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<tr>
<td>Hopefellow</td>
<td>7</td>
<td>3</td>
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<tr>
<td>Richmond</td>
<td>20</td>
<td>19</td>
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<td>Nanov</td>
<td>3</td>
<td>3</td>
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<tr>
<td>Boektrek</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>184</strong></td>
<td><strong>151</strong></td>
</tr>
</tbody>
</table>
I find on examination that in the whole of these seven districts of the Upper Harrow Syphilis was noted as being present during every year from 1832 to 1891 - that in most places it was slightly prevalent; in some two districts during the whole nine years it was not present at all. The table below gives further details of its local distribution.

<table>
<thead>
<tr>
<th>Table VII</th>
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<tbody>
<tr>
<td><strong>Syphilis</strong></td>
<td>x prevalent</td>
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<tr>
<td>Fraserburg</td>
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<tr>
<td>Carnarvon</td>
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<tr>
<td>Victoriahill</td>
<td>x</td>
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<tr>
<td>Hopetown</td>
<td>x</td>
</tr>
<tr>
<td>Richmond</td>
<td>x</td>
</tr>
<tr>
<td>Hanover</td>
<td>x</td>
</tr>
<tr>
<td>Colingsley</td>
<td>x</td>
</tr>
</tbody>
</table>

In consequence of the measures of inspection and treatment adopted by the Government, (Parishes having voted funds for the isolation and treatment of these specific cases in hospitals like hospitals erected in each of the large towns,) towards the end of the period a decided amelioration began to show itself in the number of patients dealt with by the District Surgeons reported in much more encouraging terms; on one district, for
Coldesting showing very nearly a clean record.

Causess of prevalence

Among the colored races, especially those of the Moroossaal, Nottahmi, Baptist and Bushmen, by their habits of promiscuous intemperate drinking and further from their practice of drinking from the same basin, smoking the same pipe, also by the absence of ordinary cleanliness or any change of clothing.

Among the white people, by the general employment of colored women as servants and among both by the habit of concealing the disease, the former case from fear of loss of employment and the latter from shame.

In this relation, I may remark that it is very seldom to find how often the best and most respectable families in a village are quite insensibly affected by colored servants.

I was called in to see the baby of a lady whose family I had attended for some years, visited to treat a patch of ulceration about the tongue. At first it was attributed to tonsilitis, but something peculiar about the appearance of the patch struck me as unusual. Knowing the family history, I was quite at a loss, until I asked who nursed the child. An apparently healthy girl of 13 was shown to be, but on examining her generally, I found there numerous unmistakable mucous
tubercles in the discharging infective state. She was of course promptly dismissed to be treated elsewhere. The child speedily recovered under a few doses of grey powder & calomel of Porto Bello, but its future health is another question. In one year, 1886 a few distinct ten different families were infected in this way generally from colored servants & it is the same in the surrounding districts.

The characters of the disease.

The proportion of primary cases both male was small, the great majority being those of the secondary and tertiary stages of the disease, many being in horrible and aggravated forms.

The commonest symptoms were the presence of numerous tubercles or ulceration about the mouth, tongue - sores on the genital organs or naked, condyloma, ulcerations of the throat, palate & nose - disease of the eyes as contus v consequent keratitis. Other phlegmatic - many forms of ulcerative skin disease such as pemphigus, pemphigoid - scabies, palmar psoriasis - disease of the bones such as otitis, peroneal, modes of lepra, glandular bone &. cephalalgia with specific onychia and many cases of intermittent keratitis & ulceration of cornea from infectedROUND -
I have found that the majority, the great majority of these cases begin very soon to improve when eaten fresh and kept clean in hospital and have been quickly surprised to see how quietly, even without ulcerations or some skin desquamation fade away. As they heal, as magic under the simple application of blue or antiseptic ointment locally and more internally; they recover or Incur to the use of Plasters of Paris or a Salve of Steel or Perchloride of Mercury solution: —

Dr. Smith of Britton in the Richmond district has found in Indian cases that the chloride of gold and sodium acts very rapidly. For this fact, I have adhered to the use of Bismutis of Potassium with a cold Water, Mercury, Tomes V Collenrode.

Diphtheria

It must appear strange that in the Upper Harrow district at an altitude of 4,500 feet with a splendid climate, the air pure, dry, and a large share of open, in a sparsely inhabited country, perhaps the most fatal of all diseases should be Diphtheria — a miasmatic contagious disease associated with dirt, overcrowding and bad sanitation. Although diphtheria is more generally prevalent, it is not one 20th part as fatal as the disease now under construction. Diphtheria is the scourge of the country and that it should have time such owing to careless that are easily preventible.
On examining the returns of death rates I find that during the period of five years previously mentioned, diphtheria was epidemic in Colesberg, Hopetown, Richmond, Victoria West during three of these years; in Nancy in two; that although not epidemic it was present in Carnarvon during the greater part of the time; and only in one district Fraserburg, comparatively seldom met with.

Table 6.

<table>
<thead>
<tr>
<th>Disease</th>
<th>1883</th>
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<th>1885</th>
<th>1886</th>
<th>1887</th>
<th>1888</th>
<th>1889</th>
<th>1890</th>
<th>1891</th>
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<tbody>
<tr>
<td>Fraserburg</td>
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<tr>
<td>Carnarvon</td>
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<tr>
<td>Victoria West</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Hopetown</td>
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<tr>
<td>Richmond</td>
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<td>X</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>Nancy</td>
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<td>X</td>
<td>X</td>
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<tr>
<td>Colesberg</td>
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<td>X</td>
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</tbody>
</table>

\( \times \) epidemic \( \backslash \) extinct \( \cdot \) absent.

From the above table it will be seen that the disease was epidemic extensively during the years 1886-1887, it being absent from Fraserburg alone during both years, and from Carnarvon also during 1887.

The mortality is very high. In Victoria West in 1885, one poor colored overseer at a farm lost five out of his six children in two months.
we lost twelve children at Richmond in a family of seven. Five died and another family of three all died. In Caledon in 1836, the disease was reported to have killed two out of every three attacked. The same reported as dying on three farms. In Harron and Hope town however it took a milder form. During 1837 when the epidemic was at its height, in Richmond 200 cases are reported to have occurred. Twenty in the district Surgeon's practice alone. In the same year at Victoria West I performed trephining in 3 cases of diphtheria laryngitis each however proving fatal, the type of the disease being very malevolent. In every case of operation the same result occurred in my district.

The disease generally proved fatal byextension to the larynx and trachea, 3 deaths occurring from this latter cause during 1837 at Hope town or by lung complications or heart failure. Many interesting cases of cerebral paralysis from subsequent rheumatic fever met with in my practice. Palatal fistula Early, then of the larynx, and of the parotid, and of the accommodation, albuminuria with kidney disease a common sequela. The course of the disease was very acute and my usual treatment was stracm. pincelhnd of iron in large doses with chlorate of potash externally; locally salicylates.
Aqua lotion or saturated solution of Ronucleide & occasionally caustication with nitrate of silver. In the neighbouring districts of Beacon Hill and Hope Town the specific treatment by corrosive sublimate spray & internal administration of same drug found favor with beneficial results. According to Dr. Martinelli report a common practice among the farmers was to blow dry sulphur into the throat—a rather useful plan, yet one that I discouraged.

Passing on to consider the cause of this disease being so widely diffused through the district I concluded it is mainly due to the crass ignorance of the most rudimentary facts of hygiene shown by the Poors of farmers & colored people alike—Secondarily to some curious social habits & customs.

The farmers of the Upper Harrods are clean, dexterous and look upon the free use of cold water for washing purposes as unnecessary & not objectionable. As they say—the Englishman must be very dirty to require so much washing. Light and air are often most rigorously excluded from the sick room. I was called in to a case of diphtheria in a very wealthy farmer's house to find their little daughter, whom by the way they were particularly fond of, in bed in a room 8 ft. broad by 12 feet long. A window at the one end with the shutters closed outside & all exercised
carefully closed up, clothing packed around it: the only light a candle made by themselves of mutton fat & a door at the other end kept closed. the whole atmosphere close & stuffy to the last degree - the patient lying with deck bound up with strips of oil & his mudell (house medicines) & spitting freely the expectoration on different cloths round the bed clothes - do you wonder that death there spreads to nearly every person on the place? The dwellings of many of the farmers in these districts are not so good as a labourer's cottage in England - the walls are brick, mud coated - sometimes even formed of the cakes of dried dung which are used as fuel - the windows are not made tolerable & the floor is smeared with a mixture of cow dung & blood - very rarely is there more than one window to a room & the general size of the rooms is very small. Two rooms are all that many a poor overseer or bailiff has to live in with his family of perhaps 6 children & in many cases the farmers are little better off. The more recently built farmhouses are of course a great improvement upon those above described & many of the upper & better educated class of farmers live in houses both commodious & comfortable. The colonic people live in huts or archies like structures with only one opening to them, but being at all times open to the air some of the evil effects of overcrowding are
Another cause of the prevalence of Diphtheria is the custom by which every member of a family thinks it an imperative duty to be present, often with their children as well, at the funeral of any relative, no matter how infectious the disease may be; and as close intermarriages are common among the Dutch, these gatherings are generally large, form an effective centre from which disease spreads around. The large numbers present at Dutchmam, or the quarterly celebration of the Holy Communion of the Dutch Reformed Church, is also an important factor in the spread of infection; especially when associated with the overcrowding, which invariably takes place, in the small houses of the village in which the Church is situated.

