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CITY COUNCIL
OF NAIROBI
KENYA

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The Twenty Ninth Annual Report

of

The Medical Officer of Health

1958

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**CITY COUNCIL
OF NAIROBI
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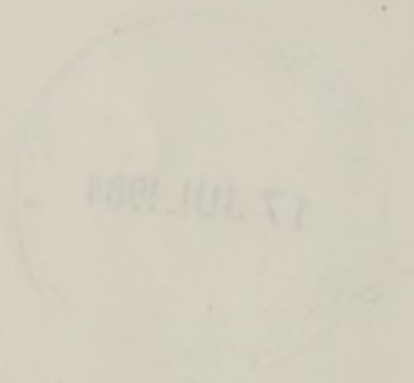
**The Twenty Ninth Annual Report
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KENYA



The Twenty-Ninth Annual Report

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CITY HALL
N A I R O B I
15th July, 1959

The Worshipful the Mayor,
Aldermen and Councillors,
City Council of Nairobi.

Your Worship, Aldermen and Councillors,

I have the honour to present to you my Annual Report on the sanitary circumstances, sanitary administration, vital statistics and the state of the public health of the City of Nairobi for the year 1958, as required by the Municipalities Ordinance, 1948, and the Medical Officers of Health Rules, Section 2 (12d).

A. T. G. THOMAS
M.D., B.S., D.P.H.
Medical Officer of Health.

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PUBLIC HEALTH COMMITTEE

DECEMBER 1958

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Councillor P. K. Jani *Deputy Chairman*
Her Worship the Mayor, Alderman Mrs. M. Needham-Clark.
The Deputy Mayor, Councillor E. S. Wilson, F.R.I.C.S.
Alderman J. S. Karmali.
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The Officer i/c Nairobi Extra Provincial District, Mr. R. A. Wilkinson.

CONTENTS

SECTION	PAGE
1	
Introduction	7
2	
Meteorology	10
3	
Vital Statistics	14
4	
Notifiable Diseases	31
5	
Malaria and Yellow Fever Control	34
6	
Rodent and Vermin Control	40
7	
Sanitary Administration	47
8	
Food Inspection	54
9	
Extracts from the Annual Report of the City Engineer	57
10	
European Child Welfare	62
11	
Day Nurseries	65
12	
Asian Maternity and Child Welfare	67
13	
African Maternity and Child Welfare	77
14	
African Maternity Hospital	89
15	
Venereal Diseases Clinic	93
16	
Inoculation Centre	95
17	
Funerals and Mortuary Service	96
18	
Health Centres	98
19	
Staff Clinic	101
20	
Schedule of Staff	102
21	
Finance	106

INTRODUCTION

As in previous years, progress in the Department was still maintained, although towards the end of the year there were grounds for considerable mis-giving for the future. These arose when the estimates for 1959 were considered, and it was evident that stringent restrictions were to be placed upon the Government's grant for public health purposes.

While, as has been stated, the Department functioned satisfactorily in its various branches, it was quite evident that expansion in its responsibilities continued and pressures were building up in essential services which could not be indefinitely held with reasonable efficiency without an increase of staff.

Taking the picture generally, malaria was held at a low level, the attack rate of 5.54 per 10,000 people being an improvement on the five previous years. It is a long time now since we had a serious outbreak, but it must once again be emphasised that it would be unwise for control measures to be abandoned because there is no radical change in the background since the last epidemic, save the greater size of the city. In any case, far more complaints were received of nuisance from culicines than anophelines, and much inconvenience would be suffered if the former were allowed to go unchecked.

The total cases of poliomyelitis (44) is only a third of last year. It will be very interesting to see what will be the impact of our steady campaign of poliomyelitis inoculations (6,025 were done in 1958). So far, there have only been two cases of suspected "break through", and both these cases, which were not serologically proved, were so mild as to leave considerable doubt as to their genuineness.

It is interesting, too, to note that bacillary dysentery is showing a steady decline, with 205 cases notified as against 562 in 1954. It might reasonably be felt that this was an indication of our nearly completed campaign to bring all restaurants in the city up to a very high grade of cleanliness. Possibly also the high standard of milk production and distribution which now obtains has played a part.

As regards tuberculosis, the number of cases notified was about the average of the previous five years, but this picture will almost certainly alter in the future.

In June, the Chest Clinic was opened and the work of diagnosing and treating tuberculosis started on a big scale. This innovation was the outcome of long negotiation between the City Council, Government, W.H.O. and U.N.I.C.E.F., and marks a very great step forward.

Readers of this report may recall what was written in the Annual Report of this Department for 1947 which stated: "Tuberculosis is a disease which is rapidly assuming a firstclass importance in the city". This theme has continued through the years.

It is most gratifying to know that we are now embarked upon a scheme which should bring this disease under control, to the saving of many lives and much industrial impairment.

The operations of the tuberculosis teams are not confined to the city, the campaign in fact being a national one. This is important, since it would be ineffective otherwise, owing to the constant movement of population in and out of the city. Indeed, we have good reason to be proud of this move, which has been initiated on a scale probably greater than anywhere else in Africa.

Another new feature of our progress was the opening in April of our chain of "Health Centres". These again were the result of long negotiation with Government and were designed in the first instance to cope with the vast volume of African ambulant sick which had for years placed an impossible burden upon the single Government Dispensary.

These units, of which there are four, were specially designed to enable large numbers of sick to be dealt with, with the maximum despatch, and their popularity became manifest almost immediately. One especial aspect was kept in mind, and that was that effort should be made to bring the loss of time to commerce and industry owing to sickness to a minimum, this to be achieved by effective treatment and control.

The name "Health Centres" was consciously substituted for "Dispensary", the idea being that not only would the sick be treated, but the opportunity would be taken to inculcate ideas of prevention and avoidance of sickness into the minds of those attending, and close liaison with the Labour Department is anticipated from the point of view of accident prevention in industry.

Yet another move forward took place during the year when funds were made available and designs prepared for the establishment of a crematorium. Towards the end of the year this project was progressing well, and it seems extremely likely that it will come to maturity in 1959, thus bringing the city yet further into line in its amenities in comparison with others in this continent.

Two other not unimportant achievements gave cause for satisfaction. One was the putting through of the City Council of Nairobi (Food Shops and Stores) By-laws, 1958. This occurred in June and will materially improve our powers for the regulation of food handling, where there is still much room for improvement. Its usefulness, however, will be influenced by the availability to us of adequate staff for enforcement. The other was the completion of the health education film "Planned Parenthood is Happy Parenthood". This is a fifteen minute colour film with English commentary; it is also available with Swahili taped commentary. It is planned that the film shall have a wide circulation not only in the city, but with the consent of Government, in other parts of the Territories.

Virus influenza again made itself felt during the year, and it was pleasing to meet Dr. Payne of the W.H.O. Virus Research Organisation and to discuss the possibility of setting up a research centre in Nairobi for the long overdue investigation into this little known group of diseases.

A new development took place at the Lady Grigg African Maternity Hospital. With the advent of a Specialist Medical Officer as Superintendent in August, new work was started to reduce the death rate of premature babies which this officer regarded as unduly high. Thanks to a great deal of hard work, the death rate fell from an average of 30% to under 10%, and this compares favourably with any other maternity hospital in Africa.

One final point. Death certification is a matter which causes grave concern, and it is felt that control over certification and the subsequent burial of the dead is not adequate.

Examples of inadequate certification which have been received during the past year are:—

“stomach trouble”;

“heart failure”; and

“kidney trouble”.

In all instances these were accepted (but not by this Department) as adequate certification.

The answer to this is for the Medical Officer of Health to become the Registrar of Deaths and for burial permits to be issued only with his authority. Much stricter control may then be possible.

During the coming year, more thought will have to be given to this subject, particularly in view of the possibility of a crematorium being built and cremation for all races becoming available.

Closely associated with this whole subject is the question of inquests. We have, for a long time, felt that this matter needs some attention, in fact a thorough overhaul, both from the point of view of public security and accurate records of causes of death.

At present, cremation amongst certain communities can be carried out on only one death certificate, whereas in England two are essential, and the matter of issue of burial permits by the Police needs reconsideration.

It is once again my pleasant duty to express my warmest appreciation of the co-operation I have received from members of Council, Public Health Committee, the Director of Medical Services and a loyal and efficient staff.

METEOROLOGY

Some Figures of Nairobi Rainfall 1897-1958

Readings taken at M.O.W.

Average yearly rainfall 1897—1900	.. .. .	35.10 inches.
Average yearly rainfall 1901—1925	.. .. .	37.81 inches.
Average yearly rainfall 1926—1950	.. .. .	32.33 inches.
Total rainfall for 1951	..	60.08 inches.
Total rainfall for 1952	..	26.09 inches.
Total rainfall for 1953	..	21.36 inches.
Total rainfall for 1954	..	24.18 inches.
Total rainfall for 1955	..	32.25 inches.
Total rainfall for 1956	..	27.60 inches.
Total rainfall for 1957	..	49.27 inches.
Total rainfall for 1958	..	45.85 inches.

Average Yearly Rainfall 10-year Periods

1901 to 1910	.. .. .	37.16 inches.
1911 to 1920	.. .. .	40.71 inches.
1921 to 1930	.. .. .	34.90 inches.
1931 to 1940	.. .. .	31.98 inches.
1941 to 1950	.. .. .	30.60 inches.
1951 to 1958	.. .. .	36.27 inches.

A NOTE ON THE
CLIMATE OF NAIROBI CITY

The City of Nairobi is about 5,500 feet high, rather more than 300 miles from the coast, and about 100 miles south of the equator. It is flanked by high ground on the north and west, and by extensive plains to the south and east. The modifying effect of the topography on an otherwise tropical climate is considerable.

The climate displays only relatively minor seasonal variations, but Nairobi's position so far inland results in a large diurnal variation, particularly in temperature and humidity, while its height causes it to be some 13°F. cooler than the coast. The result is a climate which does not have the enervating effect generally associated with the tropics.

The hottest months are February and March, and during this period afternoon temperatures rise to 85°F. or more, and very occasionally to nearly 90°F., a figure which has never yet been exceeded. The period June to August is invariably one of comparative low day and night temperatures. The average maximum temperature for June is about 72°F.; night-time temperatures are generally about 54°F., giving a mean range of 18°F. The lowest minimum recorded is 44°F. during an August night in 1933, but temperatures much nearer freezing point have been experienced in neighbouring valley situations from time to time.

Relative humidity has a very marked daily range. In the early morning it frequently reaches saturation and may fall to 10% in the middle of the day on clear sunny days in February or March.

Cloud is least during the period December-March when skies are about half covered in the mornings and less than half covered in the afternoons. From April onwards cloud amount increases until in August at the height of the S.E. monsoons the sky may be quite overcast all morning, the cloud only breaking in the afternoon. As cloud usually decreases after midday, there is about 30% more sunshine in the afternoon than in the morning, and it follows that westerly slopes receive more sunshine than easterly. The following figures for mean hours of sunshine per day illustrate this point very clearly:—

	<i>Hrs.</i>		<i>Hrs.</i>		<i>Hrs.</i>
January	9.8	May	6.2	September	5.7
February	9.8	June	4.7	October	7.4
March	8.5	July	4.0	November	8.4
April	7.2	August	4.1	December	7.1

The significance of these figures is better appreciated when it is remembered that the sun is above the horizon for about twelve hours per day throughout the year.

The figures for average rainfall given in the table on page 13 show a distribution with two peaks, one in March—June (the “long rains”), and the other in October—December (the “short rains”). Late December and mid-March is popularly supposed to be the dry season, but there is an appreciable expectancy of rain in this period, a rather greater expectancy in fact than in the cool, dry but cloudy mid-year period. Rainfall is mainly, although not entirely, in the form of afternoon and evening showers, associated at times with thunderstorms. During the months June to September the S.E. monsoon may bring a dense cap from which light rain sometimes falls for several hours, mainly during the early morning. Very heavy rain of the tropical deluge type occurs infrequently; when it does it is invariably associated with the more violent type of thunderstorm. In 1951, a very wet year, falls of as much as 5" in 3 hours were experienced in the Nairobi area during the “long rains”. This is, however, exceptional, falls exceeding 2" in 24 hours being infrequent.

As is general in East Africa, rainfall means can be very misleading. Since several years of short rainfall may follow one another, means have to be interpreted with some circumspection. Some indication of the range of variation is given by the following extreme falls:—

Highest fall recorded in Nairobi 61.80" in 1930.

Lowest fall recorded in Nairobi 19.13" in 1943.

It is apposite to note at this juncture that the mean annual evaporation from a free water surface in Nairobi is some 36", i.e. a figure comparable with the mean rainfall.

High winds are not common in Nairobi, but during February and March moderately strong east or north-easterly winds prevail, which, combined with very low humidities and high temperatures, makes the few weeks before the rains the most trying of the year.

SOME METEOROLOGICAL DETAILS — NAIROBI AIRPORT 1958
(From the E.A. Meteorological Department)

	1958	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Mean Maximum	79.5	80.6	82.3	80.4	76.6	74.0	70.8	74.8	80.7	81.3	80.3	78.2	
Mean Minimum	57.5	56.6	57.3	57.4	57.5	54.7	53.6	52.2	52.5	54.9	55.5	55.7	
Mean	68.5	68.6	69.8	68.9	67.1	64.4	62.2	63.5	66.6	68.1	67.9	66.9	
RAINFALL (inches)	2.71	10.10	1.91	4.20	7.91	2.61	2.29	0.00	1.06	0.19	1.09	3.41	
DAYS OF RAIN	6	9	7	13	15	9	10	0	1	3	8	14	
AVERAGE RAINFALL OVER 15 YEARS (Eastleigh)	1.70	1.13	3.07	7.15	4.24	1.54	0.56	0.81	1.25	1.98	4.61	2.76	
RELATIVE HUMIDITY % (E.A.S.T.)	78	71	90	90	87	91	91	81	81	81	75	74	90
(1500)	44	42	48	55	62	62	64	53	42	39	47	54	
MEAN ATMOSPHERIC PRESSURE (mbs) (E.A.S.T.)	840.1	840.1	840.7	840.9	842.0	842.8	842.0	842.4	842.0	841.9	841.4	840.9	
(1500)	836.5	836.2	837.3	837.4	939.0	840.0	842.7	839.3	838.3	838.2	837.6	837.6	

VITAL STATISTICS

GENERAL

Area of City	20,480 acres or 32 sq. miles
Population (estimate)	221,700
Population density per acre	10.82

SUMMARY OF VITAL STATISTICS

	Estimated Population	Deaths	Death rate per 1,000	Live births	Birth rate per 1,000	Infant deaths	Infant mortality rate	Live and still births	Maternal deaths	Death rate per 1000 births
Europeans	22,200	111	5.0	536	24.1	17	31.7	543	1	1.844
Asians	84,500	396	4.68	4,034	47.7	157	38.9	4,120	6	1.45
Africans	115,000	963	8.38	3,717	32.3	334	89.8	3,836	5	1.30
TOTALS	221,700	1,470	6.63	8,287	37.3	508	61.3	8,499	12	1.41

Summary of Principal Causes of Death

14

(Figures in brackets = total deaths)

	Europeans (111)	Asians (396)	Africans (963)
Circulatory	32 = 28.8%	Under 1 year 85 = 21.4%	Respiratory 218 = 22.6%
Cancer	24 = 21.6%	Circulatory 64 = 16.16%	Digestive 136 = 14.1%
Under 1 year	14 = 12.6%	Respiratory 54 = 13.64%	Under 1 year 129 = 13.3%
Violence	11 = 9.9%	Digestive 42 = 10.6%	Infections 128 = 13.3%

Table 1

Population Figures 1954 to 1958

(Estimates by East African Statistical Department)

	1954	1955	1956	1957	1958
Europeans	17,500	18,500	20,000	22,200	22,200
Asians	63,000	67,000	70,000	84,500	84,500
Africans	100,000	110,000	120,000	115,000	115,000
	180,500	195,500	210,000	221,700	221,700

Table 2

Births Notified in 1958

								Live Births	Still Births
Europeans	..	..	..	..	..	..	..	536	7
Asians	..	..	..	..	..	..	..	4,034	86
Africans	..	..	..	..	..	..	..	3,717	119
								8,287	212

Table 3

Births Rates for Past Five Years

			1954	1955	1956	1957	1958
Europeans	..	..	20.9	21.4	23	21.76	24.1
Asians	..	..	51.9	50.8	55.4	46.80	47.7
Africans	..	..	16.5	23.6	25.6	28.57	32.3

Table 4

Infant Mortality Rates for Past Five Years

			1954	1955	1956	1957	1958
Europeans	..	..	38	18	19.9	28.57	31.7
Asians	..	..	50	48	46.7	46.02	38.9
Africans	..	..	187	111	130.5	98.29	89.8

15

Table 5

Death Rates over Past Five Years

			1954	1955	1956	1957	1958
Europeans	..	..	6.45	6.0	5.9	5.27	5.0
Asians	..	..	6.61	5.52	5.93	5.67	4.68
Africans	..	..	13.63	11.03	9.3	8.7	8.38
Totals	..	..	10.48	8.63	7.86	7.2	6.63

Table 6

Maternal Deaths and Maternal Mortality Rates 1958

			Live and Still Births	Maternal Deaths	Rate/1,000 Births
Europeans	..	..	543	1	1.84
Asians	..	..	4,120	6	1.45
Africans	..	..	3,836	5	1.30
Totals	..	..	8,499	12	1.41

COMPARATIVE VITAL STATISTICS 1947 - 1958

	Live Resident Births			Infant Mortality Rates			Resident Deaths			Death Rate			Maternal Mortality Rates			
	European	Asian	African	European	Asian	African	European	Asian	African	European	Asian	African	All Races	European	Asian	African
1947	236	1,668	1,346	63.56	98.33	224.37	95	343	906	7.04	9.03	11.76	10.46	—	4.0	2.8
1948	226	2,250	1,554	75	67	187	108	340	807	10.0	8.2	12.2	10.59	3.6	1.3	4.9
1949	326	2,656	1,703	25	57	168	118	332	922	9.8	6.6	13.8	10.7	3.0	—	2.8
1950	286	2,891	1,794	38.5	57.7	169.5	124	360	982	8.6	7.0	14.0	10.7	6.9	1.0	1.0
1951	304	3,117	1,979	52	52	180	148	437	1,350	9.9	8.0	16.8	12.9	—	2.19	3.4
1952	326	3,416	1,711	24	56	299	114	442	1,453	7.3	7.9	15.3	12.0	3.3	2.5	2.2
1953	295	3,278	1,614	20	49	281	111	376	1,760	6.9	6.2	17.6	12.8	—	0.6	4.0
1954	366	3,274	1,650	32.8	50.4	187.8	113	417	1,363	6.4	6.6	13.6	10.5	2.7	2.1	5.0
1955	387	3,462	2,517	18	48	111	111	381	1,214	6.0	5.52	11.0	8.6	2.5	2.3	2.0
1956	452	3,806	2,935	19.9	46.7	130.5	118	415	1,117	5.9	5.93	9.3	7.85	4.4	0.53	2.7
1957	483	3,995	3,286	28.57	46.02	98.29	117	480	1,004	5.27	5.67	8.7	7.2	—	1.23	1.16
1958	536	4,034	3,717	31.7	38.9	89.8	111	396	963	5.0	4.68	8.38	6.63	1.84	1.45	1.3

Summary of the Causes of Deaths.

	Europeans	Asians	Africans	Totals	Percentage of all deaths in 1958.	Percentage of all deaths in 1957	Death Rate 1958.	Death Rate 1957.
1. Infectious and Parasitic Diseases.	—	10	128	138	9.5%	12.18%	0.62	0.87
2. Cancer and other Tumours	24	17	38	79	5.37%	3.31%	0.35	0.23
3. Rheumatism, Diseases of . . Nutrition, etc.	—	14	15	29	1.98%	2.18%	0.13	0.15
4. Diseases of the Blood etc. . .	1	7	27	35	2.38%	2.74%	0.15	0.19
5. Chronic Poisoning and Intoxications.	1	—	5	6	0.4%	0.18%	0.02	0.01
6. Diseases of the Nervous System	8	28	44	80	5.4%	5.93%	0.35	0.42
7. Diseases of the Circulatory System	32	64	28	124	8.4%	7.55%	0.55	0.54
8. Diseases of the Respiratory System	6	54	218	278	19.04%	22.36%	1.25	1.61
9. Diseases of the Digestive System	5	42	136	183	13.1%	10.8%	0.82	0.8
10. Diseases of the Genito-Urinary System (non-venereal)	1	8	22	31	2.1%	2.56%	0.13	0.18
11. Diseases of Pregnancy, Childbirth, etc.	1	6	5	12	0.8%	0.56%	0.05	0.04
12. Diseases of the Skin.	—	1	—	1	0.06%	0.12%	0.004	0.009
13. Diseases of Bones and Joints	—	—	3	3	0.2%	—	0.01	—
14. Congenital Malformations	2	10	17	29	1.9%	1.85%	0.13	0.13
18. Diseases peculiar to the First Year of Life	14	85	129	228	15.5%	15.49%	1.02	1.11
16. Senility, old age	5	10	8	23	1.56%	1.12%	0.1	0.08
18. Death from Violence	11	37	103	151	10.28%	7.56%	0.68	0.54
18. Ill-defined Causes	—	3	37	40	2.8%	3.43%	0.18	0.24
TOTAL OF ALL DEATHS	111	396	963	1470			6.61	7.22

Causes of Infant Deaths.

Summary of the Causes of Death

Under one month

International List No.	Cause	Europeans	Asians	Africans	Total
12.	Tetanus neonatorum	—	—	3	3
83.	Intra cranial hæmorrhage ..	—	—	1	1
83.	Cerebral hæmorrhage	—	—	2	2
86.	Convulsions	—	1	—	1
106.	Tracheo-bronchitis	—	—	2	2
107.	Broncho-pneumonia	—	13	20	33
108.	Bilateral pneumonia	—	—	2	2
109.	Congestion of lung	—	1	—	1
119.	Diarrhoea	—	1	—	1
119.	Gastro-enteritis	1	3	5	9
119.	Jejunitis	—	—	1	1
122.	Paralytic ileus	—	1	—	1
122.	Adhesion of intestine	—	—	1	1
123.	Renal hæmorrhage	—	—	1	1
144.	Toxaemia of pregnancy	—	1	—	1
149.	Caesarian birth	—	1	—	1
149.	Precipitate labour	—	1	—	1
157.	Congenital cystic disease of kidney	—	—	1	1
157.	Hydrocephalus	—	—	3	3
157.	Congenital heart disease	—	1	3	4
157.	Congenital malformation	1	3	1	5
157.	Congenital obstruction	—	1	—	1
157.	Hæmolytic disease of newborn ..	—	—	1	1
157.	Lympho-meningocele	—	—	1	1
157.	Tracheo-oesophageal fistula	—	1	—	1
158.	Malnutrition	—	—	4	4
158.	Marasmus	—	1	—	1
158.	Debility	—	1	—	1
159.	Prematurity	13	57	85	155
160.	Compression of skull	—	—	1	1
160.	Obstructed breech	—	—	1	1
160.	Placenta prævia	—	1	—	1
160.	Cerebral compression	—	1	—	1
160.	Intra-cranial hæmorrhage	—	1	2	3
160.	Birth injury	—	5	13	18
160.	Difficult labour	—	1	3	4
161.	Hæmorrhage from cord	—	—	1	1
161.	Jaundice	—	1	—	1
161.	Atelectasis	—	3	6	9
161.	Hæmorrhagic disease of newborn	—	3	—	3
161.	Traumatic asphyxia	—	—	1	1
161.	Asphyxia	—	7	2	9
161.	Cerebral hæmorrhage of newborn	1	—	—	1
200.	Unknown	—	—	1	1
		16	111	168	295

Causes of Infant Deaths.

From one month to one year

International List No.	Cause	Europeans	Asians	Africans	Total
9.	Pertussis	—	—	5	5
12.	Tetanus	—	1	—	1
14.	Tuberculous meningitis	—	—	1	1
27.	Dysentery	—	—	1	1
28.	Malaria	—	—	5	5
30.	Congenital syphilis	—	—	1	1
33.	Influenzal meningitis	—	—	1	1
35.	Measles	—	—	1	1
73.	Anæmia	—	1	6	7
80.	Encephalitis	—	—	1	1
81.	Meningitis	—	1	1	2
81.	Pneumococcal meningitis	—	—	1	1
86.	Convulsions	—	1	—	1
89.	Otitis media	—	—	1	1
105.	Laryngeal stridor	—	—	1	1
106.	Acute laryngo-tracheitis	—	—	1	1
106.	Tracheo-bronchitis	—	1	—	1
107.	Broncho-pneumonia	—	18	63	81
107.	Secondary pneumonia	—	1	—	1
108.	Bilateral pneumonia	—	—	4	4
111.	Pulmonary œdema	—	—	1	1
119.	Enteritis	—	—	3	3
119.	Diarrhœa	—	8	5	13
119.	Gastro-enteritis	—	8	43	51
122.	Intestinal obstruction	—	—	1	1
122.	Paralytic ileus	—	1	—	1
129.	Peritonitis	—	—	1	1
130.	Uræmia	—	1	—	1
154.	Osteomyelitis	—	—	1	1
157.	Hydrocephalus	—	1	2	3
157.	Hirschsprung's disease	—	—	1	1
157.	Amyotonia congenita	1	—	—	1
158.	General debility	—	1	—	1
158.	Malnutrition	—	—	7	7
158.	Marasmus	—	1	—	1
159.	Prematurity	—	1	2	3
161.	Atelectasis	—	—	1	1
182.	Accidental suffocation	—	—	1	1
182.	Asphyxia (accidental)	—	—	1	1
200.	Shock	—	—	1	1
200.	Unknown	—	—	1	1
		1	46	166	213

Causes of Deaths

(Corrected for Outward Transfer)

International Classification

Group I. Infectious and Parasitic Diseases.

