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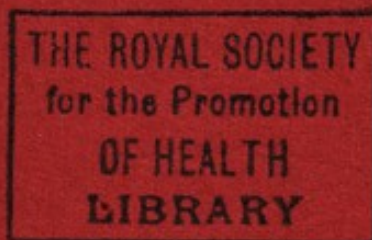
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NORTHERN NIGERIA



Annual Report of the Ministry of Health, Northern Nigeria for the Year 1961

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**Annual Report of the Ministry of Health,
Northern Nigeria for the Year 1961**



The Hon. Minister of Health

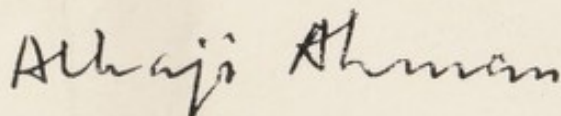
FOREWORD

BY


THE HONOURABLE ALHAJI AHMAN, GALADIMAN PATEGI, M.H.A.,
MINISTER OF HEALTH

Bearing in mind that the aim of my Ministry is to establish a fully integrated curative and preventive service throughout the Region, I hope that the following report for the year 1961 will give readers an idea of the progress being made.

The outstanding achievement of the year under review was the opening of three new country-type (60-bed) hospitals at Hadejia, Birnin Kudu and Azare. Readers will readily understand that our problem is not merely one of building new hospitals, but also of staffing them. Nevertheless in moving towards the ultimate aim of establishing one 60-100-bed hospital in each Parliamentary Constituency, we plan to build and staff ten new hospitals within the next six years; if funds and staff become available we may even build more.

A handwritten signature in dark ink, appearing to read 'Alhaji Ahman', written in a cursive style.

Minister of Health



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A.—GENERAL REVIEW

1. The Honourable Alhaji Ahman, Galadiman Pategi, M.H.A., was re-elected and continued in office as Minister of Health throughout the year. In October he toured the United Kingdom at the invitation of the British Government and took advantage of this opportunity to speed up recruitment. Mallam Tanko Yusufu, M.H.A., has continued as Parliamentary Secretary to the Minister.

2. Changes in the organisation of the Ministry included the merging of the Endemic Diseases and Urban Health Divisions into the Preventive Services Division and the abolition of the post of Adviser. The Organisation and Methods Section completed its work of breaking down the main registry and each section is now self-contained with its own registry facilities. This has resulted in a very considerable improvement in the despatch of business.

3. As regards the Provincial organisation, the Yola Medical Division was closed down, headquarters now dealing direct with the Medical Areas. With the assistance of the Organisation and Methods Section this operation proved much simpler than was anticipated and very few difficulties have so far been encountered in following out the new procedure. The closure of Makurdi and Ilorin Medical Divisions will take place early in 1962.

4. The exodus of officers on the permanent and pensionable establishment continued but this was more than balanced by the recruitment of contract staff, particularly from Pakistan. The Honourable Premier's tour of Pakistan provided a most useful stimulus in this respect.

B.—TRAINING

General.—During the year there were 20 male Staff Nurses in the United Kingdom studying for the S.R.N. and S.C.M. Certificates and other specialties such as Tuberculosis and Theatre qualifications.

2. *Kano Medical School.*—There were 14 students in the School during 1961, and in December five of these qualified as Assistant Medical Officers. They were posted to hospitals in various parts of the Region to gain experience working under the guidance of experienced Medical Officers.

Nine students still pursue their studies of whom five are in their final year and should qualify in 1962.

3. *Pharmacy.*—1961 proved to be a memorable year in the history of the Pharmacy School. In January it was inspected by members of the Pharmacy Board and gained recognition for training to the standard of the Chemist and Druggist Diploma. To implement the new training programme additions to buildings, staff and equipment were essential. Much progress was made and it

was found possible to absorb a new intake in October. During 1961 there were 28 students, 9 of whom passed Part I of the professional course leading to the Chemist and Druggist Diploma.