The Dutchman Sunday, I was called in to see a young woman who had attended services just before she went covert with a copious discharge of mucus. Other causes are the want of proper ventilation of rooms and sometimes the giving away to others of infected clothing.

As there is no official registration of births or deaths in the colony, I am unable to furnish any trustworthy account of the actual number of deaths due to any one disease, but from my own experience that of my neighbouring community I believe Diphtheria to be the most fatal disease.
E either infectious or local that one meets with in the Upper Hararo.

Typhoid Fever:

This disease was present during seven of the 9 years of my residence at Victoria Tirst, three of which were marked by its occurrence in an epidemic form, & during two it was absent. It was found generally in the form of localised outbreaks in one particular part of the village or on adjoining farms in the country. The disease was not characterized by great mortality, but was usually first with -- now in one part of the district and again in another.-- The actual number of people affected were not so numerous, but it is significant that during the above period of time this disease was present on an average nearly seven years out of nine in each of the seven districts.

During the first two months of 1887 and beginning of 1888 the disease took an epidemic form amongst the colored people in the district. Thirty-five cases were treated in the Infectious Disease Hospital besides other cases of a milder nature which were dealt with outside. The fever originated in one block of houses or rather rooms at the lower part of the village. As the cases occurred, the patients were regularly removed as the disease was very mild.
No deaths occurred during the treatment. The rooms had the floors thoroughly fumigated with sulphur and the walls washed. The starting point of the outbreak was the use of some very impure water in a walled-up pool in the bed of the river for drinking purposes.

Again in the year 1890, Typhoid occurred in numerous instances both in the village and farms. During the earlier months, several consecutive cases of a severe character came under treatment, resulting in one instance in death, the disease being complicated with childbed fever. In the month of April, an outbreak occurred on a farm about eight hours distant from Victoria, in which six people were attacked, one adult dying during the month of May and June. A little later a repeated case of an under treatment in the village of a native type but towards the end of the year, the disease became more general. Another series of cases - five being under treatment - occurring upon two adjoining farms, resulting in the death of one adult. The drinking water in this case being found impure unsuitable for use. In the village during the early summer of this year four adult cases came under treatment, with isolated cases occurred. In all, about 25 cases were infected during the year.

Passing on to a review of the Upper Karoo district as a whole, the mortality from
The disease is low in the general type build.
The table below gives more particular information as to its prevalence.

<table>
<thead>
<tr>
<th>Year</th>
<th>1883</th>
<th>1884</th>
<th>1885</th>
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<th>1888</th>
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<th>1890</th>
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<tbody>
<tr>
<td>Fraserburg</td>
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<td>Barnston</td>
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<td>Victoria east</td>
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<td>St. John's</td>
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To continue. In Fraserburg typhoid is an annual constant assuming a low form of attack.

The table of statistics shows that some cases are recorded as in consequence of the prolonged drought.

It is more especially found after rains have fallen during the hot months. The same fact is generally noted.

In 1888 14 cases were reported at Barnston. In 1884 an epidemic prevailed at Richmond but no deaths occurred.

The district surgeon adds: "I have noticed that there is always an outbreak of fever after a heavy rain."

In 1886 the same authority states that his district had not been free from typhoid for one month during the year.
In the year 1840, although the disease 
epidemic 
in all the districts of the Upper Harrow, the 
only recorded deaths were the three already 
mentioned as being met with at Victoria West. 
It is hence a fair deduction that the mor-

dility from this disease is in these uplands 
unusually low, and would be lower still, if 
Casus could be a regularly seen; it did not lead 
so far away from a medical man; and that, 
further, it occurs sporadically allually over 
almost the entire district of the Upper Harrow, 
occausally becomin epidemically. 
The causes for the prevalence of Typhoid 
are not far to seek. 
water supply. The villages are generally 
supplied by springs found at some short 
distance from the little towns and brought in 
by a conduit, water conduit open to the air. 
This is subject to great contamination, cattle 
and dogs enter it foul, sometimes colds, people 
have even been found washing in it. 
As, moreover, the supply during the hot weather 
sometimes becomes very small, it is sufficient for 
general use. Well water is often substituted. 
The wells, being sunk in close proximity to the 
houses, are often in consequence polluted by 
surface drainage. 
The sanitary arrangements are generally very 
imperfect. Cesspools are the ordinary mode
of disposal of sewage which are cleared out when they become full at the end of a long period of years--- in the back yard of a gentleman patient of mine, whose household was every year subject to attacks of scarlet fever. I found on investigation that there were no less than three separate cesspools, one leading into the other---as one became full another had been dug, hence the resultant stench. Subsequently, owing to the strong representations of the medical men, the tub disposal of sewage with a system of right-ears was introduced into Victoria West but as the system had been in vogue only a year when I left, I am unable to state the result upon the general health of the village.

As consequence of the general presence of cesspools, the use of well water was very dangerous---in certain instances on testing it was found unfit for use. My next door neighbour had a well in his back yard within 20 feet of a cesspool. The water was not used for drinking purposes but in the hot weather when the spring water from the four-inch main went short, I suspected some of it was used.

At all events a severe case of typhoid occurred there one January. It lasted for two months. I forgot to mention that the ground sloped with the well at the lower level; rain water is sometimes used which is satisfactory especially if boiled.
before use.
An interesting point in the causation of typhoid at country farms is the situation of the farm house. Most farms are dependant upon dams for their water supply and I have been particularly struck with the manner in which the sheep kraals or folds, if not originally placed upon the hillside, gradually become as successive deposits of manure collect, the highest point in the immediate neighbourhood. Consequently, either our heavy rains fall, the manure water is washed in large quantities into the dam or into the spring which always so forms below the dam wall.
The rough diagram below will give some idea of my meaning.

It is no wonder that medical men report that typhoid is rarely always first noted after heavy
names. The usual resting place in the absence of any toilet is in the locality of the
kitchens. Another curious and dirty habit amongst the Bushy coloured people is that
of sweeping the floors of their sitting rooms with a mixture of cow dung and blood; it makes a
very smooth surface but is thought to contribute to the occurrence of typhoid.

With reference to the course of the disease in
the Upper Flavio, it is of a milder type and
not so subject to relapses as in England - there
is however a greater tendency to the occurrence
of intestinal haemorrhage.

The Bushy as a race are robust and vigorous
but the coloured people here are both are
undernourished and not strong. So that the disease
when it affects the latter is usually much
more serious.

Whooping cough

The next most frequent symptomatic disease is
Whooping or whooping cough; its prevalence
is shown by Table E on page 27.

In ordinary epidemics this disease, although
widely spread and affecting large numbers of
the children, is of a mild type and causes
little mortality. It is very generally reported
by the medical men to be troublesome but not
fatal - in 1885 it was prevalent in Victoria
west but not of a severe or complicated character.
and at Colesberg also of a mild type. In 1886 at Carmanza - the district surgeon stated that it was the most prevalent disease. Except Syphilis but that most of the cases were light. In Frasergah during the same year an outbreak occurred with no fatal case among the white population but 3 or 4 among natives - and at Victoria West reported that the only other disease (from Diphtheria) that has been 21st century prevalent is whooping cough but the disease has not proved fatal so far in an occasion of a complicated case.

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<th>Epidemic</th>
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In 1887 at Carmanza the cases were severe than in 86. About 30 children under treatment of whom three but 11Kxam stated that only the smaller part of the cases were attended by him and at Hopestown it was very prevalent during summer - the mortality however being small - 20
death occurring in the town.
During the next few years it was only occasion-
ally met with—until 1890 when an epidemic
worse of the disease spread through the whole
neighbourhood, and was epidemic in the out-
of-the-home districts. In my own district it
was most frequent of all general diseases,
causing the deaths of many infants young
children, the disease spreading through the
whole village district, but in the neighbour-
ing districts although general it was of a
milder type, only rarely causing a death.
It occurred also at Bettrington in 1884 in a slight
form causing the death of many children.
There is no doubt that on the plateau on the
Upper Harrow with its rapid changes of
Temperature & dryness of air, the disease is
easy to be somewhat aggravated by these
Circumstances, and as a fact I have seen
children with the conjunctivitis exudative
and purulent up blood from the violence of the
papillae of the conjunctiva in one case, even asphyxiated.
But as far as my experience goes, the duration
is shorter and the mortality less than in
England.
There is nothing worth of note respecting the heal-
ment save the general idea among the elderly
people that the best plan is to get the children
up very early in the morning and send them out
into the kraals as they believe the smell to be very useful in relieving the fever suspected.  

