

Annual report of the Medical Department of the Western Region of Nigeria.

Contributors

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WESTERN REGION OF NIGERIA

Annual Report of the
Department of Medical Services
Western Region of Nigeria
for the year 1955

PRICE : NINE PENCE



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FOREWORD

By

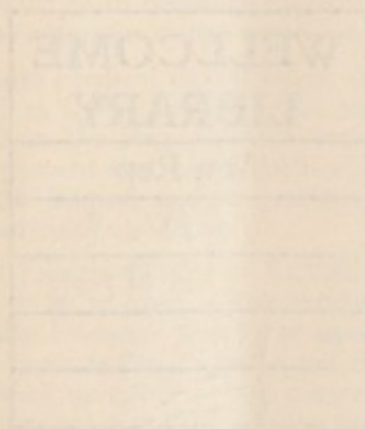
THE HONOURABLE J. O. ADIGUN
Minister of Health and Social Welfare

The year was noteworthy for the marked progress in the construction of divisional hospitals at Ikeja, Epe, Okitipupa, Iddo Ekiti, Ilaro, Auchi and Kwale. A combined hospital at Owo and the Rural Health Centre at Ughelli have been opened. The Government is subsidising the construction of twenty-six new Local Government maternity centres.

The Western Region Local Government Law, has come into effect and the new local councils have been charged with responsibility for various functions concerning Public Health including the control of infectious diseases. The Department realises the necessity of proper training facilities for the Local Government sanitary staff and dispensary attendants. The training scheme for them will be started soon.

The mass treatment of yaws in the Afenmai and Ishan Divisions has been completed. As the subsequent surveys have shown, the incidence of yaws in these divisions has been brought down from around 30 per cent to 1 per cent. The population of Asaba Division is now being treated. The Department hopes that Local Government bodies will assist in the yaws eradication scheme by taking over the control of the disease after the initial treatment has been completed.

It is great pleasure to me to present this Annual Report for it shows that the year 1955 has been one of considerable achievement on the part of the Medical Department of this Region.



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MEMORANDUM

The Honorable J. O. Anderson
Minister of Health and Social Welfare

The following information is being provided to you for your information and for the use of the Department of Health and Social Welfare. It is requested that you advise the Department of any action taken in response to this information.

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Annual Report of the Department of Medical Services Western Region of Nigeria, 1st January to 31st December, 1955

I.—INTRODUCTION

After the constitutional changes which took place with effect from 1st October, 1954, the area covered by Lagos Township became Federal Territory and various medical institutions which had been under the direction of the Ministry of Public Health, Western Region and under the local administration of the Senior Medical Officer for Lagos and Colony since the previous constitutional changes in 1952 passed over to the direction of the Chief Medical Adviser to the Federal Government. A new provincial headquarters for the Colony Province has been set up at Ikeja about ten miles from Lagos and it is proposed to station an administrative Senior Medical Officer there, who will supervise the medical activities and health activities in Colony, Abeokuta and Ijebu Provinces. The Senior Medical Officer at Ibadan will continue to supervise Ibadan and Oyo Provinces but will also take over Ondo Province, leaving the Senior Medical Officer at Benin responsible for Benin and Delta Provinces.

2. In recent years annual medical department reports have covered the fiscal year, but after discussions which have unfortunately delayed the publication of the report for the nine month period from 1st April to 31st December, 1954, it has been approved that annual medical reports should cover the calendar year to maintain uniformity with those presented by the other Regions in Nigeria and with most other territories. This report is therefore the first to cover a full calendar year since the inception of the present constitution.

3. The constitutional change has not affected the policy of increasing the Medical and Health Services outlined in the White Paper published by the present Government in 1952, except in so far as projects in Lagos are concerned, but the new Development Plan of the Western Region of Nigeria for 1955-60 includes further proposals for expansion, throughout the Region. During the five-year period capital expenditure of £2,169,000 and a total recurrent expenditure of £7,768,000 is envisaged but in spite of this there will be numerous urgently required hospital improvements and general health projects which cannot be included because of financial limitations.

4. The policy that there should be at least one hospital in each political division is rapidly being implemented and marked progress has been made during the year on the construction of the new 60-bed hospital at Ikeja and of the 48-bed hospitals at Epe, Okitipupa, Iddo Ekiti, Ilaro, Auchi and Kwale. It is hoped that the first few will be ready for opening towards the end of 1956 and the remainder early in 1957. In the new plan provision is being made for two more 48-bed hospitals which will be sited in heavily populated divisions where the Government services are at present woefully inadequate, at Ogbomosho and Iwo. Useful additions were made to existing hospitals during the year, at Sapele a 30-bed ward and a maternity ward; at Warri a small isolation ward; at Abeokuta a new operating theatre and X-ray block and a maternity ward; while at Ondo Local Authority hospital a new 30-bed ward, the "Canon Adeyemi Memorial Ward" was added. These additions unfortunately are but a fraction of those required to bring all the existing Government hospitals up to required modern standards and it is estimated that at least another £250,000 should be spent on minor extensions and improvements.

5. Probably the most interesting medical development during the year was the opening of the St. Louis Combined Hospital at Owo, 88-bed, built and staffed by the Roman Catholic Mission with financial assistance from the Regional Government, run by a Board of Governors on which Mission, Regional Government and Local Authorities are represented. It is the first "combined" hospital to open in the Region and its development will be undoubtedly watched with great interest by all the authorities concerned.

6. A new Government Rural Health Centre at Ughelli in Delta Province was opened in February, the third of such units to be opened. The resident medical officer in charge is the Rural Medical Officer touring Delta Province and he is assisted by a Health Sister who takes charge while he is away on tour. Intended as a health unit the medical officer finds that in fact he is overwhelmed with clinical work as many of the patients who seek medical attention are unwilling to travel the additional distance away from home to the hospital at Warri, even though an ambulance service is provided.

7. Work has continued on Aro Mental Hospital, which started by the Central Government with assistance from grants from Colonial Development and Welfare Funds has now been taken over by the Western Regional Government.

The capital cost is now estimated at £333,850 and the estimated recurrent expenditure will be over £100,000 per annum. A skeleton staff is organising out-patient treatment and starting the local training of mental nurses in addition to supervising the old Lantoro asylum a few miles away. Owing to various difficulties which have arisen it is not likely that it will be possible to admit in-patients until the middle of 1957. The heavy financial commitment which this large modern hospital will involve may well delay the opening of urgently required subsidiary units elsewhere in the Region. The rapid development and the profound social changes resulting are steadily making mental health a problem of increasing magnitude in the Region, and further planning awaits the report of Dr. J. C. D. Carrothers who visited Nigeria, including the Western Region, during the year.

8. A start has been made in improving the training facilities for nurses, midwives and health auxiliaries. The nurses preliminary training school at Ibadan has been enlarged to permit of an intake of sixty pupils twice a year, but much of the original accommodation is only of semi-permanent construction and more new buildings will be required when funds become available. New nurses hostels are to be constructed at Abeokuta and Ijebu-Ode provincial hospitals at a total cost of £59,800.

9. The training of Grade I midwives is being started at Adeoyo hospital, Ibadan, in co-operation with the U.C.H. authorities. A new hostel and lecture rooms for a separate preliminary training school are to be built in Ibadan on a site near the existing nurses P.T.S. at cost of £32,070.

10. The School of Hygiene is to be re-housed in new buildings on the new site at Eleiyele near the other training schools which will provide accommodation for an annual intake of twenty public health inspectors in training and forty dispensary attendants for Local Authority units. A health education unit will be associated with the school and the sum of £50,000 has been approved for the capital cost of the project.

11. The new development plan also includes provision for building two Government Rural Health Centres in Ibadan Division at a cost of £30,000 and the sum of £208,000 is being granted to Local Authorities throughout the Region for the construction of dispensaries and maternity centres. These additional units will place a great strain on the resources of the Local Authorities and on the supervising medical staff, while adequately trained dispensary attendants will be few in number until the new training school is functioning.

12. The Western Region Local Government Law, 1952, enacted in 1953, has now come into effect and department officers have more direct contact with the new Local Councils than was the case with the former Native Authorities and the assistance which can be given by administrative officers is considerably diminished. Certain functions formerly carried out by Residents have now passed over to the Ministries but as far as Public Health is concerned the change is not great. The Ministry has taken over action regarding the Declaration of Diseased Areas under the Dogs' Ordinance and the Licensing of Patent Medicine dealers under the Pharmacy Ordinance.

13. The new law makes it the duty of District Councils to carry out the inspection and abatement of nuisances under the Public Health Ordinance. The Regional Authority may by Instrument declare that subject to such limitations as may be imposed a Council shall or may perform certain functions. Those affecting the public health concern the control of animals, building regulations, liquor licensing, markets and public health. Under the latter are included infectious diseases, provision of hospitals and other medical units, homes for the aged and infirm and lepers, control of mosquitoes and other vermin, ambulance services, provision of public lavatories, drainage and sewage, nightsoil and refuse disposal services, water supply, slaughter houses and meat inspection and also burial grounds.

14. The new development plan does not at present include specific provision for building up an increasingly urgently required Tuberculosis Control Service but it has been agreed that profits from the Regional Lottery should be devoted to medical and health projects including in particular the development of tuberculosis control.

15. Government is well aware of the need for vastly improved water supplies to all towns and villages of the Region and an extensive programme has already been embarked on, but even so still further expansion on a large scale will be required in all the large towns before a start can be made at introducing the modern sewerage systems which are urgently required before the task is made almost impossible and prohibitively costly by the rapidly increasing modern building development now taking place.

II.—ADMINISTRATION

A.—DEPARTMENTAL ORGANISATION

16. The general administrative pattern of the medical services remains unchanged since last year when the alterations resulting from the Constitutional changes of 1st October, 1954, were briefly described in the introduction to the report for the last nine months of the year.

17. The Federal Government still retains overriding powers in regard to certain subjects in the Exclusive and Current Legislative Lists of the Nigeria (Constitution) Order in Council, 1954. The subjects in the Concurrent List concerning the medical services in which the Regional Government may make laws provided that they do not conflict with Federal legislation, the latter prevailing over Regional law, are—

Dangerous Drugs, Prisons and other institutions for the treatment of offenders, Quarantine, Scientific Research, Statistics and certain Professional qualifications designated by the Governor-General, which include, medicine, dentistry, veterinary medicine, pharmacy, nursing and midwifery.

B.—STAFF

18. The additional post of Assistant Director of Medical Services was created during the year to strengthen the headquarters administration in view of the rapid expansion of the medical and health services taking place.

Two officers have been recruited on transfer to fill vacant specialist posts and three others are under active consideration leaving twelve posts still to be filled.

19. The recruitment of new Medical Officers from among Nigerians who have qualified in recent years has not come up to expectation and there were fifteen posts vacant at the end of the year. The number of medically qualified expatriates has now dwindled to eighteen out of a strength of fifty and an establishment of ninety-six in all grades.

20. The recruitment of Nigerian Nursing Sisters has continued steadily but numbers of those applying for appointment are married and not eligible for permanent appointment. Others marry soon after appointment and may resign on account of family commitments or may only be prepared to serve in certain stations thus decreasing their value to the department. There were ten vacancies in this cadre at the end of the year. A number of persons accept temporary appointments to fill vacancies in the larger stations.

21. The establishment of nurses and midwives now required to staff existing hospitals and those due to be completed during the next two years is 870 and the existing strength of such staff is 616, including probationers. Further expansion of the nurses preliminary training school is being undertaken to speed up the output of probationers from the school and financial provision is being made for a separate preliminary training school for pupil midwives. The training of Grade I midwives is being started at Adeoyo hospital, Ibadan, which replaces Massey Street hospital, Lagos, as the Regional training school for this category.

22. The recruitment of Medical Officers of Health is even more difficult than that of general duty medical officers and at the end of the year the post of Senior Health Officer and posts for seven Medical Officers of Health were vacant, the Region being left with only one such officer on the strength and none on duty.

23. The position regarding Health Superintendent is satisfactory and twenty-two out of the twenty-five posts were filled while candidates are under consideration for the vacancies. Only two Europeans now remain employed in this cadre.

24. The recruitment of Sanitary Inspectors and Medical Field Unit Assistants is satisfactory but the number of applications for training for the former posts is lower than it should be as the initial salary is apparently not considered sufficiently attractive, although promotion prospects are much better than in many other branches of the service.

C.—FINANCE

25. This section of the report has been expanded this year in the hope that it will help towards giving a clearer picture of the general trend of the activities of the Department.

26. Three financial statements covering the financial year 1955-56 are given in Appendix III and are supplemented by the following notes :—

Statement A

Recurrent Expenditure and Non-Recurrent Expenditure other than Buildings

(a) Perhaps the most significant feature is that only two-thirds of the funds voted were expended. This was again mainly due to difficulties in filling the large number of vacancies in the Personal Emoluments section and the continued delays in completing the building of new units and extensions to existing hospitals. In the Non-Recurrent section the substantial savings arose mainly from—

(i) Equipment and Electricity Generators for new hospitals : £120,500

(ii) Delayed delivery of Launches : £40,900

(iii) Delays in completing the distribution of grants to Local Authorities for building Dispensaries and Maternity Centres : £57,100.

(b) Seventy-five per cent of the Colonial Development and Welfare expenditure was covered from grants made under the Colonial Development and Welfare Acts.

(c) With an estimated population of 6,460,000 in the Western Region, the *per capita* expenditure on Medical Services in 1955-56 was as follows :—

Recurrent Expenditure, <i>per capita</i>	29.43 pence
Non-Recurrent Expenditure, <i>per capita</i>	9.58 pence
Total Expenditure, <i>per capita</i>	39.01 pence

(d) Of the total Approved Estimates of Expenditure, 1955-56, Medical Services were allocated only 10.7 per cent, which compares unfavourably with Education at 28 per cent.

Statement B

Non-Recurrent Expenditure : Buildings

(a) This statement illustrates the heavy burden placed upon the Public Works Department by this Department alone, resulting from the accelerated pace of expansion during this period.

(b) The largest single item in the programme is the Hospital for Nervous Diseases, Aro. This hospital was originally a Federal responsibility but was transferred to this Region as from the 1st October, 1954. The estimated building cost was £140,000 and the upward revision of the cost to its present level has been a severe strain upon the funds allocated to this Department under the 1955-60 Development Plan.

