



THE COUNTY OF WESTLAND GAZETTE.

Published by Authority.

HOKITIKA, MONDAY, JUNE 7, 1869.

County Council Chambers,
Hokitika, 2nd June, 1869.

IT is hereby notified for general information that

CHARLES EDWARD BUTTON, Esq.,
has been duly elected to serve as a member of the County Council, in the room of the Hon. J. A. Bonar, resigned.

J. HEAWOOD,
Secretary of the Council.

County Chairman's Office,
Hokitika, 2nd June, 1869.

THE following gentlemen have been appointed by the Chairman of the County Council to form a Local School Committee for the Hau Hau District, in accordance with the resolutions of the County Council.

J. HEAWOOD,
Chief Clerk.

HAU HAU.

MICHAEL M'DONNELL
WILLIAM COPLAND
CHARLES DACK
ERASMUS NISSON
J. D. WEARNE.

County Chairman's Office,
Hokitika, 2nd June, 1869.

THE Chairman of the County Council directs it to be notified that

ANDREW ROBY BLOXAM, Esq.,
has resigned his office as a member of the Kanieri School Committee.

J. HEAWOOD,
Chief Clerk.

County Chairman's Office,
Hokitika, 2nd June, 1869.

THE Chairman of the County Council directs it to be notified that he has appointed

FREDERICK DALE, Esq.,
to be a member of the Kanieri School Committee, in the room of A. R. Bloxam, Esq., resigned.

J. HEAWOOD,
Chief Clerk.

R E P O R T
ON THE HOKITIKA HOSPITAL,
BY THE
SURGEON SUPERINTENDENT,
FOR THE

TWELVE MONTHS ENDING 30TH APRIL, 1869.

R EMAINING in Hospital on		
1st May, 1868	-	46
Admitted since	-	347
Total treated	-	393
Discharged cured	-	281
" relieved	-	24
Committed to Lunatic Asylum	-	1
Died	-	32
	-	338

Remaining in Hospital on 1st
May, 1869 - - - 55

DISEASES.

Fever—8 ; Typhoid, with hydatid disease of both kidneys, 1. Rheumatism—Acute, 2; Sub-acute, 1; Chronic, 42. Rheumatic Gout, 5; Rheumatic Sciatica, 11. Dysentery—Acute, 4; Chronic, 1. Diseases of

