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TANGANYIKA

**Annual Report
of the
Medical Department
1956**

Volume 1



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CONTENTS

PART ONE

	PARAS.	PAGE
I.—GENERAL REVIEW	1— 20 ...	1
II.—STAFF	21— 23 ...	4

PART TWO

III.—COMMUNICABLE DISEASES	24— 61 ...	6
(A) Direct Infections	24— 41 ...	6
Smallpox	24— 25 ...	6
Poliomyelitis	26— 27 ...	6
Leprosy... ..	28— 31 ...	7
Tuberculosis	32— 34 ...	8
Dysenteries and Enterics	35 ...	9
Trepanematosiis	36— 37 ...	9
Cerebro-Spinal Meningitis	38 ...	10
Anthrax	39 ...	10
Rabies	40 ...	10
Influenza	41 ...	10
(B) Vector Borne Infections	42— 58 ...	11
Plague	42— 46 ...	11
Relapsing Fever	47— 49 ...	11
Sleeping Sickness	50— 53 ...	12
Malaria	54— 58 ...	12
(C) Helminthic Infestations	59— 61 ...	13
Schistosomiasis and Ankylostomiasis	59— 61 ...	13
IV.—MATERNITY AND CHILD HEALTH	62— 67 ...	14
V.—SCHOOL HEALTH	68— 70 ...	15
VI.—HEALTH EDUCATION	71— 75 ...	16
VII.—NUTRITION AND FOOD SUPPLIES	76— 78 ...	16
VIII.—ENVIRONMENTAL HYGIENE	79— 88 ...	17
(A) Urban Housing and Sanitation	79— 83 ...	17
(B) Rural Sanitation	84 ...	17
(C) Food Hygiene	85— 88 ...	18

IX.—INDUSTRIAL HEALTH	89—92	18
(A) Health of Labour	89—90	18
(B) Industrial Diseases	91	18
(C) Housing of Labour	92	19
X.—INTERNATIONAL AND PORT HEALTH	93—101	19
XI.—HEALTH OF PRISONERS AND DETAINEES	102—105	20

PART THREE—CURATIVE SERVICES

XII.—HOSPITALS	106—172	21
(A) Dar es Salaam Hospitals	106—114	21
(B) District Hospital Services	115—157	22
(C) Special Hospitals... ..	158—172	28
XIII.—RURAL MEDICAL SERVICES	173—178	30
XIV.—SPECIALIST SERVICES	179—196	31
(A) Medical and Radiological	179—183	31
(B) Surgical	184—187	32
(C) Ophthalmic	188—189	33
(D) Dental	190—191	33
(E) Mental	192	34
(F) Anaesthetic	193	34
(G) Tuberculosis	194	34
(H) Sleeping Sickness	195	34
(I) Child Health	196	34

PART FOUR—ANCILLARY AND RELATED SERVICES

XV.—LABORATORY SERVICES	197	35
XVI.—TRAINING OF PERSONNEL	198—204	35
XVII.—MISSION MEDICAL SERVICES	205—209	36
XVIII.—RESEARCH	210—212	37
XIX.—CENTRAL MEDICAL STORE	213—216	38

TANGANYIKA

Annual Report of the Medical Department for the year 1956

PART ONE

I.—GENERAL REVIEW

As this Annual Report has of necessity to be written as soon as possible after the close of the year under review, it is not practicable to include in it detailed statistical information. Such information when it is received, collated and analysed in Headquarters will be published later in 1957 as Part II of the Annual Report. Such figures as are quoted in this present report although generally accurate are subject to confirmation or correction.

2. In the previous year's report reference was made to administrative reorganization being carried out within the Department, the end being to base the Department's administration on the provincial organization rather than upon the four unwieldy regions which had existed since 1950. Reorganization was completed early in the year, and now Provincial Medical Officers in the eight provinces are directly responsible to Medical Headquarters. These officers carry responsibilities and duties comparable to those of the Assistant Directors of Medical Services in charge of the former regions. This arrangement has in practice proved itself to be satisfactory and there has been an undoubted improvement in administrative efficiency. Provincial Medical Officers normally, but not necessarily, hold the rank of Senior Medical Officer except in the Lake Province, the medical and political importance of which is considered to justify the appointment of an Assistant Director of Medical Services to carry out the duties of Provincial Medical Officer.

3. Throughout the year direction of the Department was effected from Headquarters office in Dar es Salaam by a Director, who had to assist him a Deputy Director and two Assistant Directors. As much time as was possible was spent by these officers touring the territory, and for the greater part of the year at least one officer was constantly on *safari*.

4. Reorganization in the Central Medical Store in Dar es Salaam, which was under way towards the end of 1955, was carried some steps forward during the year and the efficiency of the organization was substantially improved. Reorganization, which included necessary increases in staff, had the effect of speeding up deliveries of supplies to indenting units, and the position was reached when delay between receipt of indent and despatch of stores was reduced to the absolute minimum. Reports from up-country officers make it clear that the

new efficiency of the organization is appreciated and that the service provided is now satisfactory.

5. Advance planning of development of medical services was a major preoccupation in the early months of the year. This resulted in the production of a Draft Plan for the Development of Medical Services in Tanganyika with special reference to the period 1956/61. This plan was laid on the table of the Legislative Council in July but was not debated until December. The plan was accepted by the Legislature as a statement of policy to be implemented as and when the necessary financial provision can be made available. This rider was necessary in view of the fact that at the time the plan was debated there was little confidence that the territory's financial position would be such as to permit of its full implementation within the stated period. In view of these financial difficulties His Excellency the Governor directed the setting up of an *ad hoc* committee to examine the medical and other Government plans for development with a view to assessing priorities for their implementation in the light of financial resources likely to be available within the planning period.

6. A major highlight of the year was the visit to the territory of Her Royal Highness Princess Margaret. Her very full programme included two Medical Department functions. During her visit to Tanga she paid a much appreciated visit to the Tanga hospital. In Dar es Salaam Her Royal Highness performed the opening ceremony of the new Dar es Salaam General Hospital which is the symbol of the territory's modern and expanding medical services. Her Royal Highness graciously agreed that her name be associated with this important institution which is thus now known as The Princess Margaret Hospital and Training Centre. The institution is not yet complete and it will not be ready for full occupation for two more years. However, immediately after the opening ceremony certain parts of it were brought into use although not in every case for the purpose for which the buildings were erected as during this interim period alternative uses are essential. For example, the completed out-patient and administration block at the end of the year was being prepared for use in part as a training school until such time as the training school itself is erected. The administration offices were occupied before the end of the year and the Dental Unit was ready to start the training of dental assistants in January, 1957. Of the hospital itself the two four-storey ward blocks which will contain 200 beds each were by the end of the year well on the way to completion. The physiotherapy, mortuary and mental holding blocks were completed and the services block was well under way. Two hostels, each accommodating 80 students, were completed and occupied by male and female trainees respectively. Work had begun on four more similar hostels.

7. Also in Dar es Salaam, a third out-patient clinic, similar to those already functioning at Ilala and Mnazi Mmoja which have proved themselves to be very satisfactory indeed, was nearing completion at Magomeni.

8. Elsewhere in the territory new hospitals of 60 beds each were completed at Ukerewe and Singida, and a 30-bedded hospital at Same. Work on the construction of new 60-bedded hospitals was proceeding at Kibondo, Newala, Geita and Maswa, and at Tanga very good progress was made with the 150-bed Galanos ward block. This block, it is anticipated, will be in use towards the end of 1957. Other smaller, but nevertheless important, capital works completed during the year included hostels for the accommodation of rural medical aids

and village midwife trainees at several district hospitals. Expansion of Mirembe Mental Hospital continued and a beginning was made in the re-building of Chazi Leprosarium.

9. The most important epidemic incident during the year was the serious outbreak of poliomyelitis in the Kakonko area of the Kibondo District in the Western Province. This necessitated energetic measures including the setting up at Kakonko of a 100-bedded temporary hospital. By the end of the year the epidemic was petering out, but cases of this infection continued to occur not only here but in the Bukoba, Nzega and Kahama Districts as well. The total number of cases recorded in the territory during the year, and these were all paralytic cases, was 466 and there were 34 deaths. Consideration of the case incidence over the past six years shows that there has been a steady increase in the prevalence of this infection during the period.

10. There was during the year a striking decrease in the number of cases of sleeping sickness reported from the Western Province, the area of the territory most important from the point of view of this disease. Nevertheless a significant event was the re-appearance of the infection in the Maswa District of the Lake Province where no case of sleeping sickness had been recorded since 1938. This outbreak was being investigated at the close of the year.

11. Plague occurred in two very small localized outbreaks at Same and Moshi in the northern part of the territory. These occurrences appeared to be isolated events and there was no spread from the original foci. It is of interest and perhaps of significance in this regard that throughout the year reports were received from many areas of the territory of a very great increase in the rat population.

12. Although a considerable number of cases of variola minor occurred in many parts of the territory, smallpox created no major problem.

13. It is becoming increasingly apparent that tuberculosis is one of the major public health problems of Tanganyika and an organized approach to the control of this infection becomes more and more pressing. Reports indicate increasing numbers of cases of the infection in some districts and pressure on available accommodation for the treatment of the disease. There was some increase during the year in the number of beds set aside in Government hospitals for the treatment of tuberculosis, and a new tuberculosis wing was, at the end of the year, nearing completion at the Benedictine Hospital at Peramiho in the Southern Province. A plan was prepared for the setting up in the Southern Province of a tuberculosis control scheme which would have a full time tuberculosis officer and utilize Government and Mission hospital facilities in a combined operation. Kibongoto Sanatorium, the Infectious Diseases Hospital, Dar es Salaam, and the Pathological Laboratory during the year participated in drug trials in tuberculosis organized throughout East Africa by the Medical Research Council. The object of these trials is to find the most effective and cheapest combination of chemo-therapeutic agents.

14. The training of village midwives has for some time past been carried out to a two-year course by certain missions. During 1956 the Medical Department initiated similar training to a one-year course at two centres, namely, Tabora and Nzega. The intention is to develop this training throughout the territory to provide the native authorities with personnel who will work from the rural dispensaries under the guidance of health nurses.

15. Rural medical aids were given for the first time their second year of training in district hospitals; Morogoro, Dodoma and Lindi hospitals being used for the purpose. This arrangement was introduced in an endeavour to increase the output of this type of personnel for whom demands from the districts are loud and continuous. Although it was recognized that the arrangement might be less than satisfactory, results during the year were, in the event, reasonably good. It is the intention in 1957 to provide accommodation at Bukoba, Mbeya and Iringa which will enable the district hospitals there to participate in this training.

16. A noteworthy event was the sending to the United Kingdom of two African girls who had qualified as trained nurses in Tanganyika. It is the intention that they obtain the full United Kingdom nursing qualifications which will enable them to be considered for higher posts in the Department.

17. At the end of the year five African girls were selected to be trained as the first women medical assistants. The course starts in Dar es Salaam in January, 1957.

18. During the year four serving assistant surgeons were promoted to be medical officers, the first step towards the creation of a single medical cadre within the Department.

19. At the end of October in Dar es Salaam the annual conferences of Provincial Medical Officers and of medical officers were held. The discussions continued over a week and were most fruitful. The conferences provided an excellent opportunity for the exchange of ideas and for the problems and difficulties of the officer in the field to be represented to the central administration.

20. During the year no major legislation affecting the public health was enacted but much work was put into the drafting of a comprehensive Public Health Ordinance. The drafting of this ordinance has taken a long time, but a stage was reached by the end of the year when one could with some confidence hope that this essential and important measure would appear on the statute book in 1957.

II.—STAFF

21. Early in the year staff shortages, particularly of medical officers and nursing sisters, continued to cause concern. However, as the months progressed the situation eased materially and a satisfactory number of medical recruits became available. The situation with regard to nursing sisters became even better and throughout the remainder of the year there was a continuous and adequate stream of recruits. This was indeed fortunate as the number of temporary nursing sisters employed, mainly married women living in the territory, fell substantially and had the recruits not been available there would have been considerable embarrassment. Again recruits were necessary to meet the requirements of the new hospitals opened during 1956 and the up-grading of certain stations where medical assistants only had been employed in the past. At the close of the year the staff position in these two categories was satisfactory, particularly as the number of officers on overseas leave was minimal.

22. The territory is still woefully short of trained local personnel in certain categories, mainly medical assistants, nurses and health nurses, and although all practical measures are being taken to increase the numbers of such trained

personnel, the present annual output is hardly sufficient to keep pace with the expanding requirements of the Department. The Five-Year Plan embodies proposals for the expansion of training and should in due course lead to an improvement in the situation, but in the meantime departmental services have to be operated with staff trained to a lower than adequate level.

23. The following table indicates the more important losses and gains in senior staff during the year:—

	1956	New Appointments	Retirements, etc.
Medical Officers	8	2
Dental Surgeons	2	—
Senior Assistant Surgeons	—	1
Assistant Surgeons	5	1
Medical Officers (E.A.)	1	—
Senior Sub-Assistant Surgeons	—	5
Sister Tutors	—	1
Nursing Sisters	38	16
Health Visitors	4	3
Mental Nurses	1	1
Health Inspectors	2	—

PART TWO—PUBLIC HEALTH

III.—COMMUNICABLE DISEASES

(A) DIRECT INFECTIONS

Smallpox (Variola)

REPORTED INCIDENCE 1952-1956

	1952		1953		1954		1955		1956
Cases	370	...	1,200	...	928	...	542	...	605
Deaths	34	...	54	...	28	...	15	...	21
Case Mortality per cent	9.19	...	4.5	...	3.0	...	2.8	...	3.47

24. No major epidemics of smallpox were reported during the year. Small outbreaks of variola minor occurred in the Singida and Kondoa Districts of the Central Province and in the Mbulu District of the Northern Province. The mildness of the infection has in the past led in some instances to confusion with chickenpox and there is no doubt that a number of cases were on this account not notified. These outbreaks occurred in rural areas and, in fact, the number of cases occurring among urban populations was small, no doubt due to the higher degree of protection of such groups through vaccination. As an evidence of the popularity of vaccination in urban populations, it is worth mentioning that in the township of Dodoma which has a population of some 12,000 persons 20,000 vaccinations were carried out during the year.

25. Variola major was reported from the Central Province but as there were no deaths among this group of cases, it is possible that they were severer examples of the minor infection. However, in the Western Province two small outbreaks occurred in the Tabora District with two deaths, and in the Ufipa District six deaths occurred. There can be no doubt that in these instances the disease was of the major variety, and there is a strong probability that the infection was imported from an adjoining territory.

Poliomyelitis

REPORTED INCIDENCE 1952-1956

	1952		1953		1954		1955		1956
Cases	90	...	153	...	170	...	123	...	466
Deaths	10	...	24	...	12	...	3	...	34
Case Mortality per cent	11.1	...	15.6	...	7.0	...	2.4	...	7.29

26. This infection which has been occurring in increasing frequency over the past few years acquired during 1956 a new and much greater significance. Scattered sporadic cases were reported as in the past throughout the territory, but two major epidemics occurred in the Lake and Western Provinces. In the Lake Province, Bukoba District was most seriously affected, there being 78 cases with six deaths spread over the year. The majority of cases occurred in Africans and in this racial group the vast majority of infections were in children under the age of four. Only four cases occurred in Asians and all these patients were under the age of five years. The experience of the small European community of approximately 100 was entirely different in pattern and in some respects was

more serious. Ten European cases occurred one of whom was a child of two and the remainder were all between the ages of 28 and 40. There was one death in this group and several cases of very severe paralysis.

27. In the Biharamulo District of the Lake Province there was also a significant number of cases, 23 with one death occurring over a period of three months. This was not a separate focus of infection and was, in fact, merely part of the very much more serious occurrence of the infection in the Kibondo District of the Western Province which lies immediately to the south. The outbreak in the Kibondo District commenced in August, and by the end of the year there had been 247 cases with 26 deaths. The majority of these cases were fortunately confined to an area within a radius of some 25 miles round the village of Kakonko, but as has already been mentioned spread did occur into the portion of the Biharamulo District immediately to the north. At Kakonko energetic measures were taken to contain the infection. A temporary hospital accommodating 100 persons was erected, restrictions on population movements were imposed and intensive measures were adopted, aimed at improving the sanitary environment. The epidemic peak was reached in October and from then until the end of the year there was a progressive fall in case incidence to the extent of leading one to believe that the epidemic was petering out. Virtually all the cases in this epidemic were Africans and 75 per cent fell within the age group 0-3 years. As the population of the area involved is estimated to be in the region of 100,000 the attack rate was extremely high for a country in which poliomyelitis is usually considered to be hyperendemic and where the general population is considered to be immunized in childhood by a mild infection of virus which rarely gives rise to paralysis. It would therefore appear possible that the 1956 outbreak of paralytic cases was due to a newly imported highly virulent paralytic strain of the virus. Specimens of faeces from cases were sent to the Poliomyelitis Research Laboratories in Johannesburg and were found to be positive for Type I virus.

Leprosy

28. Although during the year a larger number of persons suffering from leprosy came under treatment, there was no reason to believe that this indicated any increase in incidence. Admissions to leprosaria did not differ to any material extent from those in previous years and the increased numbers resulted from expansion of the facilities available for out-patient treatment. Throughout most of the territory the departmental policy of encouraging the development of out-patient treatment facilities has been welcomed, although in the Bukoba District this policy has been accepted with some reserve as local feeling tends to follow the pattern existing in adjacent Uganda in wishing to see all leprosy treatment carried out in leprosaria. There is no doubt that the leprosarium continues and must continue for some considerable time to play an important part in the treatment and control of this infection. Nevertheless it is felt that existing leprosaria should be used only for infectious cases during such time as they are being rendered non-infectious by treatment, and that all non-infectious cases of the disease should be encouraged to remain within their normal communities, to which they present no menace whatsoever, and receive their treatment as for any other non-infectious condition.

29. In the Tanga Province an organized system of out-patient treatment clinics has been in operation for some time and recent reports are encouraging

in that they indicate a decline in the number of persons being dealt with, a decline which may perhaps be attributed to the effects of modern treatment in controlling the infection.

30. In the Central Province considerable thought was given during the year to leprosy. Two important existing leprosaria gave rise to serious problems as the land upon which they are established is no longer able to support the resident population. The land itself is not good and lack of water and soil erosion have reduced its usefulness. It became clear that re-establishment of these institutions on new and more fertile land with adequate water supplies was necessary, and it was hoped that the two missions concerned would feel able to combine their activities into one new leprosarium to serve the whole of the province. Unfortunately, difficulties arose which prevented this being achieved, and one of the two missions is now establishing its own leprosarium on an alternative site in a more fertile part of the province.

31. Tanganyika is relatively well served with leprosaria and there are, in fact, some 17 institutions in operation. Of these, five are operated by Government, two by native authorities and the remainder by missions. It is of interest that with the increasing development of out-patient treatment, the participation of the native authorities in this work is greatly increasing.

Tuberculosis

32. Experience during the year confirmed the impression that the incidence of this infection is increasing in some parts of the territory. This impression is gained from the district medical reports which contain frequent references to the increasing accommodation problems presented by the numbers of tuberculosis patients seeking treatment. In only a few districts has a reasonable assessment of the magnitude of the problem been made, but there can be little doubt that this infection is now, and will increasingly become, one of the most serious public health problems in the territory. The number of beds available for the treatment of the disease is totally inadequate. At Kibongoto is the territory's main hospital solely devoted to tuberculosis, and the number of beds in this institution is 230. In other parts of the territory additional beds are available. The Tanga infectious diseases hospital of 35 beds is completely devoted to tuberculosis cases and the overflow from this institution is accommodated in wards in the Muheza hospital some 30 miles distant. The Dar es Salaam infectious diseases hospital also accommodates over 100 patients and at Kongwa hospital in the Central Province, 40 beds are set aside for tuberculosis. During the year the situation was to a slight extent improved by the setting up of a 38-bed tuberculosis unit in the Mbulu District hospital and the utilization of a further 19 beds in the nearby Oldeani hospital. In the Southern Province where the Benedictine Missions have shown for some years an encouraging interest in this problem, having set up an important treatment centre at Ndanda in the eastern part of the province, a new chest unit which will accommodate some 60 persons is being built at the Benedictine hospital at Peramiho in the western part of the province. During the year the Tuberculosis Specialist visited the Southern Province and submitted a scheme for a province-wide tuberculosis service which it is proposed will make use of the facilities provided by the Benedictine hospitals and dependent institutions, by the hospitals of the U.M.C.A. missions, by the Government hospitals and the native authority dispensaries. It is proposed that this organization be placed under the general management and control of a full time tuberculosis officer to be

stationed at the Government hospital at Nachingwea. At the end of the year this scheme was still under consideration but there is every hope that it will be put into effect during 1957.

33. The Foreign Mission Board of the American Southern Baptist Convention explored during 1956 the possibility of entering the mission field in Tanganyika. Following discussions with the Medical Department, the mission decided to participate in anti-tuberculosis work by building a 100-bed tuberculosis hospital at Mbeya in the Southern Highlands Province which would ultimately form a unit in a territory-wide tuberculosis service. By the end of the year this mission was actively engaged in preparatory work towards this objective.

34. An interesting and instructive tuberculosis survey of the Masai District was carried out by one of the staff at Kibongoto Sanatorium. This survey revealed that, although infection was not as high as in some neighbouring districts, in that part of the Masai District adjoining the more populous areas of Arusha and Moshi the incidence was not inconsiderable, and there can be little doubt that the infection among the Masai is increasing in frequency and importance. The difficulties of carrying out a survey in such a large and sparsely populated area were considerable and similar difficulties could be anticipated for any campaign of BCG inoculation. During the survey 2,591 persons were given BCG vaccination.

The Dysenteries and Enterics

35. No major epidemics of these infections were reported during the year, but small outbreaks of enteric again occurred on sisal estates in the Tanga Province. Other outbreaks occurred in schools in the Lake Province and at Malangali in the Iringa District. In the Western Province these and allied diseases were widespread and frequent, and caused a morbidity experience second only to malaria.

Trepanematoses

36. Yaws continued in unchanged incidence throughout the territory and syphilis also continued to be a common occurrence in urban centres. It is still only in the Bukoba District that a specific anti-venereal diseases campaign is conducted. This campaign which is financed by the native authority has its headquarters in Bukoba town and five subsidiary treatment centres throughout the district. The mobile unit which in previous years worked in areas not served by the subsidiary centres was for administrative reasons less active during the year. Treatment continued to be by the single injection technique with long acting penicillin.

37. Native authorities in various parts of the territory have recently been showing a considerable interest in the treatment and control of yaws, and several have provided funds for the purchase of penicillin to be used in anti-yaws campaigns. In the Western Province districts of Kasulu and Kibondo where yaws incidence is particularly high, such campaigns were carried out by local enterprise and had the effect of achieving a very substantial reduction in the number of cases of active yaws. But these campaigns did not go so far as to deal with latent cases and so eradication was not achieved. There are factors apart from this which make eradication difficult in such districts. For example the infection is prevalent, as far as information is available, in the adjoining districts of Ruanda Urundi and it is perhaps possible that effective control on the Tanganyika side

of the border will not be achieved unless parallel action against the infection is taken in the Belgian Congo territory. In view of this correspondence was entered into with the African Regional Office of the World Health Organization regarding the possible visit of a specialist in trepanematosi to survey the Kasulu and Kibondo Districts with a view to the possible future initiation of an eradication campaign.