International List No.	Cause	Europeans	Asians	Africans	Total
1.	Typhoid	—	—	4	4
6.	Cerebro-spinal meningitis ..	—	2	3	5
9.	Pertussis	—	—	8	8
10.	Diphtheria	—	1	2	3
12.	Tetanus	—	1	3	4
12.	Tetanus neonatorum	—	—	3	3
13.	Pulmonary tuberculosis	—	2	27	29
13.	Empyema right chest	—	—	1	1
13.	Hæmoptysis	—	—	1	1
14.	Tuberculous meningitis	—	1	6	7
16.	Tuberculous spine	—	—	2	2
22.	Miliary tuberculosis	—	—	5	5
24.	Septicæmia	—	—	2	2
24.	Pyogenic infection	—	—	1	1
27.	Bacillary dysentery	—	—	7	7
27.	Amœbic dysentery	—	—	1	1
27.	Chronic dysentery	—	—	1	1
27.	Shigella	—	—	1	1
27.	Salmonellosis	—	—	1	1
27.	Dysentery	—	—	3	3
28.	Blackwater Fever	—	—	1	1
28.	Cerebral malaria	—	—	4	4
28.	Malaria	—	1	19	20
30.	Congenital syphilis	—	—	1	1
30.	Syphilis	—	—	3	3
30.	Abdominal aneurysm	—	—	1	1
30.	Rupture of aorta	—	—	1	1
30.	Aortic aneurysm	—	—	2	2
33.	Influenzal meningitis	—	—	3	3
35.	Measles	—	—	5	5
36.	Poliomyelitis	—	—	2	2
37.	Virus encephalitis	—	—	1	1
37.	Parkinsonism	—	1	—	1
38.	Yellow atrophy of liver	—	—	1	1
42.	Bilharzia	—	—	1	1
42.	Schistosomiasis	—	—	1	1
44.	Hodgkins disease	—	1	—	1
		—	10	128	138

Group II.

Cancer and other Tumours.

International List No.	Cause	Europeans	Asians	Africans	Total
45.	Sarcoma of jaw	—	—	1	1
45.	Sarcoma of face	—	—	1	1
45.	Carcinoma of tongue	1	—	2	3
46.	Carcinoma of liver	—	1	1	2
46.	Cancer of stomach	2	1	2	5
46.	Carcinoma of colon	1	—	—	1
46.	Carcinoma of pancreas	4	—	3	7
46.	Carcinoma of rectum	1	1	—	2
46.	Cancer of œsophagus	—	—	3	3
46.	Sarcoma of abdomen	1	—	—	1
46.	Primary carcinoma of liver	—	—	2	2
46.	Retro-peritoneal tumour	—	—	1	1
47.	Carcinoma of bronchus	1	1	2	4
47.	Carcinoma of lung	1	3	—	4
48.	Carcinoma of cervix	—	—	2	2
48.	Carcinoma of uterus	—	—	1	1
49.	Carcinoma of ovary	1	1	—	2
50.	Carcinoma of breast	2	3	2	7
52.	Carcinoma of kidney	1	1	2	4
52.	Hypernephroma	—	—	1	1
52.	Carcinoma of bladder	—	1	—	1
53.	Melanotic skin disease	1	—	—	1
54.	Retroperitoneal sarcoma	—	—	2	2
54.	Pontine tumour	—	—	1	1
54.	Fibro sarcoma	—	—	1	1
55.	Lympho sarcoma	—	—	3	3
55.	Carcinomatosis	6	1	1	8
56.	Cerebral tumour	1	1	—	2
56.	Tumour of thyroid	—	1	—	1
56.	Intra-cranial tumour	—	1	—	1
56.	Reticulosis	—	—	2	2
57.	Hepatoma	—	—	1	1
57.	Inoperable tumour	—	—	1	1
		24	17	38	79

Group III.

Rheumatism, Diseases of Nutrition and of the Edocrine Glands and Vitamin Deficiency Diseases, General Diseases.

International List No.	Cause	Europeans	Asians	Africans	Total
58.	Rheumatic fever	—	1	—	1
58.	Rheumatic carditis	—	1	1	2
58.	Rheumatic mitral disease	—	1	1	2
61.	Diabetes mellitus	—	8	4	12
61.	Diabetic coma	—	2	—	2
65.	Addison's disease	—	1	—	1
69.	Kwashiokor	—	—	9	9
		—	14	15	29

Group IV.

Diseases of the Blood and Blood-forming Organs.

International List No.	Cause	Europeans	Asians	Africans	Total
73.	Sickle-cell anæmia	—	—	2	2
73.	Anæmia	—	6	21	27
73.	Aplastic anæmia	1	—	1	2
73.	Cooley's anæmia	—	1	—	1
73.	Chronic anæmia	—	—	1	1
74.	Leukæmia	—	—	2	2
		1	7	27	35

22

Group V.

Chronic Poisoning and Intoxication.

International List No.	Cause	Europeans	Asians	Africans	Total
77.	Alcoholic intoxication	—	—	4	4
78.	Encephalopathy	1	—	—	1
79.	Alcohol	—	—	1	1
		1	—	5	6

Group VI.

Diseases of the Nervous System.

International List No.	Cause	Europeans	Asians	Africans	Total
80.	Encephalitis	—	2	6	8
81.	Meningitis	—	2	14	16
81.	Meningitis (pneumococcal)	—	—	3	3
82.	Transverse myelitis	1	—	—	1
83.	Congestive seizure	1	7	5	13
83.	Paraplegia	—	1	1	2
83.	Subdural hæmorrhage	—	—	1	1
83.	Hemiplegia (right sided)	—	1	—	1
83.	Pontine hæmorrhage	—	—	1	1
83.	Cerebral hæmorrhage	2	2	5	9
83.	Cerebral thrombosis	2	6	—	8
83.	Hemiplegia	1	—	—	1
83.	Cerebral apoplexy	—	1	—	1
83.	Intra-cranial hæmorrhage	—	—	3	3
83.	Arteriosclerosis	1	1	—	2
84.	Melancholia	—	—	1	1
84.	Manic exhaustive psychosis	—	1	—	1
84.	Mental confusion	—	1	—	1
85.	Status epilepticus	—	—	2	2
86.	Convulsions	—	2	—	2
87.	Huntington's chorea	—	1	—	1
89.	Otitis media	—	—	2	2
		8	28	44	80

Group VII.

Diseases of the Circulatory System.

International List No.	Cause	Europeans	Asians	Africans	Total
90.	Pericarditis	1	—	2	3
92.	Aortic incompetence	—	—	4	4
92.	Mitral stenosis	—	—	5	5
93.	Cardio vascular degeneration	—	—	1	1
93.	Myocarditis	2	4	—	6
93.	Ruptured heart	—	—	1	1
93.	Myocardial infarction	1	9	—	10
94.	Coronary arteriosclerosis	1	—	—	1
94.	Coronary thrombosis	16	35	4	55
94.	Coronary atheroma	1	—	—	1
95.	Rheumatic heart	—	3	1	4
95.	Auricular fibrillation	—	1	—	1
96.	Embolic aneurysm	1	—	—	1
97.	Atheroma	—	—	1	1
97.	Arteriosclerosis	5	3	1	9
98.	Gangrene of gout	—	—	1	1
100.	Thrombosis (venous)	—	2	—	2
100.	Rupture of œsophageal varicose veins	—	—	1	1
102.	Hypertension	4	7	3	14
103.	Abdominal hæmorrhage	—	—	1	1
103.	Internal hæmorrhage	—	—	1	1
103.	Rupture of aorta	—	—	1	1
		32	64	28	124

Group VIII.

Diseases of the Respiratory System.

International List No.	Cause	Europeans	Asians	Africans	Total
105.	Laryngeal stridor	—	—	1	1
105.	Acute respiratory obstruction ..	—	1	—	1
106.	Tracheo-bronchitis	—	1	2	3
106.	Bronchiectasis	1	—	—	1
106.	Acute laryngo-tracheitis	—	—	1	1
107.	Secondary pneumonia	—	1	—	1
107.	Broncho-pneumonia	1	35	114	150
108.	Lobar pneumonia	—	9	66	75
108.	Bilateral pneumonia	—	1	14	15
109.	Congestion of lung	—	1	—	1
110.	Pleurisy	—	—	2	2
110.	Chronic empyema	—	—	1	1
111.	Pulmonary embolism	—	2	2	4
111.	Pulmonary œdema	1	—	5	6
111.	Hypostatic pneumonia	—	1	—	1
111.	Acute œdema of lungs	—	—	1	1
112.	Status asthmaticus	—	1	—	1
112.	Bronchial asthma	—	1	1	2
112.	Asthma	1	—	1	2
113.	Emphysema	2	—	—	2
113.	Chronic emphysema	—	—	1	1
114.	Atelectasis	—	—	4	4
114.	Spontaneous pneumothorax	—	—	1	1
114.	Lung abscess	—	—	1	1
		6	54	218	278

Group IX.

Diseases of the Digestive System.

International List No.	Cause	Europeans	Asians	Africans	Total
115.	Suppurative tonsillitis	—	1	—	1
116.	Stricture-œsophagus	—	1	—	1
119.	Enteritis (under 2)	—	—	4	4
119.	Gastro-enteritis (under 2)	1	15	69	85
119.	Diarrhœa (under 2)	—	11	10	21
119.	Jejunitis	—	—	1	1
120.	Ulcerative colitis	—	1	—	1
120.	Gastro-enteritis (over 2).. .. .	—	1	21	22
120.	Enteritis (over 2)	—	—	3	3
122.	Intestinal obstruction	—	—	5	5
122.	Volvulus	1	—	—	1
122.	Paralytic ileus	1	2	1	4
122.	Strangulated hernia	1	1	—	2
122.	Adhesion of intestine	—	—	1	1
122.	Acute intestinal obstruction	—	1	—	1
123.	Renal hæmorrhage	—	—	1	1
124.	Cirrhosis of liver	—	5	6	11
125.	Hepato-renal failure	—	—	1	1
125.	Amœbic abscess of liver	—	—	1	1
125.	Acute necrosis	—	—	1	1
125.	Fatty necrosis of liver	—	—	1	1
125.	Hepatoma	—	—	1	1
125.	Liver abscess	—	—	1	1
127.	Cholecystitis	—	2	—	2
127.	Cholangitis	1	—	—	1
129.	Peritonitis	—	1	8	9
		5	42	136	183

Group X.

Diseases of the Urinary and Genital System (Non Venereal).

International List No.	Cause	Europeans	Asians	Africans	Total
130.	Uræmia	1	3	6	10
130.	Renal disease	—	—	2	2
130.	Sub-acute nephritis	—	—	1	1
131.	Chronic nephritis	—	2	2	4
131.	Renal failure	—	—	1	1
132.	Nephritis	—	1	2	3
133.	Pyo nephrosis	—	—	1	1
133.	Bilateral pyelonephritis	—	—	1	1
133.	Nephrectomy	—	1	—	1
133.	Anuria	—	—	1	1
135.	Cystitis	—	—	1	1
137.	Prostatic Hypertrophy	—	—	2	2
139.	Hysterectomy	—	1	—	1
139.	Ruptured uterus	—	—	1	1
139.	Pelvic peritonitis	—	—	1	1
		1	8	22	31

Group XI.

Diseases of Pregnancy, Child Birth and the Puerperal State.

27

International List No.	Cause	Europeans	Asians	Africans	Total
140.	Septic abortion	—	—	1	1
144.	Toxæmia of pregnancy	—	1	1	2
146.	Post partum hæmorrhage	—	1	—	1
146.	Placenta prævia	1	1	1	3
149.	Cæsarian birth	—	1	—	1
149.	Obstructed labour	—	—	1	1
149.	Prolonged labour	—	—	1	1
149.	Precipitate labour	—	1	—	1
149.	Obstetric shock	—	1	—	1
		1	6	5	12

Group XII.

Diseases of the Skin and Cellular Tissue.

International List No.	Cause	Europeans	Asians	Africans	Total
153.	Erythematosis	—	1	—	1
		—	1	—	1

Group XIII.

Diseases of the Bones and Organs of Movement.

International				Europeans	Asians	Africans	Total
List No.	Cause						
154.	Osteomyelitis	..	..	—	—	2	2
156.	Myopathy..	..	..	—	—	1	1
				—	—	3	3

Group XIV.

Congenital Malformations.

International				Europeans	Asians	Africans	Total
List No.	Cause						
157.	Tracheo-oesophageal fistula	..		—	1	—	1
157.	Congenital heart disease	..		—	2	4	6
157.	Hydrocephalus	..	..	—	1	6	7
157.	Congenital obstruction	..	..	—	1	—	1
157.	Congenital malformation	..		1	4	3	8
157.	Hirschsprung's disease	..	..	—	—	1	1
157.	Fibrocystic disease of pancreas..			—	1	—	1
157.	Amyotonia congenita	..	..	1	—	—	1
157.	Hæmolytic disease of newborn			—	—	1	1
157.	Congenital cystic disease of kidneys	..	..	—	—	1	1
157.	Lympho-meningocele	..	..	—	—	1	1
				2	10	17	29

28

Group XV.

Diseases Peculiar to the First Year of Life.

International				Europeans	Asians	Africans	Total
List No.	Cause						
158.	Malnutrition	..	..	—	—	11	11
158.	Marasmus	..	..	—	2	—	2
158.	Debility general	..	..	—	2	—	2
159.	Prematurity	..	..	13	58	87	158
160.	Obstructed breech	..	..	—	—	1	1
160.	Intracranial hæmorrhage	..		—	1	2	3
160.	Cerebral compression	..	..	—	1	—	1
160.	Difficult labour	..	..	—	1	3	4
160.	Birth injuries	..	..	—	5	13	18
140.	Compression of skull	..	..	—	—	1	1
160.	Placenta prævia	..	..	—	1	—	1
161.	Cerebral hæmorrhage of newborn			1	—	—	1
161.	Hæmorrhagic disease of newborn			—	3	—	3
161.	Jaundice	..	..	—	1	—	1
161.	Asphyxia	..	..	—	7	2	9
161.	Traumatic asphyxia	..	..	—	—	1	1
161.	Hæmorrhage from cord	..		—	—	1	1
161.	Atelectasis	..	..	—	3	7	10
				14	85	129	228

Group XVI.

Senility, Old Age.

International List No.	Cause	Europeans	Asians	Africans	Total
162.	Senility	5	10	8	23
		5	10	8	23

Group XVII.

Deaths from Violence.

International List No.	Cause	Europeans	Asians	Africans	Total
163.	Suicide (poisoning)	1	—	—	1
164.	Suicide (firearms)	2	—	—	2
164.	Suicide (drowning)	1	1	—	2
164.	Suicide (hanging)	—	—	5	5
164.	Suicide (railway)	—	—	1	1
166.	Homicide by firearms	—	—	1	1
167.	Homicide by stab wounds	—	2	3	5
168.	Murder	—	—	2	2
168.	Strangulation	—	—	1	1
168.	Asphyxia	—	—	1	1
169.	Railway accident	—	—	3	3
170.	Traffic accident	3	13	50	66
173.	Air accident	3	—	—	3
176.	Accident by machinery	—	—	1	1
177.	Food poisoning	—	—	1	1
178.	Acute poisoning	—	—	1	1
178.	Carbon monoxide poisoning	—	—	2	2
179.	Acute alcoholic poisoning	—	1	1	2
181.	Burns	—	10	7	17
182.	Asphyxia (inhalation of vomit)	—	—	2	2
182.	Suffocation by soil	—	—	1	1
182.	Accidental suffocation	—	—	2	2
182.	Asphyxia (foreign body in glottis)	—	—	1	1
182.	Asphyxia (accidental)	—	—	2	2
182.	Asphyxia by foreign body	—	1	—	1
183.	Accidental drowning	1	5	3	9
184.	Gunshot wounds (accidental)	—	1	—	1
189.	Starvation	—	—	1	1
193.	Electrocution	—	2	4	6
194.	Bee sting	—	—	2	2
195.	Fractured skull	—	—	2	2
195.	Blow on head	—	—	1	1
195.	Cerebral trauma	—	—	2	2
198.	Judicial hanging	—	1	—	1
		11	37	103	151

Group XVIII.

III defined causes of Death.

International List No.	Cause	Europeans	Asians	Africans	Total
199.	Sudden deaths	—	—	1	1
200.	Natural cause	—	—	1	1
200.	Asphyxia	—	—	3	3
200.	Malnutrition	—	1	16	17
200.	Unknown, ill defined	—	—	9	9
200.	Myocardial failure	—	—	1	1
200.	Respiratory failure	—	—	1	1
200.	Heart failure	—	—	3	3
200.	Shock	—	—	2	2
200.	Oedema	—	1	—	1
200.	Asthenia	—	1	—	1
		—	3	37	40

NOTIFIABLE DISEASES.

Notifiable Diseases, by Races.

Diseases	Europeans	Asians	Africans	Total 1958	Totals for previous yrs.			
					1957	1956	1955	1954
Anthrax	—	—	1	1	6	9	11	6
Beri-beri	—	—	—	—	1	—	—	—
Blackwater Fever	—	—	2	2	—	—	2	2
Cerebro-spinal Fever	—	1	12	13	22	106	153	30
Chickenpox	35	6	7	48	39	164	106	70
Diphtheria	1	2	3	6	5	—	5	5
Dysentery, amoebic	—	—	8	8	18	27	18	31
Dysentery, bacillary	19	9	177	205	342	391	466	562
Encephalitis	—	1	2	3	3	2	4	5
Erysipelas	—	—	—	—	—	—	1	3
Infective hepatitis	12	—	6	18	32	33	21	18
Kala-azar	—	—	—	—	—	—	—	4
Leprosy	—	—	3	3	2	6	2	3
Malta Fever	—	—	2	2	3	5	6	5
Ophthalmia neonatorum	—	—	18	18	30	66	77	55
Para-typhoid	—	—	—	—	—	—	—	—
Poliomyelitis	7	19	18	44	115	7	19	116
Puerperal Fever	—	17	—	17	11	19	4	1
Relapsing Fever	—	—	—	—	—	—	—	1
Salmonellosis	—	—	12	12	8	9	9	31
Scarlet Fever	—	—	—	—	1	11	1	—
Smallpox	—	1	32	33	59	28	—	—
Tick typhus	1	1	—	2	5	15	18	9
Trypanosomiasis	—	—	1	1	—	—	4	1
Tuberculosis	2	25	327	354	344	348	283	303
Typhoid	1	6	63	70	43	149	173	339
	78	88	694	860	1089	1395	1383	1600

INFECTIOUS DISEASES INVESTIGATION

Schools.

In an attempt to prevent outbreaks of intestinal diseases in schools all food handlers in those schools providing meals were persuaded to submit stool specimens for examination. It was the intention that this should be done at the beginning of each school term but in fact the process took half a term to complete. It was later decided that only new personnel would be tested at the beginning of each term. It is not possible to assess the value of this work by results, as outbreaks of Salmonellosis and Dysentery etc. were not common in any case but it was reasoned that the prevention of an outbreak such as was experienced in one school in 1957 justified the effort involved. In the outbreak referred to the causative organism was *Shigella manchester* and over 100 pupils were taken seriously ill within a few days. In this case a food handler was found to be a carrier of the organism and needless to say there had been some considerable laxity in kitchen hygiene. The design of the kitchen in this particular institution is not helpful.

The fact that three carriers of *Shigella flexner* and one of *Sonne* were found in kitchen staff does however prove the value of the experiment.

Investigations

During the course of the above, and investigations of cases generally, 668 stool specimens were sent to the Laboratory for examination with results as follows:—

	Schools	Others
<i>Shigella sonne</i>	2	2
<i>Shigella flexner</i>	7	1
<i>E. Hystolytica</i>	18	3
<i>Schistosoma mansoni</i>	13	3
<i>Ancylostoma</i>	49	19
<i>Taenia</i>	94	20
<i>Ascaris</i>	16	12
<i>Strongyloides</i>	23	—
<i>Giardia</i>	2	—
<i>Trichuris</i>	8	—
Negatives	268	136
Total	500	196

Double infections	21	4
Treble infections	2	—

The cooperation of the Medical Research Laboratory of the Kenya Government Medical Department was much appreciated in these investigations.

Smallpox (*Variola minor* or *Alastrim*)

33 cases of Smallpox of a very mild nature were reported during the year each one of which was of course investigated, resulting in the vaccination by the staff of this section, of 2,823 contacts. This is in addition to persons vaccinated at the Inoculation Centre.

Typhoid

44 cases of Typhoid Fever were investigated and 59 contacts referred to the Inoculation Centre for immunisation. No connection was proved between any of the cases which were widely scattered; and no carriers were discovered during investigation. 26 cases were not investigated as notifications were received three weeks or more after the patient had been admitted to hospital.

Visits

590 home visits were made during investigations in addition to over 100 visits to schools.

Statistics—General

As has been stated in the reports of previous years, the Department is not satisfied that the statistics provided are entirely accurate, and a warning is invariably given that their greatest value is for comparison from year to year.

It is known, for example, that many infectious diseases are not notified to this Department. Many cases which have not been notified are found accidentally in the course of investigation—frequently unconnected with infectious diseases.

It is thought, amongst the Asian community at least, that the desire to hide notifiable diseases is due to their dislike of having to go into hospital. The attitude, however, to infectious diseases nowadays has somewhat altered, and it is rarely necessary for a patient to go to hospital, except in his own interests.

If this fear of hospitalisation, a carry-over from the past attitude towards infectious diseases, is one of the reasons for diseases not being notified, then it is a reason which should no longer exist.

When infectious diseases are notified, visits are paid by members of this Department to the sick person and contacts. It is thought that many people do not appreciate the purpose of these visits, and that amongst the Asian community in particular, there is some misunderstanding. It is desirable to point out that such visits are made purely in the interests of the people concerned and of the community in general, and that there is no intention to interfere in any way with domestic circumstances except in exceptional cases.

If these two fears were allayed, it is felt that more cases might be notified and that our statistics in this direction might show a marked improvement. The Department is anxious to help in every way, and requests the co-operation of all doctors in the city.

MALARIA AND YELLOW FEVER CONTROL

Malaria Control Section

From a purely Malaria aspect this section had few problems during 1958. Rainfall was slightly above average but the pattern of its fall was unusual in that falls were heavy and widely spaced with long periods of dry weather in between and, in fact, from an agricultural point of view the rains failed in the Nairobi area. Of the 7.9 inches which fell in May, five inches deluged Nairobi in a matter of a few hours in one evening. This caused serious damage to almost all anti-malarial drains and severe flooding over wide areas of flat ground.

Later in the year rainfall was very poor and rivers and streams ceased to flow and were stagnating in miles of small pools. This caused heavy Culicine breeding in addition to the usual sources of this menace. No Vector Anopheline larvae were discovered in the City during the year although collections of non-vector anopheline larvæ were brought in fairly regularly from slow moving streams, seepages and swamps.

34

Difficulties were experienced in the selection of adult catching stations, as the old type mud and wattle hut so much favoured as a hiding place and source of food by adult mosquitoes is fast disappearing and the modern type of boys quarters afford little in the way of dark and secure hiding places. In addition, large quantities of insecticides are now used by all and sundry and it is almost impossible to control this type of catching station. In fact the value of adult catching stations under these conditions seems doubtful. The following table gives Malaria cases notified and Vector Anopheline catches during the year.

TABLE

Malaria Cases and Vector Catches by Months

(Residents contracting in Nairobi)

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept	Oct.	Nov.	Dec.	Total
Europeans	—	—	—	—	—	—	—	—	—	—	—	—	—
Asians	1	—	—	—	1	2	—	—	—	—	1	—	5
Africans	5	13	6	3	10	19	29	7	3	12	4	7	118
TOTALS	6	13	6	3	11	21	29	7	3	12	5	7	123
Vector Anopheline Catches	3	2	—	—	—	2	—	—	—	—	—	—	7

Anti-Malarial Drainage

Good progress was made in the clearance of rivers and streams and advantage was taken of favourable conditions to extend operations to the elimination of some trouble spots by the re-building of stream banks, filling etc.

The Nairobi swamp came back into its own after the May deluge when the Nairobi river broke its banks and flooded an area of several acres. This damage was later repaired by this section but will require attention by the City Engineer's Department to make the repair permanent.

During the last few years many sub-divisions were approved without the developer providing stormwater drainage and in many cases the Council had later to construct drains at the rate payer's expense, often with complications because of lack of way-leave etc. This state of affairs has now been rectified and this section is consulted on all new development and sub-divisional schemes.

New Drainage

Several new anti-malarial drains were constructed but the most important development was the reconstruction of part of the main outfall drain which joins the Ngong river and takes most of the surface water from the Nairobi Hill area. This drain apart from being inadequate in size was in a state of collapse and could not have survived much longer. It is hoped to complete the job and extend canalisation of the Ngong river during 1959.

Malaria

Cases notified as being contracted in Nairobi were 123 compared with 142 in 1957 and 171 in 1956. There were no European cases and only 5 Asian, the remainder being African.

The variation in these figures suggests that even these African cases are possibly not primary Nairobi infections and this is strengthened by the absence of Vector Anophelines. There is considerable movement of African women and children between the City and Reserves and it is the custom for mothers to bring a sick child to the father who will then take it to a doctor or a clinic. The breakdown of the African malaria figures is then even more suggestive, as follows:—

Children 92, Women 14, Men 12.

