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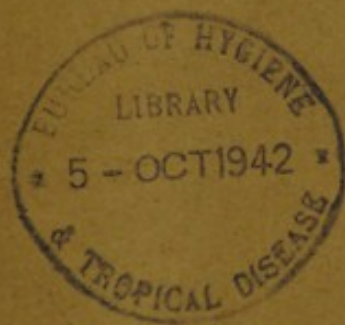
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TANGANYIKA TERRITORY

Annual Report of the Medical Department

for the year ended 31st December
1941



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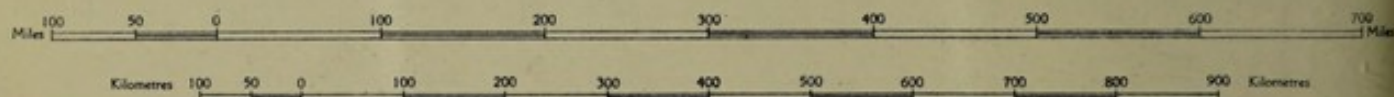


TANGANYIKA TERRITORY

MEDICAL ADMINISTRATION MAP



Drawn & Printed by Survey Dept. D.S.M. 1941



Reference

- | | |
|---------------------------------------|---|
| Provincial Medical Headquarters.....■ | Boundaries, Inter-territorial.....+++++ |
| Medical Officers' stations.....● | " Provincial.....----- |
| Other medical stations.....○ | Main roads.....===== |
| Other towns.....● | Secondary and dry weather roads.....----- |

TANGANYIKA TERRITORY

Abridged Annual Report of the Medical Department for 1941

Effects of the war.—A heavier additional load of work than in 1940 was undertaken by the department in the examination of recruits for the Forces while still coping with an increasing number of patients treated at hospitals. The accumulated information as to the medical condition of the Africans so examined will be of very great value if the opportunity occurs for summarizing it. Even so, it has shown what a large number of the population are of a low physical standard and how high is the incidence of bilharzia in certain areas. The large volume of laboratory examinations undertaken in this connection has shown the value of training Africans for this work, for without them a satisfactory medical examination of the many thousands of recruits would have been impossible.

2. At the end of the year there were serving with His Majesty's Forces thirteen medical officers, ten other European officers, one Asian, fifteen hospital assistants and one hundred and twenty-one other African members of the staff. The return to active duty seventeen years after retiring of Dr. J. B. Davey, our Principal Medical Officer from 1919 to 1924, and of Dr. G. R. C. Wilson who retired in 1939, has been most welcome. No new medical officers were appointed, but eight new nursing sisters arrived on first appointment to fill vacancies caused by casualties and new posts. One additional appointment of nursing sister for Morogoro and one of secretary-dispenser for the European Hospital, Dar es Salaam, were authorized. Mr. H. J. Rance, Health Inspector, was awarded the M.B.E. in the Birthday Honours and proceeded on retirement shortly afterwards.

3. Close touch is maintained with the Director of Medical Services, East Africa Command, and the Director of Medical Services acts as his representative in technical matters connected with the health of the military forces in the Territory. A small hospital for European military in-patients was maintained at Dodoma where there is no civilian European hospital, out-patients being largely dealt with in the camp dispensary; at all other stations military patients are admitted to the civil hospitals.

4. A further number of enemy alien women and children was evacuated but their place as persons liable to need medical attendance was largely filled by evacuees from Cyprus.

5. *Medical work.*—In spite of shortage of staff in many directions a further great increase of patients treated at hospitals and tribal dispensaries occurred (*vide* Appendix); over two million new patients were recorded in the two types of institution; an increase of six per cent occurred in the number treated at sixty Government institutions, and seventeen per cent at three hundred and fourteen tribal dispensaries. It became necessary to post a medical officer at Mbeya at the end of the year.

6. *Mission medical work.*—Government continues to maintain as far as possible the medical work of the Lutheran Missions at Bumbuli and Ndolage and to afford assistance to other missions whose funds came largely from enemy or enemy-occupied countries. The Augustana Lutheran Mission (American) stationed a medical officer at Machame hospital in Moshi.