Cerebro Spinal Meningitis

38. There was a very important increase of this infection during the year. The number of cases notified was 1,017 and there were 140 deaths. In the previous year cases reported numbered 460 and deaths 129. The highest incidence of infection was recorded in the Central and Northern Provinces which had 360 and 309 cases respectively.

Anthrax

39. A not inconsiderable number of cases of this infection continued to occur, as would be expected, in the cattle raising provinces of the territory, namely, the Northern and Central. Cases of malignant pustule were seen on occasion among workers in the hides and skins industry, and localized groups of cases of intestinal anthrax resulting from the eating of infected carcasses occurred from time to time. Among certain groups of the population stock is regarded as currency and there is a reluctance to kill cattle for meat. However, in the event of an animal dying from any cause the opportunity is taken for a meat feast, and intestinal anthrax not surprisingly occurs. The total number of cases admitted to hospitals during the year was 730 compared with 605 in the previous period. Deaths numbered 9 as compared with 26 in 1955.

Rabies

40. In the Kibondo District bordering on Ruanda Urundi where an outbreak of rabies occurred among dogs in 1955, strict quarantine measures were maintained by the Veterinary Department. No further occurrence of the infection was recorded during the year. However, there was an outbreak of rabies among dogs in the North Mara District and two fatal human infections were recorded. Forty persons in this district who had possibly been exposed to infection were given protective vaccination. No post-vaccinal complications were reported.

Influenza

41. Towards the end of July reports of an outbreak of infection causing a number of deaths were received from the Songea District of the Southern Province. The infection, during the following two months, spread along lines of communication throughout the whole district leaving a substantial mortality in its wake. Clinical symptoms led to the diagnosis of influenza, but although efforts were made to isolate the virus these were not successful. Nevertheless there seems to be little doubt that an influenzal virus was responsible. Although the epidemic died out by the end of September a similar outbreak occurred in the Rungwe District on the other side of Lake Nyasa from the Songea District, and there was spread from this district northwards into the Southern Highlands Province. Fortunately there was no apparent spread beyond this and by the end of the year the incident could be considered to be at an end.

(B) VECTOR BORNE INFECTIONS

Plague

REPORTED INCIDENCE 1952-1956

	1952	1953	1954	1955	1956
Cases	573	12	—	—	5
Deaths	100	3	—	—	1
Case Mortality per cent	17.45	25.0	—	—	20.0

42. Following two years without any records of plague in Tanganyika, two small isolated outbreaks occurred in the northern part of the territory. The first was in the South Pare mountains in the northern part of the Tanga Province during April. There were two cases only, a mother and her child, living in a fairly isolated but densely populated valley in the mountains. Such anti-plague measures as were possible were immediately taken, mainly consisting of the dusting of huts with D.D.T., and although the situation was watched with the greatest care no further cases occurred. It is of some interest that these two cases occurred in a house which was also infected during the previous epidemic in 1951.

43. In June, another similar isolated outbreak occurred at West Kilimanjaro in the Moshi District. The infection appeared in the labour lines of an estate and there were three cases with one death. Anti-epidemic measures were promptly instituted and again there was no spread beyond the original focus.

44. Following on these outbreaks an entomologist initiated an investigation of the wild rodent populations of the Pare mountains about which there is little exact information available.

45. From many other parts of the territory there were reports during the year of a striking and, in some cases, alarming increase in the rat population. These reports came from areas widely separated in the Western, Central and Southern Highlands Provinces. The increase proved to be purely seasonal and normal conditions were re-established later on in the year.

46. The year's experience strongly suggests that outbreaks of plague are an ever present threat in the territory and the importance of maintaining observation of the wild rodent population is clear.

Relapsing Fever

	1953	1954	1955	1956
Cases	3,403	3,563	3,519	2,744
Deaths	41	25	22	30

47. The reported number of cases, all of which were of the tick-borne variety, was substantially smaller than in the previous year, but the general pattern remained much the same. There were no major outbreaks reported and the cases occurred sporadically particularly in rural areas and along routes of communications. The majority of cases once again were reported from the Western and Lake Provinces and the townships continued to be almost free from the disease.

48. Control of tick infestation in huts in rural areas presents many administrative problems and over wide areas is not a practical proposition at present. Nevertheless the use of gammexane powder in the spraying of huts is steadily

increasing and it is hoped that in time this practice will become widespread enough materially to affect the incidence of infection.

49. Considerable difference of opinion exists as to the most effective method of treating this disease, and it is extremely difficult to make accurate assessments of the relative effectiveness of N.A.B. and penicillin. Each has its advocates, but the follow-up of cases is so difficult as to render it virtually impossible effectively to compare the merits of either. Reports have been received of good results achieved with the use of achromycin but the numbers of cases treated with this substance are relatively few as the preparation is still too expensive for general use.

Sleeping Sickness (Human Trypanosomiasis)

REPORTED INCIDENCE 1952-1956										
			1952				1953			
			1954				1955			
			1956							
Cases	...	...	346	...	...	...	736	...	1,230	...
									923	...
										646

50. The fall in incidence of sleeping sickness recorded in 1955 continued throughout 1956 and the number of cases recorded was the lowest since 1952. There is no obvious and simple explanation of the present low incidence and no satisfactory theory to account for it has been suggested. It is perhaps merely another example of the unpredictable nature of Rhodesian sleeping sickness about the epidemiology of which there is still much to be learned.

51. Another example of this unpredictability was the sudden re-appearance of the disease in the Maswa District and the adjacent part of the Mwanza District to the south-east of Lake Victoria after an absence of 18 years. It was in this same area in 1922 that Rhodesian sleeping sickness first appeared in Tanganyika. Over the next 17 years some 600 cases occurred and the infection then died out until August, 1956. It is not known for certain how this present outbreak arose, but it is perhaps most likely attributable to immigrants moving into the area from the Geita District where it is known that the infection exists. Investigation of this outbreak was continuing at the end of the year by which time 27 cases had been discovered.

52. Elsewhere in the territory the situation with regard to sleeping sickness generally remained quiet except in the Ngara District in the north-western corner of the territory where in a very limited area more than 100 cases were recorded during the year. Nevertheless the year's experience underlined the importance of the part played by control measures, mainly settlement control, in keeping the incidence of sleeping sickness within bounds, and stressed the necessity for the continued maintenance of control at an adequate level no matter how low the overall incidence of the disease. There can be little doubt that relaxation of control measures would lead to an immediate increase and spread of this serious infection.

53. At the headquarters of the sleeping sickness unit at Tabora, hospital drug trials were continued in a search for preparations effective in the later stages of the disease. Mel B. has become for the time being the routine treatment of all but the early cases and good results continue to be obtained. However, Mel B.-resistant cases were met with and the Sleeping Sickness Specialist is initiating trials of nitrofurazone which may possibly be of benefit in such cases.

Malaria

54. Although throughout the greater part of the territory the pattern of malaria incidence remained as in previous years, a significant outbreak of a

malignant type of the infection was reported from the Mbulu District in which many deaths occurred due to cerebral and other malignant forms of disease. The epidemic lasted throughout March and April, and in this period hospital facilities in the district were under considerable strain.

55. In urban areas in general there has been a steady improvement as evidenced by the progressive fall in the numbers of positive blood slides recorded. As an example, Dodoma township, which in 1953 recorded 1,832 positive slides, reported in 1956 merely 786. Blackwater fever, which was common in the past, is now becoming a rarity.

56. Control measures, as in past years, continued in urban areas throughout the territory and were supervised by the staff of the malaria division. The Pare residual spraying scheme which is being conducted by the East Africa Malaria Institute with substantial assistance from international organizations continued, but it is as yet too early for conclusions to be drawn from this work. The observation has, however, been made that no appreciable difference in malaria incidence in the Same District has so far been reported.

57. During April and May, 1956, an attempt was made to control the seasonal increase of anophelines and consequent malaria infection in Dar es Salaam by superimposing on routine anti-larval measures the spraying from aircraft of dieldrin granules over swamps and creeks. This exercise, for which a sum of £10,000 was provided in the Medical Department's estimates, was carried out with the technical advice of the Colonial Pesticides Research Organization and the East Africa Malaria Institute. In spite of many difficulties the exercise was carried out successfully from a technical point of view in that granules were dispersed where it was desired that they should be applied. The spraying was carried out to a 10-day cycle covering a period of approximately two months and a total of seven applications were made. An overall dosage of 1 lb. of dieldrin granules per acre was aimed at, and as the granules contained 2 per cent active dieldrin, this represented a dose of 0.2 lb. of active dieldrin per acre.

58. A full and detailed assessment of the results of this exercise was not available by the close of the year although there was evidence that the dieldrin granules had effected a reduction in the anopheline population. Nevertheless other evidence, such as that derived from the examination of blood films, indicated that the incidence of malaria in Dar es Salaam following the air spray differed little, if at all, from that of previous years, and the tentative opinion is held that the benefits resulting from this very expensive method of control were slight in comparison with the cost. It does not seem likely that this method is one of practical application as a routine.

(C) HELMINTHIC INFESTATIONS

Schistosomiasis and Ankylostomiasis

59. These infestations occur widely in all parts of the territory although incidence and type of infestation varies greatly from province to province. Nevertheless exact information regarding the significance of ankylostomiasis and bilharzia is not available. There is a current feeling that bilharzia is developing an enhanced economic importance owing to its occurrence among the employees of major industrial undertakings, although there is some doubt

as to the true significance and importance of bilharzia among the African population and investigations of such matters are clearly called for.

60. Much discussion of the problems associated with bilharzia took place during the year and there was growing agreement that a carefully planned research programme should be initiated. It is proposed that the East African Medical Survey and Research Institute at Mwanza should become a centre for bilharzia research, and that World Health Organization assistance in this problem should be sought. There is no doubt at all as to the growing importance of this infestation with the development over large areas of the territory of water conservation schemes. In the Lake Province, spread of the infection has probably been substantial following the construction of large numbers of small dams for domestic and animal water supplies. The control of the snail populations of these dams presents a problem of some magnitude.

61. At the request of Government, a preliminary disease survey was carried out in the Rufiji delta by the staff of the East African Medical Survey and Research Institute. It is considered important to have exact knowledge of the disease pattern in this area which is at present being surveyed with a view to the introduction of a large scale flood control and irrigation scheme. It was thought likely that bilharzia would be a real problem in such a venture and it is possible that it may well be so, but it is of interest to record that the preliminary survey revealed a very low incidence of bilharzia in the Rufiji delta at the present time.

IV.—MATERNITY AND CHILD HEALTH

62. Maternity and child health services continued to expand in most parts of the territory as a result of local effort and the growing interest of native authorities and the general population in these services. There can be little doubt that with the provision of more trained staff, maternity and child health services will in the future expand enormously. Health visitors are stationed at many of the district hospitals, and it is from these that the work is organized. In the district hospital there is usually a limited number of maternity beds, and ante-natal and infant welfare clinics are held at these centres. At a number of the native authority dispensaries satellite to the district hospitals, health visitors have started ante-natal and infant welfare sessions and the scope of this work is only limited by the availability of trained staff.

63. These services perhaps more than most other activities of the Medical Department have caught the imagination of the native authorities and there are constant and strong demands for increases in the numbers of maternity beds at district hospitals, and even at certain native authority dispensaries. Until such time as it becomes possible to provide even a simple domiciliary maternity service these demands are likely to increase. In some areas a domiciliary service has already been provided, and where such is in operation the results are excellent. It is thus the policy of the department to increase as rapidly as possible the training of health nurses and village midwives with a view to developing domiciliary maternity services in rural areas. The intention is that each health visitor will have to assist her several health nurses under whom will work the village midwives who will conduct deliveries in the homes. This service will eventually be based upon the health centres which it is the policy to develop as rapidly as possible throughout the territory.

64. Apart from Government's endeavours in this regard, a considerable number of native authorities are spending substantial sums on the development of ante-natal and child welfare clinics, and at many native authority dispensaries accommodation was provided for maternity cases and midwives were employed.

65. Voluntary organizations also are playing a part in this work, namely the Missions, the British Red Cross Society and the Tanganyika Council of Women. But there has been no attempt as yet to co-ordinate the activities of all these various agents or to develop a single overall policy.

66. In departmental estimates during 1956 provision appeared for the appointment of a Child Health Specialist, but it was not found possible to fill this post during the year. This is a matter of considerable regret as it is felt that such an appointment is essential to co-ordinate and develop the very substantial amount of work in this field which is being undertaken throughout the territory.

67. The United Nations Children's Fund continued to render valuable assistance to maternity and child welfare services both Government and Mission. Gifts of equipment were made to a number of centres, drugs and diet supplements were provided, and also teaching equipment for training schools concerned with this work.

V.—SCHOOL HEALTH

68. The school health service in Dar es Salaam which had previously been operated by the Medical Department was, at the beginning of 1956, handed over to the Municipal Council of Dar es Salaam. The Council continued the service on the same lines as in the past and was able to effect some extensions. Regular medical examination of school children within the municipality was carried out and treatment was provided where necessary for minor medical ailments. Those requiring more elaborate attention were, as in the past, referred to the Government clinics at Ilala and Mnazi Mmoja.

69. Throughout the remainder of the territory it was still not found possible to initiate a formal school medical service. Nevertheless, in most districts departmental staff carried out inspections of schools and school children as opportunity permitted. There was naturally a considerable variation in the volume of this work carried out in different districts according to the availability of staff and the pre-occupation of that staff with other duties. In at least one district all schools were inspected at least once in the year, whilst in other parts of the territory it was only found possible to carry out examinations of children at secondary and middle schools. These inspections were not always performed by medical officers and increasing use was made of medical assistants for this work. It is clear that in the development of a school medical service the medical assistant will have a key part to play as it will not be economically possible for medical officers to be made available in sufficient numbers to do this work for many years to come.

70. In boarding schools throughout the territory small outbreaks of minor infectious diseases occurred from time to time, but no serious epidemics were reported, and in general the health of the children in these institutions was satisfactory. In fact it can be said that the health of school children generally appeared to be satisfactory throughout the territory and no reports were received to indicate that under-nourishment was anywhere a problem.

VI.—HEALTH EDUCATION

71. Diffuse and sporadic attempts at health education have been made throughout Tanganyika for many years. The Medical Department at all levels has participated in this work as have also other departments of Government, Missions, etc., but the work that has been done has not always been planned with care to give the best results, and often it has not been closely related to local circumstances or the needs of the people concerned. It was considered essential if progress in this important field were to be made, that there be set up a central organization to stimulate, direct and co-ordinate the activities of the many persons and organizations interested in and concerned with health education.

72. The organization of a Health Education Section of the Department was thus undertaken, and it came into being towards the end of the year. This section has been placed under the charge of a Senior Medical Officer, who will have to assist him a Health Visitor and a Health Inspector, officers carefully selected taking account of the special aptitudes required for this work. In addition the section will have certain subordinate staff to be employed in the manufacture of visual aids.

73. The Health Education Section by the end of the year had commenced the organization of its central office and workshops in accommodation made available departmentally in Dar es Salaam, but a great deal of progress could not be made in the production of visual aids as the necessary equipment was not yet available. In this regard the assistance of U.N.I.C.E.F. has been sought but supplies were not forthcoming as the year closed.

74. In the meantime the Senior Medical Officer in charge is surveying existing work being done in this field, and assessing the requirements of various parts of the territory. He has already made contact with district medical staff in a number of districts and is, in conjunction with that staff, drawing up plans for local health education campaigns.

75. The Tanganyika Branch of the British Red Cross Society continued its very great interest in health education, and the Social Development Department also played a useful and important part in this work through the medium of women's clubs. It is the intention of the Health Education Section to give every possible assistance it can to such organizations and to provide them with the visual aids necessary to further their work.

VII.—NUTRITION AND FOOD SUPPLIES

76. During the year under review there was throughout Tanganyika generally a higher rainfall than in many previous years, with the result that crops were good and food supplies adequate. In no part of the territory was there anything approaching famine conditions such as occurred in the Central Province in 1953 and 1954.

77. Nevertheless, there was no noticeable reduction in the numbers of cases of malnutrition recorded at the hospitals. Children were the main sufferers and particularly those aged between one and two. Ignorance was undoubtedly the cause of this unsatisfactory state of affairs, and tribal custom in some cases also played its part. There is no easy answer to this problem, which can only be solved through education, general and specific, but no one can remain complacent in the face of the many examples of undernourishment in the midst of plenty.

VISIT OF HER ROYAL HIGHNESS THE PRINCESS MARGARET
OCTOBER, 1956



Dental Unit, The Princess Margaret Hospital, Dar es Salaam.



Looking at a model of The Princess Margaret Hospital and
Training Centre.



Patients at Tanga Hospital.



At the Student Nurses Hostel, Dar es Salaam.

78. Medical and public health staff are fully alive to this problem and do all that they can to educate the mothers. Their efforts are undoubtedly having some success, but staff and services are of necessity limited and can only touch the fringe of the problem. Nevertheless it is hoped that the Health Education Section, when it is properly established, will play an important part in a more active and co-ordinated attack on the ignorance which is at the root of this and other problems.

VIII.—ENVIRONMENTAL HYGIENE

(A) URBAN HOUSING AND SANITATION

79. Unsatisfactory housing in the towns continues to be very general, but nevertheless during 1956 there was probably more rapid progress in the provision of improved housing than for some years past. There was considerable new building of low rental housing in Dar es Salaam, Mwanza, Bukoba, Arusha, Moshi and Dodoma, but there remains an enormous amount to be done and the sanitation of townships throughout the territory leaves very much to be desired. The problems are well recognized and the solutions are well understood, but there is little hope of marked improvement until such time as the general economic level of the community is materially raised. Good work, however, is done by the public health staff of the various urban authorities and there is a growing local desire for environmental improvement.

80. In the minor settlements throughout the territory there was slow but steady progress, and improvements in general sanitation have been reported from many of them.

81. Water supplies to urban areas are generally quantitatively adequate, but with the exception of the Dar es Salaam supply are often bacteriologically suspect either by reason of possible polluted sources or of faults in the reticulation system. For example, the Korogwe old town continues to draw its water from the Pangani River and from various shallow wells. The river is grossly polluted and the wells are very liable to pollution from nearby pit latrines. However, the supply to the Korogwe new town is of good quality upland surface water, but for administrative reasons it has not been possible to make this supply available to the old town.

82. At Dodoma in the Central Province there has for years been a chronic and serious shortage of water. This situation has been entirely altered and the town now has available an adequate supply at all times of the year.

83. Progress was made in a number of townships with the protection of water supplies and the modernising of distribution, but much remains to be done when financial resources permit.

(B) RURAL SANITATION

84. Progress in this field has again been slow as could only be expected in the present state of development of the territory. Nevertheless an increasing number of health orderlies who were made available during the year are, in limited areas, making their presence felt, and it is also encouraging to note a growing appreciation of and desire for improved sanitary conditions in the rural areas. This has perhaps been reflected in complaints which have been recorded regarding the fouling of streams and also in the frequent requests that are received to borrow earth augers for the construction of borehole latrines.

(C) FOOD HYGIENE

85. There was again little perceptible improvement in the standards of hygiene in the processing and handling of food to which reference has been made frequently in previous reports. Nevertheless, departmental staff has been very active in this field as is evidenced by the following quotation from a report by one of the Provincial Medical Officers:—

“The never-ending war goes on between food sellers and the health staff, and there is scarcely an hotel, eating house, soda water factory, bakery, etc., that has not had notices served for sanitary faults.”

86. In the Southern Province a great deal of attention was paid to methods of produce dealing and storage and substantial quantities of grain food found to be below standard were condemned. The action of the public health staff in this regard has led to a real improvement particularly in the storage of foodstuffs and in the rat-proofing of godowns.

87. In the Moshi District there was definite improvement in the hygienic standards of food premises. Some hundreds of old pole and thatch roof stalls have been closed and many new shops built to a type plan produced by the district health inspector.

88. Milk supplies to the urban areas, drawn as they so frequently are from the surrounding rural districts where sanitary standards are not high, received considerable attention during the year, and in certain instances town councils have organized bulk pasteurisation of all supplies coming into their area of jurisdiction. In the urban areas public health staff continued to devote much attention to food shops, hostels and licensed premises, and generally speaking reasonable standards were maintained.

IX.—INDUSTRIAL HEALTH

(A) HEALTH OF LABOUR

89. Officers of the Medical and Labour Departments have a parallel interest in this matter, and continue to devote considerable attention to raising the living standards of labourers on the large estates throughout the territory. A stage has now been reached when it can be confidently stated that settled labourers on these estates enjoy a higher standard of health than the generality of the population. In the important sisal industry labour conditions are generally good. The employees and their families are well housed and are provided with very reasonable social amenities together with an adequate and balanced diet which is probably better than that enjoyed by the peasants in the rural areas.

90. In the Tanga area where a branch of the Ross Institute is established with the support of a considerable number of sisal estates, very good work indeed is done in the prevention of disease and in the raising of sanitary standards. No important outbreaks of disease have been reported from any of the estates although typhoid occurred among labourers in the Tanga Province.

(B) INDUSTRIAL DISEASES

91. Reported cases of industrial disease were again few, but the number of preventable industrial accidents reported continued to rise.

(C) HOUSING OF LABOUR

92. Standards generally continued to improve and no adverse reports on housing were received from medical officers. As has already been mentioned the standard of housing of employees on the large estates is generally good and employers appear to be fully aware of the importance of this matter.

X.—INTERNATIONAL AND PORT HEALTH

93. No cases of major quarantinable diseases were encountered during the year in vessels using the territory's ports.

94. The presence of smallpox in neighbouring territories necessitated a strict check on the vaccinal state of crews and travellers arriving, particularly in coastal vessels, at Dar es Salaam. No cases of this infection were, in fact, encountered.

95. Dar es Salaam remains the only port in the territory with a fully developed port health organization employing a port health officer, a port health inspector, an assistant health inspector and two sanitary inspectors, a malaria assistant and subordinate staff. The Port Health Officer is not only responsible for the organization in the port of Dar es Salaam but is also Port Health Officer to Ukonga airport on the outskirts of the town.

96. During the year there was a slight decline in the number of overseas vessels using the port of Dar es Salaam; this being to some extent occasioned by the closure of the Suez Canal in the latter part of the year. There was a decrease of 63 such vessels in the last five months of the year, leading to an overall reduction of 27 for the year as a whole. The number of passengers landed also fell in comparison with the previous year. On the other hand, coastal traffic showed some increase, there being 206 more entries to the port of Dar es Salaam and an increase of 1,402 in the number of passengers landing. The following table shows comparative figures for Dar es Salaam for the years since 1953:—

		1953		1954		1955		1956
No. of ocean-going ships arrived	...	1,308	...	1,086	...	853	...	826
No. of passengers disembarked	...	31,235	...	23,423	...	23,671	...	23,384
No. of schooners arrived	...	...	...	468	...	533	...	739
No. of passengers disembarked	...	...	...	6,158	...	4,350	...	7,812
No. of dhows arrived	...	645	...	471	...	464	...	514
No. of passengers disembarked	...	820	...	889	...	411	...	354

97. During the year anti-rodent measures in the port of Dar es Salaam were developed, and rodent control was undertaken in dhows and schooners. In March, Dar es Salaam became a recognized port under Article 17 of the International Sanitary Regulations for the issue of international de-ratting certificates. Up to the end of the year 13 such certificates were issued and four extensions granted.

98. At Ukonga airport, Dar es Salaam, there was a not inconsiderable increase in traffic during the year, 432 more aircraft landing.