Of the cases notified 104 were Sub tertian and 13 Benign tertian. The remainder were diagnosed on clinical grounds only.

Locality of Cases

African Estates 99, Eastleigh 5, Central 6, Hill area 8, Not stated 5.

Deaths

24 deaths from Malaria were notified but it is not known where the infection was contracted.

Other Cases

Malaria cases notified as having contracted the infection outside Nairobi City numbered 883.

MALARIA

Race	Cases	Attack rate per 10,000	Deaths	Death rate per 10,000
Europeans	—	—	—	—
Asians	5	0.59	1	0.11
Africans	118	10.26	23	2.0
TOTAL	123	5.54	24	1.08

Attack Rate over past Five Years

	1954	1955	1956	1957	1958
Attack rate per 10,000	6.53	6.4	8.14	6.4	5.54

Aedes (Yellow Fever) Domestic Mosquito Control

36

This Section was at last happily settled into satisfactory permanent accommodation in the main building of the City Hall on July first.

Staff.

The following staff changes took place during the year:—

Mr. M. I. Shah, who served with this section for ten years was transferred to the Health Inspectorate on 1st June, 1958.

Mr. Odell joined this section on 2nd September, 1958 and was transferred during October as Senior Municipal Inspector.

Mr. L. H. Clough was transferred from the rodent section on 1st December.

Number of Premises

The number of premises to be inspected increased by over 2,500 during the year, which includes about 1,000 premises (Europeans and Asians) of the Railway Administration brought under the jurisdiction of Aedes (Yellow Fever) Domestic Mosquito Control of the Council.

Inspections

In view of the ever increasing number of premises, and to cope with the increased amount of inspection work with the existing staff, inspections were made on a fortnightly cycle instead of weekly as in the past.



The neglected Septic Tank—cause of much Culicine nuisance



*Typical breeding places for *Aedes Aegypti* seen on a Nairobi roof top*

The total number of house inspections during the year was 484,956 from which 8,796 collections of mosquito larvæ were made. Of these 8,722 Culex Species, 72 Aedes Species and 2 Anopheles were found,

Out of 72 Aedes Species, 51 collections were from temporary foci such as old motor vehicle tyres, old drums and tins and 21 species were collected from permanent foci, mainly rain water tanks.

Comprehensive details of mosquito breeding during the year are in the table "Aedes Permanent and Temporary Breeding Foci and Indices."

Breeding Foci

The following table gives a comparison of larvae collections over the past five years:—

Year	Aedes	Anopheles	Culex	All Species
1954	83	29	6,463	6,575
1955	77	4	7,119	7,200
1956	86	—	6,790	6,876
1957	155	—	10,263	10,418
1958	72	2	8,722	8,796

Establishment Position

The following table gives details of premises to be inspected and the numbers of Inspectorate Staff during the last five years for comparison purposes:—

Year	Premises	Senior Headman	Headman	Searcher
1954	11,173	2	8	26
1955	11,787	2	8	30
1956	12,101	2	8	34
1957	12,529	2	8	34
1958	15,167	2	8	34

T A B L E
Aedes Permanent and Temporary Breeding Foci and Indices.

Permanent Foci.	<i>Larvae species found (times)</i>				<i>Larvae species found (per cent)</i>				
	No. examined	Aedes Aegypti	Anopheles	Culex	All Species	Aedes Aegypti	Anopheles	Culex	All Species
Septic Tanks	132,876	—	—	2,339	2,339	—	—	1.760%	1.760%
Rain Water Tanks	10,853	19	—	72	91	0.175%	—	0.663%	0.838%
Gullies	434,190	1	—	281	282	0.0002%	—	0.064%	0.065%
Earth Drains	126,260	—	—	494	494	—	—	0.004%	0.004%
Concrete Drains	599,847	—	—	306	306	—	—	0.051%	0.051%
Soakage pits	63,327	—	—	1,393	1,393	—	—	2.199%	2.199%
Bath Pits and Sunken Drums	49,190	—	—	1,214	1,214	—	—	2.468%	2.468%
Water Meters	296	1	—	125	126	0.338%	—	42.229%	42.567%
TOTAL Permanent Foci	1,416,839	21	—	6,224	6,245	0.001%	—	0.439%	0.440%
Temporary Foci.									
Tins	101,600	9	—	83	92	0.008%	—	0.082%	0.091%
Drums	131,519	5	—	422	427	0.003%	—	0.321%	0.324%
Motor Tyres	51,264	15	—	1,007	1,022	0.029%	—	1.964%	1.993%
Hollows	1,178	—	—	353	353	—	—	29.966%	29.966%
Other not specified	27,923	21	2	592	615	0.075%	0.007%	2.120%	2.202%
TOTAL Temporary Foci	319,688	51	2	2,498	2,551	0.016%	0.001%	0.781%	0.797%
GRAND TOTAL	1,736,527	72	2	8,722	8,796	0.004%	0.0001%	0.502%	0.506%



Bad Sanitation—the cause of much of the Culicine problem.

Prosecutions

Although it is not a legal obligation, it has been the practice of the Department to serve a courtesy warning notice to anyone found to be allowing mosquitoes to breed on their premises. 3,868 such notices were served during the year on the owners or occupiers of premises where mosquito larvae were found and the majority of the persons concerned took immediate action.

126 prosecutions were instituted under the City By-Laws. Only two cases were acquitted and five cases were withdrawn for various reasons. There was only one case pending at the end of the year.

118 persons were convicted and paid total fines of Shs. 5,255.00

The following table gives the number of warning notices served and prosecutions instituted during the past five years:—

Year	No. of breeding premises	No. of warning Notices served	No. of prosecutions	Total Fines
1954	5,942	5,904	76	Shs 5,065.00
1955	6,579	6,532	45	" 4,363.00
1956	7,594	7,552	24	" 2,199.00
1957	8,246	8,219	72	" 8,766.00
1958	3,979	3,868	126	" 5,255.00

General

The staff have worked satisfactorily and conscientiously throughout the year.

Over 800 mosquito fish were supplied to members of the public to assist them to control mosquito breeding in their different types of ponds.

Mr. Mohamed Yusuf Ahmedi assisted the Social Service League in the Poliomyelitis Inoculation of members of the public at the Inoculation Centre after his duty hours. This service was much appreciated by all concerned.

RODENT AND VERMIN CONTROL**Rodent Control**

No cases of plague occurred in the City but several cases were reported from the native reserve areas some hundred miles away. This naturally caused some concern as there is a great deal of traffic between the reserves and the City. In view of this danger all rodent control staff received preventive inoculation and a strict watch was kept on the situation.

Rats examined in the Laboratory for *P. Pestis* numbered 2803. These were a selection from daily catches or found dead, and all were negative.

The following tables give details of the years rat catching:—

T A B L E**Total Kill**

Rattus rattus	..	..	..	..	4458
Rattus natalensis	..	..	..	..	8764
Arvicanthis abyssinicus	..	..	..	..	4877
Otomys angoniensis	..	..	..	..	1059
Mice (all species)	..	..	..	..	3928
Others	..	..	..	..	508
				TOTAL	23594
				Estimated kill, gas and poison	5000
				TOTAL	28594

Commercial and Industrial Area

Trapping as an aid to accurate assessment of rat infestation showed a welcome decrease in the infestation index in the Central Commercial Area but quite a large increase in the Industrial Area as will be seen by the following tables.

Information from these trapping records is passed on to District Health Inspectors who deal with offenders by rat proofing notices and prosecutions if necessary.

Trapping—Commercial Area

Rooms Trapped	Rooms Infested	Index	Trapping Days	Rattus rattus	Mice	Others	Total
1634	185	11.3	204	315	196	—	511

Trapping—Industrial Area

Godown Trapped	Godown Infested	Index	Trapping Days	Rattus rattus	Mice	Others	Total
396	154	38.8	196	642	143	8	793

During the year 657 rats were caught inside buildings by hand during raids on rat infested premises. This provides valuable factual evidence in cases brought to court and is by far the quickest way of ridding a building of its rats.

African Estates

The following table shows that even in the City's newest African housing estates infestation is quite high, but it will also be noted that this is accounted for mainly by mice. These live in the large amounts of junk which many Africans delight in accumulating in their rooms.

T A B L E
Trapping—African Estates

	Rooms Trapped	Houses Trapped	Rooms and Houses infested	Index	Trapping Days	Rattus rattus	Mice	Others	Totals
Kariokor and Ziwani	1,063	—	131	12.1%	76	44	125	—	169
Pumwani and Goro-fani	—	322	130	40.3%	118	69	185	7	261
Starehe	388	—	22	5.6%	36	1	24	—	25
Shauri Moyo ..	—	824	266	32.25%	144	107	333	—	440
Kaloleni	1,165	—	76	6.5%	64	4	89	—	93
Bahati	1,402	—	24	1.7%	128	15	22	—	37
Mobotela	1,437	—	164	11.4%	88	4	309	—	313
Ofafa	1,830	—	184	10.05%	126	36	270	—	306
42 Makadara	839	—	111	13.2%	84	3	222	—	225
TOTALS	8,124	1,146	1,108	—	864	283	1,579	7	1,869

Rat Catching on repayment

There were 102 requests for our services in catching rats in private dwellings and many more worried numbers of the public were given advice which enabled them to deal with the problem. In this respect Warfarin mixed ready for use was offered for sale to the public in 11b packs and proved very popular.

Fees for this work totalled Shs 2,430.00

Hand Catching

The following table speaks for itself as to the value of this work.

TABLE

Handcatching in Open Areas and Premises

	Kariokor and Ziwani	Pumwani and Gorofani	Shauri Moyo	Kaloleni	Bahati	Ofafa	Mbotela	Makadara	Swamp	Ngara and Pangani	Old Abattoir	Other Areas	Totals
Rattus rattus	381	360	204	32	24	221	15	26	724	211	85	92	2375
Rattus Natalensis	616	565	969	1300	654	1552	368	273	613	188	286	1269	8653
Otomys angoniensis	56	227	85	72	52	109	15	4	77	33	24	286	1040
Arvicanthis abyssinicus	477	439	1002	358	315	701	160	204	116	141	240	719	4872
Mice	196	65	76	11	33	163	46	20	664	223	8	286	1791
Others	63	71	34	17	21	24	8	5	14	28	4	67	356
TOTALS	1789	1727	2370	1790	1099	2770	612	532	2208	824	647	2719	19087

TABLE

Handcatching in Premises

	Commercial Area	Industrial Area	Shauri Moyo	Total
Rattus rattus	71	259	—	330
Mice	98	87	5	190
Others	30	107	—	137
TOTALS	199	453	5	657

43

TABLE

Private and Special Trapping and Handcatching

Rattus rattus	517
Rattus natalensis	107
Arvicanthis abyssinicus	5
Otomys	19
Mice	29
Others	—
Totals	677

Vermin Control

Disinfestation work on repayment is shown in the following table, the fees collected amounting to Shs. 27,812.00. Sales of insecticides prepared by the Department and sold to the public in small quantities at a reasonable price realised Shs. 23,621 25 and sales in larger quantities to Government Departments etc. realised Shs. 5,088 00

TABLE

Disinfestations

	Bed Bugs (Cimex Species)	Cockroaches	Fleas	Flies	Safari Ants (Monomorium Pharaonis)	(Sugar Ants Lasius niger)	Termites	Nairobi Fly (Paederus crebrepunctatus)	Woodworms (Lyctus brunneus)	Borer Beetle	Mites-various	Lice (Pediculus humanus)	Ticks	Snakes	Bats	Adult Mosquitoes	General	TOTAL
Rooms-Private Residences ..	2121	67	365	2	—	1	20	9	10	1	9	16	17	—	—	50	5	2693
Rooms-Council African Estates ..	7581	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7581
Shops & Godowns	—	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12
Bedding and Clothing ..	20	—	—	—	—	—	—	—	—	—	—	160	—	—	—	—	1770	1950
Roof Spaces ..	—	—	—	—	—	1	3	—	1	5	3	—	—	—	1	—	—	14
44 Gardens ..	—	—	—	—	11	6	19	4	—	—	—	—	—	3	—	—	—	43
Open places and drains ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2
Lavatories and Pit- latrines ..	—	—	—	10	—	—	—	—	—	—	—	—	—	—	—	—	—	10
Refuse Tips ..	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Markets ..	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	1	4
Total ..	9722	79	365	16	11	8	42	13	11	6	12	176	17	3	1	50	1778	12310

LABORATORY

The following are details of work carried out in 1958.

Malaria Slides

	St. Rings	St. Crescent	B.T.	Q.T.	Filaria	Negative	Total
January ..	29	14	7	—	—	1040	1090
February ..	57	9	5	—	—	1131	1202
March ..	42	14	4	—	—	1016	1076
April ..	53	18	9	—	—	903	983
May ..	74	37	31	—	—	766	908
June ..	120	36	29	—	—	1346	1531
July	112	26	31	—	—	1010	1179
August ..	61	26	14	—	—	1021	1122
September ..	128	20	24	—	1	1025	1198
October ..	70	30	20	—	—	654	774
November ..	34	10	13	—	—	395	452
December ..	30	—	3	—	—	351	384
TOTAL ..	810	240	190	—	1	10658	11899

45

STOOLS

Ascaris	1,742
Ancylostoma	422
Taenia	422
Trichuris	142
Sch. Mansoni	87
Oxyuris	10
Strongyloides	39
E. Coli Cysts	485
Flagellates	8
Negatives	5,344
TOTAL	8,699

SPUTUMS

Positive T.B.	48
Negatives	346
TOTAL	394

SMEARS

Positive G.C.	118
Negatives	5143
TOTAL	5261

URINES

Positive Sch. Haemt.	81
Negatives	829
TOTAL	910

Blood Counts.

LABORATORY

Total Blood Counts ..	..	370
Differential Counts ..	..	342
TOTAL		712

TOTAL.

Malaria Slides .. ..	.. ..	11,899
Stools .. ..	.. ..	8,699
Sputums .. ..	.. ..	394
Smears .. ..	.. ..	5,261
Urines .. ..	.. ..	910
Blood Counts .. ..	.. ..	712
Rats for Plague, etc. ..	..	2,803
TOTAL		30,678

SANITARY ADMINISTRATION

General. Reference was made in last year's report to the urgent necessity of increasing the establishment of health inspectors, and it was hoped that in 1958 some improvement in this direction could be expected. Unfortunately, after the Council had agreed to the appointment of two additional health inspectors, these posts were later deleted owing to financial considerations.

For years this section has been understaffed, and although internal re-organisation has increased output, it is felt that the limit of improvement in this direction has now been reached. Comparison of the number of inspections shown in the subsequent tables with those of 1957 shows an increase of some 43%, while the 1957 figure itself was a 70% increase over 1956. This has been achieved partly by deferring leave, but this cannot continue indefinitely, nor indeed would it be wise to encourage it.

I feel it is my duty to point out that unless the inspectorate staff is increased, members of the public will be in danger of being deprived of the measure of protection to which they have been accustomed and which is normally expected in a community boasting city status. When it is remembered that in 1931, with a population of 47,000, four European health inspectors were employed, great credit is due to the twelve members of the staff who, responsible for a population of some 222,000, are doing so much to raise the general standard of hygiene and maintain it at a level comparable with that found in cities with much longer histories of public health administration and much larger staffs.

A number of factors will make the shortage of staff felt even more acutely in the immediate future. Firstly, several inspectors will be proceeding overseas on accumulated leave. Secondly, recently introduced legislation will add to the inspectors' duties. Thirdly, the accelerated programme of sewer construction places a further burden on the staff which is responsible for securing the conversion of bucket latrines, septic tank and conservancy systems to systems connected to new sewers.

During 1958 three major sewerage schemes were installed—one in the Parklands/Westlands area, one in the Hill district and the other in the Bahati African Location, involving some 500 properties, of which 50 had been connected to the sewer at the end of the year.

The task of securing the demolition of unsatisfactory houses, particularly in the Eastleigh area, was continued during the year, but with only limited success. The presence of houses which are dilapidated, insanitary, overcrowded and verminous is obvious to anyone who visits the Eastleigh area, and it must be a source of wonder to the unenlightened that such premises are allowed to remain.

Unfortunately, from the public health standpoint, the processes of the law sometimes hamper efforts made to protect the health and wellbeing of the persons existing in these unsavoury conditions, while the absence of owners,

the lack of alternative accommodation at a reasonable rent and the habits of the occupiers combine to make the demolition of occupied dwellings increasingly difficult.

Quite apart from dilapidated buildings, Eastleigh has for years presented other serious problems, mostly connected with the difficulty of disposing of waste. Built almost entirely on black cotton soil, disposal by soakage has been impossible, while the unmade condition of many of the roads and lanes has isolated many plots during the rainy season, making the emptying of conservancy tanks virtually impossible. The consequent overflowing of these tanks adds to the waterlogged state of the access roads which remain impassable for a considerable time after the cessation of the rains, and the offensive nature of the surrounding areas gives rise to serious nuisances which are extremely difficult to abate.

With these problems in mind, it is a source of much satisfaction to see the progress which has been made in the installation of sewers in this area, which will lead to the elimination of bucket latrines and conservancy tanks. Although the work involved in requiring owners of the 600 properties concerned to make the necessary changes will be formidable, it is a task which this Department will undertake with enthusiasm in view of the long term advantages.

It is pleasing to be able to report an increasing liaison between this Department and the Building Surveyors' Section. Joint representations during the year led to the introduction of a new standardised code of practice for the installation of drainage systems in black cotton soil. Past experience has shown that the methods being used by plumbers and drainlayers were quite inadequate, and an entirely new technique was required. The agreed methods inevitably involved increased initial costs in construction, and to offset this to some extent a concession was made to the effect that where a conservancy tank was found to be necessary and the whole installation was to the new specification, the septic tank could be omitted. Such installations demand a high standard of workmanship and close supervision, but although it is rather early to make an accurate assessment of the result, first indications are very encouraging.

There is also close co-operation between the two Departments concerning unauthorised structures and unauthorised use. No less than 210 such reports were forwarded, and the Building Surveyor has in every case taken such action as has been open to him.

The normal routine work of inspections has continued throughout the year, and it will be noted that there has been a considerable increase in the number of prosecutions initiated. Some concern may be felt at the large number of accused discharged and cases withdrawn. This is due largely to the policy of withdrawing cases where the necessary work has been done before the return of the summons, and also to the inability of the court to continue proceedings in cases where the owner has become bankrupt. The total amount of fines has decreased, as it has been a common practice of the court to make an order to comply with the requirements of a notice and not impose a penalty.

Restaurants, Tea Rooms and Eating Houses. Rigorous and persistent control has been maintained on all public catering establishments in the city, with special attention again being given to Asian and African eating houses. The improvement in general standards which began last year has continued in 1958, and it is pleasing to report that the advice and instruction that has been given to all proprietors throughout the year is showing results.

Some pride in premises is following in the wake of the extensive improvements insisted upon in 1957, and interest in food hygiene and general cleanliness both of persons and premises is now evident.

All new eating houses, 13 of which were opened during the year, are made to comply with the highest standards of construction and equipment, and several of them are now a credit to the city. The campaign against substandard premises was continued effectively, and 16 such premises were closed.

No success has yet been achieved in our attempts to close down or improve the disgraceful and dangerous eating houses which still operate in Pumwani and Shauri Moyo, despite recommendation that no further licences be issued in respect of them. Those in Pumwani remain because the new planning scheme for the estate is still awaited and those in Shauri Moyo because they are owned by the City Council. It is particularly unfortunate that the responsibility for the continuance of these unsatisfactory businesses lies with the City Council, while private African eating houses in other Estates have been brought up to a high standard at considerable expense to their African owners. At the time of writing, however, there appears to be a possibility of some improvement being made to the Shauri Moyo premises.

49

The problem of the Indian sweetmeat manufacturer who operates under the licence of an eating house has not been solved, and kitchens, stores and preparation rooms which were designed for moderate sized eating houses are used for manufacturing large quantities of sweetmeats with most unsatisfactory consequences. Storerooms are overstocked, rooms are filled with huge 'karais' and charcoal braziers, while sweetmeats are found cooling in the open yards and any odd corner available.

The only remedy seems to be to classify such premises as confectionery factories as is done in the case of factories manufacturing other types of sweets.

The programme of bringing all restaurants gradually up to Grade "A" standard was continued. Some have ceased operating as restaurants and become clubs, private hotels or eating houses to avoid the full impact of the Grade "A" requirements. The majority, however, have either reached the goal or will do so before next year when it is hoped that new By-laws will make the standard compulsory.

All European tea rooms were well conducted and fully meet the needs of the city for this type of service.

14 European tea rooms, 26 restaurants and 122 eating houses were licensed in the city at the end of the year, and there are as yet no signs that the continual increase in this type of premises is abating.

Premises Licensed for the Sale of Intoxicating Liquor.

Increased control of all premises licensed to sell liquor both on and off the premises has been obtained through the Liquor Licensing Court. Full reports are submitted to the Court on all new applications for liquor licences, and no licences are granted or renewed until all our requirements regarding premises, equipment and storage are met. In this way, all new bars, clubs, restaurants and shops requiring liquor licences commence business in premises which meet with our approval, and existing substandard premises are brought up to standard or risk the loss of their licences.

There is, however, much abuse of liquor licences throughout the city by holders of *off* licences who sell liquor cheaply by the bottle for consumption in their shops to the detriment of fully licensed bars which pay high licence fees and have spent large sums of money bringing their premises up to the standard required. Such offences are brought to the notice of the police and in some cases joint applications to the Court by the police and health departments has led to the cancellation of the licence.

There are now 441 premises licensed to sell liquor and all are visited regularly. These licences consist of the following:—

Non-spiritous OFF	83
Wine Merchants and Grocers	150
General Retail (Bar)	68
Bottlers	5
Wholesalers	25
Hotels	22
Restaurants	36
Clubs	40
Theatres	8
Non-spiritous ON	2
Canteens	2

50

Mineral Water Factories. The number of mineral water factories in Nairobi has been further reduced by the closure during the year of one small factory. The remaining five have maintained a reasonable hygienic standard.

Bakeries. Five small bakeries closed during 1958, one voluntarily, the other four as a result of action by this Department. There are now eleven bakeries in the city ranging from the small bakers and confectioners to the large new bakery in the Industrial Area.

Improvements in hygienic standards continue and have been assisted by the installation of more modern equipment. The outdated '*kuni*' and handstoked ovens have now disappeared. It is anticipated that new Bakery By-laws will be in force shortly, which should enable the Department to secure the necessary improvements to the few remaining less satisfactory bakeries.

Summary of Health Inspectors' Work

Inspections:—

(a) General.

Dwelling houses	16,349
Public buildings	226
Offices and similar premises	1,815
Other buildings	599
Open spaces, lanes etc.	6,835
Camps	94
Miscellaneous	2,884

(b) Licensed premises.

Grocers and Provisions	10,608
Greengrocers	1,895
Butchers	2,258
Fishmongers	103
Bakeries	210
Eating houses, tea rooms and restaurants	2,812
Dairies and milkshops	495
Hotels	333
Markets	560
Aerated water factories	121
Food factories	814
Laundries	177
Offensive trades	57
Second-hand clothing dealers	8
Barbers and hairdressers	425
Swimming pools	78
Food carts and vans	194
Intoxicating liquor licences	996

Miscellaneous Information

Complaints investigated	565
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Notices served—

(a) Informal	3,556
(b) Statutory	1,688
Defects remedied	2,495
Accumulations of junk removed	174
Premises connected to sewers	50
Unauthorised structures reported to City Engineer	210

Unsound Food Condemned:

	Lb.
Cake (imported)	972
Cheese	654
Fish (wet)	170
Fish (tinned)	1,931
Fruit (fresh)	19,287
Fruit (tinned)	2,358
Meat (fresh)	442
Meat (tinned)	521
Medicine (proprietary)	1,433
Milk (tinned)	6
Pies (imported)	166
Provisions (miscellaneous)	3,986
Sausages	210
Sweets and chocolates	195
Vegetables (fresh)	200
Vegetables (tinned)	710
	33,241 lb.

TOTAL FOOD CONDEMNED 14 tons, 16 cwts, 3 qrs, 5 lb

Poultry:

Inspected	188,342
Condemned	110

LEGAL PROCEEDINGS

	Prosecutions	Acquitted	Discharged	Withdrawn	Convicted	Fines Shs.	Costs Shs.
Public Health Ordinance.							
Failing to comply with nuisance notice (Sec. 120)	111	2	27	44	38	3,185/-	164/-
Selling or depositing unsound food (Sec. 131a)	3				3	160/-	
Failing to protect foodstuffs (Sec. 131b)	5			1	4	350/-	
Failing to cover water tank (Sec.139)	1			1			
Public Health (Food) Rules.							
Using unlicensed premises (Rule 4)	3				3	800/-	
Nairobi Municipality (Building) By-laws.							
Failing to connect latrine to septic tank (By-law 240 A)	1			1			
Failing to connect to sewer (By-law 241/2)	14		2	1	11	1,120/-	
Failing to maintain drains in order (By-law 243)	5	1		1	3	310/-	10/-
Nairobi Municipality (General) By-laws.							
Using unlicensed Asiatic Eating House (By-law 45)	3				3	1,550/-	
Using unlicensed Native Eating House (By-law 78)	1			1			
Failing to maintain cleanliness in Eating House (By-law 109)	21		1	3	17	1,950/-	
Selling uninspected meat (By-law 151)	3	1			2	300/-	
Failing to maintain cleanliness in butchery (By-law 155)	2			1	1	150/-	
Failing to maintain cleanliness in common passage (By-law 261)	2	1	1				
Permitting overcrowding (By-law 263)	1		1				
Failing to reconstruct latrine (By-law 269)	1				1	50/-	
Failing to cleanse latrine (By-law 273)	2				2	600/-	
Failing to provide temporary latrines (By-law 274)	2				2	200/-	
Overgrown plots (By-law 328)	14		1	4	9	495/-	
Accumulations of junk (By-law 616)	10	2		3	5	575/-	10/-
	205	7	33	61	104	11,795/-	184/-

NOTE. Prosecutions taken by Licensing Officer for trading in foodstuffs without a licence are not included in the above.