Statement C

Revenue

(a) Hospital and Dental revenue continued to exceed expectations. The unrealistic separation of Sale of Drugs (prescription fees) from the main Hospital Fees sub-head has since been abolished and the two are now merged as Hospital Fees.

(b) 1955-56 was the first full year in which Railway capitation fees were based upon the number of staff employed outside Lagos and it transpired that the number was under-estimated.

(c) Fees from the Electricity Corporation for the first quarter were mis-classified to a wrong sub-head and owing to other inadvertences the fees for the remaining quarters were not received in time to be paid into the 1955-56 Revenue. All fees due were, however, subsequently collected and paid to Western Region Revenue.

APPROVED ESTIMATES AND ACTUAL EXPENDITURE, 1955-56
Recurrent and Non-Recurrent (other than Buildings)

ESTIMATES	PERSONAL EMOLUMENTS		OTHER CHARGES		NON-RECURRENT		TOTAL	
	Estimated	Expended	Estimated	Expended	Estimated	Expended	Estimated	Expended
1. Head 351, section A (Non-C.D. and W) (General Medical and Health)	£ 417,390	£ 291,628	£ 379,260	£ 305,405	£ 150,090	£ 28,652	£ 946,740	£ 625,685
2. Head 351, section B, Part I (C.D. and W. Leprosy Control)	23,590	17,002	22,840	16,685	11,000	8,949	57,430	42,636
3. Head 351, section B, Part II (C.D. and W. General Hospital Services)	80,020	64,314	82,990	49,091	42,610	22,382	205,620	135,787
4. Head 351, section B, Part III (C.D. and W. Medical Field Unit)	16,550	13,894	16,240	9,900	—	—	32,790	23,794
5. Head 351, section B, Part IV (C.D. and W. Aro Nervous Diseases Hospital)	21,450	7,646	29,300	16,661	15,000	4,813	65,750	29,120
6. Appendix WM. (Marketing Board Loans and Grants)	—	—	—	—	285,100	192,951	285,100	192,951
TOTAL EXPENDITURE	559,000	394,484	530,630	397,742	503,800	257,747	1,593,430	1,049,973
SAVING	164,516	—	132,888	—	246,053	—	543,457	—

APPROVED ESTIMATES AND ACTUAL EXPENDITURE, 1955-56
Non-Recurrent—Building

	Estimates Head	Estimated Total Cost	Expended up to 31-3-55	Estimates 1955-56	Actual Expenditure 1955-56	
Dispensary, Idiroko	356	1,960	1,800	160	105	C.D. and W.
One A2 Quarters, Benin	—	6,100	3,259	600	2,843	C.D. and W.
Ossomo Leper Settlement Extensions, Stage I	—	10,500	4,222	5,700	2,441	C.D. and W.
Ante-Natal Clinic, Benin	—	2,740	—	2,550	412	C.D. and W.
Three Junior Staff Quarters, Sapele	—	5,500	5,345	600	155	C.D. and W.
Medical Field Unit, Auchi	—	10,580	10,430	150	147	C.D. and W.
One A3 and one A4 Quarters, Abeokuta	—	8,130	5,520	1,080	2,610	C.D. and W.
Benin Hospital Extension	—	28,870	23,368	1,300	265	C.D. and W.
One A3 Quarter, Benin	—	5,020	—	4,680	2	C.D. and W.
Warri Hospital Extension	—	15,530	10,039	3,200	199	C.D. and W.
Rural Health Centre, Ughelli	—	14,960	14,200	650	—	C.D. and W.
Rural Health Centre, Okitipupa	—	11,370	—	10,600	—	C.D. and W.
One A3 and one A4 Quarters, Ughelli	—	7,580	—	7,580	—	C.D. and W.
One A3 and one A4 Quarters, Okitipupa	—	8,130	—	7,580	—	C.D. and W.
Badagry Hospital	—	37,590	26,225	10,540	126	C.D. and W.
Rural Health Centre, Ikorodu	—	14,640	—	13,650	19	C.D. and W.
One A3 and one A4 Quarters, Ikorodu	—	8,370	—	7,800	—	C.D. and W.
Medical Field Unit, Okitipupa	—	11,340	—	10,580	—	C.D. and W.
Aro Nervous Diseases Hospital	356	333,850	111,123	141,640	49,607	C.D. and W.
Improvements to Agbor Hospital	356	41,830	—	39,000	1	C.D. and W.
Nurses Hostels, Ijebu-Ode and Abeokuta	356	59,800	—	59,800	5,855	C.D. and W.
Midwives Hostel and Lecture Room, Ibadan	356	32,070	—	29,900	10	C.D. and W.
Improvements to Jericho General Hospital, Ibadan	356	19,500	—	19,500	—	C.D. and W.
Ossomo Leper Settlement Extensions, Stage II	356	20,920	—	19,500	—	C.D. and W.
Oyo Hospital	—	61,420	54,551	—	1,613	C.D. and W.
Abeokuta Hospital Extension	—	20,970	11,000	—	4,322	C.D. and W.
Extension to Sapele Hospital	—	25,510	7,649	21,000	14,716	C.D. and W.
New Divisional Hospital, Ilaro	Appx. WM	76,000	288	70,000	35,533	C.D. and W.
New Divisional Hospital, Auchi	Appx. WM	75,760	19,062	53,800	28,849	C.D. and W.
New Divisional Hospital, Kwale	Appx. WM	78,930	21,511	70,000	37,714	C.D. and W.
New Divisional Hospital, Okitipupa	Appx. WM	73,660	23,892	42,000	35,678	C.D. and W.
New Divisional Hospital, Iddo-Ekiti	Appx. WM	80,230	—	55,800	31,156	C.D. and W.
New Divisional Hospital, Epe	Appx. WM	76,790	16,357	53,800	35,738	C.D. and W.
New Divisional Hospital, Ikeja	Appx. WM	76,000	40	70,000	43,555	C.D. and W.
New Hospital, Iwo	Appx. WM	76,000	—	70,000	—	C.D. and W.
New Hospital, Ogbomosh	Appx. WM	76,000	—	70,000	—	C.D. and W.
School of Hygiene, Ibadan	Appx. WM	50,000	—	50,000	—	C.D. and W.
Two Rural Health Centres, Ibadan Rural Areas	Appx. WM	30,000	—	30,000	—	C.D. and W.
Improvements to Provincial Hospitals	Appx. WM	33,000	—	50,000	—	C.D. and W.
One A3 Quarter, Health Superintendent, Auchi	Appx. WO	4,990	—	4,120	2,606	C.D. and W.
One A3 Quarter, Ijebu-Ode	Appx. WO	4,830	—	4,050	4,063	C.D. and W.
Improvements to Ijebu-Ode Hospital	Appx. WO	21,220	4,752	16,260	10,811	C.D. and W.
Transport Office for Ambulance Service, Ibadan	Appx. WO	8,060	—	7,530	6,108	C.D. and W.
Dental Unit and A3 Quarters, Benin	Appx. WO	19,950	—	18,600	—	C.D. and W.
Extensions, Lantoro Asylum	—	5,500	4,780	160	154	C.D. and W.
TOTAL		1,691,700	379,411	1,155,460	357,413	

APPROVED ESTIMATES OF REVENUE AND ACTUAL COLLECTIONS, 1955-56

<i>Estimates Head</i>	<i>Approved Estimates</i>	<i>Actual Collections</i>	<i>Excess</i>	<i>Short-fall</i>
	£	£	£	£
HEAD 304 : FEES				
Hospital Fees	22,270	29,441	7,171	—
Sanitary/Quarantine Fees	80	71	—	9
Fumigation Fees	10	—	—	10
Dental Fees	4,100	6,316	2,216	—
Board and Lodging Fees : Hostels	900	217	—	683
HEAD 306 : EARNINGS OF GOVERNMENT DEPARTMENTS				
Sales of Drugs	3,280	11,681	8,401	—
HEAD 309 : REIMBURSEMENTS				
Nigerian Railway	2,460	4,406	1,946	—
Electricity Corporation of Nigeria... ..	1,200	—	—	1,200
TOTAL REVENUE	£ 34,300	52,132	19,734	1,902
NET EXCESS	£ —	—	—	17,832

D.—LEGISLATION

27. Lists giving the short titles of Western Regional Government Notices, Orders, Rules and Regulations relating to public health and medical subjects are given in Appendix III.

III. PUBLIC HEALTH

GENERAL REMARKS

(1) European Health

28. Throughout the Region, expatriates have enjoyed good health except in Benin City, where illnesses, namely, septic sore throats, chronic otitis externa, generally attributed to bathing, boils and carbuncles, inability to sleep, and vague psychological upsets have been frequent. Children were particularly vulnerable.

29. Attendances at the Nursing Homes continue to increase in proportion to the population at risk. At the Jericho Nursing Home during the year 444 in-patients, and 10,454 outpatients were treated. Children form a large proportion of the cases and some of their illnesses were of a serious nature.

30. There were four cases of typhoid, three of whom came from Shagamu, and in spite of detailed investigation, the source of infection was not traced.

31. There was one case of poliomyelitis from the northern district of Oyo Province.

32. No epidemics occurred, but measles, German measles, chicken-pox and whooping cough have occurred sporadically.

33. There were few cases of clinically diagnosed malaria ; other insect-borne diseases, dengue fever and filariasis occurred occasionally. Skin diseases, gastro-intestinal disorders, and other minor complaints have been as frequent as in previous year.

34. Two deaths have occurred, one in a young male adult from acute porphyria ; the other in a woman of eighty from carcinoma of the pancreas.

(2) African Health

35. We report no major epidemic during the year, although there have been sporadic cases of smallpox, chicken-pox, whooping cough and measles throughout the Region.

36. There is an increase in the number of cases of pulmonary tuberculosis attending hospital. This may not be an indication of an increase in the incidence of the disease but rather a reflection of better facilities of diagnosis and of realisation that the disease can be successfully treated.

37. There are high incidences of malnutrition, avitaminosis (of the B-complex particularly) and nutritional deficiencies especially among children and expectant and nursing mothers.

38. Helminthiasis is still very common and guinea worm is seen frequently, particularly in Colony, Egbado Division of Abeokuta and Oyo provinces.

39. Tropical ulcers are common throughout the Region but the incidence of yaws has declined appreciably, a striking tribute to the continuing campaign against yaws.

40. The dysenteries and other gastro-intestinal disorders continue to present high morbidity rates.

41. Malaria is the most common disease among hospital outpatients, but response to treatment is sure and almost dramatic and, although major complications like black water fever are very common, debility not uncommonly occurs and may take up to a week to clear up.

42. The return of diseases and deaths for all races treated at Government Hospitals and Dispensaries is given in Appendix IV. The summary presented below gives the comparative numbers that made use of all types of medical facilities in the Region during the past three years.

	IN-PATIENTS			OUTPATIENTS		
	1953-54	1954 (April to 31st Dec.)	1955 (1st Jan. to 31st Dec.)	1953-54	1954 (1st April to 31st Dec.)	1955 (1st Jan. to 31st Dec.)
(A) GOVERNMENT HOSPITALS AND DISPENSARIES :						
<i>Medical Division :</i>						
Ibadan	21,248	17,260	11,740	149,202	199,682	306,187
Benin	11,095	6,788	10,489	165,038	99,904	188,436
Total, Western Region ...	32,343	24,048	22,229	314,240	288,586	494,623
(B) NATIVE AUTHORITY HOSPITALS AND DISPENSARIES*						
<i>Medical Division :</i>						
Ibadan	—	—	—	266,372	227,953	414,491
Benin	—	869	726	254,149	259,361	313,194
Total, Western Region ...	—	869	726	520,521	487,314	727,685
(C) MISSION HOSPITALS AND DISPENSARIES :						
<i>Medical Division :</i>						
Ibadan	11,415	7,812	27,375	56,724	71,858	143,094
Benin	10,208	6,233	14,162	53,424	44,233	83,816
Total, Western Region	21,623	14,045	41,537	110,148	116,091	226,910

IV.—VITAL STATISTICS

43. Nowhere in the Region is there compulsory registration of births and deaths. The Medical Statistician to the Federal Government has presented his report on the tour he conducted throughout the Region in 1953-54, and his recommendations are being studied by this Ministry as well as by the Ministry of Local Government. Our international associations and commitments make it obligatory on us to produce figures, as accurate as our present stage of advancement permits, of vital statistical data. It is felt that this is a most opportune time to make regional legislation for the registration of births and deaths. The registration of children for the Free

* Ibadan Native Authority Hospital being used temporarily by University College Teaching Hospital included with Government hospitals.

In-patient figure refers to Ondo Native Authority hospital.

Education Scheme can be linked up with, and used as an inducement for, making such legislation for the compulsory registration of births. The provision of grave-space, obtainable only on the production of a statutory death certificate, in cemeteries which are reverently cared for by Local Government Authorities, can act as an inducement to the population for the registration of deaths. Western Nigeria does not make a secret of the burial of the dead, particularly if the dead person has attained a reasonable age. One thorny problem will be the cost of collecting these two vitally important data, but with the full co-operation of three Ministries, *viz.*, Public Health, Local Government and Education, and by adopting the suggestion put forward by the Medical Statistician to the Government of the Federation, the cost can be reduced to a minimum.

44. The aggregate figures of population as recorded at the 1952-53 census are given below by provinces—

DECEMBER 1952 :

<i>Western Region</i>				<i>Males</i>	<i>Females</i>	<i>Total</i>
				,000	,000	,000
Abeokuta	...	...	...	309	321	630
Benin	...	...	...	442	459	901
Colony	...	...	...	263	242	505
Delta	...	...	...	285	306	591
Ibadan	...	...	...	834	817	1,651
Ijebu	...	...	...	167	181	348
Ondo	...	...	...	459	486	945
Oyo	...	...	...	385	398	783
				3,144	3,210	6,354

V.—HYGIENE AND SANITATION

1.—PREVENTIVE MEASURES

(a) *Mosquito and other Insect-borne Diseases*

Malaria

45. Preventive anti-mosquito measures continued throughout the year. Larvicidal oil spraying of collections of stagnant water, drainage and reclamation of swamp, filling of borrow pits, regular clearance of earth drains, cutting of new drains, and systematic searches for discarded pots, calabashes, tins, and other receptacles which constitute potential sources of mosquito breeding were undertaken. The swing-fog pest control unit from Ibadan operated in Ibadan and Agbor areas.