99. The following table provides comparative figures relating to the Ukonga airport during the past two years:—

		1955		1956
Number of aircraft arrived (excluding special aircraft and Government aircraft)	...	2,040	...	2,303
Number of passengers arrived	...	26,126	...	27 556

100. At the territory's remaining three ports, namely, Tanga, Mtwara and Lindi, port health duties were carried out part time by departmental staff and arrangements functioned smoothly throughout the year. Traffic at these ports was of a volume similar to that of previous years except that at Mtwara an increase in traffic was noted. The number of ships granted pratique at this port during the year numbered 144.

101. Mosquito control at ports and airports was satisfactorily maintained throughout the year.

XI.—HEALTH OF PRISONERS AND DETAINEES

102. The health of this group has in general been excellent in all parts of the territory. No epidemic outbreaks were reported and few cases of dysentery and pneumonia were encountered. Pellagra which was of common occurrence in the past has now almost entirely disappeared with the inclusion of nicotinic acid in the prisoners' diets.

103. In last year's report reference was made to the continuance of dysentery and enteritis at Butimba prison near Mwanza. Following the installation of a new water supply this experience was not continued during the present year and there has been a marked reduction in the sickness rates in this institution.

104. A number of prison camps in which were accommodated men engaged on road works were set up during the year in several parts of the territory and their supervision, particularly in the Northern Province, presented some difficulties. Nevertheless even in these camps a satisfactory standard of sanitation was maintained and the health of the prisoners gave no cause for concern.

105. The detention camp for Wakikuyu at Tamota in the Handeni District was finally closed during the year with the disposal of the few remaining detainees.

PART THREE--CURATIVE SERVICES

XII.—HOSPITALS

(A) DAR ES SALAAM HOSPITALS

106. Government hospitals in Dar es Salaam are administered as a single unit. This group of hospitals consists of Ocean Road hospital, Sewa Haji hospital, Muhimbili maternity hospital, the Infectious Diseases hospital and the Msasani hospital for Mental Diseases.

107. In the Ocean Road hospital maintenance charges are levied, whereas at the other hospitals no fees are raised. The Sewa Haji hospital is, in fact, the town's general hospital at present and it is served by two large out-patient dispensaries at Mnazi Mmoja and Ilala, so sited as to serve two of the main African residential areas. A third similar dispensary is at present under construction in the developing African residential area of Magomeni and should be completed early in 1957. These dispensaries will, with the completion of the new general hospital and the abandonment of the Sewa Haji hospital, continue to serve as the out-patient organization of the new hospital. They have proved to be most efficient working units and their popularity with the public is high. Attendances are very substantial indeed, and although the dispensaries only operate in the mornings, the average daily attendances at Ilala were more than 400 and Mnazi Mmoja more than 800. At the latter dispensary occasional peaks of over 1,000 patients per day occurred.

108. Construction work on the Princess Margaret hospital continued during the year by the end of which the following buildings were completed:—

- Out-patients and Administration block.
- Mental holding unit.
- Physiotherapy Department.
- Mortuary.
- One female nurses' hostel.
- One hostel for male trainees of the assistant group.
- Four staff quarters for senior tutorial nursing staff.

The two ward blocks and the services block are under construction; one of the ward blocks being well on the way to completion by the close of the year.

109. As has already been mentioned this institution was declared open by Her Royal Highness The Princess Margaret at an impressive ceremony in October when Her Royal Highness gave her name to it. Up to the end of the year no patients had been treated in the hospital, but the administration section was brought into use and the dental unit was prepared to become operative in January, 1957. Some portions of the completed out-patients and administration block and the physiotherapy block were brought into use at the end of the year as classroom accommodation for the training school, and they will continue to be so used for perhaps a further eighteen months until the training school itself is completed.

110. Apart from the work on the new general hospital there were practically no additions to departmental buildings in Dar es Salaam except that a new reception office, a much needed facility, was provided at the Ocean Road hospital. Nevertheless minor improvements and alterations were effected to existing buildings, and departmental institutions benefited with other public buildings from the attention given to them prior to the Royal visit.

111. This group of hospitals was generally busier during 1956 than in previous years. Pressure on beds in the Sewa Haji hospital remained constantly high and even at the Ocean Road hospital there were peak periods during the year when accommodation came under some strain. This pressure on available hospital accommodation in Dar es Salaam can be expected to continue, and perhaps to become more acute, until such time as the ward accommodation at the Princess Margaret hospital is brought into use. Even then it is not unlikely that difficulties will continue as the projected number of beds initially in the new hospital, namely 400, may be insufficient to meet growing public demands by the time they are brought into use.

112. The infectious diseases hospital also worked to full capacity and there was an increase in the number of pulmonary tuberculosis cases attending for treatment. The number of beds in the hospital remaining unaltered, the turnover of cases had to be speeded up to meet the situation. There was also an increase in the number of cases of leprosy attending the out-patient clinic conducted from this hospital.

113. The popularity of the Muhimbili maternity hospital was even greater than in the past. Although the bed strength remained as in the previous year, namely, 40 beds and 37 cots, the number of deliveries in hospital again increased. Compared with 1,492 in 1955, during 1956 there were 1,631 deliveries. Attempts to relieve the serious pressure on beds by encouraging mothers to be confined at home were not, in fact, very successful, and the number of domiciliary deliveries conducted by the hospital organization actually fell from 267 to 257.

114. The ante-natal clinics conducted as part of the Muhimbili hospital organization again showed increased popularity. Attendances in the present year were 16,079 as compared with 11,811 in 1955. First attendances were 3,133 as compared with 2,958. At the infant welfare clinics attendances also rose to 25,370 as compared with 21,991 in the previous year. There was, however, a fall in the total number of new babies seen from 2,214 to 2,078 in 1956. The domiciliary work at the hospital was greatly facilitated by the acquisition in July of two Land-Rovers supplied by U.N.I.C.E.F.

(B) DISTRICT HOSPITAL SERVICES

Eastern Province

115. In this province there are hospitals in the charge of registered or licensed practitioners at Morogoro, Kilosa, Mahenge, Bagamoyo and Utete.

116. All these hospitals worked virtually to capacity throughout the year. Minor improvements were effected which generally increased efficiency.

117. The Morogoro hospital, with the completion of a new operating unit in the previous year, saw a substantial development in the amount of surgical work undertaken. The hospital was in general satisfactory but administration

and out-patient facilities are outmoded and inadequate for modern demands and the provision of a new out-patient administration block is a real necessity. Its provision should enable this hospital to meet the demands placed upon it for a good number of years to come.

118. Kilosa hospital was during the year increased in size from 90 to 100 beds, but spite of this it remained full to capacity. Admissions were greater in number than they had ever been before and a large proportion of the admissions to the surgical wards were as in the past on account of traumatic injuries. An interesting feature of the year's working was the increase in the amount of ophthalmic surgery carried out as a result of the special interest of one of the doctors in this subject. At this hospital, too, there was a not inconsiderable increase in the volume of surgical work carried out.

119. At Bagamoyo hospital for the first time in many years a full-time medical officer was placed in charge. In the past this institution has been under the care of a sub-assistant surgeon and was poorly staffed with trained personnel. Improvements in staffing were effected and alterations to the buildings made for greater efficiency.

Central Province

120. In this province there are hospitals in the charge of registered or licensed practitioners at Dodoma, Singida, Kongwa, Kondoa and Mpwapa. The position throughout the year was much the same as in 1955. All hospitals were busy and staff stretched to capacity. However, at Dodoma, there was a very substantial increase in the amount of major surgery undertaken. The installation of a new X-ray machine at this hospital greatly increased efficiency. The Grade I wing containing eight beds which was opened towards the end of 1955 was very busy during the whole of the year and proved a great addition to the amenities of the hospital.

121. The old Singida hospital continued in operation throughout the year, during which the new modern hospital to replace it was being constructed. The old hospital, which was obviously not originally built as a hospital, is quite one of the worst in the territory. Nevertheless, by the end of the year it was possible to forget its inadequacies as the new hospital was completed and due to be opened on 1st January, 1957. The new hospital contains 60 beds, and is built to the standard design for district hospitals.

122. The re-roofing of Kondoa hospital was completed during the year and has given this institution a completely new and very much more satisfactory appearance. In due course this hospital will undoubtedly have to be replaced but the improvements now effected will defer the necessity for this for some years.

123. Kongwa hospital continued to cause, through its temporary buildings, a serious maintenance problem. The buildings have been extensively invaded by termites and replacement of timbers was a constant necessity. It cannot be expected that this hospital will continue in the same buildings for more than a very limited period. Nevertheless, in spite of poor buildings good work was carried out and the tuberculosis beds numbering 40 met a very real need. A noticeable feature in the year's working was the substantial reduction in the number of cases of malnutrition recorded, no doubt due to the better crops

harvested as a result of good rains during the year. On the other hand, the rains may have been the reason why there was a rise in the number of cases of malaria recorded.

Southern Highlands Province

124. In this province there are hospitals under the charge of registered or licensed practitioners at Mbeya, Iringa, Tukuyu and Njombe.

125. The programme of improvement of Mbeya hospital continued and a new 26-bed ward was constructed. Another ward was re-roofed in permanent materials, the previous roof having been thatched. Admissions to this hospital again showed an increase, particularly in the Grade I section. This section and the Grade IV accommodation was constantly full throughout the year.

126. The work at Iringa hospital was seriously embarrassed by the development of structural faults in the Grade I accommodation. These were of sufficient seriousness to cause part of this accommodation to be abandoned and it was necessary to adopt makeshift arrangements elsewhere in the hospital to compensate for its loss.

127. Tukuyu hospital was the busiest in the province, although the buildings are old and outmoded and extremely inconvenient to operate. The number of in-patients showed a further increase to 3,350—150 more than in the previous year. At this hospital too the amount of operative work increased by more than 20 per cent.

128. The new Kabena hospital at Njombe was opened in January, 1956. The bed strength is 34 and it became clear early on that this number would not for long meet the growing needs of the district, particularly with the posting for the first time to this district of a medical officer. The hospital is sited some three miles from Njombe township and the old bedded dispensary in the township continued to function throughout the year under the administration of the native authority.

Southern Province

129. In this province there are hospitals under the charge of registered or licensed practitioners at Lindi, Nachingwea, Mtwara, Songea, Kilwa and Tunduru.

130. Lindi hospital, which is the busiest and most newly completed in the province, continued to increase in popularity to such an extent that already a shortage of beds is apparent. During the year the construction of a new maternity ward was started and this when completed early in 1957 should give some relief.

131. At Mtwara also the pressure on accommodation was considerable, and this temporary institution will undoubtedly have to be replaced by a larger and more permanent hospital in the not too distant future. During the year minor alterations and additions were carried out and led to increased efficiency.

132. Nachingwea hospital, sited at one of the main centres of the former Overseas Food Corporation in a sparsely populated district, was unusual in that accommodation created no problems. This hospital is larger than the present needs of the district require and during the year a scheme was under examination for utilizing part of it as the headquarters of a provincial tuberculosis organization.

133. Songea hospital was also under less pressure than is general at district hospitals. This is undoubtedly due to the popularity of and competition from the large and well-staffed hospital at the Benedictine Monastery of Peramiho about 15 miles away. Nevertheless, the hospital carried out excellent work although for part of the year the medical officer in charge was without the help of an assistant surgeon and was unable to devote as much time as was desirable to work in the district. The installation of water-borne sanitation was completed during the year and other minor improvements were effected.

134. At Tunduru hospital the installation of water-borne sanitation was also completed, permitting demolition of very insanitary temporary pit latrines.

135. At Newala, where no Government medical facilities existed in the past, construction of a new district hospital was undertaken and the work was nearing completion by the end of the year. This hospital will have 60 beds and is built to the type design for district hospitals.

Northern Province

136. In this province there are hospitals under the charge of registered or licensed practitioners at Arusha, Moshi, Mbulu and Monduli. In Arusha the Grade I and Grade IV accommodation are in two separate institutions, both of which were working to full capacity for the greater part of the year. As is of only too frequent occurrence throughout the territory facilities for dealing with out-patients at the Grade IV hospital left much to be desired. These facilities are, in fact, quite inadequate to deal with the very large numbers of people now using the hospital, and although much thought and effort were put into re-organization of the out-patients department, little improvement was in fact effected. Major reconstruction only can provide the answer.

137. Arusha has become the surgical centre for the province and during the year the number of operations again rose substantially, with cases referred to it from the other hospitals in the province.

138. At Moshi hospital the completion of two new wards increased the bed capacity to the extent that this institution is now virtually the largest in the territory. Despite the additional accommodation the hospital remained filled to capacity throughout the year, but there was no acute accommodation problem. The real problem remaining at this hospital is the out-patient department which, being the busiest in the territory, is completely incapable of coping efficiently with the very large attendances. Overcrowding is extreme and discomfort to patients considerable. Staff working conditions also are most unsatisfactory and provision of a new, much larger and efficiently designed department on the lines of the dispensaries in Dar es Salaam is an urgent necessity.

139. The Mbulu hospital constructed and opened in 1955 was completed during 1956 with the installation of the X-ray plant. The hospital now has 104 beds, and is one of the most satisfactory district hospitals in the territory. As tuberculosis is a major problem in this district a tuberculosis unit of 38 beds was created in the hospital. This gave most satisfactory service during the year and was the centre from which follow-up cases throughout the district was instituted. The tuberculosis work is the responsibility of the district medical officer but he has available the advice of the tuberculosis staff of Kibongoto hospital. Some 40 miles distant from Mbulu hospital, the former hospital at

Oldeani, now a bedded dispensary, was used as an annexe to the district hospital. In the past this institution was not being used to the full, but during the year every bed was required. The overflow of tuberculosis cases from Mbulu hospital were accommodated here and frequent visits by medical staff from the district hospital enabled reasonable care and supervision to be exercised.

140. Monduli hospital situated at the administrative headquarters of the large and sparsely populated Masai District, continues to grow in popularity with the nomadic peoples. There was an increase of some 36 per cent in the number of patients treated during the year—clear evidence of the growing value attached by the Masai to modern hospital facilities.

Tanga Province

141. In this province there are hospitals in the charge of registered or licensed practitioners at Tanga, Korogwe, Lushoto, Muheza and Pangani.

142. At Tanga hospital very good progress was made with the building of the new Galanos ward block for women and children, which bears the name of the benefactor who made the work possible, and by the end of the year the completion of the work during 1957 could be confidently visualized. Its completion is greatly looked forward to to relieve the very great pressure on existing accommodation in the hospital. The out-patient department was very busy indeed, but pressure would have been much greater without the Ngamiani out-patient clinic situated in the main African residential area of the town. Here attendances were substantial, averaging from 350 to 400 patients a day.

143. The Infectious Diseases hospital at Tanga was, as in the past, fully devoted to tuberculosis and was used to capacity. The overflow of cases from this institution were accommodated at Muheza hospital some 30 miles away. The tuberculosis cases sent to Muheza continued to be under the supervision of the staff in Tanga, and returned periodically to the latter hospital for X-rays and special treatment when required.

144. Korogwe hospital, being only recently constructed, remained unchanged throughout the year. It is adequate to meet the present demands of the district, but it is anticipated that there will be increasing pressure on this hospital with the development of the new Korogwe township in its immediate vicinity.

145. At Same, construction work on a new district hospital of 30 beds was virtually completed at the end of the year; all that remained to be done being levelling of the grounds and installation of the water supply.

Lake Province

146. In this province there are hospitals in the charge of registered or licensed practitioners at Mwanza, Shinyanga, Maswa, Ukerewe, Musoma, Tarime, Bukoba and Biharamulo.

147. Mwanza hospital is the busiest in the province and the time is rapidly approaching when it will be completely inadequate to meet the demands placed upon it. During the year there was no relaxation of pressure and increasing traffic and commercial activity in the area has more and more overburdened the hospital with emergencies and accident cases. No major additions to buildings were effected but existing accommodation was re-organized and re-arranged to make the best possible use of it.

148. At Maswa, where the present hospital is inadequate and outmoded, building of a new 60-bed hospital in accordance with type plans made good progress, although completion cannot be expected until the latter part of 1957.

149. On Ukerewe island a new 60-bed hospital was completed and formally opened on 1st October. This is the first time that Government hospital facilities have been available on the island which was in the past served only by a mission hospital. It is also the first occasion on which a Government medical officer has been posted to the station.

150. The programme of replacement of outmoded and outworn buildings at Musoma was continued during the year and a new 13-bed ward was completed and brought into use.

151. At Bukoba extensive renovations and improvements were effected. A ward was re-roofed, an improved water reticulation system was installed, a kitchen was completely renovated, new baths were installed in the wash houses, and important improvements effected to the drainage system.

152. At Geita there are no Government hospital facilities although certain services continued to be provided by the hospital attached to the Geita Gold Mine. However, during the year construction work on a new district hospital of 60 beds was commenced and made good progress, so that 1957 will see the opening of a new Government unit in a district hitherto unserved by the Department.

Western Province

153. In this province there are hospitals under the charge of registered or licensed practitioners at Tabora, Kigoma, Nzega, Kahama, Kibondo and Sumbawanga.

154. As has unfortunately been the case for several years the working of Tabora hospital was severely embarrassed by the shortage of water in the town particularly as, in common with most other hospitals in the territory, the volume of work increased and facilities were stretched to the limit. During the year it was possible to effect important improvements not only to buildings but also to equipment.

155. The new Nzega hospital functioned satisfactorily throughout the year. Important additions were undertaken to enable this institution to start the training of village midwives. A hostel for the trainees was completed and a new maternity unit was under construction to replace the existing one which is housed in temporary buildings.

156. At Kibondo good progress was made with the construction of a new 60-bedded hospital to replace the present very unsatisfactory institution. The new hospital is being constructed to the Arcon principle which, it is believed, will stand up more effectively to the serious earth tremors which are of frequent occurrence in this district.

157. Work on the new hospital at Sumbawanga continued throughout the year although progress was disappointingly slow on account of the remoteness of the station. Its completion will provide 56 beds and facilities which will meet the requirements of the district for a considerable period.

(C) SPECIAL HOSPITALS

Tuberculosis Hospital, Kibongoto

158. This institution continued to be the only hospital in the territory exclusively devoted to the treatment of tuberculosis. Its official bed strength was 230 but in fact the number of patients accommodated throughout 1956 was substantially greater than this figure.

159. During the year the hospital, with other institutions in East Africa participated in chemotherapeutic trials organized by the Medical Research Council, and to provide additional facilities for the trial temporary accommodation for 24 male and 24 female patients was erected. Thus for the greater part of the year there was theoretically accommodation for 278 patients, but the daily average was nevertheless in the region of 350 as the practice continued of never turning a patient away and of making use of the grounds of the institution to accommodate those for whom beds could not be provided. The daily average figure in the previous year was 254.

160. The total number of patients admitted was 1,272 compared with 851 in 1955. This was made possible not only because of the increased accommodation available but because the average length of each patient's stay in hospital was materially reduced. The practice was in many cases for patients to be admitted to the hospital in order that their clinical state might be assessed and for them thereafter to be returned home for a period of three months of chemo-therapy. At the end of this period they returned again to hospital for re-assessment, thereafter undergoing a further three months' treatment at home. By this means it was possible to keep under observation and treatment a very much larger number of tuberculosis patients than in previous years.

161. The total number of cases discharged from the hospital was 1,213 compared with 511 in 1955. Of these 74 were discharged with an unfavourable prognosis; 532 remained under treatment as domiciliary patients reporting periodically to the hospital; 552 were discharged cured, and 55 died in hospital. The total number of in-patients remaining in the institution at the end of 1956 was 343 as compared with 284 at the end of the previous year.

162. As in the past the greater proportion of the patients treated in the hospital were drawn from the Northern and Tanga Provinces. Nevertheless patients were admitted from all districts of the territory and even a few from outside Tanganyika. The influence of Kibongoto has spread substantially during the year with the better utilization of facilities in Tanga, Muheza and Mbulu hospitals where tuberculosis work, although conducted by the district medical officers, was under the general supervision of the Kibongoto staff.

163. During the year a very useful and instructive tuberculosis survey was carried out in Masailand by a member of the Kibongoto staff. This work was undertaken in view of the report of the District Medical Officer, Monduli, of increasing numbers of cases of tuberculosis presenting themselves at Monduli hospital which is situated at the headquarters of the Masai District. The investigation revealed that tuberculosis is of growing importance in this tribe, and that there is a not inconsiderable incidence of the disease in the area surrounding Monduli which has fairly close contact with the adjoining densely settled districts of Arusha and Moshi. In the more remote areas of Masailand,

although the disease is present, incidence is considerably lower than in adjoining districts. The survey was attended by the usual difficulties encountered in working in such a sparse nomadic population scattered over an immense area. Nevertheless apart from the information obtained a certain amount was achieved in that 2,591 persons were given BCG vaccination.

Miremba Hospital, Dodoma

164. This is the only institution in the territory specifically designed and built for care and treatment of the mentally sick. At the beginning of the year it accommodated some 500 patients, but at the end this number had risen to nearly 600. It has been the policy for the past few years to add to this institution with the aim of raising the total bed strength in due course to 1,000. This policy has been pursued throughout 1956, but pressure on the institution and financial stringency have combined to produce an unsatisfactory situation. Such money as has been available for additional buildings has been put into ward accommodation with the result that dining room, kitchen and other ancillary facilities are now overburdened. The drainage system of the institution also has not kept pace with other development and was by the end of the year so unsatisfactory as to call for immediate and radical attention. A stage has been reached when, despite the continuing serious pressure for admissions, it is essential that the ancillary services of the hospital be put in order before further expansion is permitted, and that in the putting of these services in order they be so designed as to be able to deal with the future total envisaged capacity of the institution.

165. The number of patients admitted during the year was 370 as compared with 321 in the previous year. Discharges, transfers, etc., rose to 210 as compared with 199 in 1955. The rate of discharge continued to lag substantially behind the rate of admissions; hence the need for rapid expansion in size of the hospital. There were 45 deaths in the institution during the year as compared with 30 deaths in the previous year. This figure of 45 represents a percentage of approximately 0.8, a figure considerably lower than the mortality rate prevailing in similar institutions in the United Kingdom. Many of the cases dying in hospital were patients suffering from advanced senile dementia which indicates that the limited accommodation available is not being put to the best possible use. Applications from the relatives of persons suffering from senility for their admission to the institution increased in numbers. These applications are generally made in order that the relatives may rid themselves of the undoubted trouble of caring for such people. They constitute no menace either to themselves or to the public and they are considered to be unsuited for admission to the territory's sole acute mental hospital.

166. The general health of the patients remained satisfactory although a number of cases of amoebic and bacillary dysentery occurred—conditions virtually inseparable from mental hospitals, particularly under tropical conditions. However there can be no doubt that a factor contributing to such outbreaks was the lower standards of sanitation in the institution as a result of overcrowding.

167. A new male ward was completed in January, 1956, and during the year work was started on a female ward and on a dining room for the male section of the hospital. By the end of the year they were nearly completed. As already mentioned, the hospital drainage system gave rise to concern and at the end of the year investigations were being made to find out how the defects might best be remedied.

168. Modern methods of treatment continued to be used. Insulin shock therapy for African patients has been almost completely abandoned as results of this form of treatment over the past few years have been poor. Electro-convulsive treatment remained clearly the most satisfactory method of treatment for African cases and during the year 99 patients were so treated. Of these 28 were classified as being cured and 37 were improved.

169. The Specialist Psychiatrist is also the Medical Superintendent of the Institution and throughout the year he was without medical assistance. During his periodic absences from Mirembe attending courts or at consultations, distant medical supervision was provided by the Provincial Medical Officer, Dodoma. This was not a satisfactory arrangement and steps are being taken to provide additional medical staff for the institution.

