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TANGANYIKA TERRITORY

Annual Report of the
Medical Department
for year ended 31st December
1940

1941
DAR ES SALAAM
PRINTED BY THE GOVERNMENT PRINTER
Price Sh 1/-



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Abridged Annual Report of the Medical Department 1940

Effects of the war.—The activities of the Medical Department have been affected in two main directions by the war: secondment of additional staff for service with the Forces and additional duties resulting from the recruitment of large numbers of Africans for military service. At the end of 1940 there were fifteen doctors, eleven other Europeans, one Asian and eighty-six members of the African technical staff on active service, as well as sixty-eight other Africans.

2. The departmental mobile laboratory was despatched for service with the Forces; and three fully equipped motor ambulances were presented to the East African Force by the public of Tanganyika.

3. The examination of recruits and the treatment of those who could be made fit for military service, in addition to the medical care of concentrated enemy aliens further limited the facilities available to the general public.

4. Political reasons necessitated the withdrawal of certain doctors who had been allowed to remain at work with the German Lutheran Missions and Government had to provide facilities for the native population at the important mission hospitals at Bumbuli in the Usambaras and Ndolage in Bukoba. Some assistance by missionary doctors has been provided and more is expected from the Augustana Lutheran Mission in the United States of America, but meantime Government has provided help with finance and staff.

5. *Ambulance training.*—The St. John Ambulance Association continued, with the assistance of many ladies and gentlemen who gave freely of their spare time for the purpose, the training of the public in First Aid and Home Nursing, and two hundred and three individuals received certificates in these subjects. The St. John Ambulance Brigade Overseas numbered six Ambulance and three Nursing divisions by the end of the year.

6. *Training of African Personnel.*—The work of the Native Authority medical services is constantly expanding and the standard of training of their African personnel rising, and the work of the training schools for these men has been under review for the purpose of concentrating it at as small a number of places as possible. The advanced school established by the Usukuma federation at Mwanza is now receiving students from other districts and provinces; thirty-six of its students have been posted in Sukumaland; the Southern Highlands school at Tukuyu will also take pupils from elsewhere in future.

7. The huge volume of medical work carried out by these men at their rural dispensaries calls for closer supervision, and to that end it is important to press forward with the training of the more highly educated African dispensers, in future to be called hospital assistants. Five hundred pounds has been provided for the construction in 1941 of a hostel for the students undergoing this training at the Dar es Salaam medical school. The training of African women as nurses needs similar provision but it has not been possible to submit specific proposals as yet.

8. Africans are now receiving a three years' systematic training in chemical analysis under the Government Analyst; and one student is attached to the newly established Pharmaceutical laboratory for training under the Assistant Pharmacist.

9. The first Tanganyika student completed his medical course in Uganda and obtained the certificate of the Joint East African Examining Board in medicine. He has now taken up his appointment as an African assistant medical officer and has been licensed as a medical practitioner in government service; ten others are under training.

10. *Hospitals: Output of work.*—In spite of the heavy demands on the staff, the numbers of patients treated continued to rise, a greater responsibility for their treatment falling on the Asian and African personnel. The number of new In-and Out-patients treated at government hospitals and dispensaries and at dispensaries maintained by the Native Authorities again increased as follows:—

GOVERNMENT HOSPITALS AND DISPENSARIES.						TRIBAL DISPENSARIES			
		In-patients		Out-patients	Totals		New cases		No. of dispensaries
1938	...	42,526	...	641,193	683,719	...	789,915	...	285
1939	...	36,702	...	689,660	726,362	...	834,408	...	295
1940	...	38,791	...	814,036	852,827	...	943,743	...	295+

These figures do not include patients treated at special institutions such as mental hospitals or maternity clinics or at missions.

11. *Maternity and Child Welfare.*—A smaller number of confinements and mothers and children treated is again to be recorded; but there was progress in the Western Province; and under Dr Fairbairn's domiciliary midwifery scheme one hundred and forty-six confinements were attended in their homes by the clinic staff.

SUMMARY OF WORK AT GOVERNMENT AND STATE-AIDED CLINICS

	1938	1939	1940
Total No. of confinements admitted to 12 clinics ...	4,927	3,516	3,173
Total No. of new cases In-and Out-patients:			
Mothers	28,522	21,871	26,600
Children	43,432	31,709	33,081

12. The progressive Ismailia Khoja community at Dar es Salaam opened a maternity home under a European doctor and matron in December.