4. *Nurses' Training*.—The Nurses' Preliminary Training Schools at Kano and Kaduna continued to operate successfully. The intake in both schools was slightly below that of 1960. The results for the year are given below:—

	<i>In-take</i>	<i>Passes</i>	<i>Failed</i>	<i>Resigned</i>	<i>Repeating Course</i>
Kano N.P.T.S.	96	83	3	8	2
Kaduna „	65	33	18	9	5

The 5 Government Training Hospitals at Katsina, Zaria, Kaduna, Jos and Makurdi continued to operate but lack of trained tutors was reflected in the examination results. Figures for these training schools are given below:—

Candidates for the final examination	...	...	...	...	107
Qualified	...	...	...	...	59
Referred	...	...	...	...	34
Failed	...	...	...	...	14

There are 5 Mission Training Schools for Nurses and these produced 42 qualified nurses; the Native Authority Training School at Kano produced 1 qualified nurse.

5. *Midwives' Training*.—The only Midwives' Grade I Government Training School is at the General Hospital, Kaduna; 5 pupils qualified during the year. Grade II Midwives continued to be trained at the General Hospitals at Zaria, Jos, Maiduguri, Yola, Makurdi, Lokoja and Idah, and at the Government Maternity Hospital in Ilorin. 25 pupils qualified as Grade II Midwives. With the gradual increase in educational facilities the training schools are now beginning to get pupils with a better standard of education. The Mission Hospitals produced 1 Grade I Midwife and 29 Grade II Midwives during the year.

6. *School of Hygiene, Kano*.—During 1961, 23 students qualified, 2 as Government Health Inspectors, 10 as Government Health Assistants and 11 as Native Authority Sanitary Inspectors. 37 new students were enrolled—15 for Government and 22 for Native Authority appointments, but it is noteworthy that no student enrolled for the Course for Government Health Inspectors, a three-year Course for which possession of the West African School Certificate is obligatory. The reward of a Health Inspector's appointment is not sufficient to attract candidates with that education in this Region at present. 22 Inspectors passed the examination for the Certificate of the Royal Society of Health.

During the year, a substantial programme of expansion and modernisation of buildings has been started which will improve the school in the future. A field-training area has also been developed at Kankiya.

7. *Medical Auxiliaries Training School, Kaduna.*—Shortage of accommodation also affected this school throughout the year. It necessitated dropping the Refresher Course from the Curriculum after completion of the fourth course which had started on 1st September, 1960. That Course ended in February, 1961, when 30 out of 34 candidates passed the final test.

At the beginning of 1961 there were 115 Students taking the Basic Course, 40 in the Final year and 81 nearing the end of their first year. The Final Year Students sat their passing-out Examination in February, and 31 passed; 3 were referred.

The departure of successful Final Year Students and the ending of the 1960 Refresher Course made room for a new intake of 62 Basic Course trainees, 15 for Government and 47 from Native Authorities.

As at the School of Hygiene, an extensive building programme is underway at this School and a new hostel which will add accommodation for 78 Students is nearing completion. In addition to it, an entirely new School is under construction but much work on it has still to be done.

As well as training medical auxiliaries for the Government Rural Health and Sleeping Sickness Service and Dispensary Attendants for the Native Authorities, classes for the staff of the Leprosy Service are held at this school. In 1961 three Courses for Native Authority Leprosy Attendants were held, each of three months duration. In all, 86 attendants were trained and all successfully passed the test set at the end of the course. The Course for Assistant Leprosy Inspectors (Leprosy Assistants), which had started in 1960, ended in April, 1961. Twelve men attended, 9 Native Authority and 3 Government, and all passed.

8. *Community Nurses Training Centre, Kaduna.*—6 Native Authority Midwives were admitted to the Centre in January and a further 9 (2 Native Authority and 7 Government) in July. 5 students sat the qualifying examination in August and three passed but two were referred.

9. *Tse-tse Control Assistants' Training.*—A class for recruits to the cadre of Tse-tse Control Assistants was run at Katabu in 1961. 9 Students started training in April. This class is given six-months theoretical introduction to their subject and thereafter goes out into the field for practical instruction.

10. *Assistant Tse-tse Control Officers' Training.*—It became obvious in 1961 that the Senior Staff of the Tse-tse Control subsection of the Sleeping Sickness Service would become depleted during 1962 with the retirement of most of its expatriate officers. The prospect of replacing these men from within the Service was limited and to make good the deficiency it was decided to institute a special course of intensive training for men with a fair basic education (West African School Certificate standard), who would be directly recruited as Assistant Control Officer-in-training. The first class of eight of these men started training in April, 1961. Three proved unsuitable before the year ended.