Leprosaria

170. The territory is relatively well served with institutions for the care of leprosy patients. There are in all seventeen leprosaria providing specific in-patient treatment for the disease. Of these five are Government institutions and the remainder are either operated by Missions or native authorities, or by the combined efforts of native authorities, Missions and Government.

171. At the Government Leprosarium at Chazi work continued throughout the year on the construction of permanent administrative and hospital buildings. This work made good progress, but the new hospital of 25 beds was not completed by the close of the year. Supervision of this operation was provided by a B.E.L.R.A. lay worker, an experienced builder, while most of the labour employed on the project was drawn from the patients in the settlement itself.

172. The total number of in-patients cared for in leprosaria is in the region of 5,000, most of whom are suffering from acute manifestations of the disease. Many more persons suffering from leprosy are cared for as out-patients at a considerable number of dispensaries organized to work in close association with established leprosaria and certain district hospitals. The organization for the out-patient treatment of the disease expanded greatly during the year and it is now estimated that some 18,000 persons suffering from the disease are under treatment as out-patients as compared with about 9,000 the previous year. Considerable thought was given during the year to the problem of leprosy, and at the departmental conference held in October, a new policy was agreed in the light of modern advances in therapeutics. Although it is believed that leprosaria continue, and most continue for some considerable time, to play an essential part in any approach to the problem of this infection, it is considered that such institutions should only be utilized for the care of infectious cases, and that persons should only remain in leprosaria for so long as they are infectious. In the development of out-patient services, it is felt, lies the ultimate solution to the problem.

XIII.—RURAL MEDICAL SERVICES

173. Although rural medical services essentially include and are based upon the district hospitals, it is convenient in this report to discuss separately the hospital and dispensary services. In accordance with the agreed division of responsibility for services in rural areas dispensaries are financed and operated by the native authorities whereas the hospital services are the responsibility of

the central Government. The supervision of dispensaries so vitally necessary for efficiency, is the responsibility of the Government staff of the district hospitals.

174. There are few populated parts of the territory which are not within the scope of the dispensary services operated by the native authorities, although there are wide differences in the degree of development of these services. The dispensaries are classified into Grades A and B. Grade A dispensaries are staffed by rural medical aids who have had two years' formal and intensive training at the Rural Medical Aid Training Centre in Mwanza. Grade B dispensaries are staffed by tribal dressers, who are usually of a lower standard of education than the rural medical aid, and have had a form of apprenticeship training in a district hospital and later in a dispensary under a rural medical aid. The majority of dispensaries still fall into the Grade B category and the standard is not high. The dispensaries not only differ in the standard of training of the person in charge, but also in the scope and range of drugs and equipment contained therein. These scales are related to the training of the man in charge and those in the Grade B dispensaries are very simple.

175. Although the foregoing is the general pattern, variations are not uncommon in that many dispensaries also have accommodation for in-patients. This accommodation is generally of a very simple nature and provides only a few beds to accommodate the more seriously ill while arrangements are being made for their transfer to the district hospital, or for the treatment of persons coming from a considerable distance. Although the standard is not high, these bedded dispensaries do serve a very useful purpose, and where supervision is adequate can be reasonably efficient units.

167. At a number of dispensaries provision is also made for maternity cases. Small maternity wards, usually under the charge of a midwife employed by the native authority, deal with normal midwifery cases and there is a growing tendency for this type of provision to be made. This tendency will undoubtedly continue until it is possible to provide a domiciliary midwifery service.

177. A very important part of the rural medical services is provided by Mission hospitals and dispensaries, often in remote areas. The dispensary system of the Missions follows broadly the pattern of the native authority dispensaries and, in fact, missions and native authorities frequently combine in the operating of these services.

178. General supervision of dispensaries is the responsibility of the district medical staff, and these officers devote as much time as they can to this important work. Nevertheless there are times of the year when travelling is virtually precluded by rain and at such times supervision is perforce less than adequate. Despite this the enthusiasm and reliability of the staff of these dispensaries is gratifying.

XIV.—SPECIALIST SERVICES

(A) MEDICAL AND RADIOLOGICAL

179. The Department has two medical specialists, both of whom are stationed in Dar es Salaam. For the greater part of the year both were available and were fully engaged not only in their general duties but with the teaching of medical assistants. On the grounds of economy it was not possible for

systematic touring by the medical specialists to be undertaken, but a limited number of visits were made to outstations and were of great value to district staff.

180. The Senior Medical Specialist continued to carry out the duties of Radiologist, but he had the assistance part-time of an experienced medical officer. During the year this officer proceeded to the United Kingdom on leave and obtained the diploma in medical and radiological diagnosis.

181. Radiological facilities in Dar es Salaam were improved during the year by the installation of a new screening unit at the Infectious Diseases hospital for tuberculosis cases and the provision of a miniature X-Ray camera at the Sewa Haji hospital. It is anticipated that the installation of this latter piece of equipment will lead to considerable economy. Throughout the remainder of the territory the policy of gradual replacement of Schall X-Ray units by Watson MX2 portable machines was pursued, and there are now few of the former machines still in use. A Watson double twin machine was purchased from the Tanganyika Agricultural Corporation and was installed in the Tabora hospital. During the year arrangements were made to start in 1957 the training of radiographic assistants in Dar es Salaam with a view to building up a cadre of locally trained personnel. There are two such men at present in the service and two further men became available at the end of the year after training in Kenya.

182. The medical specialists paid attention during the year to improving the routine treatment of common diseases. The treatment of malaria at the Sewa Haji hospital has now been standardized for both immunes and semi-immunes. Camoquin and chloroquin were used exclusively for all cases except children and results were very good. This treatment has the additional advantage of being even cheaper than mepacrine. Infantile diarrhoeas were treated with soluble sulphonamides and streptomycin. This treatment proved rapid and highly effective and has completely replaced the use of sulphaguanadine. Trials were carried out with "trio stan" in place of tartar emetic in the treatment of bilharzia. This preparation would appear to have certain advantages, namely, a lower toxicity and a shorter course of treatment for only slightly greater cost than tartar emetic. Investigations were carried out regarding the response of leprosy cases to iron therapy, and it emerged that the prolonged administration of iron by mouth makes very little difference to the haemoglobin level except in the presence of inter-current helminthic infections. It was also observed that the response even to large doses of iron administered intra-muscularly was so poor as not to justify the expense involved.

183. During the visit of Her Royal Highness The Princess Margaret the Senior Medical Specialist was attached to the Royal party to which he was physician in attendance throughout the period of the visit.

(B) SURGICAL

184. As in the past, the Department had two surgical specialists, both of whom were stationed in Dar es Salaam throughout the year. It was thus possible to maintain two full surgical teams, although the output of these teams was to some extent limited by less than adequate operating theatre facilities and the shortage of surgical beds.

185. Once again a great part of the surgery undertaken at the Sewa Haji hospital, Dar es Salaam, was traumatic in nature resulting from injuries in

factories and in road accidents. The number of operations for hernia remained high and strangulated hernia was the commonest night emergency operation.

186. One of the surgical specialists concentrated on orthopaedic work and during leave in the United Kingdom obtained additional experience in this speciality. There is undoubtedly very great scope for this work but it is severely limited at present as adequate facilities and bed accommodation are lacking.

187. In all provinces of the territory throughout the year special grade medical officers with higher surgical qualifications were available, and the general standard of work accomplished was very satisfactory.

(C) OPHTHALMIC

188. Although the establishment provided for two ophthalmic specialists there was only one in the territory for more than half the year, and before the close of the year one of the two serving officers transferred to an adjoining territory and no relief was obtained. In these circumstances, and because of the demands for specialist service in Dar es Salaam, the amount of travelling and survey work carried out was substantially less than in previous years. The eye diseases survey which was being conducted by the specialists had to be temporarily suspended during 1956. The volume of work carried out at the ophthalmic clinic at the Sewa Haji hospital, Dar es Salaam, remained much the same as in the previous year. Attendances were as follows as compared with the two previous years:—

		1954		1955		1956
Total attendances	...	15,814	...	13,812	...	13,393
New Cases	...	5,219	...	3,020	...	3,034
Operations	...	90	...	176	...	168

189. The number of cases of trachoma encountered in 1956 showed an increase on the 1955 figure, there being 523 cases as compared with 407.

(D) DENTAL

190. Dental services throughout the territory are administered by the Senior Dental Surgeon, an officer with specialist rank, whose headquarters are in Dar es Salaam.

191. Throughout the year dental units were maintained in Dar es Salaam, Tanga, Mbeya and Mwanza, and the requirements of the Northern Province were met by a contractual arrangement between Government and a private practitioner in Arusha. All other main centres in the territory were provided with services by visits from dental officers. Total attendances throughout the territory showed a further increase from 27,187 in 1955 to 28,777 in 1956. Of these attendances 10,928 were at the Sewa Haji hospital, Dar es Salaam, a figure which compares with the previous year's attendances of 10,114. As the year closed arrangements were being made for the transfer of the organization at the Sewa Haji hospital to the new dental unit at the Princess Margaret Hospital, which was planned to be operative in January, 1957. This is a very fine and completely up-to-date unit and provides excellent facilities for the treatment of patients and for the training of African dental assistants to which reference was made in last year's report. Six such students have already been given two years' preliminary tuition, and in 1957 they will commence training in purely dental skills.

(E) MENTAL

192. Specialist services in this branch are provided by the Specialist Psychiatrist who is also Medical Superintendent of the Department's mental institution, Mirembe hospital. Reference has already been made to difficulties encountered owing to overcrowding at this institution during the year, but in spite of these difficulties effective work was carried out. The year's performance highlighted the necessity for the strengthening of the resources and staff of the Specialist Psychiatrist, and it is intended to give priority to this matter in 1957.

(F) ANAESTHETIC

193. Anaesthetic services are the responsibility of the specialist anaesthetist who is stationed in Dar es Salaam. During the absence of this officer on leave for the first quarter of the year his duties were carried out by a medical officer with considerable experience of this work.

(G) TUBERCULOSIS

194. The Tuberculosis Specialist was also Medical Superintendent of the tuberculosis hospital at Kibongoto. He was nevertheless available for consultation elsewhere in the territory when necessary. It appears clear however, that with the proposed development in tuberculosis services and the growing public interest in the disease it will in the near future be necessary that the tuberculosis specialist be relieved of all but minimal clinical duties.

(H) SLEEPING SICKNESS

195. The Sleeping Sickness Specialist as in the past was stationed at Tabora Provincial Headquarters of the Western Province, where the highest incidence of this infection occurs. As in previous years a great part of his time was taken up by travelling in those areas of the territory most heavily infected, advising officers of the provincial administration and the medical department on problems relating to his speciality. In the latter part of the year he attended a meeting of the International Scientific Committee on Trypanosomiasis Research held at Bulawayo. He also accompanied the Director of Medical Services to the first meeting of the Trypanosomiasis Research Co-ordinating Committee held at Sukulu in Uganda.

(I) CHILD HEALTH

196. Recruitment difficulties in the early part of the year prevented the filling of the post of Child Health Specialist provided in departmental estimates and later in the year for reasons of financial stringency it was necessary to defer recruitment action and to freeze this post.

PART FOUR—ANCILLARY AND RELATED SERVICES

XV.—LABORATORY SERVICES

197. A detailed account of these services is provided in the Annual Report of the Medical Laboratory which is published separately from this report.

XVI.—TRAINING OF PERSONNEL

198. As has been mentioned earlier in this report a plan for the development of medical services during the coming five years was prepared during 1956. Important recommendations in this plan relate to the expansion of training facilities and it would thus seem appropriate at this point to review the advances in training over the past five years as far as output in the various cadres is concerned. The following table records the output in various categories of personnel from both Government and Mission Training Centres in 1952 and in 1956:—

	Government Training Centres		Mission Training Centres	
	1952	1956	1952	1956
Medical Assistants	10	9	6	4
Laboratory Assistants	2	4	—	—
Pharmaceutical Assistants	2	2	—	—
Hospital Stewards Assistants	6	4	—	—
Rural Medical Aids	6	12	4	17
Malaria Assistants	5	2	—	—
Assistant Health Inspectors	—	10	—	—
Health Orderlies	—	17	—	—
Health Nurses	—	7	—	—
Nurses	24	38	33	68
Midwives	—	20	13	25
Totals	55	125	66	114

The total number of all types of personnel trained was virtually doubled in the five-year period. The fall in the output of medical assistants in 1956 was not occasioned by a small number of men in training but resulted from an unusually high number of failures in that year.

199. The increasing attention paid to environmental hygiene and public health is demonstrated by the appearance during the five-year period of three new categories of trainee, namely, assistant health inspectors, health orderlies and health nurses, and the employment of these categories of personnel in the field has already begun to show substantial and satisfactory results.

200. At the end of the year the total number of trainees in the various Government and Mission training centres amounted to 938 exclusive of village midwives. Considerable though this figure is, it falls far short of meeting the requirements of the territory and thus the development plan has made provision for a very substantial increase in the capacity of the Government training centres to enable the output of trained staff to be enhanced considerably, and also to provide for the training of certain new categories of personnel. In this, the most important is the introduction of women medical assistants, as there is no doubt that less than adequate attention has been paid in the past to the treatment of women and children.

201. By the close of the year initial steps had been taken towards the concentration of nursing training in Dar es Salaam. With the end of the teaching term the nurses training school at Kongwa was closed and transferred to the Princess Margaret Hospital and Training Centre, Dar es Salaam, and arrangements were made here for increasing the intake of nurse trainees at the beginning of 1957.

202. The Nurses and Midwives Council established under the Nurses and Midwives Registration Ordinance, 1952, is responsible for the setting of training standards and examinations for all categories of nurses and midwives, and maintains a register of qualified persons which it publishes annually. The council met on two occasions during the year and the important decision was taken that the teaching of nurses and midwives could from the beginning of 1957 be conducted in English.

203. The Tanganyika Medical Training Board, a non-statutory body appointed by the Member for Social Services, controls standards of training and examinations of other categories of personnel. It met twice during the year, and among other business dealt with was the revision of the syllabus for assistant health inspectors and the institution of an English examination for first year trainees of the assistant group.

204. The Mission training centres were mainly concerned with the training of nurses and midwives, but important contributions were also made by the training of medical assistants by one Mission and rural medical aids by another. The output of these Mission training centres is a most valuable addition to the territory's medical services and the assistance of these voluntary organizations in this respect is great indeed. During the year Government paid to Mission training centres for this work a total of £12,400 as compared with £7,604 in the previous financial year.

XVII.—MISSION MEDICAL SERVICES

205. The role of the voluntary agencies in the general medical services of the territory continued throughout the year to be a very important one. The work of the Missions provided a substantial supplement to Government activity, particularly in the provision of curative services, and Government gave material recognition and encouragement to this work by the payment of considerable sums as grants-in-aid. Increasing Government grants over the ten years have helped towards the extension and improvement of mission medical work, and during 1956 more than 80 hospitals, bedded dispensaries and leprosaria received financial assistance from central Government. In addition, subsidies were in certain instances provided by native treasuries.

206. During the year improved accommodation was provided in a number of Mission hospitals and dispensaries. New hospitals were completed by the White Fathers at Chala in the Ufipa District and at Rulenge in Ngara District, although in the latter case it had not been found possible to appoint a doctor by the end of the year. The bedded dispensary operated by the Medical Missionaries of Mary at Makiungu in the Singida District was raised to hospital status by the posting of a doctor. During the year nine additional mission doctors were registered in Tanganyika.

207. An important new entrant to the mission field in Tanganyika was the American Southern Baptist Convention. After discussions with the Medical

Department and a general survey of conditions in the territory, this Mission accepted the department's suggestion that it should participate in tuberculosis work and the decision was made to erect a 100-bed tuberculosis hospital at Mbeya. Representatives of the Mission had by the end of the year established themselves at Mbeya and were engaged in the preliminary work of land acquisition and the preparation of plans for their new venture.

208. Much excellent work was again carried out by the Missions in the provision of maternity and child health services, an activity greatly appreciated by the native authorities.

209. Below are set forth the sums paid to the Missions by central Government during the financial year 1955/56 by way of various grants-in-aid, compared with the previous year. These figures are exclusive of sums paid by central Government in grants for the upkeep of patients in Mission leprosaria and in the mental hospital maintained by the Lutheran Mission at Lulindi and on free drugs issued for the treatment of leprosy patients.

	1954/55		1955/56
	£		£
Staff Grants	61,974	...	67,341
Training Grants	7,604	...	12,400
Hospital Additional Grants ...	2,250	...	21,272
	<hr/> 71,828	...	<hr/> 101,013

XVIII.—RESEARCH

210. At Mwanza the East African Medical Survey and Research Institute provided during the year in the grounds of the district hospital a small temporary ward for the study of nutritional problems. Selected patients are provided by the hospital organization but the operation and staffing of the ward, to which is attached its own special kitchen, was the responsibility of the institute staff.

Sleeping Sickness

211. Therapeutic trials were continued by the Sleeping Sickness Specialist on cases in Tabora hospital with particular reference to the treatment of cases resistant to Mel B. The conduct of these trials was again hindered by the lack of hospital accommodation and to some extent by a dearth of clinical material.

Malaria

212. The Malaria Unit while primarily concerned with the supervision of anti-malaria work throughout the territory was able to carry out a number of investigations during the year. These are listed as follows:—

- (a) The use of larvicides on fishponds.
- (b) The evaluation of Caltex Malariol HS as larvicide.
- (c) Diethyl Toluamide as a mosquito repellent.
- (d) Mosquito feeding preferences related to the incidence of malaria.
- (e) Resistance of *p. falciparum* to pyrimethamine.
- (f) Transfer of pyrimethamine in human milk.
- (g) Minimum dosage schedules of 4-aminoquinolines for prophylaxis in immunes.
- (h) Investigation of mortality rates in anophelines.

XIX.—CENTRAL MEDICAL STORE

213. The central medical store, a very important part of the Department's headquarters administration is sited in Dar es Salaam, and is under the charge of a Chief Storekeeper. In last year's report reference was made to the difficulties under which the organization worked in that year and to the reorganization which was being effected by the end of the year. It was noted then that a greater degree of efficiency had been achieved but that shortages of staff prevented full advantage being taken of these improvements. Early in the year, following recommendation from the Organization and Methods Officer and the making good of the majority of the staff shortages, the organization was placed upon a satisfactory working basis. Full control of the store by the Chief Storekeeper was effected and the role of the Chief Pharmacist was re-defined. The result of reorganization was that the store reached a high degree of efficiency and the long delays between receipt of indents and despatch of goods which were a feature of its functioning in the past no longer occurred—in fact this delay was reduced to an absolute minimum, with the result that indenting units up-country remarked on the very great improvement in the service they received.

214. The working of the pharmaceutical laboratory also came under review and a Board of Management was set up to administer and operate it. This Board brought to light the fact that under existing operating conditions the pharmaceutical laboratory was competing unfavourably with the United Kingdom manufacturers and the charges to the store for the products of the laboratory were in all but very few cases higher than the landed price of United Kingdom products in Dar es Salaam. Recognition of these facts led to radical reorganization of the pharmaceutical laboratory, and had the effect of eliminating the manufacture of certain products and reducing overheads to such a degree that it was considered still profitable to operate the laboratory in the production of a limited range of goods.

215. Another important effect of the work of the Board was the drawing up of a production programme to meet the actual requirements of the medical storekeeper.

216. The repairs and recovery section was able to undertake considerably more work than in previous years. The three apprentices from the Trade School at Ifunda who commenced work at the beginning of the year showed considerable aptitude, and under the guidance of the instrument mechanic have every chance of becoming skilled workmen. The instrument mechanic is training them to a syllabus based upon the City and Guilds training in United Kingdom and he reports favourably on the capacity of his trainees to absorb the skills involved. This promising beginning has led to the desire to employ additional men from the Trade School and it is hoped during 1957 to indenture two more lads for training in electrical and electronic maintenance. It is the intention that one of these men will have special instruction in refrigeration and air conditioning.







TANGANYIKA

Annual Report
of the
Medical Department
1956

Volume II
(Statistics)



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CONTENTS

PART ONE - STATISTICS

PAGE

**Annual Report of the Medical Department
for the year 1956**

**Volume II
(Statistics)**

PART THREE - MORBIDITY AND MORTALITY SERVICES

IV. Government Hospital and Dispensary	13
V. In-Patients - Government Hospital and Dispensary	14
VI. Out-Patients - Government Hospital and Dispensary	15
VII. Maternity and Child Health Services	23
VIII. Leprosy	24
VIII.D. Leprosy Out-Patient Clinics	24
IX. Reserve Auxiliary Medical Services	25
X. Mission Medical Services	25

PART FOUR - MORBIDITY AND MORTALITY

XI. Diseases In-Patients - Government and Mission Hospitals	26
XII. Diseases - Out-Patients - Government and Mission Hospitals	27

Annual Report of the Medical Department
for the year 1930

Volume II
(Statistics)

CONTENTS

PART ONE—STAFF

			PAGE
BLE	I.	Establishment	3
BLE	II.	Morbidity and Mortality, European Officials ...	6

PART TWO—TRAINING

BLE	III.	Medical Training—Approved Medical and Nursing Training Centres	11
-----	------	---	----

PART THREE—HOSPITAL AND DISPENSARY SERVICES

BLE	IV.	Government Hospitals and Dispensaries	15
BLE	V.	In-Patients—Government Hospitals and Dispensaries	19
BLE	VI.	Out-Patients—Government Hospitals and Dispensaries	21
BLE	VII.	Maternity and Child Health Services	23
BLE	VIII A.	Leprosaria	24
BLE	VIII B.	Leprosy Out-Patient Clinics	25
BLE	IX.	Native Authority Medical Services	26
BLE	X.	Mission Medical Services	27

PART FOUR—MORBIDITY AND MORTALITY

		Morbidity and Mortality Experience	31
BLE	XI.	Diseases—In-Patients, Government and Mission Hospitals	32
BLE	XII.	Diseases—Out-Patients, Government and Mission Hospitals	41

TABLE I

ESTABLISHMENT

of the Bureau of

Investigation and Administration

PART I

Staff

PART I

Book

TABLE I

ESTABLISHMENT

(as at 31st December, 1956)

HEADQUARTERS AND ADMINISTRATION

- 1 Director of Medical Services.
- 1 Deputy Director.
- 3 Assistant Directors.
- 1 Matron-in-Chief.
- 1 Secretary.
- 5 Women Administrative Assistants.
- 1 Accountant.
- 1 Assistant Accountant.
- 5 Stenographers.
- 1 Temporary Executive Assistant.
- 4 Temporary Stenographers.
- 9 Clerks.
- 0 Temporary Clerks.
- 0 Telephone Operators.
- 1 Librarian.

STORES AND PHARMACEUTICAL SERVICES

- 1 Chief Pharmacist.
- 1 Chief Storekeeper.
- 1 Storekeeper.
- 5 Pharmacists.
- 1 Instrument Mechanic.
- 5 Junior Instrument Mechanics.
- 9 Stores Assistants.
- 3 Pharmaceutical Assistants.
- 1 Head Packer.
- 8 Clerks.

HOSPITAL AND HEALTH SERVICES

- 2 Senior Specialists (1 Medical, 1 Tuberculosis).
- 6 Specialists (1 Medical, 2 Surgical, 2 Ophthalmic, 1 Anaesthetist).
- 9 Senior Medical Officers.
- 5 Special Grade Medical Officers and Medical Officers.