Measles.  
This disease occurs among the people of our districts both about the same frequency as the last, being present in epidemic form and often attacking almost every family in a village - on account of its general prevalence it protects against itself for a period of years & upon looking through the table below it is noticeable how the disease only occurs once during the 9 years period in two, if not three of the districts named, having then been widely spread.

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Two epidemics seem to have passed through the district - late in 1883, during 1884 until early in 1885 the disease was present in
Hanover, Richmond, Hopetown, Victoria West.
Again, in 1887, it began at Coldstream in the East
spreading to Hanover, Hopetown, and hence in
1888 to the whole of the Upper Harroo.
Taking the year 1888 for examination, at being
the time of greatest prevalence, I find that
Dr. Hansen treated 60 cases and had 5 deaths
at Carnarvon, that at Hanover the epidemic
was mild as long as summer lasted, but as
summer passed, from July onwards, several
children and 2 adults succumbing to the disease.
Measles prevailed largely in the district of Hope-
town being fatal in some cases, but although
infected, the epidemic did not spread.
In Richmond, a mild epidemic prevailed; all
recovering save three cases. In Victoria West
measles was most seriously prevalent, more
especially during the month of March. The
disease began in the location (the natives' village)
and affected great numbers, from there spread
through the villages, scarcely a family leaving
children escaping, necessitating the closing of
the schools. There were many deaths both of
adults and children from the complications of
the disease. In one house, three children died
of lung affections after an attack of measles.
Generally, the disease was of a milder kind.
I may say that most of the cases are never
brought to us for treatment, especially among
the colored people and that it is only when complicated with bronchial affections or pneumonia that the disease becomes dangerous. The allied disease of Pithole, or German Measles, also was first seen in my own district in 1840. Many children being affected from few adults. Because no deaths were very mild in character.

Scarlet Fever:

This disease during my residence in Victoria occurred only occasionally: in 1883 it prevailed in a mild form in both district and town, but the mortality was small - a few cases occurred again in 1885 and again in 1887 - during this latter year an outbreak of an infectious disease occurred early in October at a farm three hours from the village. The symptoms were exactly those of Scarletina - high fever, influenza, throat red tongue, swollen glands, delirium at onset but no signs of any eruption. In some cases the throat was ulcerated. The course of the disease was acute - it appeared to be suppressed. Scarlet fever, 12 persons were attacked in all but no deaths occurred. In the neighbouring district of Richmond, this disease was reported as being met with in 1888. Cases cropped up in different farms widely separated from one another, but no cases
originated in the town itself. On two of the farms about 7 hours distance from the village each other occurred the most severe cases simultaneously. One child 2 years of age died twelve hours after reception of poison. Some of the cases where the rash was not abundant the throat was ulcerated with a syphilitic form of inflammation;ulceration of the tonsil was sometimes in one case that the internal carotid artery could be seen pulsating through the thin mucous membrane which was left. Two deaths, out of four attackted, occurred in one family.— A few cases passed down from in 1886 in the same district—

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<th>Year</th>
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In Hanover, this disease was only once noticed, viz in 1883 being very mild in type— In Carnarvon and Tolesterg it did not occur at all.
In Frankfurt about 20 cases were reported as occurring in the latter part of 1888 - 1890, mild in character, but during the next year, 1889, although it generally assumed the simple milder form, there had also been a few malignant cases which usually proved fatal. In Hopetown it also was rare, although occurring during five years out of the nine. Even very mild and cured little mortality.

Upon a review of the period, scarlet fever may be said to have never been malignant or general. Its occurrence much less frequent than any of the preceding diseases and mortality less.

The usual sequelae were met with, but in my practice kidney disease was so frequent afterwards as in England.

Sydney

The disease which occurs most universally in frequency, I may state that I have not met with this disease in its acute form very rarely - in the last summer months there are usually some cases of dysentery among both adults and children. Cases of a severe character were occasionally met with coming from a malarial district such as Kimberley or again when complicated with liver disease. In Colchester in 1883, the disease occurred in
a severe form during the months of October and November, almost as an epidemic in the towns, recurring next year at the same period in a milder form. In most of the towns, a dysenteric form of diarrhoea prevailed during the summer months. In Fraserburg, during the severe drought of 1889, the district surgeon states that "dysenteric diarrhoea prevailed among the men employed at the Three Kloof works - 20 to 25% being affected; the decrease was attributed (as usual) to impure water contaminated more or less by the carcasses of sheep and cattle which had died of starvation during the drought."

During 1889, out of the main years period of this residence at Victoria, I reported the existence of dysentery & in several of these years it was serious & frequent causing deaths of adults & children.

The main cause is impure water, together with defective sanitation. The vicinity of Kimberley occasions malarial forms of the disease & errors of diet, especially when fruit is cheap & abundant, causes much of this disorder amongst the children.

Considering the prairie state of the country in Southern Hanover, we may be astonished at the remarkable absence of any serious epidemic prevalence of the disease - proving as it does...
Erysipelat

In connection with the occurrence of this disease in our district of the Upper Harrow, it is frequent in a mild form among women in the face, and in its severe forms is most usual in men of intemperate habits. I believe that the rapid change of temperature and the fierce heat of the sun predisposes to its occurrence here. It is found in conjunction with scarlet fever. A small epidemic was reported from Hanover in 1883 which proved fatal in two cases. Scarletina being also prevalent during the same year a few cases occurred in my practice, one of the septic form proving fatal. In 1886 Erysipelat of the head caused one death, again at Hanover, and again in 1888 several cases of the disease affecting the face were reported.

At Richmont, a gentleman, who lived rather too freely, was ill for three weeks with severe symptoms of the head, the disease causing high fever and continuous delirium. He recovered and thereafter became an abstainer, a pleasing illustration of the proverb that it is an ill wind that blows no one good.

In 1890 several cases occurred. Two especially severe ones demanded action. A transport dock worker had the head and both sides of his body...
Excessively swollen, resulting from exposure to great cold; death on the road from Barnstown with his wagon — who died: and a farmer living on his farm 7 hours away, but originally deprived of head & face, but as he felt much better, one day, he rose to wander to sit upon the brink of the stove: the disease occurred and spread over the whole body — the neck & ears, nevertheless, with the temporary loss of all his hair. In colored people the disease is somewhat difficult to recognize upon the whole. This disease occurs generally in epidemic form scattered over the whole district — very rarely becomes epidemic —

Less frequent specific infectious diseases found in the Cape Province named in their order of frequency are as follows —

Pulmonary fever. Typhoid. Typhus.
Smallpox. — Typhoid fever (Cholera very rare, —)

A few words upon each is all that is necessary.

Influenza.

During three successive years (1884-5-6), a severe form of this disease repeatedly broke out in Tafelberg, affecting whole families, accompanied with bronchial affections. In falsal case was reported. In 1884 the district
Surgeon of Hopetown reported a severe epidemic in conjunction with pneumonia chiefly among young children. In 1880 the European Epidemic made itself known both at Hopetown and Victoria town being widely and almost universally present but with no deaths. In other districts it did not occur to any marked degree. The after effects of this disease in the Karroo are strikingly different to those met with in England or indeed the low parts of the colony. The intense debility and depression of their scarcely born, although lung complications were met with, the mortality was very small. Having had the disease myself in both places as well as treated hundreds of patients with this same, I can see personal evidence to the truth of this statement.

Mumps

prevailed as an epidemic in Richmond and Victoria West during 1884 and again in Victoria during the following year. It was simple in children but metastatic among adults. No deaths occurred. It was also found at Hopetown & Nauwou but is comparatively rare.

Chickenpox

Field outbreaks of the above occurred scattered over the whole district but there is nothing noteworthy as its course.

Anthrax

Anthrax at the upper Karroo is a splendid sheep
breading district, its main produce being wool, occasional outbreaks of this disease are likely to happen. And as a fact, it occurs both as a local disease and as a form of blood poisoning.

In the district of Hepetown, Marshall found that during the occurrence of an epidemic of Diphtheria fever among the sheep, several cases occurred of malignant putrefaction from stunned the carcass. In the same district in 1890, he reported a case occurring in a house between two slaughteryards. It was neglected until dangerous symptoms of impending death supervened, when the district surgeon was first called in. But the patient recovered under the influence of Aconite. Which he considered a specific for this disease. His mode of treatment consisted of applying it locally, or giving it internally in very small doses every 2 hours.

During 1888, three or four cases occurred at Victoria West Railway Station among the men engaged in loading up the wood sales on to the railway trucks: one case affected the arm very badly, with symptoms of blood poisoning but he recovered.

*Remarked from:*

is found only in one of the Upper Harrow districts, namely Hepetown, a rare case but worth recording. Hepetown borders upon the Orange River.
the nearest portion of the Et. Harros to the town of Kimberley on the diamond fields. In the process of digging up the harrods from the lower levels of the mines, and drying upon the floors some malarial poison seems to escape, affecting large numbers of people with a form of Typho-malarial fever. Picaul in type, remittent in

eye continuous, I have had cases under my care for 2 to 3 months slowly recovering under quinine but always liable to relapses. Victoria Bree on the original direct coach route from Kimberley to Cape Town, I have seen had under treatment cases of this disease. It is interesting to note the change that takes place in a few weeks time from residence at the jailing besides afterlife in the hot sandy soil around Kimberley.