7. *Leprosy.*—The large leprosy settlement of Mwakete, near Tukuyu, has been reorganized under the personal guidance of a lay-worker furnished by the British Empire Leprosy Relief Association and great progress has been made by collaboration between the Mission, the Administration and the Medical Department. At the end of the year there were eight hundred and eighty-nine leprosy patients and five hundred and seventy-two uninfected persons.

8. *Mental hospitals.*—With the promulgation in December of the Mental Diseases (Amendment) Ordinance and the legal abolition of the word "lunacy" (except as applied to "criminal lunatics") the way was cleared for the final conversion of our institutions from places for restrictive care to mental hospitals in the true sense. Progress has been made with the treatment of schizophrenic psychosis which provides a large proportion of our admissions (Dodoma, eighteen out of sixty-three admissions; Lutindi, sixteen out of thirty-six admissions). A Government medical officer holding the diploma in psychological medicine now visits Lutindi monthly and all patients have been thoroughly examined and classified. For statement of patients see Appendix.

Dodoma. Occupational therapy is given to all suitable patients and games such as football have been introduced. The new block for two European patients was occupied as soon as completed. Since the introduction of the fly-proof system of food distribution at Dodoma no dysenteric infection has occurred.

Lutindi. A new women's airing court was constructed at Lutindi and improvement of the water supply effected.

9. *Maternity and Child Welfare.*—Figures for confinements conducted at Government and aided mission clinics are given in the Appendix. Some interesting figures have been recorded at Nzega clinic for the period 1935 to 1940. Nine hundred and eighty-three children born in the clinic were followed up and of these eight hundred and seventy-five were found to be alive on their first birthday while one hundred and eight had not survived to that date. The infant mortality rate of these clinic-born children was therefore one hundred and ten. In the Nzega area, for the same period, two thousand three hundred and sixty-six births were reported, including the clinic cases, and of these five hundred and seventy-four were stated to have died in their first year, giving an infant-mortality-rate for the general population, including the clinic patients, of two hundred and forty-three. This rate though not carrying the reliability of that for clinic-born infants is useful for comparison with it.

9A. The Imperial Baby Week Challenge Shield was awarded to the Kongwa Baby Week Committee (Church Missionary Society, Central Province) and the Buigiri Committee of the same mission was highly commended.

9B. The Medical Officer, Bukoba, carried out a special inquiry into the cause of heavy child wastage, both pre- and post-natal, in the course of which he found that 26.3 per cent of one thousand three hundred and ninety-two consecutive ante-natal cases showed syphilitic infection serologically and that after statistical examination syphilis proved to be a contributing factor in the high death rates affecting pregnancy in Bukoba women.

10. *Dental treatment.*—The Senior Dental Surgeon continued his weekly clinic at the Sewa Hadji Hospital where instruction in extractions is given to the student hospital-assistants. A scheme for the establishment of a training school for selected Africans of this category where elementary conservative treatment and extractions would be systematically taught was submitted to Government. The increased number of European children now resident in the Territory, as a result of the war, have made heavy demands on the time of the dental staff. Attendances for dental treatment by the Senior Dental Surgeon at Dar es Salaam, and by the Dental Surgeon at Tanga and in the Northern, Central, Lake, Western, Southern and Southern Highlands provinces, which he visited during the course of two safaris, are shown in the Appendix.

11. *Buildings.*—New buildings for the Medical Department have been provided at Kyela (twenty beds) to replace the Mwaya hospital damaged by the inundation of Lake Nyasa in 1936; a hostel for medical students at Dar es Salaam; a complete new administrative block at Arusha hospital in replacement of the old German building which had become unsafe was under construction but not completed; extensions for African (forty-five) and European (two) patients and a new fly-proof kitchen at the Dodoma Mental Hospital; two dispensaries in the Karagwe tin-field (not completed); a small maternity block at Mwanza; improvements at Tanga, Chunya, Malangali, Mbeya, Korogwe and Usangi hospitals; wards for surgical and yaws cases at Kilwa; ancillary buildings and water supply costing £1,200 provided by Native Authorities at Musoma. The new European Hospital at Morogoro was opened in July. An isolation block and sanitary annexes for wards were provided at Moshi.