- 2 Senior Assistant Surgeons.
- 21 Assistant Surgeons.
- 10 Medical Officers (East Africa).
- 12 Senior Sub-Assistant Surgeons.
- 20 Sub-Assistant Surgeons.
- 9 Matrons.
- 129 Nursing Sisters.
- 6 Sister Housekeepers and Housekeepers.
- 4 Physiotherapists.
- 1 Male Charge Nurse.
- 370 Trained Nurses and Midwives.
- 176 Medical Assistants.
- 7 Senior Compounders.
- 24 Pharmaceutical Assistants.
- 2 Senior Hospital Secretaries.
- 3 Stewards.
- 14 Hospital Stewards' Assistants.
- 1 Hospital Welfare Officer.
- 6 Hospital Welfare Assistants.
- 10 Motor Drivers.
- 1 Chief Health Inspector.
- 33 Health Inspectors.
- 1 Senior Health Visitor.
- 20 Health Visitors.
- 45 Assistant Health Inspectors.
- 59 Sanitary Inspectors.
- 40 Health Nurses.
- 15 Ambulance Men.

DENTAL

- 1 Senior Dental Surgeon.
- 6 Special Grade Dental Surgeons and Dental Surgeons.
- 1 Senior Dental Mechanic.
- 1 Dental Mechanic.
- 2 Dental Auxiliaries.

CHILD HEALTH

- 1 Specialist.

LEPROSY

- 2 Medical Officers.
- 2 Leprosy Nurses.

MALARIA

- 2 Entomologists.
- 5 Malaria Field Officers.
- 41 Malaria Assistants.
- 1 Junior Draughtsman.
- 18 Malaria Auxiliaries.

MENTAL

- 1 Specialist.
- 2 Chief Male Nurses (Mental).
- 4 Charge Nurses (Mental).
- 6 Nursing Sisters (Mental).
- 2 Medical Assistants.
- 3 Male Nurses.
- 1 Female Nurse.

TUBERCULOSIS

- 1 Specialist.
- 1 Medical Officer.
- 1 Industrial Instructor.
- 2 Nursing Sisters.
- 3 Medical Assistants.

SLEEPING SICKNESS

- 1 Specialist.
- 3 Sleeping Sickness Auxiliaries.

LABORATORY SERVICES

- 1 Senior Pathologist.
- 3 Pathologists.
- 3 Laboratory Technologists.
- 47 Laboratory Assistants.
- 41 Laboratory Auxiliaries.

X-RAY

- 1 Radiological Technician.
- 3 Radiographers.
- 5 Radiographic Assistants.
- 4 Radiographic Auxiliaries.

MEDICAL EDUCATION

- 1 Senior Medical Officer.
- 1 Medical Officer.
- 3 Medical Instructor.
- 4 Wardens.
- 1 Senior Sister Tutor.
- 7 Sisters Tutors.
- 1 Senior Medical Assistant.
- 3 Medical Assistants.

HEALTH EDUCATION

- 1 Senior Medical Officer.
- 1 Health Visitor.

TABLE II

MORBIDITY AND MORTALITY—EUROPEAN OFFICIALS

Total number of European officials in Service (excluding High Commission) Staff List—January, 1957										2,723
Deaths	...	...	...	...	...	...	...	...	...	6
Invalidings	...	...	...	...	...	...	...	...	...	4
Number admitted to hospitals	...	...	...	...	...	...	...	...	...	608
Number sick in quarters	...	...	...	...	...	...	...	...	...	193
Total number of days off duty	...	...	...	...	...	...	...	...	...	5,738
Average days off duty per patient	...	...	...	...	...	...	...	...	...	7.16

Causes of Morbidity and Mortality:

(a) Mortality:

Disease:

1. Cardiac Failure	...	...	...	...	...	...	1
2. Pulmonary embolism	...	...	...	...	...	...	1
3. Cerebral haemorrhage following prostatectomy	...	...	...	...	...	...	1
4. Cerebral haemorrhage	...	...	...	...	...	...	1
5. Acute infective ileitis with peritonitis	...	...	...	...	...	...	1
6. Carcinoma of the lung	...	...	...	...	...	...	1

6

(b) *Morbidity* (diseases diagnosed):

Infective and Parasitic Diseases	179
Neoplasms	7
Allergic, Endocrine System, Metabolic and Nutritional Diseases, and Diseases of the Blood-forming Organs	15
Mental, Psychoneurotic and Personality Disorders	7
Diseases of the Nervous System and Sense Organs	13
Diseases of the Circulatory System	31
Diseases of the Respiratory System	153
Diseases of the Digestive System	118
Diseases of the Genito-Urinary System	44
Complications of Pregnancy, Childbirth and the Puerperium	1
Diseases of the Skin and Cellular Tissues and Diseases of the Bones and Organs of Movement	67
Symptoms, Senility and Ill-defined conditions	75
Accidents, Poisonings and Violence	66
Total	776

(c) *Principal causes of morbidity:*

Malaria (all forms)	95
Acute upper respiratory infections	76
Diseases of the digestive system	45
Anorexia of unknown origin	43
Influenza	41
Infections of skin and subcutaneous tissue	39
Diseases of the genito-urinary system	27
Superficial injury, contusion and crushing with intact skin surface	19
Alcoholism	17
Chronic enteritis and ulcerative colitis	16
Appendicitis	15
Ill-defined causes of morbidity	15

PART II

Training

PART II

ENDING

TABLE III

MEDICAL TRAINING
APPROVED MEDICAL AND NURSING TRAINING CENTRES

Category of Student	Training Centre	Training Authority	Length of Course (Years)	Total Students under training during 1956	Students Qualified 1956	Total Qualified in each category in 1956
Medical Assistants ...	Dar es Salaam ...	Government ...	3	41	9	13
Laboratory Assistants ...	Bumbuli ...	Lutheran Mission ...	3	26	4	4
Pharmaceutical Assistants ...	Dar es Salaam ...	Government ...	3	11	4	2
Dental Assistants ...	Dar es Salaam ...	Government ...	3	12	2	-
Hospital Steward Assistants ...	Dar es Salaam ...	Government ...	3	12	-	4
Rural Medical Aids ...	Dar es Salaam ...	Government ...	2	8	4	
	Mwanza, Morogoro, Dodoma, and Lindi					
	Minaki...	Government ...	2	56	12	29
Assistant Health Inspectors ...	Kongwa ...	U.M.C.A. ...	2	29	17	
Health Orderlies ...	Kongwa ...	Government ...	3	61	10	10
Health Nurses ...	Tukuyu ...	Government ...	1	21	17	17
Malaria Assistants ...	Amani ...	Government ...	2	31	7	7
Nurses ...	Mweka (male and female) ...	Government ...	2	14	2	2
	Kongwa (male) ...	Government ...	3	184	34	
	Mvumi (male and female) ...	Government ...	3	55	4	
	Peramiho (male and female) ...	C.M.S. ...	3	68	16	
	Mnero (male) ...	Benedictine ...	3	27	8	
	Magila (female) ...	Benedictine ...	3	32	6	
	Lulindi (female) ...	U.M.C.A. ...	3	39	4	
	Sumve (female) ...	U.M.C.A. ...	3	45	9	
	Kiomboi (male and female) ...	White Fathers ...	3	39	8	
	Ndolage (female) ...	Augustana Lutheran ...	3	47	14	
	Dar es Salaam ...	Church of Sweden Mission ...	3	20	3	
Midwives ...	Dar es Salaam ...	Government ...	1	24	20	
	Mvumi ...	C.M.S. ...	1 or 2	14	12	
	Ndanda ...	Benedictine ...	1	4	4	
	Magila ...	U.M.C.A. ...	1 or 2	9	6	
	Sumve ...	White Fathers ...	1 or 2	9	3	
	Kagunguli ...	White Fathers ...	2	8	3	
	Korogwe ...	U.M.C.A. ...	2	7	4	
	Ndareda ...	Medical Missionaries of Mary ...	2	5	-	
	Newala ...	U.M.C.A. ...	2	12	4	11
	Tabora ...	Government ...	1	6	-	
	Nzega ...	Government ...	1	12	-	
	Liuli ...	U.M.C.A. ...	2	4	-	
Village Midwives						

PART III

Hospital and Dispensary Services

PART III

Hospital and Dispensary
Services

TABLE IV

GOVERNMENT HOSPITALS AND DISPENSARIES

as at 31st December, 1956

Medical Region and Province	Hospital	No. of Wards	Number and Category of Beds						Grade of Accommodation
			Number and Category of Beds						
			General	Obstetrics	Tubercu- losis	Infectious	Mental	Total	
Dar es Salaam	Ocean Road Sewa Haji	29	52	15	—	3	—	70	I
		8	292	—	—	—	—	292	III and IV
Central Province	Dodoma ... Kongwa ... Mpwapwa Kondoa ... Singida ...	14	148	13	—	9	—	170	I, II and IV
		5	90	5	40	—	—	135	I and IV
		5	32	—	—	—	—	32	IV
		10	36	3	—	7	—	46	IV
		7	42	—	—	2	—	44	II and IV
Eastern Province	Morogoro Bagamoyo Kilosa ... Mahenge Utete ...	18	178	12	—	6	—	196	I and IV
		5	32	4	—	3	—	39	III and IV
		8	75	13	—	12	—	100	II and IV
		10	78	—	—	—	—	78	IV
		3	33	—	—	—	—	33	IV
Lake Province	Mwanza Bukoba ... Musoma ... Shinyanga Biharamulo Ukerewe ... Maswa ...	15	188	17	6	9	—	220	I, II and IV
		8	132	14	—	12	—	158	II, III and IV
		17	84	13	4	—	—	101	I, II and IV
		6	64	13	—	4	—	81	II and IV
		5	34	8	—	—	—	42	IV
		5	52	—	—	8	—	60	IV
		4	24	4	—	2	—	30	IV
Northern Province...	Arusha ... Moshi ... Monduli Mbulu ... Oldeani ...	20	142	14	—	8	—	164	I, II and IV
		14	230	12	—	12	—	254	I, II and IV
		4	46	—	—	—	—	46	IV
		5	59	7	38	—	—	104	IV
		8	41	5	19	—	—	65	II and IV

TABLE IV—(contd.)
GOVERNMENT HOSPITALS AND DISPENSARIES
as at 31st December, 1956

Medical Region and Province	Hospital	No. of Wards	Number and Category of Beds					Grade of Accommodation
			General	Obstetrics	Tubercu- losis	Infectious	Mental	Total
Southern Province	Mtwara ...	6	58	1	—	—	—	59
	Lindi ...	6	86	—	—	4	—	90
	Nachingwea ...	7	87	4	6	6	—	103
	Songea ...	5	50	—	—	—	—	50
	Kilwa ...	5	30	—	—	6	—	36
Southern Highlands Province	Tunduru ...	2	24	—	—	—	—	24
	Mbeya ...	18	92	11	—	6	—	109
	Iringa ...	15	92	15	—	4	—	111
	Tukuyu ...	7	73	6	3	3	—	85
	Chunya ...	10	33	2	—	6	—	41
Tanga Province	Njombe ...	5	32	—	—	4	—	36
	Tanga ...	22	293	7	—	—	—	300
	Korogwe ...	7	105	7	—	4	—	116
	Lushoto ...	10	41	4	—	2	—	47
	Muheza ...	8	72	—	16	10	—	98
Western Province	Pangani ...	10	18	6	—	2	—	26
	Tabora ...	17	193	17	—	6	—	216
	Kigoma ...	6	56	6	—	—	—	62
	Nzega ...	7	56	30	—	—	—	86
	Kibondo ...	3	32	—	—	—	—	32
TOTAL—GENERAL HOSPITALS	Sumbawanga ...	4	39	—	—	4	—	43
	Kahama ...	5	46	15	—	—	—	61
		418	3,792	303	132	164	—	4,391

TABLE IV—(contd.)

GOVERNMENT HOSPITALS AND DISPENSARIES

as at 31st December, 1956

Medical Region and Province	Hospital	No. of Wards	Number and Category of Beds					Grade of Accommodation
			General	Obstetrics	Tubercu- losis	Infections	Mental	Total
Dar es Salaam ...	Infectious Diseases ...	26	—	II.—SPECIAL HOSPITALS	105	56	—	161
	Muhimbili Maternity ...	5	—	40	—	—	—	40
	Masani Mental ...	4	—	—	—	—	24	24
Central Province ...	Mirembe Mental ...	29	—	—	—	—	568	568
Northern Province...	Kibongoto Tuberculosis	8	10	10	230	—	—	250
Tanga Province ...	Tanga Infectious Diseases	9	—	—	35	—	—	35
	Tanga Maternity ...	3	—	15	—	—	—	15
TOTAL—SPECIAL HOSPITALS ...	7	84	10	65	370	56	592	1,093

TABLE IV—(contd.)

GOVERNMENT HOSPITALS AND DISPENSARIES

as at 31st December, 1956

Medical Region and Province	Hospital	No. of Wards	Number and Category of Beds					Grade of Accommodation	
			General	Obstetrics	Tubercu- losis	Infectious	Mental		Total
Central Province ...	Manyoni Itigi ...	3	18	III.—DISPENSARIES	—	4	—	22	IV
		3	10		—	—	—	10	IV
Eastern Province ...	Kingolwira Mafia ...	3	46	—	—	—	—	46	IV
		4	12	—	—	—	12	IV	
Lake Province ...	Ngara Ngudu Tarime ...	2	24	—	—	—	—	24	IV
		2	16	—	—	—	16	IV	
		1	10	—	—	—	10	IV	
		2	10	—	—	—	10	IV	
Northern Province...	Magugu ...	2	10	—	—	—	—	10	IV
Southern Province ...	Liwale ...	4	24	—	—	—	—	24	IV
		4	23	—	—	—	23	IV	
Southern Highlands Province ...	Malangali Kyela Makete ...	3	20	—	—	2	—	22	IV
		4	34	2	—	—	36	IV	
		6	24	—	—	—	24	IV	
		2	25	—	—	—	25	IV	
Tanga Province ...	Handeni Same Usangi ...	5	32	4	—	4	—	40	IV
		2	10	—	—	—	10	IV	
Western Province ...	Mpanda Kakonko... Kassanda Kasanga Kasulu ...	2	16	—	—	—	—	16	IV
		1	4	—	—	—	4	IV	
		1	6	—	—	—	6	IV	
		3	22	—	—	—	22	IV	
		57	386	6	—	10	—	402	
TOTAL DISPENSARIES ...	20	559	4,188	374	502	230	592	5,886	
TERRITORIAL TOTAL ...	73								

TABLE V
IN-PATIENTS—GOVERNMENT GENERAL AND SPECIAL HOSPITALS AND DISPENSARIES
(Excluding Maternity and Child Health Clinics)
Figures refer to the twelve-month period 1st December, 1955—30th November, 1956

Figures refer to the twelve-month period 1st December, 1955—30th November, 1956																												
	Number admitted during the year							Number discharged during the year							Deaths						Daily average in hospital						Total	
	European		Asian		African		Total	European		Asian		African		Total	European		Asian		African		Total	European		Asian		African		
	M	F	M	F	M	F		M	F	M	F	M	F		M	F	M	F	M	F		M	F	M	F	M		F
I. GENERAL HOSPITALS																												
Dar es Salaam	515	527	405	419	4,619	4,247	10,732	502	516	368	402	4,455	4,137	10,380	4	3	20	7	149	67	250	11.00	10.00	12.00	9.00	180.00	89.00	311.00
Central Province	127	139	43	61	5,049	4,723	11,042	128	136	40	59	5,653	4,922	10,538	—	1	3	1	256	178	439	2.10	2.80	1.35	1.25	224.61	143.70	375.81
Eastern Province	80	77	80	78	11,241	5,586	17,142	79	76	77	77	11,081	5,456	16,846	1	1	4	—	175	94	275	1.55	1.42	1.75	1.11	200.92	84.92	291.67
Lake Province	159	145	130	141	9,574	7,912	18,061	158	146	127	137	9,247	7,732	17,547	—	1	4	2	314	171	492	2.51	2.43	4.33	2.85	331.36	181.20	524.78
Northern Province	211	270	73	88	11,497	7,324	19,463	204	259	70	84	10,989	6,946	18,552	8	4	4	3	509	333	861	3.45	5.11	0.84	1.43	308.06	192.77	511.66
Southern Province	67	74	38	67	4,119	2,045	6,410	65	75	55	69	5,920	1,979	6,143	1	—	3	1	133	55	193	0.95	1.27	1.12	1.29	181.71	100.67	287.01
S. Highlands Province ...	193	161	68	92	5,518	5,370	11,402	189	153	66	92	5,291	5,200	10,991	7	2	3	2	237	170	421	4.65	2.80	1.28	1.43	162.76	155.12	328.04
Tanga Province	159	206	219	228	9,020	4,255	14,087	156	203	205	220	8,655	4,107	13,546	3	4	12	4	352	196	511	4.35	4.78	7.11	4.56	359.55	121.93	502.08
Western Province	77	72	123	142	6,118	5,446	11,978	75	75	117	141	5,991	5,250	11,589	2	1	7	1	244	221	475	1.49	1.65	2.32	2.28	236.42	184.93	429.09
TOTAL GENERAL HOSPITALS ...	1,588	1,671	1,179	1,316	67,655	46,908	120,317	1,556	1,639	1,105	1,281	65,222	45,329	116,132	26	17	60	21	2,369	1,425	3,918	32.05	32.26	32.10	25.20	2,185.19	1,254.34	3,561.14
II. SPECIAL HOSPITALS																												
DAR ES SALAAM																												
Infectious Diseases Hospital ...	—	—	4	3	235	104	446	—	—	6	4	303	69	382	—	—	—	—	30	4	34	—	—	1.00	1.00	90.00	20.00	112.00
Masani Mental Hospital	—	—	14	—	61	14	89	—	—	14	—	62	11	87	—	—	—	—	—	—	—	—	—	1.00	—	18.00	2.00	21.00
CENTRAL PROVINCE																												
Mirem be Mental Hospital	3	7	23	6	232	99	370	3	7	19	4	143	56	232	—	—	1	—	27	17	45	2.29	7.50	23.89	7.35	357.25	152.61	550.98
NORTHERN PROVINCE																												
Kibongoto Tuberculosis Hospital ...	—	—	30	6	986	712	1,734	—	—	27	6	935	702	1,670	—	—	1	1	46	13	61	—	—	—	—	262.00	128.00	390.00
TANGA PROVINCE																												
Infectious Diseases Hospital, Tanga ...	—	—	—	—	103	—	103	—	—	—	—	101	—	101	—	—	—	—	—	—	—	—	—	—	—	34.70	—	34.70
TOTALS SPECIAL HOSPITALS ...	3	7	71	15	1,717	929	2,742	3	7	66	14	1,544	838	2,472	—	—	2	1	103	34	140	2.29	7.50	25.89	8.35	761.95	302.61	6,108.68
III. DISPENSARIES																												
Central Province	—	—	—	—	557	354	911	—	—	—	—	539	338	877	—	—	—	—	16	15	31	—	—	—	—	13.77	8.81	22.58
Eastern Province	—	—	—	—	769	212	981	—	—	—	—	772	219	991	—	—	—	—	1	—	1	—	—	—	—	11.81	6.20	18.01
Lake Province	3	—	4	—	672	565	1,244	3	—	4	—	637	542	1,186	—	—	—	—	32	24	56	—	—	—	—	17.67	14.49	32.16
Northern Province	—	—	—	—	326	104	430	—	—	—	—	309	96	405	—	—	—	—	15	6	21	—	—	—	—	7.78	3.00	10.78
Southern Province	—	—	—	—	147	109	256	—	—	—	—	143	106	249	—	—	—	—	1	3	4	—	—	—	—	6.83	4.67	11.50
S. Highlands Province ...	—	—	—	—	1,437	1,495	2,932	—	—	—	—	1,375	1,449	2,824	—	—	—	—	47	33	80	—	—	—	—	55.83	36.60	92.43
Tanga Province	—	—	—	—	2,329	1,817	4,039	—	—	—	—	2,152	1,771	3,923	—	—	—	—	58	42	100	—	—	—	—	39.14	35.54	74.68
Western Province	—	—	—	—	1,164	911	2,075	—	—	—	—	1,070	857	1,927	—	—	—	—	78	56	134	—	—	—	—	78.11	88.46	166.57
TOTALS DISPENSARIES	3	—	4	—	7,294	5,567	12,968	3	—	4	—	6,997	5,378	12,382	—	—	—	—	248	179	427	—	—	—	—	230.94	197.77	428.71
TERRITORIAL TOTALS	1,594	1,678	1,254	1,331	76,666	53,404	135,927	1,562	1,646	1,175	1,295	73,763	51,545	130,986	26	17	62	22	2,720	1,638	4,485	34.34	39.85	57.99	33.55	3,178.08	1,754.72	5,098.53

TABLE VI

OUT-PATIENTS—GOVERNMENT GENERAL AND SPECIAL HOSPITALS AND DISPENSARIES

Figures refer to the twelve-month period 1st December, 1955—30th November, 1956

I. GENERAL HOSPITALS

Medical Region and Province	Total Attendances						Total New Cases					
	Male			Female			Male			Female		
	European	Asian	African	European	Asian	African	European	Asian	African	European	Asian	African
Dar es Salaam ...	3,064	5,657	226,021	3,070	423	98,115	2,134	2,465	71,393	2,230	229	45,903
Central Province ...	1,087	1,971	124,388	769	675	85,399	566	1,071	49,631	429	446	38,357
Eastern Province ...	1,226	950	114,211	999	750	68,902	689	603	53,745	556	412	36,646
Lake Province ...	2,032	2,892	210,507	1,656	1,330	143,723	1,394	2,282	86,871	1,115	1,022	57,876
Northern Province ...	2,107	970	173,366	2,088	337	108,644	1,174	538	80,488	1,113	232	47,643
Southern Province ...	1,400	1,585	162,060	916	649	93,471	851	981	63,821	519	432	34,593
S. Highlands Province ...	933	1,753	93,619	1,181	467	67,111	908	1,564	61,839	1,065	459	41,355
Tanga Province ...	2,417	1,963	104,305	1,886	1,026	42,471	1,525	1,234	43,325	1,073	525	18,602
Western Province ...	822	3,251	110,886	576	1,541	104,206	648	1,631	65,440	324	793	46,175
TOTAL—GENERAL HOSPITALS ...	15,088	20,992	1,319,363	13,141	7,195	812,042	9,889	12,369	576,353	8,424	4,550	367,150
												978,735

II. SPECIAL HOSPITALS

HOSPITAL	Total Attendances						Total New Cases					
	Male			Female			Male			Female		
	European	Asian	African	European	Asian	African	European	Asian	African	European	Asian	African
DAR ES SALAAM												
Infectious Diseases Hospital ...	—	69	6,569	—	27	1,696	—	3	397	—	4	122
NORTHERN PROVINCE												
Tuberculosis Hospital, Kibungoto ...	54	800	13,790	14	230	12,434	3	100	5,382	5	23	7,332
TANGA PROVINCE												
Infectious Diseases Hospital, Tanga ...	23	132	3,462	—	3	2,612	—	10	146	—	3	62
CENTRAL PROVINCE												
Mirembe Mental Hospital, Dodoma ...	10	10	—	15	46	3	3	1	—	1	5	1
TOTAL ...	87	1,011	23,821	29	306	16,745	6	114	5,925	6	35	7,517
												13,603

	Ante-Natal Clinics		Child Health Clinics		Total confinements attended	Deliveries without complications	Deliveries with complications	Abortions	Live Births	Still Births	Maternal Deaths	Infants Deaths
	First attendances	Total attendances	First attendances	Total attendances								
Central Province ...	1,189	4,378	1,257	9,441	657	A. GOVERNMENT 558	99	SERVICES 85	613	44	17	27
Eastern Province ...	853	3,016	-	-	824	680	144	51	778	53	10	17
Lake Province ...	5,867	21,166	1,359	13,573	2,630	1,995	635	273	2,493	162	29	69
Northern Province ...	2,182	6,201	749	3,748	1,682	1,385	297	256	1,573	129	29	26
Southern Province ...	797	3,723	1,233	12,448	319	274	45	46	301	25	4	7
S. Highlands Province ...	2,975	14,474	1,488	30,852	1,009	752	257	119	946	90	5	31
Tanga Province ...	3,682	12,412	1,377	25,497	1,294	1,088	206	52	1,218	98	7	33
Western Province ...	3,543	11,501	2,032	4,586	2,343	1,822	521	69	2,237	132	10	71
Dar es Salaam ...	3,489	18,215	2,078	25,370	2,207	1,562	645	48	2,163	98	17	50
Total Government Services	27,577	95,086	11,573	125,515	12,965	10,116	2,849	999	12,322	831	128	331
Central Province ...	3,529	12,114	1,224	7,231	2,542	B. MISSION SERVICES 2,134	408	180	2,494	91	14	64
Eastern Province ...	1,482	3,360	3,080	6,041	904	826	78	29	871	39	1	16
Lake Province ...	8,075	16,262	1,384	3,815	2,537	1,912	625	228	2,380	193	31	105
Northern Province ...	3,239	6,805	1,682	3,586	1,121	906	215	110	1,100	36	7	39
Southern Province ...	4,148	17,661	4,894	37,669	2,944	2,496	448	157	2,806	156	20	90
S. Highlands Province ...	1,750	4,888	1,752	14,883	665	509	156	58	659	22	1	28
Tanga Province ...	6,773	33,671	5,222	17,306	1,865	1,493	372	121	1,807	103	12	77
Western Province ...	3,923	13,868	4,090	31,003	2,166	1,872	294	90	2,072	104	8	77
Total Mission Services	32,919	108,629	23,328	121,534	14,744	12,148	2,596	973	14,189	744	94	496
Central Province ...	4,504	12,899	4,132	12,649	3,157	C. NATIVE AUTHORITY 3,079	78	SERVICES 124	3,065	92	10	62
Eastern Province ...	(a)	1,005	(a)	4,594	-	-	-	-	-	-	-	-
Lake Province ...	3,481	10,818	2,421	17,185	712	614	98	23	681	44	6	6
Northern Province ...	4,556	8,060	3,158	5,115	2,758	2,595	163	103	2,733	65	-	17
Southern Province ...	719	7,118	711	4,740	324	305	19	29	315	11	-	8
S. Highlands Province ...	2,105	5,389	1,960	5,262	-	-	-	-	-	-	-	-
Tanga Province ...	2,140	15,755	1,111	454	933	932	1	6	924	9	-	-
Western Province ...	2,308	7,443	1,355	2,923	836	812	24	28	828	15	1	8
Total Native Authority Services...	19,813 (b)	68,487	13,848 (b)	52,922	8,720	8,337	383	313	8,546	236	17	101
Territorial Totals ...	77,309 (b)	272,202	48,749 (b)	299,971	36,429	30,601	5,828	2,285	35,057	1,811	239	928

(a) Figures not available.