In some cases, the malarial poison seems to influence the course of many diseases causing mixed forms of Typhoid, dysentery, diarrhea, yellow fever, liver congestion, rheumatism—

**Septicaemia**

In the form of puerperal fever, this disease occurred in Victoria Bree in 1885 simultaneously with an epidemic of scarlet fever. Some cases of Dypotela; one woman died, several were ill for long periods of time. In 1887 also a death took place of a colored woman at a farm. In 1889 another death occurred under medical treatment. In 1890 three deaths took place from this cause. Other cases occurred
in country places. In relation to this disease I may state that it is astonishing for how long a time what high temperatures the disease may continue. Yet recovery will take place.

A case of instrumental labor of a primiparous mother, hematoma of the uterus, had three weeks of high temperature, after which 106° fever she recovered perfectly. More especially was this the case where there were pronounced local symptoms. Until 1890, based upon the progress in this disease as very favorable but through being called into consultation in one severe fatal case and a second occurring in my own family, I found that with the air and climate of the Harrow there were standing the cases of antiphlogistic every possible way. Nevertheless, with the fever, powerless against the action of the trouble in this disease.

Yet, after discovering the great advantages gained by skilled nursing, suitable diet, & the choice of the ablest medical advice, the mortality from this disease is nevertheless still one half of what it is in England according to my experience.

Smallpox

also has been introduced into the colony from England. According to my way, by Paule 1st. Harrow, but during the period under noticed, it occurred in all in about 10 cases only. Each one was promptly isolated & placed in strict quarantine. It occurred with three cases in 1863 at Long Beach. 
at Hanover, was introduced mainly by hatters working on the formation of the railway line. The mortality in hospital at Penzance had been very high just before my arrival—reach 25-70. He does now have a great dread of the disease hence its isolation is readily effected and spread stopped.

Before closing this review of the specific infectious diseases of the Copper Harbor district there are two diseases, which although rarely met with, are interesting on account of their generally limited local distribution and also from their rare occurrence in Great Britain. I refer to leprosy and tularemia.

Leprosy

During the year 1890 there were 106 lepers under treatment in hospital at cattle Island and Aba Scalloway—through different districts of the Colony—In our districts there were only 6 cases reported and although there is little doubt that during the winter some hidden away, I was comparatively free.

Two cases came under my personal observation during the whole period of 9 years—One a colored woman who was sent down to hospital near Cape Town for treatment & the second a married White man who was unable to be removed. Both two cases of Tubercular leprosy—The man had a colored wife and several children.
Her face was greatly disfigured, being swollen with tubercular masses causing great prominence of the cheeks, forehead, & features generally. The general expression was very marred & hardly noticeable. His feet & hands became interdigitated & some of the eyes became lost their joints. Ulcers healed slowly, tended to break out again. He also complained of numbness of the leg & arm. After lingering for some years under treatment, phthisis due to deposit in the larynx developed around his heart. The last time heard of his wife, she had married again. One of his children died of diphtheria whilst his father was under treatment.

The disease occurred in Fraserville, Richmond, Huron, Hopetown. In 1884 2 cases occurred in Richmond, 1 case at Hopetown. In 1885 3 cases were reported from Hopetown, 2 prisoners and 1 a shepherd. In 1887, there were still 3 cases in the district. In 1888 two fresh cases occurred and in 1889, three fresh cases. With one more during 1890.

The only other 2 cases were: one a colored male who infected a island from Huron, & an imported case at Fraserville coming from Prince Albert. From the above account, it will be seen that the disease was most prevalent in the Hopetown district.

Glandersia or Yaws.

This disease in a modified form is described by the District Surgeon of Hany, which is a district
immediately adjoining specimen - as follows:

"An individual after feeling sick and unwell for some
time notices a few dots appear about the lips : these
become more numerous around the glands in the neighbourhood of the throat externally begin to swell giving him
the appearance of one suffering from the patient &
carries with it a slight stuff about the throat I have
never seen any sores on the tongue or anywhere in
the mouth I neither have I been able to detect any
actual disease or disorders in the throat swelling
only interfered with in proportion to the amount of
mechanical obstruction caused by the enlarged
glands. Next a kind of papular eruption is noticed
on the arms & chest - these papules soon become
vascular & the eruption gradually spreads downwards
to the organs of generation & anal. In these parts
becoming rather extensively involved - the disease
from the commencement showing rather a more
when seen & mucous membrane
surface for the mucus cutaneous surfaces 1st become
4th become continuous. From these parts the eruption
spreads downwards along the thighs legs to the
feet. The formation of the dots can best be studied
on the surface of the body in preference to those
cutaneous surfaces Where secretion does not
interfere by obscuring the appearance.
First a pimple is visible gradually becoming
bigger & bigger sometimes this dries up & it disap-
pears entirely leaving a mark or injurying the
true skin but in other cases it bursts otherwise
Surrounded with a red, angry-looking crusta
of inflamed skin, the tissue of which break
down - are thrown off, an ulcer remaining.
The floor of this ulcer is generally flat, the edges
raked or elevated. If the sore is in an unprotected
spot it remains open for some time healing
gradually, but if in a more or less protected
place, it gets covered with a crusting which is
removed. It poses a reddish raw looking sore-
not however a fungoid or strangling like mass.

On examining the external organs of generation of
a female suffering from this disease, we find
the more cutaneous surfaces covered with bloody
erupitious eruptions. It is very difficult to
describe the exact appearances, somewhat labile
in character and unlike the vegetative syphilis
flat mucous tubercles of prominent Congenital
variants. The disease lasts from 2 to 6 months
as undoubtedly contagious but not infectious.
It does not require any specific treatment. The
disease affects with the disease will recover with
or without the administration of mercury, aside of
potash and other remedies used in the treatment of
Syphilis. Generally, it gets well of itself - so
to speak - but cleanliness, more particularly of
good nourishing food will undoubtedly hasten
the convalescent stage. Prevent the stenosis and
prostration caused by prolonged ulceration.

Discharge
I have quoted the above in Sydenso, as it is
intended to be a distinct disease.
An interesting point to decide, considering the
great prevalence of syphilis in the Upper Harrow
and other parts of the locality; I have no doubt
that with many cases which presented many
of the symptoms enumerated above — but
I should be very unequal to look upon them as
syphilitic, associated as they often are
with well marked cases of syphilitic disease in
the same family. I feel inclined to agree
with Dr. Marshall of Hoxton & indeed the
large majority of medical men in the Harrow
who consider the cases specific ones.

At all events, it is much safer to do so than
to fold one's hands in a fool's paradise & risk the
chance of a rude & very unpleasant awakening
by spreading to other members of the community
with distinct Syphilitic Symptoms —

Before passing on to consider the next branch
of my subject, it may be interesting to note
the almost entire freedom which the people of
the Upper Harrow enjoy from tubercular
phthisis, or acute tuberculosis. Though medical
men bear testimony to this fact, Dr. Borda,
who practised for 10 years at Coleridge, states
that he never met with a case of tubercular
phthisis during this time — Dr. Bourke of
Harrow reports that there seems to be a
special immunity from Consumption enjoyed.
By those living in the district Dr. Hughes practised he seldom or never met with it among people born there. In my own practice at Victoria for 9 years I met with no case of tuberculosiis originating among the inhabitants of the district. Many other examples could be cited but the subject will be treated more fully under the heading of Lung Disease. The only other specific infectious disease notable by its absence or peculiarity is Poiroti - as far as known during the history of the colony only one case is recorded - that was from the bite of a wild cat, occurring at Tamworth in November 1890. In this patient a colonel woman, died with the ordinary symptoms of Hydrophobia.

Local diseases. The second great subdivision of diseases consists of those affecting special organs or parts of the body, and we will consider the procedures first of diseases of the nervous system in the upper brain.

Nervous System.

In adults the diseases usually met with are apoplexy from haemorrhage from atheromatous arteries as in a fit of passion or as a result of violence; concussion due to accidents; Mania, Melancholia and other forms of insanity - generally among...
the nations : Epilepsy, Beat Melan and dementia are commonly met with and seem to be due to the close intermarriages which take place amongst the farmers. Hypochondria are frequent and the attacks in many forms amongst females - due generally to their sedentary life and the excessive amount of indigenous food which they consume.

A young girl of 17 years ago attracted the attention of our Dutch Minister. She was for me - she had been bedridden for 3/2 years and was very emaciated. She eat very little and had hysterical paralysies of the legs - living in a dark room & being nursed by her mother who was a very silly drunk woman. I had her brought into the village when I could visit her daily & try from treatment & encouragement together with the use of the electric battery, in 6 months time she was walking about and is now a big strong woman. Multiple neuralgia resulting from alcoholism occurred occasionally, Brandy being very cheap in Cape Town (1/6 a bottle) and drunk in large quantities by both farmers and their servants. Neuralgias are common throughout - especially in the young. Malaria is the origin. Chorea occurs among children of about 7. The tendency about puberty.