13. *Mental Hospitals.*—The stresses of war are likely to result in an increase of non-native patients suffering from psychopathic conditions and it is almost impossible to evacuate them from the Territory during war time. The establishment of a central mental hospital for European and Asian patients at Nairobi had been agreed upon in principle before the war, but it has not been possible to go ahead with the scheme during war-time.

14. Provision for the accommodation of two more European mental patients at Dodoma mental hospital has therefore been made, and an extension of the African accommodation is to be made which will reduce our dependence on the prisons for the temporary accommodation of mental patients. Improvements to the buildings at both Dodoma and Lutindi have been effected, systematic classification of patients and modern forms of treatment have been introduced. The insulin treatment of schizophrenic cases which preponderate in both hospitals shows promise; when staff and supplies are adequate it is intended to apply the method more extensively. Great credit is due to Drs Shelley and Foley and the staffs for the improvements effected in the management of these hospitals during the past two years.

STATEMENT OF PATIENTS AT MENTAL HOSPITALS

	Dodoma	Lutindi	Total
Remaining from 1939	116	126	242
Admitted	55	28	83
Discharged	22	9	31
Died	29	28	57
Remaining on 31/12/40	119	117	236
Remaining in prison asylums on 31/12/40:			
under observation	—	—	10
certified	—	—	12

15. *Medical supplies.*—Losses at sea and delay in the arrival of medical stores caused little inconvenience considering the hazards. Willing voluntary helpers stepped into the breach and assisted in the local manufacture of 40,000 bandages and in folding quinine powders when tablets were not available. Power-operated plant for the manufacture at the medical stores of many pharmaceutical preparations, particularly those for which local products can be used, was ready for use at the end of the year; the Uganda Sugar Factory Ltd. generously promised us further supplies of free alcohol for medical purposes. Locally prepared sisal sutures to replace silkworm gut have been brought into use with very satisfactory results in several hospitals.

16. Financial provision has been made to allow of larger stocks of medical stores being held to cover the requirements of the two hundred and ninety-five rural dispensaries financed by the Native Authorities, and which will in future be supplied by the Department. This will give them the advantage of bulk purchase, and access to locally manufactured preparations; and during the war will avoid the dislocation of service which has resulted from the loss of individual consignments at sea with no possibility of early replacement. The cost will be reimbursed by the Native Treasuries.

17. *Nutrition and Labour.*—In May a grant of £12,250 from the Colonial Development and Welfare Fund was approved for the extension of survey work on native dietaries. Italy's entry into the war prevented the full survey being put in hand, but authority was granted for certain work which could be carried out without interference with the Territory's war effort, to be continued. This includes an examination by Mrs Culwick of methods of improving the dietary at native hospitals by means within the abilities of the kitchen staff and the financial provision; and further work by the Government Analyst in consultation with the military authorities of the East African Force, for the improvement of the feeding of troops under active service conditions when the provision of fresh foodstuffs is so often out of the question. The African laboratory staff are taking an active share in the advanced chemical work connected with this research which includes estimation of vitamins in local foodstuffs.

18. The prison and hospital dietaries have been revised and suggestions for the better feeding of their workmen have been discussed with employers and freely broadcast. Definite improvement of conditions has been effected on some estates.

19. The examination of large numbers of men for the Services has revealed a low standard of health and physique in most of the areas so far tapped for recruits; and Government is anxious to appoint a medical officer for labour duties, who will provide further information as to the conditions responsible for the low output of the Tanganyika labourer and guide us in devising practical measures for improving the situation.

20. Scurvy, often associated with other forms of deficiency disease, continues to occur in the Lupa; and war conditions, by the reduction of staff, have prevented the giving of that degree of attention to improvement of the supply of fresh foodstuffs for the labour, especially for that employed by the small and penurious alluvial worker which it had been hoped would effect the removal of this reproach.

21. The medical services of some of the larger mining organizations are being steadily improved; that of the Geita Gold Mining Company is a model of what it should be and a lesson to all of us that hygiene properly applied can give a cash return. The importance of the medical care and hygiene of labour is being increasingly realized by the larger industrial employers; and no further outbreak of nutritional disease was reported from the Morogoro employment area.

22. Provision has been made in 1941 for the establishment of two small hospitals under African Hospital Assistants in the Karagwe tinfield where the medical facilities are inadequate.

23. *Publications.*—Three medical pamphlets were published and distributed; their subjects were the care of the teeth; suggestions for improving the feeding of labourers; early signs of vitamin deficiency.