12. *Hospital gardens.*—A hospital garden watered by seepage from the dam has been successful at Dodoma and produced seven thousand eight hundred pounds of vegetables.

13. *Hospital Committees.*—Hospital Committees (Asian and African) gave valuable assistance at Dodoma by advising the Senior Medical Officer and visiting patients.

14. *Nutrition.*—A survey of our hospital dietaries was undertaken by Mrs. Culwick, temporary Food Investigator, during the year, and their improvement, together with those of other institutions and employed labour, is being gradually effected. The full diet recommended provides two thousand seven hundred calories and in most places includes palm oil as a source of vitamin A, to which the people are gradually becoming accustomed. Avitaminosis was again reported from the Lindi and Mikindani police and a great increase of non-specific ulcers was reported from the Masasi, Newala and Tunduru districts by the medical officer of the U.M.C.A., and attributed to a scarcity of certain foodstuffs during the year.

15. Useful work has been done by the chemical branch to provide a vitamin-containing substitute for ghee for the use of large bodies of men, and a valuable outlet for some of our vegetable oils has thereby been found, to the great benefit both of consumer and producer. The demand for palm oil which is such a valuable addition to the native dietary in East Africa has stimulated its production in the Kigoma area; and the increased supply of this valuable vitamin-providing oil within the Territory deserves every encouragement. The provision of substitutes for other articles normally imported from overseas is the subject of continuous investigation and experiment.

16. *Health of labour.*—The improvement of the health of labourers came under special consideration and the Secretary of State approved the appointment of a medical officer who will devote his whole time to this work. The present low standard, so clearly shown by the number of recruits rejected as unfit for service with the Forces on medical examination, accounts largely for the inefficiency and low output of our industrial employees; and it will be the medical officer's concern to assist employers to achieve improvement. The services of a doctor with experience of industrial conditions in this Territory and who understands the business aspect of medical work have been secured for this appointment.

17. *Publications.*—Seven medical pamphlets were published and distributed widely. Their subjects were sleeping sickness (Swahili No. 31), yellow fever for the lay public (in English and Gujarati No. 32, and Swahili No. 33), another for medical practitioners (Circular No. 563), and another on aedes control (No. 34) together with an illustrated poster in Swahili. The series has now reached No. 35.

18. A paper "The Nutritive Value of some Tanganyika Foods—II Cassava" in the *East African Agricultural Journal*, January 1941, under the joint authorship of Dr. Raymond and two of his African Assistants, W. Jojo, B.Sc., and Z. Nicodemus, is recorded as probably the first record of research in which Africans have taken an active part to be published in Tanganyika.

19. *Ambulance training.*—The activities of the St. John Ambulance Association and the Brigade Overseas continued among all communities during the year, one hundred and thirty-seven persons having obtained certificates in First Aid and thirty-four in Home Nursing. The Territory's thanks are due to all those who have given up their spare time to this valuable work, interest in which is increasing among all communities.

20. *Training of African personnel.*—The systematic training of African medical personnel to examination standards continues at Dar es Salaam, Mwanza and Tukuyu, and at the Universities Mission hospitals at Minaki and Lulindi. The school at Bukoba has been closed and pupils from that district will in future be trained at Mwanza. Seven hospital assistants passed their final examination at Dar es Salaam. Government regards this long-range work as of great importance both for the maintenance of existing services, so greatly depleted as a result of the war, and for their extension when peace comes once more. The question of training women for nursing duties has received special attention. Students are receiving training in analytical chemistry under the Government Analyst and in manufacturing pharmacy in the Medical Stores.

21. The Senior Medical Officer, Central Province, has instituted physical training for his African staff at the General and Mental hospitals at Dodoma and reports a great improvement in their smartness and discipline. Systematic training of orderlies at the Dodoma Mental Hospital has also been instituted. Proposals for the training of African women as nurses have been submitted to Government.