C.—PREVENTIVE AND SOCIAL MEDICINE

Health Education.—The two Health Superintendents, who went to the United Kingdom in 1960 obtained the Diploma in Content and Methods of Health Education of London University and have returned to set up a Regional Health Education Unit.

The successful visit paid in 1960 by Dr W. Emrys-Davies was followed-up in the present year when he again came to the Region and continued his instruction in the techniques of Health Education. On this occasion, he was accompanied by his wife, a professional educator in her own right.

The routine health education given to mothers at Maternity and Child Welfare Clinics, to classes at the School of Administration, Zaria, and to the population at large through radio broadcasts, health weeks and special campaigns has continued.

2. *The Schools Medical Service.*—The Clinics run by the Education Department for schoolchildren continued as before but the embryonic Schools Health Service which had been started at Kano suffered a set-back. The origin of this scheme was described in the Annual Report for 1959. It was hoped at that time to provide a model sanitary and ablution annex at each of the new schools being built at Kano, but funds for these have yet to be found. However, UNICEF has now been informed of these requirements and may contribute towards the cost of them. A further disappointment had to be accepted when the Lady Medical Officer, who had spent a tour starting the scheme, left our service to join the World Health Organisation. As the year closes, no replacement for her has been found.

3. *Infant Welfare.*—The encouraging picture of expansion of these services which was presented in 1960 is still valid. The Government and Native Authority efforts are very much dependent on our having Health Sisters to supervise their clinics and, although we are experiencing a rather rapid turn-over of these ladies, yet recruitment continues to keep pace with losses so that the number has remained at 24 for most of this year.

A free-issue of protein supplement is made through our Maternity and Child Welfare Clinics. This takes the form of Dried Skim Milk for infants, and "ARLAC," a dried-milk, groundnut flour mixture, for young children and for mothers. Government provides £24,400 annually for these supplements.

4. *Rural Health Services.*—In recent Annual Reports the work done for the rural population has not received mention except for the fraction of it relating to the control of the major endemic and epidemic diseases. None-the-less, Government, Native Authorities and Missions all contribute to providing a service for the rural population founded on Health Centres Dispensaries and Maternity and Child Welfare Clinics and Homes.

There are still only two Government Health Centres, those at Argungu and at Kankiya. They are each staffed by a skeleton Medical Field Unit supplemented

by Native Authority personnel and each is the base for a Health Sister. Kankiya is much the more successful and it has been used in the present year as a field station from which staff of the School of Hygiene, Kano, can get practical experience in improving rural sanitation. The combined Roman Catholic-Native Authority Centre at Sugu continues to provide good service.

There are now 622 Dispensaries in the Region. In addition, there are 55 Maternity Homes, many of which also offer general treatment to out-patients. These figures show the gradual expansion of treatment centres in the years since the subject was last mentioned in an Annual Report and also show the effect of the Government's policy of transferring its dispensaries to Native Authorities.

The distribution of medical institutions by Provinces is shown in Appendix A.

5. *Dental Health.*—The following Dental Centres have been in operation during the year: Kaduna, Kano, Jos, Ilorin, Maiduguri, Sokoto and Zaria. At Ilorin the new building was opened in September; tenders for the new centre at Makurdi were called for but construction has been delayed by the economic situation. An extra surgery for Dental Hygienists is being constructed at Kano and Jos and it is hoped to provide a temporary Dental Centre at Gusau early in 1962. The Dental Surgeon from Kano visits Katsina monthly and operates a temporary Dental Centre there. The Clinomobil which was received from the West German Government has been converted into a Mobile Dental Clinic and has been fitted out with modern equipment. It was used on a tour of the Northern Cameroons early in the year and, after a great deal of delay in fitting it out and obtaining spare parts, it is now ready and will be in operation throughout the Region during 1962. Increased touring has resulted in many other stations being visited by Dental Surgeons.

Staff at the end of the year included the Principal Dental Officer, 7 Dental Surgeons, 3 Dental Technologists, 7 Dental Technicians, 3 Dental Technicians-in-Training, 3 Dental Hygienists-in-Training and 6 Dental Surgery Assistants.