Lungs.— Bronchitis—Acute, 7; Chronic, 17. Phthisis Pulmonalis—Acute, 1; Chronic, 5. Asthma—Spasmodic, 2. Pneumonia, 3. Pleurisy, 1. Diseases of the Eye—Ophthalmia, Rheumatic, 5; Gonorrhœal, 2; Scrofulous, 1; Purulent, with Chemosis, 1; Scleritis, 1. Hypopion, 1. Fractures—Simple, 9; Compound, 3; Complicated, 2; Compound Comminuted, 4. Fracture of Sacrum, with Hæmiplegia, 1; Fracture of Patella, 1; Fracture of Thigh, with Asphyxia, 1. Concussion of the Brain, 2. Diseases and Injuries of Joints—Acute Bursitis, 1. Dislocations—Shoulder, 3; Hip-joint, 1; Ankle with Fracture of Tibula, 1; Ankle, with Fracture of Malleoli, 1. Sprains, 12. False Anchylosis, 1. Morbus Coxæ, 1. Scrofulous Disease of Knee-joint, 1; Scrofulous Disease of Ankle-joint, 1. Necrosis of Phalanges, 3; Necrosis of little toe and part of Metatarsal bone, 1. Neuralgia of Stump after Amputation, 1. Skin Diseases—Eczema—Acute, 5; Chronic, 6. Ulcers—Simple, 8; Chronic, 1; Inflamed, 2; Varicose, 1; Sloughing, 3. Abscesses—Lumbar, 2. Wounds—Incised, 7; Lacerated, 4; Contused, 2; Contused and Lacerated, 3. Bruises—Simple, 6; Internal, 1. Paralysis—Partial, 1; Cerebral Hemiplegia, 1; Paraplegia, 2. Erysipelas—Simple, 3; Phlegmonous, 2. Gonorrhœa—Simple, 2; with Phymosis, 2. Syphilitic Condylomata, 2, Syphilitic Necrosis of Nasal Bones, 1. Gonorrhœal Warts, 1. Bubo—Acute, 2; Chronic, 9. Orchitis, 9. Stricture of Uræthra—Spasmodic, 2; Organic, with Uræthral Fever, 1; with Urinary Fistula, 1; with Retention of Urine, 1. Chancres, 4. Hæmaturia, 4. Dropsy—Hepatic, 1; Pulmonary, 1; Ovarian, 4; Renal, 1; Anasarca, 1. Colic, 5. Apoplexy—Sanguineous, 1, Simple, 2; Simple, with Hemiplegia, 1. Scurvy, 1. Diseases of Heart—Hypertrophy of Heart and old-standing Disease of one Lung, 1; Valvular Disease of Heart, 1. Tumours—Malignant, of Neck (Cancer), 1; Fibrous, of Uterus, 1; Fibrous of Ham, 1. Otorrhœa, 1. Closure of External Meatus of Ear, 1. Boils, 1. Whitlows, 2. Neuralgic Headache, 1. Epilepsy, 6. Periostitis, 1. Hydrosarcocele, 1. Œdema, 1. Laryngitis, 1. Rupture of large intestine and Inflammation, with Gangrene, 1. Ulceration of Tongue and Palate, 1; Ulceration of Vulva, 1. Laceration of Perinæum, with Prolapsus Uteri, 1. Quinsey, 1. Debility, 2. Œsophagus, 1. Hepatic Congestion, 1. Inflammation of Liver, 5. Leucorrhœa, 1. Dyspepsia, 5. Cystitis, 1. Prolapsus Uteri, 1. Hæmoptysis, 2. Hysteritis, 1. Vaginitis, 1. Dysmenorrhœa, 1. Amenorrhœa,

1. Delirium Tremens, 4. Softening of Brain, 1. Monomania, 1. Hypochondriasis, 1. Hysteria, 1. Burn of Scalp, 1. Chronic Hepatic Disease, 1. Fissures of Anus, 1. Myelitis, 1.

CAUSES OF DEATH.

Typhoid Fever, 3; Typhoid Fever, with Hydatid disease of kidney, 1. Chronic Bronchitis, 2. Pneumonia, 1. Pulmonary Dropsy, 1. Phthisis Pulmonalis, 4. Fracture of Skull with Compression of Brain, 1. Compound Comminuted Fracture of Skull, with Hernia Cerebri, 1. Puerperal Convulsions, 1. Delirium Tremens, 1. Apoplexy, 1. Sanguineous Apoplexy, 2. Hysteritis, 1. Nephritis, with Suppression of Urine, 1. Œdema of Glottis and Ulceration of Larynx, 1. Hypertrophy, of Heart, and old standing Disease of Lung, 1. Rupture of large intestine, followed by Inflammation and Gangrene, 1. Inflammation of Kidney, 1. Colloid Cancer of Liver and Stomach, 1. Inflammatory Softening of Brain, 1. Ascites, 1. Inflammation of Liver and Stomach, 1. Lumbar abscess, 1. Asphyxia and fracture of thigh, 1. Phlegmonous Erysipelas, 1. Inflammation of Liver (abscess), 1.

As will be seen from the numerical statement, that the total number of patients treated for the year 1868-69 was 393, being 146 less than for the year 1866-67, and 82 less than for the year 1867-68. Of these 294 were males, and 53 females. The number of males in 1866-67 was 511, and females 28. The males in 1867-68 were 431, and the females 44, so that it will be seen that while the number of males treated during the last three years has been steadily diminishing, the number of females has been steadily increasing. The majority of the patients, as usual, were miners. The occupation of patients were as follows:—Miners, 223; labourers, 2; carters, 1; grocers, 4; butchers, 4; clerks, 5; billiard markers, 1; firemen, 2; tailors, 12; grooms, 3; storekeepers, 2; blacksmiths, 1; bakers, 1; plumbers, 1; cooks, 2; packers, 1; drapers, 3; constables, 3; station-masters, 1; watermen, 3; bailiffs, 2; druggists, 3; coach-makers, 1; carpenters, 2; publicans, 2; shoe-makers, 1; sawyers, 1; surveyors, 2; carriers, 1; hawkers, 1; soldiers, 1; literary, 1; waiter, 1. The occupations of females were as follows:—Barmaids, 3; teachers, 1; dress-maker, 1; laundress, 1; domestics, 9. The conditions of females were as follows:—Married, 31; widows, 4; unmarried, 15; children under 12 years, 3. The patients, as usual, came from every part of the Coast, as

