THE CAUSE AND PREVENTION OF BERI-BERI

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2. That in cases where beri-beri has appeared, but the direct use of rice cannot be traced, it has been used in a masked form—e.g., as arrowroot or glucose—or the food in use has been exposed to possible contamination by stale rice

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Prevalence in British Malaya.—In the colony of the Straits Settlements and adjacent Native States of the Malay Peninsula, an area about equal to that of England, but with a total population of only a million and a quarter, over 150,000 cases of beri-beri have been treated, and 30,000 have died, during the last two decades, in Government hospitals and infirmaries alone.¹

Rate of Incidence on Chinese.—Among the Chinese immigrants into this region, whom it almost exclusively affects, it may be reckoned that of every 1,000 living, 120 suffer from it in some degree, 80 are severely attacked, and 16 die of it annually.

Assessed at a money value, the losses directly entailed by it upon employers amount to some million of dollars every year, while the charges upon the Government caused by the maintenance of the sick equal a tenth or more of that sum.

The evils of beri-beri include not only the conditions it directly produces. A large number of its victims are permanently disabled; many become vagrants; all afterwards, more liable to disease, help to swell the hospital population.

Not only so, but the condition which produces beri-beri renders those exposed to it more prone to other disorders than the

¹ About one-third of all deaths of Chinese took place in Government hospitals. The total deaths from beri-beri during the period, therefore, would be some 100,000!