In children the Commonest forms are
conclusions, due to undigested particles of food or the irritation of suicidal or onset of other diseases and some cases of meningitis. In this class, the noticeable feature, indeed, is the absence of the different degenerative forms of spinal, cerebral, spinal paralysis which we find so commonly in England. As for example locomotor ataxia, multiple sclerosis wasting, infantile paralysis etc. It is due to the absence of that competition struggle for survival together with the easier and more outdoor life of the average colonist that the strain that upon the nervous system is less upon the whole, diseases of the nervous system are rare.

There is a peculiar habit in which many of the colored people indulge which has its most marked effect upon the nervous system. That is smoking the dried leaves of the Indian hemp plant, called in common parlance "dagga." A dagga smoker under the influence of the drug becomes at first pleasantly excited, gradually passing into a state of intoxication, sometimes into wild delirium, staggering unquiet and then falling into sleep. The habit produces loss of appetite, general humor, great mental weakness and a kind of lethargic up. A confirmed dagga smoker can be picked out at
a glance from his shallow growth & general *hermaphrodite* appearance. Some of the farmers, I am sorry to say, grow the plant in their gardens in order to supply their colonists servants with it. A form of meningitis which generally prevails in an epidemic form is also occasionally met with. Central spina lumbaris. In the district of Kepel Town, some cases were reported to the District Surgeon during the year 1886 one proved fatal 24 hours from the commencement of the illness, but the disease occurs throughout the Upper Hanning very rarely compared with other parts of the Colony.

**Eye Disease**

Some forms of eye disease are very common in this locality, contagious ophthalmia or conjunctivitis cataractiform being the most frequent. It is an annual visitor and only met with in epidemic form during the hot weather and being most liable to occur on a heavy rain falling after a drought. The inflammation spreads from one eye to the other and often through a whole household upon some farms attacking almost every person residing there. In other years it is not so severe but each year of my stay there many cases to treat. My usual treatment was a darkened room to avoid light, to use cold compresses and free use of bathing & carefulness about clothes.
locally, opium winner & salpeter of pure lotion or
local applications of silver solution. - In the adjoining
district of Barwaroon, the disease tended to take the
granular form, was reported to be decidedly on the
increase. I have noticed that among the prisoners in
Barwar the same granular cells were very common.

The other forms of eye disease met with, were in their order of frequency: keratitis, corneal
eulcer, phlebitis ulcer, ophthalmia, -
mores rarely iritis, cataract, retinal detach-
ment & hemorrhages, & different forms of paralysis
after diphtheria or typhoid disease.

The causes of the prevalence of eye disease are
the glass of the sun, the quantities of sand and
dust that are being blown everywhere by the
strong winds and the absence of shade -
In the district of Richmond, a local practitioner,
who was an expert ophthalmic surgeon, twice
made a fortune by the practice of this specialty
he lost his first in Europe but was able to come
back in return a second time & expended the rest of
his days in his native country. This shows how
numerous the cases of eye disease are in the Upper
Kavos. - A great for despairing cause to the incur-
able of eye disease among the colored people is the
prevalence of Syphilis:

Ear disease

Ear diseases are not very common save
as chronic middle ear catarrhs resulting from
Cases of syphilis occur frequently in the Upper Harrow. I was particularly struck with this & although syphilis with resulting bone disease may be a common cause, I believe that the peculiar smell of the burning fuel which is used in these rural country villages has a great deal to do with it. Brisk dung, dung out wicked from the floor of the sheep kraal, is the usual fuel and burns very well when thoroughly dried; but it has a peculiar burning odour, which a stranger cannot help noticing at once, - which at my first meal made me so squirmish that I could not eat the food. This, in conjunction with the very dry air of the Harrow, owing to the natural porous vegetation of the living membrane of the roof, has a very material influence on the causation of this disease.

Cases of lupus erythematosus, usually specific, were met with causing great elevation of the skin in affection of the lesions, often aggravated by want of any treatment. I had also a few cases of polypus - one died down at St George's Hospital for treatment, as notwithstanding frequent lemonade
Diseases of the Circulatory System

There is not any noteworthy feature about the occurrence of this class of disease. In the 
upper quarter pneumonia is very common. In consequence Endocarditis with disordered valves & pericarditis are frequently not well. In women, cancer, ulcers are especially common. Anemia occurs occasionally. One death in strong practice took place from anemia of the abdominal aorta, close under the diaphragm. In the lower part of the region Functional disorders such as palpitation, pre Convulsive vision, are common enough due to the excessive use of tobacco & coffee which is usual amongst the country folk.

The most frequent & fatal of all local diseases are those of the Respiratory Digestive System.

Respiratory System

As might be expected from the atmospheric surroundings with its great variations in temp.

Hence, Pneumonia is a very common affection in the whole of the upper quarter during the winter months. The higher the altitude the smaller the rainfall, so much the more frequently do these cases occur during the period of two years now under
review, the disease occurred most commonly in Fraserburg being reported as prevalent in seven out of the nine years. In Hanover during Spring & Early Summer the variations of temperature between day and night are recorded to be sometimes over 40° F. In my own district of Victoria west annually during the winter & early Summer, cases occurred not only among the young but frequently affecting young adults in the prime of life. It often occurred in an epidemic form taking the place over a whole of other fevers - this is very marked in some towns in other parts of the colony but was also noticed by the District Surgeons of High town in an epidemic during the year 1884.

On a more detailed examination into the prevalence of this disease, I found that in 1883 at Colenso pneumonia & bronchitis were the prevailing diseases during the first six months of the year, at Bronkmond after a severe winter, several deaths occurred among the colored people from bronchitis pneumonia hastened by exposure to insufficient nourishment. The same disease occurring as complications of measles during the latter part of the same year. Several deaths: Several adults in the prime of life died during the winter of 1883 with bronchitis, pneumonia. It was also fatal among the aged. In 1884 Fraserburg, a district which is subject to periodical droughts & in consequence the
poorer white classes & the natives are often in a demistered condition, pneumonia of a bad form proved very fatal - in Hanover the same disease prevailed among children & during the same year, at Nofetsown, it is reported that a remarkable number of cases of acute pneumonia occurred chiefly among young children; this is to frequently the case, in this district the incubation of the disease to be propagated by infection was well marked.

In 1887 & 1888, the district surgeon of Fraseberg continued to report great prevalence of bronchial pneumonia, the majority of all cases of illness being of that nature. Again in 1890 it was very common causing however one death only. In 1888 during the first half of the year an epidemic prevailed at Bolesberg but the mortality was not great and in the same year the district surgeon of Richmond states that as he had a very severe terror of great many cases of pneumonia came under notice but luckily with very few fatal results.

Another cause for the general prevalence of this disease is the habit of water leading during the winter nights - certain hours are allotted to each household to wash the garden. Consequently, regularly someone has
To get up perhaps in the dead of night, v' going out with his spade, to lead the water through sluices to different parts of his ground. The young farmers are very hardy & unaccustomed to snug clothing, and during their long drives in the Cape carts from farm to farm are exposed to great changes of temperature. - I had drawn in the Pindoon - the central ridge or backbone of the Harrow at an altitude of between 6000 & 7000 feet, clad in thick clothing with overcoat, muffler, woolen cap, woolen gloves and flannel lined skin Carrosse or rug, and the down, a young farmer sitting beside me had only his ordinary coat on, but a wrap around his throat, no gloves & seeming even a shade in my Carrosse - yet I was quite fully cold, the doctor added nothing save on questioning him that it was "een braie koud," a little cold — however this exposure too often results in a severe attack of pneumonia & many lives are thus lost.

I followed the usual plan of treatment - a favourite combination of mine being genuine Beninghi Acid and Camphor administered every 4 hours especially about the time of the crises at the end of the night.

The course of the disease is very acute and crises can well succeed the earlier crises on the 6th day is much more frequent than in England.
of other lung diseases. **Bronchitis** is by far the most prevalent being most liable to occur about the same time of year as pneumonia; it however does not occur so much in epidemic form and does not affect adults in the same degree as the last named disease. The very young and the old are mainly affected, as is found also more commonly as sequelae of measles, whooping cough, influenza & other fevers. In 1853 this disease was very prevalent for the first half of the year, in 1884 & 1885 it occurred among the children as a complication of whooping cough. In 1888 it is reported in the same town as being so frequent as to be almost considered epidemic. In Fraserville district also, the disease seems to have been often met with as acute capillary bronchitis among children & a few cases in adults during 1890. We had many deaths as a direct result of this first whooping cough. Generally throughout the Upper Harrow this disease in its more chronic forms was a common cause of death among the aged during the colder months, but in children although frequently met with in its acute form, the mortality was not great. 

On reviewing obituary of this class, a very marked feature in the Upper Harrow is...
the absence of phthisis both in its acute
and chronic forms.