follows;—Hokitika, 68 males and 35 females. Hau-Hau, 36 males and 3 females. Waimea, 69 males and 5 females. Arahura, 16 males and 1 female. Teremakau, 8 males. Grey-mouth, 6 males. Kanieri, 49 males and 3 females. Lamplough, 6 males. Blue Spur, 2 males and 1 female. Greenstone, 10 males and 1 female. Charlestown, 2 males. Ross, 10 males and 2 females. Fox's, 1 male. Buller, 1 male. Okarito, 4 males. Lake Brunner, 1 male. Otira Gorge, 1 female. Saltwater Creek, 1 male and 1 female. Nelson, 3 males. Seaman, 1.

The nationalities of patients are almost as varied as they were last year:—England, 98. Wales, 11. Scotland, 68. Ireland, 104. France, 1. Portugal, 1. Germany, 5. North America, 10. Sydney, 2. Victoria, 5. Adelaide, 1. New Zealand, 1. Tasmania, 5. Sweden, 6. Nova Scotia, 2. Jersey, 3. Canada, 2. Switzerland, 5. Austria, 4. Norway, 3. Hanover, 1. Denmark, 2. Holland, 1. Prussia, 3. Italy, 1. Isle of Man, 1. Mauritius 1. Jamaica, 1. Belgium, 1. China, 1. Unknown, 1.

Fever and Dysentery, the most formidable diseases of the district, and which in the early days amounted in intensity almost to an epidemic, have been steadily decreasing. In 1866-67 there were 98 cases of fever and 47 cases of dysentery; in 1867-68 there were 19 cases of fever, including 3 cases of yellow fever, and 41 of dysentery; but it will be seen that only 9 cases of fever occurred last year, and 5 of dysentery.

The prevailing disease last year, as during the previous year, was rheumatism, there being no less than 59 cases, or 15 per cent. As will be seen from the list of diseases given above, with the exception of two cases the disease was of the chronic form, and although everywhere the most obstinate of obstinate diseases, here it is unusually rebellious to treatment. No sooner is it driven from one part of the body than it attacks another. The patient, for example, will come in with articular rheumatism; when it is driven from the joints it will attack the sciatic nerve, and this will yield to treatment in from a week to six weeks, when the patient will be attacked with rheumatic ophthalmia or inflammation of the fibrous tunic of the eye. Such cases are only permanently cured by removal to a warm climate. The diseases during last year were of a more chronic character than during previous years, so that, although the number of patients treated is smaller than in previous

years, the average daily number of patients has been larger than usual.

It will be seen that we have had 32 deaths, or about 8 per cent., the percentage being a little higher than in previous years. I observed from the report of the Dunedin Hospital for the year 1867-68, that the percentage of deaths there was 10 per cent. As usual, a large proportion, viz., 10, or one-third of the whole, were admitted moribund, and died in from one to four days after admission. Thirteen occurred either from hopeless injury or incurable disease, and of the remaining nine the disease had existed for periods varying from several months to a fortnight before admission.

Of the total, viz., 393, 153 were medical, and 140 surgical. Of the latter 64 were cases of accident; the majority of the accidents, as usual, being fractures, 23; dislocations, 4; and fractures with dislocations, 2. The fractures were last year 36, and the dislocations 5. Six of the cases of fracture of the limbs were compound, or compound comminuted; three, at least, of which would have required amputation under the old treatment, but recovered in as short a time as simple fractures under the new treatment by carbolic acid, first employed in the colonies in this Hospital. In one case only was amputation required, and this patient left the Hospital with an artificial limb, and has since left the colony.

