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

WESTERN NIGERIA

ANNUAL REPORT

of the

Department of Medical Services
Western Region of Nigeria

1st January, 1957-31st December, 1957

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FOREWORD FOR ANNUAL REPORT OF THE MEDICAL AND HEALTH DEPARTMENT—1957

By

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Minister of Health and Social Welfare

The year 1957 was one of great progress for the Ministry of Health in the Western Region, particularly as regards the development of new hospitals.

No less than seven new divisional hospitals were completed and opened during the year, and these were located at Epe, Okitipupa, Ido-Ekiti, Ilaro, Auchi, Kwale and Badagry.

The year was also notable for the taking over by the Government of the old Adeoyo Hospital belonging to the Ibadan District Council, which had formerly been loaned temporarily to the University College authorities.

The staffing of all these additional hospitals put a great strain on the medical staff in this Region, particularly as a considerable number of the more senior members of the staff retired during the year under the lump sum compensation scheme.

There was an epidemic of smallpox in the Region during the year, which however was rapidly brought under control by mass vaccination, in which work the Medical Field Units played a most important and valuable part. The epidemic of Asian Influenza towards the end of the year was fortunately of relatively mild type, but it was very widespread in its nature.

Despite the increased services already mentioned and the extra commitments thrown on them, the efficiency of the service to the public in this Region was not only maintained, but enhanced during the year, and it therefore gives me much pleasure to present this Annual Report.

Annual Report of the Department of Medical Services, Western Region of Nigeria, 1st January, 1957 to 31st December, 1957

I.—INTRODUCTION

The year 1957 saw the Western Region of Nigeria obtaining Self-Government, the operative date being the 8th of August. The five-year Development Plan which commenced in 1956 is proceeding according to plan as far as buildings are concerned, but there is a shortage of staff throughout all grades.

Free treatment continued for all dependent unmarried children under eighteen years throughout the Region. Financial grants were made to Mission and Local Authorities for the treatment of children who attended their medical establishments. The position as far as School Medical Officers is concerned has deteriorated since last year. There is no School Medical Officer at Abeokuta and a Health Sister is carrying on the School service. Much the same position has arisen at Ibadan where the School Medical Officer has now become temporary Medical Officer of Health for Ibadan, and cannot spare adequate time for the school service. In the Benin area two private practitioners are employed on a part-time basis as School Medical Officers. The Lady School Dental Officer in Ibadan continued full time. The six Dental Centres in the Region give particular attention to school children, and some dental officers tour with a view to attending to children in rural schools.

The plans for the establishment of a hospital in each province have progressed. The hospitals concerned are gradually raising their status with improvements in quality of their staff and in structural alterations. There are two Surgical Specialists stationed at Adeoyo Hospital in Ibadan and one each at Abeokuta, Ikeja, Ijebu-Ode and Benin. In addition to the Surgical Specialists, Adeoyo Hospital has two Obstetricians at Ibadan along with an Ophthalmologist, a Tuberculosis Specialist and a Dermatologist on its permanent staff.

With regard to the Government policy to provide a hospital in each political division, seven divisional hospitals were completed and opened during the year. Two other hospitals, at Ogbomosho and Iwo have had their foundation stones laid and plans are being prepared for a third hospital at Ife. Adeoyo and Jericho General Hospitals at Ibadan were handed back to the Regional Government on the 1st of April by the University College Hospital, Ibadan.

The Senior Medical Officer, Education and Training, World Health Organisation, mentioned in last year's report, is acting Principal of the Health Auxiliaries Training School at Ibadan, while a Nigerian Officer has proceeded to the United States of America to study health education and on his return to take over the principalship of the school. The new school buildings have been held up due to financial reasons, but it is hoped to obtain some buildings at the old University College Hospital, Preliminary Training School when these are vacated during the first half of 1958. The two Health Propaganda Officers are now members of the Health Education Unit under the overall supervision of the Principal of the Health Auxiliaries Training School.

The Mental Hospital at Aro is not yet completed but a limited number of patients are treated as outpatients, some of these being billetted at neighbouring villages. The Alienist is engaged at the present in the United Kingdom on the preparation of a report on the nervous breakdown of Nigerian Students in the United Kingdom. Lantoro Asylum can now accept a few more criminal lunatics due to minor extensions of the existing buildings.

The building of the Chest Clinic adjacent to Jericho General Hospital commenced The Tuberculosis Special Grade Medical Officer was transferred to the grade of Specialist in October 1956. At the end of 1956 WHO/UNICEF carried out pilot tuberculosis surveys in rural areas, but the incidence was only 0.26 per cent. However, another survey was carried out later in Ibadan and a figure of 0.6 per cent was obtained. At the Tuberculosis Clinics set up in Hospitals in the Region a standard treatment has been recommended.

The Western Region Local Government Law, 1952, was revised. The Public Health Ordinance was replaced by the Public Health Law. The latter is a more comprehensive law and adoptive bye-laws on various public health subjects have been produced by the Ministry of Health.

The year has been a very busy and trying one, and in particular for the more senior members of the Headquarters Staff. In addition to the opening of the new hospitals mentioned above, there was a smallpox epidemic claiming 654 deaths, and in which 1½ million people were vaccinated in four weeks. This epidemic was followed later in the year by the "Asian Flu" epidemic which threw a considerable strain on our hospital services. Finally, headquarters suffered the retirement of the Director of Medical Services and the Deputy Director of Medical Services and the transfer on promotion of the Assistant Director of Medical Services to the Federal Medical Service.

A new Minister of Health and Social Welfare was appointed during the year and he has toured extensively and made contact with various grades of officers in the Department.

II.—ADMINISTRATION

A.—DEPARTMENTAL ORGANISATION

The Region was divided into three Medical Divisions last year, each under the administration of a Senior Medical Officer. Correspondence from the Units in the first places goes to the Senior Medical Officer concerned for his action, but financial matters and higher grade staff postings are dealt directly with Medical Headquarters. Further Regional Units, deal directly on all matters with headquarters.

B.—STAFF

In July the substantive holder of the Assistant Director of Medical Services post was transferred, on promotion, to the Federal Medical Service. In September the Deputy Director of Medical Services left on retirement and in December the Director of Medical Services went on retirement. Substantive appointments to replace these officers await integration of the Ministry and Department.

Specialists

It has not been possible to recruit a Pathologist but a Medical Officer has shown interest in this subject and is in charge of the Unit at Adeoyo, and eventually it is hoped that he may proceed on a course of instructions abroad to enable qualify for the diploma in Clinical Pathology. There are four Specialist Obstetrical posts, two of which are filled, four Surgical Specialists and two Medical Officers Special Grade Surgeons. The Specialist Alienist post has been filled by an officer in this Region's service. The Tuberculosis Specialist post was filled in 1956 by a contract officer. The Dermatologist, a Specialist Physician and an Ophthalmologist were on duty throughout the year.

Medical Officers

There is an establishment of fifty-eight Medical Officers for the hospital services and there are sixteen vacancies, but two of these are filled by temporary appointments. The shortage of Medical Officers has been offset by officers extending their tours. Due to the general shortage of staff owing to the opening of new hospitals and added burden was imposed on all hospital staff and in particular on the Medical Officer in charge of each Unit.

Medical Officers of Health, Urban and Rural

There is an establishment of six Medical Officers of Health with a strength of three, one of which is a temporary appointment. There are nine Medical Officers for rural health and schools, two of these appointments are vacant.

Dental Officers

The Dental Services provide for one Senior Dental Officer and nine Dental Officers, and in the latter category there was seven on post and this included two temporary appointments.

Nursing Sisters and Superintendents

In the seven Senior Nursing Sisters posts there are two vacancies. Of the establishment of fifty-seven Nursing Sisters and Superintendents forty-nine posts were filled, although this figure included sixteen posts filled by temporary appointments.

Sister Tutors

The establishment of Sister Tutors is fourteen and there are nine vacancies. This is a serious state of affairs as seven new divisional hospitals were opened during the year. There are two Male Tutor posts with one vacancy.

Health Sisters

In this grade two vacancies remain out of an establishment of ten. There are two temporary appointments and there is a post for a Senior Health Sister which is filled.

Health Superintendents

There is an establishment of seven Senior Health Superintendent Grade Officers with no vacancies, and twenty for the Health Superintendent Grade with two vacancies.

Pharmacists

The position has changed for the better since last year's report but there are still eleven vacancies.

Nursing Staff

The opening of the new hospitals during the year has resulted in a severe shortage of the junior nursing staff, the females in particular since the married ones now enjoy very liberal maternity leave.

C.—FINANCE

Three financial statements pertaining to 1957-58 are shown and are amplified by the following notes:—

Statement A

The savings in the Recurrent Section are due to posts not being filled to establishment, and in the non-recurrent Section to works which have not been started or completed.

The population of the Western Region is estimated as 6,460,000 and the per capita expenditure on Medical Services in 1957-58 was as follows:

	s	*d*
Recurrent expenditure per capita	3	11¾
Non-recurrent expenditure per capita	0	2¾
Total expenditure per capita	4	2½

The total approved estimates of expenditure for the Region in 1957-58 was £25,689,703 and the total approved estimate for the Medical Department was £1,780,004. Medical Services, therefore, were allocated 6.92 per cent of the total estimates and this compared fairly favourably with 6.63 per cent in the previous year.

Statement B

This gives an indication of the estimated total cost of a building, the amount expended on it during the financial year, the approved estimates for the year and the amount of money actually spent on it during the year.

Statement C

This statement shows the estimated revenue and what was actually collected by the Department. The excess and the deficit of the estimated revenue are shown in the next two columns.

Statement A

Approved Estimates and Actual Expenditure, 1957-58
Recurrent and non-Recurrent (Other than Buildings)

	Recurrent				Non-Recurrent			
	Estimated £	*Expended* £	*Excess* £	*Saving* £	*Estimated* £	*Expended* £	*Excess* £	*Saving* £
Personal Emoluments ...	720,630	558,315	—	162,315	—	—	—	—
Other Charges...	806,270	724,319	67,380	149,331	165,270	73,799	20,471	111,942
Total ...	1,526,900	1,282,634	67,380	311,646	165,270	73,799	20,471	111,942
Nett Saving ...	—	—	—	244,266	—	—	—	91,471

Statement B

APPROVED ESTIMATES AND ACTUAL EXPENDITURE, 1957-58: NON-RECURRENT BUILDINGS

Buildings	*Estimates Head*	*Estimates Total Cost* £	*Expended up to 31-3-57* £	*Estimates 1957-58* £	*Actual Expenditure 1957-58* £
Completed Projects	701	187,580	161,039	26,541	20,147
Aro Nervous Diseases Hospital	701	350,000	221,610	60,000	97,240
Abeokuta Hospital Extension	701	20,970	15,911	4,899	5,068
Benin Hospital Extension	701	28,870	27,390	5,000	986
One A3 Quarter, Benin	701	4,000	2	8	—
Agbor Hospital Improvements	701	39,000	8	832	—
Ossiomo Leprosy Hospital New Buildings	701	18,000	—	920	7
Nurses Hostel and Quarters, Ijebu-Ode and Abeokuta	701	59,800	41,762	23,000	11,632
Midwives Hostel and Lecture Room, Ibadan	701	30,000	302	8	—
Jericho General Hospital Improvements ...	701	13,500	—	—	—
Badagry Hospital	701	37,590	35,580	6,000	1,935
Rural Health Centre, Ikorodu	701	17,010	8,930	3,970	3,322
A4 Quarters at Ikorodu	701	8,370	3,982	4,498	—
New Divisional Hospital, Ilaro	701	76,000	58,757	29,003	10,031
New Divisional Hospital, Auchi	701	75,760	58,256	11,804	2,713
New Divisional Hospital, Epe	701	75,210	64,374	12,006	5,031
New Divisional Hospital, Okitipupa ...	701	73,660	71,624	11,836	1,899
New Divisional Hospital, Iddo-Ekiti ...	701	80,230	73,385	34,845	5,786
New Divisional Hospital, Kwale	701	93,680	75,787	19,893	13,722
New Divisional Hospital, Ikeja	701	76,000	73,201	27,999	1,774
School of Hygiene	701	50,000	2,000	48,000	179
New Hospital, Iwo	701	70,000	—	30,000	31,594
New Hospital, Ogbomosho	701	70,000	11	9,989	19,985
Rural Health Centre, Ibadan I	701	12,000	—	—	—
Rural Health Centre, Ibadan II	701	12,000	—	—	—
Double Storey Outpatient Block, Abeokuta	701	113,000	—	—	7
Double Storey Outpatient Block, Benin ...	701	13,000	423	7	166
One A2 Quarter for Specialist, Benin ...	701	40,860	25,917	14,000	5,289
Two A2 Quarters for Specialist, Abeokuta					
Two A2 Quarters for Specialist, Ijebu-Ode					
Dental Unit, Benin	701	4,990	4,066	1,000	63
One A3 Quarter for Dentist, Benin ...	701	4,990	—	—	—
Extension I to Lantoro Asylum, Abeokuta	701	16,500	13,082	798	562
Dental Unit, Abeokuta	701	4,990	1,642	2,500	2,676
One A3 Quarter for Dentist, Abeokuta ...	701	4,000	—	—	—
Extension II to Lantoro Asylum	701	15,000	—	3,000	5,507
Regional Medical Stores, Ikeja	701	40,000	—	35,000	30,973
Tuberculosis Clinic, Ibadan	701	16,000	—	13,000	14,892
Additional Medical Housing	701	50,000	—	—	—
New Hospital, Ife	701	45,000	—	—	—
General Hospital, Oyo, brought forward from 1954	701	—	—	—	242
		1,947,560	1,039,041	440,356	293,428

Statement C

APPROVED ESTIMATES OF REVENUE AND ACTUAL COLLECTIONS, 1957-58

Estimates Head	*Approved Estimates* £	*Actual Collections* £	*Excess* £	*Short-fall* £
HEAD 303: FEES				
Hospital Fees	64,000	6,092	—	3,908
Sanitary/Quarantine Fees	50	16	—	34
Fumigation Fees	—	—	—	—
Dental Fees	8,000	9,018	1,018	—
Board and Lodging Fees: Hostels	7,000	2,403	—	4,597
HOSPITAL FEES: ADEOYO	8,000	17,148	9,148	—
HEAD 305: EARNINGS OF GOVERNMENT DEPARTMENTS				
Sale of Drugs	—	—	—	—
HEAD 308: REIMBURSEMENTS				
Nigerian Railway	3,000	3,497	497	—
Electricity Corporation of Nigeria	1,350	1,350	—	—
Printing Corporation	—	43	43	—
TOTAL REVENUE	91,400	93,567	10,706	8,539
NET EXCESS	—	—	2,167	—

D.—LEGISLATION

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

The Public Health Law, Western Region, 1957, became operative during the year throughout the Region. It is a more comprehensive law than the Public Health Ordinance, and this Ordinance along with the Leprosy Ordinance, the Vaccination Ordinance, and the Yellow Fever and Infectious Diseases (Immunisation) Ordinance, were repealed, as they are all adequately covered in the new law.