The value of high altitudes in the treatment
of phthisis is now well known. Davos and
other places in Switzerland, Colorado Springs
in the Rocky Mountains, the New York State
and the Harros in South Africa are
the best known localities and those most
frequently resorted to. Some recent lectures
by Dr. Theodore Billings on "Aero therapeutics
in lung diseases" give the results of treatment
in 2,479 cases of consumption from which we
find that great improvement resulted in
90% of cases of phthisis generally 
more or less complete arrest of the tubercular
process in 23%. But that in the earlier
stages of tubercular consolidation, improve-
ment took place in no less than 87% with
arrest in 87%.

With reference to the
upper Harros district, all medical men, who
have lived there, bear testimony to this fact.

Under the leading of acute tuberculosic, I
have already quoted the opinions of several medical
men, but the remarks made by the district
surgeons of several other districts may be of
interest. In 1887 the district surgeon of
Richmond stated the climate here is old and
taking. Naturally, he has great influence on the
preservation of health - chronic lung diseases.
are unknown, and during the present year no case of phthisis pulmonalis has come under my notice. In 1884, the District Surgeon of Framlingham states, "The climate is dry and bracing — it is especially adapted to such as have a consumptive tendency. In summer the heat of day is not of a close, stifling character & the nights are deliciously cool. In winter, though cold, sharp and piercing, being dry, do not give rise to the aches and pains incidental to a cold moist climate. In 1885 he stated, "I am greatly to the dry, pure and healthy atmosphere habitual patients derive benefit from residence in this district. In one case of advanced phthisis which repeated a haemorrhage, the disease has been checked & the patient has put on flesh & is thriving exceedingly well."

The dryness of the climate at Victoria West is well shown by one or two trivial incidents that occurred in my own house during my stay there. I found that among a set of so-called Dover handled table knives, which for being required for use, had been wrapped in chamois leather put aside — on being opened up — the great majority of the handles had become split & cracked — although solid — moreover — my medical instrument cases would keep badly joined — the glue
dry up, the wood shrinking until the pieces fell asunder.

But to continue. Many cases of marked improvement have occurred under my own personal observation. One woman, whom I had under treatment, when I first saw her fresh from England—seemed hopeless 20 years apparently would not live a month. Her lungs were extensively diseased—on the right side cavities existed with cavernous breathing and coarse gurgling; consolidation with signs of breaking down being found lower down and upon the left side. The dyspnoea was prevalent. Blood-stained sputum was much evacuated. Nevertheless she lived between 2 and 3 years afterwards, an attack of inflamed character causing her death.

A clergyman from Balaclava came up for change of air—we had a constant cough, morning dyspnoea was losing weight—on inspiration there was comparative dulness over one lobe. Hard breathing and some increased vocal resonance. After a stay of only 6 weeks he left much improved—his cough nearly gone, having gained in weight—his lungs apparently not much changed but his appetite improved condition very much better. He remained well, taking a voyage home to England; on his return, he married & was appointed
to a living near Cape Town, but 2 years after wards he took influenza and his lungs again becoming affected, he wished gave up his position there. He went to live in another part of the Karoo with a similar climate to that of Victoria West.

Another gentleman, who suffered from severe repeated attacks of haemoptysis from consumption, found such benefit from his visits to our neighbourhood that he bought a farm about 3 hours from the village and settled there. However, in the course of 5 or 6 years he felt so well that he sold his farm and returned to live in the suburbs of Cape Town.

In the district of Victoria West about 40 miles from the village, half-way between Victoria and Brandyfontein (a neighboring town) — a Sanatorium has been established for the treatment of consumption cases. It is situated on a farm named Wagenaars Kraal and is among the Duineveldt Mountains. This place many ladies and gentlemen come from England and also from other parts of Cape Colony to reside for the benefit of their health. The family resident there are very kindly and warm hearted Scotch people who make their visitors as comfortable as possible. There is a large store or general shop at the farm.
And a married medical man resides there with his family. A young lady was sent out from England with one being affected being in the first stage of phthisis - she improved so much at Eton and at Lagoa, that one afternoon I had the pleasure of congratulating her upon her marriage which had just taken place. I now hear she has a child and remains quite well. I might continue to quote cases from my own & my neighbours' practices but will content myself by referring to the articles below for further particulars.

Dr. Howard on South Africa as a Health Resort.
Dr. Syme Thomson in the Article on South Africa in the Handbook of the Cape of Good Hope by C.J. Williams in the Delinean Lectures on Aero Therapeutics under Disease.

There are however some cases of phthisis which are not suitable for residence in the Narrow Pyrenean Cases, the Nervous Vulnerable Cases, the Very Advanced Cases - there are also some serious disadvantages which require to be borne in mind viz. the want of society, solitude inseparable to life upon a farm - the difficulty of obtaining some articles of diet perhaps necessary to the health, but almost inaccessable to the delicate invalid - the absence of friends & consequent homesickness - again the trying heat of the Summer months.
Besides the remarkable infrequency of phthisis asthma is also but rarely met with and the climate is suitable for cases of this disease complicated with emphysema. The district surgeon of Fraserburg notes also in his report for 1885 a peculiarity in his district namely a special immunity from croup among young children which is to the high elevation dry atmosphere.

Disease of the Digestive System.

Under this heading too shall include the most general in occurrence of all diseases met with in the Upper Harrow i.e. dyspepsia among adults and gastrointestinal catarrh diarrhoea mainly among children.

Dyspepsia

It is unnecessary for me to enter into any particular of the prevalence of this disease or to describe any of the usual methods of treatment but a few words upon any especial causes that determine its unusual occurrence may not be out of place.

dietary and mode of life — these 2 causes are alone quite enough to account for a large proportion of cases of this disease — Rising early in the morning, the first duty is to make coffee of which several cups are drunk before breakfast; the beer generally standing many pipes of tobacco. The usual food is meat
 Maston cut up into junke, not propelling there anything of food in great nor gravity.
Vegetables scarce, probably pumpkins or potatoes, common with great - many families drink with their food. Quantities of warm drink have a side action which I could not drink except by headache and nausea. Supper is at eight below & consists of the same bread & bread, salt is rarely used. Between these meals a great deal of coffee is drunk. There is unlimited consumption of native brandy & tobacco. The women scarcely ever go out to take exercise, & after supper almost immediately every one goes to bed. Consequently in the course of a few years, we have the usual result; indigestion & loss of teeth.

Other causes for this disease are drinking large brandy & wine in large quantities, using unpolished water, & want of care in preserving the teeth which decay very quickly in this locality. It is curious on the other hand to note how white and sound the teeth of many of the colored people are, especially the negroes. However, I have found on enquiry that they are careful to wipe their teeth with a cloth after each meal, and often before sweet confections because injurious to the teeth. Another common cause is the large quantity of fruit which is consumed during the summer, and the manner in which some fruits are eaten. I have often watched with astonishment the manner
in which an Africaner swallowed a bunch of grapes. The situation with a plate full of the same variety of fruit had disappeared and the plate still filled half - I have one or twice tried to follow the example but it was a强化 experience afterwards as the fruit had gone. In the year 1884, the District Surgeon of Stellenbosch gave a table showing the approximate percentage of the more common cases of disease that came under his notice, as it is interesting in this connection I will quote it:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syphilis</td>
<td>12.5%</td>
</tr>
<tr>
<td>Dyspepsia</td>
<td>11.5%</td>
</tr>
<tr>
<td>Ophthalmia</td>
<td>10-25%</td>
</tr>
<tr>
<td>Small Intestinal</td>
<td>8%</td>
</tr>
<tr>
<td>Anaemia</td>
<td>6.5%</td>
</tr>
<tr>
<td>Typhoid Diseases</td>
<td>8.5%</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>8.5%</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>5%</td>
</tr>
<tr>
<td>Cardiac</td>
<td>3%</td>
</tr>
<tr>
<td>Bronchitis</td>
<td>2%</td>
</tr>
<tr>
<td>Pleurisy</td>
<td>1%</td>
</tr>
<tr>
<td>Rheumatism</td>
<td>1%</td>
</tr>
<tr>
<td>Cancer</td>
<td>1%</td>
</tr>
<tr>
<td>Malaria</td>
<td>1%</td>
</tr>
<tr>
<td>Cholera</td>
<td>1%</td>
</tr>
<tr>
<td>Stomachitis</td>
<td>1%</td>
</tr>
</tbody>
</table>