22. *Medical supplies.*—We have been fortunate in that no very serious losses of medical stores by enemy action have occurred, though long delay in the arrival of stores, notably X-ray films, has caused occasional inconvenience. We are grateful to the proprietors of the Uganda Sugar Factory, Limited, who have so generously supplied us with free alcohol for the manufacture of medicines as a war gift. In the new pharmaceutical laboratory opened by

Sir Mark Young in February no less than a ton of liniments, nearly two tons of ointments and half a ton of tinctures were manufactured, in addition to one hundred and ninety-eight tons of ghee substitute for supply to the Forces. The foresight and skill of our pharmacist staff have contributed largely to the comparatively satisfactory position we have so far enjoyed. The great rise in the cost of drugs, dressings and instruments means that every penny saved by local manufacture is a penny gained for other essential stores, while much shipping space is saved.

23. *Laboratories.*—The laboratory services have worked at high pressure and under great difficulties throughout the year. The Senior Pathologist has continued his work of organizing the casualty services for Dar es Salaam and the technical administration of the St. John Ambulance Association and Brigade in addition to his other duties. Dr. D. E. Wilson, Pathologist, was off duty from the 28th May and has since been invalided from the service. The oldest member of the staff, Hassani bin Selemani, retired from the service after forty-three years' service on account of ill health and his death soon afterwards is recorded with sincere regret. He served in the laboratory with Professor Koch in 1897.

24. Examination of specimens from recruits for the Forces brought a large volume of additional work and entailed the training of additional microscopists and reinforcement of provincial laboratories. This work has provided valuable information referred to in paragraphs 26 and 37.

25. The manufacture of smallpox vaccine lymph continued under Captain Blaker, M.B.E., at Mpwapwa, and supplies were sent to Kenya, Southern Rhodesia, Nyasaland and Zanzibar, providing a welcome increase in revenue from this source. The routine work of the laboratory division which includes the Central and Sewa Haji Hospital laboratories at Dar es Salaam, and the branch laboratories at Mpwapwa and Tanga, increased by 23,079 specimens examined compared with 1940, the previous high record. This includes 8,418 specimens from recruits. A joint investigation by the Senior Pathologist, the Government Analyst and a clinician into the physiological and pathological states of one hundred and thirty-two prisoners is being undertaken as time permits. Information of practical value is expected from the results.

26. The results of the examination of stools, urine and haemoglobin of boys at the African Central Schools at Dar es Salaam and Mpwapwa and of recruits examined at Dar es Salaam are compared below :—

	Number examined		Ankylosto- miasis		Other intestinal parasites		Schistosome ova in urine
School-boys, Dar es Salaam ...	211	...	39 (18%)	...	17 (8%)	...	44 (21%)
„ Mpwapwa ...	145	...	9 (6%)	...	7 (4%)	...	13 (9%)
Recruits, Dar es Salaam ...	1,123	...	660 (59%)	...	51 (5%)	...	252 (22%)

27. *Chemical Laboratory.*—The Chemical Laboratory was separated from the Pathological Laboratory, and the Government Analyst, Dr. W. D. Raymond, in addition to his other duties, became chairman of the Substitutes Committee, a branch of the East African Industries Technical Advisory Committee, in July as a result of which a large variety of short-range problems arising out of the war were investigated. The committee publishes a *Bulletin* from time to time in which details and results of the work are described. In addition to the usual routine examinations, new work covering export control, maintenance of quality of materials under production, testing of materials and examination of soils for road work was undertaken, and advice

given to manufacturers. Instruction in elementary science to student hospital-assistants was continued.

28. Nutritional work still in hand at the beginning of the year was completed and published but other work of this nature had to be postponed indefinitely. A ghee substitute consisting of a vegetable oil (coconut and simsim (sesame) oils) enriched with deodorized palm oil was evolved for the War Supplies Board. The product contained about sixteen per cent of palm oil but was standardized so as to contain the equivalent of 2,000 I.U. of vitamin A in the form of carotene in one ounce. Manufacture was undertaken by an industrial firm at Tanga and at the Pharmaceutical Laboratory at the Medical Stores at Dar es Salaam. A contract for a large tonnage was fulfilled to time through the co-operation of the firm concerned, the East African Agricultural Research Station staff at Amani and this department.