The transfer of power from a few large Councils to very numerous small Councils has certainly not enhanced the efficient running of Local Authority Medical Institutions in the Region. Government Health Staff, in particular, have to exhibit great tact in dealing with local government representatives.

III.—PUBLIC HEALTH

GENERAL REMARKS

A—European Health

The Health of the Europeans and other expatriates has been good on the whole, and appears to be better in the smaller isolated stations than in the larger centres. The commonest complaints are malaria, skin affections, gastro-intestinal diseases and upper respiratory infections.

Attendances continued to rise in the Government Nursing Homes. In Ibadan alone, there was a 50 per cent increase in the number of outpatients to 15,016. Many of these were for routine vaccinations, inoculations and medical examinations of senior staff going abroad; but wives and families, who come out in increasing numbers, help to swell the total. The number of maternity cases is still increasing and at the Nursing Home in Ibadan there were 124 cases.

B—African Health

There were two epidemics during the year, the smallpox epidemic followed shortly afterwards by the "Asian Influenza". Further reference is made to this in Section V B (*b*).

Many Medical Officers complain that African Health is not as good as it should be, and consider ignorance and poverty the main reasons. The Medical Officer, Forcados, states that, "it is most interesting to see mothers bathe their children in the river and ignorantly submerge them to drink from the same river where both mother and child have just washed". Quack doctors have a marked hold over people in some areas and Medical Officers feel that this is a serious factor in the ill-health of Africans. Finally, there is a lack of adequate protein intake which may be due to lack of money or ignorance; and malnutrition and avitaminosis due to the wrong type of food being consumed. The commonest causes of ill-health apart from malnutrition and avitaminosis are, malaria and helminthic infestations.

The Return of Diseases and Deaths for all races treated at Government Hospitals and Dispensaries is given in Appendix IV.

The summary here represents the total numbers making use of all types of medical facilities in the Region.

A.—Government Hospitals and Dispensaries

Medical Division	*In-patients*			*Outpatients*		
	1955	*1956*	*1957*	*1955*	*1956*	*1957*
Ibadan	11,740	84,107	44,761	306,187	393,737	124,915
Benin	10,489	8,752	10,565	188,436	151,717	173,436
Ikeja	—	9,178	30,496	—	145,496	121,537
Total	22,229	102,037	85,822	494,623	690,950	419,888

B.—Native Hospitals and Dispensaries

Medical Division	*In-patients*			*Outpatients*		
	1955	*1956*	*1957*	*1955*	*1956*	*1957*
Ibadan	—	—	1,083	414,491	332,788	390,883
Benin	726	1,102	—	313,194	267,617	256,278
Ikeja	—	—	—	—	238,874	555,647
Total	726	1,102	1,083	727,685	839,279	902,808

C.—Mission Hospitals and Dispensaries

Medical Division	*In-patients*			*Outpatients*		
	1955	*1956*	*1957*	*1955*	*1956*	*1957*
Ibadan	27,375	24,593	78,481	143,094	129,666	558,151
Benin...	14,162	7,866	13,370	83,816	229,946	208,432
Ikeja	—	—	—	—	—	—
Total	41,537	32,459	91,851	226,910	359,512	766,583

IV.—VITAL STATISTICS

The Registration of Births and Deaths Adoptive Bye-laws 1956, were put into effect by twenty three District Councils during the year. Although it is considered that these bye-laws are not enforced strictly enough at yet in those areas, it is at least a step in the right direction.

It is everywhere recognised that the time was long overdue for the introduction of some system of registrations of births and deaths, but due to a number of factors, for example, the process of the Region is passing from one constitutional phase to the next, recommendations and reports have disappeared into limbo.

The most recent figures of population were those obtained in the 1952 census and are tabulated below according to province and sex.

Province	*Both Sexes* ,000	*Males* ,000	*Females* ,000
WESTERN REGION	6,359	3,148	3,211
African			
Abeokuta	630	309	321
Benin	401	442	459
Colony	505	263	242
Delta	590	285	305
Ibadan	1,650	834	816
Ijebu	348	167	181
Ondo	945	459	486
Oyo	783	385	398
Non-African			
Whole Region	7	4	3

V.—HYGIENE AND SANITATION

A.—PREVENTIVE MEASURES

(a) Insect-borne diseases

Malaria

Malaria remains indisputably the chief insect-borne disease. Control continues by old and routine measures directed against mosquito larvae together with residual spraying in certain areas. The Entomologist visited as many areas as possible and conferred with health staff to find out what the position was as far as mosquito control was concerned. It was evident, as has been obvious for years, that the biggest and only real draw back to efficient mosquito control is lack of money. This leads to a lack of equipment, lack of insecticides and larvicides, and a lack of labour.

Onchocerciasis

The distribution of Simulium, particularly that of Simulium Damnosum Theobald, is to be ascertained by simple surveys in the near future. Already it has been shown that simulium damnosum is present in Oka (Ondo Province), Ibadan, Oke-Iho and Oyo. It is thought that simulium damnosum will be found in the range of hills across the north of the Region, and the extension south from the hills will require to be ascertained.

Yellow Fever

No cases were reported from the Region during the year. Where aedes indices were reported to be above the safety level, prompt measures were instituted. The aedes indices for the Provinces are included in Table I.

Plague

During the year no cases were reported, and in the few rats that were dissected in none was there any evidence of this disease.

Schistosomiasis

In Epe Division and in certain areas of Egbado Division particularly, this disease is a major problem. In the past the attention of several research officers has been engaged on this problem but due to several reasons, mainly financial and lack of staff, their efforts have been nullified. However, the problem is to be reassessed and it is hoped that this will bring forth a satisfactory solution.

Trypanosomiasis

The Region still enjoys freedom from human trypanosomiasis, but the Veterinary Department continue to find the condition in cattle.

(b) Epidemic and Endemic Diseases

Smallpox

The upward trend of cases of smallpox during the last few years continued and there was an epidemic, but this was largely confined to the Western area of the Region. The first signs of the epidemic were in the last few weeks in 1956 and it finally died out in August 1957. All Health Staff, including the three Medical Field Units engaged on the Yaws Campaign, were fully extended during the epidemic. There were voluntary workers, including well organised teams from the University College Hospital, who carried out vaccination at posts throughout the Region giving in many cases a twenty-four hour cover. In Ibadan, which had the most cases the Infectious Diseases Hospital was soon swamped and Jericho General Hospital was taken over as an Infectious Diseases Hospital. Later a school was converted into an Infectious Diseases Hospital. In a period of four weeks 1½ million people were vaccinated in the Region. During the year there were 4,005 notified cases and 654 deaths in the Region, and over 3 million vaccinations were carried out.

COMPARATIVE TABLE OF CASES NOTIFIED

	1953-54	**1954*	*1955*	*1956*	*1957*
Notified	146	125	129	234	4,005
Deaths	7	8	6	20	654
Percentage Mortality...	4.8	6.4	4.6	8.5	16.3

Vaccinations are performed by health staff as a routine throughout the Region and the numbers carried out during the past four years in each Province are as follows:

Province	**1954*	*1955*	*1956*	*1957*
Abeokuta	58,403	128,139	85,892	383,909
Benin	129,892	229,316	98,796	288,483
Delta	28,166	47,464	60,896	270,549
Ijebu	32,075	37,980	48,772	263,811
Ondo	165,413	285,750	222,825	511,302
Oyo/Ibadan	168,947	286,836	252,792	977,108
Colony	26,883	25,560	29,625	61,780
TOTAL, WESTERN REGION ...	782,727	1,041,081	789,598	3,045,525

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

Asian Flu

This epidemic affected this Region in July and August. Only palliative measures were possible for this outbreak and unfortunately practically all the medical and nursing staff suffered from the disease. Large numbers of the population were affected by the disease, which usually lasted three to four days, but fortunately it was not of a fatal type.

Leprosy

An account of the work of the Leprosy Service is given in section IX of this report.

Typhoid

Only in Ibadan are there full laboratory facilities and it is considered that a number of cases of pyrexia of uncertain origin may be of the enteric group. Three cases with no deaths were reported from the Region.

Rabies

There were no cases of human rabies reported. Seven cases of canine rabies were confirmed pathologically.

Yaws

The three Medical Field Units continued their work in the Yaws Campaign which is being carried out with assistance from WHO/UNICEF Systematic coverage continues in Benin and Ondo Provinces. For a few weeks during the year the Yaws control work was interrupted when the units were employed on the smallpox epidemic. A detailed account of the work carried out is presented in section VID.

Helminthic Diseases

These diseases are common in all areas, ascariasis, trichuriasis and ankylostomiasis being most wide-spread. Schistosomiasis, filariasis and dracontiasis are reported from particular areas.

B.—GENERAL MEASURES OF SANITATION

(*a*) *Water Supply Schemes, 1956-57*

Undertakings are as shown below by Provinces.

Abeokuta Province

Undertakings in Abeokuta Province: Otta (population 9,000); Owode (population 32,000); Ilaro (population 13,000); and Abeokuta (population 85,000) are all in operation, but none of these supplies have full chemical treatment. Field investigations are in hand for a new treatment works and pumping station for Abeokuta.

Colony Province

Investigations are being carried out with a view to improving the supply to Ikeja, Mushin, Agege, etc. A number of windmills have been erected in the Badagry area, for rural supply.

Ijebu Province

Ijebu-Ode is supplied with partly treated water, and investigations have been carried out for extensions.

The Iperu scheme was completed and brought into service in the beginning of 1957, and supplies a number of villages (population 40,000) with fully treated water.

The Shagamu scheme is almost completed, and will start operation in the beginning of 1958. The water supplied will be fully treated, and the population is about 30,000.

Investigations are completed for a fully treated supply to Ijebu-Igbo, Oru, Awa and Ago-Iwoye.

Ondo Province

The Ikare scheme will supply approximately 26,000 people with treated water, and it will be brought into service in 1958.

Schemes have been prepared for Owo (population 31,000) and Ado-Ekiti (population 25,000), Ikerre-Ekiti (population 34,000) and Ondo-Akure-Idanre. Construction on the Owo and Ado-Ekiti scheme will commence in 1958.

Ibadan Province

The new treatment works and pumping plant for Ibadan have been in operation since April 1957, and this has brought the capacity of the Ibadan plant up to 4,000,000 gallons per day. This capacity is still too low, and further extensions must be considered.

The Iwo scheme supplies a population 100,000 with treated water, and the plant has been in operation since the beginning of 1957.

The Oshogbo/Ede scheme has been in operation since 1955, and supplies 167,000 people with treated water.

Ogbomosho (population 140,000) is supplied with partly treated water, investigations have been completed for additional supplies to this town and to Shaki.

Oyo Province

There is a water supply in the following towns—Ilesha (population 72,000) partially treated; Ife (population 111,000) has untreated water, a small supply for Effon Alaye (population 12,000) without treatment and also Iseyin (population 50,000) and Oyo (population 81,000), the two latter, have quite inadequate supplies.

Investigations are completed for a fully treated supply to Ife-Gbongan area and Oyo, Fiditi and Akinmorin.

Benin and Delta Provinces

Ishan water supply Stage I (population 50,000), the major constructional works were completed during the year, and the scheme was brought into service in October.

Auchi-Jattu (population 14,000) scheme started operating in June 1957, but a number of points still have to be attended to, and the pressure filters are not yet connected.

Agbor scheme is almost completed and will be brought into service in 1958, as soon as the necessary minor works have been carried out. The water will be treated, and the population supplied will be 11,000.

Water supplies for Benin (population 54,000) and Warri (population 20,000) with complete treatment were maintained.

220 tube-wells were sunk in Delta Province to provide rural water supplies.

General Remarks

In addition to the above works, water supplies were provided for Divisional Hospitals, Educational Institutions, Agricultural Projects, etc., Water supplies have been afforded recently a high priority and considerable progress has been and is being made in supply schemes. The Public and Government are now convinced that an adequate and wholesome water supply is one of the most important factors for the preservation of good health.

(b) Inspection of Nuisances

This important duty is carried out as a routine by the Public Health Inspectorate under the Public Health Law, 1957. Much tact and diplomacy is required to carry out this work without offending some householders. These inspections do provide the Inspectorate with an opportunity for educating the public in elementary principles of personal and environmental hygiene.

Details of the 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 ...	92,549	93,854	52,079	68,824	128,575	68,703	68,895	51,076	624,455
Clean Houses	68,780	65,626	36,548	52,477	98,093	50,850	54,566	42,390	469,330
Dirty Houses	23,769	28,228	15,531	16,347	30,482	17,853	14,329	8,686	155,125
Houses with Mosquito Larvae	1,872	1,013	836	1,938	1,454	966	1,815	700	10,594
General Mosquito Index	2.45	1.65	2.2	2.88	4.41	1.19	2.49	1.28	2.32
Aedes Index	.77	1.15	.79	2.12	3.42	.89	.84	.48	1.31
Notices Issued ...	1,643	1,637	2,095	1,927	6,141	4,669	2,918	2,205	23,235
Prosecutions	331	154	396	558	654	693	345	955	4,086
Convictions	165	115	295	321	558	513	318	772	3,057
	£ s d	£ s d	£ s d	£ s d	£ s d	£ s d	£ s d	£ s d	£ s d
Fines	112 2 6	237 17 6	535 6 6	479 15 0	557 7 6	392 4 6	271 7 6	730 6 6	3,316 7 6

(*c*) *Sewage*

The use of the conservancy system for night-soil disposal with its drawbacks, continues in many areas and bucket contents are disposed of mainly by composting. In some areas bore-hole latrines and in others salgas are used. In Government reservations, generally, the septic-tank system is used and in some better class homes of the towns this system is also in use. There is no pipe-borne sewage system in use in any town of the Region.

(*d*) *Refuse*

Dust bins are supplied to all Government quarters and many of the better class homes in the towns also have individual bins. In the towns, generally, there are public refuse bins, these never appear to be enough, and are emptied into lorries or head-loaded and finally disposed of by tipping or incinerator. In rural areas there may be public refuse bins and controlled disposal, or the indiscriminate disposal of refuse by individual householders.