FOOD INSPECTION

MILK

54

The popularity of pasteurised milk in Tetrapak containers continues to increase, in spite of occasional complaints regarding taste and quality. Although these are usually unjustified, it must of course be recognised that a bulked supply of milk tends to be lower in fat content than milk from a specialised herd. Nevertheless, it is invariably well above the legal minimum and the keeping quality is excellent.

An attempt is now being made to popularise the sale of pasteurised milk in polythene containers, which can have a very attractive appearance. They have the advantage of being stronger, although transparent, but the milk cannot be retained in the container after opening. This is another welcome step towards the ultimate aim of supplying all milk in hermetically sealed containers which cannot be tampered with after leaving the dairy. In actual fact, instances of watered milk being sold to the public have now practically ceased, but the possibility still remains.

During the year the standard of dairies continued generally satisfactory and one new dairy built to modern standards in 1957 was fitted out with modern equipment.

In the African Locations, Council-owned properties operating as dairies have failed to progress in keeping with modern standards and compare very unfavourably with the majority of privately owned dairies. The inadequacy of the premises coupled with the reluctance of the occupiers to install modern equipment have necessitated the decision to issue no further dairy licences, and in future these premises will be allowed to sell milk only in sealed containers as received from registered dairy premises.

TABLE

1. Resazurin Tests:

Month	Category			Total
	A 4—6	B 1—3½	C 0—½	
January	436	46	89	571
February	284	12	5	301
March	244	24	8	276
April	295	30	14	339
May	299	22	36	357
June	674	36	29	739
July	621	14	—	635
August	336	—	—	336
September	472	2	3	477
October	386	10	2	398
November	395	15	—	410
December	308	3	4	315
TOTAL	4,750	214	190	5,154

2. Phosphatase Tests:

Efficiently Pasteurised	Inefficiently Pasteurised	Not Pasteurised	Total
22	3	—	25

3. Estimation of Fat and Non-Fatty Solids:

	Satisfactory	Unsatisfactory	Total
Milk	1,609	121	1,730
Cream	3	1	4
TOTAL	1,612	122	1,734

Vinegar. During the year, the standard of locally produced vinegar received some attention. It was found that a solution of diluted acetic acid with added caramel was being labelled and sold to the public as "Pure Vinegar". All manufacturers in and around Nairobi have been warned that legal action will be taken unless this serious misrepresentation ceases. As a result of our action, the Government Medical Department circularised all local authorities and Health Inspectors in Kenya, drawing their attention to this matter.

Food Standards. The work of the Government Food Standards Committee on which this Department is represented has at last borne fruit by finalising the Labelling and Advertisement of Food Rules which come into force on the 1st April, 1959. While these regulations are a welcome and long overdue addition to Kenya legislation, the work and time that will be involved in their implementation will impose a burden on the staff which it is unlikely to be able to carry without an increase in the establishment. Much work remains for this Committee, and preparations are being made for the introduction of regulations to control the quality of a wide variety of foodstuffs.

Samples Submitted by Food Inspector to Government Bacteriologist

Article	Satisfactory	Unsatisfactory	Total
Aerated waters	102	2	104
Cheese	—	1	1
Condensed milk	—	1	1
Ice Cream	1	—	1
Mains water	68	5	73
Ringer's Rinses	2	4	6
Swimming Bath water	23	2	25
Tinned fish	1	—	1
	197	15	212

Samples Submitted by Food Inspector to Government Chemist

Article	Satisfactory	Unsatisfactory	Total
Aerated waters	6	—	6
Baking powder	1	—	1
Bread	1	—	1
Condensed milk	2	—	2
Dried milk	1	—	1
Flavoured straws	2	—	2
Ghee	—	1	1
Gin	1	—	1
Medicine (prescriptions)	3	4	7
Squashes	1	—	1
Sugar	3	—	3
Tinned fish	1	—	1
Tinned meat	1	1	2
Vinegar	—	3	3
Water	1	2	3
Whiskey	1	—	1
	25	11	36

EXTRACT FROM THE ANNUAL REPORT OF THE CITY ENGINEER

Sewerage and Sewage Disposal. The annual rate of construction of sewers increased considerably during 1958. 66,931 feet of foul sewers of various sizes were constructed by Council during the year compared with 15,664 feet during 1957 and 4,028 feet in 1956.

The following are details of the various schemes carried out:—

Parklands/Westlands Sewerage Scheme	37,626 lin. ft.
Parklands Foul Sewerage, Phase I	6,529 „ „
Hill Area Relief Sewerage Scheme	15,731 „ „
Pratap Road—Sclaters Road Sewerage	2,538 „ „
Mbuyu Lane Sewer	750 „ „
Joint Govt./City Council African Housing Scheme, Ofafa	3,112 „ „
Bahati Sewerage Scheme	645 „ „

A total of 14,641 feet of surface water sewers of various sizes have been constructed during the year.

Sewage Disposal Works. The Eastleigh Sewage Disposal Works is now 30% overloaded and the position will become progressively worse until the completion of the first stage of the Boundary Works which, it is estimated, will be working to capacity immediately upon completion.

The first stage of the Boundary Works is now under construction and is scheduled to be completed by August, 1961. It is expected that construction will be sufficiently advanced to receive sewage by October, 1960.

Maintenance. Preventive maintenance was carried out on all sewers in the City. 11 manhole covers have been stolen during the year and it is expected that such thefts may increase. All future schemes are being provided with locking type manhole covers.

WATER SUPPLY.

Sources of Supply:

- (a) Sasumua Reservoir commenced the year with about 1,653 million gallons storage. The water level has fluctuated a few feet below the spillway throughout the year. During the heavy rains large quantities of water discharged over the spillway into the Sasumua River, and the access road bridge into the forest had to be reconstructed after being washed away. 1,450,776,000 gallons have been supplied to the City at an average daily rate of 3,974,728 gallons.

Construction work on the outstanding works programme continued, the majority being completed during the year, and the few remaining items will be completed early in the new year.

Council's Consulting Engineers, Messrs. Howard Humphreys and Sons, continued design work in connection with the extension of the purification works. Trial boring and experimental piling was carried out on the site of the new treatment plant. Candy Filter Co. Ltd. successfully tendered for the supply of the necessary equipment to be erected in the new works. Messrs. W. and C. French Ltd. were the successful tenderers for the construction of the new pipeline and they commenced operations in December.

Routine samples of raw water were taken for chemical analysis.

- (b) Ruiru Reservoir continued to overflow during the year with a maximum storage of 656,000,000 gallons. 1,136,929,000 gallons have been supplied to the City at an average daily rate of 3,114,873 gallons.

Maintenance work on all pipework and chemical dosing equipment has been carried out during the year to minimise corrosion. Routine thinning out and replanting of trees and the procuring of wattle bark and charcoal has continued.

Samples of raw water were taken for chemical analysis.

- (c) The Kikuyu Reservoir has been maintained at a constant level throughout the year and has not been allowed to overflow. 376,220,000 gallons have been supplied to the City at an average daily rate of 1,033,479 gallons.

It was necessary to draw down the reservoir for a short period, without interrupting the supply to the City, for removing vegetable growth which had accumulated, and at the same time the outlet screens were renewed.

Two metered connections have been installed on the 9 inch diameter Kikuyu pipeline to afford supplies to the Kiambu African District Council for their new villages. Preliminary work commenced in connection with the proposal to install micro-straining equipment on the Kikuyu supply.

Routine samples of raw water were taken for chemical analysis.

- (d) The Nairobi Reservoir and treatment plant has remained closed down except for routine inspection and maintenance work. Trial running of this plant has been carried out to ensure that it is in operational order. All rainfall records are being kept by the Ministry of Works.

Quality of Water. The quality of the water delivered to the City has been maintained to a high standard and the colour is consistently below 5 Hazen units. 84 routine and well distributed samples were taken for bacteriological tests and only one failed to reach the classification of 'highly satisfactory'.

This sample was immediately re-taken and was found also to fall within this category, indicating that it was not the water but the sampling which was at fault.

Delivery and Consumption. The total quantity of water treated and delivered into Council's mains during 1958 was 2,910,359,000 gallons on an overall average of 7,973,586 gallons per day. The City's total population is estimated at 230,000 and on this basis the average consumption per head of population had risen to 35.8 gallons/day by the end of the year. The average for 1958 was 34.7 gallons/day per head.

Supply and Demand. Throughout the year the headworks have been able to cope with the ever increasing demand within the City, but it should be borne in mind that the margin between supply and demand is decreasing rapidly. The maximum daily quantity supplied has approached the 9,000,000 gallon mark, which gives a clear indication of the expansion within the City. Storage within the City is now limited to one day's supply; this will be improved when the new storage reservoir at Nairobi Hill has been constructed, but additional storage at Kabete should be commenced as soon as funds are available.

In order to reduce excessive pressures within the City, pressure reducing valves have been ordered and it is hoped their installation will be carried out early in the new year. A portable pitometer has been purchased in order to carry out flow tests on all incoming and outgoing mains from Kabete. The mains detector and leak locator obtained during the year have resulted in the location of numerous underground leaks and the tracing of mains.

Building Activity. Building plans dealt with numbered 214 more than the preceding year, though in value were less by £1,219,701/17/-.

Plans approved show that residential development accounts for approximately 47% of the total cost, commercial development 30% industrial development 11% and miscellaneous 12%.

Excluding Municipal, Government and High Commission building plans, 1,818 plans at a total value of £7,337,314 were approved during the year.

Ambulance Service. The total number of calls received for the services of the ambulance based at Fire Station Headquarters was 323, an increase of 24 calls as compared with 1957, and an increase of 71 calls as compared with 1956.

Classification of Calls.

Patients	1958	1957	1956
Europeans	173	195	179
Asians	102	94	73
Africans	48	10	—
	<hr/>	<hr/>	<hr/>
	323	299	252

Mileage

Europeans	..	..	..	..	1,485	1,694	1,510
Asians	..	..	..	..	680	627	519
Africans	..	..	..	..	430	80	—
Police request	153	92	—
					2,748	2,493	2,029

Revenue from Ambulance

hire charges	£519	£480 4 0	£405 16 0
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Public Cleansing. Reorganisation of the Cleansing Section, commenced in September, 1957, has continued to progress satisfactorily. Conversion from articulated to rigid vehicles is now well under way and is showing its worth already in providing a more efficient service, and, economically, by providing substantial savings on running and maintenance costs. A considerable amount of new development in all areas, both industrial and residential, has been absorbed in the conversion scheme and yet the estimate for 1959 for refuse vehicles shows a saving on actual expenditure in 1957 of £8,000. This figure should reach £10,000 when the whole of the refuse collection fleet is converted.

In conjunction with main sewerage schemes which are being constructed at the present time, and consequent conversion to waterborne sanitation, the exhaustor service and night soil collection service is being reorganised and will include conversion from articulated to rigid vehicles.

Refuse Removal. Refuse is collected three times a week in all areas except the central area where collection is made every night except on a Sunday. The Bin Container Service for commercial premises is a daily service and is scheduled for reorganisation when a new vehicle, at present on order, arrives.

Refuse Disposal. The Leeds Road tipping area was closed down in June when all refuse disposal was transferred to Blowers' Quarry. This is an ideal tipping site and savings were effected immediately (on tipping operations) amounting to £4,000 per year. As the site is very close to the built-up area there will also be considerable savings on petrol consumption and vehicle wear and tear. The area of land purchased is five acres approximately, and the superficial area of the quarry is 2½ acres.

Scavenging. Reorganisation of this service continues to progress satisfactorily. The whole of the central area, in which night refuse collection takes place, is now swept nightly. The work of the Cleansing Section will be made much easier in the central area when car parks are paved and other roads and lanes made up to a tarmac standard, as in wet weather a considerable amount of mud and dirt is deposited on tarmac roads from the aforesaid car parks and "unmade" lanes by vehicular traffic. A gully cleansing vehicle, at present on order, will be put into operation as soon as it arrives, to replace existing manual labour.

Night Soil Collection and Disposal. Extensive sewerage schemes, now commenced, in Parklands/Westlands, Eastleigh and the African Estates will cause a big reduction in this service and necessitate reorganisation. A new rigid vehicle will replace two Scammell articulated units in 1959. The very nature of this service makes it the most difficult to administer and the only answer to the various problems is the complete abolition of all bucket latrines.

Conservancy—Exhauster Service. Once again the new rigid vehicle brought into use on this service has proved its worth as opposed to the articulated unit. This vehicle has a better all-round performance being able to carry more and larger loads, and being able to work on bad road surfaces which previously were inaccessible to the articulated unit. When the three new vehicles, at present on order, are delivered, this service will be reorganised.

STATISTICS.

(a) Refuse Removal

Total daily collections	Tons	65,789
Special removals	Loads	159
General scavenging	„	5,261
Derelict vehicle bodies cleared	No.	167
Carcase collection—Vet. Clinic and others	No.	753
Number of dustbins	No.	19,527
Number of bin containers	No.	86

(b) Exhauster Removals

Conservancy tanks	Loads	22,709
Waste water pits	„	10,891
Septic tanks	„	1,224

Regular Service

No. of conservancy tanks	„	738
No. of waste water pits	„	382

(c) Bucket Service

Conservancy lorries	Loads	2,103
Small trailers (inc. Army)	„	1,053
Number of buckets	African estates	1,902
	Other areas	4,085

(d) Choked Drains Cleared

African estates	1,070
Other areas	509

EUROPEAN CHILD WELFARE

1958 was a year of financial stringency in many European families, and the trend towards both parents working outside the home increased, making the work of this section even more important. The City Council had likewise to be stringent with its finances, and urgent expansion was consequently postponed.

Staff. Dr. Gaffikin continued as Medical Officer in Charge and also represented the City Council on the Committee of the Lady Northey Home. Mrs. Angel continued to do excellent work as one of the health visitors. Mrs. Sullivan resigned after ten years' service with the City Council at the end of January, and this opportunity is taken of thanking her for excellent work. Following her resignation, there was great difficulty in recruiting a second health visitor. A single lady, who accepted the post, found she was unable to maintain herself on the salary, and a second health visitor felt that she was unable to carry out her duties to the satisfaction of her professional conscience under the pressure which has become habitual in this section. Mrs. Pereira was transferred from the African Maternity and Child Welfare Section, and finally accepted the post.

Buildings

Parklands Clinic. This clinic continues to be very loaded throughout the year, but from the design point of view has been very satisfactory, and copes with the work extremely well.

Woodley Clinic. The clinic was accommodated, as before, in part of the Nursery. The rooms available were inadequate in 1956 and consequently, with the increase in the work, grossly overcrowded in 1958. A new building is urgently needed.

In order to relieve the congestion, the Medical Officer vacated her office and during clinic sessions is now consulting in the staff room of the Day Nursery. Even this move has not provided adequate relief for the congested clinics being held here.

Clinic Activities. Attendances increased throughout the year and an effort was made to meet the increased demand by making the sessions on Tuesdays and Thursdays, originally intended for inoculations only, into advisory periods in the hope of reducing pressure on the doctor's sessions on Mondays and Wednesdays. This experiment was not a success, as these sessions merely became full-scale clinics, while there was no perceptible diminution on other days.

Senior girls from the Kenya High School continued to attend our afternoon sessions as helpers. They have become adept at making themselves useful, and have rendered an extremely valuable service which is much appreciated.

Health and Welfare. The application of the methods advised for infant care and feeding appear to have produced consistently successful results which have given encouragement to both parents and staff to persevere in the recom-

mended methods despite criticism from the devotees of older methods.

Clinic attendances were excellent throughout the year. There were 585 new registrations in the 0—1 year group, representing a high proportion of infants born in the city, throughout the year. New registrations in the 1—6 year group has always been less satisfactory, and continued so—possibly reflecting the smaller proportion of visiting time which can be devoted to these children, and also the greater tendency for mothers to go out to work as their children get older. It is not easy for women in full-time employment to attend clinics, even in the late afternoon sessions. The health supervision of such families often creates a real problem.

Child health on the whole was good throughout the year, but recurring and debilitating attacks of so-called 'flu were very common. It appeared that immunity was short-lived and reinfections were frequent. Treatment was unsatisfactory and mainly symptomatic. Massive doses of multi-vitamins seemed to have as good results as anything.

It would appear that public awareness of the services offered by this section is increasing. Frequently services are asked for by people only a few days after they have arrived in the Colony from the United Kingdom.

Home Visiting. In most cases initial visits were carried out in hospital and were followed up by home visits. The Matrons and staffs of the Princess Elizabeth Hospital and the nursing homes have given every co-operation and help.

Most of the home visiting is done to the most vulnerable age group, namely infants under one year, and the greatest effort is concentrated on them. Because of the shortage of staff, visits to older infants and toddlers is not as satisfactory as it might be, and as the demands of the younger ones increased, the visiting of older infants deteriorated. This is an unsatisfactory situation, and can only be remedied by an increase in staff.

There has been an increased need to co-operate with charitable bodies and with Government relief services to help families who are in real financial distress. This is a point of considerable social significance.

In the latter part of the year, By-laws controlling child-minding were passed, and will be put into operation in 1959. Control will be by licensing, and it is hoped thereby to improve the standards of child-minding in the city. This will put further work on the health visitors, who will have to inspect these establishments.

These By-laws will also mean that the Council will be able to supply a list of reliable child-minders for the use of mothers who are compelled to work.

The allround increase in work—increased attendances, visits to Day Nurseries, etc.—has resulted in an increase in paper work and administration. This also eats into the time available for home visits, and a third health visitor could find more than enough work to do in this section. It is hoped that the urgent need for an increase in establishment will be met in the very near future.

STATISTICAL RECORD

					Parklands	Woodley	Total
Attendances							
0—1 year	..	..	..	..	4,078	3,288	7,366
1—6 years	..	..	..	..	2,375	1,956	4,331
New Registrations							
0—1 year	..	..	..	..	346	239	585
1—6 years	..	..	..	..	286	195	481
Immunisations							
Vaccination	..	..	..	..	493	357	850
Diphtheria	..	..	..	..	40	25	65
Pertussis	..	..	..	..	48	89	137
Diphtheria/Pertussis	..	..	..	..	734	564	1,298
T.A.B.	..	..	..	..	64	31	95

Home Visits

					Hospital	Home	Total
First Visit	..	..	..	..	847	725	1,572
Revisit..	..	..	..	..	114	4,642	4,756

Comparative figures—5 year period.

	1954	1955	1956	1957	1958
Attendance for advice, etc. ..	3,722	5,990	6,184	9,681	11,697
Vaccination	287	428	609	671	850
Diphtheria inoculation ..	122	172	64	109	65
Pertussis inoculation ..	523	9	17	57	137
Diphtheria/Pertussis inoculation	219	548	842	1,035	1,298
T.A.B... .. .	74	336	119	140	95
TOTALS	4,947	7,483	7,835	11,693	14,142



Woodley Day Nursery

DAY NURSERIES**Parklands Day Nursery**

The attendance during the year was good until November and December, when 47 cases of chickenpox were reported.

The staff worked hard and willingly, and gave much thought and care to the wellbeing of the children.

Mrs. Carcasson was appointed Deputy Matron in January.

Sports Day and a small Fete was held in June. £84 was raised from this and given to the Polio Fund.

A case of poliomyelitis was reported in November. Temperatures of all children were taken on arrival at the Nursery every morning, otherwise the normal routine was carried out. There were no more cases. It is hoped that the child will be able to return early in 1959.

The Christmas Party, with Father Christmas in attendance, was its usual success. Owing to the unsettled weather, the Christmas Concert was held indoors, which limited the audience. "How Far is it to Bethlehem" was produced by Mrs. Carcasson and Mrs. Twohey. "The Mad Hatter's Tea Party" from 'Alice in Wonderland', and "Nursery Land Town" were produced by Mrs. Ross-Whyte. A collection taken after the concert amounted to £30, and was divided equally between St. Nicholas School for backward children and the Child Welfare Society of Kenya.

During the last part of the year there were several staff changes which were unavoidable, being due to changed personal circumstances of the members of the staff concerned.

Woodley Day Nursery

The number of children attending the Nursery has remained fairly constant at approximately 120 throughout the year. In the early part, however, a large number went to the Primary School and this resulted in a decrease for the first few months.

It is pleasing to note that the impression that the Woodley Day Nursery is for residents of Woodley Estate only is disappearing and several children now come from considerable distances.

As far as is possible, children are now placed in age groups for their class lessons, and the system seems to be working very well.

Sports Day was held on July 12th and was enjoyed by all. Councillor E. S. Wilson, the Deputy Mayor, kindly presented the prizes.

The Christmas Party was held on December 18th and Her Worship the Mayor, Alderman Mrs. M. Needham-Clark honoured the party with her presence.

There has, unfortunately, been a considerable amount of illness amongst the children. There was an outbreak of chickenpox in January and mumps in February. In addition, there were two epidemics of influenza which attacked many of the children.

The staff worked very hard throughout the year, and the atmosphere in the Nursery was a very happy one.

High Ridge Day Nursery

The demand for children to attend the Nursery increased during the year, and during November and December there were 85 names on the register.

An additional member of staff—an assistant teacher—was engaged in November, to work mornings only.

The large number of pupils has emphasised the inadequate accommodation, particularly during wet weather (the nursery was originally built to accommodate 40 children). In particular, toilet facilities are very inadequate. Recommendations are to be put forward for increasing the accommodation in 1959.

There was very little infection in the Nursery during the year, and the children on the whole kept in a good state of health, absenteeism being due mainly to local leave and colds.

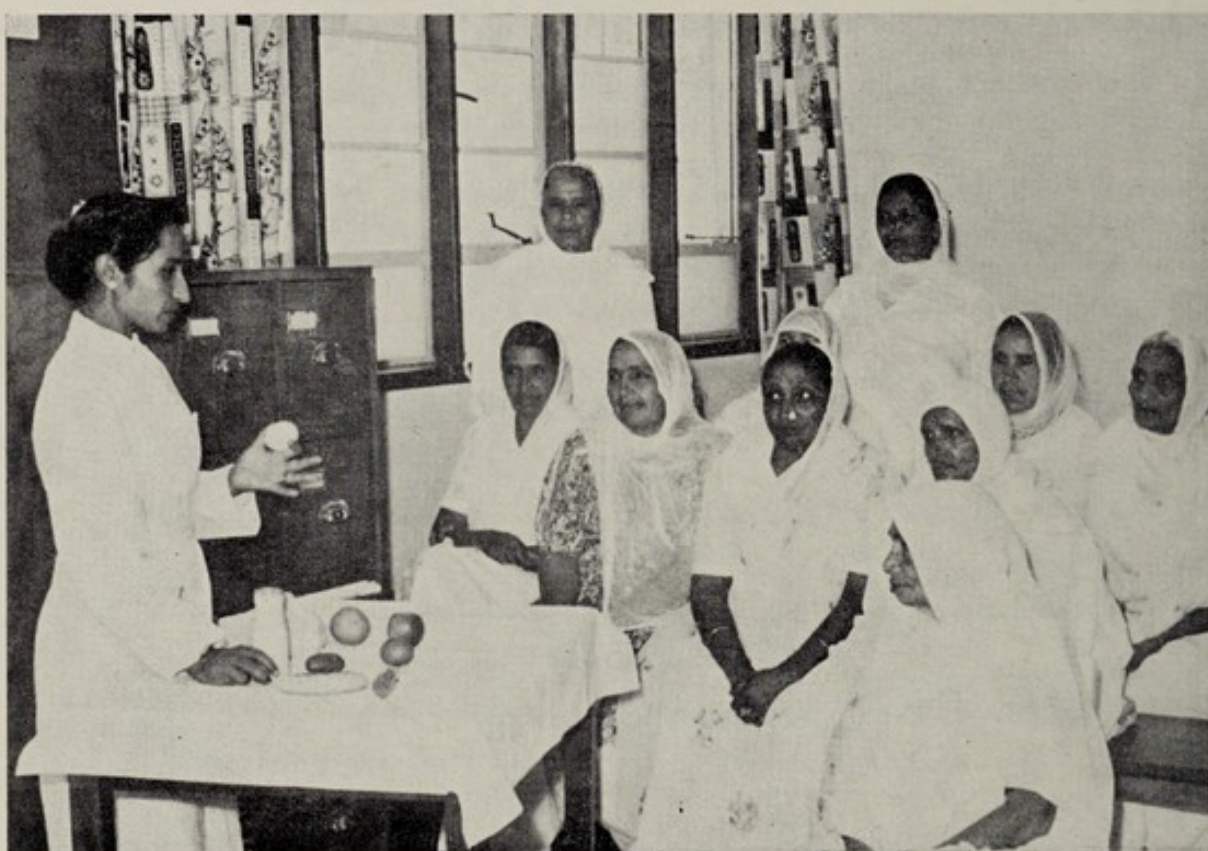
The Nursery was decorated throughout during the year, and an electric cooker was installed in the kitchen.

Some new equipment in the form of a slide, an electric record player and other minor items were provided.

The staff have worked well throughout the year and have taken a great interest in the children.