46. These routine measures, helpful as they are locally, have not made any real contribution to the problem of eradication of Malaria. Anopheles eradication must be tackled on a country-wide basis and, because of the great problems and expenditure involved, the aid of World Health Organisation will be necessary.

47. Malaria takes pride of place among the endemic insect-borne diseases. Morbidity incidence is very high especially at the beginning and at the end of the rainy season. Children in particular are most severely affected and the mortality rate, which unfortunately cannot be calculated with any degree of accuracy with our present standards of collection of vital statistical data, is suspected to be rather high and in fact it probably is largely a question of survival of the fittest among infants in rural areas.

Yellow Fever

48. No cases of yellow fever were recorded during the year, but early in January 1955, reports were received of numerous cases of fever with jaundice in Ewohimi village of Agbor district, resulting in twelve deaths. Suspecting the onset of a yellow fever epidemic, full precautionary measures were instituted including protective inoculation of all medical and health staff in the vicinity, elimination of domestic breeding places of mosquitoes, and spraying of premises with insecticides. A Virus Research Medical Officer from Lagos, accompanied by the Senior Health Officer of the Region, toured the area and investigation revealed almost a total absence of mosquitoes while pathological findings disproved yellow fever. The causative disease was suggested to be sickle-cell anaemia.

49. The aedes indices for the various premises are included in table I, page 13, Ibadan, Benin, Warri, Sapele and Forcados remain designated yellow fever inoculation centres for the purpose of the International Sanitary Regulations.

Dengue Fever

50. Seventeen cases of dengue fever were recorded mostly in Europeans, but many cases occurring in Africans are probably not correctly diagnosed.

Plague

51. No cases of plague were reported.

Filariasis

52. Occurred in some areas. No definite cases were reported.

Trypanosomiasis

53. This Region appears to continue to be free from human trypanosomiasis and no cases were recorded.

(b) Epidemic and Endemic Diseases

Smallpox

54. There continue to be a fall in the number of cases notified, *viz.*, 160 cases and fourteen deaths. It was feared that outbreaks in Onitsha and other Eastern towns would spread to the Agbor Medical Area, but prompt and mass vaccination campaign, inspection and vaccination of all travellers crossing the Onitsha/Asaba ferry and isolation of actual cases in temporary shelters prevented a major outbreak. A mild outbreak occurred in a remote village, Okumbri, in the Forcados Medical Area where the total number of cases recorded was fifty-six with twelve deaths giving a mortality rate of 214 per thousand. The Medical Field Units are now committed to the Yaws Campaign but routine mass vaccination is being continued and over one million persons were vaccinated during the year.

COMPARATIVE TABLE OF CASES NOTIFIED

	1950-51	1951-52	1952-53	1953-54	1954	1955
Notified	2,431	715	197	146	125	129
Deaths... ..	318	111	30	7	8	6
Percentage Mortality...	13.0	15.5	15.2	4.8	6.4	4.6

55. The number of vaccinations performed throughout the Region by Health Superintendents and Inspectors during the past four years were :—

	1952-53	1953-54	1954*	1955
Abeokuta	58,383	77,087	58,403	128,139
Benin	86,646	108,453	129,892	229,316
Delta	35,914	43,149	28,166	47,464
Ijebu	43,122	50,549	32,075	37,980
Ondo	209,695	227,032	165,413	285,750
Oyo/Ibadan	375,998	290,082	168,947	286,836
Colony	36,493	36,130	26,883	25,560
Total, Western Region ...	846,251	832,480	782,727	1,041,081

Tuberculosis

56. Cases of pulmonary tuberculosis appear to be on the increase but this apparent rise in incidence may be due to better facilities for laboratory and X-ray examination resulting in early diagnosis. Another factor responsible for the apparent rise in incidence, is the use of streptomycin, isoniazid and PAS. The treatment of this dreaded disease resulting in clinical cure, arrest or amelioration of the patient's condition, has obviously brought more sufferers into the open.

57. Regular tuberculosis clinics are held by the Senior Physician of the University College Hospital at Adeoyo Hospital. The acute shortage of beds has resulted in most of the cases being treated as outpatients and some interesting work is being carried out.

* Return for nine months. *viz.*, 1st April, 1954 to 31st December, 1954.

Hopes are entertained that the post of Regional Tuberculosis Specialist will be filled next year and that steps will be advanced towards the construction of a Regional Chest Clinic on the site of the Jericho General Hospital, Ibadan.

58. The Federal Tuberculosis Specialist continues to tour the Region and give helpful advice which is much appreciated.

Leprosy

59. An account of the work of the leprosy service is given later in this report.

60. In Government units 5,225 cases were diagnosed. During the year 816 patients were discharged as symptom-free.

Typhoid

61. Four cases of typhoid were reported during the year.

62. No cases of human rabies reported during the year. Eleven cases of canine rabies were confirmed pathologically.

Yaws

63. In this Region, yaws is essentially a condition of the rural areas, where its disabling and distressing effects are well manifested. Children are the chief victims of the infective stages of the disease.

64. The campaign against yaws, with assistance of WHO and UNICEF engaging the full time attention of two Medical Officers and the entire complement of the three Medical Field Units continued throughout the year. 5,684 "infective" cases, 15,112 "late" cases, and 38,184 "latent" cases of yaws were treated. A detailed account of the campaign is given later in this report.

2.—GENERAL MEASURE OF SANITATION

(a) Urban and Rural Water Supplies

(i) Urban Water Supplies

65. Most of the large towns in the Region have a pipe-borne water supply. The quantity is not always adequate and the quality varies so much that people are advised to boil and filter drinking water.

The Ibadan supply is on the whole good in quality as revealed by clinical and bacteriological analysis, but the quantity is grossly inadequate for a large and rapidly growing town. The output of 2,000,000 gallons daily gives Ibadan inhabitants (population of 500,000 approximately) a supply of only four gallons a head of the population a day, whereas, judged by modern standards, the conservative need of an industrialised town is estimated to be 30 gallons a head a day. When the new plant and pump is erected, the supply of water in Ibadan will be doubled in quantity and increased to eight gallons a head a day; but as this is only about a quarter of the desired amount the task of finding a further source of supply, erecting a suitable water works including adequate storage tanks, is an urgent necessity.

66. In Abeokuta, the water supply, though of good quality, is inadequate in quantity. In Ijebu-Ode there is a pipe-borne supply but the results of examination of samples by the Government Chemist are not always satisfactory.

67. Oyo, Iseyin and Awe have piped supplies but the results of analysis of samples are so unsatisfactory that it is advisable to boil and filter drinking water.

68. In Ijebu-Remo, a reservoir is being constructed near Shagamu and stand pipes are being laid; it is hoped to have a pipe-borne supply before the end of 1956.

69. The water scheme for Iwo is nearly complete. Ilesha has a partially treated pipe-borne supply.

70. The Ede-Oshogbo scheme is in partial operation and Ede town and Queen's School, Ede, are both already enjoying a pipe-borne supply. It is expected that Oshogbo will be connected up during 1956.

71. Ogbomosho water supply is satisfactory and the American Baptist Leprosy Settlement there has its own reservoir. Ife has a pipe-borne but untreated supply.

72. The combined Auchi-Jattu pipe water supply scheme is making good progress and the new hospital at Auchi should derive its water supply from this source.

73. At Agbor, one bore-hole has been completed and good progress made with a second.

74. An Engineer was posted to Ubiaja towards the end of the year with the specific duty of furthering fresh supplies in that area.

75. At Ondo, Owo, and Ekiti, surveys for the supply of pipe-borne water were carried out during the year.

(ii) Rural Water Supplies

76. In spite of the fact that rural water supply schemes are being pushed forward, the situation in many areas remains very unsatisfactory. Wells, streams, and springs are the main sources of supply, and both the quantity and quality are subjected to seasonal variations. In many cases, wells are inadequately protected and are shallow, with the result that dracontiasis, dysenteries and other water-borne diseases are rampant.

(b) Inspection of Nuisances

77. In all areas of the Region, regular routine inspections of houses have been carried out by Government and Local Council's Sanitary Inspectorate Staff. Abatement notices have been issued where necessary, and some cases have had to be prosecuted. These inspections have assisted in a large measure in reducing fly-breeding and are an important feature of mosquito control. Details of inspections carried out during the year are given in Table I, below.

TABLE I

	Benin	Delta	Ondo	Abeokuta	Ibadan	Ijebu	Oyo	Colony	Total
Houses Inspected	75,910	19,236	135,649	85,761	159,843	91,907	51,081	25,677	645,054
Clean Houses ...	52,306	16,331	97,950	63,029	120,361	71,352	40,255	19,154	480,738
Dirty Houses ...	23,604	2,905	37,699	22,732	39,482	20,555	10,826	6,523	164,326
Houses with Mosquito Larvae ...	2,175	465	2,799	2,311	2,948	1,332	1,245	546	13,821
General Mosquito Index ...	6.77%	5.73%	11.553%	9.86%	12.3%	6.7%	1.7%	1.6%	7.026%
Aedes Index ...	3.55%	3.8%	5.33%	7.52%	11.2%	5.5%	0.6%	0.42%	4.75%
Notices Issued ...	3,871	284	5,386	5,215	6,504	7,890	1,584	1,267	31,995
Prosecutions ...	862	—	833	1,650	1,683	1,945	512	411	7,896
Convictions ...	365	—	675	1,081	1,719	1,382	503	322	6,047
Fines ...	£ 300 13 6	£ — —	£ 806 16 0	£ 1,140 12 0	£ 1,029 5 0	£ 685 7 3	£ 349 8 0	£ 276 17 6	£ 4,588 19 3

(c) Sewage and Refuse Disposal

78. All new Government buildings in the Region, including residential and hospital premises are provided with water-borne sanitation with eventual disposal in septic tanks. In the big towns, commercial firms and the wealthier class of Africans do the same. However the common method of sewage disposal remains the pit and bucket latrine, with final disposal by trenching and Otway pit, or composting, but the latter system is not very successful in this Region and nuisance by smell is difficult to overcome. The employment of conservancy labour now presents grave difficulties in towns. There are constant petitions for improvement in wages and conditions of service, and threat of strikes. In Ibadan conservancy is done by contract and the service is on the whole satisfactory except when the Medical Officer of Health cannot settle a point of disagreement between the contractor and the labourers. The method of choice for sewage disposal is water-borne sanitation but nowhere in the Region, not even in the capital, Ibadan, is there sufficient water for this purpose. This fact emphasises the point already raised, there is an urgent need for experts to carry out further surveys for water supply, not only in Ibadan, but in other big towns of the Region, so that sufficient water will be available for domestic purposes, sanitation and industry. Having been assured of an adequate water supply, the question of proper sewage and drainage must next receive attention for no extensive modern urban development can be envisaged without the provision of these vital pre-requisites.

79. The wealthier local government councils provide lorries for the removal of refuse. Some councils provide hand carts but in rural areas refuse is carried away by head loads. Final disposal is either by controlled tipping to reclaim areas of swamp or borrow pits, or by incineration.

3.—SCHOOL HYGIENE

80. In all areas of the Region, Medical Officers of Health, Health Sisters, Superintendents, and Inspectors carry out inspections of school premises, medical examinations of school children, give lectures and talks, prescribe treatment and carry out smallpox vaccinations. For the greater part of the year a lady Medical Officer was available for the school medical services in Ibadan and another in Abeokuta.

81. In Ibadan and in Abeokuta there were Health Sisters available to carry on the services when the lady Medical Officers proceeded on leave. Of conditions found on examination, avitaminosis, scabies and tinea were the commonest. In Abeokuta, examination of 427 specimens of stool revealed 375 positive for intestinal parasites, mostly ascaris and hook-worm.

82. In Ibadan during the year the Ministry of Public Health supplied first-aid kits, free of charge to 148 primary schools.

83. A school treatment clinic was set up in Ibadan, in the Dental Centre, to which the School Medical Officer referred children in need of treatment.

84. Private medical practitioners acted as School Medical Officers in Benin and Irrua respectively.

85. The development and expansion of a School Medical Service, depends on the successful recruitment of doctors and nurses who are interested in public health. Unfortunately very few come forward and it is feared that this may retard our progress in this field.

86. Full use is made of the provision for free medical treatment for children under eighteen in hospitals and dispensaries throughout the Region and this fact is reflected in the returns from these institutions and in the claims submitted for reimbursement of the cost by Local Authorities and Missions.

4.—LABOUR CONDITIONS

87. In the Ibadan Medical Division, the Nigeria Tobacco Company, the United Africa Company and the Apoje Farm Scheme and in the Benin Medical Division the U.A.C. and Messrs John Holts and Company are the chief employers of labour.

88. The United Africa Company medical institutions comprise (a) Hospital in Burutu. This is a well-equipped 45-bed hospital with a full time medical officer assisted by a full complement of nursing and other staff. It is in its third year and is flourishing. (b) Clinic at Sapele. This was opened last year by the Minister of Public Health and is used mainly by the workers at the African Timber and Plywood Factory. It is mainly intended for outpatient services but

has provision for ten in-patients. The buildings include a well-equipped laboratory, an operating theatre, and an X-ray block. The Clinic is staffed by a full time medical officer, a United Kingdom trained African nursing sister, and adequate nursing and other staff. (c) On the timber estates in the Sapele area, two dispensaries are maintained. (d) In Ibadan, a private medical practitioner is retained to look after the health of the junior staff.

89. The Nigeria Tobacco Company has, in Ibadan, its own dispensary, which is supervised by a local private medical practitioner.

90. In Warri, Messrs John Holts retain the services of a doctor to look after their dispensary, and in addition the firm runs a canteen at the wharves.

91. The Western Region Production Development Board employ a full time medical officer to supervise medical work on all their projects throughout the Region. The large labour camp at the Apoje Farm Scheme, is regularly inspected and conditions there are quite satisfactory. There are five labour camps in the Sapele area which are inspected regularly by government health staff who have found housing and sanitary conditions satisfactory.

5.—FOOD IN RELATION TO HEALTH

92. Model bye-laws and rules, which cover most aspects of food hygiene have been prepared by this Ministry and the Ministry of Local Government and made available to local councils on demand. Thus bakehouses, cornmills, mineral water factories, slaughter slabs and abattoirs, markets, hotels, restaurants, etc., are controlled. The sanitary staff carry out frequent inspections of these premises.