C.—School Hygiene

In Ibadan for the first half of the year the School Medical Officer continued her duties full time and in the second half of the year she acted as Medical Officer of Health, Ibadan, on the departure of the Medical Officer of Health to the United States of America on a Fellowship. The clinic continued to run and was supervised by the Health Sister. School buildings were inspected and advice given and meetings continued with parent/teacher associations. Simple health demonstrations and lectures were given to both teachers and children.

In Abeokuta the Medical Officer of Health continued to run the school medical service. The clinic was run in the general hospital and this proved to be very popular.

In Benin Division two private medical practitioners continued to run a school medical service on a sessional basis. The School Medical Officer in Benin has carried out medical inspection of first entrant school children only, owing to the large number of new entrants involved each time, and not having sufficient time in his part-time session to reinspect. Statistics of those inspections at Benin and the commonest diseases found are as follows:

Disease	*Percentage of Total Inspection*		
	1957	*1956*	*1955*
Under-development	71.40	85.7	79.3
Skin Disease	70.17	83.6	70.9
Enlarged glands	99.93	97.2	83.4
Enlarged Spleen	35.67	56.9	38.0
Unhealthy mouth and teeth	17.28	24.4	35.8
Nasal disease	33.99	38.3	43.7
Diseases of ears	42.40	45.2	47.8

In 1957, there were seventy-three sessions and 1,737 inspections; in 1956, seventy-two sessions and 1,627 inspections; and in 1955, 104 sessions and 2,474 inspections.

The School Medical Officer at Benin states that, under development is very widespread as the local diet is very poor in proteins and vitamins, and this is especially marked in children. Meat is nearly the exclusive preserve of the adult and the child

is very largely fed on farinaceous food. Skin diseases are very common indeed and it is observed that children do not bathe enough nor properly and their skin is often dry and lustreless.

Dental Officers carried out inspections and treatment of school children in their clinics and when on tour. The (temporary) School Dental Officer in Ibadan is still carrying on her well organised service and co-operating well with the School Medical Officer.

Rural Medical Officers or Area Medical Officers, as time permits, visit the schools in their areas. Health Sisters, Health Superintendents and Public Health Inspectors also visit schools to lecture, give advice, inspect school buildings and to carry out routine vaccination.

D.—LABOUR CONDITIONS

In Ibadan Medical Division, the main employers of labour are the United Africa Company and the Nigerian Tobacco Company. Private medical practitioners are employed by both Companies. Some canteen facilities are available and the conditions of work are, in general, good.

In Ikeja Division, the largest employers of labour are the Western Region Production Development Board, and at Apoje they have their largest farm project. The Board have other large establishments scattered throughout the Region. A full time Medical Officer is employed and he supervises a chain of dispensaries throughout the Region.

In Benin Division, the United Africa Company have several labour camps and at Burutu a well equipped hospital. At Sapele the African Timber and Plywood Company have a small hospital and several dispensaries in the rural areas and a staff of two doctors. John Holts provide a dispensary for their staff at Warri. All the firms mentioned provide canteen facilities to some extent.

The epidemics of smallpox and influenza during the year affected labour camps, in particular the latter epidemic.

E.—FOOD IN RELATION TO HEALTH AND DISEASE

Model bye-laws have been drawn up and Local Authorities are encouraged to have these made operative for their areas. Health staff inspect all food establishments in the Region and carry out checks on food hawkers. Although the hygienic handling of food leaves a lot to be desired there does seem to be a gradual improvement during the past few years.

There has been a rise in the cost of living and although there is no shortage of stable foods this has tended to reduce the amount consumed by individual persons. Malnutrition is still marked, especially among pregnant and nursing mothers. Many people still consume the wrong type of food and this may be due to finance, ignorance, custom or superstition. In some areas mutton, snails and white fish are not eaten for fetish reasons.

Cattle for human consumption are examined *ante* and *post-mortem*, and there is close liaison with the Veterinary Department. Cattle come to this Region from the Northern Region by rail, motor vehicle or by walking. It is a moot point as to which method is best for the comfort of the animal and for the benefit of the consumer.

Progress has been reported from various parts of the Region in addition to markets as to Asaba and Sapele, and in food hawking as a whole. The hawkers are now giving a more hygienic service and the public are beginning to demand a better service.

F.—HOUSING AND TOWN PLANNING

Building Rules are operative in many areas of the Region and these are enforced by Health and Works staff; more co-operation is required from Local Councils in the execution of this task.

New and improved private dwelling houses are going up all over the Region. This is due largely to more money being available and people actually wanting better houses. The standard is improving in the materials used, mud and wattle giving place to cement block buildings. Unfortunately there is a tendency to cram as many small rooms as possible into a building in order to sublet at the maximum profit.

Town planning, as is generally understood, is in its infancy in this Region. A new Town Planning Authority has been established in Ikeja and has been granted a loan of approximately £90,000 for development of a large residential and shopping centre in the Somolu area of the division. Another town planning authority has been approved for Ijebu-Ode. Sapele, part of Abeokuta and a rural area in Afenmai Division are other areas with some degree of planning, but there is little or none in all other areas.

G.—HEALTH PROPAGANDA AND EDUCATION

This is now centralised in the Health Education Unit which is under the charge of the Health Propaganda Officer and this unit is an integral part of the Health Auxiliaries Training School, Ibadan. The Unit organises and co-ordinates work on this subject throughout the Region.

Health Weeks and Baby Shows were held at several centres during the year and invaluable help was given by the Health Education Unit in helping to plan these functions and in carrying out these plans.

In general, Health Education and Propaganda is in the hands of Government and local authority health staff, but an impetus has been given to their work by the Health Education Unit which gives skilled advice and practical help on this subject.

H.—PORT HEALTH ADMINISTRATION

The Quarantine (Amendment) Regulations, 1957, came into force on the 15th May, 1957. This in effect amended the position of ocean-going ships, so that now ships granted free pratique at any Nigerian port should be exempted from the necessity of further quarantine inspection at any subsequent Nigerian port (with certain provisions). This amendment naturally led to less ships being boarded during the year than formerly. This amendment is more in keeping with the spirit of the International Sanitary Regulations, 1951.

There are only four ports which are the direct responsibility of this Department in the Region. The four ports are at Sapele, Warri, Forcados and Burutu. At Sapele which is the busiest port 120 ships were boarded against 185 in 1956; at Warri thirty-nine and seventy-three in 1956; and at Forcados/Burutu 108 and 128 in 1956. Regulations affecting entering or leaving Nigeria are according to the International Sanitary Regulations pertaining to Nigeria. A notice was published in the Federal Gazette amplifying the Regulations and further designating centres for yellow fever vaccination and not as previously the title of the vaccinator.

Ikeja Airport, although situated in the Western Region is a Federal Unit. At present health duties are shared by the Medical Officer in charge of Ikeja General Hospital, a Western Region Unit, who treats airport personnel and the Port Health Officer, Lagos, who is responsible for the sanitation of the airport and the routine examination of health documents of all passengers and for spraying aircraft if this is required. A Federal Health Superintendent is posted to the air port to carry out these duties under the Port Health Officer, Lagos. The West African Airways Corporation have recently appointed a Medical Officer for West Africa and he is based at Ikeja.

VI.—HOSPITALS, DISPENSARIES AND OTHER UNITS

A.—EXISTING UNITS

1. General Hospitals and Nursing Homes:

Province	*Government*	*Local Government*	*Mission and Commercial firms*	*Private*
Benin	4	—	3	2
Delta	3	—	2	2
Ondo	3	1	3	—
Abeokuta	2	—	1	—
Ibadan	4	—	2	7
Ijebu	2	—	—	—
Oyo	1	—	3	—
Colony	3	—	—	1
TOTAL ...	22	1	14	12

2. Special Hospitals (Mental, Leprosy, etc.):

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

3. Maternity Centres, Clinics and Rural Health Centres:

Province	*Government*	*Local Government*	*Mission and Commercial firms*	*Private*
Benin	1	28	11	5
Delta	1	11	12	8
Ondo	—	39	5	—
Abeokuta	1	24	—	—
Ibadan	—	18	4	16
Ijebu	1	29	1	3
Oyo	—	24	10	8
Colony	—	17	—	5
TOTAL ...	4	181	43	45

4. Dispensaries and Clinics:

Province	*No. of Local Government dispensaries*	*No. of new cases*	*No. of total Attendants*
Benin	65	183,144	833,579
Delta	36	73,134	362,278
Ondo	57	207,727	797,498
Abeokuta	25	60,303	413,180
Ibadan	23	106,045	495,147
Ijebu	28	70,096	355,789
Oyo	21	58,530	262,340
Colony	27	125,248	433,860
TOTAL	292	884,227	3,953,671

5. Infectious Diseases Hospitals:

These small units are used primarily for cases of smallpox and chickenpox. They are staffed by local authority personnel and supervised by senior central government staff.

B.—ADDITIONS TO HOSPITALS

Colony Province

The Epe General Hospital, forty-eight beds, and the Ikeja General Hospital, sixty beds, were opened during the year.

Delta Province

The Kwale General Hospital, forty-eight beds, was opened during the year. A new kitchen was built for Warri General Hospital.

Benin Province

Auchi General Hospital, forty-eight beds, was opened during the year. A new lecture room with nurses common room (male and female), and a new sanitary annexe for the female ward were completed and put into use at Benin General Hospital. The new Dental Centre at Benin was completed and opened and the old Centre was converted into a surgical outpatients clinic.

Ondo Province

The two new General Hospitals at Iddo-Ekiti, forty-eight beds, and at Okitipupa, forty-eight beds, were completed and opened during the year.

Abeokuta Province

At Abeokuta, four new staff quarters and a Nurses Hostel were nearing completion, and a new dental centre was completed.

Ijebu-Ode Province

At Ijebu-Ode General Hospital, a thirty-bed male ward, a sixteen-bed children's ward, a new theatre with an X-ray department and a Student Nurses hostel were completed during the year.

Ibadan Province

The University College Hospital was opened during the year. It is a 500-bed hospital with at present approximately 250 beds in use. This hospital is a Federal unit.

C.—RURAL HEALTH CENTRES

There are three Government Rural Health Centres in the Region and another nearing completion at Ikorodu. The Centre at Ughelli was staffed by a Medical Officer and Health Sister during the year. The Centre at Auchi was staffed by a Health Sister for nine months during the year and when she went on leave the Nursing Sister from the Hospital undertook the supervision along with her other duties. The Ilaro Centre was staffed by a Rural Medical Officer and Health Sister throughout the year. There was also a Health Superintendent posted to Ilaro and Auchi Centres.

A feature during the year has been the application by numerous District Councils to have their combined dispensaries and maternity homes recognised as Local Council Rural Health Centres, and then to apply for a grant offered by the Regional Government for Rural Health Centres.

Statistical data of the work carried out at the Government Rural Health Centres and the Local Authority Maternity Units supervised from these Centres are as follows:

Auchi Rural Health Centre

ANTE-NATAL CLINICS

	Total Attendances	*Deliveries at Centre*	*Deliveries in District*
Auchi Rural Health Centre ...	4,277	56	—
Igarra	1,422	—	312
Agbede	753	—	76
Jattu	No figures available		
Ukpilla	156	—	28
Ibillo	1,736	—	176

Infant Welfare Clinics

	New Cases	*Total Attendances*	*Deaths of Babies*
Auchi Rural Health Centre ...	676	5,942	—
Igarra	460	3,543	—
Agbede	104	1,973	—
Jattu	No figures available		
Ukpilla	210	1,124	12
Ibillo	280	1,099	—

Ilaro Rural Health Centre

ANTE-NATAL CLINICS

	Total Ante-Natal	*Deliveries*
Ilaro	4,233	184
Ipokia	522	46
Ajilete	1,857	153
Ado	4,615	125
Iloro-Imashai	1,046	47
Igbogilla	2,248	109
Eggua	612	258
Meko	2,456	58
Igbessa	751	92
Aiyetoro	2,962	110

INFANT WELFARE CENTRES

	New Cases	*Total Attendances*	*Deaths of Babies*
Ilaro	644	3,603	11
Ipokia	175	2,481	5
Ajilete	157	3,992	4
Ado	190	8,206	3
Iloro-Imashai	98	3,562	3
Igbogilla	183	3,821	—
Eggua	94	1,313	18
Meko	94	2,680	3
Igbessa	158	3,528	—
Aiyetoro	171	2,403	—

Ughelli Rural Health Centre

ANTE-NATAL CLINICS

	New Cases	*Deliveries*
Ughelli	2,355	—
Orerokpe	90	34
Oginibo	913	54
Ewu...	119	56
Agbadu	609	56
Edjovbe	20	3
Okpara-Inland	81	22

INFANT WELFARE CENTRES

	New Cases	*Total Attendances*	*Maternal Deaths*	*Death of Babies*
Ughelli	4,564	5,189	1	13
Orerokpe	36	Not available	—	—
Oginibo	478	Not available	—	—
Ewu	6	Not available	—	—
Agbadu	108	Not available	—	—
Edjovbe	6	Not available	—	—
Okpara-Inland	48	73	—	—

Ilora Health Centre

This Unit functions under the overall supervision of the Professor of Preventive and Social Medicine, University College, Ibadan. Regular ante-natal, infant and child welfare, and school children clinics were held throughout the year. The work of the Centre continues to be appreciated by the people of the area.

There were 109 cases of malaria during the year. Blood films were taken of 195 children under one year and twenty-six (13%) were positive P. Falciparum; 124 films of children one to five years were taken and forty-seven (13%) were positive.

The fish pond, which was made from a swamp some years ago, continues its useful life. No mosquito breeding took place. There is a monetary yield from the fish sold and bilharzia in children is decreasing. Another fish pond nearly is in course of construction.

Statistical data is given below for the past three years:

	New Cases			*Attendances*		
	1955	*1956*	*1957*	*1955*	*1956*	*1957*
Dispe-nsary	985	786	1,013	6,806	5,626	6,191
Ante-natal	216	222	311	1,280	933	1,439
Children up to one year...	210	192	193	1,239	1,187	1,111
Children one to five years	117	99	193	957	813	735

There were also 185 new cases of school children who attended with a total of 459 attendances, and the dispensary attendant dealt with a further 1,197 cases of minor wounds and ulcers with a total of 10,410 attendances.

D.—MEDICAL FIELD UNITS

The three Medical Field Units continued the campaign against yaws, with assistance from WHO and UNICEF. The campaign was unfortunately hindered during the year by three factors. The bad conditions of roads, especially as far as the Nos 2 and 3 Units were concerned; the suspension of the campaign in February and March when the units were temporarily engaged on anti smallpox campaign, and finally by the strike of Medical Field Unit Inspectors and Assistants which lasted from the 14th October to the 20th of December.