Diarrhoea was still prevalent among children. In Victoria, although it was generally prevalent during the summer months, it never became epidemic - but in 1883 it is noted that at Stellenbosch severe diarrhoea prevailed almost as an epidemic during the months of October and November with the town. In the same year at Stellenbosch, diarrhoea among infants artificially
fever was both common and fatal. It also at Richmond Depot diarrhoea occurred frequently. In 1854, four districts report diarrhoea as prevalent. In 1855, the District Surgeon of Karnavon had 62 cases under treatment with 3 deaths. During the same year at Grasnburgh, 16 cases occurred among both white and colored people mainly with cholera. In the year presented the characters of cholera diarrhoea but no deaths occurred. At the same place in 1859, an epidemic of dysentery diarrhoea broke out amongst the workmen engaged on the telegraph works - already mentioned - in 1856 at Hopetown diarrhoea among adults was common, but infantile not so frequent as usual. In 1858, diarrhoea caused several deaths in my practice during the hot weather. There had been many cases during November and December the water supply being deficient and impure. From the above review it will be seen that diarrhoea is a very frequent disease amongst the inhabitants of this upland country, that it is often epidemic. Although not so general as dysentery in its occurrence, is more fatal in its results. What it mainly affects children. The common causes for its prevalence are improper and improper food. The consumption of too much fruit in a frequent feeding cause during the summer time, and among children.
Ignorance of the proper mode of feeding them - & more especially in the preparation of the different forms of artificial food. It is a common thing to see an infant of a few months old sucking a lump of bread & indeed sometimes eating grapes & other fruit. On questioning with an old farmer, my own landlord indeed, upon this giving his young granddaughter a little over a year old a bunch of grapes to eat; he laughed at me that it would make him strong & prevent his stomach working (i.e., having attacks of diarrhœa.) Notwithstanding which assertion, I have a very vivid recollection of a severe attack of dysentery or dysentérica diarrhœa brought on in the child of one Gander (aged 2 years) from eating portion of a ripe orange. With reference to treatment, the usual plans were followed, alkaline, astringent or acid astringent. But the great difficulty was to get mothers to only give sweet milk - the nursing generally being shocked or lived with sour curd or milk. The farmer maria many of their children on goat's milk - the goats is said not to be liable to tuberculosis - possibly this may have had something to do with the immunity from Con- -sumption which fractions here enjoy. All doctors are in with a fatty matter & casein but on account of its peculiar smelling acid rather low pleasant. It is not so digestible as cow's milk & hence children are more liable to attacks of diarrhœa.
during the heat. In many chronic cases I have found
injections of starch, but it was not long unfruitful.
The child, who was reduced to a degree of emaciation
from long continued diarrhoea, such as I had never
seen before or since, looking more like a little
gorilla or monkey, than a human being, recovered
wonderfully. Under injections of beef-tongue and
itch-curet, followed up with figwood, chalk &
black pepper & a mixture containing Benger's food-
as the same time stopping the bowel never did which
the foolish mother had continued the use of long
after the last doctor had seen her.

The most common of other diseases of the digestive
system were, derangement of liver causing a

core of gastro-intestinal remittent fever, consti-

tipation, ascites, gastro-intestinal. Some occasional
cases of Calomel jaundice. Very rarely still in
infants unless sepsis of the bowel. The above
among children. In adults under stomach

Cirrhosis of the liver and consequent ascites.

haemorrhoids, different forms of inflammation of
the gut such as Typhilitis. Occasional cases of

cancer both of stomach & the liver. Jaundice was

also common, but death in some cases of false


Under this heading, I may call attention to

the frequent occurrence of tapeworm especially

among the German settlers in the town -

this due as far as I know to their habit of eating
raw meat, whole quantities of sausages - as
relishes to their food - luckily the pomegranate
grew in abundance in the Harrow - forming ledges,
so the cure and remedy are found together.
The allied disease of the dilated growths
in the Liver or Spleen is also met with in the
Harrow. In 1864, at Richmond, the district
Surgeon states "there have been several cases
of Echinus corporis brought under notice during
the past year which patients have been operated
upon successfully: the one Echinus corporis
of the Left Kidney, the other of the Spleen. The
others occurred among the colored people, beyond
allowing the doctor to verify his diagnosis, no oper-
ation was allowed to be performed." In 1865,
the same Medical Man states that several
cases had been diagnosed & operated upon with
no deaths.
I was much interested in
watching a case of hydraden of the Spleen - oc-
curring in a farmer's wife in my district.
I performed paracentesis with drainage &
reduced the size of the swelling to about a
third or a quarter of its original size - it
however enlarged again - I sent her over to
Richmond for operation - however the
disease apparently involved the Lung, & she
died about a week after the operation.

The number of dogs, Every colored Shepherd
having half a dozen hounds going among
The custom of allowing dogs to sleep in the same rooms or even upon the same bed as their masters, both predispose to the spread of this disease which is more common in the Skarroo than is generally supposed. In speaking of diseases affecting the digestive tract, I must not omit to mention the frequent occurrence of follicular ulceration of the throat tonsils, a quinsy among adults and different forms of tonsillitis among children, diseases of the urinary system.

The most common of this class is Bright's disease - acute nephritis occurring generally in children after attacks of scarlet fever or diphtheria and among adults one meets with the same disease as the result of a severe chill such as getting wet through or drenching a nose. The more chronic forms of Bright's disease were met with as a part of a general nephritic degeneration involving both lower kidneys and affecting principally the intemperate drinker, drinker of the gouty - resulting in dropsy. Cases of albuminuria are common, in my own practice at Victoria West in the year I treated three cases. The symptoms of kidney or bladder disease were absent, the patient appeared in good health. I saw that the urine was clear and cloudy. I found the wound treated by other quacks was quite useless. The disease
Diseases of the Generative Organs.

Among women this class of disease is very common. The usual complaints have been an granular, ulcerative inflammation of the lining of the uterus, perforation & retraction, as well as the other diseases of the uterus. Menorrhagia, metrorrhagia, with endometritis - subinflammation with leucorrhoea after confinement, in young girls Amenorrhoea. Common disease is also common and as many improper vaginal causes by uncared delivery, or by some or other vest

caused by

The Distinct Surgeon of Pieterma, Dr. Stibbe, states that in his opinion 90% of women complaints, from which few women over thirty are entirely free, are principally - although not
Entirely due to improper treatment after parturition, in 1864 at Dundee, 6.25% of all cases treated came under this heading. In 1865 at Victoria West in my yearly report I say: Several women during labour have been severely injured for want of proper attendance. One case, in which the perineum was lacerated through the sphincter ani and the bowel torn for some two inches, was then under treatment. A primipara also died shortly after delivery of twins being attended by a woman in the neighbourhood but nothing more was heard of the matter. In another case in Victoria district rupture of the uterus took place. The medical aid arriving from Lagenward brought just in time to save the patient's life.

Among men gonorrhoea and orchitis are the usual diseases met with, but they do not occur so commonly as one might be led to suppose from the prevalence of syphilis.

In 1864, at Carnarvon Hundred cases of gonorrhoea were under treatment but I must say that in my practice I had rarely more than three or four cases treated during any one year. The causes for the general prevalence of the above complaints among women are mainly ignorance, indifference towards the medical profession and disrepute, their employment, their sedentary manner of life and inattention to the state of the bowels.
Disease of the Locomotor System

The following diseases occur in the Upper Harrow arranged in the order of their relative frequency:

Muscular Rheumatism, Articular Rheumatism, Rheumatic Fever, and the more chronic forms-

Gout & Pockets - Rheumatic Arthritis on the other hand, is a disease I do not remember a single case occurring in my district.

Rheumatism, notwithstanding our very dry climate is an exceedingly common complaint in the Upper Harrow. The district surgeon of Harrow says in 1866 "A considerable number of cases of Rheumatism, a few in the acute form, cropped up about the spring and were of the dryness of the climate persons with any latent constitutional tendency towards this disease must be constantly on the alert.

The district surgeon of Richmond reports that Rheumatism is a very common complaint in this part of the country occurring in its different forms.

In 1867 at Victoria Park I found Rheumatism as prevalent and in 1868 according to an early letter many people were attacked with Rheumatism which needed all treatment according to the district surgeon's report. In 1869 from Fraser's Park the following statement is made: "From time to time the usual constitutional diseases have occurred. Rheumatism, Rheumatic fever being perhaps the most common with occasional cases of Gout, Pockets, Acne, and
cholera is the case of malignant disease.

In 1891, the same medical man reports rheumatic fever and rheumatism of various kinds as more common than usual with the death from the former disease.

Thus from all parts of the district reports are made showing the general prevalence of the disease. The tendency to these complaints must be attributed to the extreme variations of temperature between day and night, sometimes amounting to 10° F. which the people well in these cold northern latitudes pass from uplands and also partly to the dietary which consists mainly of meat.

The disease is more acute in the form than is usual in England. The more chronic forms of the disease are not so numerous. Some of the chronic deformic affections such as rheumatism and rheumatic arthritis are conspicuous by their absence. Rheumatic fever is less common and a modification of it also, a kind of relapsing fever, which lasts for a much longer period than acute rheumatism and has a destructive name among the Dutch (Stipharte zinking, Koorot).

Some friends of mine who lived close to our house, whilst residing in Victoria West, were continually suffering from Rheumatism. The lady of the house after a confinement was laid up with a sharp attack of rheumatic fever. Her husband was continually complaining of muscular
rheumatism. Shortly before they left, their eldest
son a lad of 12 years of age was ill for some weeks
with acute rheumatism. They then went to
 reside at Worcester, a small town where the
rainfall is much greater & the climate altogether
milder, the altitude being only 780 feet above
sea level - but on hearing from them
recently since my return to England, I find that
the rheumatism has not returned & since their
change, now nearly 3 years ago, they find them-
selves quite free from the usual attacks of
the disease.