COMMUNICABLE DISEASES.—BLOOD INOCULATION GROUP I

29. *Sleeping Sickness*.—Sleeping sickness showed a reduction of nearly three hundred cases in the Western, Lake and Eastern provinces. This was marked in the Ulunga and Liwale districts where active control measures were undertaken including a re-adjustment of the boundary of the Selous Game Reserve in Liwale. A few cases were reported in northern Mbeya including one European missionary. Investigation is in hand.

Trypanosomiasis, 1939-1941

Province	New cases diagnosed			Deaths		
	1939	1940	1941	1939	1940	1941
Central	7	56	15	2	4	6
Eastern	8	102	28	3	23	10
Lake	118	274	179	16	53	86
Southern	61	44	22	28	29	21
Western	468	466	339	136	100	81*
Southern Highlands	1	1	1	—	—	—
Total	663	943	584	184	209	204

30. The evacuation and concentration of the inhabitants of seventeen villages in a selected area in north Liwale was effected under the direct supervision of the Provincial Administration at a cost of £1,200 which included a good deal of unexpected feeding. The boundary of the game reserve was altered by the Game Department so that it lies fifteen miles from the concentration area. Eighteen new cases, of which three were fatal, occurred in this area and twelve deaths in cases notified between 1937 and 1940. Some movement of population between the infected area in Mahenge and Liwale still occurs.

31. A further grant of funds to enable the important work on the transmission of sleeping sickness through wild animals at Tinde to be carried on until 1945 has been received from the Colonial Development and Welfare Fund.

32. *Plague*.—Two fatal cases occurred in the endemic area seven miles outside Mbulu. In view of the outbreak in Nairobi and the subsequent infection of Mombasa, anti-rat measures were intensified at Dar es Salaam where

*Two hundred and sixty deaths occurred in previous three years and were first notified during 1941 after an intensive follow-up of cases.

thirty-eight thousand five hundred and four rats were caught, and in the Northern Province. Proper material for rat-proofing buildings is difficult to obtain.

33. *Yellow Fever*.—The yellow fever situation in neighbouring territories made it necessary to make special provision amounting to £9,200 for an aedes survey and for closer control. This survey was carried out by Mr. Harris, Entomologist of the Agricultural Department, who was seconded throughout the year for this duty. During the dry season he recorded a low aedes index (1.5 or lower) for all stations examined except Ujiji (9) and Kigoma (5) but during or shortly after the rains a high index (up to 44) was found in several stations, particularly in native towns on the railway line from the port of Tanga. Special attention has since been directed to these areas. Control measures have been applied at our sea and lake ports, at urban centres and aerodromes and along the railway lines: particular care has been given to Kigoma with its large adjacent native town of Ujiji, the main port of entry from the Belgian Congo on Lake Tanganyika. Ships and dhows have been regularly inspected at our ports and special attention has been given to water-containers on the dhows. Holes in rocks which provide *A. vittatus* in the Lake Victoria area have needed considerable attention.

34. By an amendment of the Air Navigation Regulations, Kigoma and Bukoba were deleted as ports of first landing from the scheduled territories, including the Anglo-Egyptian Sudan, and Moshi, Dar es Salaam or Mbeya substituted; and pilots, crew and passengers by air may be required to produce proof of immunity. Medical inspection of planes and passengers is regularly carried out at Dar es Salaam and Dodoma: at the former a rat was caught in a flying boat.

35. An immunity survey of our own people along the Belgian Congo and Lake Tanganyika borders by Dr. Mahaffy of the Rockefeller Foundation staff at the Research Institute at Entebbe, to whom we are greatly indebted, has shown no evidence that infection has yet occurred within the Territory. Blood from five hundred and nineteen persons was examined by the mouse protection test, all being negative with the exception of one from a youth aged ten years in Ngara near the Ruanda border. This was proved inconclusive on retest. Viscerotomes for the investigation of suspected fatal cases were also provided by the Institute.

36. Dr. Findlay of the Wellcome Foundation visited the Territory in March and discussed the situation and gave us helpful advice. A number of people have taken advantage of the opportunity for protective inoculation against the disease and all persons likely to travel by air to the north or west or to India have been advised to undergo it. The vaccine has been provided free of cost by the Rockefeller Foundation. The public and medical practitioners have been kept fully informed of the situation by articles in the press and by pamphlets in English, Gujarati and Swahili.