A new feature was the idea of broadening the scope of the survey for yaws, to include the investigations into the incidence of other endemic and epidemic diseases together with measures for their control. As a result, vaccination against smallpox was offered, but was not made compulsory, along with the penicillin treatment for yaws, from the start of the new initial treatment survey in Aboh Division. Further, a spleen rate estimation in the child age group two to ten years was also undertaken. Other diseases for which control was considered were tuberculosis and leprosy, but due to shortage of staff the idea was not put into effect.

A feature of the work of the Units engaged in the yaws campaign is the systematic treatment of other ailments encountered among the local people in order to introduce to them the benefits of modern medicine and thereby to gain their confidence so that they may make use of the static units provided, that is dispensaries, maternity centres and hospitals. In fact, the yaws campaign is an integral part of the rural services, and the intention is a closer integration and improvement of the rural health services in the future.

In Benin Province, the Nos 2 and 3 Units operated from their headquarters at Abudu and work continued in the four Divisions of the Province. In Benin Division, the initial treatment survey begun in August 1956 continued; and there were resurveys in Afenmai, Ishan and Asaba Divisions. In February and March the anti-smallpox duties took the Units to the Ijebu-Ode and Abeokuta areas.

In Delta Province, an initial treatment survey was started by the two Units in September in Aboh Division. This survey was interrupted by the strike already mentioned. The survey in this new area will prove rather difficult due to the poor state of the roads especially in the rainy season.

In Ondo Province, the No. 1 Unit carried out a second resurvey of Owo Division and a first resurvey of Ekiti Division. The Unit's headquarters is at Ado-Ekiti. This Unit during the smallpox epidemic operated in the Ibadan, Gbongan and Ife areas.

Statistics for the year

NOS 2 AND 3 MEDICAL FIELD UNITS

The figures tabulated here have been given in some detail and in some cases extend back to 1955 to give a clearer indication of the work carried out.

Month: September 1957

ABOH DIVISION: UKWUANI DISTRICT

Total examined to date	13,813
Infectious	43
Percentage of Infectious	.31
Hyperkeratosis	96
Percentage of *Hyperkeratosis*	0.69
Active Late	311
Percentage of Active Late	2.25
Inactive Late	139
Percentage of Inactive Late	1.006

BENIN DIVISION: INITIAL TREATMENT SURVEY

1. Period: August 1956 to August 1957

Total Examined...	180,933
Infectious	5,506
Percentage	3.04
Hyperkeratosis	7,058
Percentage	3.90
Late Active	18,422
Percentage	10.18
Inactive Late	5,643
Percentage	3.11

2. June, July and August 1957

Total examined	*Infectious*	*Hyperkeratosis*	*Late*	*Inactive late*
51,513	1,054	1,273	2,173	1,250
	2.04%	2.47%	4.21%	2.42%

AFENMAI DIVISION (KUKURUKU)

Period: September, 1955 to July 1956

1st Resurvey

Estimated Population	*Total resurveyed*	*Infectious*	*Hyper-keratosis*	*Late*	*Inactive Late*
204,229	203,351	883	47	424	108
	99.57%	.43%	.002%	.20%	—

2nd Resurvey

Period: August 1956 to August 1957

204,229	200,071	654	725	536	90
	97.9%	.32%	.36%	.26%	—

3rd Resurvey

Period: September 1957 to Mid October 1957

Team Census	12,912	210	64	11	9
14,068	91.7%	1.62%	.49%	.08%	—

1st Resurvey

Month	*Estimated Population*	*Resurveyed*	*Infectious*	*Hyper-keratosis*	*Late Active*	*Inactive Late*
12th June, 1956 to	192,194	214,731	1,405	693	236	103
18th June, 1957.			.69%	.3%	.1%	—

ISHAN: TEAM CENSUS

2nd Resurvey

July 1957 to	46,906	42,946	225	16	15	303
September 1957		91.55%	.52%	.03%	.03%	—

ASABA (*Part of Official and Team Census*)

1st Resurvey

1st October, 1956	142,855	152,541	412	141	561	99
to September 1957			.27%	.09%	.36%	—

STATISTICS FOR 1957: No. 1 M.F.U.

Population examined	83,625
Infectious Cases	550
Late Cases	628
Latent and Contact	1,318

E.—LOCAL AUTHORITY DISPENSARIES

These dispensaries are staffed by the Local Authorities concerned and are supervised by a rural or area medical officer.

Capital, and recurrent (on the basis of attendance of school children), grants are given by the Regional Government to Local Authorities for dispensaries. Capital grants are not given unless the plans of the dispensary have been approved by the Medical Department.

Most Medical Officers state that the standard of local authority dispensaries is too low, and that their advice on improvements is often not taken. It is increasingly common for local authorities to find it difficult to obtain sufficient funds for recurrent expenditure for drugs, dressings and equipment, and in fact to pay the salary of their dispensary staff.

The Health Auxiliaries Training School, Ibadan, will soon start the training of local authority dispensary attendants and the systematised training will go a long way to improving the standard of attendants. When there are sufficient supervisory staff (Medical Officers) the standard should further improve.

The number of dispensaries, the new cases and total attendances recorded in each province were as follows:

LOCAL GOVERNMENT DISPENSARIES 1ST JANUARY TO 31ST DECEMBER, 1957

Province	*No. of Local Government Dispensaries*	*No. of New Cases*	*No. of Total Attendants*
Benin	65	183,144	833,579
Delta	36	73,134	362,278
Ondo	57	207,727	797,498
Abeokuta	25	60,303	413,180
Ibadan	23	106,045	495,147
Ijebu	28	70,096	355,789
Oyo	21	58,530	262,340
Colony	27	125,248	433,860
TOTAL	292	884,227	3,953,671

Note.—No report from Ijesha Divisional Council Dispensaries in Oyo Province as all have closed down.

F.—PLANTATION DISPENSARIES

During the year the Rural Medical Officer, who had been given a quarter at the West African Institute for Oil Palm Research, eighteen miles from Benin City, had to be withdrawn due to shortage of staff and was posted elsewhere. Supervision of the dispensary then suffered.

	1956	*1957*
Number of Cases	12,700	12,314
Total Attendances	21,715	20,667

The United African Company operate two dispensaries in the Sapele Area, one at the Cowan Estate and the other on the Sapele River Rubber Estate. These are supervised by the Company's doctor stationed at Sapele.

The Western Region Production Development Board at their projects scattered throughout the Region, for example at Apoje and the upper Ogun Estate, have dispensaries which are supervised by the Board's Medical Officer.

The Agriculture Department have two well run and attended dispensaries, one at Moor Plantation and one at Fashola Agricultural Station. The running of these dispensaries is to be taken over by the Ministry of Health. They have been supervised by this Ministry in the past.

VII.—MATERNITY AND CHILD WELFARE

Once again there has been a considerable expansion of facilities for maternity cases by the construction of several new local authority and private maternity homes throughout the Region. There is however, much need for improvement in the standard of treatment afforded in these homes. Ibadan town does not have nearly enough maternity beds for the numbers who wish to be delivered in hospital.

Several medical officers point out that there are unnecessary deaths of pregnant women in their areas due to the attention of quacks and herbalists. The Medical Officer, Agbor, states, "the native doctor still has tremendous influence on women in labour in this area. It need not be mentioned that these poor women were invariably moribund by the time they arrived in Hospital".

Domiciliary midwifery is practised in many areas by Government, Local Authority and Mission staff. Although this is a popular service, it is considered that there is an increasing number of women who prefer to be delivered in hospital rather than at home.

Statistics of work carried out in Government, Local Authority, Mission and Private Maternity Centres are appended below—

Local Government Maternity Centres

Province	*No. of Centres*	*New Cases*	*Deliveries*	*Total Attendance*
Benin	28	3,128	3,460	14,825
Abeokuta	19	1,934	3,188	53,060
Delta	11	774	386	750
Ondo	39	1,407	1,181	12,149
Ijebu-Ode	29	3,887	4,278	15,888
Oyo	24	8,892	1,504	39,370
Ibadan	18	2,177	1,115	25,036
Colony	17	9,510	3,504	24,076
TOTAL	185	31,709	18,616	185,154

Government Maternity Wards

Benin	4	6,539	1,273	20,403
Abeokuta	2	756	843	4,122
Delta	4	334	425	2,070
Ondo	2	930	656	5,819
Ijebu	3	340	650	1,653
Oyo	1	—	—	—
Ibadan	3	2,182	875	11,000 (does not include Adeoyo Hospital).
Colony	2	—	150	—
TOTAL	21	11,081	4,872	45,067

Private Maternity Homes

Province	*No. of Centres*	*New Cases*	*Deliveries*	*Total No. of Attendance*
Benin	13	872	951	7,932
Abeokuta	2	120	74	229
Delta	12	451	1,127	2,272
Ondo	—	—	—	—
Ijebu	3	308	368	2,164
Oyo	5	—	—	—
Ibadan	15	1,799	1,196	4,219
Colony	8	130	1,186	133
TOTAL	60	3,680	4,902	16,949

Mission Maternity Centres

Benin	13	12,080	880	32,629
Abeokuta	1	2,234	1,401	31,557
Delta	9	5,011	1,948	46,379
Ondo	6	10,708	1,439	32,022
Ijebu	—	—	—	—
Oyo	23	8,077	2,062	81,105
Ibadan	3	26,025	1,883	112,104
Colony	—	—	—	—
TOTAL	55	64,135	9,613	335,796

VIII.—DENTAL HEALTH

The year under review was one of consolidation. The Provincial Dental Centres opened in 1956 are now firmly established with the exception of Oshogbo, which had to be closed because of the shortage of dental surgeons. The two new dental centres which were being built last year, at Benin and Abeokuta, were completed and occupied during the year. Dental Centres are still urgently required in Oshogbo and Warri.

The establishment of dental technicians was increased from two to three during the year, but the third post could not be filled during the year. Two dental officers were recruited during the year but one resigned shortly afterwards, and at present seven of the nine posts are filled. One dental officer attended a Maxillo-Vacial Course, on his leave, at East Grinstead Hospital.

The School of Dental Hygiene in Lagos was completed during the year and two students from this Region were accepted. At the School of Dental Technology at Lagos, one Regional candidate should have returned but was referred for further studies, while another candidate was accepted for the advanced course.

The year saw the end of the Mobile Dental Unit with which the first Regional Unit was opened in 1950. This Unit has toured the Region extensively and has been used in the first instance to open up new units. The Mobile Unit served its purpose well, but has now had to be written off as it was becoming very uneconomical to use.

The Prevention of dental diseases continued to receive the close attention of all officers. A booklet was produced on Dental Hygiene based on broadcast talks made in 1956, and distributed to Teacher Training Centres throughout the Region. Broad-

casts continued to be made on the Regional network, and the main emphasis was the part played by the Provincial Dental Centres and on the importance of Dental Hygiene. Films were shown in many parts of the Region and lectures were given to schools and ante-natal clinics by the dental surgeons in their areas.

School Dental Health

The School Dental Service continued to function throughout the Region, with the exception of the Oshogbo area where the dental officer's post was vacant but the dental officer at Akure did take over part of this area.

At last a Dental Hygiene School has started in Lagos, and although it will be some time before the Schools benefit from the attention of the dental hygienists who will be produced, a start has at least been made. It is observed by the dental surgeons that there is a general overall improvement in dental hygiene of school children and this is very gratifying.

Many more children come for treatment of their own accord. Parents are encouraged to attend the clinics with their children, and in specific cases are requested to do so. The number who refuse treatment now are very few.

School teachers have a great part to play in the programme for the improvement of dental health. The aim is to interest the teachers sufficiently so that they will impress the discipline of personal dental hygiene on their pupils. In some areas, notably in some of the Mission Schools in the Benin area, daily inspection of the mouths of the children have been carried out, and the children almost invariably presented mouths which were models of cleanliness.

The value of school inspections are important from many aspects. Two examples are, the diagnosis of (*a*) the need of extraction for orthodontic purposes and (*b*) cases of a very serious nature such as sarcoma. Two cases of the latter were found in children in Ibadan, and referred to a surgeon, and but for this periodical inspection these cases may have been found too late for treatment to be of any avail.

Statistics of dental treatments carried out during the year are tabulated below.

African	*Government*	*Non-Government*	*Total*
No. of Patients	4,819	4,934	9,753
Examinations	2,966	2,799	5,765
Fillings	286	66	352
Dressings	894	474	1,368
Extraction (Local)	7,286	2,914	5,200
Extraction (General)	124	167	291
Scalings	328	140	468
Root Treatment...	58	17	75
Crowns	16	—	16
Dentures...	575	605	1,180
Repairs	103	91	194
Surgicals	60	95	155
General Anaesthetics	51	72	123
Gum Treatment	576	356	932
Inspections	586	690	1,276
European			
No. of Patients	1,046	529	1,575

European	*Government*	*Non-Government*	*Total*
Examinations	643	309	952
Fillings	536	218	754
Dressings	358	316	674
Extraction (Local)	104	114	218
Extraction (General)	15	5	20
Scalings	88	61	149
Root Treatment...	9	—	9
Crowns, etc.	18	2	20
Dentures...	29	22	51
Repairs	55	17	72
Surgicals	15	5	20
General Anaesthetics	6	4	10
Gum Treatment	84	39	123
Inspections	60	52	112

Children	*Scholars*	*Under six years*
No. of Patients	13,117	650
Examinations	6,813	396
Fillings	398	71
Dressings	701	222
Extraction (Local)	1,021	90
Extraction (General)	125	118
Scalings	573	57
Root Treatment...	8	—
Crowns	2	—
Dentures...	120	2
Repairs	16	—
Surgicals	64	21
General Anaesthetics	50	73
Gum Treatment	485	117

IX.—LEPROSY

At present the Regional Leprosy Service outside Benin and Delta Provinces is limited to the presence of the Senior Leprosy Officer and three Leprosy Inspectors. However, the outlines of the Regional service have begun to show themselves. The Senior Leprosy Officer has toured the Region extensively and has received the promise of co-operation from many Local Authorities. Future development of the service will depend on the incidence of leprosy in the large areas in which control work is still rudimentary.

The main purpose of the Leprosy Service is Leprosy Control. Leprosy workers are now in general agreement about the best methods for attempting control in areas of high incidence. Legal sanctions have little or no value, and this has been officially recognised by the repeal of the Leprosy Ordinance which was an archaic survival from the days when leprosy was treated by penal methods. Briefly, the policy now is to offer treatment for leprosy as widely as possible, encouraging patients to attend from their homes. Segregation is of secondary importance now due to the effectiveness of modern drugs, although segregation villages still serve a useful purpose.