DAY NURSERY ATTENDANCES

	Parklands		Woodley		High Ridge	
	1957	1958	1957	1958	1957	1958
Regular full day ..	22,528	26,142	18,357	17,796	9,324	9,996
Regular mornings ..	10,650	9,670	5,998	7,322	7,404	8,573
Casual full day ..	590	492	818	450	98	6
Casual half day ..	219	398	632	836	—	—



Asian Maternity and Child Welfare

ASIAN MATERNITY AND CHILD WELFARE

STAFF

Dr. Philippa Gaffikin continued throughout the year as Medical Officer in Charge and Dr. Ellen Shirley for most of the year was part-time Medical Officer. During the period when Dr. Shirley was sick, Dr. Ruth Ehrman carried out the part-time duties.

Towards the end of the year, Council gave permission for the services of the second doctor to be full-time, and Dr. Pamela Anderson was appointed in this capacity on October 1st.

Mrs. Margaret Arthur continued as Supervisor of Health Visitors and Midwives, and for part of the year she was assisted by Mrs. Vena Hook, who was appointed to the post of Assistant Supervisor (Midwives). Mrs Hook shortly took up another post in the Department, and the vacancy caused by this was filled by the transfer of Mrs. E. Taylor.

The establishment for health visitors grades II and III was thirteen. The establishment was not completely filled until the latter part of the year, when health visitors undergoing their training had qualified and were able to take up vacancies in the section.

BUILDINGS.

For some years now, the need for expansion by the building of new clinics, particularly to serve the Parklands and Pangani areas has been greatly stressed. Ngara clinic continues to serve a very wide area, and despite the additions which were made some time ago, the building is still completely inadequate for the districts now being served.

Eastleigh clinic is another building which suffers from overcrowding. It is encouraging, however, to note the vastly growing use made of our clinic services in this area. There is an increasing case for a small satellite clinic being built at Eastleigh. The total attendances at the present clinic are second only to those of Victoria Street, the highest of all clinics. The Eastleigh area, in addition, is becoming more built up and more heavily congested, and the need for decentralisation in this district is becoming more evident.

The greatest need for additional clinic services is in the Parklands area. People from this district now attend at Ngara clinic, which is some distance away, and is very inconvenient both for patients and for health visitors who visit the homes.

In order to relieve the congestion at Ngara clinic, the Medical Officer approached the Committee of the H.H. The Aga Khan Club to ask if it would

be possible to use part of the club premises for clinic purposes. This public-spirited community immediately gave their consent, and a child welfare session on one afternoon a week was begun. Because of its success, the Club Committee had to be approached within two months to ask permission for the holding of a second session. Once more, the Committee immediately agreed. The Department takes this opportunity of expressing its gratitude to this community for their generosity and support.

People in the Pangani area also show a great desire to use our clinic services. They, too, have to crowd into Ngara, and a clinic building to serve these people is becoming more and more essential.

Ante-natal Welfare. Ante-natal sessions were held weekly throughout the year for all districts except Sandiford Road. From February 1st onwards, full services were operated at the new Nairobi South clinic, and a single session a month was then found to be sufficient for the Sandiford area.

Attendances for post-natal examination—often combined with the initial check-up of the new baby—increased to an extent which gravely overloaded the ante-natal sessions, and separate sessions were begun at Ngara, Pangani, Victoria Street, Eastleigh and Nairobi South.

Attendances, both initial and repeat, again showed an increase to a total of 8,019 compared with 6,361 in 1957.

Maternal health in the early part of the year was still adversely affected by the 1957 epidemic of Asian influenza. This and other virus infections continued endemic throughout the year, with individual or family recrudescences at intervals of five to eight weeks; but it was evident that succeeding attacks, whether relapse or reinfection, were progressively milder and the intervals between attacks grew longer—apparently a matter of rising personal resistance rather than any fall in virus virulence, since newcomers suffering from a first attack were just as severely affected as those who had their first attack in the original epidemic.

Maternal mortality happily declined during 1958, while the total births rose, giving an overall maternal mortality rate of 0.97 per thousand births.

There were four maternal deaths during the year. Of these four cases, the first three died of conditions which could not readily be foreseen or prevented, and every possible treatment and professional skill was given to them. The fourth case was that of a multipara who had had no ante-natal care and who died on the way to hospital of post-partum hæmorrhage and obstetric shock. The midwife and the doctor concerned gave every possible skilled attention and were in no way to blame. The fault lay entirely in the fact that the woman concerned had not troubled to avail herself of ante-natal care or to arrange in good time for the services of a midwife or doctor.

Family Planning.

Weekly sessions were held at Victoria Street clinic by the Medical Officer. Further weekly sessions were held under the auspices of the Nairobi Family

Planning Association at Ngara and Eastleigh. Voluntary practitioners gave consultations at these clinics. Towards the end of the year, however, the attendance of these doctors, because of the increasing commitments of their own practices, became somewhat erratic, and these sessions were taken over entirely by the section.

At the same time, a system of follow-up home visits was begun and carried out by one of the health visitors who attended the family planning clinic sessions. The follow-up system is an extremely important advance.

Child Welfare.

There was a further increase in attendances over 1957, and the total reached 19,343—higher than ever before. New registrations at under a year old were 2,493 and in the 1—5 age group, 1,424. Infant neo-natal deaths were 129 compared with 143 in 1957, and the deaths between one month and one year fell by 8 to 45. Neo-natal deaths represent 4% of all infant deaths. This is almost the same as the figure for 1957, and higher than that for 1956 (63%) which was the year for the Asian 'flu epidemic.

Prematurity continues to predominate as the cause of neo-natal deaths, accounting for 64%. This strengthens the observation first made in 1957 during the Asian 'flu epidemic that such diseases bring pregnancy to a premature termination.

Unfortunately, there was a sharp rise in deaths related to damage sustained during birth. Fifteen deaths were attributed to intracranial injury, three to heart failure due to distress during labour, and four to prematurity together with intracranial injury. This total is 22, while the figure for 1957 was 8. This rise may be due in part to more accurate certification, but it points to the need for investigation of the standards of midwifery being practised in the city and the desirability of getting satisfactory legislation to control such midwifery practice. Such legislation is not for the conscientious midwife who has a sound knowledge and who has had adequate training. There are many such midwives in the city, but unhappily there are those who are less conscientious and less skilled.

An infant is most vulnerable in the neo-natal period, and the section has long been uneasy about the risk to such infants having to attend overcrowded sessions amongst children of all ages. In addition, it is at this time that the mother is in greatest need of help and advice, and this is time-consuming. To meet these two problems, separate sessions for infants up to three months, together with post-natal examination for the mothers, were begun, and the innovation proved extremely popular.

The toddler health and the pre-school group health was, on the whole, satisfactory, though deaths between one year and five years were still greater than the pre-Asian 'flu level. The total of deaths was thirty two - fourteen lower than that for 1957.

Clinic parties were held in November and December and were, once more, very successful. Our thanks are due to those people who very kindly donated gifts as prizes for the best attendances in the various groups.

Immunisations.

Immunisation sessions against smallpox, diphtheria and whooping cough continued throughout the year, and were well attended. Less emphasis has been placed on the need for protection against the typhoid group, since the incidence of these infections in Nairobi is very low.

Home Visiting.

The home visiting programme went smoothly throughout the year. The total of 64,398 visits was greater than that of any previous year. It should be noted that only successful visits are recorded, and the total does not include visits made when the householder is not found at home.

The exact basis for a child visiting programme is monthly visits to a child under a year and quarterly visits in the years between 1 and 4, and twice yearly visits in the years 4—6, while ante-natal patients should be visited if they have defaulted for two weeks. On this basis, the visits which ought to be done by the section amount to over 104,000—an impossible task with the staff available, but something to aim at.

70

Health Education.

Undoubtedly the most important form of health education is the home visit, where health problems can be discussed on the spot and where household problems can be tackled individually. The greatest effort in health education is therefore made in this direction. Secondary endeavours were not neglected. In particular, display cabinets, where models could be shown, were built in each clinic. Mothers are also encouraged, while waiting at clinics, to talk amongst themselves and to join in discussions with the staff about health subjects.

A competition, which has now become an annual event, for the making of children's clothing (wholly by hand) attracted a bigger entry than ever before. The standard of work was extremely high. Entries were judged on workmanship, suitability of the pattern and material, and prizes were given according to age groups for which the garments were made.

Training.

Health Visitors. The course of training for the Diploma in Health Visiting (Kenya) went on until May.

In addition to systematic lectures, demonstrations, tutorials etc., visits were arranged to places of general interest in order to give the pupils a background of civic responsibility. The final examinations were held in

June and all four candidates passed. Our thanks are offered to the examiners who so generously gave of their time, knowledge and patience.

Midwives. The Refresher Course was omitted this year in favour of a programme of personal tuition given by the Supervisor of Midwives. The midwives themselves were in favour of this, and it would appear from subsequent comments that this plan was greatly appreciated, and in particular, the personal interest which was taken in their problems and in their professional welfare. This course has also produced the significant comment that it is extremely important that a period of teaching in domiciliary midwifery is an essential for the student and should be regarded as part of her curriculum before she is permitted to sit her final examination.

Indian Maternity Hospital. Dr. Gaffikin was a member of the Hospital Committee throughout the year and was also on the sub-committee for the furnishing and equipment of the new hospital.

Close co-operation existed throughout the year between the section and the hospital, and the juxtaposition of the hospital and Ngara clinic makes co-operation much easier.

Midwives and Dais. Most infants of the Asian community are born at home under the care of midwives or dais who are in private practice, and it is therefore essential that there should be close liaison between the section and these ladies. Happily, it can generally be said that this close liaison does exist, and we are appreciative of the co-operation we receive. There is little doubt that the post of Assistant Supervisor (Midwives) has also gone a long way to bring about this co-operation.

Notification of births and stillbirths was reasonably accurate and seemed to cause less difficulty than in previous years. In some cases record keeping still requires a considerable amount of supervision, but on the whole midwives and dais are co-operative and do their best.

Difficulty is occasionally experienced in keeping up a high standard in the care and use of equipment and of nursing bags, and in the importance of their use.

Private Maternity Homes. Frequent visits are paid to the five maternity homes operating in a private capacity, and quarterly visits were made by the Deputy Medical Officer of Health and the Medical Officer in Charge. Three homes showed willingness to co-operate in carrying out recommendations and improvements. The fourth was much less satisfactory—perhaps owing to the illhealth of the midwife in charge. This particular home has deteriorated greatly. The fifth home was enlarged at the beginning of the year, but the organisation and staffing were entirely inadequate and the home was not run in a satisfactory manner. If 1959 produces no better results, it will be found necessary not to recommend the licence.

General. Various groups of students from educational institutions such as Jeanes School, the Royal Technical College, and probationary nurses from the European Hospital, attended clinic sessions to get an insight into positive

health and preventive aspects of medical work. The Section is always willing to help such groups.

The criticism most often levelled at preventive as opposed to curative health services is that in preventive medicine there are never any visible results. This is a short-term and short-sighted view. In concluding the report for the year 1958, it is not inappropriate to look back at the report for 1948, and by comparison over the decade to arrive at some degree of long-term appraisal. In tabular form, these are the chief totals—

Clinic Activities.

Ante-natal Welfare:

	1948	1958
Attendances	6,715	8,024
New registrations	1,504	2,093

Child Welfare:

Attendances	9,691	19,343
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New registrations—

0—1 year	1,101	2,484
1—5 years	862	1,424
Home visits	9,977	64,398

1948 1958

Vital Statistics.

Asian Population	42,000	90,000
Asian Population (females)	16,800	42,000
Births	2,282	4,113
Stillbirths	84	109
Stillbirths per 1,000 births	36	25
Infant deaths under 1 year of age	151	174
Infant mortality per 1,000 live births	67	43

In these figures can be seen evidence of the progress in the size and effectiveness of the Asian Maternity and Child Welfare Section, and in public response to its efforts, though the extent of that response is still not as great as could be wished; and, most important though least obvious, in the improved pattern of Asian child life. In 1948, the Asian female population was 16,800. Assuming, for purposes of comparison, that one-third were women of child-bearing age, there were 5,600 potential mothers of whom 42% actually produced a child during the year. At this birth rate there would be a new baby in every family by the end of $2\frac{1}{3}$ years. But of these infants 67 in every thousand died before the age of twelve months. In 1958, there were 42,000 females, and using the same basis for estimation, 14,000 of them could produce an infant but only

4,113 or 29% in fact did so. At this birth rate there would be a new baby in every family by the end of 3½ years: and only 43 per thousand of these better-spaced infants would fail to reach the first birthday. In effect, Asian babies are now arriving in less of a hurry, healthier when they do arrive and more likely to remain alive. That is real progress.

STATISTICAL RECORD

Ante-Natal Welfare

	Ngara	Pangani	Victoria Street	Eastleigh	Sandiford Road	Nairobi South	Parklands	Total
Sessions ..	52	52	51	79	15	49	—	298
Attendances ..	2,137	1,507	1,316	2,357	108	399	—	8,024
New registrations	522	383	463	577	31	117	—	2,093

Child Welfare

Sessions ..	52	54	85	100	15	56	66	428
Attendances ..	3,556	2,990	5,288	3,858	517	1,444	1,690	19,343
New registrations								
0—1 year ..	432	483	618	586	48	163	154	2,484
1—5 years ..	214	202	529	213	19	111	136	1,434

Family Planning

Attendances ..	89	26	100	113	—	14	—	342
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Immunisations

Vaccination ..	548	643	1,045	1,106	205	193	216	3,956
Diphtheria/wh. cough. ..	576	599	967	509	285	533	227	3,696
Diphtheria ..	12	—	1	2	—	11	—	26
T.A.B. ..	22	61	58	741	94	95	33	1,104

Health Education

Attendances (at classes, etc.) ..	131	204	268	259	12	28	38	870
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Home Visits

Supervisor ..	—	—	—	—	—	—	—	133
Asst. Supervisor (Midwives) ..	—	—	—	—	—	—	—	428
Health Visitors	9,735	13,345	15,573	12,987	1,669	5,406	4,714	63,429
H. V. for Family Planning ..	—	—	—	—	—	—	—	181
Students ..	83	24	—	—	94	26	—	227

Comparative Figures 5 Year Period

					1954	1955	1956	1957	1958
Ante-Natal Welfare									
Attendances	..	..	..	..	5,453	5,712	6,286	6,361	8,024
New registrations	..	..	..	..	1,518	1,607	1,889	1,782	2,093
Child Welfare									
Attendances	..	..	..	..	12,686	14,738	16,639	17,991	19,343
New registrations:									
0—1 year	..	..	..	..	1,417	1,741	2,266	2,326	2,484
1—5 years	..	..	..	..	1,152	900	1,474	1,282	1,424
Home Visits									
All staff	..	..	..	..	17,107	21,081	39,258	55,552	64,398
Total Attendances									
All ages, all clinics	..	..	..	..	22,703	26,072	32,433	32,438	37,361
Notification of Births									
						Live Births	Stillbirths		
Midwives	..	..	..	..	..	1,923	40		
Dais	..	..	..	..	..	737	11		
Indian Maternity Hospital	..	..	..	..	..	565	21		
Ideal Nursing Home	..	..	..	..	..	238	8		
Sunshine Nursing Home	..	..	..	..	..	109	1		
Janet Miranda's Maternity Home	..	..	..	..	..	198	5		
Nairobi Nursing Home	..	..	..	..	..	80	5		
H.H. Aga Khan Platinum Jubilee Hospital	..	..	..	..	..	34	—		
Mrs. Bedier's Nursing Home	..	..	..	..	..	77	—		
Alice Beaton Nursing Home	..	..	..	..	..	17	1		
African Maternity Hospital	..	..	..	..	..	4	—		
Princess Elizabeth Hospital	..	..	..	..	..	2	—		
King George VI Hospital	..	..	..	..	..	1	—		
Radiant Health Clinic	..	..	..	..	..	2	—		
Doctors' cases	..	..	..	..	..	9	—		
African Midwives	..	..	..	..	..	5	—		
Unattended	..	..	..	..	..	3	—		
Stillbirths not notified	..	..	..	..	..	—	17		
						<hr/> 4,004	<hr/> 109		

Mortality Rates

Maternal deaths	4
Maternal mortality rate (per thousand births)	0.97
Infant deaths (under 1 year old)	174
Infant mortality rate (per thousand live births)	43.45

Causes of Stillbirths

Ante-partum hæmorrhage	9
Born before arrival of midwife	2
Breech delivery; delay of head	5
Fœtal abnormality	5

Foetal asphyxia:—

arms round neck	1
cord round neck	3
impacted shoulders	1
prolapsed cord	1
true knot in cord	1
Fœtal distress	2
Intracranial injury (failed forceps and Cæsarian section)	1

Maternal illness—

diabetes	3
electric shock	1
malaria	2
nephritis	1
toxæmia of pregnancy	13
Placenta prævia	4
Prematurity	23
Prolonged labour	1
Unknown causes	29
Version following impacted breech	1

109

Causes of Death—Asian children under five years.

	Under 1 month	1 month—1 year	1—5 years
Anæmia	—	—	2
Asphyxia—choked on sweet	—	—	1
„ —drowned	—	—	1
„ —following regurgitation of feed	1	—	—
„ —inhaled nut	—	—	1
Atelectasis	3	—	—
Asphyxia Neonatorum	3	—	—
Broncho-pneumonia	6	—	—
Cirrhosis of liver	—	—	1
Congenital deformity—			
Anencephalic	1	—	—
Abnormality of kidneys and bladder ..	1	—	—
Heart disease	1	—	1
Hydrocephalic	1	1	—
tracheo-œsophageal fistula	1	—	—
Diphtheria	—	—	1
Fibrocystic disease of pancreas	—	—	1
Gastro-enteritis	5	15	6
Heart failure following foetal distress ..	3	—	—
Hæmolytic disease of the new-born	2	—	—
Intracranial injury	15	—	—
Intestinal obstruction	—	—	1
Malaria and influenza	—	1	—
Marasmus	—	1	—
Meningitis	—	1	1
Paralytic ileus	1	1	—
Pneumonia	—	18	7
Pneumonia and anæmia	—	1	1
Pneumonia and gastro-enteritis	—	2	1
Pneumonia and measles	—	—	1
Prematurity	41	—	—
Prematurity complicated by—			
asphyxia	1	—	—
atelectasis	4	—	—
broncho-pneumonia	9	—	—
gastro-enteritis	3	—	—
intracranial injury	4	—	—
Maternal illness—			
acute yellow atrophy	1	—	—
ante-partum hæmorrhage	6	—	—
(2 placenta prævia and Caesarean Section) 4 placenta prævia)			
multiple injuries	1	—	—
pyelitis	1	—	—
syphilis	1	—	—
toxæmia of pregnancy	8	—	—
Version for malpresentation	1	—	—
Tetanus	—	2	—
Traffic accident	—	1	3
Tracheo-bronchitis	—	1	—
Septicæmia	—	—	2
Unknown causes	3	—	—
Uraemia	—	1	—
	128	46	32

AFRICAN MATERNITY AND CHILD WELFARE

STAFF

There have been many changes in African staff during the year due to sickness, resignations for marriage, pregnancies, transfers and unsuitability, and during no single month of the year have the established posts been up to full strength, the main turnover being in scales 19 and E, as might be expected.

This has made it extremely difficult to run the clinics as smoothly as is desirable and, in particular, it has not been possible to carry out a staff teaching programme beyond individual tuition in clinics.

REVIEW OF ACTIVITIES

Clinics.

No new clinics were opened, and two pilot scheme clinics in Parklands residential area were closed. This was done with great regret as it is evident that there is a real and growing need for welfare work among the now very numerous wives and children of African servants all over the residential areas of Nairobi.

The clinic at the Maharashtra Club, Parklands, was very popular, particularly as regards ante-natal work, but home visiting was not practicable. It was felt that these clinics were being used more as minor dispensaries than as welfare clinics, and that the energies of the staff could be directed with more effective results in the purely African areas.

Clinics are now settling into their true perspective, with the Municipal clinics in new residential areas coming into full use.

Mbotela clinic was officially opened by the Acting Governor in January. It was a welcome change to work in the new building compared with the houses which had been used for clinic sessions during the previous two years.

Ofafa clinic doubled its numbers in the last two months of the year and is now overloaded. This has been caused by the building of the new housing estate in what has been termed Ofafa II. This overcrowding points to the necessity for opening another clinic in the Ofafa II estate at the earliest possible moment.

Bahati clinic caters for the residents of Bahati estate and of Makadara, whose population is now demanding better services and, in particular, a midwifery service. It is not ideal for Makadara to use Bahati, but this arrangement will have to remain until a clinic can be built for the residents of Makadara.

Unfortunately, home visiting is not possible in this estate, and this means that a very important part of our work is lacking. It is becoming more evident, however, that we should expand our services in Makadara as the population is becoming more static.

Of the Railway clinics, Muthuruwa, the oldest, is still the most popular, although the lowest paid employees live in this estate and also many single men.

In Makongeni there is mainly family housing, and this probably represents the most stable Railway population and the population in the best type of housing.

Liverpool Road still presents a difficulty, and the population appear to be backward and unstable. They come mostly from Nyanza, and there is much coming and going in this area.

GENERAL ACTIVITIES

Most clinics have maintained their average numbers with usual seasonal variations. The peak period is in June-July, with a secondary one in October-December.

There are three notable exceptions, in ascending order; Mbotela, Pumwani and Ofafa. These clinics have all shown substantial increases in attendances, and Ofafa has trebled its attendances during the last quarter of the year.

78

As an experiment, three clinics were put in the sole charge of senior staff. At Pumwani, Mrs. M. Annan has been in charge for some considerable time, and has done outstanding work. As yet, it is too early to report on the results in the other two clinics.

Emphasis has been laid on home visiting and teaching in the clinics to small groups of mothers, with demonstrations in baby care and simple home cookery. There has been much interest in the latter, and mothers are now making good use of the age-group diet sheets issued at all clinics, and the dried milk on sale, which is increasingly popular.

Attendances for milk	..	..	..	37,536.
Dried milk used	..	..	..	1,939 lbs.
Dried milk sold	..	..	..	4,602 lbs.

Vaccinations	..	..	..	3,042
T. A. B.'s given	..	..	..	2,698
Medical Officers' examinations	..	..	..	27,099

It is noteworthy that although the total number of attendances at all clinics is less than last year, the Welfare Clinics show an increase in anti-natal and total child welfare attendances; new cases in the child welfare section were down, but transfers from I. W. to P. S. sections were up, indicating a steadier follow-up of children. The biggest drop was in dispensary attendances, which was anticipated with the opening of the Health Centres, and is welcomed.

Liaison with other medical departments, Municipal and Government, has been maintained satisfactorily. It is pleasing to report that at clinics which are near Health Centres, dispensary attendances are already decreasing, but that they appear to have no unfortunate effect on welfare attendances.

During 1959 it is hoped to offload all the dispensary work from the welfare clinics to Health Centres. This will present a considerable task, but it is only right that Health Centres should take the burden of sick children from the clinics, and that the clinic staff should be able to devote any time thus saved to their true work.

The lack of telephones in clinics (and other medical places) creates great difficulty and prevents smooth running in all medical departments. Nowadays a satisfactory liaison between different medical services, for example, ambulances and Health Centres, cannot be adequately achieved without telephones. The lack of them leads to very great additional expense in transport etc., and their instalment is one of the most urgent needs at the moment.

LABORATORY TESTS

Khan specimens	..	..	..	..	..	..	..	3,931
Cervical smears for G. C.	..	..	..	..	..	..	..	3,620
Blood slides for Malaria	..	..	..	..	..	..	..	11,113
Stools for helminths	..	..	..	..	..	..	..	4,982
Total red blood counts and haemoglobin estimations	=	..						629

79

Malaria

There is a relatively high proportion of positive blood slides at Mbotela and the E. A. R. & H. estates of Muthurwa, Makongeni and Liverpool Road. This is probably due to a constant coming and going from Nyanza of wives and families. Mbotela may need more investigation, as the residents are more mixed and include a lot of Kikuyu people who are not so likely to acquire infection in their reserve.

Syphilis (as indicated by +Khan tests)

The highest proportion of +Khans is surprisingly at the P. & T. Clinic, but this clinic includes some company housing, and the proportion which can be put down to Government estates is being worked out. Bahati and Pumwani are the other two fairly high areas, as might be expected.

Ascariasis

Taking ascariasis infection as an indication of defective sanitary conditions and habits, it is not surprising to note that Pumwani and Liverpool Road head the list, and Mbotela comes next; but Kaloleni as an old established and rather show village has a regrettably high incidence. Probably a good deal of this is due to failure to arrange for suitable accommodation for small children in public conveniences, particularly if they are left in charge of "ayahs" very little bigger than themselves, while mother goes to work.

MEDICAL ASPECTS

No major epidemics have been reported during the year. There have been the usual seasonal coughs and colds, bronchitis, bronchopneumonia and gastro-enteritis, with measles, chickenpox and whooping cough. A few sporadic cases of poliomyelitis and smallpox have also occurred.

Total ear treatments given at Kaloleni referred from all clinics—1,900.

Total T. B. case attendances at all clinics for PAS/INAH, milk and cod liver oil=747 (an average of 62 per month).

Mothers are increasingly using the Health Centres for themselves and their children, and there is growing liaison between them and our clinics, with a two-way stream of patients and convalescents to be followed up. This, with our connections with the African Maternity Hospital and the Nursery Schools, should form a close network of health care and education in the African residential areas.

SANITATION AND HOUSING

Generally speaking, any comments on sanitation and housing must follow much the same pattern as in previous years.