Cases of Gout are occasionally met with,
more especially the rheumatic form - in
farmers & their wives, the age twelfth of
the latter is sometimes something enormous
and on the farther they grow the less severe they can
take - it is not a matter of surprise that gout
developed. Rickets in children is also
found now & then but is rare.

Diseases of the Skin:

the most prevalent in this class is Eryema,
afflicting the legs & arms in adults - the head
face ears & fingers of body in children. I had
one case in a farmer who suffered from General
Eryema & after about 6 weeks treatment in the
village, he went out again to his farm much improved.

The following diseases are also commonly met
with viz. Eczema, & its various Everton
of Mennager, Herpes in various localities, after
beautifully mapped out. Seborrhea, a rather
common disease. Acne, Lupus, Syphilis
bovisum, Tinea tonsurans, Herpes...-
Nepeto and the various forms of syphilis
skin disease which have been already described.
During my stay in Victoria I came across a
very well marked case of Elephantiasis elephantic
woman. A very short farmer's wife, asked my advice
one day during my visit to the farm. The lord of
both of her legs were enormously swollen, appeared
by ordinaires but really swollen call-though
fibrous thickening - She was suffering from an
inflammation attack in one, more particularly
had a good deal of pain - She had seen in many
doctors was very anxious that I should do
something for her. However, had to tell her that
very little could be done for her. I believe that I
gave her a sedative and recommended it with bandages

In these divisions, I need do no more than
discuss that cases of Anemia & Chlorosis
are occasionally met with. Those affected are
young girls belonging to the poor white people;
and certain districts, where the conditions of
life are more arduous, have more cases of
the disease than elsewhere, as for instance
Kurtzburg. Acne is also occasionally found
among the prisoners in that city. The diet
Scale is regulated with a strict view to economy occasionally the District Surgeons have to interfere in order to prevent the outbreak of this disease amongst the colonia people who are fed very often on mealies (Indian corn) alone. Lime juice with fresh vegetables soon remedy the evil.

It is a noteworthy fact that Dunsireka or fistulation is uncommon in the Upper Karoo. One would naturally expect from the fierce heat of the Sun that these cases would become but as far as my experience goes, the reverse is the case - not more than three or four cases occurred during my practice at Victoria West, none of them being fatal.

Before concluding this paper I would like to say a few words upon the subject of deaths by violence, injuries, cases of poisoning as occurring among those living in the Upper Karoo. Although strictly speaking it cannot be excluded among the preceding districts of that region. Injuries, deaths by violence, cases of poisoning, as might be expected are of frequent occurrence. It was only during the time of my residence that the railway line was opened up through this region from Cape Town so that the country is full of half savage tribes...
of colored people and the white inhabitants themselves, from their location round of intercourse with the large towns nearest, are rude, half civilized, and inclined to trust to their own strength to punish wrong doing rather than to rely upon the assurance of the law. In consequence of this state of affairs, deaths by violence are common. The negroes, as soon as they get their freedom, wages, spend it in drink, and as a result of this orgies, either leads an vagrant or death as a consequence not very unusual. On the railroad, this was especially noticeable during the formation of the line of telegraphs. The relationship between the white and colored races, the system of apprenticeship, whereby a colored boy or girl is bound to his master or mistress for a long period of years, and the lying threatening propensities of the colored people, all contribute to make assaults, acts of violence, common to be thought of. A shepherd, out with a flock of 1000 sheep, disappears many of the shepherds during; the farmer takes up his staff, by which he finds the stolen sheep perhaps, some of the flock of one of the sheep; soon afterwards the boy is seen running in front of them; over the hill, up into the hills. They call to him to stop, but he only runs the harder. The farmer kneels, says: "As a rule, the colored people..."
This page contains a handwritten note that appears to discuss various topics or ideas, possibly related to personal observations or reflections. The handwriting is complex and includes references to names and places, such as "Arthur" and "Richmond," suggesting a personal or historical context.

The content suggests a mix of thought processes, possibly involving storytelling or note-taking. The note may also refer to a variety of topics, including personal relationships, life events, or reflections on personal experiences.

However, without clearer legibility or context, it is challenging to accurately transcribe or interpret the entire text. The note seems to be a personal record or entry, possibly for future reference or as a means to organize thoughts.
Many cases also occurred of death from alcoholic poisoning. A young lad of four
five years of age who was assisting to drive
a wagon one cold night put a bottle of Cape
Brandy to his lips. & drunk it all. One
can hardly credit it unless one has personal
experience of the way of the colonel people & the
comparative mild taste of the Cape Brandys.
Now one of alcoholics came back daily
in 1888. Reported one death due to excessive
drinking & another due to exposure & drink
and in the same year several deaths by violence
two from gunshot wounds three or more from
injuries inflicted by knives or some such weapon.

The following resume of surgical cases injuries
that occurred in 1888 in my practice may
be of interest. In January a colonel had fall
with a severe depressed fracture of the skull with
escape of brain matter from the kick of a horse.
Orthopaedic repair under Chloroform was performed and
a large piece of skull removed. The boy recovered
perfectly. Fracture of the os coxa at the
Elbow joint resulting from a fall from a bicycle.
Concussion of the brain resulting from a fall &
being thrown violently from a cart. - Death
from apoplexy resulting from violence, eleven
years the breast bone being broken - Child
crushed her thigh in the fork of a tree, femoral
artery resulting with inflamed knee joint &
concluding

In conclusion, the authors like to thank the scientific communities for their contributions to the frequency distribution of species and their data. It is a fact that evolutionary processes are influenced by the environment and the interactions between species. It is also clear that the frequency distribution of species reflects the evolutionary history of a particular ecosystem.

Further analysis of the data collected by the authors indicates that there are specific factors that influence the frequency distribution of species. These factors include the availability of resources, the biotic interactions between species, and the abiotic factors such as climate and habitat.

The authors hope that this study will provide a better understanding of the diversity of species in different ecosystems and will contribute to the conservation of biodiversity.
Whilst influenza gives 2.6% 

Diphtheria ... 1.9% 

Chickenpox ... 1.9% 

Asthma ... 1.5% 

Malaria ... 1.5% 

Leptospirosis ... 1.5% 

The most fatal disease is Diphtheria; it takes the second place.

Local Diseases

In this division, the most common form is Diphtheria, which is very general, the others fallow in the order given below:

Diphtheria

Ophthalmia

Ophthalmia Gastrointestinal Gastritis.

Tuberculosis of other forms of Southeast.

Pneumonia

Bronchitis, Acute Pneumonia, Acute Fever Amongst the various and other diseases.

Rheumatism

Heart Disease

Skin Diseases

Obscure

The diseases on the other hand, that are rare or notable for their comparative infrequency are Acute Intestinalis and Tuberculosis amongst the various and other pulmonary.
Chronic degenerative forms of spinal or cerebral spinal diseases, asthma, indistinct, chronic diarrheal diseases amongst women and children.

It is not easy to estimate the relative importance of any of these causes of death. The most fatal local diseases are diarrhea, pneumonia, bronchitis (acute), rheumatism, fever, heart disease.

Mortality

Dying to the absence of any official record or registration of births or deaths is also to the fact that in most of the districts now under review there is more than one resident medical man. It is unfortunately impossible to give with any approach to accuracy a return of the general mortality from disease.

However, I may mention the following facts which have some bearing upon the subject.

In the sub-district of Patna in my own district of Victoria East, there is only one resident medical man and during 4 consecutive years the death rate amounted to all to 12. (18 being due to Typhoid fever.) In 1887, by reasons of which 4 were due to Typhoid fever. In the same sub-district, an average mortality of 12 per annum. As the population of Patna is given by the Census Return, as above 1,000, this results in a death rate of 3 per 1,000.

In the district of Richmond, the district surgeon gives the mortality as 6 per 1,000.
The same, there being during these 3 years no epidemic prevalent in this district.
My own opinion is that the mortality, save from typhoid disease, is very low indeed in the
Upper Harrow, probably not more than from 6 to 8 per 1000; and hence we can look forward
with hopefulness to the future of this district as a health resort, knowing that as the laws of
hygiene are better understood, and education advanced, a large proportion of epidemic
disease now inflicted will be eliminated, and the Harrow will stand very high in the estimation
of the medical profession as one of the healthiest spots in the civilized world.
Thus, in the brave economy of Nature, there are
laws for all things. Often it is not in the
beautiful upland valleys, or in the most
well wooded lowlands, or even among the comfortable homes
of old England, that health can be found
and life prolonged, but it is to the wild
and infrequently visited uplands with their scattered
farm houses, isolated villages, among the
desert plains of Cape locality that we must
turn for help; and many can, with
thankful hearts, look back upon the time when
they pursued their vocations in their fastness
Acknowledging a great debt of gratitude to
the pure air and sunny skies of the east.
Undulating prairie land of the Cypress Hills.