One Assistant Dental Technologist passed his Final City and Guilds examination and was promoted to Dental Technologist and two Dental Technicians passed the 'advanced' internal examination and have been recommended for promotion to Assistant Dental Technologists. Four Dental Technicians-in-Training passed the Intermediate examination of the City and Guilds. Northern students have done exceptionally well at the Federal School of Dental Technology and have the best record at the examinations of all the students. Four students commenced the course at the Federal School of Dental Hygiene in January but one has since resigned; five candidates have been selected for the 1962 course. Again, Northern students did very well in their examinations.

As anticipated the increased demand for treatment continues and attendances were 39,745, being an increase of about 24 per cent over last year and, as far as the indigenous population is concerned, an increase of 35 per cent. It is pleasing

to report the great increase in the field of conservative dentistry, there being an increase of 300 per cent in root treatments, 250 per cent in crowns and inlays and 50 per cent in fillings. In the latter case there was a marked increase of 250 per cent in the number of fillings done for Nigerians, and also an increase of scalings and gum treatments for them. Over eight thousand children and scholars attended for treatment and it is this aspect of dentistry that must be encouraged. The advent of Dental Hygienists in the future will help us to spread and enlarge the Dental Service amongst the youth of the country.

6. *Mental Health*.—After being trained in Psychological Medicine, Dr. C. O. Oshodi took over Psychiatric practice from the expatriate Specialist in April, 1961. Northern nurses are also being trained in psychiatric nursing in the United Kingdom.

Patients from all over the Region are being sent to Zaria, where part of the General Hospital is being used for active treatment. Psychotropic drugs and electro-convulsive therapy coupled with supportive psychotherapy are the main methods of treatment. Plans are going ahead for the construction of a large Mental Asylum on the Mando Road outside Kaduna. Unfortunately building operations were interrupted by the lack of water but it is hoped that this will soon be remedied. A Psychiatric Wing at Zaria and six Provincial Mental Infirmaries at Sokoto, Makurdi, Ilorin, Maiduguri, Bida and Kano have been included in the Development Plan.

D.—EPIDEMIC AND ENDEMIC DISEASES

Smallpox.—Kano, Katsina and Sokoto Provinces notified the largest numbers of cases and there was an epidemic outbreak in Adamawa Province in the later months of the year. The Regional total was 3,523 cases with 345 deaths. The campaign of vaccination continued, and 2,500,000 vaccinations were performed.

2. *Cerebro-Spinal Meningitis*.—The epidemic of Cerebro-Spinal Meningitis which showed itself in this country in 1959 and struck Kano Province last year, affected principally Katsina Province in 1961. This is in accord with the well-known movement of this disease; from east to west across the Sudan. There were 13,481 cases in the Region this year and 1,142 deaths attributed to this disease; 6,809 cases and 518 deaths occurred in Katsina Province.

A pilot project was conducted in Danja District of Katsina Province to attempt to abort the epidemic there by the administration of Sulphonamide powder to the entire population as a snuff, distributed morning and evening in adult equivalent doses of 1 gm. on two successive days (4 doses in all). The experiment has been published (*J. Clin. Path* (1962) 15 50). Its results, although not conclusive gave promise that this might be an effective method of prophylaxis against this disease.

3. *Malaria*.—The Regional Malaria Unit remained without a Specialist (Malariologist) until late in 1961 — when that post was eventually occupied;

but then the Unit's Entomologist was due for leave. The consequence has been that the value of the Unit remained much reduced throughout 1961.

The Malaria Control Campaign continued in Western Sokoto. It has now been accepted that eradication of the disease will not be achieved by this campaign and UNICEF assistance for it is to end this year. However, the Campaign is popular and has reduced transmission to a very low level, so that the Region proposes to continue it as a Malaria Control Scheme of value to the public health of the area. Its total cost is about £65,000 per year and for that amount, almost half a million people benefit from the spraying twice in each year of approximately 387,000 huts. About 100,000 lbs of 75 per cent D.D.T. wettable powder is applied at each cycle of spraying with a consequent massive destruction of assorted pests and the immeasurable boon of restful sleep to the protected population.