80

Government and High Commission housing estates are invariably tidy and clean and well looked after. The internal condition of the houses varies considerably, but on the whole the people are clean and tidy. This may well be a reflection, to some extent, of the excellent way in which the estates externally are maintained and looked after by Government and the High Commission.

Council estates vary a lot. Kariokor is still a filthy estate and unsatisfactory in every way, and its only virtue lies in the fact that it does provide some accommodation, however bad, when there is a most pressing need. It must be tolerated so long as this great need exists and so long as its demolition is ensured in the not too distant future as part of an overall housing programme. The same comments apply to Pumwani.

It is more than pleasing to report a vast improvement in Bahati, largely due to the laying of a good road, the relaying of many of the stone drains and the laying of sewers. This estate has for long required and deserved these attentions. Mbotela is another estate which has been improved and which is now more habitable.

The new estates which are being built (mainly by joint Central Government and City Council action) are vastly improved from previous estates. The contrast is most apparent at Ofafa. The houses which have just been built are pleasing in appearance and are well looked after. The inhabitants are of a good educational standard and are making full use of welfare facilities.

The houses of old Ofafa present a poor appearance and are generally badly looked after. The population is much less static than that of the new Ofafa.

The housing built by private employers still presents the greatest difficulties in every way. Most of this housing is filthy, badly looked after and overcrowded (though the owners are in many cases not responsible for the last evil) and little supervision is given to them. There are, of course, exceptions to this, but they are few and far between.

NURSERY SCHOOLS

Comparatively little work has been carried out on Nursery Schools this year, owing to illness, shortages and changes in medical staff and a fair amount of disorganisation in the City Council schools' staff as well.

DISTRICT MIDWIFERY

Through the year every endeavour was made to expand the district midwifery service. It is not easy, however, to get good midwives to take up this work.

	Kartokor	Pumwani	Muthuruwa	Kalenti	Makongeni	Maasha	Liverpool Road	Bahati V.	Bahati P.W.D.	P. & T.	Mboela	Orafa	Forest Road (to 30.11.58)	TOTAL							
														1951	1952	1953	1954	1955	1956	1957	1958
Ante-natal and Post-natal.																					
New cases	419	596	363	284	277	203	169	583	171	358	271	202	300	2,098	2,194	1,639	1,845	2,540	2,591	3,702	4,196
Births at home	180	233	161	130	112	115	73	220	65	137	119	70	21	491	803	532	432	717	878	1,483	1,636
Births in hospital	115	153	87	80	37	39	27	132	33	89	28	27	97	231	363	324	334	570	655	727	944
Post-natal	48	110	127	126	55	85	50	57	29	55	23	53	16	—	—	—	—	—	—	—	834
Total attendances	1,513	1,690	1,295	864	976	640	462	1,811	411	1,097	772	574	858	5,448	5,492	4,447	4,936	7,341	7,838	11,144	12,963
Infant Welfare																					
0-1 year new cases	168	198	268	184	224	173	85	224	103	148	156	178	121	1,888	1,696	1,543	1,716	2,521	2,572	3,368	2,230
0-1 year transfers to P.S. Register	94	88	107	133	84	93	55	72	74	55	79	42	—	363	429	262	249	365	559	791	976
1-5 years new cases	136	191	211	208	205	177	109	142	127	110	154	233	95	2,283	1,753	1,259	2,318	2,408	2,765	3,175	2,098
Total attendances	4,509	5,058	4,246,	4,696	3,641	3,581	2,314	3,908	2,151	2,580	3,111	2,670	761	37,673	25,908	13,626	19,722	28,983	32,622	39,517	43,226
Home Visits																					
By Health Visitors	810	65	275	800	162	81	644	972	201	623	1,018	1,137	—	4,751	3,609	576	769	3,992	6,479	5,885	6,788
By African Assistants	2,852	2,685	2,521	3,594	854	1,206	2,865	1,809	1,453	1,399	1,466	2,044	—	22,343	16,660	3,880	1,869	13,094	20,479	22,183	24,748
Total	3,662	2,750	2,796	4,394	1,016	1,287	3,509	2,781	1,654	2,022	2,484	3,181	—	27,094	20,269	4,456	2,638	17,086	26,958	28,068	31,536
Dispensary																					
Women—new cases	330	653	417	279	335	234	110	563	211	228	235	129	334	2,293	2,276	1,840	2,263	2,385	2,471	3,989	4,058
Women—repeat cases	958	1,629	809	634	574	625	283	1,236	728	317	516	335	441	13,938	14,132	5,378	6,531	4,539	4,912	8,410	9,085
Children—new cases	1,143	1,616	1,440	1,190	1,238	1,203	697	1,395	864	564	1,227	777	242	8,341	8,457	6,592	8,776	11,630	13,001	14,915	13,596
Children—repeat cases	3,498	7,380	5,925	4,591	7,095	6,568	2,848	5,059	3,480	1,820	5,749	2,966	407	53,702	52,829	32,226	58,555	54,317	52,583	61,428	57,386
Attendances for tonics	797	1,028	853	761	708	686	139	747	947	150	954	175	252	—	2,716	5,270	8,506	8,417	9,465	11,297	8,197
Total attendances	6,726	12,306	9,434	6,794	10,450	9,416	4,077	9,000	6,230	3,079	8,681	4,382	1,676	78,274	80,410	51,306	84,631	81,288	82,432	100,039	92,062

District midwives now serve the following areas:—

- (i) Pumwani, Kariokor, Starehe, Ziwani (there is also a midwife in private practice in this area);
- (ii) Muthuruwa;
- (iii) Kaloleni;
- (iv) Makongeni, Maesha, Liverpool Road (two midwives)
- (v) Posts and Telegraphs estate, High Commission, D.C.'s houses, and company housing;
- (vi) Ofafa;
- (vii) Mbotela and Makadara;
- (viii) Bahati and Ministry of Works housing.

There were nine midwives under Council control and there was 1 in private practice.

Three outstanding facts emerge from district midwifery in 1958:

- (1) The increasing demand for domiciliary midwifery in Pumwani and district and the readiness of the women to attend ante-natal and post-natal clinics. In Pumwani and area there is one African private midwife and one Municipal midwife, who has more cases than she can efficiently cope with. Rose Njeri has done good work and is obviously very popular, but there is a limit to the number of cases which can be dealt with by one person. This it is hoped to remedy by the opening of a small clinic at Shauri Moyo and the establishment of a district midwife there early in 1959.
- (2) The moving of good class African residents to the new housing estate at Ofafa. This has resulted in an enormous increase in the ante-natal attendances in the last two months of this year, and it has already been necessary to appoint a midwife for this district, which was previously quite easily worked with Mbotela.
- (3) The demand of Makadara residents for ante-natal and domiciliary midwifery services. This has been met by holding ante-natal clinics at Bahati for Makadara women and by counting Makadara with Mbotela for the midwife's services. But it can only be a temporary and not very satisfactory measure, as no visiting or regular children's clinics can be undertaken and cases cannot be followed up. A great opportunity will be lost if a clinic at Makadara cannot soon be opened. This is one of the most outstanding needs for the immediate future.

DETAILS OF DISTRICTS AND ANALYSIS OF CASES

Pumwani.

Miss Rose Njeri all the year.

Districts:	Bondeni	..	..	..	..	..	8
	Starehe	..	..	..	..	..	29
	Kariokor	..	..	..	..	..	9
	Gorofani	..	..	..	..	..	10
	Pumwani	..	..	..	..	..	131

To African Maternity Hospital:

- 9 delayed labour.
- 1 early rupture membranes.
- 1 blue asphyxia.
- 1 pyrexia.
- 1 old Caesarean Section.
- 1 transverse lie.
- 1 hydrocephalus.
- 1 cord round neck.

Normal and dead:

Normal delivery. Child died within 24 hours. Police case.

Normal delivery. Child jaundiced, died in K. G. IV Hospital.

Abnormal and dead:

Stillbirth—midwife called too late. Foetal heart not heard on arrival.

Muthuruwa.

Mrs. Lois James until 1st December, then Mrs. Beth Kimani.

Districts: All in Muthuruwa.

Total deliveries=94.

To African Maternity Hospital—

- 6 delayed labour.
- 1 prolapsed cord.
- 1 hare lip.
- 1 forceps delivery.
- 1 premature baby.
- 1 breech presentation.

Normal and dead:

Twins—1st born before arrival alive.

2nd breech with undelivered head. Midwife called too late.

Kaloleni.

Mrs. Delina Heron until 2nd February, then Mrs. Beth Kimani.

Districts:	Kaloleni	..	..	..	..	101
	Shauri Moyo	..	..	..	..	9
	Makongeni	..	..	..	..	1
	Muthuruwa	..	..	..	..	5

To African Maternity Hospital—

- 1 breech presentation.
- 1 delayed labour.
- 2 P. P. H.
- 1 forceps delivery.
- 1 hydrocephalus.
- 1 persistent bleeding torn cord.

Normal and dead:

Breech delivery—midwife called too late to deliver head.

E. A. R. & H. Estates. (two district midwives).

(1) Miss Mary Salome Solomon all year.

Districts:	Liverpool Road	..	..	..	..	67
	Makongeni	..	..	..	..	31
	Maesha	..	..	..	..	44

85

To African Maternity Hospital—

- 7 delayed labour.
- 1 cord round neck.
- 1 P. P. H.
- 1 A. P. H.
- 1 prolapsed cord.
- 1 "worried father".

(2) Miss Elizabeth Njeri to 19th March.

Miss Mary Salome Solomon 19th March to 19th May.

Mrs. Mary Reuben from 20th May.

Districts:	Makongeni	..	..	..	..	67
	Maesha	..	..	..	..	12
	Kaloleni	..	..	..	..	1
	Muthuruwa	..	..	..	..	1

To African Maternity Hospital—

- 2 A. P. H.
- 3 delayed labour.
- 1 full bladder.
- 1 premature twins.

Post and Telegraphs.

Mrs. Mary Agnes Waryaki to 8th June.

Miss Rose Mutheri 9th June to 1st December.

Mrs. Rachael Wambui from 1st December.

Districts:	P. & T.	..	..	..	..	..	58
	D. C. Housing	..	..	..	..	..	20
	Company Housing	..	..	..	..	..	15
	High Commission	..	..	..	..	..	6
	Makadara	..	..	..	..	..	2
	Bahati	..	..	..	..	..	5
	Ofafa	..	..	..	..	..	5
	Mbotela	..	..	..	..	..	3

To African Maternity Hospital—

1 shoulder presentation.

5 delayed labour.

1 brow presentation.

2 breech presentation.

1 persistent posterior presentation.

1 P. P. H. twin delivery.

1 hydrocephalus.

2 forceps delivery.

1 anaemia.

1 request for African Maternity Hospital.

86

Bahati.

Miss Naomi Phineas to 15th December.

Miss Purity Wanjiku from 16th December.

Districts:	Bahati	..	..	..	..	..	157
	P. W. D.	..	..	..	..	..	36
	Ofafa	..	..	..	..	..	1
	Makadara	..	..	..	..	..	4

To African Maternity Hospital—

- 16 delayed labour.
- 1 prolapse of cervix.
- 3 breech presentation.
- 2 P. P. H.
- 3 forceps delivery.
- 1 complete perineal tear.
- 1 premature twins.
- 2 A. P. H.

Abnormal and alive:

- Congenital hypospadias to King George VI Hospital.
- Atelectasis to King George VI Hospital.
- Face presentation, premature.

Abnormal and dead:

- Prolapse of cord, self-delivery. Midwife called too late.
- 2 stillborn macerated foetus.

87

Mbotela, Ofafa and Makadara.

These districts were at first combined with one midwife. From 1st. December it was found necessary with the increased number of residents at Ofafa, to make this a separate district.

Districts:	Mbotela	..	..	..	..	..	78
	Ofafa (to Dec. 1st.)	..	..	..	..	..	32
	Makadara	..	..	..	..	..	10
	P. & T.	..	..	..	..	..	5

To African Maternity Hospital—

- 1 A. P. H.
- 5 delayed labour.
- 1 breech presentation.
- 1 face presentation.
- 1 shoulder presentation.
- 1 premature twins.

Normal and dead:

Stillbirth—Midwife called too late.

Ofafa from December 1st (Miss Rose Muthoni)

Ofafa	..	..	..	..	..	10
P. & T.	..	..	..	..	..	1

To African Maternity Hospital—

1 A. P. H.
1 delayed labour.

Kariokor.

Mrs. Ruth Elikani, private midwife.

Reported African cases 101
Details not available.

District	Normal living child	Normal dead child	Abnormal living child	Abnormal dead child	To A. M. H.	Total	P. N. E.	B. B. A.	Infant Deaths	Maternal Deaths
Pumwani	173	2	—	1	16	192	48	4	3	—
Muthuruwa	93	—	—	1	11	105	45	5	1	—
Kaloleni	108	1	—	1	6	116	30	1	2	—
Makongeni	74	—	—	—	7	81	23	2	—	—
Liverpool Road	129	—	—	—	13	142	33	1	—	—
Bahati	162	—	3	3	30	198	15	7	3	—
Posts and Telegraphs	96	—	—	—	18	114	23	3	—	—
Mbotela	118	1	—	—	7	126	16	7	1	—
Ofafa	7	—	—	—	2	9	—	—	—	—
TOTAL	960	4	3	6	110	1,083	233	30	10	—

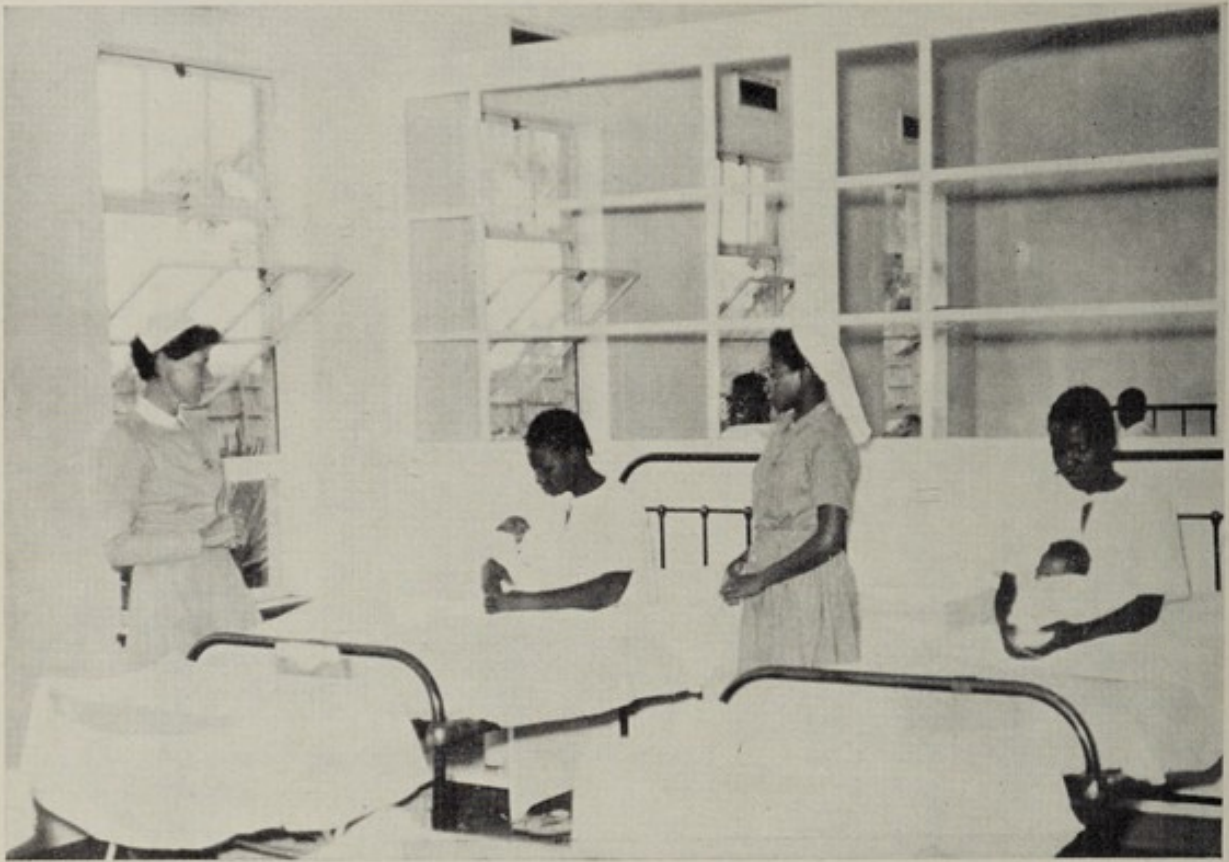
Number of Visits by Supervisor

Total Visits Not Seen Gone to Reserve Overcrowded Wrong Address Hospital Visits.

906	97	20	155	33	324
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Private Midwife

Mrs. Ruth Elikani 101 African cases



A Ward in the African Maternity Hospital

AFRICAN MATERNITY HOSPITAL

Staff

The hospital suffered severely as a result of the resignation of Dr. P. Anderson early in the year. She had done some very fine, conscientious work at the hospital and was greatly missed when she left. On her departure, Dr. Yusef Eraj came to the rescue and gave of his excellent services in the succeeding months. The Department wishes to express very sincere thanks to Dr. Eraj for his exceptional help during this period as it would have been well-nigh impossible to have run the hospital without his assistance. Mr. C. J. Goosen took up his appointment as Medical Superintendent in August.

The hospital also lost the services of Miss T. Wenzel who was the Sister Tutor, and had done some excellent work in teaching the students.

Training

All the trainees who sat for the final examination were successful.

Considerable thought was given to the training of pupils. The training period is still one of two years, and no provision is made for training in district midwifery. It is felt that it is desirable for the training to be extended to two and a half or three years, but more important still, that a six month period of training in district midwifery should be compulsory and should be a condition for trainees being permitted to sit the final examination.

These points were made to the Nurses' and Midwives' Council some time ago, but the Council appeared unwilling to support the City Council officially in any efforts which it wished to make in improving the training along these lines.

It is agreed that there is no fixed period for training laid down, and that in Nairobi midwifery training could be included in the programme. It is felt, however, that it would be to the advantage of all, and that it would give greater authority, if official support from the Nurses' and Midwives' Council were given to the institution of these alterations in the present scheme of training.

An endeavour is made to select candidates very carefully, but even so, the standard of candidate is not always very satisfactory. There is evidence, however, that there has been some slight improvement in the general educational standard and mental ability of practitioners during the past two or three years.

It is essential, however, that every effort should be made to get girls of high moral fibre and high educational standard for training as midwives, as many of them eventually go out to work amongst their people where they should be outstanding examples in their community. Quality rather than quantity is desirable.

General Work.

There was close co-operation with other sections—indeed, the liaison between the Maternity and Child Welfare Section and the hospital was probably stronger than it has ever been.

The Medical Superintendent has given much time to lecturing staff of other sections of the Department, and in particular the staff of the African and Asian Maternity and Child Welfare Sections, with undoubted advantage to all.

One of the major improvements carried out during the last part of the year was the establishment of a premature infant unit. The premature birth rate had been extremely high, and Mr. Goosen, soon after his arrival, made strenuous and successful endeavours to reduce it.

If the international definition of prematurity is used (i.e. a baby weighing $5\frac{1}{2}$ lbs. or less at birth), it means that there were 336 premature births during the year, or 13% of all live births.

The mortality rate during the first nine months of these babies was 54%, but as a result of the establishment of the premature unit, this was reduced in the last three months to 12%.

The real answer to prematurity lies in its prevention and the prevention of premature labour. Some research is being done at the hospital into this at the moment, and it is hoped that a publication of facts may be made in the future.

A further step towards the elucidation of many of the problems presenting themselves at the hospital was taken by the reconstruction of the post mortem room. The value of post mortem examination cannot be over emphasised. Every endeavour is now being made to perform post mortem examinations at the hospital in order to find the exact cause of death, especially in prematurity.

In all modesty, it is thought that it can be said that the standard of the hospital has markedly improved during the past two years and that the standard of obstetrics has also improved.

There are still many problems which offer an exciting challenge to those working in the hospital. These are associated with the health of the African, the standard of nutrition, general cultural and social standards, and the whole environmental background. Much work still has to be done, but it is hoped that with a suitable and interested staff much work will be achieved in the coming years.

Hospital Statistics

Total Admissions	3,159
Births	2,735
Stillbirths	136
Maternal Deaths	9
Deaths Neo-natal	122
Operations	259
Born Before Arrival	125
Abnormal Presentations	148
Twins	66
Triplets	1
Prematures	336

Ante Natal Clinics

Number of clinics held	254
Attendances	13,122

Post Natal Clinics

Number of clinics held	51
Attendances	555

Admissions

Resident	2,310
Non-resident	849
Total	3,159
Discharges	3,150
Patients in hospital on 31st December, 1958	67
Patient Days	20,207
Baby Days	17,780

Stillbirths

Causes:

Anoxia:

A. P. H.	20
Prolapsed Cord	8
Obstructed Labour	8

Congenital Abnormalities:

Hydrocephalus	4
Anencephaly	7
Other	4
Cerebral Injuries	11
Difficult Forceps	1
Breech	5
Craniotomy	1
Ruptured Uterus	1
Macerated Foetus	17
Prematurity (Immaturity)—cause unknown	21
P. E. T.	3
Eclampsia	2
Maternal Sepsis	1
Malaria	1

Neo-natal Deaths.

Prematurity	75
Intracranial Haemorrhage	17

Congenital Deformities:

Hydrocephalus	2
Other	7
Atelectasis	3
Hyaline Membrane	2
Haemorrhage	3
Gastro-enteritis	4
Pneumonia	8
Neo-natal Sepsis	1

Operations

	Clinic	Non-Clinic	Total
Lower Segment Caesarean Section	82	19	101
Forceps	43	3	46
Dilatation and Curettage	0	6	6
Manual Removal of Placenta	8	2	10
Perineorrhaphy	9	2	11
Sterilisations	7	0	7
Hysterectomy	2	3	5
Vesico-vaginal fistulae	0	1	1
Internal Podalic Version	8	3	11
Breech Extractions	10	2	12
Secondary Suture	1	1	2
Artificial Rupture of Membranes	19	0	19
Craniotomy	0	3	3
Incision of Abscess	2	8	10
Extra-uterine Pregnancy	1	0	1
Division of Vaginal Septum	1	0	1
Inversion of Uterus	0	1	1
Vulvectomy	0	1	1
Repair of Exomphalos	1	0	1
	204	55	259

92

The indications for Caesarean Section were:

Disproportion	58
Foetal Distress	5
Placenta Praevia	7
Brow Presentation	2
Previous Caesarean Section	9
Ruptured Uteri	7
Maternal Distress	1
Bad Obstetric History	3
Prolapsed Cord	2
Prolapsed Arm	1
Previous vesico-vaginal repair	1
Unclassified	5

VENEREAL DISEASES CLINIC

The year was one of progress and expansion. Persistent efforts to obtain suitable accommodation for the clinic resulted in the re-occupation, in March, of the building in Lamu Road, Pumwani, originally built for and occupied by this section, but compulsorily evacuated during the Emergency, and subsequently used by the African Affairs Department. It should be noted that the clinic was originally designed for the examination and treatment of female V. D. cases only, whereas since 31st March, 1958, both male and female clinics have been conducted there.

The takeover of male V. D. from the Government Dispensary on 31st March, 1958, was another item for which no accurate provision could be made at the time when the 1958 estimates were prepared, with the result that the only male nursing staff available was a part-time dresser from another section who had been trained in V. D. work in the Army.

The Government Dispensary had seen 2,000 new male V. D. cases during 1957, and it was expected, therefore, that approximately 1,500 new male cases would attend Pumwani clinic during the last nine months of 1958. The actual number of new male cases seen during this period was 2,215, with a maximum of 32 new cases examined during one afternoon session. While it is satisfactory to report that such numbers attend voluntarily, it does mean that, with the present staff, insufficient time can be devoted to such things as microscopic diagnosis, and worthwhile but time-consuming treatments such as urethral irrigations and dilatations. It also means that many opportunities for clinical research and the publication of scientific reports in medical journals must be neglected. This is doubly unfortunate in view of the wide variety of clinical material available—material such as is rarely, if ever nowadays, available in medical teaching centres in Britain.

From his experience in the V. D. Clinic, the present consultant is of the opinion that the venereal diseases must be rife throughout Kenya and that there is still in this country a great need to provide modern and enlightened facilities for the diagnosis and treatment of these diseases, which must extract a vast toll of ill-health, misery and loss of earning power. It should also be noted that the venereal diseases know no racial barriers, whereas treatment facilities at Pumwani V. D. Clinic are for Africans only.

It will be seen from the tables which follow that no home visits for the important work of following up defaulters are recorded for male patients, the reason being that no staff was available.

The work of the female clinic has remained at roughly the same level in 1958 (new cases diagnosed 1,420) as in 1957 (new cases diagnosed 1,408).

The following tables are intended to give a general picture of the volume of work undertaken, and are set out in such a way that figures for males and females can be compared at a glance, but it must be remembered that the male figures cover a nine month period only, while the female figures cover a whole year's work.