There are certain problems in leprosy control which differ in this Region from elsewhere. Policy has to be adopted to local circumstances and this has been agreed to in the agreement between this Government and WHO/UNICEF in the two-year Leprosy Control Plan for this Region. This Region includes three distinct types of environment which may be classified as Rural Areas, Riverside Areas and Urban Areas. Each of these Areas requires to be tackled in a different way. It is characteristic of this Region that 40 per cent of the population live in towns of 10,000 population or more, while in most areas of Africa at least 90 per cent of the population live in rural areas.

For the purpose of convenience, the Region has been divided into eight leprosy "Areas", and these correspond roughly to the eight provinces of the Region. Plans have been made for the development of leprosy treatment centres in these areas. In 1956 and 1957, new clinics came into being in several areas. Although it is thought that the developments which took place in 1957 and that proposed for 1958 are rapid, it is considered that this expansion is very desirable and consolidation can follow in the succeeding years. It is important at this stage to increase knowledge of the distribution of leprosy in the Region, and this can only be done effectively by offering treatment within easy reach of as many patients as possible. In this two year period it should become possible to decide whether any more elaborate measures of leprosy control will be necessary. In the eight "Areas" mentioned above the position is as follows:

Benin Area

In Afenmai Division, control is based on the classical segregation village and there are ten of these. In Ishan Division, four clinics were opened last year and two this year. In Asaba Division, the clinics opened last year developed slowly. In Benin Division, apart from Ossiomo Settlement, ten clinics were opened in 1956 but no new ones in 1957 due to shortage of staff, but it is proposed to expand as soon as possible.

Delta Area

In Kwale Division there are six long established segregation villages, and one new treatment centre was opened during the year. In this Division due to the inaccessibility of roads to certain parts no other centres have been possible, however, the possibility of using local authority dispensary attendants is being considered. In Urhobo Division, five new clinics have been opened and the clinic at Sapele General Hospital has been taken over and developed. Western Ijaw Division is accessible only by water; there is one segregation village, and four clinics which were opened during the year. In Warri Division, there is a clinic at the hospital but no other leprosy treatment centres. The possibility of riverside clinics is being borne in mind.

Ondo Area

The greatest development has occurred in this area during the year. The Provincial Leprosy Board has been active and help has been given from the provincial leprosy fund, to which local authorities contribute. In Akure Segregation Village, the administration has been taken over by the Leprosy Service. In Owo Division, ten clinics were opened last year and one this year, and there has been a steady expansion in the work of these clinics. It is considered that the Akoko part of the Division has an exceptionally high incidence of leprosy. In Ondo Division, a clinic was opened in Ondo town and three clinics are nearly completed, and in these it is proposed that the local dispensary attendants will give treatment. In Ekiti Division, a new clinic was opened in Ado-Ekiti and soon two more will be opened in the Division. In Okitipupa Division, no treatment is available at present but plans are maturing to extend leprosy control measures at least for the landward areas.

Ijebu Area

This includes Ijebu Province and also Colony Province east of Lagos. An attempt has been made to organise a clinic at Ijebu-Ode General Hospital. In this area dispensaries are prolific and it is considered that these would be most useful as centres for leprosy work. At Ijebu-Igbo Segregation Village, which is maintained by the Baptist Mission from Ogbomosho, the Mission considered that it is too far away for their doctors to supervise adequately and the Leprosy Service should take over this work in the near future. In Epe Division, a clinic has been opened at the General Hospital. In Remo Division, plans are laid to open clinics in the near future.

Abeokuta Area

This includes the Badagry Division of Colony Province. In Egba Division, the only treatment is at the two Segregation Villages one run by the Sacred Heart Hospital and the other by the Local Authority. These will supply a convenient nucleus for the development of leprosy control in due course. Little is known of the incidence of the disease in this Division. In Egbado and Badagry Divisions, little work has been done but plans have been made.

Ibadan Area

This includes only that part of Ibadan Division which lies east of the Ogun River. There is at present no organised leprosy work in this area. Ibadan town sets a problem which can be tackled when the Senior Leprosy Officer is able to move his headquarters to Ibadan. Several cases of lepromatous leprosy for example have presented themselves from Ibadan both at Adeoyo Hospital and at the University College Hospital, Ibadan.

Central Area

This includes Ife and Ilesha Divisions and the south-eastern half of Oshun Division. No treatment is available in this area except at the Wesley Guild Hospital, Ilesha, but plans have been made to open clinics in 1958.

Ogbomosho Area

This includes Oyo Division, Ibadan Division west of the Ogun River and the north-western part of Oshun Division. The Baptist Mission have undertaken responsibility for leprosy control in this area. There is a Leprologist in charge of this service and he is stationed at Ogbomosho. The Ogbomosho Settlement houses 550 in-patients and is run on well organised lines. A well conceived system of segregation villages and treatment clinics offers treatment for a wider part of the area. At present a total of 1,427 patients are on treatment. The sixteen-bed hospital is being enlarged to contain thirty-two beds.

In leprosy control a great deal depends on the co-operation of various bodies. Two Provincial Leprosy Boards have been set up, one in Ondo and one in Benin/Delta. The accepted policy for leprosy control is based on full co-operation with the Health Department of various Local Authorities and with the members of the District Councils. Voluntary Agencies, the Roman Catholic, Baptist, and the Methodist Missions have, and are playing, a great part in leprosy control and are very co-operative indeed. The British Empire Leprosy Relief Association gives support in particular to children through their adoption scheme. The British Red Cross Society have branches in the Region and have helped in various ways with gifts and have supplied artificial limbs to

patients. It is gratifying to have so many eager but self-disinterested workers in this field, and this could well be an example to all workers in other fields of the co-operation that can occur with such a wide assortment of individuals and organisations.

It is a routine part of the duties of leprosy inspectors and senior staff to try and educate the public in leprosy control, as so large a part of control does depend on public opinion. Public meetings are held at every level and with groups of people in their own compounds. Talks have been given on the Regional Wireless Service network and the Information Services have been of great value in putting over to the press the ideas of the leprosy service.

The standard drug in the treatment of leprosy is Dapsone. Thiosemicarbazone is considered unreliable and unsafe and is no longer used. It is not considered that any mycobacterial antigen will prove very useful in the treatment of leprosy as no independent worker has been able to duplicate the successes claimed by the originator of this treatment. The use of B.C.G. in the treatment of leprosy is debatable. Ossiomo Settlement co-operated with the leprosy Research Unit at Uzuakoli in the Eastern Region in controlled trials with two new drugs, D.P.T. and Sulphoside, and the results are promising.

It is not proposed to open any new settlements in the Region but to concentrate on field treatment centres. The problems of the patient who requires hospitalisation is difficult. Proposals have been made that small leprosy wards should be built in association with hospitals, in particular with the voluntary agency hospitals.

An agreement has been concluded during the year with WHO/UNICEF and this promises valuable support for a two year leprosy control plan during which UNICEF will supply the anti-leprosy drugs and certain equipment especially transport. In this agreement the Regional Government has accepted a share in the campaign for Leprosy Control extending across the greater part of the West Africa.

Statistics for the Leprosy Service are as follows:

STATISTICS OF DEVELOPMENT DURING 1957

Area	*Treatment Centres*		*Patients on Treatment*	
Benin	*Dec. 1956*	*Dec. 1957*	*Dec. 1956*	*Dec. 1957*
Benin Division	8	13	267	446
Asaba Division	10	10	558	600
Ishan Division	4	8	389	478
Afenmai Division	12	12	1,595	1,410
TOTAL	34	43	2,809	2,934
Delta				
Kwale Division	6	7	1,027	992
Warri Division	—	1	—	52
Urhobo Division	7	13	873	1,085
Western Ijaw Division	1	5	149	170
TOTAL	14	26	2,049	2,299

Area	*Treatment Dec. 1956*	*Centres Dec. 1957*	*Patients on Dec. 1956*	*Treatment Dec. 1957*
Ondo				
Owo Division	10	11	539	923
Ondo Division	*	2	*	354
Ekiti Division	—	1	—	5
TOTAL	10	14	539	1,282

*Akure Segregation Village, about 300 patients, was taken over during the year and this exaggerates the increase during the year. Other areas have no comparable figures for last year.

It is of interest to note the slight declines in the figures for Afenmai Division and Kwale Division. These are the two areas in which full co-operation of the local people has been available for many years. Comparable figures are not available for other areas.

REGIONAL LEPROSY STATISTICS AT DECEMBER 1957

	Treatment Centres	*Patients on treatment*	*New Admissions during year*	*Discharged symptom free during year*	*Segregation Villages (including Settlements)*	*Patients segregated*
Ossiomo Settlement	1	663			1	585
Benin Area ...	43	2,933	1,325	578	17	880
Delta Area ...	26	2,299			11	635
Ondo Area ...	14	1,285	429	20	1	*
Ijebu Area ...	2	175	*	*	—	—
Abeokuta Area ...	3	122	*	*	2	*
Ibadan Area ...	1	27	20	6	—	—
Central Area ...	1	*	*	*	1	6
Ogbomosho Area...	20	1,427	*	*	10	921
TOTAL ...	111	8,931	1,774	604	43	3,027

*Figure not available.

X.—MENTAL HEALTH

Aro Hospital for Nervous and Mental Diseases is approaching completion and it is possible that most of the wards will be handed over in 1958. The electrical contractors have not quite completed their work, the laundry equipment is still in process of installation and the kitchen has no equipment installed. A good deal of work has yet to be done to complete the wards and bring them up to standard. The hospital is not functioning as such yet. Part of the Junior Service quarters are in use as an outpatient clinic and dispensary, and a shed near the outpatient clinic is used as an occupational therapy centre for outpatients. Two neighbouring villages are used to house psychiatric patients and their relatives during treatment at the outpatient clinic. In Aro village, one hut is used as a nursing centre where nurses carry out observation and treatment of the patients domiciled in the village.

The existing treatment facilities in the Region are meagre and are as follows: Aro outpatient clinic, most types of psychosis and neurosis are treated here. Tranquilising drugs, stimulating drugs, sedatives, electro-convulsive therapy and occupational therapy are employed. Psychotherapy is also used. Many of the

patients are chronic schizophrenics and drug treatment is not too effective. At Lantoro Institution, the patients are largely those who are a danger to themselves or others, or are "criminally insane", tranquilisers are extensively used. At the psychiatric out-patient clinic at the University College Hospital, Ibadan, which is held once a week, it is found that the patients are largely psychoneurotics and are a more sophisticated group than those seen at Aro. There are two Prison Lunatic Asylums, one at Warri and one at Sapele.

The pressing psychiatric need at the present time is hospital accommodation for the chronic psychiatric patients who are at present roaming about the villages, chained in huts, or incarcerated in prisons. It is realised that the most prevalent mental disease is schizophrenia and that arrangements should be made to treat this condition, especially before it has reached a chronic stage.

Aro Hospital continues to be the only Hospital for the training of Mental Nurses in Nigeria. It has a preliminary training school and after successfully passing out of this school student nurses can remain and finish their training at this hospital. A shortage of tutors is a handicap in this training. The occupational therapy department is following a training programme for instructors to be presented to the Nursing Council for Nigeria. The fourth intake to the preliminary training school in January numbered nineteen; thirteen passed and one resigned. Several Nigerians, about thirty, have proceeded to the United Kingdom for further training in mental nursing.

There are three asylums in the Region with a total capacity of 135 beds. All the inmates are certified and approximately a third are criminal patients referred from the law courts. At Lantoro Asylum there is provision for 121 beds, sixteen of which are for females. A new water tank is being constructed in the male wing. The staff shortage has been considerably eased by the recruitment of seventeen warders. Fifteen patients were discharged during the year and more could be, but unfortunately their relatives were not forthcoming to take over their custody.

The Senior Medical Staff at Aro are the Medical Superintendent (the Specialist Psychiatrist), a contract psychiatrist recruited during the year, and a Medical Officer who proceeded during the year to the United Kingdom to study for the Diploma in Psychological Medicine. Other senior staff establishments are the Chief Nursing Superintendent, the Senior Nursing Superintendent (vacant), the Senior Nursing Sister (vacant), two Male Tutors with one vacancy, three Nursing Sisters with one vacancy, four Nursing Superintendents with two vacancies, two Occupational Therapists, one Pharmacist (a temporary appointment), a Hospital Secretary post which is vacant, and an electro-encephalogram technician/radiographer.

There are several special features in Nigeria that deserve investigation as far as mental diseases are concerned, for example, the emotional climate of the polygamous family structure and its effect on the child's stability, the relatively long period of breast feeding and the abrupt weaning process, the pressures produced by the rapidly changing cultures, the struggle between tribal loyalties and customs and European loyalties and customs.

The Specialist Psychiatrist was requested to carry out during the year, an investigation into the reported high incidence of psychosis and neurosis among Nigerian students undergoing training in the United Kingdom. His report is awaited.

XI.—TUBERCULOSIS

A special section is being devoted to this subject this year due to the increasing importance which has been placed on it in this Region and in fact in Tropical Africa as a whole.

Throughout the Region, cases of Tuberculosis have been treated as they arose among the general outpatients of the hospitals. The majority of the cases received outpatient treatment, a few hospitals have special annexes for tuberculous diseases but in the majority of medical units these cases are usually nursed in the Verandahs of the Medical or Surgical Wards. On the appointment of a Tuberculosis Specialist late in 1956, the control of tuberculosis has taken a big step forward in the Region as a whole.

Visits were paid by the Tuberculosis Specialist to all hospitals in the Region. A standard system of treatment was introduced and a separate record system is now in use for tuberculosis patients. They are seen and have their drugs issued at separate clinics by special staff detailed for this duty. It is proposed that the Specialist will pay three monthly visits to every hospital as soon as his other duties permit.

The position of Ibadan deserves special mention as most of the work in the past and at present is carried out there. During the four year period prior to 1957, a small tuberculosis clinic and thirteen beds at Adeoyo Hospital were under the charge of the Senior Lecturer of Medicine of the University College, Ibadan. On the departure of the University from Adeoyo Hospital, arrangements were made to run a clinic on a temporary basis at the new University College Hospital pending the completion of the Government Chest Clinic. When the latter is completed, it is proposed to transfer all routine cases here and the University College Hospital will retained only those patients on clinical trials or those for teaching purposes. A chest and tuberculosis ward was opened by the University College Hospital in October. The building of the new Government Clinic commenced in July 1957. It is proposed later to make alterations to an existing ward at Jericho General Hospital, which is next door to the chest clinic, for the use of tuberculosis in-patients.