4. *Leprosy*.—The Leprosy Service continued as a co-operative effort in which International Agencies (U.N.I.C.E.F.), Government, Native Authorities and Voluntary Agencies join. In 1961, the Government Leprosy Service was re-organised and a Senior Medical Officer (Administration) was put in administrative charge of it, relieving the Specialist (Leprosy) to devote himself to clinical aspects of the service. Training continued actively (*see* under Medical Auxiliaries Training School), and Government posted staff to assume responsibility for inspection and supervision of each Province except Sardauna.

The stricter scrutiny of records which that re-organisation allowed enable the number of patients under treatment to be re-assessed and it is thought that 264,075 were under effective treatment at the end of 1961. During the year, 84,512 new patients were registered, and 3,653 patients discharged, bringing the total discharged since the start of the campaign to 39,344. 1,966 additional patients were put on observation pending discharge.

There are now 1,294 Treatment Centres in the Region in addition to the 14 Settlements. 974 of these Centres are run by Native Authority staff and the rest by staff of the Voluntary Agencies.

5. *Yaws*.—Almost the whole of the area of yaws endemicity has now been covered; in the present year only 128,269 people in Adamawa and Sardauna Provinces were surveyed for the first time out of 2,484,075 people examined. Resurveys continued.

The staff of three Medical Field Units are still employed on yaws control. The prevalence is now low throughout the endemic area but it is becoming obvious that complete eradication is unlikely and so resurveys will continue. To maintain interest it is felt that the teams engaged in these resurveys should now broaden their scope and provide not only a service to detect and treat yaws but also vaccination against smallpox and perhaps assist in the detection of undiagnosed cases of leprosy. A start has been made to broaden the scope of resurvey teams in this way.

It had always been realised that the hard-core area of yaws endemicity in Igala Division of Kabba Province and Idoma Division of Benue would continue to produce cases until the standard of general environmental hygiene could be raised. In last year's report, mention was made of the negotiations with WHO and UNICEF for establishing a rural health programme in these areas. This proposal has been accepted in principle and construction has now started on two rural Health Centres at Otukpa in Idoma and Ankpa in Igala which are designed as bases from which rural development will be encouraged.

6. *Sleeping Sickness*.—1,732,212 persons were examined at the various resurveys carried out in 1961 and 1,174 cases discovered a prevalence of 0.06 per cent. The number of cases and this prevalence are again lower than in any previous year since the Sleeping Sickness Service was formed. The different methods of survey produced cases as shown below:—

	No. <i>Examined</i>	No. of <i>Cases Found</i>	Percentage <i>of Sickness</i>
Sleeping Sickness Mobile			
Team Resurveys ...	1,397,201	744	0.05
Resurveys carried out from			
Dispensaries ...	291,228	408	0.14
Surveys of Minesfield and			
other Labour ...	43,783	22	0.05

In addition, 1,111 cases reported voluntarily to dispensaries and 595 to hospitals.

496 of the cases are classified as "Relapsed," i.e., have previously received a standard course of treatment. This represents 17 per cent of the cases discovered and is in accord with the prevalence reported in recent years.

Benue continues to produce more cases than any other Province, there being 1,102 in 1961. Plateau had 562 cases, Zaria 368 cases, and Bauchi 319 cases. The focus in Kano Province which for a decade has produced large numbers of cases, this year provided only 177.

No outbreaks of particular significance came to light during the year.

7. *Tse-tse Control*.—The retirement or impending retirement of almost all the Senior Staff has caused difficulty in staffing the Sleeping Sickness Service. It has not been possible to find replacements within the Service for all those who are retiring. To make good the loss of Control Officers, a group of young men of suitable basic education to carry responsibility has been recruited and intensively trained in tse-tse control and its administration. Inevitably some years must elapse before these recruits will be fit to carry independent responsibility for a tse-tse control project. Work on Simulium control has been reduced and consolidated to enable the entomologist who was in charge of it to be transferred to the more

important field of tse-tse control. A refresher course was held for all available Tse-tse control Inspectors and Assistants; and the special intensive course for the directly recruited group of Assistant Control Officers-in-Training was held.

In spite of these handicaps, routine work continued and there was some development. A research Entomologist was provided by the Canadian Government under its Technical Aid Scheme to work on the problem of insecticide persistence in the conditions of tse-tse control work. He has established his laboratory and is getting to grips with the elaboration of a testing technique.