	April to December	
SYPHILIS		
	Female	Male
Total number of new cases (all stages) diagnosed in 1958 ..	314	259
Total number of patients who completed one full course of treatment	284	130
Number who completed more than one course of treatment ..	36	9
Total attendances for observation and treatment	4,190	1,796
GONORRHOEA		
No. of new cases diagnosed	213	873
No. of attendances for observation and treatment.. .. .	1,115	2,211
NON-SPECIFIC INFECTIONS		
No. of new cases diagnosed	893	574
No. of attendances for observation and treatment.. .. .	3,141	1,364
HOME VISITS—DEFAULTERS (FEMALE ONLY)		
No. of home visits by clinic staff	756	
No. of patients interviewed at home	330	
No. of patients returned following home visit	218	
DOMESTICS EXAMINED		
Total	90	142
No. found to have V. D.	8	107
KAHN TESTS		
No. of blood specimens taken	2,969	2,308
No. of Kahn tests POSITIVE or DOUBTFUL	604	280
No. of Kahn tests NEGATIVE	2,365	2,028
SMEARS FOR GONOCOCCI		
Urethral and Cervical	5,694	1,154
Vaginal	67	—
Eyes	34	—
INJECTIONS GIVEN		
Penicillin	3,286	2,321
Streptomycin	286	551
TOTAL ATTENDANCES	8,470	6,940
TOTAL ATTENDANCES MALE AND FEMALE=15,410		

INOCULATION CENTRE

Inoculations and Vaccinations 1958

	Europeans	Asians	Africans	Total
Smallpox	5,570	9,866	509	15,945
Yellow Fever	3,463	9,784	225	13,472
T. A. B.	480	752	244	1,476
Cholera	287	2,767	7	3,061
Diphtheria/Pertussis	123	34	1	158
Diphtheria	22	43	3	68
Whooping Cough	14	—	—	14
				34,194
Polio (all races)				6,025
Tetanus(all races)				22
Plague (all races)				52
	9,959	23,246	989	40,293

Poliomyelitis Inoculation.

Because of the excellent work done by the Government Medical Department, we have received enough poliomyelitis vaccine to inoculate all people of all races, and of any age, who wish to have this done.

The cover of the population of Nairobi is still inadequate, however, particularly amongst Europeans and Asians, and in 1959 it is hoped to do a considerable propaganda campaign, particularly in schools, to encourage people to become vaccinated.

FUNERALS AND MORTUARY SERVICE

The first year of operation of the reorganised funeral and mortuary service has proved that the planning of a high grade, modern establishment to have been most necessary. The higher standard of service has been much appreciated by the public.

Everything in connection with funeral arrangements has now been taken over by the staff from the bereaved relatives. In fact, apart from a short interview with the Funerals Superintendent, the relatives have nothing further to do with organising the interment.

New designs in coffins and caskets have been made, and these have given the public a wider selection, at reduced prices. It is hoped that in 1959, by going out to tender, coffin and casket prices will be further reduced.

96 Embalming has now been taken over by the department, the Funerals Superintendent carrying out this service and signing the necessary certificates. The Funerals Superintendent is the only professional embalmer in East Africa. Prior to this work being done by this department, embalmings were carried out by medical practitioners who had no special knowledge of the processes involved.

A new schedule of embalming fees has been set out, which it is hoped will bring the embalming service into greater use. Eventually, it is anticipated that an embalmment will be a normal procedure in every funeral, especially in tropical or semi-tropical countries.

There has been a big increase in the numbers of cases admitted to the mortuary. In the old mortuary an average of 270 cases each year were dealt with. 495 cases have been received at the new mortuary during 1958. Of these, 439 were subjected to postmortem examinations, against an average of 250 at the old mortuary.

Cases handled at Mortuary.

	From Nbi. City	Outside City	Afr.	Asian	Euro- pean	P.M.	No. P.M.
1957	256	60	240	41	35	291	25
1958	414	81	372	48	75	439	56

Free Burial of African Dead carried out by Department.

From:

	K.G. VI.	A. M. H.	Mathari	I. D. H.	Prisons	Mortuary
1957	262	208	22	22	1	57
1958	266	165	17	10	1	106

European Funerals (including Goans, Seychellois and Christian Indians).

1957: 262

1958: 271

Pauper Funerals.

1957	1958
2	9

HEALTH CENTRES

On March 31st, 1958, the Nairobi City Council began an African Health Centre service which was designed to fulfil the responsibility for the treatment of sick Africans resident in the city, which responsibility had been carried out previously by the Government Dispensary.

Four Health Centres were opened—at Bahati, Kaloleni and Pumwani in the African residential areas, and the headquarters at Rhodes Avenue, near the centre of the city.

The real purpose was that the Health Centres should serve as a type of out-patients department for King George VI Hospital. The aim was to provide a basic medical service for lower waged Africans in particular, with a good diagnostic service, and to make all necessary forms of therapy available to them. Specialist treatment and investigations were still to be referred to the hospital or appropriate Government medical section.

98

Staff.

At the inception, the staff consisted of one Medical Officer in Charge, two Grade II Medical Officers (one of whom was employed for mornings only), four European sisters and twelve African dressers.

The urbanised African is much more demanding of health services than the African in the reserves, and it was soon evident that additional staff would be needed. During the year, the staff increased gradually to, at the end, four Medical Officers, five European sisters and twenty-two African dressers.

At the end of 1958, the number of attendances was still rising, and it is thought that more staff will be required in 1959 if the standard of attention is to be maintained.

In principle, the design of the Health Centres was reasonably good. Financial restrictions, however, resulted in the rooms being small for comfortable working under stress, the construction being of poor quality, and the design not being as satisfactory as it would have been had the architect been allowed more latitude. The result of this is that expansion structurally is not possible, and the serious problem also arises that any increase in staff will now require more buildings. It will be very difficult to provide working accommodation for more doctors, sisters or dressers in the present buildings.

Fees.

When the service began, it was decided with the agreement of the Government, to charge Shs. 2/- for a week's treatment for adults and Sh. 1/- for children. It has been decided to raise the fees from the 1st January, 1959, to Shs. 3/- per adult and Sh. 1/50 per child for each week's treatment. Even now, it is doubtful whether it will be possible to keep the fees at this low rate. The demand is increasing, and it has been found that the expenditure is much greater than was expected.

Documentation.

From the outset, it was decided to work out a system of documentation which would result in the patient's history being available to the doctor each time the patient came along, even after a prolonged absence from the Health Centres.

By a system of trial and error, it has been possible to develop such a scheme which is relatively simple to operate. It depends on the patient always keeping in his possession a reference card. It is found that Africans rarely lose such a card, and so the scheme is working very well.

Problems.

Many problems faced the Department before the scheme went into operation. The figures of patient attendances at and the running costs of the General Dispensary were not of great value in assessing the likely demand and costs of these Health Centres. The estimated number of monthly attendances, namely 20,000, has proved to be very good. Had the Department been able to put up the type of buildings which it considered would have been adequate for 20,000, the situation would be now much better than it is, and it is unlikely that we would be faced with the necessity of having to build new buildings for additional staff.

The greatest difficulty was the staff requirement, and this was under-estimated to a considerable extent. On the other hand, it was considered better to have to augment the staff rather than reduce it in the light of experience.

A multitude of problems arose after the Centres were opened; many of them took a considerable time to solve; many of them have not yet been entirely solved.

There have been few complaints considering the numbers who have passed through the Health Centres. The most general complaint is that patients have to wait for a considerable time—perhaps two or three hours—before they get attention. It must be borne in mind, however, that this is a basic service and that a quick throughput would mean heavy additional costs. The patients themselves could help in this if they distributed themselves throughout the day in their attendance. The majority arrive at between 8 and 8.30 a.m.

Assessment.

It was anticipated that the service would create great problems and difficulties but these have been no greater than expected and have generally been dealt with satisfactorily. It is considered that a good basic service is being given to the African population. The staff, however, are still working under great pressure, and calculations show that patients pass through at the rate of one every three minutes (this includes reattendances), which does not give the doctors and sisters adequate time in which to see patients. The standard of medicine which the doctors and sisters can practice is not as desirable as it should be.

Much could be done to help this situation by the education of the African in understanding health and health problems. The Health Centres were originally intended to carry out some of this function. Regrettably, it is now seen that this will not be possible without a great increase in staff and buildings, which is unlikely to occur in times of such financial stringency.

AFRICAN HEALTH CENTRES.

100

SUMMARY 1958.

NEW CASES.

Centre.	City Council	Government	Privately employed	Un-employed	Women and Children	Re-attendance	Total	Night Cases
1. Bahati ..	394	1164	2767	67	9137	19875	33,404	
2. Kaloleni ..	62	1616	2258	93	7629	22614	34,272	
3. Pumwani ..	103	1930	4552	473	8150	13812	29,020	132
4. Rhodes Avenue	1447	5553	9714	593	9662	28371	55,340	2164
	2006	10263	19291	1226	34578	84672	152,036	2296

STAFF CLINIC

From the 1st July, 1958, the staff clinic was set up at the Pumwani Health Centre, after consultation with heads of sections in all departments.

A doctor sees the sick employees himself daily, and a clinic of about eighty persons is generally cleared by about midday. Attendances are generally of the order of 1,500 to 2,000 a month, but in spite of this fairly high attendance rate, the actual number of work days lost to the City Council through sickness is only of the order of less than 1/2%. This is an extremely good record of 'health' in an average of 4,000 employees, and is due in no small part to the fact that disease is seen when it first manifests itself, thus considerably shortening the time necessary for treatment.

SCHEDULE OF STAFF

Post	Name of Officer
Medical Officer of Health	A. T. G. Thomas, M.D., B.S., D.P.H.
Deputy M. O. H.	J. W. McAllan, M.B., Ch.B., D.P.H.
Chief Health Inspector	H. T. Beechey, Cert. R.S.I. and Meat Dip. R.I.P.H.H. (Hons.)
Health Inspectors (Grade I)	Mr. D. Mackintosh, Cert., R.S.A.S. Mr. A. Ramshaw, Cert., R.S.I. and Meat Mr. S. Daley, Cert., R.S.I. and Meat Mr. G. B. Ashford, Cert., R.S.A.S. and Meat Mr. J. Knowles, Cert., R.S.I. and Meat Mr. P. H. Newbold, Cert., R.S.I. and Meat Mr. G. V. Boid, Cert., R.S.A.S. and Meat Mr. D. Hastie, Cert., R.S.A.S. and Meat Mr. D. N. Faulkner, Cert., R.S.I. and Meat
Health Inspectors (Grade II)	Mr. R. D. Belsare, Cert., R.S.I. (India) and Meat Cert. (Eng.) Cert. Trop Hy. (Rtd. March) Mr. Mohd. Din. Cert., R.S.I. (India) Mr. M. I. Shah, Cert. R.S.I. (India) (from June)
Health Inspectors (Grade III) African	Mr. N. Mimano, Cert., R.S.I. (E.A.) Mr. T. L. Muganda, Cert., R.S.I. (E.A.) Mr. J. A. Ngaruiya, Cert., R.S.I. (E.A.) (to June) Mr. W. H. Njerenga, Cert. R.S.I. (E.A.) (from August) Mr. G. A. Otieno, Cert., R.S.I. (E.A.)

Clerical Staff:

Administrative Assistant	Mr. R. C. Forster, M.B.E. Certs., R.S.I. etc.
Secretary	Mrs. C. Burge
Stenographer	Mrs. I. L. Cairns
Clerk/Typists	Mrs. D. I. Butcher (to Oct.) Mrs. S. Powell Mrs. M. C. Emmott (from Nov.)

Inoculation Clinic:

Assistant Medical Officer	F. S. Gillespie, M.B., B.Ch., B.A.O.
Nursing Sisters	Mrs. E. Sullivan, S.R.N., (March-May) Mrs. M. N. Wilson, R.G.N. (Scotland) (from May)

Infectious Diseases Control Section:

Officer-in-Charge	Mr. J. Morrill
Mosquito Inspectors	Mr. A. Gocs Mr. L. H. Clough (from 1st Nov.) Mr. J. H. Odell (from 2nd Sept. to 20th Oct.) Mr. M. I. Shah, Cert. R.S.I. (India) (to 31st May) Mr. M. Y. Ahmedi

Post	Name of Officer
Malaria Overseer	Mr. S. Keli
Rodent Officer	Mr. L. H. Clough (to 31st Oct.)
Rodent and Vermin Overseer	Mr. J. Karebe
Statistician	Mrs. G. H. Millership
Laboratory Technicians	Mr. W. Ongare
	Mr. S. Otieno
	Mr. G. Moitta
Infectious Diseases Investigator	Mr. J. Achimbo

European Child Welfare:

Assistant Medical Officer (Grade I)	P. Gaffikin, M.B., Ch.B.
Health Visitors	Mrs. E. M. Sullivan, S.R.N. (to Feb)
	Mrs. F. Angel, S.R.N., S.C.M., H.V.
	Mrs. I. B. Pereira, S.R.N., S.C.M., H.V. Cert. (from Sept.)

Parklands Day Nursery:

Matron	Mrs. I. B. J. Ross-Whyte, Princess Louise Childrens' Nurse
Assistant Matron	Mrs. C. Carcasson, S.R.N.
Assistants	Mrs. C. Randall
	Mrs. L. Somen
	Mrs. K. Bolden
	Mrs. H. Priest
	Mrs. G. Doubleday
	Miss E. M. Munster (from July)
	Mrs. M. Leimuller
Assistants (Part time)	Mrs. O. Rosson
	Mrs. S. Warren (to May)
	Mrs. H. Davies, S.R.N., S.C.M. (from May)
	Mrs. Thompson
	Mrs. K. Twohey, S.R.N. (May-Dec.)

Woodley Day Nursery:

Matron	Mrs. I. E. Daley, R.F.N.
Assistant Matron	Mrs. L. M. Simpson (Froebel trained)
Assistants	Mrs. G. Whipp
	Mrs. G. Burnett
	Mrs. E. Reid (from Feb.)
	Mrs. Pacini
	Mrs. P. Dowdell (to April)
	Mrs. B. Palmer, N.N.E.B.
	Mrs. E. Newbold, S.R.N. (to Feb.)
	Mrs. R. Crane (from May)
	Mrs. E. Coleman (to Aug.)
	Mrs. E. Burgin

High Ridge Day Nursery:

Matron	Mrs. L. D. Snowball
Assistant Matron	Mrs. E. H. Johannes, Teacher's Diploma and Domestic Science Diploma (Lebanon)

Post	Name of Officer
Assistants	Mrs. O. Pereira
	Mrs. L. Gunputrau
	Mrs. S. L. Puri
Assistant (part time or temporary)	Miss Gill
	Mrs. Monteiro
	Miss Logisse

African Maternity and Child Welfare:

Medical Officers	J. A. T. Henry, M.B.E., M.B., Ch.B., D.T.M. and H. (retired Jan)
	E. Haskard, M.R.C.S., L.R.C.P., D.P.H.
	V. R. Hume, M.B., B.S., M.R.C.S., L.R.C.P., D.T.M. and H.
	B. B. Mapstone, M.B., Ch.B. (Jan)
	V. Bhardwaj, M.B., B.S., (Lucknow) (from March)
	J. M. Brocklesby M.B., B.S., (Feb-March)
Supervisor of Health Visitors	Mrs. J. N. Jackson, S.R.N., S.R.S. (Children) C.M.B. (to Jan)
	Mrs. C. Chalupka, S.R.N. S.C.M., H.V. Cert.
Supervisor of District Midwives Health Visitors	Mrs. C. M. Davis, S.R.N., S.C.M., H.V.
	Mrs. B. J. Brooks, S.R.N., S.C.M.
	Mrs. I. B. Pereira, S.R.N., S.C.M., H.V. Cert. (To Oct.)
	Mrs. T. H. Wilson, S.R.N., S.C.M. (Rsd. May)
	Mrs. D. M. MacLean, S.R.N., S.C.M. (Special Premature Baby Nursing Cert.)
	Miss B. Davies, S.R.N., S.C.M., (1st part) H.V. Cert.
	Mrs. B. M. Mulholland, S.R.N., S.C.M. (Rsd. Dec.)
	Mrs. A. Hoyle S.R.N., S.C.M., D.N.O.
	Mrs. B. J. Taylor, S.R.N., S.C.M. (to Oct.)
	Mrs. E. M. C. E. Wolff, S.R.N., S.C.M. (1st Part) (to Oct.)
	Mrs. D. Wensley, S.R.N., S.C.M.
	Mrs. H. Strevens (from Oct.)
	Miss E. Edgar, S.R.N., S.C.M. (Nov.)
Mrs. C. Giles (Dec.)	

Venereal Diseases Clinic:

Medical Officer	T. Lyall, M.D.
European Sister	Mrs. M. Bracken, S.R.N., S.C.M.

Lady Grigg African Maternity Hospital:

Medical Superintendent	C. J. Goosen, M.B., B.Ch., M.M.S.A., M.R.C.O.G., (from August)
	P. Anderson, L.R.C.P., M.R.C.S., (Resigned March).
Matron	Miss J. Koppert, S.R.N., S.C.M.
	Mrs. E. Greening, S.R.N., S.C.M.
	Miss I. W. Connie, S.R.N., S.C.M.
	Miss M. K. Donnellan, S.R.N., S.C.M.
	Mrs. F. C. Goosen, S.R.N., C.M.B.

Asian Maternity and Child Welfare.

Assistant Medical Officer (Grade I)	P. Gaffikin, M.B., Ch.B.
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Post	Name of Officer
Assistant Medical Officer (Grade II)	P. M. Anderson, L.R.C.P., M.R.C.S.
Supervisor of Health Visitors	Mrs. M. Arthur, S.R.N., S.C.M. H.V., Cert. R.S.H.
Assistant Supervisor Midwives	Mrs. B. J. Taylor, A.R.R.C., S.R.N., S.C.M.
Health Visitors	Mrs. E. Tyagi, S.R.N., S.C.M., D.H.V. (Kenya) Mrs. R. Pachecos, S.R.N., S.C.M., D.H.V., (Kenya) Mrs. N. Nayer, D.H.V. (Kenya). Mrs. J. Safri, D.H.V. (Kenya). Mrs. M. Sandu, D.H.V. (Kenya) Mrs. K. B. Saleem, D.H.V. (Kenya) Mrs. Gurcharan Singh, D.H.V. (Kenya) Mrs. S. Daya, D.H.V. (Kenya) (May to Aug) Miss Shirin Ahamed, D.H.V. (Kenya) Miss Gulshan Ahamed, D.H.V. (Kenya) Mrs. T. K. Trilochan Singh, D.H.V. (Kenya) Miss S. Shafi, S.C.M., D.H.V. (Kenya) (May to Aug) Miss N. Shafi, S.C.M., D.H.V. (Kenya) (May to Aug.) Miss H. Haroon, D.H.V. (Kenya) (from Oct.) Miss V. Khanna, D.H.V. (Kenya) (from Sept.)
Clerk Interpreter	Miss D. K. Sehmi

105

Health Centres:

Medical Officer in Charge	G. C. Gould, M.B., B.S. R. Singh Ahluwalia, L.R.C.P., L.R.C.S., L.R.F.P. and S. W. Morton, M.B., Ch.B., D.R.C.O.G.
Nursing Sisters	Miss E. M. Sanctuary, S.R.N., S.C.M. Mrs. V. Hook, S.R.N. S.C.M. Mrs. L. Jack, S.R.N. Mrs. R. Miller, S.R.N., S.C.M. Mrs. N. Reade, S.R.N., S.C.M.
Medical Stores	Mrs. J. Young, S.R.N., T.A. Cert.

Chest Clinic:

Medical Officer	B. M. P. Van der Werf, M.D. (Utrecht)
Health Visitor	Mrs. F.M. Adams, S.R.N., B.T.A. Cert.

Funerals and Mortuary:

Superintendent	F. Clayton, M.B.I.E.
Funerals Assistant	M. A. Butt (from May)
Mortuary Assistant and African Burials	Mr. U. Singh Gill Mr. J. M. Singh (Retired April)

GENERAL FUND REVENUE ACCOUNT FOR THE PUBLIC HEALTH SERVICES

EXPENDITURE

Public Health Administration:

	£	s. cts.		£	s. cts.
Employees—					
Salaries	31,478.	9.80			
Housing Allowances	777.	12.89			
Superannuation Charges.. .. .	4,706.	18.39			
Provident Fund Contributions	166.	14.93			
Passages Reserve Contribution	420.	0.00			
Medical Benefits	217.	18.29			
Wages etc.—African Staff	563.	8.87			
New Appointments	403.	15.67			
	38,734.	18.84			

Running Expenses—
Equipment

Maintenance of Equipment	5.10.	95
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Transport

Locomotion	1,339.	4.41
Other Transport	171.	12.00

Establishment Expenses

Printing, Stationery and Advertising	376.	8.58
Printing Report	230.	0.00
Postages	311.	11.23
Telephone	452.	3.82
Insurances	669.	10.00
Uniforms	34.	12.04
Rent of Offices	3,031.	7.95
Electricity		
Central Establishment Charges	12,630.	0.00

Miscellaneous

Bacteriological Examinations.. .. .	250.	0.00
Food and Drug Analysis	280.	1.50
Health Education	324.	9.43
Purchase of Laboratory Equipment	21.	18.15
Other Expenses	4.	12.85
Removal of Inoculation Centre	290.	0.10

20,423. 3.01

59,158. 1.85

Less: Charged to Inoculation Centre and Poultry Abat-
toir

1,455. 0.00

Carried forward

57,703. 1.85

YEAR ENDED 31st DECEMBER, 1958

INCOME

	£	s. cts	£	s. cts
Public Health Administration:				
Government Grant—				
General	93,956.	17. 67		
Special	19,017.	15. 07		
Special Services	6,809.	14. 73		
Fees—Food and Drug Analysis etc.	3.	10. 00		
			119,787.	17. 47

119,787.17.47

Carried forward

EXPENDITURE

	£	s. cts		£	s. cts
<i>Brought forward</i>				57,703.	1.85
Infectious Diseases Prevention:					
Employees—					
Salaries	8,101.	7.96			
Housing Allowances	424.	6.20			
Superannuation Charges	892.	9.17			
Provident Fund Contributions	118.	0.22			
Medical Benefits	95.	16.97			
Wages etc.—African Staff	14,163.	0.00			
New Appointments	48.	0.50			
				23,843.	1.02
Running Expenses—					
Premises					
Maintenance of Buildings	16.	7.89			
Alterations to Buildings	87.	3.69			
Water and Conservancy	4.	7.00			
Supplies, Equipment etc.					
Stores and Materials	3,081.	1.79			
New Equipment	184.	16.83			
Laboratory Equipment	269.	0.69			
Uniforms	603.	7.28			
Typewriter	85.	0.00			
Transport					
Locomotion	979.	8.80			
T. I. F. A. Unit—Running Expenses	7.	17.77			
T. I. F. A. Unit—Renewals Reserve Contribution	100.	0.00			
Purchase of Motor Cycle	77.	0.87			
Other Transport	3,556.	2.34			
Establishment Expenses					
Printing, Stationery and Advertising	277.	15.36			
Telephone	128.	0.00			
Rent of Offices	665.	13.27			
Insurances	3.	5.00			
Miscellaneous					
Hospital Fees	2,874.	12.00			
Notification Fees	15.	2.00			
Other Expenses	3.	0.20			
				13,019.	2.78
<i>Carried forward</i>				94,565.	5.65

INCOME

	£	s.	cts	£	s.	cts
<i>Brought forward</i>				119,787.	17.	47
Infectious Diseases Prevention:						
Vermin and Rodent Destruction	3,009.	16.	31			
Malaria Control	68.	17.	50			
	<u> </u>			3,078.	13.	81
<i>Carried forward</i>				122,866.	11.	28

EXPENDITURE

	£	s. cts		£	s. cts
<i>Brought forward</i>				94,565.	5.65
Inoculation Centre:					
Employees—					
Salaries				2,196.	18.15
Housing Allowances				118.	0.27
Superannuation Charges				29.	5.65
Provident Fund Contributions				10.	11.51
Medical Benefits				15.	00
				2,355.	10.58
Running Expenses—					
Furniture and Fittings				2.	8.23
Supplies, Equipment etc.					
Medical Stores and Equipment				3,353.	0.89
Cleaning Materials				3.	13.35
Uniforms				7.	8.50
Laundry				19.	11.00
Transport					
Locomotion				10.	3.90
Establishment Expenses					
Printing, Stationery and Advertising				22.	15.74
Telephone				42.	13.34
Rent of Offices				355.	11.08
Departmental Establishment Charges				1,400.	0.00
				5,217.	6.03
<i>Carried forward</i>				102,138.	2.26

INCOME

		£	s. cts	£	s. cts
<i>Brought forward..</i>	.. .. .			122,866.	11.28
Inoculation Centre:					
Government Contribution for Inoculation	.. .. .	900.	0.00		
Vaccination and Inoculation Fees	.. .. .	120.	14.50		
Poliomyelitis Fees	.. .. .	6,324.	15.50		
		7,345.	10.00		
				130,212.	1.28
<i>Carried forward</i>	.. .. .			130,212.	1.28

EXPENDITURE

	£	s. cts		£	s. cts
<i>Brought forward</i>				102.138.	2.26
Venereal Diseases Treatment:					
Employees—					
Salaries	3,474.	11.78			
Housing Allowances	220.	10.36			
Superannuation Charges	405.	9.70			
Provident Fund Contributions	20.	12.70			
Medical Benefits	24.	14.46			
Wages, etc.—African Staff	535.	14.55			
				4,681.	13.55
Running Expenses—					
Premises					
Fencing	94.	18.25			
Maintenance of Buildings	115.	13.47			
Alterations to Buildings	543.	4.36			
Cleaning Materials	32.	10.82			
Water and Conservancy	37.	2.00			
Electricity and Fuel	72.	9.85			
Supplies, Equipment etc.					
Equipment	48.	0.50			
Medical Stores and Equipment	1,288.	5.47			
Uniforms	40.	10.80			
Furniture	51.	0.86			
Transport					
Locomotion	31.	16.22			
Other Transport	33.	12.00			
Establishment Expenses					
Printing, Stationery and Advertising	56.	5.43			
Rent	23.	0.00			
Insurances	18.	0.00			
Other Expenses	4.	62			
				2,469.	12.65
Tuberculosis Survey:					
Employees—					
Salaries	2,315.	6.51			
Housing Allowances	82.	12.68			
New Appointments	1.	17.50			
				2,399.	16.69
<i>Carried forward</i>				111,689.	5.15