(b) Figures incomplete.

TABLE VIII A.
LEPROSARIA (IN-PATIENTS)—GOVERNMENT, NATIVE AUTHORITY AND MISSION

	No. of Leprosaria	Leprosy patients admitted during 1956	Discharged	Absconded	Births	Deaths from Leprosy	Deaths from other causes	Leprosy Patients Resident at 30th November, 1956				Clinical Classification active cases				Cases on Sulphone Therapy				Burnt out Cases		Non-Leprous Persons Resident 30th Nov. 1956		
								Men	Women	Children	Total	Lep		Mixed	Men	Women	Children	Total	Without deformity	With deformity	Adults	Children	Total	
Dar es Salaam ...	1	26	16	-	-	1	1	19	8	-	27	13	6	8	19	8	-	27	-	-	-	-	-	-
Central Province ...	2	297	113	107	29	-	11	305	198	144	647	355	232	26	303	191	119	613	3	6	9	37	46	
Eastern Province ...	3	306	104	68	24	5	2	352	185	69	606	332	146	128	337	174	56	567	70	27	-	-	-	
Lake Province ...	3	367	121	81	42	9	17	566	403	349	1,318	378	906	34	520	377	311	1,208	-	4	150	149	299	
Northern Province ...	1	17	9	-	-	-	1	19	11	-	30	-	-	30	19	11	-	30	-	8	-	-	-	
Southern Province	4	390	374	195	60	9	16	731	479	182	1,392	371	897	124	565	299	162	1,026	71	29	112	155	267	
S. Highlands																								
Province ...	1	345	78	100	9	-	6	314	223	78	615	218	62	35	309	214	75	598	-	-	7	47	54	
Tanga Province	2	40	21	4	-	1	1	136	34	10	180	58	53	60	128	33	10	171	1	10	2	3	5	
Western Province	2	143	23	7	5	9	1	219	120	92	431	180	205	4	217	115	92	424	-	7	-	6	6	
Totals ...	18	1,931	859	562	169	34	55	2,661	1,661	924	5,246	1,905	2,807	449	2,417	1,422	825	4,664	145	91	280	397	677	

TABLE VIII B

LEPROSY OUT-PATIENT CLINICS

(INCLUDING GOVERNMENT, NATIVE AUTHORITY AND MISSION CLINICS)

	No.	Total cases under treatment during 1956			New cases on Sulphone during 1956			Cases defaulting during 1956			Number discharged cured during 1956		
		Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Dar es Salaam	1	526	94	620	196	48	244	213	43	256	34	7	41
Central Province	4	134	143	277	52	61	113	25	14	39	4	17	21
Eastern Province	13	1,116	956	2,072	561	447	1,008	135	94	229	3	3	6
Lake Province	43	1,157	801	1,958	542	371	913	192	103	295	69	38	107
Northern Province	1	4	3	7	-	1	1	-	-	-	1	-	1
Southern Province	43	2,835	2,988	5,823	852	869	1,721	455	388	843	109	212	421
Southern Highlands Province	7	347	494	841	299	398	697	51	26	77	10	15	25
Tanga Province	104	2,180	1,641	3,821	924	688	1,612	93	67	160	146	100	246
Western Province	42	1,586	1,422	3,008	777	860	1,637	119	108	227	100	65	165
Totals	258	9,885	8,542	18,427	4,203	3,743	7,946	1,283	843	2,126	576	457	1,033

TABLE IX

NATIVE AUTHORITY MEDICAL SERVICES

Province	Number of Dispensaries		Staff			Beds if any	New Cases During 1956			Total Attendances During 1956		
	Grade A	Grade B	M.A.	R.M.A.	Tribal Dressers		Male	Female	Total	Male	Female	Total
Central Province ...	5	51	-	6	54	169	193,802	205,865	399,667	307,890	338,801	646,691
Eastern Province ...	22	70	2	21	102	42	243,050	215,473	458,523	440,261	366,757	807,018
Lake Province ...	70	62	1	70	93	330	542,248	481,273	1,023,521	1,129,025	1,001,803	2,130,828
Northern Province ...	17	40	2	17	46	57	175,698	143,030	318,728	327,787	267,381	595,168
Southern Province ...	4	37	1	3	43	6	(a)82,211	(a)60,940	165,464	(a)154,544	(a)120,571	321,752
S. Highlands Province	48	18	-	53	19	-	189,092	185,679	374,771	492,962	487,905	980,867
Tanga Province ...	24	21	-	23	27	35	76,247	65,329	141,576	150,755	128,377	279,132
Western Province ...	25	51	-	26	73	90	242,736	221,064	461,800	523,582	498,312	1,021,894
Totals ...	215	350	6	219	457	729	1,745,084	1,578,653	3,344,050	3,56,806	3,209,907	6,783,350

(a) In one district records have not differentiated between male and female patients.

TABLE X
MISSION MEDICAL SERVICES

Province	Number of Hospitals and Dispen- saries	Beds	In- Patients admis- sions	Out-Patients	
				New Cases	Total Attendances
I.—GENERAL HOSPITALS WITH DOCTORS					
Central	5	372	11,483	34,489	117,656
Eastern	3	219	3,774	30,599	64,862
Lake	8	761	10,111	62,485	159,542
Northern	3	175	4,577	20,137	36,922
Southern	6	644	10,550	46,246	308,760
Southern Highlands	2	144	2,661	19,398	58,480
Tanga	3	354	4,778	13,415	57,600
Western	3	242	3,644	17,194	42,717
TOTALS. General Hospitals with Doctors ...	33	2,911	51,578	243,963	846,539
II.—DISPENSARIES WITH OVER TWENTY BEDS					
Central	5	150	3,745	14,611	56,709
Eastern	2	84	1,924 (a)	8,000 (a)	30,000 (a)
Lake	2	82	655	11,592	17,815
Northern	4	138	5,206	25,975	61,974
Southern	14	851	17,971	93,012	428,845
Southern Highlands	8	370	8,114	40,733	160,970
Tanga	7	291	6,479	25,444	108,652
Western	5	223	3,023	37,029	143,552
TOTALS. Dispensaries with over 20 Beds ...	47	2,181	47,117 (a)	256,396 (a)	1,008,517 (a)
III.—OTHER BEDDED DISPENSARIES AND CLINICS					
Central	6	85	2,940	13,561	44,632
Eastern	—	—	—	—	—
Lake	3	57	1,316	22,307	44,873
Northern	4	60	(b)	(b)	(b)
Southern	6	100	1,571	21,883	159,267
Southern Highlands	1	15	355	12,266	18,338
Tanga	1	20	(b)	(b)	(b)
Western	1	12	124	706	819
TOTALS. Other Bedded Dispen- saries and Clinics ...	22	349	6,306 (c)	70,723 (c)	267,929 (c)
IV.—OUT-PATIENT DISPENSARIES					
Central	4	—	—	11,547	45,834
Eastern	20	—	—	(b)	140,481
Lake	10	—	—	29,845	83,773
Northern	6	—	—	18,619	39,906
Southern	18	—	—	35,358	280,456
Southern Highlands	18	—	—	66,300	177,880
Tanga	21	—	—	58,702	188,071
Western	13	—	—	56,799	141,064
TOTALS. Out-Patient Dispen- saries ...	110	—	—	277,170 (c)	1,097,465
TERRITORIAL TOTALS ...	212	5,441	105,001 (c)	848,252 (c)	3,220,450 (c)

- (a) Approximate figures.
(b) Figures not available.
(c) Figures incomplete.

ALL DISEASES

FIGURE 1

PART IV

Morbidity and Mortality

PART IV

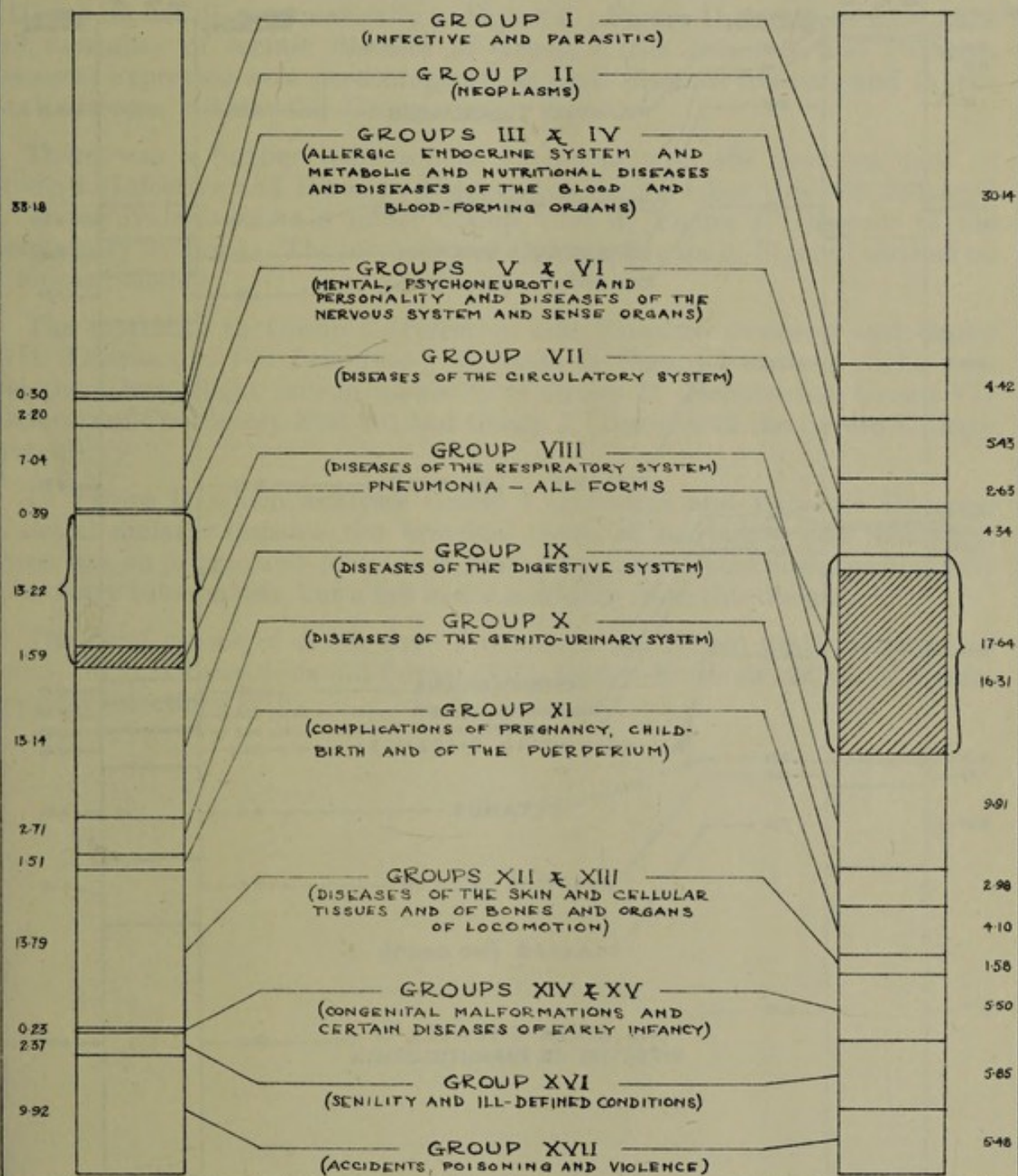
Morbidity and Mortality

ALL DISEASES

FIGURE I

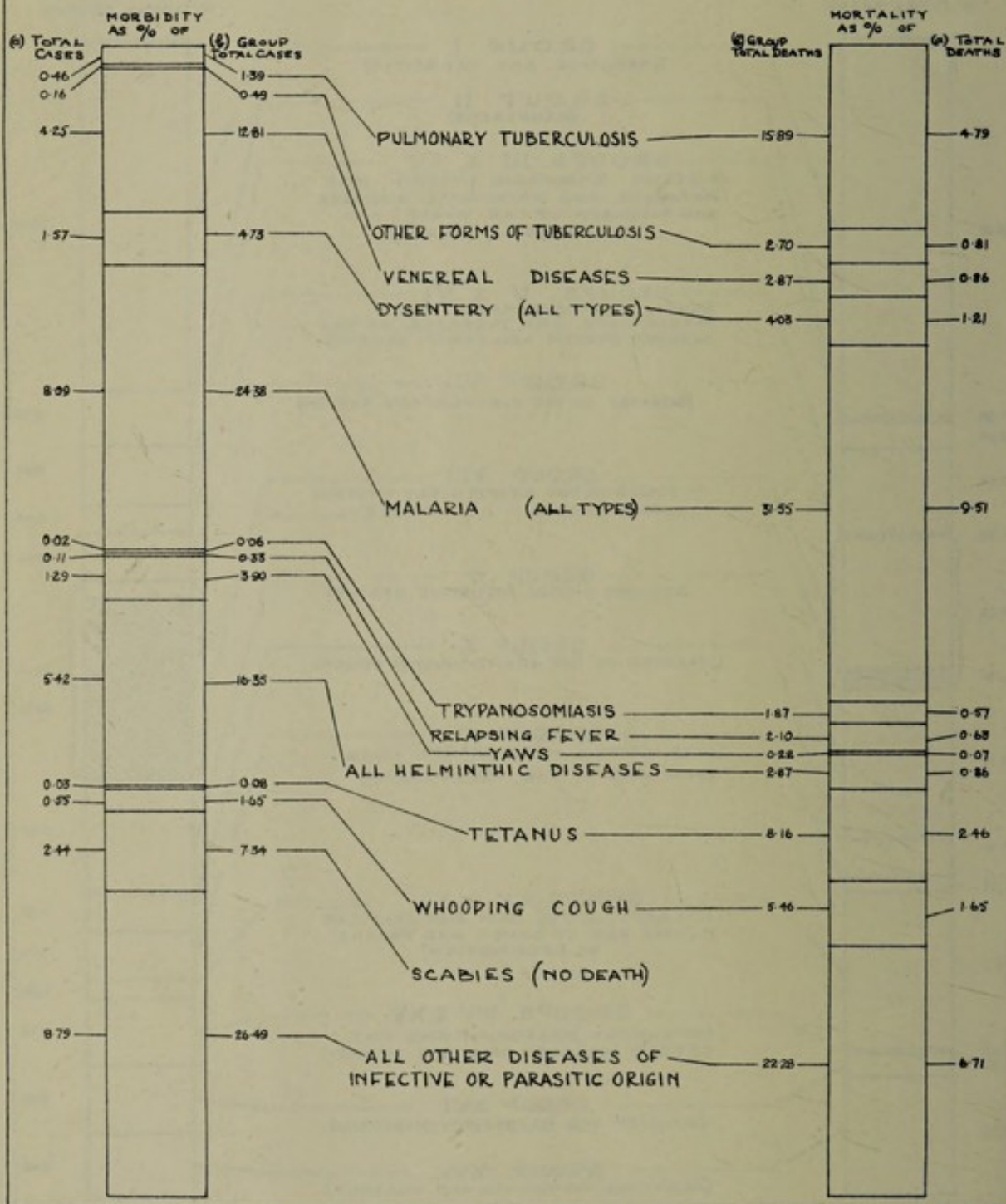
MORBIDITY AS %
OF TOTAL CASES

MORTALITY AS %
OF TOTAL DEATHS



INFECTIVE AND PARASITIC DISEASES

FIGURE 11



MORBIDITY AND MORTALITY EXPERIENCE

The morbidity and mortality of each group of diseases listed in accordance with the International Statistical Classification of Diseases and Causes of Death and expressed as a percentage of the total in-patient admissions and out-patient attendances of Government and Mission Hospitals (Tables XI and XII) are set out diagrammatically in Figure I. Figure II shows the morbidity and mortality of certain diseases in Group I (the Infective and Parasitic Diseases) expressed as a percentage of (a) total diseases treated, and (b) the total diseases within the Group.

There was a further reduction as compared with the previous year in Group I (Infective and Parasitic Diseases) of Figure I but this was balanced by an equivalent increase under Group VIII of Figure I (Diseases of the Respiratory System). The morbidity of all other Groups of Figure I showed no significant change.

The mortality in Group I (Infective and Parasitic Diseases) and Group VIII (Diseases of the Respiratory System) in Figure I showed slight rises and there were slight falls in mortality of Group II (Neoplasms), Group VII (Diseases of Circulatory System) and Group X (Diseases of the Genito-Urinary system).

In Figure II which analyses Group I (Infective and Parasitic Diseases) in detail malaria remains the principal cause of morbidity and mortality. There was an appreciable increase in morbidity from tuberculosis, particularly pulmonary tuberculosis, but a fall in the mortality from this disease.

The chief causes of death were Pneumonia (all forms) (981), Malaria (all forms) (575), Tuberculosis (all forms) (337), Gastro-Enteritis (223) and Meningococcal Infections (210).

TABLE XI

DISEASES

IN-PATIENTS—GOVERNMENT AND MISSION HOSPITALS

(Hospitals with resident doctors only—1st December, 1955 to 30th November, 1956)

DISEASES	GOVERNMENT HOSPITALS				MISSION HOSPITALS				TERRITORIAL CASES			TERRI- TORIAL DEATHS			TERRITORIAL							
	CASES			DEATHS			CASES			DEATHS			Euro- pean	Asian	African	Total Cases	Total Deaths	Percent- age Morbid- ity in Group	Percent age Mortal- ity in Group			
	M	F	Total	M	F	Total	M	F	Total	M	F	Total										
GROUP I																						
Infective and Parasitic Diseases																						
Tuberculosis of the respiratory system ...	2,145	859	3,004	174	55	229	500	407	907	32	27	59	12	79	3,820	—	4	284	3,911	288	2,058	4,787
Tuberculosis of meninges and central nervous system ...	25	10	35	7	5	12	6	3	9	1	1	2	—	1	43	—	—	14	44	14	0,023	0,235
Tuberculosis of intestines, peritoneum and mesenteric glands ...	54	38	92	6	4	10	17	15	32	1	1	2	1	3	120	—	—	12	124	12	0,065	0,201
Tuberculosis of bones and joints ...	214	100	314	4	1	5	53	28	81	—	—	—	2	1	392	—	—	5	395	5	0,207	0,083
Tuberculosis, all other forms ...	188	105	293	11	1	12	73	63	136	5	1	6	—	6	423	—	—	18	429	18	0,225	0,299
Congenital syphilis ...	67	86	153	6	5	11	81	175	256	3	7	10	—	—	409	—	—	21	409	21	0,215	0,349
Early syphilis (Primary and Secondary)	471	244	715	—	—	—	160	236	396	—	—	—	—	8	1,103	—	—	—	1,111	—	0,584	—
Tabs dorsalis ...	4	14	18	—	—	—	10	3	13	—	—	—	—	—	31	—	1	31	31	1	0,018	0,016
General paralysis of insane ...	14	2	16	—	—	—	3	1	4	—	—	—	—	—	20	—	—	20	20	—	0,010	—
All other syphilis ...	154	102	256	1	1	2	159	170	329	3	2	5	—	3	582	—	—	7	585	7	0,307	0,116
(a) Gonorrhoea, genito-urinary ...	889	298	1,187	13	—	13	1,160	1,261	2,421	2	1	3	1	7	3,600	—	—	16	3,608	16	1,903	0,268
(b) Gonococcal infection of the eye ...	32	19	51	—	—	—	38	27	65	—	—	—	—	—	116	—	—	2	116	2	0,061	0,033
(c) Other gonococcal infections ...	222	101	323	4	1	5	42	46	88	—	—	—	—	—	411	—	—	5	411	5	0,216	0,083
Typhoid fever ...	448	126	574	47	5	52	143	83	226	8	3	11	13	19	768	—	—	63	800	63	0,421	1,047
Paratyphoid fever and other Salmonella infections ...	30	11	41	—	1	1	6	4	10	—	—	—	3	1	47	—	—	1	51	1	0,027	0,016
Cholera ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Brucellosis (undulant fever) ...	44	19	63	—	—	—	15	10	25	—	—	—	4	—	84	—	—	2	88	2	—	—
(a) Bacillary dysentery ...	407	228	635	20	5	25	223	219	442	8	7	15	37	6	1,034	—	1	39	1,077	40	—	—
(b) Amoebiasis ...	306	87	393	8	4	12	255	225	480	—	5	5	35	13	825	—	—	17	873	17	0,459	0,282
(c) Other unspecified forms of dysentery	260	149	409	3	3	6	124	119	243	10	—	10	23	15	614	—	—	15	652	16	0,343	0,268
Scarlet fever... ..	—	—	—	—	—	—	2	2	2	—	—	—	—	—	2	—	—	—	2	—	0,001	—
Streptococcal sore throat ...	86	91	177	7	—	7	71	40	111	—	—	—	93	25	170	—	1	288	1	0,151	0,016	
Erysipelas ...	2	5	7	—	—	—	17	11	28	3	1	4	4	5	26	—	—	4	35	4	0,018	0,066
Septicaemia and pyaemia ...	21	14	35	8	6	14	34	36	70	—	—	4	2	4	99	—	—	17	105	18	0,055	0,299
Diphtheria ...	4	5	9	2	2	4	2	5	7	—	—	—	—	6	10	—	2	16	4	0,008	0,066	
Whooping cough ...	351	518	869	14	15	29	417	498	915	28	42	70	3	10	1,771	—	1	98	1,784	99	0,943	1,645
Meningococcal infections ...	336	205	541	103	54	157	147	179	326	27	26	53	1	6	860	—	3	207	867	210	0,459	3,490
Plague ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Leprosy ...	171	57	228	5	—	5	120	104	224	2	2	4	—	—	452	—	—	9	452	9	0,240	0,149
Tetanus ...	165	107	272	70	45	115	32	31	63	14	19	33	—	6	329	—	2	146	335	148	0,176	2,460
Anthrax ...	112	94	206	5	4	9	30	16	46	1	3	4	—	—	252	—	—	13	252	13	0,132	0,218
Acute poliomyelitis ...	46	37	83	5	2	7	27	12	39	3	2	5	4	1	117	—	—	12	122	12	0,064	0,201
Acute infectious encephalitis ...	2	—	4	—	—	—	11	3	14	2	—	2	—	—	18	—	—	5	18	5	0,009	0,083

TABLE XI—(contd.)