The Hospitals of the American Baptist Mission at Ogbomosho, Shaki and Eku; the Methodist Mission Wesley Guild Hospital at Ilesha; and the Seventh Day Adventist Mission Hospital at Ife; all run large outpatients tuberculosis clinics. The Baptist Hospitals also run treatment clinics under the weekly supervision of a doctor at some of their rural dispensaries. Cases requiring specialist opinion are referred to the Tuberculosis Specialist in Ibadan.

Negotiations for a chemotherapy pilot project for Ibadan between the Western Region Government and World Health Organisation/United Nations International Children Emergency Fund commenced about two and a half years ago. The scheme envisaged widescale case finding and mass treatment of tuberculosis in Ibadan town. The Government were to bear the cost of erecting a clinic and providing the majority of the staff; World Health Organisation to supply some personnel; and United Nations International Children Emergency Fund to provide X-Ray equipment, laboratory equipment and some drugs. However, as there were no reliable statistics of tuberculosis in Ibadan, WHO decided to postpone the scheme until these became available.

It has been the general impression for some considerable time that the incidence of tuberculosis in Nigeria was high and especially so in the larger towns. However, no statistically acceptable survey was undertaken in Nigeria until 1955 when two WHO teams did a general survey of the country. The survey showed that at least 0.26 per

cent of all persons examined were open cases of pulmonary tuberculosis. This figure was not considered high enough to warrant assistance but it was considered that a further survey should be carried out in Ibadan town. This was undertaken by WHO in Ibadan from September 1957 to January 1958. The result indicated that at least 0.6 per cent of the adult population were infectious cases of pulmonary tuberculosis. The figures obtained indicate that there are at least 5,000 infectious cases of tuberculosis in Ibadan, and it is considered that the figures obtained are applicable to any large town in the Region. However further survey work is necessary before the whole picture is obtained.

As a result of this survey in Ibadan the WHO Adviser on Tuberculosis for Africa visited the Region, and intimated that WHO and the UNICEF were now prepared to go ahead with a tuberculosis scheme for Ibadan town. The draft plans for the scheme, outlining its scope and the commitments of Government and WHO/UNICEF will shortly be available, and if agreement is reached the scheme should commence in October 1959.

At present it has not been possible to undertake any large scale preventive work but B.C.G. vaccination is available to nurses, students and to those proceeding overseas, and in a limited way to contacts. In Ibadan, two family visitors are employed and are under the supervision of a Senior Health Superintendent who is engaged full time on tuberculosis work on the small pilot domiciliary scheme. The Senior Health Superintendent tries to find the defaulters from treatment, as it is considered that regular attendance for treatment and the tie up between the clinics and the patients homes are of major importance. The Senior Health Superintendent has had special training in tuberculosis work as he has lately been on a N.A.P.T. course in the United Kingdom.

As far as treatment goes the advent of anti-tuberculosis drugs has completely altered the treatment of tuberculosis. It appears that well organised outpatient treatment can be very effective in a large number of cases. The standard treatment lasts for one year and the cost per patient is approximately £10 per annum. It is imperative that sufficient drugs are available to treat cases fully, otherwise the serious problem of allowing partially treated cases to spread the disease arises. It is thought that there is an extensive black market in anti-tuberculosis drugs, especially in the larger towns, and until the Region is in a position to offer free treatment in full to all patients this market will continue. However, the public are increasingly aware of the tuberculosis problem and in particular of the efficacy of the treatment.

Notifications of tuberculosis in Ibadan for 1957 were 1,245, the number of patients on the tuberculosis clinic register were 1,630 adults and 300 children. There are approximately 300 patients on treatment or under supervision for surgical tuberculosis. During the last eight months of 1957, 1,003 new cases of tuberculosis in adults were seen at the clinic. The notifications for tuberculosis for the whole Region were 1,590, and it is evident at present that by far the largest number are notified in Ibadan town.

The staffing of the tuberculosis clinic in Ibadan and of the treatment clinics in the outstations has been difficult. In the tuberculosis clinic medical, radiological, and bacteriological personnel in particular are absent or short. This is also true of para-medical personnel on whom the future control of tuberculosis rests. However, two staff nurses who obtained N.A.P.T. scholarship in United Kingdom have returned, one is working at the Benin and the other at the Abeokuta clinic, and a further six staff nurses are expected to return from United Kingdom shortly after having completed a N.A.P.T. course. These nurses will be posted to various hospitals in the Region for tuberculosis duties.

XII.—LABORATORY SERVICES

Laboratory technicians are very scarce throughout the Region and most medical officers in hospitals do carry out laboratory tests by themselves as time permits.

In Ibadan Division, laboratory technicians were stationed at hospital laboratories at Akure and Oshogbo only. Ibadan town was in a better position than other stations in the Region for laboratory facilities, as use was made of the facilities granted by Adeoyo Hospital, which is under the control of the University College Hospital, with its complement of laboratory specialists. A private practitioner is employed as a Police Surgeon to undertake post-mortem examinations on police cases.

In Ikeja Division, only Abeokuta and Ijebu-Ode Hospitals had laboratory technicians posted to them. Ikeja Hospital used occasionally the facilities afforded by the Federal laboratories at Lagos.

In Benin Division, only at Benin and Warri Hospitals and at Ossiomo Settlement was it possible to have laboratory technicians posted, due to the general shortage of this grade of officer.

XIII.—PRISONS

Most of the prisons in the Region are now Government and the few that are still being maintained by Local Authorities are badly constructed. The water supply to the prisons is usually adequate in amount. Sanitation is by bucket latrine in all cases.

Visits are paid regularly to all prisons by medical officers and health staff. The commonest conditions reported are malaria, skin complaints, "rheumatism", dyspepsia, gonorrhoea and upper respiratory complaints. In the first instance, prisoners receive medical attention from the nurse attached to the prison and if there is no nurse, from the local dispensary attendant. Serious cases are referred to the nearest hospital. Vaccinations are performed on all new prisoners.

Food is adequate in amount and quality except occasionally in Local Authority Prisons where the conditions generally are not so satisfactory. Weight books are kept and inspected, and it is seldom found that a prisoner does not put on weight.

There have been several additions and extensions to various prisons in the Region, for example at Abeokuta, Ijebu-Ode and Shagamu. These alterations have invariably raised the general standards of these institutions.

XIV.—TRAINING OF MEDICAL SERVICE PERSONNEL

Medical Students

An account of the work and progress of the Medical School of the University College Hospital, Ibadan, will be found in the Annual Report of the Chief Medical Adviser to the Federation. The University College Hospital School of Nursing is recognised as a training school by the Nursing Council for England and Wales.

The Western Region Government and the Western Region Production Board have, as in the past, generously awarded to students of Western Region origin, bursaries and scholarships in medical and allied subjects, tenable at the University College, Ibadan, or at universities or hospitals overseas.

Nurses

Government student nurses are trained for their first six months at the Preliminary Training School at Ibadan. In April twenty-one women and twenty-four men were admitted to the course, two men and four women did not complete the course and two women failed. The remaining thirty-seven were posted to various government hospitals. The school was closed for six months to correspond with the new educational syllabus and the final school examinations. Probationer training is continued in the Provincial Hospitals at Abeokuta, Benin, Warri and Ijebu-Ode and at three Mission Hospitals, the Wesley Guild at Ilesha, the Seventh Day Adventist at Ife and the American Baptist at Ogbomosho.

The Preliminary Examination of the Nursing Council which is taken after twelve months in hospital resulted in seventy successful candidates out of 100 in January, and forty-four passes with sixteen failures in July (Mission and Government).

In the Final Examinations taken after three years in hospital, sixteen failed and ten candidates were successful in June, and in December twenty-three failed and fourteen passed (Mission and Government).

As far as the government was concerned, it was only possible to have a complete senior staff at the Nurses' Preliminary Training School, Ibadan. In general, a nursing sister at the Provincial Hospitals carried out teaching duties along with her other duties.

Midwives

A few grade II midwives will complete their training at Adeoyo Hospital, but in future this hospital will accept only candidates for Grade I. Four Mission Hospitals have also decided to train for the Grade I register, two of them accepting their trained nurses for midwifery training.

The District Council Grade II Midwifery School at Abeokuta has taken no students this year, and will not be permitted to continue further training until it conforms to the standards required by the Midwives Board. The remaining Grade II schools have continued as before.

In the March examination for Grade I midwives twelve candidates were successful out of fifteen, and in September, fifteen passed out of a total of nineteen entries.

The results of the Grade II examinations were, in March, fifty-two passed their examinations out of sixty-four, and in September, sixty passed out of a total entry of eighty-one candidates.

Health Staff

Dr W. Norman-Taylor, Senior Medical Officer, Education and Training, WHO, was acting Principal of the Health Auxiliaries Training School (previously the School of Hygiene), at Ibadan, while a Nigerian Officer has proceeded to U.S.A. on a WHO Fellowship to study health education and on his return will take over the principalship of the School from Dr Taylor. Unfortunately the new school building programme has been held up for financial reasons.

The two Health Superintendents, who underwent training in the United Kingdom in health education, are now designated Health Propaganda Officers and are the nucleus of the Health Education Unit which is under the overall supervision of the Principal of the Health Auxiliaries Training School.

The School is training public health inspectors and sanitary overseers, the latter for the local authority service only. Twenty-one public health inspectors in training were admitted to the school during the year and fifteen were undergoing in-service training in outstations. Thirty-four sanitary overseers in training completed their course during the year and thirty were successful in the examination. No refresher courses were held for this grade of officer this year due to reorganisation. Thirteen, second year public health inspectors sat their terminal examination and all passed. Fifteen first year public health inspectors sat their terminal examination and fourteen passed.

Health Visitors and Community Nurses

Arrangements for the training of these grades of officers will be made in the future, and the courses will be under the supervision of the Principal of the Health Auxiliaries Training School, Ibadan.

X-Ray Technician

The number of X-Ray technicians training in the School of Radiology is two. One passed the preliminary examination for operators. One candidate passed the final examination to qualify as an X-Ray technician.

Field Unit Assistants

One Western Region student is attending the course of training at Kaduna. No candidate attended the refresher course held at the Medical Field Unit School at Makurdi. In future, candidates for training and for refresher courses for this Region may attend at the Health Auxiliaries Training School, Ibadan.

Dispensary Attendants

It is proposed to train this grade of officer in the future at the Health Auxiliaries Training School, Ibadan. In the meantime, a few candidates are sponsored by Local Authorities and accepted for training at the Medical Field Unit School at Makurdi. A few others have been accepted by Provincial Hospitals in this Region for training.

XV.—MEDICAL WORK OF MISSIONS

The medical activities of the Missions are largely devoted to rural dispensary, and maternity and child welfare services, based on a hospital from which this work is supervised. At certain hospitals, Grade II and Grade I Midwives and Nurses are trained. There are nine Mission hospitals. One of these is a "combined", that is run jointly by a Mission and Government. There are five maternity homes with twelve or more beds and two of these have some beds for general patients.

Ondo Province

At Owo there is the combined Roman Catholic and Government Saint Louis Hospital with 114 beds, an increase of six beds over last year. At Ado-Ekiti the mission run a twenty-bed maternity home and there are also ten general beds and an orphanage is also attached to this Unit. No doctor is stationed here but the unit is under the overall supervision of the mission doctor at Owo, and the day to day running is in the hands of two Reverend Nursing Sisters. Grade II midwives are trained at Owo and Ado-Ekiti.

The Church Missionary Society have a forty-five-bed maternity hospital and child welfare unit with a resident doctor at Ado-Ekiti. This Establishment has its own preliminary training school and is approved for the training of Grade I and II midwives.

The Methodist Mission run a maternity home at Ikole and this establishment is approved for the training of Grade II Midwives.

Ibadan Province

The Roman Catholic Maternity Centre which opened last year at Oke-Offa in Ibadan is thriving, and has been approved for the training of Grade II midwives. The mission doctor at Oshogbo undertook the supervision of Ede School and some local authority units on behalf of the Government. At Otan the maternity centre is the hub for supervising maternity centres and dispensaries in the area.

The American Baptist Mission Hospital at Ogbomosho, which is the headquarters in this Region of this Mission, has seventy-eight beds and is well equipped and staffed. This unit is approved for general nursing training. At Ire there is an Infant Welfare Centre and this unit is approved for the training of Grade II Midwives. At Iwo the mission has a dispensary. The main leprosy settlement of this mission is at Ogbomosho with a doctor in charge and he supervises small clan settlements in Ibadan and Oyo Provinces.

The Seventh Day Adventist Mission run a twelve bed maternity unit at Irisa.

Oyo Province

The American Baptist Mission maintain a thirty-eight bed hospital at Shaki which is well equipped and staffed.

At Ife, the Seventh Day Adventist Mission has a well appointed hospital of 130 beds. This hospital has its own preliminary training school and is approved for the training of General Nurses and Grade I Midwives.

The United Missionary Society run a dispensary in the north-eastern part of the Province at Igbetti.

The Wesley Guild Hospital at Ilesha is the medical headquarters of the Methodist Mission in this Region and has 125 beds. Supervision of dispensaries at Esa-Oke, Oshun, Ipetu, Ibokun, Imesi-Ile, and Ijedu and a maternity centre at Oyo, are carried out from the hospital at Ilesha. This hospital is approved for general nursing and Grade I Midwives. Only candidates who have already qualified as Nurses are accepted for Grade I Midwifery training.

Benin Province

The Roman Catholic Mission have two hospitals in this area. The St Camillus Hospital at Uromi has ninety beds and had two doctors for most of the year. Work was started on a medical hostel to accommodate twenty-four candidates during the year. The St Mary's Hospital at Ogwashi-Uku was unfortunately shut down during the year but was reopened towards the end of the year. This hospital has seventy-two beds. St Camillus Hospital and St Philmomina's Maternity Home at Benin (thirty-six beds) are both approved for the training of Grade II Midwives. St Mary's Hospital is also approved but there were no candidates for the course during the year. Maternity centres at Asaba and Umunede are supervised by a doctor from Uromi.

The C.M.S. have three maternity centres in this province. Those at Ekpoma and Sabongida Ora are supervised by the doctor from the hospital at Ado-Ekiti, and the other at Benin by a doctor from Onitsha in the Eastern Region.

Delta Province

The American Baptist Hospital at Eku contains seventy-three beds, an increase of thirteen over last year. It is well staffed and equipped.