24. *Health of Prisoners.*—The prison dietary was revised so as to abolish differential diets for long and short term prisoners and to provide a reduced scale for remand prisoners who do not elect to perform domestic labour within the prison. The new scales came into force on the 2nd July. An examination undertaken in April, 1941, of fifty-one prisoners who had been for four months in Dar es Salaam prison or prison camp, showed that thirty men at the prison showed an average gain after admission of 0.07 lbs. in weight; twenty-one prisoners at the camp showed an average gain of 1.38 lbs. Twenty-four examples of conditions indicative of vitamin deficiency were recorded either as "a trace" or "slight"; no severe cases as seen the year before were now present. The conditions were glossitis, follicular hyper-keratosis, mosaic skin. No angular stomatitis was observed.

25. The Prison administration is to be congratulated on an exceptionally low sickness and death rate for the year as shown in the table below. The sickness rate (67.7) has not been below eighty since 1932; and the lowest previously recorded death rate per 1,000 was twelve in 1929.

	1938	1939	1940
Daily average number of prisoners during the year	2,818.30	2,716.40	2,618.1
Admissions to hospital	1,363	1,322	1,195
Number of deaths	54	41	18
Daily average on sick list	85.9	85.1	67.7
Death rate per 1000 (daily average) prisoners...	19.16	15.09	6.87

26. *Internment of enemy aliens.*—The evacuation in July of the last enemy aliens interned at Dar es Salaam enabled the internment camp to be closed. The absence of serious illness or suicides during the nine months for which many of the men were interned is a tribute to the organization, in which Dr Wilkin, Medical Officer of Health, had a large share; nevertheless their departure to a more favourable climate was a relief to all concerned with their care. The departure of some six hundred women and children remaining under "open concentration" in the up-country stations will relieve the department of a further measure of anxiety, and at some stations of an appreciable volume of work.

COMMUNICABLE DISEASES.—GROUP I

27. *Sleeping Sickness.*—During the decade prior to 1937 the severe outbreaks of sleeping sickness, mainly in the Western Province were brought under control by measures of active treatment and concentration of population, and the incidence was reduced to three hundred cases in 1937. Since then there has been a steady rise and during 1940, nine hundred and forty-three cases with two hundred and five deaths were notified. Extension of the disease has taken place into the Ulanga District of the Eastern Province and in Ukerewe in Mwanza where clearing measures were undertaken, and to a less extent in the Mkalama area of the Central Province. Concentration of some scattered villages in infected bush was carried out in the Kahama District; a survey of one of the infected areas in the Mahenge sub-district of Ulanga, with a view to concentration of some families in 1941 was made; and preparations for the concentration of two hundred families in the Madaba area of Liwale District, in which the disease is endemic, were effected. It has been decided to reinforce the sleeping sickness branch of the department by the provision of another medical officer, but circumstances have not yet allowed of this.

TRYPANOSOMIASIS, 1938-1940

Province	NEW CASES DIAGNOSED			DEATHS		
	1938	1939	1940	1938	1939	1940
Central ...	9	7	56	6	2	4
Eastern ...	1	8	102	—	3	23
Lake ...	54	118	274	20	16	53
Southern ...	79	61	44	42	28	29
Western ...	266	468	466	285	135	100
S. Highlands	—	1	1	—	—	—
Total ...	<u>409</u>	<u>663</u>	<u>943</u>	<u>353</u>	<u>184</u>	<u>209</u>

28. *Malaria.*—The anti-malarial works at Dar es Salaam for which £27,000 were provided from the Colonial Development Fund, have been curtailed to the extent of some £4,455. This reduction is not expected seriously to affect the value of the works already completed nor will it prevent the completion of the original scheme at a later date. Valuable anti-malarial work at Dodoma has been carried out with the co-operation of the agricultural staff in controlling the seepage from the dam so as to provide irrigation for an extensive hospital garden and fruit trees.

29. *Yellow Fever.*—To implement the recommendations of the yellow fever conference held at Nairobi in December a sum of £6,000 was sanctioned for expenditure up to June, 1941, for an aedes survey and control measures at ports, urban centres, aerodromes and along the railways. The Entomologist of the Agricultural Department was seconded for the survey. Attention was drawn during the year to the high incidence of infestation of aedes in the water containers carried by the coastal dhows. Inter-territorial measures of control are required.

GROUP II

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30. *Enteric Fever*.—The enteric group of fevers was responsible for thirty-one cases with the death of one European official in Tanga, and forty-five cases, seven fatal, at Morogoro, where endemic typhoid and other water-borne intestinal diseases have caused concern for many years.

31. *Schistosomiasis*.—The medical examination of recruits has brought to light the prevalence of bilharzia throughout the Territory, which formed the subject of an investigation in 1937/1938. The reduction of this disease depends mainly on an improved sanitary conscience in the rural population which pollutes the water supplies and so infects the snails which in turn pass on the disease to man. Thirty to forty per cent of the recruits from the Lake and Western provinces suffered from vesical schistosomiasis of a mild type, the majority of those excreting ova being unaware of the disease.