INCOME

		£	s. cts	£	s. cts
<i>Brought forward..</i>			130,212.	1.28
Venereal Diseases Treatment:					
Rent			18.	0.00
<hr style="width: 100%;"/>					
<i>Carried forward</i>			130,230.	1.28

EXPENDITURE

	£	s. cts.		£	s. cts.
<i>Brought forward</i>				111,689.	5.15
Tuberculosis Survey—(Continued)					
Employees—					
Running Expenses—					
Premises					
Maintenance of Buildings		33.	2.57		
Maintenance of Furniture and Fittings		4.	15.00		
Electricity		50.	7.28		
Water and Conservancy		4.	15.25		
Cleaning Materials		20.	7.90		
Supplies, Equipment, etc.					
Maintenance of Equipment		8.	15.90		
Uniforms		25.	8.06		
Medical Stores		130.	9.43		
Transport					
Locomotion		100.	16.41		
Other Transport		25.	4.00		
Establishment Expenses					
Printing, Stationery and Advertising		61.	9.29		
Telephone		32.	14.99		
Insurances		1.	0.70		
Miscellaneous					
Other Expenses		18.	63		
			<hr/>	500.	5.41
Loan Charges—					
Principal		5.	85		
Interest		116.	17.30		
			<hr/>	117.	3.15
<i>Carried forward</i>				<hr/>	112,306.13.71

INCOME

	£	s. cts.	£	s. cts.
<i>Brought forward..</i>	130,230	1	28	
<i>Carried forward</i>	130,230	1	28	

EXPENDITURE

	£	s.	cts		£	s.	cts
<i>Brought forward</i>					112,306.		13.71
Day Nurseries:							
European—Parklands							
Employees—							
Salaries	5,140.		4.63				
Superannuation Charges	101.		18.48				
Passages Reserve Contribution	56.		0.00				
Medical Benefits	13.		11.20				
New Appointments	17.		2.00				
Wages etc.—African Staff	414.		18.55				
					5,743.		14.86
Running Expenses—							
Premises							
Maintenance of Buildings	145.		3.23				
Alterations to Buildings	59.		17.68				
Maintenance of Furniture and Fittings	98.		17.92				
New Furniture	17.		15.00				
Maintenance of Grounds	159.		19.21				
Fencing	3.		0.00				
Electricity and Fuel	246.		16.29				
Water and Conservancy	132.		1.00				
Cleaning Materials	115.		18.78				
Rates	137.		5.00				
Renewals Reserve Contributions	125.		0.00				
Supplies, Equipment etc.							
Maintenance of Equipment etc.	117.		12.01				
New Equipment	97.		14.65				
Provisions	1,318.		10.31				
Uniforms	49.		12.79				
Transport							
Other Transport	39.		0.95				
Establishment Expenses							
Printing, Stationery and Advertising	26.		2.38				
Telephone	63.		7.20				
Insurances	5.		1.00				
Miscellaneous							
Loans Fund Expenses	11.		3.51				
Other Expenses	20.		16.65				
					2,990.		15.56
Loan Charges—							
Principal	293.		15.01				
Interest	467.		19.61				
					761.		14.62
Provision for Capital Expenditure Extensions (Balance)							269.16.83
					122,072.		15.58
<i>Carried forward</i>							

INCOME

		£	s.	cts		£	s.	cts
<i>Brought forward..</i>	130,230.	1.	28
Day Nurseries:								
European—Parklands								
Fees	9,141.	1.	45
Other Income	8.	10.	00
						9,149.	11.	45
<i>Carried forward</i>								
	139,379.	12.	73

EXPENDITURE

	£	s. cts.	£	s. cts.
<i>Brought forward</i>			122,072.	15.58
Day Nurseries (contd.)				
European—Woodley				
Employees—				
Salaries	4,426.	13.64		
Superannuation Charges	133.	8.12		
Housing Allowances	59.	18.88		
Medical Benefits	27.	2.24		
Wages etc.—African Staff	373.	15.40		
			5,020.	18.28
Running Expenses—				
Premises				
Maintenance of Buildings	83.	19.74		
Alterations to Buildings	55.	8.80		
Maintenance of Grounds	131.	1.06		
Tarmac Apron Playground				
Maintenance of Furniture and Fittings	101.	6.45		
New Furniture and Fittings				
Electricity and Fuel	272.	11.56		
Water and Conservancy	113.	9.44		
Cleaning Materials	112.	5.34		
Rates	61.	5.00		
Renewals Reserve Contribution	150.	0.00		
Supplies, Equipment etc.				
Maintenance of Equipment	142.	12.38		
New Equipment	81.	5.97		
Provisions	1,511.	11.74		
Uniforms	47.	12.72		
Transport				
Locomotion	3.	15.20		
Other Transport	38.	5.95		
Establishment Expenses				
Printing, Stationery and Advertising	19.	9.54		
Telephone	63.	3.15		
Insurances	4.	10.00		
Miscellaneous				
Loans Fund Expenses	19.	17.81		
Other Expenses	23.	4.92		
			3,036.	16.77
Loan Charges—				
Principal	601.	2.78		
Interest	679.	4.12		
			1,280.	6.90
<i>Carried forward</i>			131,410.	17.53

INCOME

	£	s. cts		£	s. cts
<i>Brought forward..</i>			139,379.	12.73
Day Nurseries (contd.)					
European—Woodley					
Fees	6,309.	13.95
Rent of Flat	120.	0.00
				6,429.	13.95
<i>Carried forward</i>			145,809	6.68

EXPENDITURE

	£	s.	cts		£	s.	cts
<i>Brought forward</i>					131,410.		17.53
Day Nurseries (contd.)							
Asian—High Ridge							
Employees—							
Salaries	2,516.		1.27				
Superannuation Charges	151.		3.57				
Medical Benefits			14.15.88				
Wages etc.—African Staff	245.		17.60				
					2,927.		18.32
Running Expenses—							
Premises							
Maintenance of Buildings	202.		9.06				
Maintenance of Grounds	74.		5.40				
Fencing			3.0.00				
Maintenance of Furniture and Fittings			18.8.27				
Electricity and Fuel	185.		3.44				
Water and Conservancy	95.		8.00				
Cleaning Materials			53.13.21				
Rates			81.7.50				
Renewals Reserve Contribution			85.0.00				
Transport							
Other Transport			37.16.00				
Supplies, Equipment etc.							
Maintenance of Equipment			32.16.65				
New Equipment			169.14.08				
Provisions			892.6.16				
Uniforms			17.8.23				
Establishment Expenses							
Printing, Stationery and Advertising			1.4.10				
Telephone			28.2.30				
Insurances			1.10.00				
Other Expenses			10.12.98				
					1,990.		5.38
<i>Carried forward</i>							
					136,329.		1.23

INCOME

	£	s. cts.		£	s. cts.
<i>Brought forward</i>				145,809.	6.68
Day Nurseries (contd.)					
Asian—High Ridge					
Fees				4,188.	8.50
<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p style="margin-top: 10px;"> <i>Carried forward</i> </p> </div> <div style="width: 15%; text-align: right;"> <hr style="width: 100%;"/> <p>149,997.15.18</p> </div> </div>					

EXPENDITURE

	£	s. cts.	£	s. cts.
<i>Brought forward</i>			136,329.	1.23
Maternity and Child Welfare:				
European				
Employees—				
Salaries	2,534.	7.76		
Superannuation Charges	165.	12.12.		
Provident Fund Contributions	13.	14.24		
Medical Benefits	10.	14.45		
New Appointments	13.	8.00		
			2,737.	16.57
Running Expenses—				
Premises				
Maintenance of Buildings	16.	13.36		
Fencing	21.	11.22		
Maintenance of Furniture and Fittings	20.	7.75		
New Furniture and Fittings	63.	8.70		
Electricity and Fuel	5.	8.00		
Water and Conservancy	9.	12.00		
Rates	15.	0.00		
Renewals Reserve Contribution	25.	0.00		
Supplies, Equipment etc.				
New Equipment	25.	13.00		
Medical Stores and Equipment	85.	2.45		
Maintenance of Equipment	1.	1.78		
Purchase of Infant Food	1,328.	14.57		
Uniforms	9.	14.64		
Transport				
Locomotion	212.	7.11		
Establishment Expenses				
Printing, Stationery and Advertising	40.	19.90		
Insurances	12.	50		
Miscellaneous				
Loans Fund Expenses	1.	5.35		
			1,882.	12.33
Loan Charges				
Principal	69.	14.69		
Interest	125.	9.67		
			195.	4.36
<i>Carried forward</i>			141,144.	14.49

EXPENDITURE

	£	s. cts.		£	s. cts.
<i>Brought forward</i>				141,144.	14.49
Maternity and Child Welfare (contd.)					
Asian					
Employees—					
Salaries	12,456.	5.73			
Superannuation Charges	1,231.	1.26			
Provident Fund Contributions	158.	10.88			
Passage Reserve Contribution	40.	0.00			
Medical Benefits	124.	18.37			
Wages etc.—African Staff	314.	0.60			
				14,324.	16.84
Running Expenses—					
Premises					
Maintenance of Buildings	242.	11.07			
Alterations to Buildings	26.	10.00			
Maintenance of Grounds	96.	10.64			
Maintenance of Furniture and Fittings	72.	12.49			
New Furniture and Fittings	84.	9.50			
Fencing and Gates	95.	2.62			
Electricity and Fuel	218.	0.43			
Water and Conservancy	57.	13.00			
Cleaning Materials	50.	12.02			
Rates	75.	15.20			
Renewals Reserve Contribution	200.	0.00			
Supplies, Equipment, etc.					
Medical Stores and Equipment	486.	15.56			
Maintenance of Equipment	6.	12.32			
New Equipment	149.	1.37			
Uniforms	118.	4.92			
Transport					
Locomotion	435.	4.81			
Other Transport	1,131.	5.62			
Establishment Expenses					
Printing, Stationery and Advertising	170.	12.22			
Telephone	72.	11.05			
Insurances	3.	2.00			
Miscellaneous					
Health Visitors' Training Scheme	12.	8.05			
Midwives' and Dais' Training Scheme	30.	6.40			
Night Security	152.	9.10			
Loans Fund Expenses	4.	15.61			
				3,993.	6.00
Loan Charges—					
Principal	114.	19.24			
Interest	97.	16.23			
				212.	15.47
<i>Carried forward</i>				159,675.	12.80

INCOME

	£	s. cts.	£	s. cts.
<i>Brought forward..</i>			151,348.	6.13
Maternity and Child Welfare (contd.)				
Asian				
Training Fees			6.12.50	
Other Income			3.12.50	
			10. 5.00	
<i>Carried forward</i>			151,358.	11.13

EXPENDITURE

	£	s. cts.		£	s. cts.
<i>Brought forward</i>				159,675.	12.80
Maternity and Child Welfare (contd.)					
African					
Employees—					
Salaries	16,573.	17.52			
Housing Allowances	551.	7.07			
Superannuation Charges	685.	9.27			
Provident Fund Contribution	157.	4.03			
Passages Reserve Contribution	60.	0.00			
Medical Benefits	55.	0.57			
New Appointments	14.	9.00			
Wages etc.—African Staff	3,252.	4.15			
				21,349.	11.61
Running Expenses—					
Premises					
Maintenance of Buildings	367.	2.44			
Maintenance of Grounds	166.	13.75			
Maintenance of Furniture, etc.	10.	1.41			
Electricity and Fuel	181.	16.05			
Water and Conservancy	202.	12.55			
Cleaning Materials	80.	16.94			
Rents	332.	17.10			
Rates	155.	15.00			
Supplies, Equipment etc.					
Medical Stores and Equipment Clinics	1,105.	2.72			
Medical Stores and Equipment Midwives	147.	0.02			
Maintenance of Equipment	68.	5.05			
New Equipment	83.	1.76			
Teaching Unit	3.	4.15			
Purchase of Infant Foods	503.	0.11			
Uniforms	320.	11.06			
Transport					
Locomotion	478.	9.26			
Other Transport	1,735.	1.81			
Establishment Expenses					
Printing, Stationery and Advertising	230.	15.72			
Telephone	136.	14.33			
Insurances	7.	18.80			
Miscellaneous					
Christmas Parties	19.	14.00			
Loans Fund Expenses	2.	13.85			
				6,339.	7.88
Loan Charges—					
Principal	213.	8.90			
Interest	618.	6.01			
				831.	14.91
<i>Carried forward</i>				188,196.	7.20

INCOME

	£	s.	cts.		£	s.	cts.
<i>Brought forward</i>					151,358.	11.	13
Maternity and Child Welfare (Contd.)							
African							
Fees					538.	8.	00
Sale of Foods					390.	11.	50
Other Income					44.	3.	00
					973.	2.	50
<i>Carried forward</i>							
					152,331.	13.	63

EXPENDITURE

	£	s. cts.		£	s. cts.
<i>Brought forward</i>				188,196.	7.20
African Health Centres:					
Employees—					
Salaries	10,107.	19.15			
Housing Allowances	189.	17.46			
Superannuation Charges	577.	4.78			
Medical Benefits	45.	15.68			
New Appointments	325.	15.45			
Wages etc.—African Staff	219.	9.85			
			11,466.		2.37
Running Expenses—					
Premises					
Maintenance of Buildings	107.	8.68			
Alterations to Buildings	799.	3.35			
Maintenance of Grounds	17.	9.50			
Maintenance of Furniture and Fittings	22.	18.07			
Electricity and Fuel	186.	15.06			
Water and Conservancy	155.	6.00			
Cleaning Materials	139.	16.42			
Rents	5.	15.00			
Rates	7.	17.50			
Supplies, Equipment etc.					
Medical Stores and Equipment	11,340.	4.35			
Maintenance of Equipment	104.	7.40			
Typewriter	34.	4.00			
Uniforms	79.	18.25			
Laundry	131.	3.25			
Transport					
Locomotion	261.	4.30			
Other Transport	270.	5.45			
Establishment Expenses					
Printing, Stationery and Advertising	966.	15.76			
Telephone	79.	19.37			
Insurance	4.	13.27			
Miscellaneous					
Other Expenses	1.	7.50			
			14,716.		12.48
Loan Charges—					
Principal	15.	18.84			
Interest	226.	1.66			
			242.		0.50
<i>Carried forward</i>			214,621.		2.55

INCOME

		<i>£</i>	<i>s. cts.</i>	<i>£</i>	<i>s. cts.</i>
<i>Brought forward</i>	.. .. .			152,331.	13.63
African Health Centres:					
Fees—General	.. .. .	4,275.	1.60		
Fees—Government	.. .. .	4,025.	17.01		
		8,300.	18.61		
<i>Carried forward</i>	.. .. .			160,632.	12.24

EXPENDITURE

	£	s. cts.	£	s. cts.
<i>Brought forward</i>			214,621.	2. 55
Lady Grigg Maternity and Training Hospital:				
Employees—				
Salaries	8,276.	2. 87		
Housing Allowances	52.	0. 00		
Superannuation Charges	474.	12. 65		
Provident Fund Contributions	6.	10. 44		
Passages Reserve Contribution	57.	0. 00		
Medical Benefits	35.	7. 81		
Wages etc.—African Trainees	734.	8. 45		
Wages etc.—African Domestic Staff	1,607.	9. 65		
New Appointments	312.	0. 72		
			11,555.	12. 59
Running Expenses—				
Premises				
Maintenance of Buildings	1,224.	8. 52		
Alterations to Buildings	2,434.	17. 29		
Fencing	170.	7. 96		
Maintenance of Grounds	395.	15. 65		
Maintenance of Furniture and Fittings	369.	3. 23		
New Furniture and Fittings	277.	7. 20		
Electricity and Fuel	1,497.	9. 64		
Water and Conservancy	761.	10. 20		
Cleaning Materials etc.	465.	13. 06		
Rates	364.	17. 50		
Renewals Reserve Contribution	500.	0. 00		
Supplies, Equipment etc.				
Maintenance of Equipment	98.	1. 54		
New Equipment	108.	12. 12		
Linen and Cutlery	444.	3. 43		
Medical Stores	2,970.	1. 37		
Provisions	2,236.	14. 70		
Uniforms	234.	6. 52		
Transport				
Other Transport	648.	11. 78		
Establishment Expenses				
Printing, Stationery and Advertising	150.	16. 41		
Telephone	146.	6. 30		
Insurances	16.	19. 50		
Miscellaneous				
Consultants' and Anaesthetists' Fees	1,475.	5. 00		
Recreation and English Tuition	4.	19. 00		
Library Books	—			
Loans Fund Expenses	30.	3. 88		
Other Expenses	4.	3. 00		
			17,030.	14. 80
Loan Charges—				
Principal	1,020.	6. 69		
Interest	1,093.	9. 14		
			2,113.	15. 83
<i>Carried forward</i>			245,321.	5. 77

INCOME

	£	s. cts.		£	s. cts.
<i>Brought forward</i>				160,632.	12.24
Lady Grigg Maternity and Training Hospital:					
Fees	4,646.	19.50			
Rent—V.D. Clinic	23.	0.00			
Dressings	632.	8.50			
Other Income	88.	1.00			
				5,390.	9.00
<i>Carried forward</i>				166,023.	1.24

EXPENDITURE

	£	s. cts.		£	s. cts.
<i>Brought forward</i>				245,321.	5.77
Ambulance Service:					
General					
Employees					
Wages etc.—Drivers				594.	8.78
Running Expenses—					
Equipment			23.	9.38	
Uniforms			21.	1.00	
Transport			88.	1.33	
Insurance			2.	9.10	
Renewals Reserve Contribution			200.	0.00	
Printing, Stationery and Advertising			4.	0.00	
			339.	0.81	
Establishment Expenses				200.	0.00
African Estates:					
Employees—					
Wages etc.—Drivers				770.	9.55
Running Expenses—					
Equipment			—		
Transport			503.	13.21	
Renewals Reserve Contribution			608.	8.00	
Printing, Stationery and Advertising			2.	10.00	
Insurance			4.	18.20	
			1,119.	9.41	
Anti-Malarial Works:					
Construction of Drains (see opposite)					
Payments to Contractors				5,020.	9.69
Maintenance of Drains:					
Employees—					
Wages etc.—Artisans			1,074.	0.65	
Wages etc.—African Staff			1,125.	14.40	
Stores and Materials			803.	7.72	
Transport and Plant			460.	5.83	
			3,463.	8.60	
Cleaning of Drains:					
Employees—					
Wages etc.—African Staff			2,735.	4.64	
Stores and Materials			117.	17.40	
Transport and Plant			853.	9.84	
Charges—Other Departments			7.	17.50	
			3,714.	9.38	
<i>Carried forward</i>				260,543.	1.99

INCOME

	£	s. cts.		£	s. cts.
<i>Brought forward</i>				166,023.	1.24
Ambulance Service:					
Hire Charges—General			511.	12.00	
—African Estates			290.	9.50	
			802.	1.50	

Construction of Drains (see opposite)		£	s. cts.
L. R. 37—Off Buckleys Road		2,628.	6.25
Asian Civil Service Ground—off Park Rd. ..		2,392.	3.44
		5,020.	9.69

<i>Carried forward</i>				166,825.	2.74
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EXPENDITURE

	£	s. cts.		£	s. cts.
<i>Brought forward</i>				260,543.	1.99
Mortuary, Funerals and Cemeteries:					
Supervision and Mortuary:					
Employees—					
Salaries			2,506.	18.	55
Superannuation Charges			187.	14.	32
Provident Fund Contributions			48.	5.	15
Passages Reserve Contributions			80.	0.	00
Medical Benefits			51.	3.	18
Wages etc.—African Staff			203.	15.	35
New Appointments			6.	2.	50
			3,083.	19.	05
Running Expenses—					
Premises					
Maintenance of Buildings			69.	6.	67
Maintenance of Grounds			23.	16.	83
Electricity and Fuel			156.	9.	46
Water and Conservancy			73.	10.	00
Cleaning Materials			23.	0.	29
Rates			31.	10.	00
Renewals Reserve Contribution			200.	0.	00
Supplies, Equipment etc.					
Maintenance of Equipment			33.	3.	84
General Stores			58.	12.	40
Uniforms			28.	12.	19
Transport					
Locomotion			192.	13.	92
Establishment Expenses					
Printing, Stationery and Advertising			14.	0.	27
Telephone			98.	2.	73
Insurances			6.	11.	50
Central Establishment Expenses			495.	0.	00
Other Expenses			1.	12.	55
			1,506.	2.	65
<i>Carried forward</i>				265,133.	3.69

INCOME

	£	s.	cts.		£	s.	cts.
<i>Brought forward</i>					166,825.	2.	74
Mortuary, Funerals and Cemeteries:							
Supervision and Mortuary:							
Government Contribution—1958			1,050.				0.00
Government Contribution—Balance 1957			89.				10.00
			1,139.				10.00

Carried forward

167,964.12.74

EXPENDITURE

	£	s. cts.		£	s. cts.
<i>Brought forward</i>				265,133.	3.69
(<i>Less: Charged to Funerals and Burials</i>)				2,682.	11.96
				262,450.	11.73
Funerals—European and Asian:					
Employees—					
Allowances to Staff				174.	7.00
Running Expenses—					
Cost of Coffins	4,809.	12.	73		
Lettering Plates	82.	10.	00		
Transport					
Hearse—Running Expenses	91.	11.	30		
Hearse—Renewals Reserve Contribution	200.	0.	00		
Printing, Stationery and Advertising	24.	10.	00		
Central Establishment Expenses	335.	0.	00		
Other Expenses	31.	2.	65		
Supervision and Mortuary	1,389.	9.	46		
				6,963.	16.14
 <i>Carried forward</i>				269,588.	14.87

I N C O M E

	£	s. cts.	£	s. cts.
<i>Brought forward</i>			167,964.	12.74
Funerals—European and Asian:				
Funeral Charges		8,949.		9.40
Maintenance of Graves		137.		5.00
Other Income		91.		3.00
		9,177.		17.40
<i>Carried forward</i>			177,142.	10.14

EXPENDITURE

	£	s.	cts.		£	s.	cts.
<i>Brought forward</i>					269,588.		14.87
Mortuary, Funerals and Cemeteries (contd.)							
African Burials:							
Supplies, Equipment etc.							
Stores					79.		1.97
Transport							
Hearse—Running Expenses					131.		16.09
Hearse—Renewals Reserve Contribution					167.		4.00
Establishment Expenses—							
Central Establishment Charges					75.		0.00
Supervision and Mortuary					1,293.		2.50
							1,746. 4.56
Cemeteries—General							
Employees—							
Wages etc.—African Staff							1,382. 4.40
Running Expenses—							
Grounds							
Water and Conservancy					74.		7.32
Supplies, Equipment etc.—							
Stores					46.		6.91
Uniforms					66.		12.76
Transport							
Other Transport					41.		5.94
Establishment and Other Expenses							
Insurances					30.		18.00
Central Establishment Charges					270.		0.00
Parks Department Establishment Charges ..					200.		0.00
Loans Fund Expenses					11.		0.08
							730. 2.01
Loan Charges—							
Principal					7.17.		61
Interest					11.		3.23
							19. 0.84
Special Work (see note opposite)							
Wages etc.					243.		16.31
Transport					26.		10.62
Stores and Materials					18.		15.56
							289. 2.49
Provision for Capital Expenditure—							
New Cemetery—Langata					4,000.		0.00
<i>Carried forward</i>							277,755. 9.17

INCOME

	£	s. cts.	£	s. cts.
<i>Brought forward</i>			177,142.	10.14
Mortuary, Funerals and Cemeteries (contd.)				
African Burials:				
Burial Fees			533.	14.64

Details of Special Work (see Opposite)		£	s. cts.
South Cemetery—			
Grassing and Drainage		54.	11.19
Forest Road Cemetery—			
Re-grassing		99.	6.07
New Surface Drainage		29.	10.45
Repairs to Wall, Chapel			17.82
Park and Forest Road Cemeteries—			
Repairs to Memorials		35.	9.23
Grave Numbering		69.	7.73
		289.	2.49

<i>Carried forward</i>				
			177,676.	4.78

EXPENDITURE

	£	s. cts.		£	s. cts.
<i>Brought forward</i>				277,755.	9.17
Mortuary, Funerals and Cemeteries (contd.)					
Cemeteries—African.					
Employees—					
Wages etc.—African Staff				1,045.	13.05
Running Expenses—					
Grounds					
Maintenance of Buildings			68.	1.92	
Maintenance of Grounds			2.	5.03	
Water and Conservancy			30.	12.12	
Supplies, Equipment, etc.					
Loose Tools, etc.			25.	9.33	
Uniforms			20.	2.42	
Establishment Expenses					
Insurances			25.	0.00	
Central Establishment Charges			75.	0.00	
Loans Fund Expenses			1.	1.22	
Other Expenses			3.	3.50	
				250.	15.54
Loan Charges—					
Principal			15.	1.90	
Interest			21.	7.61	
				36.	9.51
 Provision for Capital Expenditure—					
Preparation of New Cemeteries				300.	0.00
TOTAL				279,388.	7.27

INCOME

	£	s.	cts.	£	s.	cts.
<i>Brought forward</i>				177,676.	4.	78
Mortuary, Funerals and Cemeteries (contd.)						

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TOTAL				<u>177,676.</u>	<u>4.</u>	<u>78</u>
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