93. The use of fly-proof boxes for hawking food for sale is becoming wide-spread in the larger towns, but meat is still being exposed for sale without adequate covering against flies. Articles of food are still being displayed on the ground, but it is encouraging to report that more towns and villages are building proper market stalls.

94. Cattle inspection is carried out *ante-mortem* and the meat from slaughtered animals is inspected before being exposed for sale. The co-operation of the Veterinary Department in this sphere of work is much appreciated.

95. The prices of foodstuff have not risen much during the year. All medical areas report prevalence of malnutrition and of avitaminosis particularly of the B complex. These manifestations together with anaemia, are most marked in pregnant women and children. Food and vegetables are in plentiful supply but it appears that housewives still do not know how to prepare balanced menus. The health teaching and propaganda which is being increased in clinics and schools should effect some improvement in the course of time.

6.—HOUSING AND TOWN PLANNING

96. The problem of accommodating the expanding population of Ibadan as well as other big towns in the Region continues to worry the health department. In the absence of specially trained town planning officers, people continue to build houses in a haphazard manner with resultant slum development. Ibadan is one of the chief offenders in this respect and in the township the Ibadan District Council issues permits for people to build new houses with total disregard of the building rules. Unless steps are taken to stop such practices and unless a comprehensive housing scheme and slum clearance is initiated in the near future, the resultant chaos will not only jeopardise the health of the people now, but will cost enormous sums of money to put right in the future.

97. The same fears apply to other big towns in the Region and it would be a welcome move if a body similar to the Lagos Executive Development Board were set up in all the principal towns, starting with Ibadan.

98. The Government residential areas only permit of approved buildings, but these are springing up with such rapidity that many of the green belts are disappearing. New layouts should be envisaged in order to cope with future development.

99. At Abeokuta, a town planning survey is in progress and it is hoped that authority will be given to the Health Department to enforce the provision of the building regulations which are presently being flouted with little or no penalty.

100. Local Planning Committees are active in Oyo and Ife.

In Sapele, Warri and Benin the town planning authorities meet monthly and do make genuine efforts to develop planned residential areas, and the resultant modern housing estates contribute tangibly to improvement in the health of the people as well as to the aesthetic appearances of these towns.

101. On the whole, the standard of houses being built by the middle class shows a definite trend in the right direction, and both in the size of the rooms and in their ventilation, and in the provision of cooking, storage and sanitary conveniences, great improvements have been accomplished.

102. It is hoped that all future development will include open spaces, adequate water supply and modern drainage and sewerage.

7.—HEALTH PROPAGANDA AND EDUCATION

103. In no part of the Region is organised health propaganda and education properly developed and what little is done depends entirely on the enthusiasm of sanitary inspectors, health sisters, and senior members of the health staff. House to house inspections, talks, demonstrations, health weeks and baby shows are of considerable value but their effect is bound to be small owing to the meagre fraction of the population reached, and the smaller fraction which pays heed to the teaching given.

104. Two health superintendents, one European and one Nigerian, have been sent to London to take a course leading to the Diploma in the Content and Methods of Health Education organised by the Central Council for Health Education. It is hoped that on their return these two officers will organise health propaganda and education on a Regional basis.

105. Health weeks and baby shows were held in Warri, Oshogbo, Iwo, Shagamu, Oyo and Ibadan—with varying degrees of success. Weekly talks on health were given on the Nigerian Broadcasting Service by a health superintendent. Other health staff organised clans and villages to form health committees. The Regional Information Service has assisted by providing vans and loud speakers but there is no film-making unit in the Region yet. Arrangements are being made to obtain films on health education subjects from the Federal Information Service.

106. School Medical Officers and Health Sisters have given talks and demonstrations to school children, teachers and parents and it is encouraging to note that many teachers are willing to assist in teaching the subject to school and adult education classes.

107. A knowledge of the background, culture and taboos of the local population is a basic necessity in propagating health education, and future planning must co-ordinate the efforts of the Social Anthropologist, the Educator, the Agriculturist, the Information Officer and the Public Health Officer. The co-ordinating officer should be a Medical Officer in possession of the Diploma in Public Health with special knowledge and experience in health education. Without the awakening and maintenance of a "health conscience" among the rural as well as the urban population, there can be no raising of sanitary standards in the Region and much of the work of our Medical and Health Services will be in vain.

8.—PORT HEALTH ADMINISTRATION

108. The only ports in the Western Region for which the Government accept responsibility are, Warri, Burutu, Sapele and Forcados. Ikeja Airport although situated in the Western Region is under Federal control.

109. Ikeja Airport dispensary was formerly intended to provide medical facilities for the Airport staff and to cope with aircraft accidents, but it is patronised by all the inhabitants living in the area with the result that the dispensary is always overcrowded. A new 60-bed hospital is being built at Ikeja and it is hoped to have it functioning before the end of 1956.

110. The health duties at the airport are being shared by Federal and Regional Officers. The Medical Officer in-charge Ikeja, a Western Region Officer, continues to supervise the dispensary and answer all emergency calls, while the sanitation of the airport, the routine examination of health documents of incoming and outgoing passengers and the spraying of aircraft is undertaken by a Health Superintendent under the direction of the Federal Government Health Officer stationed at Apapa.

111. At the four ports enumerated above all ocean-going vessels are boarded on arrival and granted free pratique. Coastal Vessels are exempted under the Quarantine Ordinance. Inter-Coastal passengers are examined for successful vaccination and, where necessary, vaccinated before medical passes are issued.

112. Sapele remained the busiest port with 178 ships boarded as compared with 144 in 1954. At Warri fifty-nine ships, and at Burutu/Forcados 115 ships were boarded, as compared to 110 and 132 respectively in 1954.

113. Regulations affecting travellers entering or leaving Nigeria have been revised to bring them into line with the International Sanitary Regulations agreed upon by members of the World Health Organisation. No apology is considered necessary for repeating these regulations since judging by the number of enquiries reaching the Ministry of Health, and the Medical Officer of Health, Ibadan, the general public is not yet familiar with them.

114. Those intending to travel outside Nigeria by air, and those intending to travel by any route including sea and overland, to a destination in French West Africa, must carry valid International Certificate of Vaccination against Yellow Fever and smallpox ; further, any person leaving Nigeria by any route must carry a valid international certificate of vaccination against smallpox.

115. International certificates of vaccination against Yellow Fever are valid for six years. A traveller may not leave Nigeria until ten days subsequent to a first vaccination against yellow fever, but in the case of a re-vaccination, he may leave immediately thereafter, provided that he can produce evidence of a vaccination given within the six preceding years.

116. International certificates against smallpox are valid for three years only. They become valid 8 days after the date of a successful primary vaccination, or in the case of a re-vaccination, on the date of the re-vaccination.

117. Regarding travellers arriving in Nigeria from another country, vaccination against Yellow Fever is recommended to all, irrespective of whichever country they come from.

Valid certificates of vaccination against smallpox are required of all arrivals by sea, or air. Arrivals by land are recommended but not required to be in possession of valid certificates.

HOSPITALS, DISPENSARIES AND OTHER UNITS

A.—EXISTING UNITS AS AT 31ST DECEMBER, 1955

(1) General Hospitals and Nursing Homes

Province	Government	Local Authority	Mission and Commercial Firms	Private
Benin	3	—	3	2
Delta	3	—	2	1
Ondo	1	1	3	—
Abeokuta	1	—	1	1
Ibadan	3	1	1	6
Ijebu	2	—	—	—
Oyo ...	1	—	3	—
Colony	1	—	—	—
TOTAL	15	2	13	10

(2) Special Hospitals (Maternity, Mental, etc.)

Benin	1 (leprosy)	—	—	—
Delta	—	—	—	—
Ondo	—	—	—	—
Abeokuta	2 (mental)	—	—	—
Ibadan	—	—	—	—
Ijebu	—	—	—	—
Oyo ...	—	—	—	—
Colony	—	—	—	—
TOTAL	3	—	—	—

(3) *Maternity Centres, Clinics and Rural Health Centres*

<i>Province</i>	<i>Government</i>	<i>Local Authority</i>	<i>Mission and Commercial Firms</i>	<i>Private</i>
Benin	1	22	8	4
Delta	1	5	10	5
Ondo	—	37	4	—
Abeokuta	1	24	—	—
Ibadan	—	14	4	7
Ijebu	1	24	1	3
Oyo	—	24	10	2
Colony	—	23	—	—
TOTAL	4	173	37	21

(4) *Dispensaries*

Benin	1	60	1	3
Delta	2	35	4	6
Ondo	—	45	3	—
Abeokuta	—	26	—	—
Ibadan	1	21	3	—
Ijebu	—	26	—	1
Oyo	2	27	9	—
Colony	2	23	—	—
TOTAL	8	263	20	10

(5) *Infectious Diseases Hospitals*

118. These consist of small units used for smallpox and chicken-pox cases. They should really be the responsibility of the Local Government Authorities but are still being administered and maintained by the Regional Government.

B.—Additions to Hospitals

119. References to Mission Hospitals are omitted here as these are dealt with in section XV below.

Colony Province

120. At Epe, the building of the government hospital of forty-eight beds of which the Minister of Public Health laid the foundation stone in September 1954, is making good progress and it is hoped that it will be completed and functioning before the end of 1956 ; likewise, considerable progress has been made with the new sixty-bed hospital in Ikeja. This work should definitely be completed in 1956.

Benin Province

121. At Auchi, work on the new forty-eight bed government hospital continued steadily and if progress is maintained the hospital should be ready for opening during the latter part of 1956.

122. At Ossiomo, a new general ward for women and a tuberculosis pavilion, both of which were started last year, were completed during the year.

Delta Province

123. In 1954, work was started on the re-construction and alterations to the General Hospital at Sapele. Some of the work has now been completed consisting of—

- 1 new thirty-bed Standard Ward
- 1 new twenty-six-bed Maternity Ward and
- 5 Junior Staff Quarters.

124. Work was also started on the laying of a pipe water supply and as soon as this is completed, the new wards will be put into use.

125. At Warri, an isolation ward of four beds was built in the hospital grounds.

126. It will be remembered that the Minister of Public Health laid the foundation stone of a new 48-bed Government Hospital at Kwale in September 1954. Good progress has been made and it is hoped the buildings will be completed early in 1957.

Ondo Province

127. At Ondo Local Authority General Hospital, a new standard 30-bed ward was added by the Local Authority at a cost of £4,000 and was opened by His Excellency the Governor on 15th June. The ward was named the "Canon Adeyemi Memorial Ward" in honour of a great son of Ondo and the founder of the Ondo Boys' High School. A permanent ambulance garage was also erected.

128. Steady progress was maintained in the building of the 48-bed hospital at Iddo-Ekiti. Similar remarks apply to the new 48-bed hospital at Okitipupa. It is hoped that both buildings will be completed by late 1956 or early 1957.

Abeokuta Province

129. At Abeokuta hospital a new operating theatre and a new X-ray block and a new Maternity Block were completed during the year. Appreciable progress was being made in the building of the new Aro Mental Hospital which, as was mentioned in last year's report, has now passed to the Regional Government's control.

130. A new 48-bed hospital at Ilaro has been started.

Ijebu Province

131. At Ijebu-Ode, work should soon be completed on the following buildings, *viz*—

- Administrative block
- Sister's Office and Lecture Room
- Maternity Ward
- Children's Ward
- Operating Theatre and X-ray room.

132. Work is expected to start soon on a new Nurses Hostel to provide accommodation for probationer nurses.

Ibadan Province

133. Progress on the elaborate buildings of the University College Hospital, a Federal Unit, has been steady and the completion date is provisionally estimated to be the end of 1956 or early 1957.

Oyo Province

134. No new buildings were started during the year.

C.—RURAL HEALTH CENTRES

135. The Auchi Health Centre functioned throughout the year. The Medical Officer in charge Nos 2 and 3 Medical Field Units supervised it as far as his work on the anti-yaws campaign allowed. He was assisted by a Health Superintendent but it was not until September that a resident Health Sister arrived. She seemed to settle down quickly and much good work was accomplished. A new ambulance was supplied to this Unit in September.

136. The Ughelli Health Centre was opened to the public on 1st February, 1955. There has been a resident Rural Medical Officer in charge as well as a resident Health Sister. The Centre has proved popular but the demand is largely for curative medicine.

137. The Ilaro Health Centre enjoyed the continued services of a resident Medical Officer and resident Health Sister. Much good work is done at this centre and from here the Local Authority Dispensaries and Infant Welfare Clinics of the Division are supervised.

138. In addition to these three Government Health Centres, there are Local Authority Centres at Ijaiye, Ikereku and Ilugun. These centres are staffed by midwives and sanitary inspectors and are given regular supervision by the Rural Medical Officers and the Health Sister.

139. Work should soon start on the Government Rural Health Centre at Ikorodu,

140. Statistical data of the work carried out at the existing centres and Local Authority maternity units supervised from these centres are as follows :—

Auchi Rural Health Centre

Antenatal Clinics

	<i>New Cases</i>	<i>Old Cases</i>	<i>Total Attendances</i>	<i>Deliveries at Centre</i>	<i>Deliveries District</i>	<i>Home Visits</i>
Auchi R.H.C. ...	2,897	—	2,897	55	Not available	Not available
Igarra ...	240	—	240	—	155	Not available
Agbede ...	344	—	344	—	99	Not available
Jattu ...	837	—	837	—	72	Not available
Ukpilla ...	137	—	137	—	43	Not available
Ibillo ...	371	—	371	—	73	Not available

Infant Welfare Centres

	<i>New Cases</i>	<i>Old Cases</i>	<i>Total Attendances</i>	<i>Deaths of Babies</i>	<i>Home Visits</i>
Auchi R.H.C. ...	469	2,567	3,036	6	Not available
Igarra ...	101	139	240	3	Not available
Agbede ...	149	262	411	3	Not available
Jattu ...	280	926	1,206	—	Not available
Ukpilla ...	97	355	452	7	Not available
Ibillo ...	91	292	383	4	Not available

Iloro Rural Health Centres—Antenatal Clinics

	<i>Total Antenatal cases</i>	<i>Deliveries</i>	<i>Maternal Deaths</i>
Iloro ...	1,088	335	1
Ipokia ...	127	42	—
Ajilete ...	346	190	1
Ado ...	166	93	—
Iboro Imashai ...	127	68	—
Igbogilla ...	182	72	1
Eggua ...	90	46	1
Meko ...	102	45	—
Igbessa ...	118	87	—
Aiyetoro ...	437	167	1

Infant Welfare Centres

	<i>New Cases</i>	<i>Total Attendances</i>	<i>Deaths of Babies</i>
Iloro R.H.C. ...	631	4,436	20
Ipokia ...	168	2,178	5
Ajilete ...	239	7,911	2
Ado ...	155	5,978	6
Iboro Imashai ...	93	2,504	13
Igbogilla ...	131	1,578	8
Eggua ...	150	1,837	2
Meko ...	155	2,985	8
Igbessa ...	121	3,457	10
Aiyetoro ...	250	1,936	2

141. The Ilora Community Development Health Centre continued under the supervision of the Professor of Preventive and Social Medicine, University College, Ibadan.