DISEASES

IN-PATIENTS—GOVERNMENT AND MISSION HOSPITALS

(Hospitals with resident doctors only—1st December, 1955 to 30th November, 1956)

DISEASES	GOVERNMENT HOSPITALS						MISSION HOSPITALS						TERRITORIAL CASES			TERRI- TORIAL DEATHS			TERRITORIAL			
	CASES			DEATHS			CASES			DEATHS			Euro- pean	Asian	African	European	Asian	African	Total Cases	Total Deaths	Percent- age Morbidity in Group	Percent- age Mortality in Group
	M	F	Total	M	F	Total	M	F	Total	M	F	Total										
	M	F	Total	M	F	Total	M	F	Total	M	F	Total										
Late effects of acute poliomyelitis and acute infectious encephalitis ...	22	12	34	-	-	-	23	13	36	-	-	-	-	-	7	63	70	-	-	0-036	-	
(a) Variola major ...	35	11	46	3	1	4	31	17	48	1	-	-	-	-	-	94	94	5	5	0-052	0-083	
(b) Variola minor ...	66	62	128	-	-	-	13	33	46	1	-	-	-	-	-	174	174	1	1	0-091	0-016	
Measles ...	460	452	912	5	2	7	127	113	240	4	1	5	15	-	-	1,137	1,152	12	12	0-610	0-201	
Yellow fever...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Infectious hepatitis ...	144	44	188	10	-	10	62	46	108	3	3	6	16	3	3	277	296	14	14	0-155	0-235	
Rabies ...	10	3	13	-	2	2	1	1	2	-	-	-	-	-	1	14	15	2	2	0-008	0-033	
Louse-borne epidemic typhus ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Flea-borne endemic typhus ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Tick-borne typhus ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Mite-borne typhus ...	7	9	16	-	1	1	1	-	1	-	-	-	4	-	-	13	17	1	1	0-008	0-016	
Typhus unspecified, and other rickettsial diseases ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Vivax malaria (benign tertian) ...	9	7	16	-	-	-	1	-	1	-	-	-	6	7	11	17	17	-	-	0-008	-	
Malariae malaria (quartan) ...	73	34	107	1	1	2	389	347	736	1	8	9	10	10	7	826	843	10	10	0-446	0-166	
Falciparum malaria (Malignant tertian) ...	92	-	92	4	-	4	3	11	14	-	-	-	9	9	9	97	106	4	4	0-066	0-066	
Blackwater fever ...	3,084	1,931	5,015	77	63	140	2,620	2,869	5,489	52	67	119	151	108	10,245	1	10,504	259	258	5-533	4-305	
Other and unspecified forms of malaria ...	4	1	5	2	2	4	4	8	12	-	1	1	1	1	16	17	17	3	3	0-008	0-049	
Schistosomiasis vesical (S. haematobium) ...	2,976	1,914	4,890	78	50	128	2,227	3,366	5,593	82	89	171	48	66	10,369	299	10,483	299	299	5-522	1-970	
Schistosomiasis intestinal (S. Manson) ...	745	234	979	2	2	4	1,001	687	1,688	2	2	4	4	10	2,653	6	2,667	6	6	1-403	0-099	
Schistosomiasis pulmonary (S. japonicum) ...	238	98	336	4	-	4	56	33	89	-	-	-	5	-	420	4	425	4	4	0-223	0-066	
Other and unspecified schistosomiasis ...	14	10	24	-	-	-	-	-	-	-	-	-	1	-	23	24	24	-	-	0-012	-	
Hydatid disease ...	7	3	10	-	-	-	1	-	1	-	-	-	-	-	11	11	11	-	-	0-005	-	
Flariasis (bancrofti) ...	176	23	199	2	-	2	119	20	139	-	-	-	-	2	336	338	338	2	2	0-177	0-033	
Onchocerciasis ...	-	1	1	-	-	-	-	-	-	-	-	-	1	-	-	1	1	-	-	0-000	-	
Other filariasis ...	80	10	90	-	-	-	17	2	19	-	-	-	-	-	109	109	109	-	-	0-057	-	
Ankylostomiasis ...	2,272	1,104	3,376	23	9	32	2,041	1,823	3,864	4	3	7	9	60	7,171	39	7,240	39	39	3-814	0-648	
Tapeworm and other cestode infestations ...	271	158	429	-	-	-	149	196	345	-	-	-	5	11	758	-	774	-	-	0-407	-	
Ascariasis ...	515	392	907	-	1	1	520	633	1,153	-	-	-	3	10	2,047	1	2,060	1	1	1-084	0-016	
Guinea worm (dracunculosis) ...	1	-	1	-	-	-	163	153	316	-	-	-	1	16	425	-	442	-	-	0-001	-	
Other diseases to helminths ...	97	29	126	-	-	-	7	5	12	-	-	-	-	2	92	-	94	-	-	0-232	-	
Lymphogranuloma venereum ...	64	18	82	-	-	-	6	2	8	-	-	-	-	-	28	-	28	-	-	0-049	-	
Granuloma inguinale, venereal ...	15	5	20	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0-014	-	
Chancroid and other unspecified venereal diseases ...	86	18	104	-	-	-	8	4	12	-	-	-	-	-	116	-	116	-	-	0-061	-	

TABLE XI—(contd.)

DISEASES

IN-PATIENTS—GOVERNMENT AND MISSION HOSPITALS

(Hospitals with resident doctors only—1st December, 1955 to 30th November, 1956)

DISEASES	GOVERNMENT HOSPITALS				MISSION HOSPITALS						TERRITORIAL CASES			TERRITORIAL DEATHS			TERRITORIAL			
	CASES			DEATHS			CASES			DEATHS			Euro- pean	Asian	African	Total Cases	Total Deaths	Percent- age Morbidity in Group	Percent- age Mortality in Group	
	M	F	Total	M	F	Total	M	F	Total	M	F	Total								
Food poisoning infection and intoxication	23	3	26	3	—	3	4	—	4	1	—	1	2	—	28	—	30	4	0.015	0.066
Relapsing fever, louse-borne	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Relapsing fever, tick-borne	450	295	745	8	6	14	200	220	420	7	17	24	4	3	1,158	38	1,165	38	0.613	0.633
Leptospirosis icterohaemorrhagica (Well's disease)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Yaws	280	126	406	2	1	3	295	202	497	—	—	—	—	3	900	—	903	4	0.475	0.066
Chickenpox	394	170	564	4	—	4	38	40	78	—	—	—	2	1	639	4	642	4	0.337	0.066
Mumps	172	70	242	1	—	1	16	39	55	3	7	—	3	7	287	1	297	1	0.156	0.016
Dengue	1	1	2	—	—	—	3	3	3	—	—	—	—	—	5	—	5	—	0.002	—
Trachoma	60	29	89	—	—	—	162	183	345	—	—	—	—	11	423	—	434	—	0.228	—
Sandfly fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Leishmaniasis	—	—	—	—	—	—	2	1	3	1	—	—	—	—	3	—	3	1	0.001	0.016
(i) Trypanosomiasis gambiense	1	—	1	—	—	—	3	3	6	2	2	2	—	—	7	2	7	2	0.003	0.033
(ii) Trypanosomiasis rhodesiensis	139	40	179	17	6	23	56	25	81	4	1	5	—	—	260	28	260	28	0.136	0.465
(iii) Other and unspecified trypanosomiasis	48	—	48	4	—	4	3	—	3	—	—	—	2	1	48	4	51	4	0.026	0.066
Dermatophytosis	16	9	25	—	—	—	40	37	77	—	—	—	10	25	67	—	102	—	0.053	—
Scabies	273	112	385	—	—	—	265	412	677	—	—	—	5	7	1,050	—	1,062	—	0.559	—
All other diseases classified as infective and parasitic*	204	114	318	6	1	7	132	106	238	4	3	7	26	6	524	14	556	14	0.292	0.235
GROUP II																				
Neoplasms																				
Malignant neoplasm of buccal cavity and pharynx	19	9	28	—	1	1	5	4	9	2	1	2	2	1	34	3	37	3	0.019	0.049
Malignant neoplasm of oesophagus	5	1	6	2	—	2	9	2	11	1	—	1	—	—	17	3	17	3	0.049	0.334
Malignant neoplasm of stomach	20	10	30	9	1	10	21	12	33	3	7	10	1	2	60	20	63	20	0.033	0.166
Malignant neoplasm of intestine, except rectum	18	7	25	6	—	6	13	11	24	1	3	4	1	2	46	8	49	10	0.025	0.066
Malignant neoplasm of rectum	13	5	18	2	1	3	3	1	4	1	—	1	—	1	21	4	22	4	0.011	0.016
Malignant neoplasm of larynx	5	1	6	1	—	1	2	—	2	—	—	—	—	—	8	1	8	1	0.004	—
Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary	17	3	20	2	—	2	2	6	8	1	1	2	4	1	23	4	28	4	0.014	0.066
Malignant neoplasm of breast	—	38	38	—	3	3	—	20	20	—	3	3	5	3	53	5	58	6	0.030	0.099
Malignant neoplasm of cervix uteri	—	101	101	—	9	9	—	64	64	—	—	8	1	3	161	17	165	17	0.086	0.282

Territorial Group Totals: *Cases 62,647; Deaths 1,813.

TABLE XI—(contd.)

DISEASES

IN-PATIENTS—GOVERNMENT AND MISSION HOSPITALS

(Hospitals with resident doctors only—1st December, 1955 to 30th November, 1956)

DISEASES	GOVERNMENT HOSPITALS				MISSION HOSPITALS				TERRITORIAL CASES				TERRI- TORIAL DEATHS			TERRITORIAL			
	CASES			DEATHS			CASES			DEATHS			Euro- pean	Asian	African	Total Cases	Total Deaths	Percent- age Morbid- ity in Group	Percent- age Mortal- ity in Group
	M	F	Total	M	F	Total	M	F	Total	M	F	Total							
Malignant neoplasm of other and unspedi- fied parts of uterus	—	47	47	—	4	4	—	—	32	5	—	5	—	—	—	77	9	0.041	0.149
Malignant neoplasm of prostate	39	—	39	5	—	5	20	—	—	—	—	—	—	—	—	57	7	0.031	0.116
Malignant neoplasm of skin	49	24	73	4	1	5	7	—	10	—	1	17	1	—	—	89	6	0.047	0.099
Malignant neoplasm of bone and connective tissue	52	20	72	11	3	14	17	2	14	4	—	31	2	—	—	103	18	0.054	0.299
Malignant neoplasm of liver and biliary passages	110	47	157	32	14	46	38	3	12	3	4	50	9	—	—	200	58	0.108	0.906
Malignant neoplasm of all other and unspecified sites	81	87	168	18	10	28	59	7	63	16	3	122	9	3	5	282	44	0.152	0.734
Leukaemia and aleukaemia	12	7	19	3	1	4	9	2	6	5	1	15	3	—	1	32	9	0.017	0.149
Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system ...	35	11	46	5	6	11	14	—	9	3	1	23	—	—	1	68	14	0.036	0.235
Benign neoplasms and neoplasms of unspecified nature*	310	710	1,020	13	12	25	137	4	512	8	15	649	4	4	29	1,625	33	0.882	0.548
GROUPS III AND IV																			
<i>Allergic, Endocrine system, Metabolic and Nutritional Diseases, and Diseases of the Blood and Blood-Forming Organs</i>																			
Nontoxic goitre	10	17	27	—	1	1	4	—	32	—	—	36	—	—	—	63	1	0.033	0.016
Thyrotoxicosis with or without goitre ...	2	2	4	1	—	1	—	—	10	—	—	10	—	—	—	12	1	0.007	0.016
Diabetes mellitus	121	35	156	8	2	10	25	2	13	2	18	38	2	2	53	123	14	0.102	0.199
Beriberi	32	33	65	5	—	5	36	—	26	—	—	62	2	—	1	126	7	0.066	0.116
Pellagra	43	12	55	3	3	6	12	1	11	1	—	23	1	—	—	77	8	0.041	0.132
Scurvy	20	7	27	1	2	3	10	—	10	1	—	20	—	—	—	47	4	0.024	0.066
Kwashiorkor	145	146	291	15	21	36	104	20	117	32	—	221	12	—	2	510	68	0.269	1.130
Other deficiency states	286	221	507	35	18	53	248	17	220	30	4	468	13	30	10	961	83	0.513	1.379
Pericious and other hyperchromic anaemias	48	43	91	3	2	5	43	4	29	6	1	72	4	2	9	153	11	0.085	0.182
Iron deficiency anaemias (hypochromic) ...	232	199	431	9	4	13	190	7	337	28	2	527	7	21	43	913	41	0.504	0.838
Other specified and unspecified anaemias	332	200	532	13	9	22	642	17	862	32	4	1,504	15	32	17	2,015	54	1.075	0.897
Asthma	434	223	657	7	3	10	104	3	89	6	11	193	3	3	40	799	16	0.447	0.268
Other allergic disorders, endocrine, metabolic and blood diseases† ...	189	99	288	3	3	6	95	6	104	15	22	199	9	6	17	448	21	0.256	0.349

Territorial Group Totals: *Cases 3,047; Deaths 266.

†Cases 6,504; Deaths 327.

TABLE XI—(contd.)

DISEASES

IN-PATIENTS—GOVERNMENT AND MISSION HOSPITALS

(Hospitals with resident doctors only—1st December, 1955 to 30th November, 1956)

DISEASES	GOVERNMENT HOSPITALS				MISSION HOSPITALS				TERRITORIAL CASES			TERRI- TORIAL DEATHS		TERRITORIAL						
	CASES		DEATHS		CASES		DEATHS		Euro- pean	Asian	African	European	Asian	African	Total Cases	Total Deaths	Percent- age Morbidity in Group	Percent- age Mortal- ity in Group		
	M	F	Total	M	F	Total	M	F											Total	
GROUP V																				
<i>Mental, Psychoneurotic and Personality Disorders</i>																				
Psychoses	43	34	77	-	-	33	63	96	-	2	2	13	5	155	-	2	173	2	0.091	0.033
Psychoneuroses and disorders of person- ality	78	64	142	-	-	39	70	109	-	-	-	20	12	219	-	-	251	-	0.132	-
Mental deficiency*	42	17	59	2	-	12	13	25	-	-	-	-	2	82	-	1	84	2	0.044	0.033
GROUP VI																				
<i>Diseases of the Nervous System and Sense Organs</i>																				
Vascular lesions affecting central nervous system	78	35	113	20	8	34	8	42	6	-	6	9	6	140	3	3	155	34	0.081	0.567
Nonmeningococcal meningitis	96	56	152	40	19	14	24	38	6	8	14	3	1	186	-	1	190	73	0.100	1.213
Multiple sclerosis	-	1	1	2	1	2	24	55	-	-	-	-	3	3	3	-	3	2	0.001	0.033
Epilepsy	119	53	172	7	1	31	823	1,469	-	1	1	4	3	220	-	-	227	8	0.119	0.132
Inflammatory diseases of eye	871	458	1,329	-	1	646	100	289	-	1	1	10	39	2,749	-	-	2,798	2	1.472	0.033
Cataract	132	59	191	-	-	189	11	33	-	-	-	1	45	434	-	-	480	-	0.252	-
Glaucoma	10	4	14	1	-	22	11	33	1	-	1	1	33	45	-	1	47	1	0.024	0.016
Otitis externa	48	16	64	-	-	39	37	76	-	-	-	5	16	119	-	-	140	2	0.073	-
Otitis media and mastoiditis	176	116	292	-	2	146	149	295	-	-	-	15	12	560	-	2	587	2	0.308	0.033
Other inflammatory diseases of ear	64	16	80	1	-	39	27	66	-	-	-	2	5	139	-	-	146	1	0.076	0.016
All other diseases and conditions of eye ...	583	207	790	2	1	217	238	455	-	-	-	9	41	1,195	-	3	1,245	3	0.653	0.049
All other diseases of the nervous system and sense organs†	372	187	559	17	4	116	113	229	5	2	7	22	23	743	-	28	788	28	0.414	0.465
GROUP VII																				
<i>Diseases of the Circulatory System</i>																				
Rheumatic fever	70	53	123	1	-	42	25	67	-	-	-	11	5	174	-	1	190	1	0.100	0.016
Chronic rheumatic heart disease	19	18	37	2	5	27	29	56	5	11	16	1	3	89	-	1	93	23	0.048	0.382
Arteriosclerotic and degenerative heart disease	66	45	111	10	14	63	54	117	5	8	13	28	38	162	4	7	228	37	0.120	0.615
Other diseases of the heart	266	125	391	56	29	158	146	304	24	16	40	23	28	644	2	6	695	125	0.365	2.077
Hypertension with heart disease	77	20	97	15	4	21	4	25	1	-	1	13	7	102	3	2	122	20	0.064	0.334
Hypertension without mention of heart ...	37	21	58	2	1	10	5	15	1	1	2	12	13	48	1	1	73	5	0.038	0.083
Diseases of arteries	14	10	24	4	-	8	7	15	1	1	2	3	5	31	-	1	39	6	0.020	0.099
Other diseases of circulatory system† ...	218	108	326	23	11	71	54	125	3	7	10	29	33	389	1	-	451	44	0.237	0.734

Territorial Group Total: *Cases 508; Deaths 4.

†Cases 6,806; Deaths 154.

‡Cases 1,891; Deaths 261.

TABLE XI—(contd.)

DISEASES

IN-PATIENTS—GOVERNMENT AND MISSION HOSPITALS

(Hospitals with resident doctors only—1st December, 1955 to 30th November, 1956)

DISEASES	GOVERNMENT HOSPITALS				MISSION HOSPITALS				TERRITORIAL CASES			TERRI- TORIAL DEATHS			TERRITORIAL			
	CASES		DEATHS		CASES		DEATHS		Euro- pean	Asian	African	European	Asian	African	Total Cases	Total Deaths	Percent- age Morbidity in Group	
	M	F	Total	M	F	Total	M	F										Total
GROUP VIII																		
<i>Diseases of the Respiratory System</i>																		
Acute upper respiratory infections	498	258	756	5	2	7	190	300	490	3	2	5	76	37	1,133	12	0.653	0.201
Influenza	80	53	133	—	—	—	69	74	143	3	1	4	25	2	249	4	0.145	0.066
Lobar pneumonia	4,373	2,121	6,494	231	128	359	1,031	952	1,983	40	56	96	30	41	8,406	455	4.466	7.563
Bronchopneumonia	1,526	1,575	3,101	168	155	323	937	1,121	2,058	78	86	164	23	48	5,088	487	2.719	8.095
Primary, atypical, other and unspecified pneumonia	335	161	496	6	7	13	271	254	525	12	14	26	4	3	1,014	39	0.540	0.648
Acute bronchitis	1,256	799	2,055	1	2	3	349	453	802	2	6	8	32	31	2,794	11	1.507	0.182
Bronchitis, chronic and unqualified	675	417	1,092	3	—	—	265	237	492	5	2	7	22	9	1,553	10	0.837	0.166
Hypertrophy of tonsils and adenoids	215	164	379	—	1	1	76	76	152	—	1	1	61	49	421	2	0.279	0.033
Empyema and abscess of lung	38	13	51	5	2	7	20	14	34	1	2	3	2	2	81	10	0.044	0.166
Pleurisy (other than tuberculous)	130	67	197	—	1	1	86	45	131	1	1	2	10	5	313	3	0.172	0.049
Pneumoconiosis	3	—	3	—	—	—	—	—	—	—	—	—	1	—	2	—	0.001	—
All other respiratory diseases*	410	234	644	15	8	23	135	146	281	2	3	5	29	23	873	28	0.486	0.465
GROUP IX																		
<i>Diseases of the Digestive System</i>																		
Dental caries	138	105	243	—	—	—	127	96	223	—	—	—	21	29	416	—	0.245	—
All other diseases of teeth and supporting structures	165	96	261	3	1	4	82	210	292	1	1	2	14	3	536	6	0.291	0.099
Ulcer of stomach	89	21	110	7	2	9	52	11	63	—	1	1	16	9	148	10	0.091	0.166
Ulcer of duodenum	46	13	59	3	1	4	16	5	21	—	—	—	22	4	54	4	0.042	0.066
Gastritis and duodenitis	194	87	281	3	—	3	84	69	153	1	—	—	22	9	403	4	0.228	0.066
Appendicitis	175	98	273	8	1	9	39	20	59	2	—	—	93	96	143	11	0.174	0.182
Intestinal obstruction hernia	1,760	113	1,873	82	11	93	645	131	776	16	15	31	31	59	2,559	124	1.398	2.061
Gastro-enteritis and colitis between 4 weeks and 2 years	556	544	1,100	51	37	88	216	191	407	18	14	32	31	35	1,441	120	0.797	1.994
Gastro-enteritis and colitis ages 2 years and over	934	576	1,510	71	22	93	163	228	391	3	5	8	74	30	1,797	101	1.000	1.678
Chronic enteritis and ulcerative colitis	32	82	114	1	—	1	28	13	41	1	—	—	8	1	146	2	0.081	0.033
Cirrhosis of the liver	266	112	378	53	23	76	71	40	111	12	4	16	6	5	478	92	0.257	1.529
Cholelithiasis and cholecystitis	30	29	59	5	—	—	11	21	32	1	—	—	22	11	58	6	0.047	0.099
Other diseases of digestive system†	1,563	1,091	2,654	69	34	103	317	313	630	7	6	13	135	135	3,014	116	1.732	1.928

*Cases 22,492; Deaths 1,061.

†Cases 12,114; Deaths 596.

Territorial Group Totals:

TABLE XI—(contd.)