The Roman Catholic Mission have two maternity centres one at Obiaruku and the other at Sapele. Both of these are popular and are supervised from Uromi Hospital.

The C.M.S. have four maternity centres and these are at Abbi, Oleh, Umouru, and Ughelli. The latter is the largest centre and has ten beds.

Abeokuta Province

The Roman Catholic Mission maintain the Sacred Heart Hospital at Abeokuta with 128 beds, and this is a recognised training school for both Grade I and Grade II Midwives. The Mission run the St Francis Segregation Village for Lepers at Abeokuta. A maternity hospital is in process of being built at Abeokuta by this Mission and should have about fifty beds when completed.

Ijebu Province

The American Baptist Mission maintain a leper settlement at Ijebu-Igbo.

XVI.—PRIVATE MEDICAL PRACTITIONERS

There are five private medical practitioners in Benin Division, one at Irrua, two in Benin, one in Sapele and one in Warri. These practitioners each have their own hospital and using this as a base visit their several dispensaries and maternity centres in the areas. One practitioner at Benin and the one at Irrua act as part time School Medical Officers. Two practitioners helped at Benin City Hospital in the Outpatient Department on a part-time basis until one left later in the year for Sapele.

In Ibadan Medical Division, there are eight private medical practitioners all of whom are in Ibadan. They each have as a base a hospital and from this supervise various dispensaries and maternity centres. Three of these practitioners work part-time in the outpatient department of Adeoyo Hospital. One parctitioner is employed by the Government as a Police Surgeon.

In Ikeja Division, there are four private medical practitioners stationed at Agege, Mushin, Ikorodu and Abeokuta. Each has a central establishment and associated dispensaries and maternity centres.

Relations with the private medical practitioners has been cordial throughout the Region.

XVIII.—INTERNATIONAL MEDICAL LIAISON

During the year there was no direct contact by official meetings between representatives of the French Medical Services in Dahomey and those of the Western Region Medical Services.

The dispensary at Idiroko on the frontier of Abeokuta Province, which was opened last year, carried out its functions of attending to travellers and Government officials and their families in the area.

The weekly return of infectious diseases occurring in the Region is sent by telegram to the *Directeur de Sante Publique* at Porto Novo. The French Authorities forward a copy of their weekly infections diseases and also forward a monthly bulletin of health information which includes details of infectious and communicable diseases. The smallpox epidemic in the Western Region during the year did not appear to have spread over the border.

The Director of Medical Services attended the Eighth Meeting of the West African Directors of Medical Services held at Lagos in February.

XVIII.—METEOROLOGY

Rainfall figures for some stations in the Region are given below. The rainfall was generally heavy during the year and had a deleterious affect on many of the roads, and curtailed inspection of medical units to a greater extent than usual in the wet season.

RAINFALL FIGURES IN 1957, INCHES PER MONTH, IN STATIONS

Month	*Ilaro*	*Sapele*	*Badagry*	*Ondo*
January	0.50	—	1.68	.18
February...	0.07	.15	—	1.49
March	5.56	1.77	3.72	6.18
April	6.47	5.24	5.96	6.89
May	11.93	8.33	10.10	12.71
June	7.41	12.12	14.39	6.94
July	9.54	25.10	29.52	16.24
August	7.64	17.10	7.03	8.20
September	9.60	15.01	8.37	16.70
October	9.12	5.24	6.92	11.73
November	3.19	4.02	0.69	3.69
December	1.76	1.40	1.10	1.80
TOTAL	72.79	95.48	90.47	92.75

FASHOLA GOVERNMENT EXPERIMENTAL FARM (13 MILES FROM OYO)

Month	*Actual Rainfall (inches)*	*Average ten years (inches)*	*Average Temperature at 10.00 hours Local Time*	*Average Temperature at 16.00 hours Local Time*
1957				
January ...	1.05	0.5	75.4	88.4
February ...	0.02	1.0	78.8	94.6
March ...	6.21	3.8	80.9	92.6
April	6.39	4.4	80.3	88.8
May	9.89	6.2	79.7	85.9
June	5.45	6.6	78.3	87.6
July	8.90	4.7	76.2	81.8
August ...	6.26	2.3	74.8	79.9
September ...	7.66	7.8	75.8	81.9
October ...	5.53	7.6	76.8	84.2
November ...	1.63	1.9	78.4	86.6
December ...	0.26	0.4	77.9	93.5

The figures given below were obtained from the Director of Agricultural Research, Moor Plantation, Ibadan.

Month	*Rainfall*	*No. of days in which rain fell*	*Mean rainfall in the month for ten years (1947-56)*	*Total Evaporation*	*Average Daily Evaporation*
January... ...	Nil	Nil	0.37"	4.00"	0.13"
February ...	Nil	Nil	1.05"	4.67"	0.17"
March	7.06"	10	3.25"	7.10"	0.23"
April	6.34"	13	5.89"	5.00"	0.17"
May	8.67"	16	5.90"	6.53"	0.21"
June	4.31"	14	6.91"	3.72"	0.12"
July	6.88"	24	5.49"	3.04"	0.10"
August	4.87"	20	3.18"	3.19"	0.10"
September ...	10.25"	16	7.94"	5.13"	0.17"
October... ...	7.54"	20	7.28"	3.34"	0.11"
November ...	3.78"	8	2.01"	3.49"	0.12"
December ...	0.99"	2	0.30"	3.53"	0.11"
TOTAL ...	60.69"	143	49.57"	52.74"	1.74"

XIX.—MISCELLANEOUS

The launches supplied to the Department have performed good work, but often canoes have been more useful in the restricted waterways. Dispensary barges supplied, which are to be towed by the touring launches, are a mixed blessing as they greatly lower the speed of the launches.

The Nigerian Branch of the British Red Cross has been engaged on a very wide range of activities throughout the Region during the year, and some of these are mentioned below. Red Cross grants have been given to the sick in certain cases on the recommendation of a doctor or almoner, and periodic visits are paid to those in need by their Welfare Officer. Grants have been given for the purchase of artificial limbs, *e.g.*, in Ibadan and Okitipupa, and in one instance for the purpose of artificial dentures. Grants in money, toys, books, clothing, flowers, etc., are made to the hospitals during the year and especially at Christmas. Two air conditioners were supplied to Warri Hospital and were very much appreciated in this station. On a number of occasions when a visit to a hospital has been necessary the Red Cross has paid the fares for a

patient or a relative. Several patients have been repatriated to the other Regions. A boy was helped in his admission to the Lagos School for the Blind by the Society. Throughout the Region, members have been given instruction on first aid and examinations have been held. Red Cross members have manned First Aid Posts at parades, race meetings and other sporting events. The Society co-operated with Government and the University College Hospital, Ibadan, in setting up a Blood Donor Panel, a very important and necessary requirement.

XX.—DISTINGUISHED VISITORS, 1957

The undermentioned Visitors came to the Region during the Year.

Month	*Subject*	*Visitor*
1. January ...	WHO Dermatological and Venereal Diseases Officer.	Dr SERGIO FARRAJOTA RAMOS.
2. January ...	Panel of Medical Visitors from Colonial Office; Consultant in Public Health Administration.	Dr MATTHEW FYFE
3. January ...	UNICEF Area Representative for West Africa.	Dr O. M. LEHNER
4. January ...	Director for Imperial Chemical (Pharmaceuticals) Limited.	Dr L. B. WEVILL
5. February ...	Protein Mal-Nutrition Officer and F.A.O. Adviser to UNICEF.	Professor W. J. DARBY AND Dr HUNLEY.
6. February ...	Indian Leprosy Officers on study of Control of Leprosy in Western Region	Dr V. EKAMBARAM AND Dr P. N. KHOSHOO.
7. March ...	WHO Director of the Division of Public Health Services, Geneva.	Dr J. S. PERTERSON
8. May ...	Medical Adviser to UNICEF and Public Health Administrator, WHO	Drs SINCLAIR-LOUTIT AND CLEMENT AND Dr LEHNER.
9. August ...	Director Communicable Disease Services, WHO Headquarters, Geneva.	Dr W. M. BONNE
10. October ...	Orthopaedic Surgeon under Colonial Office Consultant Medical Visitors Scheme.	Dr P. H. NEWMAN

SENIOR STAFF APPOINTMENTS AS AT 31ST DECEMBER, 1957

Duty Post	*Establishment*	*Expatriate*	*Non-Expatriate*	*Vacancies*	*Remarks*
Director of Medical Services	1	—	—	1	
Deputy Director of Medical Services...	1	—	—	1	
Assistant Director of Medical Services	1	—	—	1	
Senior Medical Officer (Administration)	4	1	2	1	
Chief Accountant	1	1	—	—	
Matron (Tutor)	1	—	—	1	
Matron	2	2	—	—	One post filled by temporary appointment.
Senior Executive Officer	1	—	1	—	
Higher Executive Officer	3	1	2	—	
Executive Officers	9	—	5	4	Post of Administrative Assistant, Grade II and Assistant Executive Officer, and Accounting Assistant, Grade I absorbed.
Senior Pharmacy Superintendent ...	1	—	1	—	
Pharmacy Superintendents	7	—	6	1	
Chief Pharmacist	1	1	—	—	
Storekeepers	2	—	2	—	
Senior Specialists and Specialists ...	18	12	—	6	
Medical Officers and House Surgeon Physicians	58	13	31	14	Two posts filled by temporary appointments.
Senior Medical Officer (Clinical) ...	1	1	—	—	
Hospital Secretaries	2	1	—	1	Seconded to UCH.
Senior Nursing Sisters	7	5	—	2	
Sister Tutors	14	5	—	9	
Nursing Sisters and Superintendents...	57	4	49	4	Sixteen posts filled by temporary appointments.
Radiographers	5	—	4	1	
Limb Maker	1	—	—	1	
Inspector Mechanical	1	1	—	—	
Physiotherapist	1	—	—	1	
Health					
Senior Health Officer	1	1	—	—	
Medical Officer of Health	6	2	1	3	One post filled by temporary appointment.
Medical Officers	9	—	7	2	
Entomologist	1	1	—	—	
Senior Health Superintendents ...	5	—	5	—	
Senior Health Sisters	1	1	—	—	
Health Propaganda Officers	2	1	1	—	
Health Sisters	10	—	8*	2	*Including two temporary appointments.
Health Superintendents	20	—	18	2	
Mental Health					
Specialist	1	—	1	—	
Medical Officers	2	1	1	—	
Chief Nursing Superintendent ...	1	1	—	—	
Senior Nursing Sister	1	—	—	1	
Senior Nursing Superintendent ...	1	—	—	1	
Male Tutors	2	1	—	1	
Nursing Superintendents	4	—	3	1	
Nursing Sisters...	3	2	—	1	
Occupational Therapists	2	2	—	—	
Electo. Enceph./Tech. Radio.... ...	1	—	1	—	
Hospital Secretary	1	1	—	—	

Duty Post	*Establishment*	*Expatriate*	*Non-Expatriate*	*Vacancies*	*Remarks*
Pathology					
Senior Pathologist	1	—	—	1	
Pathologist	1	—	—	1	
Senior Laboratory Superintendent ...	1	—	—	1	
Laboratory Superintendents	3	—	1	2	
Dental					
Senior Dental Surgeon	1	1	—	—	
Dental Surgeons	9	4*	3*	2	*Including two temporary appointments.
Dental Technicians	3	2	—	1	
Leprosy					
Senior Leprosy Officer	1	1	—	—	
Leprosy Control Officers	4	3	—	1	
Nursing Sisters...	3	3	—	—	
Medical Officer (Leprosy)	3	2	1	—	
Medical Field Unit					
Medical Officer of Health	3	1	—	2	
Superintendent, M.F.U.	3	2	1	—	
Chemistry					
Assistant Government Chemist ...	1	—	—	1	

TOURING TABLE

No.	*Officer*	*Days on duty*	*Number of nights on tour*	*Number of days on visit*	*Total*	*Percentage of night visits*
1.	Director of Medical Services	307	6	18	—	1.95
2.	Deputy Director of Medical Services ...	307	—	1	1	.3
3.	Assistant Director of Medical Services ...	307	—	—	—	—
4.	Senior Health Officer	307	—	1	1	.3
5.	Pharmacy Superintendent	307	—	—	—	—
6.	Regional Matron	307	29	1	30	9.4
7.	Chief Accountant	307	—	—	—	—
8.	Senior Medical Officer (Clinical) Ibadan ...	307	—	—	—	—
9.	Senior Medical Officer (Administration) Ibadan	307	—	27	27	—
10.	Senior Medical Officer, Benin-City	307	14	40	54	4.6
11.	Medical Officer, Abeokuta	307	18	65	83	5.2
12.	Medical Officer, Ijebu-Ode	307	—	4	4	—
13.	Medical Officer, Shagamu	307	—	101	101	—
14.	Medical Officer, Badagry	307	—	42	42	—
15.	Medical Officer, Oshogbo	307	—	6	6	—
16.	Medical Officer, Benin-City	307	40	12	52	13
17.	Medical Officer, Akure...	307	—	—	—	—
18.	Medical Officer, Agbor	307	11	101	112	3.6
19.	Medical Officer, Sapele	307	—	4	4	—
20.	Medical Officer, Warri	307	—	—	—	—
21.	Medical Officer, Forcados	307	50	73	123	16.2
22.	Medical Officer, Oyo	307	—	61	61	—
23.	Medical Officer, M.F.U., Auchi	307	29	80	109	9.4
24.	Medical Officer, Owo/Ado-Ekiti	307	33	95	128	10.7
25.	Rural Medical Officer, Ibadan	307	19	124	143	6.1
26.	Rural Medical Officer, Abeokuta	307	—	—	—	—
27.	Rural Medical Officer, Ijebu-Ode	307	2	115	117	.65
28.	Rural Medical Officer, Akure	307	—	191	191	—
29.	Rural Medical Officer, Oshogbo	307	—	87	87	—
30.	Rural Medical Officer, Ondo	307	—	94	94	—
31.	Rural Medical Officer, Ughelli	307	18	48	66	5.2
32.	Medical Officer, i/c R.H.C., Ilaro	307	—	120	120	—
33.	Rural Medical Officer, Benin	307	—	57	57	—
34.	Medical Officer in charge, R.H.C., Auchi ...	307	2	102	104	.65
35.	Medical Officer in charge, R.H.C., Ughelli ...	307	—	37	37	—
36.	Area Superintendent, Ossiomo	307	26	43	63	8.4
37.	Health Superintendent, Abeokuta	307	—	51	51	—
38.	Health Superintendent, Akure	307	45	158	203	14.6
39.	Health Superintendent, Auchi	307	49	140	189	15.9
40.	Health Superintendent, Benin	307	4	27	31	1.2
41.	Health Superintendent, Ijebu-Ode	307	7	122	129	2.2
42.	Health Superintendent, Ilaro	307	—	122	122	—
43.	Health Superintendent, Oshogbo	307	19	97	116	6.1
44.	Health Superintendent, Sapele	307	7	61	68	2.2
45.	Health Superintendent, Warri	307	5	23	28	1.6
46.	Health Superintendent, Agbor	307	14	152	196	4.6
47.	Health Superintendent, Ibadan	307	—	113	113	—
48.	Health Superintendent Ikeja	307	—	61	61	—
49.	Health Superintendent, Oyo	307	—	156	156	—
50.	Health Superintendent, Shagamu	307	—	147	147	—
51.	Health Superintendent, Ondo	307	87	190	277	28.3
52.	Dental Surgeon, Ibadan	307	4	5	9	1.2
53.	Dental Surgeon, Benin-City	307	6	19	25	1.9
54.	Dental Surgeon, Abeokuta	307	31	73	104	10
55.	Dental Surgeon, Warri...	307	2	25	27	.65
56.	Dental Surgeon, Akure	307	1	42	43	.3

Individual average above 10 per cent for Night Visits on tour were—
Medical Officer, Benin-City—13 per cent.
Medical Officer, Forcados—16.2 per cent.
Medical Officer, i/c M.F.U., Ado-Ekiti—10.7 per cent.
Health Superintendent, Akure—14.6 per cent.
Health Superintendent, Auchi—15.9 per cent.
Health Superintendent, Ondo—28.3 per cent.
Dental Surgeon, Abeokuta—10 per cent.