142. Regular weekly antenatal and infant welfare clinics were held, and attendances at the dispensary was popular although the numbers are decreasing. School children and a number of adults were treated, the number of cases and attendances being as recorded below. Lectures

on nutrition and health education were given to antenatal patients among whom cases of vitamin B deficiency were common. Malaria is still very prevalent as are yaws, bilharzia, helminthiasis and ulcers.

143. The swamp in the vicinity of the clinic which, with the help of the Ministry of Development, was converted into a fish farm is thriving.

	New Cases		Attendances	
	1954	1955	1954	1955
Dispensary	1,042	985	8,571	6,806
Antenatal	285	216	1,464	1,280
Infants under one year	207	210	1,674	1,239
One to five years	118	117	1,458	957

D.—MEDICAL FIELD UNITS

144. All three Medical Field Units, now redesignated Nos 1, 2 and 3 (West) operated in Benin Medical Division and were fully engaged on the anti-yaws campaign sponsored jointly by the Western Regional Government, the World Health Organisation and UNICEF. No. 1 (W) unit spent the first two months of the year in effecting its transfer from Ilaro to Owo. During the remainder of the year, the Unit worked in Owo division, starting in the northern part and working southward. It completed the work in this division by December and started on its move into Ekiti Division where it hopes to start work early in 1956. Attendance and co-operation from the public was reported to be good. The incidence of yaws in this division was estimated to be 0-2 per cent in the towns, but up to 20 per cent in the rural areas. 36,551 vials of Procaine Penicillin were used during the year.

145. Nos. 2 and 3 units again had their permanent headquarters at Auchi. They spent January and February completing the initial treatment surveys in Kukuruku division, and transferred the campaign to Ishan division in March. The main work was completed in Ishan in August and the units then turned their attention to the Agbor and Asaba divisions. A resurvey unit also commenced work in Kukuruku division in July. It has been recommended by WHO that two or three resurveys should be carried out at six monthly intervals after the initial treatment survey. The campaign was helped by the evidence of the rapid healing of yaws lesions after treatment and by the very wide popularity of injections of penicillin which is accepted as a cure for all diseases. It was hindered by non-co-operative natural rulers, village rivalries and chieftaincy disputes, and by bad roads, particularly in the wet season. On a few occasions there were unfounded mischievous rumours that the injections were harmful. These rumours probably had a political background.

The worst area for lack of co-operation and apathy on the part of the local people was around Asaba. The percentage of clinical yaws amongst people of all ages examined in Kukuruku division at the initial survey was 31 per cent but dropped to 2 per cent at the first resurvey. In Ishan division the initial survey figure was 34.8 per cent and in Asaba division it was 40 per cent.

146. The medical officer in-charge of these two units attended the Second World Health Organisation International Conference on Yaws Control held at Enugu from 10th to 24th November, as the representative of the Western Region Medical Department. He gained much valuable knowledge from the discussions to add to his experience in the field.

A summary of the findings of the three medical field units engaged on the anti-yaws campaign is given below :—

	No. 1(W) Field Unit	Nos 2(W) and 3(W) Field Units
Number examined	176,374	233,703
Infective cases	6,843	14,206
Late cases	18,539	66,120
Latent cases	24,325	106,085
Contacts	119,835	52,987

E.—LOCAL GOVERNMENT DISPENSARIES

147. It will be noticed that the heading of this paragraph is changed from "Native Administration" dispensaries to Local Government dispensaries. This is to conform with constitutional changes. All such dispensaries are run by Divisional or District Councils. In spite of Regional

Government grants very few dispensaries have sufficient stocks of drugs and dressings. The standard of dispensary attendants leaves much to be desired, but until a proper training programme and facilities are provided little improvement can be expected. Although as more Rural Medical Officers become available the supervision should be increased. These dispensaries now receive considerable additional grants from the Regional Government for treating children so that drugs and dressings should be provided on a more adequate scale in the future.

148. The numbers of dispensaries, the new cases and total attendances recorded in each province were :—

Local Government Dispensaries : 1st January to 31st December, 1955

<i>Province</i>	<i>No. L.A. Dispensaries</i>	<i>No. of New Cases</i>	<i>No. of total Attendances</i>
Benin	60	144,989	638,205
Delta	35	48,088	236,339
Ondo	45	127,935	564,457
Abeokuta	26	88,533	428,967
Ibadan	21	48,194	331,536
Ijebu	26	99,532	501,713
Oyo	27	39,626	224,040
Colony	23	50,244	267,492
TOTAL	263	647,141	3,192,749

F.—PLANTATION DISPENSARIES

149. The West African Institute for Oil Palm Research, eighteen miles west of Benin, maintains a well-equipped dispensary on its plantation. It is staffed by a Pharmacist and a male nurse and is visited weekly by a Government Medical Officer from Benin. The number of cases and attendances has continued to rise as shown below :—

	<i>1954</i>	<i>1955</i>
Number of cases	13,778	18,358
Total Attendances	21,978	31,019

A Maternity and Child Welfare Centre run by the same institute is staffed by two grade II midwives. It is doing good work and is also supervised by a Medical Officer from Benin.

150. There are two other dispensaries in the Sapele area both belonging to the United African Company. One is situated on Cowan Estate, and the other on the Sapele River Rubber Estate.

VII.—MATERNITY AND CHILD WELFARE

151. Maternity and child welfare clinics are undoubtedly the most popular units in the Medical and Health Services. In response to the popular demand for more clinics, the Regional Government is subsidising the construction of twenty-six new Local Government maternity centres.

152. Under the auspices of World Health Organisation and UNICEF Dr Warwick, a Maternity and Child Welfare expert, visited the Region. In her report, she noted that though the standard of many maternity homes were deplorably low, this was nevertheless immeasurably better than gross neglect or the abuse suffered by many pregnant women at the hands of traditional "native midwives". This is only too true for as one Nigerian Medical Officer observed, "some pregnant women in labour arrived loaded with human excreta diluted with urine which is pumped into the uterus as a sort of native aid to safe delivery". She observed a similar low standard in child welfare clinics, and again her observations have been supported by other Medical Officers one of whom stated, "the mothers, themselves suffering from malnutrition and avitaminosis, worn-out by toil and care, bring up their infants on their (mothers') impoverished milk, which they offer times without number during the twenty-four hours of the day to the whining infants as a universal remedy against crying—whatever may be the cause of the infants' cries be it mosquito bites or a full bladder or the excruciating pain of whitlow".

153. These clinics are held in all Government, Mission and Local Government hospitals, Maternity Centres and Rural Health Centres. In some areas domiciliary midwifery is being encouraged.

154. The case of Ibadan is worth special mention because the demand for maternity beds is far outstripping the present facilities. During the year there were approximately 5,000 deliveries at the Adeoyo hospital compared with 2,000 in 1952, an increase of 150 per cent in three years ! At present there are only forty-five beds available so that a normal case is kept in the hospital for a few hours only. While the opening of the new University College Teaching Hospital may ease the situation, it will by no means solve the problem. As a temporary measure of relief, normal *multi-gravidae* seen at the antenatal clinics at Adeoyo Hospital are being diverted to private maternity homes for delivery, thus releasing beds in Adeoyo for *primi-gravidae* and abnormal cases. The Regional Government contemplates a pilot domiciliary midwifery scheme at Moor Plantation and the Ibadan District Council has been approached with the proposition of opening maternity centres throughout the town.

155. The numbers of private Maternity Homes staffed by Grade I or Grade II Midwives and supervised by local private medical practitioners are springing up throughout the Region.

156. Statistics of work done in Regional Government, Local Government, Mission and private Maternity Centres are appended below :—

Local Authority Maternity Centres

Province	No. of Centres	New Cases	Deliveries	Total Attendances
Benin	22	2,492	1,929	9,935
Abeokuta	17	54,277	3,544	442,606
Delta	6	153	356	870
Ondo	4	10,194	4,591	58,319
Ijebu-Ode	21	3,171	3,536	19,243
Oyo	14	5,648	1,408	40,839
Ibadan	14	11,858	5,377	40,375
Colony	18	7,831	2,334	17,134
TOTAL	154	95,624	23,077	629,321

Government Maternity Units

Province	No. of Centres	New Cases	Deliveries	Total Attendances
Benin	4	1,361	911	7,839
Abeokuta	2	629	560	4,706
Delta	4	203	509	1,205
Ondo	1	597	370	4,435
Ijebu	3	394	620	1,330
Oyo	1	370	33	1,050
Ibadan	3	2,155	793	28,713
TOTAL	19	5,609	3,796	49,278

Private Maternity Centres

Province	No. of Maternity Centres	New Cases	Deliveries	Total Attendances
Benin	9	34,523	547	36,546
Abeokuta	—	—	—	—
Delta	10	2,732	806	55,476
Ondo	—	—	—	—
Ijebu	3	—	—	—
Oyo	2	130	78	1,242
Ibadan	12	1,471	1,095	11,345
Colony	1	72	—	—
TOTAL	37	38,918	2,526	104,609

Mission Maternity Centres

Province	No. of Maternity Centres	New Cases	Deliveries	Total Attendances
Benin	13	40,528	3,392	104,652
Abeokuta	1	3,644	1,493	40,103
Delta	9	3,983	1,687	43,657
Ondo	6	39,311	1,515	90,836
Ijebu	—	—	—	—
Oyo	23	103,957	2,534	103,453
Colony	—	—	—	—
TOTAL	52	191,423	10,620	382,701

VIII.—MENTAL HEALTH

157. Progress in building Aro Hospital for Nervous and Mental Diseases continues and while some parts, which include the treatment section, occupational therapy centre and the administrative centre, are ready for use, delay in the installation of electricity holds up the opening of the wards for in-patients.

158. The planning of all the various departments of this hospital shows considerable architectural skill on the part of the architect who designed it. It is being equipped to treat nervous and mental disease by the most modern methods.

159. The hospital is nicely situated in beautiful grounds of about a mile square. Its unique feature is its community development. All the members of the staff are resident, and there is a programme to accommodate the essential labourers and other artisan employees in a proposed village community centre also in the hospital grounds.

160. In order to make a preliminary study of the neuro-psychiatric problems with which the hospital may have to deal in the future and to enable the staff to discover the best avenue of approach in the interests of the patient, the "Psychiatric Day Hospital" was started in October 1954. At the Day Hospital patients are boarded out in the neighbouring villages and come in every day for treatment, spend the rest of the day in the department of occupational therapy and only return to the village late in the afternoon. Thus a patient is able to maintain contact with his social background and the process of rehabilitation after recovery or improvement becomes more easily facilitated.

161. The present senior staff consists of a Psychiatrist, one Chief Nursing Superintendent, two Tutors, one Occupational Therapist and one Nursing Superintendent. The system of accommodation and care of mentally ill persons is still amorphous and plans will be made to co-ordinate the asylums in the Western Region and administer them under the heading of "Mental Health". A great deal of time has been spent on selecting and ordering hospital equipment and by the time the hospital is due to open most of the essential equipment should have arrived.

162. There are three Government Asylums in the Western Region with a total capacity of 100 patients. All the inmates are certified and, about a third are "criminal" patients referred from Magistrate Courts. The largest of these asylums is Lantoro Institution situated at Abeokuta.

163. At Aro, the present clinical facilities consist of electrical treatment (E.C.T., Electro-narcosis, subconvulsive stimulation), insulin therapy (modified and coma), abreactive techniques, and various psychotherapeutic measures and drug medication. In addition to these, special emphasis is placed on occupational therapy and other group activities. The occupational therapy centre is planned in such a way as to afford every opportunity to patients of diverse social backgrounds. Little huts have been built to present a village atmosphere and to enable patients to carry out any rough type of occupational activities. More sophisticated patients paint, weave, knit, etc., in a well designed building.

164. In the proposed Mental Health Programme this new Hospital is to be used essentially for relatively early and acute cases with fairly good prognosis. It is hoped that the average stay of a patient will be for not longer than nine months to a year. The existing asylums are to be retained and improved to receive the chronic refractory patients and the main bulk of "criminal" mental patients.

165. During the last fifteen months, in the Day Hospital at Aro, observations have been made on, and treatment given to, thirty-five patients suffering from schizophrenia, fifteen from affective disorders, twelve from psychoneurosis, three from confusional states (toxic-infective psychotic reactions), eight from mixed psychosis (psychoneurotic-psychotic syndromes), three from mental defectiveness, nine from cerebro-vascular disorders with psychiatric symptoms, two from Parkinson's disease, seven senile psychotics, four from neurosyphilis, one from neuropathy (Avitaminosis B) twenty-three from convulsive disorders, two patients who presented the syndromes of depersonalisation exclusively as their main disorder, one psychosomatic dermatological manifestation, twenty women classified into psychosomatic (gynaecology) group and one drug addiction (pethidine). Many other patients were seen on domiciliary visits.

166. The Preliminary Training School at Aro opened in July 1955, and twenty-nine students passed the Preliminary Examination in January 1956. The next class will comprise fifty students. It is hoped that more United Kingdom trained Nigerian nurses will be back in time for the opening of the wards.

167. The concept of Mental Health in Nigeria is new. With the problems as great as those envisaged by the experience gained at the Day Hospital at Aro, in addition to lack of adequate provision for psychiatric care, mental hygiene might seem to have a task in the future for which no adequate programme could at present be outlined. However, the programme of mental hygiene should include among its problems that of the fairly large proportion of ill-health in the entire community, due to nervous or mental disorders, often masquerading under the form of physical illness.

IX.—DENTAL HEALTH

168. Dental services are now provided in three Centres, namely, Ibadan, Benin and Abeokuta. The dental clinic at Abeokuta was opened in May 1955, and work is being temporarily carried on in the old maternity ward of the General Hospital. A site has been chosen for a new centre which should be built during the next financial year.