INTESTINAL AND EXCREMENTAL GROUP II

37. *Helminthic diseases*.—The Senior Medical Officer, Mwanza, comments on the remarkable absence in most of the Bukoba District of bilharzia which was prominent in other areas of the province. Nor were the serious effects of hookworm infestation observed in Bukoba. In Maswa area eighty-five per cent of the recruits showed bilharzia infection. Of one thousand two hundred and ninety-seven apparently fit men examined at Dar es Salaam in the first

half of the year twenty-eight per cent showed hookworm and twenty-seven per cent bilharzia. Wazaramo showed thirty-five per cent and thirty-eight per cent respectively (see paragraphs 24 and 26). At Dodoma only 2·8 per cent of patients showed helminthic infestation, the proportion being as follows: Taeniasis 919 cases (51 per cent), hookworm 366 cases (18 per cent), ascariasis 310 cases (16 per cent), schistosomiasis 304 cases (15 per cent).

SURFACE INOCULATION AND DROPLET INFECTION GROUP III

38. *Smallpox*.—Eighty-nine cases with six deaths were notified in the Southern Province compared with one hundred and fifty-cases with five deaths in 1940. The cases were in Mikindani (fifty-three), Newala (six) and Lindi (thirty) districts. One case was infected during a visit to Portuguese East Africa. The low death rate leads to concealment and delayed notification. Three non-fatal cases were notified from the Western Province.

39. *Cerebro-spinal Meningitis*.—The incidence of cerebro-spinal meningitis was high and widely distributed, no province having escaped. Two thousand seven hundred and forty-nine cases were notified, more than double the total number in 1940, with a mortality of twenty per cent. One thousand and five hundred cases occurred in the Western Province with a twelve per cent mortality.

40. *Tuberculosis*.—Dr. Davies was absent from Kibongoto, as a result of an accident, from May till the end of the year. At this hospital and its chain of dispensaries nine hundred and five tuberculous persons were followed up during the year of whom three hundred and sixty-one were pulmonary plus cases, two hundred and twenty-nine pulmonary minus, two hundred and sixty-six lymphatic, thirty-six bone and joint, and thirteen other. Ninety-one artificial pneumo-thorax were induced (including nine bilateral) and four thousand two hundred and three refills given, in addition to other methods of collapse therapy. One hundred and sixty-five new cases were diagnosed. A sound foundation has been laid and slow progress is being made.

41. *Anthrax*.—Thirteen cases (two fatal) occurred in Dar es Salaam and new measures were devised for the better control of sorting of hides and skins. Eighty-nine other cases (six fatal) were reported from six provinces.

42. *M & B 693 in Pneumonia and Gonorrhoea*.—The treatment of pneumonia and selected cases of gonorrhoea by intra-muscular injections of a suspension of M & B 693 was employed as a routine throughout the year at the Sewa Haji Hospital on the lines described by Bryant and Fairman (*Trans. R.S. of T.M. and H.*, XXXIV.2, August 1940, page 117) and though somewhat painful gave most satisfactory results under careful observation. The economy effected when supplies are short is one most important result, while pilferage of tablets is entirely prevented and dosage more accurately controlled.

43. *Venereal disease* (see Appendix).—The treatment of gonorrhoea in Bukoba District with M & B 693, provided at the expense of the Native Authorities, was introduced by Dr. G. A. MacGregor under strictly-controlled conditions under which the patient pays a fee which covers the actual cost of the drug. The difficulty of preventing abuse of this drug, whose value is already known to the more sophisticated, is great and a most careful check upon the issue of tablets has to be maintained. The success of the treatment viewed only as propaganda against the excessive incidence of gonorrhoea in Bukoba has amply justified the experiment.

APPENDIX

(1) GENERAL DISEASES.—See Table A.

The close approximation of the proportion of cases in any one group (expressed as a percentage) to the total cases in one year leads one to think that the original diagnoses upon which the classification (Table A) is founded have some statistical significance.