I have, in concluding my remarks on the Hospital, to call the attention of the Government to the necessity there exists for more accommodation for females, as I have had frequently to refuse admission to this class for want of accommodation. Almost every female patient treated laboured under the most serious disease; indeed this class, my experience leads me to believe, do not apply for Hospital relief except under dire necessity, and I think they have special claims on the community.

LUNATIC ASYLUM.

The accompanying tabulated statement speaks for itself. The facts that the Asylum is now full, and that two male lunatics are confined at the Gaol, show that no time should be lost in providing proper accommodation for the safe keeping and proper treatment of this most suffering class of suffering humanity. I need not again point out the deficiencies of the present Asylum, which is little better than a place for safe keeping.

REPORT BY SURGEON SUPERINTENDENT OF STATE OF LUNATIC ASYLUM FROM 1ST MAY, 1868, TO 30TH APRIL, 1869.

NO. OF CASE	INITIALS OF PATIENTS' NAMES.	OCCUPATION.	NATIVE PLACE.	AGE.	SEX.	DATE OF ADMISSION.	DATE OF DISCHARGE.	FORM OF INSANITY.	SUPPOSED CAUSE.	REMARKS.
48	A. B.	Miner	Scotland	31	M.	July 2, 1868	Sept. 4, 1868	Monomania	Previous attack	Relieved.
49	E. B.	Upholsterer	England	29	F.	" 23 "		Do		At present in Asylum.
50	J. O'L.	Miner	Ireland	41	M.	Sept. 14 "	Oct. 12 "	Do	Not known	Sent to Christchurch Asylum.
51	A. B.	Miner	Scotland	31	M.	" 22 "		Do—Relapse		At present in Asylum.
52	T. W.	Miner	Ireland	45	M.	Oct. 10 "		Monomania	Not known	Do do
53	B. M'M.	Dom. servant	Ireland	31	F.	Nov. 5 "		Do		Do do
54	W. C.	Miner	England	41	M.	Oct. 27 "	Died, N. 21 "	Do		Cause of death, apoplexy.
55	M. R. <i>alias</i> C. W.	Domestic	Ireland	35	F.	" " "	Nov. 25 "	Do		Cured.
56	W. H.	Miner	England	51	M.	Nov. 7 "	Dec. 4, "	Do		Do.
57	W. C.	Miner	England	25	M.	Jan. 16, 1869		Do		At present in Asylum.
58	T. L. B.	Newspr. ed.	England	40	M.	Feb. 6 "	Feb. 23, 1869	Do		Relieved.
59	H. O'L.	Domestic	Melbourne	23	F.	March 3 "		Do		At present in Asylum.
60	P. D.	Miner	Ireland	30	M.	" 16 "		Do		Do do
61	M. C.	Miner	Ireland	28	M.	" 17 "		Do		Transferred to County Gaol, on account of the crowded state of Asylum.
62	M. L.	Domestic	Ireland	28	F.	" 27 "		Do		At present in Asylum.
63	J. D.	Miner	Shetland	34	M.	" " "		Mania		Do do

N.B.—It will be seen from the above tabulated statement that the following patients still remain in the Asylum:—E. B., A. B., T. W., B. M'M., W. C., H. O'L., P. D., M. L., J. D.

J. RUTHERFORD RYLEY, F.R.C.S.E.,
Surgeon Superintendent.

Hospital, 1st May, 1869.

GAOL.

The health of the prisoners during the year has been as good as we would expect from the excellence of the site and other sanitary conditions. The history of the Gaol affords a good illustration of the effects of modern hygienic, or preventive medicine. Before a proper system of ventilation and drainage was adopted, diarrhoea and dysentery were endemic in the Gaol; and in the summer of 1866, when overcrowding was super-added to those fruitful causes of disease, dysentery became epidemic, and threatened the lives of many of the inmates. Since then only two cases of dysentery have occurred in the Gaol, and these were comparatively mild, and yielded at once to treatment. The prevailing diseases are, as usual, rheumatism and catarrh, but these diseases have been much less numerous than heretofore, owing to improvements in the mode of ventilation, which does not allow so much of draughts. They might, however, be still more diminished by the introduction of some system of heating, as that by hot air or hot water, and by allowing the use of flannel drawers to the prisoners in winter, which is at present against the prison regulations. The dry earth or earth closet system has been adopted in its simplest form at the Gaol, and Mr. Cleary tells me it is quite a success.