169. In Ibadan, the Senior Dental Surgeon has devoted all his time to treatment of the general public. We have been able to secure the services of an expatriate lady dental officer to take charge of the school clinic on a temporary basis.

170. In Benin, the dental surgeon has been kept quite busy and had little time for touring. Although most of the doctors carry out extractions, cases for filling and dentures are referred to the dental unit from the whole Medical Division. Some school dental work, dental propaganda and health education in oral hygiene has been carried out.

171. In Abeokuta, the dental surgeon was also able to do some school dental work. He carried out intensive dental propaganda and education by giving lectures and talks in schools and at antenatal clinics, and by broadcasts and film shows. This has resulted in the immediate popularity of this new centre.

172. In Ibadan, in collaboration with the department of Anaesthetics at the University College Hospital, Ibadan, a weekly session of general operative dentistry is held regularly and the treatment of maxillo-facial fractures continued with success.

173. Here as in other fields, the shortage of technicians remains a serious problem. Although every vacancy at the Dental Technical Assistants' school in Lagos is taken up, it will be difficult to cope with the programme of expansion of dental services envisaged and to provide reliefs for leave.

174. Below is a summary of the work carried out at the three centres during 1955—

	<i>Ibadan</i>	<i>Benin</i>	<i>Abeokuta</i> <i>(five months only)</i>
Extractions	2,443	376	295
Fillings	685	101	108
Crowns and Inlays	6	—	—
Gum Treatments	1,052	135	190
Dentures	477	269	157
Patients under eighteen	563	318	223
Total Attendances	9,061	2,141	2,847

School Dental Service

175. In addition to the work done at Benin and Abeokuta among school children, Ibadan has a full-time school dental officer operating in a well-equipped, self-contained surgery at the dental centre. Most of the dental diseases encountered were peridental and the incidence of caries was low. These conditions are caused by neglect of oral hygiene and dietary deficiencies. This points to the need for oral hygienists, the major part of whose time should be devoted to the school dental clinics. Regular oral inspections of school children were carried out by both the school medical officer and the dental officer and all cases of dental disease were referred to the clinic. Films for dental propaganda and education were periodically shown to groups of school children and their parents. The Mobile Unit was also brought into play in both propaganda and treatment categories.

X.—LEPROSY

Medical Officers

176. A special note must be made here concerning the retirement in August 1955 of Dr L. M. M. Lengauer, O.B.E., who was in effect the founder, and for twenty-one years was the Superintendent of Ossiomo Settlement and of the leprosy control work associated with it. Her achievements, carried out in a most difficult area, were out-standing; and this in spite of her rigidly logical policy which excluded any dalliance with methods which might achieve quick results, but which appeared to her to be unsound. Dr Lengauer's absence will be felt by all those with whom she had contact.

177. Because of a serious shortage of medical officers, a leprosy medical officer was lent by the Eastern Region and acted as Area Superintendent from September onwards.

178. At the end of the year, there were two medical officers at Ossiomo, one on loan from the Eastern Region, and the other due for leave in April 1956. A third medical officer had proceeded in September to United Kingdom on a study leave.

Leprosy Control Officers

179. Until August 1955, the full complement of three Leprosy Control Officers was actually in post at Ossiomo.

180. The Leprosy Control Officers perform a very useful service in "field" leprosy control work, and this aspect of their duties is being stressed in addition to the many responsibilities which have always been theirs.

Nursing Sisters

181. Miss T. Godaert went on leave in August 1955 leaving only one Nursing Sister. The situation was relieved by the appointment in October 1955, of Miss N. Paradijs. The establishment of Nursing Sisters is now filled.

Ossiomo Settlement

182. This is to be judged mainly on its capacity to act as the organising centre of leprosy control work in the area. From this point of view, the Settlement is efficient, but still lacks its full possibilities. It may well be desirable to restrict developments within the Settlement which may lead to additional attention being concentrated there. The main departments are essential, but it may even be desirable for these to work below the greatest possible efficiency, if this is necessary to free the junior officers for more vigorous work outside.

183. A new 12-bed tuberculosis pavilion and a 16-bed hospital ward have been built and are now in full use. A further hospital block and a small midwifery block are proposed, and when these are available it will be possible to demolish two of the original wards, which have been condemned as unsuitable and unsightly. A new mortuary has also been completed.

184. There are at present 109 beds, many of these being occupied by patients with severe tropic lesions.

185. Equipment is now quite satisfactory.

186. The result of treatment with Streptomycin I.N.H. and P.A.S. in patients with Pulmonary Tuberculosis (as well as Leprosy) has been most satisfactory and the outlook of such patients now seems to be good.

Admission

187. For the past five years there has been a steady decline in the number of patients in the Settlement. This cannot be attributed to any local decline in leprosy. It is due rather to the fact that the numbers discharged symptom-free have increased, while the numbers seeking admission, who are able to pay the admission fee, have diminished. This is not entirely a bad thing. No infective or very seriously disabled or pauper patient had to be turned away because he had insufficient money to deposit, and able-bodied non-infective patients do not need Settlement treatment. The numbers are likely to continue to fall until an optimal level is reached which will probably lie between six and seven hundred.

The admission deposit (the deposit on which the patient can draw for his own maintenance) is at present £13. This allows a patient five shillings a week for one year. This amount is not sufficient for adequate maintenance but it is impossible to increase the deposit demanded without excluding all except the well-to-do patient and those who can claim financial support.

LEPROSY CONTROL STATISTICS—1955 BENIN-DELTA AREA

Number of Settlements (having an outpatient clinic attached) ...	1
Number of patients in Settlement on 31-12-55 ...	790
Number of Segregation Villages ...	27
Number of Local Clinics or Treatment Centres ...	32
Number of General Hospitals where outpatient treatment is given ...	3
Total number of patients Segregated on 1-1-55 ...	3,103
Total number of patients Segregated on 31-12-55 ...	2,704
Total number of outpatients on 31-12-55 ...	2,443
Total number of outpatients on 31-12-55 ...	2,521
Total number of new cases admitted during 1955 ...	972
Total number discharged Symptom-free during 1955 ...	816
Total number of Deaths during 1955... ..	49
Total number on treatment on 31-12-55 ...	5,225

LEPROSY TREATMENT CENTRES IN BENIN-DELTA AREA 31st DECEMBER, 1955

Name	In-patients	Out-patients	Total	Admissions during 1956	Deaths during 1955	Discharges during 1955
<i>Osiomo Settlement</i> ...	790	30	820	93	8	200
Ogwashi-Uku ...	122	81	203	36	1	45
Nsuka ...	52	85	137	19	1	16
Asaba ...	—	9	9	2	—	—
Isele-Uku ...	—	27	27	18	—	3
Onicha-Olona ...	7	—	7	8	1	—
Ute-Okpu ...	73	24	97	12	3	26
Owa-Alero ...	—	27	27	12	1	1
Igbanke ...	—	37	37	16	—	2
Ugboha ...	99	190	289	55	3	40
Ukun ...	45	70	115	23	2	16
Ukpilla ...	97	100	197	22	2	43
Ekpeshi ...	78	62	140	26	1	37
Ivi-ada-obi ...	54	37	91	49	—	37
Igarra ...	125	104	229	40	1	31
Eware ...	70	95	165	18	3	17
Ibillo ...	143	143	286	33	2	23
Otwa ...	65	40	105	16	2	9
Uzairue ...	47	35	82	12	—	5
Agenegbode ...	62	99	161	29	2	24
Okpekpe ...	37	54	91	32	—	10
Utagba-Uno ...	82	115	197	32	2	11
Ibrede ...	82	100	182	15	2	12
Ossissa ...	80	75	155	49	1	15
CARRIED FORWARD ...	2,210	1,639	3,849	667	38	623

Name	In-patients	Out-patients	Total	Admissions during 1956	Deaths during 1955	Discharges during 1955
BROUGHT FORWARD ...	2,210	1,639	3,849	667	38	623
Umu-Ebu ...	57	72	129	38	1	12
Ukwage ...	100	250	350	26	3	40
Abedei ...	33	79	112	13	—	15
Eku ...	97	99	196	51	6	32
Abraka ...	45	45	90	17	—	9
Jeddo ...	19	11	30	23	—	—
Aniator ...	84	155	239	46	—	83
Ughelli ...	—	118	118	44	—	1
Ayakoroma ...	59	53	112	47	—	1
TOTAL ...	2,704	2,521	5,225	972	57	861

In addition, outpatient treatment was given as follows :—

Sapele General Hospital ...	26	26
Benin General Hospital ...	12	12
Warri General Hospital ...	—	—

OSSIOMO SETTLEMENT HOSPITAL STATISTICS—1955

Number of Beds at end of year ...	109
In-patient Admissions during year ...	1,181
Bed-Days of Occupation during year ...	32,979
Daily Average of In-patients throughout year ...	90.3

LABORATORY STATISTICS

Laboratory Visits to Segregation Villages or Clinics ...	115
Skin Smears for <i>M. leprae</i> ...	8,790
Blood Examinations ...	1,829
Stool Examinations ...	2,682
Urine Examinations ...	2,685
Urethral Smears ...	20
Sputum Examinations for A.F.B. ...	167
Other Examinations ...	687
Total Laboratory Examinations ...	15,860

XI.—LABORATORY SERVICES

188. Laboratory services of a routine nature are provided in Ibadan, Abeokuta, Ijebu-Ode, Akure, Benin, Ossiomo, Shagamu, Oyo, Oshogbo, Sapele and Warri. It is only at Ibadan that more elaborate examinations requiring specialised technique and apparatus are undertaken. This is carried out by the staff of University College Hospital working at Adeoyo hospital. The Jericho Nursing Home avails itself of the unique opportunity thus provided.

189. Throughout the year all the other laboratories were staffed by trained technical assistants who carried out routine examinations of stools, sputum, urine and blood specimens. More detailed investigations were referred to Adeoyo Hospital or to the Federal Laboratory Services.

190. A tour of inspection of laboratories in the Region was undertaken by Mr Pyne of the Federal Laboratory Services. He considered some of the laboratories satisfactory but said others were not up to required standard.

191. It has not been possible to make full use of the laboratory at Badagry owing to shortage of trained technicians.

192. A private medical practitioner was employed as Police Surgeon in Ibadan and carried out medico-legal post-mortem examinations.

193. It is proposed to build up a Regional Laboratory Service. Much depends on the possibility of recruiting qualified Pathologists of experience in view of the shortage of this type of specialist. A start will be made at Adeoyo hospital when the University College Hospital staff leaves and the laboratory is taken on by Government staff.

194. Training of technicians is carried out in Lagos only, and we are allotted only a limited number of vacancies. We look forward to the University College Hospital taking part in a Federal scheme to train more laboratory technicians for the Federal as well as for the Regional laboratory services, otherwise the laboratories in some of our new hospitals will be unable to function for a long time to come.

XII.—PRISONS

195. The general health of prisoners was good and gains in weight rather than losses were the general rule.

196. The common illnesses were dyspepsia, chronic dermatoses, yaws, gonorrhoea and all forms of chronic rheumatism.

197. Illnesses were generally trivial in nature and only a small percentage of those treated required admission into hospitals.

198. Most of the prisons, particularly those administered by Local Authorities were overcrowded for the greater part of the year. For example, the average daily lock-up in Shagamu was forty-five whereas the authorised accommodation was for twenty-eight.

199. The Federal Government took over administration of Ijebu-Ode and Ilaro prisons at the beginning of the year from the Local Authorities.

200. Regular inspections, in some cases daily, were carried out by the medical officers and sanitary inspectors, and all new prisoners were vaccinated on admission.

201. Prisons authorities have been very co-operative in carrying out medical and health advice given by officers of this department.

202. During the year three prisoners died. The cause of death were as follows : Homicidal Wounds, Pulmonary Embolism and Starvation.

XIII.—TRAINING OF MEDICAL PERSONNEL

203. An account of the work and progress of the University College Hospital, Ibadan, was contained in the Annual Report of the Chief Medical Adviser to the Federation. The results of the examinations and the success of students sent abroad were listed.

204. Scholarships and bursaries tenable at the University College, Ibadan, or at overseas Universities were awarded by the Regional Government and the Western Regional Production Development Board in medical and allied subjects to students of Western Region origin.

(a) *Nurses*.—The Regional Government Nurses Preliminary Training School at Ibadan maintained a full complement of staff. Six monthly courses were given, after which students were transferred to training hospitals throughout the Region. The staff comprised a Matron Tutor, a Sister Tutor and three temporary Nursing Sisters. Sixty pupils entered the school in April 1955, and out of these fifty-two were successful at the examination held at the end of the course. Forty-seven pupils entered the school in October 1955.

205. Adeoyo, Ijebu-Ode, Abeokuta, Benin, Akure and Warri provincial hospitals are approved as nurses training schools, and a tutor or nursing sister doing teaching duties is posted to each of these hospitals.

206. Mission hospitals recognised as nurses training schools in the Region are those of the Wesley Guild at Ilesha, the Seventh Day Adventist at Ife and the American Baptist's at Ogbomosho.

207. Preliminary qualifying state examinations were held in January and July. In January there were thirty-seven passes out of forty-six (both Government and Mission) and in July there were sixteen passes out of the sixteen candidates entered.

208. The final qualifying examination for nurses was held in June and in December. At the June examination twenty-two candidates were successful out of thirty-eight, and in the December examination twenty candidates were successful. The number of Mission-trained successful candidates were twenty-two and thirteen respectively.

(b) *Midwives*

209. Grade I Midwives commenced training at Adeoyo Hospital, Ibadan, and no candidates have as yet completed the course.

210. Grade II midwives are trained for Local Authorities and Missions at many Government and Mission approved hospitals.

211. The results of the March and September examinations were as follows :—

GRADE II MIDWIVES EXAMINATIONS

	GOVERNMENT		MISSION	
	<i>March</i>	<i>September</i>	<i>March</i>	<i>September</i>
Entries	17	12	75	89
Passes	15	10	67	78

212. The University College Hospital School of Nursing is now recognised as a training school by the Board of Examiners of the British State Registered Nurses Examination. Out of forty-two candidates who appeared for the examination, thirty-seven were successful. This is a very auspicious beginning for this much needed and invaluable Federal training institution.

(c) *Sanitary Inspectors and Overseers*

213. The construction of the new School of Hygiene has again not received high priority although a suitable site has already been chosen.