Diseases of the skin, cellular tissue, bones and organs of locomotion again provided the greatest number of cases, 154,734 (18·67 of total); ulcers showed an increase of 1·5 per cent. Digestive diseases (15·23 per cent) and respiratory diseases (10·99 per cent) followed. Respiratory diseases although less in number by 4,667 showed an increase of 44 deaths over 1940. Since 1937 the number of deaths in this group expressed as a percentage of total deaths has been as follows: 19·09, 19·89, 19·24, 17·14, 16·98. Sulphonamides were first issued generally in 1939.

(2) COMMUNICABLE DISEASES.

Recorded cases of infectious and parasitic diseases numbered 294,126 (35·48 per cent of all cases) and accounted for 37 per cent of the deaths in Government institutions. They include:—

<i>Blood inoculation group:</i>		Cases	Deaths	
Malaria	...	79,520	81	
Blackwater fever	...	72	8	
Relapsing fever (tick borne)	...	2,219	15	
Trypanosomiasis	...	584	204	See paragraph 29.
Plague	...	2	2	„ „ 32.
<i>Intestinal and excremental group:</i>				
Dysentery	...	2,992	35	(1,040 Amoebic, 252 Bacillary).
Enteric fever	...	142	26	
Paratyphoid fever	...	18	—	
Ankylostomiasis	...	16,386	139	See paragraphs 26 and 37.
Schistosomiasis	...	10,954	10	„ „ „
<i>Surface inoculation and droplet infection group:</i>				
Cerebro-spinal meningitis	...	2,749	541	See paragraph 39.
Tuberculosis:				
Pulmonary	...	1,808	72	Tuberculosis continues to show a steady annual rise, see paragraph 40.
Non-pulmonary	...	1,810	14	
Smallpox	...	92	6	See paragraph 38.
Yaws	...	77,999	9	Diagnosis liable to be confused with syphilis.
Syphilis	...	36,487	19	(11,892 primary, 10,201 secondary).
Gonorrhoea	...	15,829	3	

(3) STATISTICAL INFORMATION.

(a) Estimated population:—

European 7,245; Asian 33,741; African 5,254,548 (from Blue Book 1940).

(b) Total births and birth rates: Not known.

(c) Total deaths and death rates: Not known.

(d) Infantile mortality: Not known, see paragraphs 9 and 9b.

(e) See Table A.

(4) SPECIAL SUMMARIES.

(a) New legislation:—

(i) The Mental Diseases (Amendment) Ordinance, No. 34 of 1941 (see paragraph 8).

(ii) The Air Navigation (Amendment) Regulations, 1941, Government Notice No. 28 of the 17th January 1941 (see paragraph 34).

(b) Maternity and child welfare: Total confinements in clinics numbered 7,665. See paragraph 9.

(c)—i. Work done at hospitals and dispensaries continued to increase.

		Government Hospitals (60)		Total*	Tribal Dispensaries (314)	
		In-patients	Out-patients		Out-patients	
1940	...	38,791	814,036	852,827	...	943,743
1941	...	45,127	863,432	908,559	...	1,112,640

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

*This figure includes patients seen at some medical units (other than tribal dispensaries) which do not render classified returns of diseases. It is therefore higher than the total shown in Table A.

Statement of Patients at Mental Hospitals

	Dodoma	Lutindi	Total
Remaining from 1940	119	117	236
Admitted	63	36	99
Discharged	13	13	26
Died	9 (29 in 1940)	12 (28 in 1940)	21
Escaped	2	—	2
Remaining on 31st December 1941 ...	158	128	286
Patients still remaining in prisons on 31st December 1941 :—			
Under observation	—	—	9
Certified	—	—	5

Statement of Dental Patients Treated

	Officials	Africans	H.M. Forces
Dar es Salaam, by Senior Dental Surgeon ...	1,872	1,198	181
Dar es Salaam, by Dental Surgeon	440	393	32
Tanga, by Dental Surgeon	307	325	27
On safari, by Dental Surgeon	379	34	9
Total	2,998	1,950	249

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 8,000 cases of gonorrhoea and syphilis. See paragraph 43.

iii. For mental hospitals see paragraph 8.

iv. Laboratories :—

(1) Pathological section (includes Central laboratory and Sewa Haji Hospital clinical laboratory at Dar es Salaam and branch laboratories at the Mpwapwa Lymph Institute and Tanga Hospital only). Specimens examined 69,994. See paragraphs 23 to 26.