PUBLIC HEALTH.

In my annual reports for the last four years, I have endeavoured to elucidate the nature of the diseases, especially that of fever, prevailing in the Colony, and, by pointing out their causes, to act the part of Health Officer, in showing the public how they may be prevented. In my report for the year 1865-66, I referred to the doubt which, it appeared from the report of the late Dr. Cusack, of the Nelson Hospital (the most eminent surgeon who has yet practised in New Zealand), exists amongst the members of the medical profession in the Colony in regard to the type of fever which prevails here; and as I had the largest field for observation, I promised to do all in my power to throw light upon the subject. I think I have established beyond a doubt that the prevalent diseases, viz., Fever, Dysentery, and Neuralgic Rheumatism, are endemic, that is, arise from malaria or paludal emanations. I have shown the type of fever to be typhoid, so common in England, and that we have no typhus or infectious fever in New Zealand—a fever generated and propagated by poverty, filth, and over-crowding. In 1866-67, I reported eight cases, which I ventured to call yellow fever, supposed by most people—even

by members of the profession—to be peculiar to tropical climates. I called it yellow fever, because it presented the characteristic symptoms of the worst form of yellow fever, as it occurs in the tropics, viz., jaundice, hæmorrhages from the mouth, nose, and ears, black vomit, and death about the sixth day in convulsions. I have found from my reading since, that modern pathologists do not consider yellow fever a specific disease, but merely the maximum of gastric or typhoid fever. I am not aware that a case of yellow fever has occurred in any other part of the Colony; but, I have seen, from the report of one of the surgeons of District Hospitals on the Coast, a case reported as malignant jaundice, which I have no doubt was a case of the fever in question. The causes of the disease—excessive moisture, swampy grounds, absence of cultivation and drainage, and a bush resembling the jungles of the tropics—exist in greater abundance here than in any other part of New Zealand. I may mention that the exciting cause, in most of the cases of yellow fever which occurred here, was a fit of intemperance; and this may be useful to practitioners, as one of the first symptoms of the fever is jaundice, it is very liable, from the history of the case, to be treated for inflammation of the liver. In my last report, I attributed the decrease of fever and other malarial diseases chiefly to the population having become acclimatised, and the circumstance that the disease has this year occurred chiefly among new-comers, affords another proof of the malarial origin of the disease. It appears that a fever, called bilious or remittent, having all the characteristics of yellow fever, and now generally believed to have been yellow fever, modified by climate, was prevalent in Great Britain and the Continent of Europe about forty years ago; but since drainage, and the reclamation of swamps, and the construction of proper roads, this disease has entirely disappeared.

No case of infectious disease has to my knowledge occurred in the town or district, but four out of the eight cases of typhoid fever treated in the Hospital came from Hokitika.

I think it probable we will have a visit, if we have not yet been visited (two cases have been reported in New Zealand, but, I think, both doubtful), from that most loathsome and fatal disease—small-pox, now visiting Victoria for the second time. The preventive of this disease is vaccination, but as the protective effects of vaccination die out after a certain time—from five to twelve years, I would advise everyone to be re-vaccinated. If no

effect be produced, the person will know he is protected from small pox; but if the vaccination be successful, he will know he was liable to take the disease, but is now protected against it for at least five years.