32. *Sanitation*.—Some progress in the introduction of bore-hole latrines has been made. One thousand two hundred latrines were constructed in the sleeping sickness concentrations in Tabora District. Every province now has one or more sets of equipment and an African contractor in Dar es Salaam now undertakes construction of approved latrines on a commercial basis; an attempt is being made to interest Native Authorities in extending their use in the hookworm infested coastal areas by training men in the use of the equipment and assisting them to provide it.

GROUP III

33. *Smallpox*.—In spite of fresh introduction from across the Portuguese border the total number of cases of smallpox treated in the Southern Province was one hundred and fifty-five with five deaths, as compared with five hundred and seventy-nine cases with twenty-seven deaths, in 1939. Four of the deaths occurred in infants under three months, the fifth was infected by a patient who contracted his infection in Portuguese East Africa. The non-fatal nature of the disease in this area has led to concealment and delay in notification which renders eradication extremely difficult. One non-fatal case was reported from the Southern Highlands Province. Further examination of the strain of smallpox virus from Lindi in the Southern Province has shown that it does not differ from the commonly recognized local strain.

34. *Cerebro-spinal fever*.—One thousand one hundred and nine cases of cerebro-spinal fever were recorded with two hundred and sixty deaths, a mortality rate among known cases of twenty-three per cent. The cases were more evenly distributed over the Territory than in 1939 and therefore less easy to control by active treatment with sulphanilamide drugs than in the case of a localized epidemic. There was a recurrence in Nzega where four hundred and two cases with sixty-nine deaths were reported. Many mild cases occur without notification.

35. *Tuberculosis*.—The return of its medical officer to the tuberculosis hospital at Kibongoto early in the year permitted the resumption of active work, and military patients are being admitted. There is a monthly attendance of six hundred and forty tuberculous individuals and one hundred and ninety-eight new cases were found. One hundred and ten artificial pneumothorax inductions including twenty-seven bilateral cases and two thousand seven hundred and sixty-seven refills were performed; occupational therapy is available for all in-patients; rest and exercise are graduated in nine grades from complete rest in bed to a six-mile walk according to the patient's sedimentation rate. Several recovered cases are now assisting in the medical work of the unit.

36. The village settlement is progressing. Seven families comprising twenty-seven individuals of whom seventeen are tuberculous, are living on six holdings. A school has been opened at the settlement in the morning and at the hospital in the afternoon.

APPENDIX

General Diseases.—See Table A.

Diseases of the skin, cellular tissue, bones and organs of locomotion again provided the greatest number of cases, 141,126 (17.34 of total); ulcers showed an increase of 1.6 per cent. Digestive diseases (16.01 per cent) and respiratory diseases (11.77 per cent) followed, but the respiratory diseases although greater in number by 5,709 showed 39 less deaths than in 1939 and the deaths from this group were fewer by 2 per cent in proportion to total hospital deaths.

Communicable Diseases.

Recorded cases of infectious and parasitic diseases numbered 292,241 (35.91 per cent of total) and accounted for 36 per cent of the deaths in Government institutions. They include:—

	Cases	Deaths	
Smallpox	156	5	see paragraph 33.
Cerebro-spinal meningitis	1,109	260	see paragraph 34.
Malaria	74,168	73	
Blackwater fever	61	15	
Relapsing fever (tick borne)	1,693	9	
Trypanosomiasis	943	205	see paragraph 27.
Enteric fever	215	25	
Paratyphoid fever	15	—	
Dysentery	3,426	53	(553 amoebic, 334 bacillary).
Ankylostomiasis	17,296	—	
Schistosomiasis	7,669	—	
Gonorrhoea	13,844	—	
Syphilis	29,960	—	
Yaws	75,069	—	(10,850 primary, 7,360 secondary) diagnosis liable to be confused with syphilis.
Tuberculosis:			
Pulmonary	2,289	—	Tuberculosis continues to show a steady annual rise, see para- graph 35.
Non-pulmonary	1,126	—	

Statistical Information.

- (a) Estimated population:—
European 7,925; Asian 32,801 (from Blue Book 1939); African 5,243,167.
- (b) Total births and birth rates: Not known.
- (c) Total deaths and death rates: Not known.
- (d) Infantile mortality: Not known.
- (e) See Table A.

Special Summaries.