214. Eight Sanitary Inspectors passed the examination of the Royal Society of Health (West Africa) during the year.

215. Twenty out of twenty candidates were successful in the Sanitary Inspectors' examination.

216. Out of twenty-one Local Government candidates who attempted the Sanitary Overseers' examination held in May 1956, nineteen were successful. A second nine-month course started in September with thirty-four pupils.

(d) *Health Visitors and Community Nurses*

217. There is as yet no systematic training course in the Region for Health Visitors. A special sub-committee of the Nursing Council is considering the question of a syllabus for Health Visitors and Community Nurses, the latter being of lower educational standard and consequently taking a less exacting course.

(e) *X-Ray Technician*

218. Of the seven Western Region candidates in the School of Radiography in Lagos all passed the preliminary examination for technicians and operators and one was successful at the final examination qualifying as an X-ray technician.

(f) *Field Unit Assistants*

219. No Western Regional students attended the course for training nor did any attend the refresher centre of the Medical Field Unit School at Makurdi.

(g) *Dispensary Attendants*

220. It is proposed to train dispensary attendants at the new School of Hygiene, Ibadan. In the meantime a few candidates are being trained at the Medical Field Unit School at Makurdi by arrangement with the Medical Service of the Northern Region.

XIV.—MEDICAL WORK OF MISSIONS

221. Mission hospitals in this Region are—

1. Wesley Guild at Ilesha
2. Seventh Day Adventist at Ile-Ife
3. American Baptist at Ogbomosho
4. American Baptist at Shaki
5. American Baptist at Eku
6. Sacred Heart Hospital, Abeokuta
7. R.C.M. Hospital, Uromi and
8. R.C.M. Hospital, Ogwashi-Uku.

222. At Owo, the Saint Louis "combined" Government and R.C.M. Hospital opened full scale activities on 1st October, 1955 and progress has been fairly satisfactory. It is too early as yet to assess the merits of this venture, but many of the early difficulties now appear to have been resolved.

Benin Province

223. St. Camillus' Roman Catholic Mission Hospital at Uromi consists of two 16-bed wards, one 32-bed maternity block and an antenatal clinic. There are also a standard operating theatre, a non-standard dispensary and outpatient department and Nurses' hostels. There are no kitchen/laundry, laboratory or mortuary. There is no electricity and the water supply is precarious.

224. Some progress has been made in the completion of more buildings at the R.C.M. Hospital at Ogwashi-Uku, although the standard is poor and the equipment still inadequate.

225. Other R.C.M. Maternity units are St. Philomena's at Benin, St. Joseph's Asaba, and one at Agbor.

226. The C.M.S. has a 9-bed maternity unit at Benin where 150 deliveries were undertaken during the year. Nursing Sisters from Iyi-Enu in the Eastern Region supervise this as well as other C.M.S. maternity units in the Delta Province.

Delta Province

227. The 48-bed American Baptist Mission Hospital at Eku has good laboratory facilities, its own electric generator and X-ray apparatus and further development is being planned.

228. At Ughelli, the C.M.S. Mission maintains a 10-bed maternity unit at which 255 cases were delivered during the year. There are other units in the Aboh division and near Warri.

229. The R.C.M. run the St. Elizabeth Maternity Home in Sapele.

Ondo Province

230. Mention has been made of the Combined Hospital, Owo. At Ado-Ekiti the R.C.M. runs a 20-bed maternity ward and a creche for orphans. The institution is supervised by Reverend Nursing Sisters.

231. The C.M.S. maintains a 34-bed maternity hospital and children's ward at Ado-Ekiti. A resident lady Medical Officer is in charge.

232. The Wesley Guild runs a small maternity centre and grade II midwives training school at Ikole.

Abeokuta Province

233. A resident doctor is in charge of the R.C.M. Sacred Heart Hospital in Abeokuta and this hospital is now recognised as a grade I midwives training school.

234. The R.C.M. also maintain and supervise St. Francis' Segregation Camp for Lepers at Abeokuta.

Ibadan Province

235. The American Baptist mission at Ogbomosho is well staffed, with three doctors, several nursing sisters and technicians.

236. The central Baptist mission Settlement for Leprosy is also situated in Ogbomosho, and from here the Medical Officer supervises small clan settlements in Oyo and Ibadan provinces.

237. This mission also maintains some maternity homes in the Province, the largest of these being situated at Iwo and Ire.

238. A Roman Catholic Mission lady doctor, based at Oshogbo, undertook the supervision of Queen's School Ede and several Local Government dispensaries on behalf of Government. A second Roman Catholic Mission doctor was stationed at Otan and supervised the mission's maternity centres and dispensaries in the northern-eastern part of the province.

Oyo Province

239. The new Wesley Guild Hospital at Ilesha comprising male, female, and maternity wards, administrative and outpatients' blocks, children's block, isolation unit, X-ray department and operating theatre, laundry and kitchen and mortuary, has 105 beds. There is a Nurses'

hostel attached. An out-standing feature of this up-to-date Mission unit is the inclusion of a Welfare Centre. This hospital was opened on 25th September, 1954, and is doing invaluable work in the area.

240. The Methodist Mission also runs four combined dispensaries and Maternity centres in the province, as well as a Segregation Camp for lepers at Ilesha.

241. The American Baptist Mission runs a small hospital with thirty-two beds at Shaki in the extreme north of the province.

242. The Seventh Day Adventist hospital at Ife is very well staffed and run and has 130 beds.

243. The United Missionary Society run a small dispensary at Igbetti in the northern part of the province.

Colony Province

244. There were no mission medical activities to report.

XV.—PRIVATE MEDICAL PRACTITIONERS

245. There are eleven private medical practitioners in the Region, six being in the Ibadan, and five in the Benin Division respectively.

246. Each medical practitioner has a small private hospital including a maternity unit and in addition may be responsible for the supervision of several maternity centres and dispensaries in the district which may be a considerable distance away from his residence. It is very questionable if medical practitioners can effectively carry out the necessary supervision of these district centres and dispensaries because of the volume of work in the towns and difficulties over communication.

247. In Benin Division, two medical officers now act as School Medical Officers and are remunerated for this work by Government. The interest of these private practitioners in public health generally and health education in particular is most encouraging.

248. The question of enlisting the aid of more general practitioners for school medical and general outpatient duties is under active consideration, but a major difficulty is the great shortage of practitioners in comparison with the size of the population.

XVI.—INTERNATIONAL MEDICAL LIAISON

249. No direct contact by official meetings took place between representatives of the Western Region Medical Services and those of the French Medical Services in Dahomey.

250. Work has progressed on the Government dispensary at Idiroko. When completed this dispensary will provide simple treatment and dressings for travellers between Dahomey and Nigeria as well as for medical staff engaged in preventive service duties on the border.

251. There have been no major epidemics to report from either side of the border.

252. The weekly returns of infectious diseases occurring in the Region are sent by telegraphic despatch to the *Directeur de la Sante Publique* at Port Novo, and reciprocal action is taken by the French authorities, who also provide a monthly summary of health reports including details of all communicable diseases.

253. The Director of Medical Services attended the sixth Annual Conference of the Directors of West African Medical Services held in Lagos in March 1955, the Annual Meeting of the Scientific Standing Committee of West African Council for Medical Research held immediately before, and the WHO International conference on Malaria in Africa held in Lagos in November 1955.

254. A Regional representative attended the WHO symposium on Yaws in Enugu.

255. A WHO Seminar on Environmental Hygiene took place in Ibadan in December and the Deputy Director of Medical Services attended as an official delegate while other members of the health services also attended various sessions.

XVII.—DISTINGUISHED VISITORS

Distinguished Visitors to the Western Region during the year 1955, include the following :—

<i>Name</i>	<i>Status</i>	<i>Purpose</i>
Miss F. N. Udell, O.B.E.	... Chief Nursing Officer, Colonial Office, London.	To advise on Nursing services, with special reference to reciprocity with the General Nursing Council for England and Wales.
Mr Lanoix	... Member of permanent staff of WHO environmental Sanitation, Geneva.	To arrange for WHO Regional Seminar on Environmental Hygiene held in Ibadan.
Mr F. B. Sawyer	... Stock verifier, Medical Department, Sierra Leone.	To study the methods and techniques employed in modern store accounting.
Sir James P. Ross and T. C. Hunt.	Dr Members of the Senate of London University.	Inspection of progress of the University College Hospital, Ibadan.
Dr D. F. Lelyde	... Specialist Malariologist, Tanganyika Territory.	WHO fellowship on Malaria control.
Dr A. Wilson Rae, C.M.G.	... Deputy Chief Medical Officer, Colonial Office.	To discuss medical problems.
Dr J. C. D. Carothers	... S.M.O. of South-West Metropolitan Regional Hospital Board, England	To investigate and report on Lunacy in Nigeria.
Mr Jorgen Nyobe	... Statistician in the WHO Tuberculosis Research Office in Copenhagen	To assist in making preliminary plans for WHO T.B. survey team.
Professor W. N. Taylor	... WHO Consultant, and Professor of Hygiene, University College, Fort-Hare, South Africa.	To advise on the training of medical auxiliaries in Nigeria.
Dr Elspeth Warwick	... WHO Consultant in Maternity and child health.	To advise on development of Maternity Services.
Dr Anton Geser	... Medical Officer, WHO Tuberculosis Assessment Team.	To make preliminary assessment of the Tuberculosis problem in Nigeria.

SENIOR STAFF APPOINTMENTS AS AT 31-12-55

<i>Duty Post</i>	<i>Estab- lishment</i>	<i>Filled Expatriate</i>	<i>Non- Expatriate</i>	<i>Vacancies</i>	<i>Remarks</i>
Director of Medical Services (Dr Montgomery)	1	1	—	—	On leave 12-10-54 to 8-2-55.
Deputy Director of Medical Services (Dr Bury)	1	1	—	—	Acted Director of Medical Services 9-10-54 to 8-2-55. On leave 2-8-55 to 29-11-55.
Assistant Director of Medical Services (Dr Cooper)	1	1	—	—	Post created 1-4-55.
Regional Matron (Miss Winter) ...	1	1	—	—	On leave 20-8-55 to 30-12-55.
Senior Accountant (Mr Briggs) ...	1	1	—	—	On leave 25-10-55 to 21-2-56.
Accountants (Mr Otuyalo) ...	2	—	1	—	Acted Senior Accountant, 21-10-55 to 25-2-56.
Establishment Officer (Mr Olufawo)	1	—	1	—	Assumed duty 1-9-55.
Hospital Secretary	1	1	—	—	Seconded to UCH.
Administrative Assistant (Mr Ademiluyi)	1	—	1	—	
Senior Pharmacist (Mr Batten) ...	1	—	—	1	
Pharmacy Superintendents ...	5	—	1	4	
Assistant Establishment Officer (Mr Ogunmodede)	1	—	1	—	On leave 10-1-55 to 29-5-55.
Senior Specialist and Specialist	17	—	—	17	
Senior Medical Officer (Administration)	3	—	—	3	Filled by Acting appointments
Senior Medical Officer (Clinical) (Dr Banks)	1	1	—	—	On leave 28-4-55 to 26-8-55.
Medical Officers and Assistant Medical Officers	57	10	27	20	
House Physician and Surgeons ...	—	—	2	—	
Entomologist	1	—	—	1	
Inspecting Radiographer	1	—	—	1	
Radiographers	2	—	2	—	Including 1 temporary.
Senior Nursing Sisters	3	2	—	1	
Nursing Sisters and Nursing Superintendents	42	3	23	16	Including 6 temporary.
Senior Health Sisters and Health Sisters	9	2	7	—	Including 3 temporary.
Sister Tutors	8	3	—	5	
Senior Health Officer	1	1	—	—	Acted as Deputy Director of Medical Services 2-8-55 to 29-11-55.
Medical Officers of Health ...	5	1	—	4	Acted Senior Health Officer 22-9-54 to 9-2-55 ; Senior Medical Officer (Administration) 16-4-55 to 26-8-55 Senior Health Officer 27-8-55 to 5-12-55.
Senior Health Superintendents ...	4	1	3	—	
Health Superintendents	21	1	17	3	
Pathologist	1	—	—	1	
Dental Surgeons	9	2	2	5	Including 1 temporary.
Dental Technicians	2	—	—	2	
Leprosy Service					
Leprosy Secretaries	3	2	—	1	
Leprosy Control Officer	1	—	—	1	
Medical Field Unit					
Medical Officers of Health ...	3	—	—	3	
Superintendents	3	2	—	1	
Mental					
Medical Officer	1	—	1	—	
Chief Nursing Superintendent ...	1	—	—	—	
Nursing Superintendents	2	1	1	—	
Nursing Sister	1	—	—	1	
Male Tutor	1	1	—	—	
Occupational Therapist	1	1	—	—	