J. RUTHERFORD RYLEY, F.R.C.S.E.,
Surgeon Superintendent.
Hospital, 1st May, 1869.

I, the undersigned, JAMES THOMPSON BAIRD, hereby make application to register "The Golden Gate Gold-Mining Company, Registered," under the provisions of "The Mining Companies Limited Liability Act, 1865," and I do solemnly and sincerely declare that the following statement is, to the best of my belief and knowledge, true in every particular, namely:—

1. The name and style of the Company is "THE GOLDEN GATE GOLD-MINING COMPANY, REGISTERED."

2. The place of intended operations is at Donoghue's, in the Totara District, in the County of Westland.

3. The nominal capital of the Company is two thousand pounds, in two hundred shares of ten pounds each.

4. The amount already paid up is six hundred pounds.

5. The name of the Manager is James Thompson Baird.

6. The Office of the Company is on the Company's claim, at Donoghue's aforesaid.

7. The names and several residences of the shareholders, and the number of shares held by each, at this date, are as follows:—

NAME.	RESIDENCE.	NO. OF SHARES.
Geo. Timothy Stephenson	Dunedin	20
William Miller -	Hokitika	20
Alexander Cameron -	Donoghue's	20
James Midgely Higgin -	Hokitika	20
John Craigie -	Ross	20
Margaret Wagner -	Hokitika	20
Charles Louisson -	Hokitika	20
John Jackson -	Hokitika	20
James Thompson Baird -	Donoghue's	20

Dated this twenty-eighth day of April, 1869.

JAMES THOMPSON BAIRD.

Witness to signature—

J. AYLNER,

A Justice of the Peace for the Colony of New Zealand.

[Extracted from the *New Zealand Gazette*, No. 25, of 13th May, 1869.]

NOTICE TO MARINERS, No. 9, of 1869.
NEW ZEALAND—WEST COAST,
MIDDLE ISLAND.
CAUTION.

Geographical Errors in the Charts of the West Coast of the Middle Island of New Zealand.

IT is hereby notified, for the information of Mariners, that G. A. Woods, Esq., Colonial Marine Surveyor, who has recently surveyed a portion of the West Coast of the Middle Island, has detected certain errors in the published charts as under:—

NAME OF PLACE.	POSITION FROM RECENT SURVEY.			AMOUNT OF ERROR IN PUBLISHED CHARTS AND "NEW ZEALAND PILOT."			REMARKS.
	South Latitude.	East Longitude.	East Longitude.	Error in Latitude.	Error in Longitude.	Error in Nautic Miles.	
Hokitika	42° 49' 55"	170° 54'	170° 58' 51"	0° 7' 2"·5	0° 4' 51"	7·8	True position is nearly 8 nautic miles N.E. by N. of the position shown on Chart. True position is nearly 9 nautic miles N.E. (approx.) of the position shown on the Charts and in "New Zealand Pilot." Work not completely reduced: the true position is about six nautic miles N.E. (approx.) of the position shown on the Chart. True position nearly 1½ nautic mile to the N.E. by N. (fully) of the position shown on the Chart.
Abut Head	43° 12' 45"	170° 9'	170° 16' 59"·9	0° 6' 40"	0° 7' 59"·9	8·86	
Okarito	6·0	
Yellow Cliff or Otorokua	43° 26' 10"	169° 50' 40"	169° 49' 46"	0° 1' 20"	0° 0' 54"	1·5	

The recent surveys, so far as yet completed, have only embraced the coast line from Jackson's Head (which is correct on the charts) to Grey River, and the whole of the coast line between these points is more or less out in the public charts. It may consequently be inferred that the coast line north of the Grey is to some extent inaccurate, and mariners are therefore cautioned, and warned to exercise great care in approaching or coasting the land at night.

As an additional incentive to caution, it may be stated that it has several times been reported by officers commanding steamers on the coast, that it is necessary to steer half a point to the westward of the course indicated

by the charts, in shaping a course from Perpendicular Point, in order to clear Cape Foulwind.

The above notice, published at the request of Commodore Rowley Lambert, C.B., Senior Officer on the Australian Station, will affect Sheets 13 and 14 of the New Zealand Charts (Admiralty Nos. 2590 and 2591); also pp. 260, 261, and 289 of the third (1864) edition of "The New Zealand Pilot."

JAMES M. BALFOUR,

Colonial Marine Engineer.

Marine Department,
Wellington, New Zealand,
6th May, 1869.