- (a) No occurrence of note in connection with port or air traffic, but see under Yellow Fever, paragraph 29.
- (b) Maternity and child welfare: Total confinements in clinics numbered 3,173. See paragraphs 11 and 12.
- (c) i. Work done at hospitals and dispensaries continued to increase.

	Government Hospitals (58)			Tribal Dispensaries (—)	
	In-patients	Out-patients	Total	Out-patients	
1939	36,702	689,660	726,362	...	834,408
1940	38,791	814,036	852,827	...	943,743

Under "Out-patients" first attendances only are recorded.

ii. There are no separate venereal disease clinics; the number of cases of venereal diseases treated is given above under Communicable Diseases, and shows an increase of 10,000 cases of gonorrhoea and syphilis. Eighty-three patients were admitted to the two mental hospitals (see paragraphs 13 and 14).

There were 5,079 attendances by Government servants and their families at the dental surgeries at Dar es Salaam and Tanga.

iii. Laboratories.—46,915 specimens examined.

- (1) Pathological section (includes main laboratory and Sewa Haji Hospital clinical laboratory at Dar es Salaam and branch laboratories at Mpwapwa Lymph Institute and Tanga Hospital only) 44,793

- (2) Vaccine Lymph Institute, Mpwapwa.—Calves vaccinated, 66. Total pulp in grammes 1948-9. Average yield per calf, 29.5 grammes. Vaccine issued, 875,770 doses, see note under paragraph 33.
- (3) Chemical Unit.—2,122 samples represents a high record and is a considerable increase over the total of 1,425 examined during 1939. In addition to routine work, the work of this branch showed a great increase on the investigation sides, much work was done in connection with nutrition with a view to improving ration scales and finding means of providing balanced rations including vitamins for the troops and labour force of the Territory, especially in respect of the provision of a vitamin A—providing fat in lieu of ghee. Other examinations have been undertaken with a view to the standardization of exported agricultural produce and the reduction of imports by the use of local products.
- (d) Training of local medical and health personnel.—See paragraphs 6 to 9.

TABLE A.—DISEASES AND DEATHS BY GROUPS (Government institutions only), 1940
(CLASSIFIED IN ACCORDANCE WITH MANUAL OF INTERNATIONAL LIST
OF CAUSES OF DEATH, 1931 edition)

	Cases	Deaths	Percentage of group to total cases	Percentage of deaths to total deaths
I.—Infectious and Parasitic Diseases ...	292,541	548	35.91	36.12
II.—Cancer and other Tumours ...	538	44	0.07	2.90
III.—Rheumatism, Diseases of Nutrition and of Endocrine Glands and other General Diseases ...	11,203	25	1.38	1.65
IV.—Diseases of the Blood and Blood-forming Organs ...	6,131	22	0.75	1.45
V.—Chronic Poisoning ...	119	2	0.01	0.13
VI.—Diseases of the Nervous and Sense Organs	69,937	48	8.59	3.16
VII.—Diseases of the Circulatory System ...	2,895	32	0.36	2.11
VIII.—Diseases of the Respiratory System ...	95,754	260	11.77	17.14
IX.—Diseases of the Digestive System ...	130,292	159	16.01	10.48
X.—Non-venereal Diseases of the Genito-urinary System and Annexa ...	7,311	47	0.90	3.10
XI.—Diseases of Pregnancy, Childbirth and the Puerperal State ...	1,488	51	0.18	3.36
XII.—Diseases of the Skin, Cellular Tissue, Bones and Organs of Locomotion ...	141,126	67	17.34	4.42
XIII.—Congenital Malformation and Diseases of Early Infancy ...	234	15	0.03	1.00
XIV.—Old Age ...	456	14	0.06	0.92
XV.—Affections produced by External Causes	50,749	142	6.24	9.36
XVI.—Ill-defined Diseases ...	3,284	41	0.40	2.70
Total ...	813,758	1,517	100.00	100.00

TABLE B.—FINANCIAL

<i>Expenditure.</i>		Actual expenditure	
	£	£	
<i>Provision by Central Government—</i>			
Ordinary recurrent ...	194,255		
Special ...	4,887		
Total ...	199,142		193,321
<i>Provision by Native Authorities—</i>			
<i>From Colonial Development Fund—</i>			
Sleeping Sickness Research ...	1,145		1,126
Anti-malarial works, Dar es Salaam ...	11,247		4,609
Dietetic Investigation (Nutrition Survey) ...	1,784		265
Total ...			6,000
<i>Revenue.</i>			
		£	
By hospital, laboratory, dental and other fees ...			15,118
By reimbursement by Tanganyika Railways for medical services ...			3,000
Total ...			£18,118