TOURING TABLE—1st JANUARY, 1955 TO 31st DECEMBER, 1955

No.	Officer	Day on Duty	Number of nights on tour	Number of days on Visit	Total	Percentage of Night Visits
1.	Director of Medical Services	365	7	1	8	1.92
2.	Deputy Director of Medical Services ...	—	—	—	—	—
3.	Assistant Director of Medical Services ...	—	—	—	—	—
4.	Senior Health Officer	365	32	—	32	9.31
5.	Pharmacy Superintendent	365	19	—	19	5.22
6.	Regional Matron	365	44	1	45	12.06
7.	Senior Accountant	365	5	—	5	1.37
8.	Senior Medical Officer (Clinical) Ibadan ...	365	1	2	3	.28
9.	Senior Medical Officer, Ibadan (Administration)	365	3	5	8	.82
10.	Senior Medical Officer, Benin City	365	9	19	28	3.47
11.	Medical Officer, Agbor	365	85	106	191	23.33
12.	Medical Officer, Abeokuta	365	—	9	9	—
13.	Medical Officer, Akure... ..	365	20	107	127	5.48
14.	Medical Officer, Benin City	365	11	21	32	3.01
15.	Medical Officer, Forcados	365	51	52	103	13.7
16.	Medical Officer, Ijebu-Ode	365	1	24	25	.28
17.	Medical Officer, Badagry	365	10	63	73	2.76
18.	Medical Officer, Sapele	365	11	16	27	3.01
19.	Medical Officer, Oyo	365	27	35	62	7.4
20.	Medical Officer, Shagamu	365	—	85	85	—
21.	Medical Officer, Warri	365	—	36	36	—
22.	Medical Officer, Oshogbo	365	—	83	83	—
23.	Medical Officer i/c Rural Health Centre, Ilaro ...	365	—	150	150	—
24.	Medical Officer, i/c Medical Field Unit, Auchi ...	365	33	104	137	9.83
25.	Medical Officer, i/c Medical Field Unit, Owo ...	365	14	97	111	3.83
26.	Rural Medical Officer, Akure	365	5	22	27	3.83
27.	Rural Medical Officer, Abeokuta	365	—	50	50	—
28.	Rural Medical Officer, Ibadan	365	3	81	84	.82
29.	Rural Medical Officer, Ijebu-Ode	365	—	5	5	—
30.	Rural Medical Officer, Warri	365	—	5	5	—
31.	Rural Medical Officer, Ubiaja	365	—	63	63	—
32.	Leprosy Area Superintendent, Ossiomo	365	40	68	108	10.96
33.	Senior Health Superintendent, Ibadan	—	—	—	—	—
34.	Health Superintendent, Ibadan	365	20	112	132	5.48
35.	Health Superintendent, Shagamu	365	—	68	68	—
36.	Health Superintendent, Abeokuta	365	—	81	81	—
37.	Health Superintendent, Akure	365	35	23	58	9.61
38.	Health Superintendent, Benin City	365	1	17	18	.28
39.	Health Superintendent, Ijebu-Ode	365	8	151	159	2.19
40.	Health Superintendent, Oyo	365	6	26	32	1.64
41.	Health Superintendent, Oshogbo	365	73	115	188	20.00
42.	Health Superintendent, Sapele	365	5	36	41	1.37
43.	Health Superintendent, Warri	365	2	9	11	.55
44.	Health Superintendent, Agbor	365	108	155	263	29.59
45.	Medical Field Unit Superintendent, Auchi ...	365	86	101	187	23.61
46.	Medical Field Unit Superintendent, Ado-Ekiti ...	365	44	96	140	12.06
47.	Dental Surgeon, Benin-City	365	22	34	56	6.02

Individual average above 10 per cent for night visits on tour were—

Regional Matron, Ibadan	12.06 per cent
Medical Officer, Agbor	23.33 per cent
Medical Officer, Forcados	13.7 per cent
Area Superintendent, Ossiomo	10.96 per cent
Health Superintendent, Oshogbo	20.00 per cent
Health Superintendent, Agbor	29.59 per cent
Medical Field Unit Superintendent, Auchi ...	23.61 per cent
Medical Field Unit Superintendent, Ado-Ekiti ...	12.06 per cent

WESTERN REGION OF NIGERIA GAZETTE—GOVERNMENT NOTICES, REGULATIONS
ORDERS, ETC., 1ST JANUARY, 1955 TO 31ST DECEMBER, 1955

<i>Serial No.</i>	<i>Short Titles</i>	<i>Western Region of Nigeria Gazette Number</i>
W.R.L.N. 19	The Egun Awori Area Native Authority (Badagry Market) (Amendment) Rules, 1954...	2 of 13-1-55
W.R.L.N. 22	The Rabies Ife Town Declaration and Prohibition (Revocation) Order, 1954...	2 of 13-1-55
W.R.L.N. 23	The Rabies (Epe Government Station) Declaration and Prohibition Order, 1954	2 of 13-1-55
W.R.L.N. 24	The Rabies Fashola Agricultural Station Declaration Prohibition Order 1954...	3 of 20-1-55
W.R.L.N. 31	The Sapele Township Market (Amendments) Rules, 1953	5 of 3-2-55
C. 31-32	The Criminal Code (Amendment) Law, 1955	7 of 17-2-55
W.R.L.N. 58	The Iperu Local Council (Market) Bye-laws, 1954	7 of 17-2-55
W.R.L.N. 68	The Warri (Building) Bye-laws, 1949	11 of 3-3-55
W.R.L.N. 75	The Rabies (Ibadan and District) Declaration and Prohibition Order (No. 1) 1953	13 of 17-3-55
W.R.L.N. 76	The Ibadan and District Native Authority (Rabies) Rules, 1953	13 of 17-3-55
W.R.L.N. 78	The Rabies (Benin Government Residential Area and Benin City Area) Declaration and Prohibition Order, 1955	15 of 31-3-55
W.R.L.N. 82	The Rabies (Agbor Town Area) Declaration and Prohibition (Revocation) Order, 1955	16 of 7-4-55
W.R.L.N. 83	The Rabies (Ikeja Division) Declaration and Prohibition (Revocation) Order, 1955	16 of 7-4-55
W.R.L.N. 119	The Rabies (Sapele Township) Declaration and Prohibition Order, 1955	19 of 28-4-55
W.R.L.N. 115	The Imala District Native Authority (Bake Houses, Corn mills, Dairies, Aerated Water Manufactories, Eating Houses and Food preparing or food preserving Establishments) Rules, 1954	19 of 28-4-55
W.R.L.N. 128	Declaration of Powers under Liquor Ordinance	20 of 5-5-55
W.R.L.N. 142	The Rabies (Benin Government Residential Area and Benin City Area) Declaration and Prohibition (Revocation) Order, 1955	22 of 19-5-55
W.R.L.N. 132	The Sapele Township (Market) (Amendment) Rules, 1955	21 of 12-5-55
W.R.L.N. 143	The Rabies (Ibadan District) Declaration and Prohibition (Revocation) Order, 1955	22 of 19-5-55
L.S. 14	The Criminal Code (Amendment) Law, 1955	23 of 26-5-55
W.R.L.N. 149	The Otta District Native Authority (Liquor Licensing) (Amendment) Bye-laws, 1955	23 of 26-5-55
W.R.L.N. 162	The Building Lines (Amendment) Order in Council, 1955	30 of 30-6-55
W.R.L.N. 185	The Native Courts Western Region (Jurisdiction in Public Health Offences) Order in Council, 1955	30 of 30-6-55
W.R.L.N. 186	The Public Health (Western Region—Application) Order in Council	30 of 30-6-55
W.R.L.N. 207	The Ijebu Divisional Native Authority (Imushin) Market Rules, 1955	32 of 7-7-55
W.R.L.N. 208	The Egba Divisional Native Authority (Liquor Licensing) (Amendment) Bye-laws, 1955	32 of 7-7-55
W.R.L.N. 249	The Rabies Shaki Town Declaration and Prohibition Order, 1955	35 of 21-7-55
W.R.L.N. 300	The Hospital Fees (Amendment) Regulations, 1955	35 of 21-7-55
W.R.L.N. 353	The Egbado-Ketu District Council (Slaughter) Bye-laws, 1955	50 of 3-11-55
W.R.L.N. 354	The Ado Igbessa District Council (Slaughter) Bye-laws, 1955	50 of 3-11-55
W.R.L.N. 359	The Egbado Divisional Council (Liquor Licensing) Bye-laws, 1955	52 of 10-11-55
W.R.L.N. 361	The Akoko-Edo District Council (Market) Bye-laws, 1955	53 of 17-11-55
W.R.L.N. 362	The Rabies (Ibadan and District) Declaration and Prohibition Order, 1955...	53 of 17-11-55
W.R.L.N. 363	The Abeokuta Planning Area No. 1 (Interim Development) Order, 1955	53 of 17-11-55
W.R.L.N. 373	The Ibadan District Council (Rabies) Rules, 1955	55 of 1-12-55
C. 73	The Criminal Procedure (Amendment No. 2) Law, 1955	56 of 8-12-55
L.N. 75	Criminal Code (Prohibited Importation) Order in Council, 1955	33 of 21-7-55
L.N. 74	Criminal Code (Prohibited Publication) Order, 1955	33 of 21-7-55
L.S. 72	Criminal Code Ordinance, 1955	33 of 21-7-55
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L.N. 83	Dangerous Drugs Ordinance (Application) Order, 1955	38 of 25-8-55
L.N. 85	Dangerous Drugs (Application No. 2) Order, 1955	38 of 25-8-55
L.N. 86	Dangerous Drugs Order in Council, 1955	38 of 25-8-55
L.S. 22	Criminal Procedure (Amendment No. 2) Ordinance, 1955	38 of 25-8-55
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L.S. 26	Criminal Code (Amendment) Ordinance, 1955	39 of 1-9-55
L.N. 108	Colonial Air Navigation Order, 1955	45 of 6-10-55

RETURN OF DISEASES AND DEATHS OF ALL RACES FOR THE YEAR 1955

No.	Diseases	In-patients		Outpatients	
		Cases	Deaths	Cases	Deaths
1.	Typhoid and Paratyphoid Fevers	28	3	—	—
2.	Plague	—	—	42	—
3.	Scarlet Fever	—	—	—	—
4.	Whooping Cough	63	4	2,853	—
5.	Diphtheria	—	—	—	—
6.	Tuberculosis of respiratory organs	453	36	1,237	—
7.	All other forms of tuberculosis	98	5	200	—
8.	Purulent Infection and septicaemia (Non-puerperal)	7	—	12	—
9.	Dysentery	333	15	5,702	—
10.	Malaria	1,771	34	29,380	—
11.	Syphilis	33	—	1,419	—
12.	Yellow Fever	1	—	—	—
13.	Smallpox	8	—	77	—
14.	Rabies	2	1	312	—
15.	Typhus Fever	4	—	—	—
16.	Diseases due to helminths	235	2	10,766	—
17.	Other Infective or parasitic diseases	564	21	15,006	—
18.	Cancer and other malignant tumours of the Buccal cavity and pharynx... ..	—	—	1	—
19.	Cancer and other malignant tumours of the digestive organs and peritoneum	53	8	196	—
20.	Cancer and other malignant tumours of the respiratory system	—	—	1	—
21.	Cancer and other malignant tumours of the uterus... ..	8	—	3	—
22.	Cancer and other malignant tumours of the breast	6	—	9	—
23.	Cancer and other malignant tumours of other or unspecified organs	40	—	183	—
24.	Non-malignant tumours or tumours of undetermined nature	115	—	628	—
25.	Rheumatic Fever	32	—	383	—
26.	Chronic rheumatism and gout	258	—	17,264	—
27.	Diabetes Mellitus	59	3	94	—
28.	Diseases of the thyroid and parathyroid glands	15	1	61	—
29.	Other venereal diseases	45	7	773	—
30.	Vitamin deficiency diseases	219	14	8,183	—
31.	Pernicious and other anaemias	245	30	5,722	—
32.	Leukaemias and other diseases of the blood and blood forming organs	111	10	2,248	—
33.	Chronic or acute alcoholism... ..	—	—	1	—
34.	Other chronic poisoning	32	3	7	—
35.	Non-meningococcal meningitis	10	2	8	—
36.	Diseases of the medulla and spinal cord other than loco-motorataxia	8	1	18	—
37.	Intra-cranial lesions of vascular origin	67	15	56	—
38.	Mental disorders and deficiency	70	5	64	—
39.	Epilepsy	62	1	271	—
40.	Other diseases of the nervous system	143	4	2,849	—
41.	Diseases of the eye, ear, and their annexa	240	1	20,806	—
42.	Pericarditis (including chronic rheumatic pericarditis)	4	—	3	—
43.	Chronic affections of the valves and endocardium	—	—	8	—
44.	Diseases of the Myocardium including aneurysm of the heart	19	7	55	—
45.	Diseases of the coronary arteries and angina rectoris	12	—	3	—
46.	Other diseases of the heart	120	16	311	—
47.	Arteriosclerosis and Gangrene	18	—	86	—
48.	Other diseases of the circulatory system	284	5	2,708	—
49.	Bronchitis	617	10	19,058	—
50.	Pneumonia and Broncho-pneumonia	797	50	3,872	—
51.	Pleurisy (Non-Tuberculosis)	67	1	419	—
52.	Other diseases of the respiratory system, except Tuberculosis	231	3	3,345	—
53.	Ulcer of the stomach or duodenum	51	2	950	—
54.	Diarrhoea and enteritis (under 2 years of age)	160	21	6,539	—

No.	Diseases	In-patients		Out-patients	
		Cases	Deaths	Cases	Deaths
55.	Diarrhoea and enteritis (Ulceration of the intestines) 2 years of age and over	461	18	12,087	—
56.	Appendicitis	32	—	26	—
57.	Hernia, Intestinal Obstruction	890	25	1,378	—
58.	Cirrhosis of the Liver... ..	29	1	94	—
59.	Other diseases of the liver and biliary passages including biliary calculi	279	6	17,505	—
60.	Other diseases of the digestive system	682	39	19,119	—
61.	Nephritis	160	7	145	—
62.	Other diseases of the kidney and uterus	42	2	57	—
63.	Calculi of the urinary passages	15	1	11	—
64.	Diseases of the bladder, except tumours	76	1	413	—
65.	Diseases of the urethra, urinary abscess etc.... ..	196	8	533	—
66.	Diseases of the prostate	12	—	26	—
67.	Other diseases of the genital organs, not specified as venereal or connected with pregnancy or puerperal state	1,105	11	8,322	—
68.	Diseases and accidents of pregnancy	708	16	692	—
69.	Abortion without mention of septic conditions	520	—	560	—
70.	Post-abortive infection	10	1	19	—
71.	Infection during child birth and the puerperium	35	11	3	—
72.	Other accidents and diseases of child birth and puer- perium	2,595	25	59	—
73.	Diseases of the skin and cellular tissue	2,333	18	75,059	—
74.	Diseases of the bones and organs of movement except tuberculosis and rheumatism	259	2	2,466	—
75.	Congenital malformations (still-births excluded)	54	5	197	—
76.	Congenital debility	17	4	510	—
77.	Premature birth (still-births excluded)	54	4	2	—
78.	Injury at birth (still-births excluded)	21	—	1	—
79.	Other diseases peculiar to the first year of life	74	6	445	—
80.	Senility, Old age	9	2	106	—
81.	Suicide (attempted)	4	—	—	—
82.	Homicide	2	—	—	—
83.	Automobile Accidents (All motor-driven road vehicles)	365	9	702	—
84.	Other violent or accidental injuries (Automobile accidents excluded)	1,901	35	20,186	—
85.	Injuries of persons in military service during and of civilians due to operations of war	—	—	9	—
86.	Causes of illness unstated or ill-defined	298	16	8,721	—
87.	Other causes of illness unstated or ill-defined	12	1	174,530	—
88.	Normal Labour	1,596	9	219	—
TOTAL		22,955	630	508,394	—