(2) Vaccine Lymph Institute, Mpwapwa.—Calves vaccinated, 100.* Total pulp in grammes, 2,634.4. Average yield per calf, 26.6 grammes.

(3) Chemical Unit.—4,463 samples were examined. This represents a high record and is more than double the 2,122 examined in 1940. See paragraphs 27 and 28.

(d) Training of local medical and health personnel.—See paragraphs 20 and 21.

*One calf dried up and lymph discarded.

TABLE A.—DISEASES AND DEATHS BY GROUPS (GOVERNMENT INSTITUTIONS ONLY), 1941.
(CLASSIFIED IN ACCORDANCE WITH MANUAL OF INTERNATIONAL LIST OF CAUSES OF DEATH, 1931 EDITION)
(FIGURES FOR 1939 AND 1940 IN BRACKETS)

	Cases	Deaths	Percentage of group to total cases		Percentage of deaths to total deaths	
			1939	1940	1939	1940
I.—Infectious and Parasitic Diseases	294,126	663	(34.23)	(35.91)	(35.07)	(36.12)
II.—Cancer and other Tumours	676	51	(0.07)	(0.07)	(2.29)	(2.90)
III.—Rheumatism, Diseases of Nutrition and of Endocrine Glands and other General Diseases	10,732	15	(1.14)	(1.38)	(1.03)	(1.65)
IV.—Diseases of the Blood and Blood-forming Organs	6,734	18	(0.75)	(0.75)	(1.03)	(1.45)
V.—Chronic Poisoning	97	—	(0.02)	(0.01)	—	(0.13)
VI.—Diseases of the Nervous and Sense Organs	72,601	56	(8.50)	(8.59)	(3.21)	(3.16)
VII.—Diseases of the Circulatory System	3,185	45	(0.42)	(0.36)	(3.15)	(2.11)
VIII.—Diseases of the Respiratory System	91,087	304	(12.39)	(11.77)	(19.24)	(17.14)
IX.—Diseases of the Digestive System	126,249	191	(15.93)	(16.01)	(9.59)	(10.48)
X.—Non-Veneral Diseases of the Genito-urinary System and Annexa	7,548	79	(0.99)	(0.90)	(5.34)	(3.10)
XI.—Diseases of Pregnancy, Childbirth and the Puerperal State	2,060	59	(0.11)	(0.18)	(2.00)	(3.36)
XII.—Diseases of the Skin, Cellular Tissue, Bones and Organs of Locomotion	154,734	69	(18.12)	(17.34)	(4.31)	(4.42)
XIII.—Congenital Malformation and Diseases of Early Infancy	344	12	(0.03)	(0.03)	(0.32)	(1.00)
XIV.—Old Age	410	22	(0.05)	(0.06)	(0.84)	(0.92)
XV.—Affections produced by External Causes	50,770	172	(6.44)	(6.24)	(10.94)	(9.36)
XVI.—Ill-defined Diseases	7,564	34	(0.81)	(0.40)	(1.73)	(2.70)
Total	828,917	1,790	100.00		100.00	

TABLE B.—FINANCIAL

Expenditure:

Provision by Central Government—

	£	Actual expenditure £
Ordinary recurrent, including additional provision by		
Special Warrant	218,612	204,866
Special*	20,190	17,342
Total ...	238,802	222,208
Provision by Native Authorities	25,811	22,577
From Colonial Development Fund—		
Sleeping Sickness Research	1,350	1,469
Anti-Malarial Works, Dar es Salaam	1,375	962
Dietetic Investigation (Nutrition Survey)	827	612
Total ...	3,552	3,043

Revenue:

	£
By hospital, laboratory, dental and other fees	16,276
By reimbursement by Tanganyika Railways for medical services	3,000
Total ...	19,276

*Includes additional provision by Special Warrant for medical stores (£3,700), X-ray sets (£1,050) and yellow fever control measures (£9,200), total £13,950.

Dar es Salaam,
8th April 1942

R. R. SCOTT,
Director of Medical Services



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H. AL. 2118