DISEASES

IN-PATIENTS—GOVERNMENT AND MISSION HOSPITALS

(Hospitals with resident doctors only—1st December, 1955 to 30th November, 1956)

DISEASES	GOVERNMENT HOSPITALS				MISSION HOSPITALS				TERRITORIAL CASES				TERRI- TORIAL DEATHS				TERRITORIAL			
	CASES		DEATHS		CASES		DEATHS		Euro- pean	Asian	African	European	Asian	African	Total Cases	Total Deaths	Percent- age Morbidity in Group			
	M	F	Total	M	F	Total	M	F										Total	M	F	Total
GROUP X																				
<i>Diseases of the Genito-Urinary System</i>																				
Acute nephritis	95	38	133	16	9	25	43	31	74	5	4	9	1	3	203	34	0.567			
Chronic, other and unspecified nephritis	118	51	169	29	6	35	68	67	135	10	7	17	3	21	280	52	0.864			
Infections of kidney (other than tuberculous)	41	49	90	2	—	2	23	26	49	1	2	3	26	17	96	5	0.073			
Calculi of urinary system	54	9	63	—	—	—	44	9	53	3	—	3	21	12	83	3	0.061			
Hyperplasia of prostate	112	—	112	11	—	11	83	—	83	5	—	5	3	6	186	16	0.049			
Diseases of breast	—	226	226	—	—	—	—	161	161	—	1	1	14	5	368	1	0.102			
Hydrocele	861	—	861	1	—	1	472	—	472	1	—	1	80	17	1,316	2	0.026			
Disorders of menstruation	—	590	590	—	1	1	—	448	448	—	—	—	—	78	880	1	0.016			
All other diseases of the genito-urinary system*	1,885	1,867	3,752	38	12	50	1,008	1,364	2,372	7	8	15	175	168	5,781	65	1.080			
GROUP XI																				
<i>Deliveries and Complications of Pregnancy, Childbirth and the Puerperium</i>																				
Sepsis of pregnancy, childbirth and the puerperium	—	111	111	—	6	6	—	124	124	—	17	17	2	3	230	23	0.382			
Toxaemias of pregnancy and the puerperium	—	422	422	—	10	10	—	68	68	—	2	2	20	18	452	12	0.201			
Haemorrhage of pregnancy and childbirth	—	143	143	—	15	15	—	135	135	—	12	12	9	7	262	27	0.448			
Abortion without mention of sepsis or toxæmia	—	1,189	1,189	—	6	6	—	501	501	—	1	1	51	63	1,576	7	0.116			
Abortion with sepsis	—	127	127	—	6	6	—	148	148	—	5	5	4	11	260	11	0.182			
Other complications of pregnancy, childbirth and the puerperium	—	2,308	2,308	—	109	109	—	1,769	1,769	—	45	45	68	99	3,910	154	2.559			
Delivery without complications†	—	8,679	8,679	—	4	4	—	4,652	4,652	—	9	9	391	624	12,316	13	0.218			

Territorial Group Totals:

*Cases 9,843; Deaths 179.

†Cases 20,376; Deaths 247.

TABLE XI—(cont.)

DISEASES

IN-PATIENTS—GOVERNMENT AND MISSION HOSPITALS

(Hospitals with resident doctors only—1st December, 1955 to 30th November, 1956)

DISEASES	GOVERNMENT HOSPITALS						MISSION HOSPITALS						TERRITORIAL CASES			TERRI- TORIAL DEATHS			TERRITORIAL				
	CASES			DEATHS			CASES			DEATHS			Euro- pean	Asian	African	European	Asian	African	Total Cases	Total Deaths	Percent- age Morbid- ity in Group	Percent- age Mortal- ity in Group	
	M	F	Total	M	F	Total	M	F	Total	M	F	Total											
GROUPS XII AND XIII																							
<i>Diseases of the Skin and Cellular Tissues and Diseases of the Bones and Organs of Movement</i>																							
Infections of skin and subcutaneous tissue	2,618	1,019	3,637	21	7	28	697	550	1,247	3	3	6	106	80	4,698	—	—	1	33	4,884	34	2,574	0.567
Arthritis and spondylitis ...	613	211	824	3	3	6	150	98	248	—	—	—	10	32	1,030	—	—	—	6	1,072	6	0.564	0.099
Muscular rheumatism and rheumatism unspecified ...	622	297	919	1	—	1	168	130	298	—	—	—	17	18	1,182	—	—	—	1	1,217	1	0.600	0.016
Osteomyelitis and periostitis ...	489	180	669	2	1	3	120	71	191	1	1	2	2	14	844	—	—	—	5	860	5	0.452	0.083
Ankylosis and acquired musculo-skeletal deformities ...	74	16	90	—	—	—	25	28	53	—	—	—	4	5	134	—	—	—	—	143	—	0.075	—
Chronic ulcer of skin (including tropical ulcer) ...	2,603	934	3,537	9	23	32	530	400	930	2	—	2	13	13	4,441	—	—	1	33	4,467	34	2,355	0.567
All other diseases of skin ...	809	355	1,164	—	1	1	164	158	322	—	1	1	36	37	1,413	—	—	—	2	1,486	2	0.786	0.033
All other diseases of musculo-skeletal system* ...	871	386	1,257	10	3	13	145	122	267	—	—	—	34	24	1,466	—	—	—	13	1,524	13	0.806	0.218
GROUP XIV																							
<i>Congenital Malformations</i>																							
Spina bifida and meningocele	6	4	10	—	1	1	2	6	8	2	2	4	—	—	18	—	—	—	5	18	5	0.009	0.083
Congenital malformations of circulatory system ...	6	3	9	—	1	1	2	6	8	3	1	4	—	1	16	—	—	—	5	17	5	0.008	0.083
All other congenital malformations† ...	56	61	117	5	3	8	36	48	84	3	2	5	3	4	194	—	—	—	13	201	13	0.105	0.218
GROUP XV																							
<i>Certain Diseases of Early Infancy</i>																							
Birth injuries	5	7	12	—	1	1	8	9	17	2	9	11	—	—	29	—	—	—	12	29	12	0.015	0.201
Postnatal asphyxia and atelectasis	1	24	25	1	2	3	23	59	82	8	30	38	—	2	105	—	—	1	40	107	41	0.056	0.683
Diarrhoea of newborn (under 4 weeks)	17	6	23	1	1	2	13	22	35	3	1	4	1	2	55	—	—	—	6	58	6	0.030	0.099
Ophthalmia neonatorum ...	10	18	28	—	—	—	2	5	7	—	—	—	—	1	34	—	—	—	—	35	—	0.018	—
Other infections of newborn	4	20	24	3	10	13	24	11	35	1	1	2	1	1	57	—	—	—	14	59	15	0.031	0.249
Haemolytic disease of newborn	3	7	10	2	1	3	1	1	2	1	—	1	—	—	12	—	—	—	4	12	4	0.006	0.066
All other defined diseases of early infancy	16	28	44	3	9	12	43	63	106	13	22	35	6	6	138	—	—	2	45	150	47	0.078	0.783
Ill-defined diseases peculiar to early infancy, and immaturity (all types)‡ ...	53	118	171	14	35	49	124	183	307	56	78	134	11	10	457	3	4	176	478	183	—	0.251	30.41

Territorial Group Totals:

*Cases 15,653; Deaths 95.

†Cases 236; Deaths 23.

‡Cases 928; Deaths 308.

TABLE XI—(contd.)

DISEASES

IN-PATIENTS—GOVERNMENT AND MISSION HOSPITALS

(Hospitals with resident doctors only—1st December, 1955 to 30th November, 1956)

	GOVERNMENT HOSPITALS						MISSION HOSPITALS						TERRITORIAL CASES			TERRI-TORIAL DEATHS			TERRITORIAL				
	CASES			DEATHS			CASES			DEATHS			Euro-pean	Asian	African	European	Asian	African	Total Cases	Total Deaths	Percent-age Morbid-ity in Group	Percent-age Mortal-ity in Group	
	M	F	Total	M	F	Total	M	F	Total	M	F	Total											
GROUP XVI																							
Symptoms, Senility, and Ill-Defined Conditions																							
Senility without mention of psychosis	91	72	163	25	10	35	22	19	41	2	1	3	6	1	197	204	38	0-633	0-633				
Pyrexia of unknown origin	3,764	2,023	5,787	93	51	144	421	541	962	23	24	47	196	55	6,498	6,749	189	3-556	0-174				
Observation without need for further medical care	592	419	1,011	-	-	-	185	360	545	-	-	-	98	25	1,433	1,556	-	0-823	-				
All other ill-defined causes of morbidity*	854	563	1,417	41	33	74	285	350	635	27	22	49	68	61	1,923	2,052	121	1-084	0-044				
GROUP XVII																							
Accidents, Poisonings and Violence																							
Fracture of skull	174	28	202	48	3	51	29	9	38	3	1	4	4	22	214	240	51	0-126	0-916				
Fracture of spine and trunk	228	26	254	15	2	17	34	19	53	2	3	5	15	11	281	307	21	0-161	0-365				
Fracture of limbs	2,772	879	3,651	28	10	38	277	94	371	-	-	-	55	128	3,839	4,022	36	2-121	0-633				
Dislocation without fracture	333	130	463	-	-	-	40	18	58	1	1	2	7	5	509	521	2	0-274	0-033				
Sprains and strains of joints and adjacent muscles	518	129	647	-	-	-	52	23	75	-	-	-	17	16	689	722	-	0-380	-				
Head injury (excluding fracture)	361	77	438	15	4	19	72	23	95	-	-	-	23	25	485	533	15	0-280	0-315				
Internal injury of chest, abdomen and pelvis	117	21	138	20	7	27	25	18	43	6	2	8	10	2	169	181	1	0-095	0-583				
Laceration and open wounds	3,344	705	4,049	14	7	21	531	174	705	1	3	4	56	68	4,630	4,754	25	2-506	0-415				
Superficial injury, contusion and crushing with intact skin surface	1,669	399	2,068	-	-	-	135	48	183	-	-	-	37	26	2,188	2,251	-	1-188	-				
Effects of foreign body entering through orifice	121	33	154	1	-	1	26	9	35	-	-	-	8	2	179	189	1	0-069	0-016				
Burns	646	363	1,009	25	26	51	133	112	245	11	8	19	14	20	1,220	1,254	67	0-663	1-163				
Effects of poisons	245	129	374	19	4	23	64	59	123	7	15	22	28	14	455	497	45	0-261	0-750				
All other and unspecified effects of external causes†	581	165	746	10	1	11	98	61	159	4	3	7	29	13	863	905	16	0-476	0-299				
Totals	70,991	49,866	120,857	2,512	1,482	3,994	30,363	38,762	69,125	924	1,100	2,024	3,509	3,754	182,719	189,982	95	5,879	100-000				

Territorial Group Totals:

*Cases 10,561; Deaths 352.

†Cases 16,376; Deaths 330.

TABLE XII

DISEASES

OUT-PATIENTS—GOVERNMENT AND MISSION HOSPITALS

(Hospitals with resident doctors only—1st December, 1955 to 30th November, 1956)

	GOVERNMENT HOSPITALS			MISSION HOSPITALS			Total European	Total Asian	Total African	Territorial Total	Group Total	Percentage Morbidity in Group
	M	F	Total	M	F	Total						
GROUP I												
Infective and Parasitic Diseases (and influenza, all types meningitis and eye diseases)												
Tuberculosis of the respiratory system	2,174	1,121	3,295	482	357	839	13	64	4,057	4,134		0.266
Other Tuberculous diseases	1,104	1,551	1,655	103	92	195	2	2	1,846	1,850		0.119
Syphilis	14,781	10,667	25,448	1,902	2,128	4,030	8	48	29,422	29,478		1.904
Gonorrhoea	17,627	6,108	23,735	3,689	3,080	6,769	22	54	30,428	30,504		1.970
Other venereal diseases	4,750	2,754	7,504	42	34	76	11	39	7,530	7,580		0.493
Fever of uncertain origin	55,979	39,127	95,106	6,630	7,098	13,728	527	1,573	106,734	108,834		7.016
Bacillary dysentery	3,591	2,538	6,129	235	291	526	130	66	6,459	6,655		0.433
Amoebiasis	1,306	1,191	1,497	382	478	860	46	21	2,290	2,357		0.015
Other dysenteries	8,068	4,048	12,116	1,778	1,857	3,635	225	146	15,380	15,751		1.014
Diphtheria	3	1	4	—	4	4	1	2	5	8		0.000
Whooping cough	1,674	2,448	4,122	1,842	1,787	3,629	33	174	7,544	7,751		0.499
Meningitis...	34	42	76	16	13	29	1	2	102	105		0.006
Plague	—	—	—	—	—	—	—	—	—	—		—
Leprosy	612	294	906	351	255	606	—	6	1,505	1,512		0.099
Tetanus	9	6	15	82	37	119	—	—	134	134		0.008
Anthrax	400	125	525	16	10	26	—	2	549	551		0.035
Relapsing fever	190	122	312	210	208	418	7	34	689	730		0.047
Yaws	10,055	7,102	17,157	2,415	2,066	4,481	—	4	21,634	21,638		1.399
Acute poliomyelitis	7	25	32	25	15	40	10	3	59	72		0.000
Smallpox:—												
(a) Variola major	1	2	3	17	8	25	—	—	28	28		0.000
(b) Variola minor	38	26	64	38	38	76	—	2	138	140		0.009
Measles	3,107	3,657	6,764	848	1,017	1,865	29	91	8,509	8,629		0.555
Chickenpox	1,443	1,271	2,714	459	568	1,027	19	11	3,711	3,741		0.240
Mumps	1,263	783	2,046	97	115	212	9	21	2,228	2,258		0.145
Yellow fever	—	—	—	—	—	—	—	—	—	—		—
Rabies	—	—	—	—	—	—	—	—	—	—		—
Trachoma	867	517	1,384	714	863	1,577	1	57	2,903	2,961		0.194
Typhus and other rickettsial diseases	24	11	35	17	—	17	24	1	27	52		0.000
Malaria:—												
(a) Benign Tertian	979	319	1,298	2,895	2,428	5,323	40	306	6,275	6,621		0.431
(b) Quartan	5	24	29	44	23	67	6	1	89	96		0.006
(c) Subtertian	20,516	14,474	34,990	5,422	5,401	10,823	249	514	45,050	45,813		2.957
(d) Unclassified	21,207	17,400	38,607	12,222	15,667	27,889	225	1,038	65,233	66,496		4.289
Blackwater fever	3	—	3	2	2	4	2	—	5	7		0.000
Trypanosomiasis	8	—	8	8	2	10	1	—	17	18		0.000
Schistosomiasis:—												
(a) Vesical (haematobium)...	9,979	4,190	14,169	2,787	2,151	4,938	15	24	19,068	19,107		1.230
(b) Intestinal (mansoni)	1,586	801	2,387	154	171	325	18	—	2,694	2,712		0.174

TABLE XII—(contd.)

DISEASES

OUT-PATIENTS—GOVERNMENT AND MISSION HOSPITALS

(Hospitals with resident doctors only—1st December, 1955 to 30th November, 1956)

	GOVERNMENT HOSPITALS			MISSION HOSPITALS			Total European	Total Asian	Total African	Territorial Total	Group Total	Percentage Morbidity in Group
	M	F	Total	M	F	Total						
Tapeworm	3,748	1,394	5,142	990	843	1,833	21	11	6,943	6,975		0.455
Filariasis (baneroffi)	982	146	1,128	163	42	205	1	2	1,330	1,333		0.085
Onchocerciasis	6		6	2	2	4		1	9	10		0.000
Ankylostomiasis	11,762	10,389	22,151	4,723	5,531	10,254	15	188	32,202	32,405		2.093
Ascariasis	6,899	5,464	12,363	2,577	2,875	5,452	22	110	17,683	17,815		1.153
Guinea worm (dracunculosis)	46	5	51		1	1	7	8	37	52		0.000
Tinea	3,969	2,826	6,795	371	268	639	120	50	7,264	7,434		0.478
Scabies	20,216	14,084	34,300	3,321	3,738	7,059	7	118	41,234	41,359		2.670
All other infective and parasitic diseases	5,260	3,075	8,335	798	695	1,493	346	136	9,346	9,828	515,534	0.633
GROUP II												
Neoplasms												
Malignant neoplasms	41	42	83	63	81	144	13	12	202	227		0.014
Non-malignant	305	440	745	85	394	479	34	17	1,173	1,224		0.078
Unspecified	342	270	612	45	89	134	30	14	702	746	2,197	0.048
GROUP III												
Allergic, Endocrine system, Metabolic and Nutritional Diseases												
Asthma	2,224	1,149	3,373	473	397	870	71	285	3,887	4,243		0.277
Diabetes	144	38	182	29	21	50	19	86	127	232		0.014
Vitamin deficiency states	2,915	3,284	6,199	2,226	2,252	4,478	14	58	10,605	10,677		0.687
Kwashiorkor	337	369	706	217	212	429			1,135	1,135		0.073
Other allergic, endocrine system, metabolic and nutritional diseases	4,056	3,446	7,502	576	676	1,252	709	297	7,748	8,754	25,041	0.568
GROUP IV												
Diseases of the Blood and Blood-Forming Organs												
All diseases of the blood and blood-forming organs	1,968	2,231	4,199	982	1,684	2,666	216	176	6,473	6,865	6,865	0.442
GROUPS V AND VI												
Mental, Psychoneurotic and Personality Diseases and Diseases of the Nervous System and Sense Organs												
Mental disorders	106	79	185	39	45	84	74	14	181	269		0.017
Cerebral-haemorrhage	8	1	9	7	6	13	7	1	14	22		0.000
Epilepsy	148	42	190	62	39	101	3	15	273	291		0.018
Other diseases of nervous system	2,935	1,911	4,846	412	366	778	254	282	5,088	5,624		0.367
Inflammatory and other diseases of the eye and annexa except trachoma	32,618	27,405	60,023	7,862	8,449	16,311	326	633	75,375	76,334		4.923
Diseases of ear and mastoid	16,762	11,844	28,606	2,177	1,955	4,132	600	426	31,712	32,738	115,278	2.114

DISEASES

OUT-PATIENTS—GOVERNMENT AND MISSION HOSPITALS

(Hospitals with resident doctors only—1st December, 1955 to 30th November, 1956)

	GOVERNMENT HOSPITALS			MISSION HOSPITALS			Total European	Total Asian	Total African	Territorial Total	Group Total	Percentage Morbidity in Group
	M	F	Total	M	F	Total						
GROUP VII												
Diseases of the Circulatory System												
Diseases of the circulatory system:—												
(a) Heart disease	362	191	553	464	419	883	89	101	1,246	1,436	4,850	0.092
(b) Other circulatory diseases	1,661	1,251	2,912	262	240	502	218	120	3,076	3,414		0.223
GROUP VIII												
Diseases of the Respiratory System												
Pneumonia	5,483	4,406	9,889	1,595	1,690	3,285	48	175	12,951	13,951	207,763	0.854
Other diseases of respiratory system	99,048	72,762	171,810	11,446	11,333	22,779	1,904	3,213	189,472	194,589		12.540
GROUP IX												
Diseases of the Digestive System												
Diseases of Teeth and supporting structure:—												
(a) Caries	14,638	8,767	23,405	2,214	2,043	4,257	407	290	26,965	27,662		1.757
(b) Other conditions	8,460	5,372	13,832	488	512	1,000	145	220	14,467	14,832		0.961
Appendicitis	86	36	122	21	10	31	27	37	89	153		0.009
Intestinal obstruction and hernia	1,229	64	1,293	443	59	502	25	38	1,732	1,795		0.118
Gastro-enteritis:—												
(a) Between 4 weeks and 2 years	8,129	7,266	15,395	1,785	1,837	3,622	37	178	18,802	19,017		1.230
(b) 2 years and over	12,981	7,574	20,555	1,499	1,495	2,994	264	378	22,907	23,549		1.523
Cirrhosis of the liver	198	56	254	29	12	41	19	8	268	295		0.019
Other diseases of liver and bile passages	422	274	696	125	111	236	52	37	843	932		0.060
Other diseases of digestive system	65,224	54,135	119,359	3,546	5,714	9,260	1,799	1,252	125,568	128,619	216,854	8.290
GROUP X												
Diseases of the Genito-Urinary System												
Nephritis	200	132	332	61	58	119	7	28	416	451	37,428	0.029
Other diseases of genito-urinary system	15,488	13,142	28,630	2,453	5,894	8,347	589	593	35,795	36,977		2.381
GROUP XI												
Complications of Pregnancy, Childbirth and the Puerperium												
Diseases of pregnancy, childbirth and the puerperal state:—												
(a) Toxaemias of pregnancy	—	544	544	—	108	108	25	29	598	652		0.041
(b) Abortion	—	642	642	—	341	341	26	25	932	983		0.063
(c) Other conditions of the puerperal state	—	2,349	2,349	—	1,212	1,212	82	79	3,400	3,561	5,923	0.233
Normal deliveries	—	486	486	—	241	241	16	30	681	727		0.046

TABLE XII—(contd.)

DISEASES

OUT-PATIENTS—GOVERNMENT AND MISSION HOSPITALS

(Hospitals with resident doctors only—1st December, 1955 to 30th November, 1956)

	GOVERNMENT HOSPITALS			MISSION HOSPITALS			Total European	Total Asian	Total African	Territorial Total	Group Total	Percentage Morbidity in Group
	M	F	Total	M	F	Total						
GROUPS XII AND XIII												
<i>Diseases of the Skin and Cellular Tissue, and Diseases of Bones and Organs of Locomotion</i>												
Ulcers	61,690	24,416	86,106	5,101	3,081	8,182	130	263	93,895	94,288		6.079
Rheumatic conditions	29,583	20,686	50,269	2,729	2,805	5,534	447	562	54,794	55,803		3.600
Other diseases of bones, skin and musculo-skeletal system	44,284	23,065	67,349	3,930	3,206	7,136	1,968	1,211	71,606	74,485	224,576	4.803
GROUPS XIV AND XV												
<i>Congenital Malformations and Certain Diseases of Early Infancy</i>												
Diarrhoea of the new-born	83	118	201	78	68	146	2	12	333	347		0.022
Ophthalmia neonatorum	325	1,004	1,329	57	48	105	5	1	1,428	1,434		0.092
Immaturity	8	11	19	37	25	62	4	3	74	81		0.005
All other malformation and diseases of early infancy	165	164	329	314	334	648	41	17	919	977	2,839	0.062
GROUP XVI												
<i>Senility and Ill-Defined Conditions</i>												
Senility	616	744	1,360	69	38	107	10	38	1,419	1,467		0.094
All other ill-defined causes of morbidity	14,758	10,972	25,730	1,985	1,673	3,658	505	425	28,458	29,388	30,855	1.899
GROUP XVII												
<i>Accidents, Poisoning and Violence</i>												
Fractures and dislocations	2,494	693	3,187	350	166	516	182	124	3,396	3,703		0.238
Injuries by animals and insects	1,702	640	2,342	188	110	298	147	39	2,454	2,640		0.170
Other wounds and superficial injuries (excluding burns)	43,239	11,452	54,691	5,394	2,832	8,226	617	631	61,669	62,917		4.052
Burns and scalds	6,181	4,621	10,802	458	412	870	97	152	11,423	11,672		0.751
Poisons	86	29	115	97	102	199	9	9	295	314		0.020
All other injuries from external causes	21,973	7,287	29,260	1,238	482	1,720	1,465	262	29,253	30,980		2.001
Examinations	13,683	8,331	22,014	7,568	14,623	22,191	3,300	2,808	38,097	44,205	156,431	2.853
Totals	775,666	504,361	1,280,027	130,148	142,259	272,407	18,993	20,634	1,512,807	1,552,434	1,552,434	100.000