WESTERN REGION OF NIGERIA GAZETTE—GOVERNMENT NOTICES, REGULATIONS, RULES, ORDERS, ETC., 1ST JANUARY, 1957 TO 31ST DECEMBER, 1957

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6	Registration of Births and Deaths Adoptive Bye-laws, 1956: Idanre District Council	3 of 10–1–57
10	Registration of Births and Deaths Adoptive Bye-laws, 1956: Aniocha District Council	4 of 17–1–57
16	Control of Pigs (Adoptive) Bye-laws, 1956: Idanre District Council	5 of 24–1–57
18	Ibadan (Provisional) District Council (Conservancy) Bye-laws, 1956 ...	6 of 31–1–57
36	Registration of Births and Deaths Adoptive Bye-laws, 1956: Ijebu Waterside District Council	8 of 14–2–57
38	Order made under the Vaccination Ordinance	8 of 14–2–57
40	Registration of Births and Deaths Adoptive Bye-laws Order, 1956: Owo Divisional Council	9 of 21–2–57
41	Control of Pigs Adoptive Bye-laws Order, 1956: Northern Ishan District Council	9 of 21–2–57
43	Registration of Births and Deaths Adoptive Bye-laws Order, 1956: Ikorodu Divisional Council	9 of 21–2–57
46	Rules made under the Dogs Ordinance (Shaki District Council) Rabies ...	10 of 28–2–57
47	The Registration of Births and Deaths Adoptive Bye-laws Order, 1957: Egun-Awori District Council	10 of 28–2–57
49	Registration of Births and Deaths Adoptive Bye-laws Order 1956; Ijebu-Remo Divisional Council	10 of 28–2–57
L.S. 6	Registration of Registrable Births and Deaths (Ibadan) (Validation) Law, 1956	11 of 7–3–57
61	Order made under the Dogs Ordinance: Oyo Division	11 of 7–3–57
67	Control of Pigs Adoptive Bye-laws: Owo District Council	13 of 21–3–57
69	Rules made under the Dogs Ordinance (Oyo Southern District Council) Rabies	13 of 21-3-57
70	Registration of Births and Deaths Adoptive Bye-laws Order, 1956: Ipokia District Council	14 of 28–3–57
73	Registration of Births and Deaths Adoptive Bye-laws Order, 1956: Egba Ifo District Council	15 of 4–4–57
78	Registration of Births and Deaths Adoptive Bye-laws Order, 1956: North-East Ishan District Council	15 of 4–4–57
79	Control of Sheep and Goats Adoptive Bye-laws Order, 1956: Kumbowei Local Council	15 of 4-4-57
87	Registration of Births and Deaths Adoptive Bye-laws Order, 1956: Egbado Ketu District Council	16 of 11–4–57
103	Rabies (Benin Government Residential Area and Benin City Area) Declaration and Prohibition Order, 1956	19 of 20–4–57
115	Control of Pigs Adoptive Bye-laws Order, 1956: Benin River Local Council ...	22 of 9–5–57
133	Registration of Births and Deaths Adoptive Bye-laws Order, 1956: Ikare District Council	25 of 30–5–57
135	Control of Pigs Bye-laws Order, 1956: Ilaje District Council	25 of 30–5–57
153	Registration of Births Adoptive Bye-laws Order, 1956: Ikirun District Council	29 of 20–6–57
157	Abeokuta Urban District Council (Preventive of Rabies) Bye-laws, 1957 ...	
158	Rabies (Abeokuta Town) Declaration and Prohibition Order, 1956	29 of 20–6–57
L.S. 25	Public Health Law, 1957	31 of 4–7–57
178	Rabies (Ikeja Division) Declaration and Prohibition Order, 1957	34 of 25-7–57
201	Control of Pigs Adoptive Bye-laws Order, 1956: Sapele Urban District Council	39 of 22–8–57
202	Control of Sheep and Goats Adoptive Bye-laws Order, 1957: Sapele Urban District Council	39 of 22–8–57
204	Registration of Births and Deaths Adoptive Bye-laws Order, 1956: Ikeja District Council	39 of 22–8–57
233	Registration of Births and Deaths Adoptive Bye-laws Order, 1956: Irrua/ Ewu District Council	43 of 5–9–57
277	Control of Pigs Adoptive Bye-laws Order, 1957: Egba Owode District Council	47 of 3–10–57
278	Control of Pigs Adoptive Bye-laws Order, 1957: Egba Obafemi District Council	47 of 3–10–57

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282	Registration of Births and Deaths Adoptive Bye-laws Order, 1957: Ika District Council...	47 of 3–10–57
283	Control of Pigs Adoptive Bye-laws Order, 1957: Ika District Council	47 of 3–10–57
286	Registration of Births and Deaths Adoptive Bye-laws Order, 1957: Egba Owode District Council	47 of 3–10–57
287	Control of Sheep and Goats Adoptive Bye-laws Order, 1957: Egba-Obafemi District Council...	47 of 3–10–57
288	Control of Sheep and Goats Adoptive Bye-laws Order, 1957: Egun-Awori District Council...	47 of 3–10–57
293	Control of Pigs Adoptive Bye-laws Order, 1957: Egun-Awori District Council	47 of 3–10–57
294	Control of Pigs Adoptive Bye-laws Order, 1957: Ipokia District Council ...	47 of 3–10–57
303	Rabies (Akure Town) Declaration and Prohibition Order, 1957	47 of 3–10–57
325	Control of Sheep and Goats Adoptive Bye-laws Order, 1957: Ode-Lemo Local Council	54 of 14–11–57
327	Control of Pigs Adoptive Bye-laws Order, 1957: Ipokia District Council ...	54 of 14–11–57
339	Approval of Bye-laws (Dogs Ordinance) Order, 1957	55 of 21–11–57
345	Diseases of Animals (Amendment) Regulations, 1957	55 of 21–11–57
347	Registration of Births and Deaths Adoptive Bye-laws Order, 1957: Ukwuani District Council...	56 of 28–11–57
348	Registration of Births and Deaths Adoptive Bye-laws Order, 1957: Ekiti Western District Council	56 of 28–11–57
349	Registration of Births and Deaths Adoptive Bye-laws Order, 1957: Egbedore District Council	56 of 28–11–57
356	Foodstuffs and Regulated Premises Adoptive Bye-laws Order, 1957	58 of 5–12–57
365	Rabies (Sapele Urban District Council Area) Declaration and Prohibition Order, 1956	58 of 5–12–57
380	Registration of Births and Deaths Adoptive Bye-laws Order, 1957: Ekamarun District Council	60 of 19–12–57
381	Registration of Births and Deaths Adoptive Bye-laws Order, 1957: Irepo District Council...	60 of 19–12–57
382	Control of Sheep and Goats Adoptive Bye-laws Order, 1957: Egbado-Ketu District Council...	60 of 19–12–57

DISEASES AND DEATHS OF ALL RACES
1st JANUARY to 31st DECEMBER, 1957

No.	Diseases	*In-patients* Cases	*In-patients* Deaths	*Outpatients* Cases	*Outpatients* Deaths
1.	Typhoid and paratyphoid fever	99	20	250	1
2.	Plague	—	—	—	—
3.	Scarlet fever	—	—	—	—
4.	Whooping cough	383	17	3,552	—
5.	Diphtheria	—	—	—	—
6.	Tuberculosis of the respiratory system	1,385	95	2,989	54
7.	All other forms of tuberculosis	162	13	1,107	—
8.	Purulent infection and septicaemia (non-puerperal)	14	2	42	—
9.	Dysentery	1,604	57	12,253	28
10.	Malaria	7,849	97	72,244	32
11.	Syphilis	8	—	—	—
12.	Yellow fever	—	—	—	—
13.	Smallpox	224	16	1,291	—
14.	Rabies	—	—	717	*for treatment only*
15.	Typhus fever	1	—	—	—
16.	Diseases due to helminths	2,249	—	28,545	6
17.	Other infective or parasitic diseases	2,582	81	47,819	49
18.	Cancer and other malignant tumours of buccal cavity and pharynx	36	—	12	—
19.	Cancer and other malignant tumours of the digestive organs and peritoneum	202	16	434	—
20.	Cancer and other malignant tumours of the uterus	20	—	54	—
21.	Cancer and other malignant tumours of the respiratory system	12	—	11	—
22.	Cancer and other malignant tumours of the breast	4	1	201	—
23.	Cancer and other malignant tumours of other or unspecified organs	133	10	154	—
24.	Non-malignant tumours or tumours of undetermined nature	123	2	1,711	—
25.	Rheumatic fever	13	—	—	—
26.	Chronic rheumatism and gout	507	4	30,238	—
27.	Diabetes mellitus	78	1	315	—
28.	Diseases of the thyroid and parathyroid glands	63	11	98	—
29.	Other venereal diseases	536	9	1,831	—
30.	Vitamin deficiency diseases	449	12	6,250	—
31.	Pernicious and other anaemias	2,101	116	10,601	—
32.	Leukaemias and other diseases of the blood forming organs	363	39	2,035	—
33.	Chronic or acute alcoholism	12	—	—	—
34.	Other chronic poisoning	58	4	17	—
35.	Non-meningo-coccal meningitis	122	21	13	—
36.	Diseases of the medulla and spinal cord other than loco-motorataxia	52	4	1	—
37.	Intra-cranial lesions of vascular origin	210	8	156	—
38.	Mental disorder and deficiency	94	1	191	—
39.	Epilepsy	208	—	250	—
40.	Other diseases of the nervous system	911	33	7,886	103
41.	Diseases of the eye, ear and their annexa	745	1	38,592	—
42.	Pericarditis (including chronic rheumatic pericarditis)	14	—	—	—
43.	Chronic affections of the valve and endocardium	13	—	46	—
44.	Diseases of the myocardium including aneurysm of the heart	33	12	73	—
45.	Diseases of the coronary arteries and angina pectoris	63	5	5	—
46.	Other diseases of the heart	75	13	421	—
47.	Arterio-Aclerosis and gangrene	14	—	146	—
48.	Other diseases of the circulatory system	575	2	1,015	—
49.	Bronchitis	14,488	40	51,211	—
50.	Pneumonia and bronchial pneumonia	4,270	312	11,485	202
51.	Pleurisy (non-tuberculosis)	67	2	525	—

No.	Diseases	In-patients Cases	In-patients Deaths	Outpatients Cases	Outpatients Deaths
52.	Other diseases of the respiratory system (except tuberculosis)	879	2	5,731	—
53.	Ulcer of the stomach or duodenum	232	12	3,859	5
54.	Diarrhoea and enteritis (ulceration of the intestines) two years of age and above	922	68	12,588	18
55.	Diarrhoea and enteritis (under two years of age) ...	2,046	119	11,963	45
56.	Appendicitis	171	1	52	1
57.	Hernia, intestinal obstruction	2,269	72	1,537	9
58.	Cirrhosis of the liver	12	1	3	—
59.	Other diseases of the liver and biliary calculi ...	607	29	9,439	1
60.	Other diseases of the digestive system	1,057	59	36,532	24
61.	Nephritis	314	3	2,471	—
62.	Other diseases of the kidney and ureters	323	—	239	—
63.	Calculi of the urinary passages	31	—	21	—
64.	Diseases of the bladder except tumours	163	8	2,096	—
65.	Diseases of the urethra, urinary abscess	352	1	1,948	—
66.	Diseases of the prostate	18	—	57	—
67.	Other diseases of the genital organs not specified as venereal or connected with pregnancy or puerperal state	1,739	26	13,029	—
68.	Diseases and accidents of pregnancy	2,840	36	4,193	—
69.	Abortion without mention of septic condition ...	2,128	7	1,553	—
70.	Post-abortive infection	92	—	175	—
71.	Infectious during child birth and the puerperium...	32	1	1	—
72.	Other accidents and diseases of child birth and puerperium	11,057	73	691	—
73.	Diseases of the skin and cellular tissue	4,935	13	167,001	—
74.	Diseases of the bones and organs of movements except tuberculosis and rheumatism	705	10	7,590	—
75.	Congenital malformations (still births excepted) ...	21	1	59	—
76.	Congenital debility	1	—	3,097	—
77.	Premature birth (still births excluded)	127	5	—	—
78.	Injury at birth (still births excluded)	37	1	—	—
79.	Other diseases peculiar to the first year of life ...	143	43	1,313	2
80.	Senility, old age	40	1	140	—
81.	Suicide (attempted)	16	14	—	—
82.	Homicide	47	1	12	—
83.	Automobile accidents (all motor-driven road vehicles)	899	61	1,321	61
84.	Other violent or accidental injuries	6,189	138	58,856	193
85.	Injuries of persons in military service during, and of civilians due to, operation of war	193	—	596	5
86.	Causes of illness unstated or ill-defined	2,903	80	17,329	—
87.	Other diseases	115,720	2,247	526,870	93
88.	Normal labour	2,005	—	500	—
	TOTAL	191,489	4,210	1,229,649	932

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