The work in Kano Province on the Hadejia River system continues. In 1961, activity was switched from the Duddurun Gaya to the upper reaches of the Hadejia itself, where approximately 100 square miles was sprayed with 75 per cent D.D.T. w.d.p. in 5 per cent suspension to extend the Fly-Free area as far east as the junction of the R. Barkiyah.

The K.K.Z. scheme was described in the Annual Report for 1955-56. In the intervening years, the inspection of the river systems and their division into blocks has been completed. Occasional pockets of reinvasion have been found and dealt with by insecticide spraying. In 1961 preliminary surveys have been started to investigate the possibility of extending that protection to the upper waters of the Kaduna River in Lere District of Zaria Province which has for long been recognised as a pocket of endemic Sleeping Sickness.

The investigation of the role of insecticide in Tse-tse control in the Niger-Benue areas continued in Jima Doko District of Bida Division in Niger Province. In a pilot project there, it has proved possible to eliminate an infected population of *Glossina palpalis* from a restricted, but in no way isolated, area by means of insecticide spraying, and to maintain that state long enough to ensure interruption of the transmission cycle of Sleeping Sickness at low cost and without much preliminary preparation.

306 miles of the River Mu system in Benue Province were sprayed with Dieldrin emulsion concentrate diluted to 2 per cent, and a barrier of 7-8 miles cleared above the sprayed area.

Work continues in Bauchi Province to eliminate local pockets of disease, and surveys continue on the Bornu Railway extension.

8. *Onchocerciasis*.—Government's attack on onchocerciasis by increasing simulium control has suffered a set-back in consequence of the need to transfer the Entomologist. However, it was possible to complete preliminary survey work in the Hawel valley of Adamawa Province so that a pilot control scheme can now be launched there when supervisory staff become available. Meantime, only the control scheme around Abuja is being continued.

Extensive investigations into the control of Simulium in the vicinity of the proposed Niger Dam were conducted in 1961 by J. McMahon, a recognised

authority on Simulium Control, who was employed by the consultant contractors to advise on the measures which will be needed to protect workers on the project, from disease vectors.

E.—HOSPITALS AND CURATIVE SERVICES

General.—At the end of the year the following hospitals were functioning:—

33 Government Hospitals.

2 Native Authority Hospitals.

20 Mission Hospitals.

4 Combined Hospitals.

A complete list of these Hospitals is given in Appendix B to this report.

2. *Buildings.*—3 new country-type (60 bed) hospitals were completed and opened during the year. These are at Hadejia, Birnin Kudu and Azare. There was previously no hospital at Birnin Kudu, so this was opened as a new Medical Area within Kano Medical Division.

Other work on existing hospitals included modern sanitary annexes to all wards, improvements to the water supply, installation of a new sewage disposal plant, construction of an out-patient block, mortuary and nurses' hostel at Katsina Hospital. A new X-ray block was added to Idah, Bida and Lokoja Hospitals.

3. *Treatment.*—Once again the demand for hospital treatment has increased. The figures below show a very big increase on those of 1960 and give some idea of the volume of work:—

<i>Hospitals</i>	<i>In-patients</i>	<i>Out-patients</i>	<i>Operations</i>	<i>Deliveries</i>
Government and Native Authority Hospitals ...	93,022	1,280,167	49,954	14,959
Mission Hospitals ...	41,844	310,746	27,872	6,268
Nursing Homes ...	2,511	37,100	254	642
Total ...	137,377	1,628,113	78,080	21,869

4. *Ophthalmic Unit.*—As in the previous year this Unit has had to continue functioning in inadequate accommodation at the Kaduna General Hospital and it is very much hoped that the new Guinness Ophthalmic Unit will be ready for occupation early in 1962.

8,301 new patients were seen and total attendances amounted to 80,263, both these figures being lower than for the previous year. 143 major and 474 minor operations were performed, representing a substantial increase on the figures for 1960.

The most prevalent diseases are muco-purulent conjunctivitis, trachoma and Onchocerciasis while cases of Ophthalmic neunatorum were rare. The operations most commonly performed were for the correction of trichiasis, cataract extractions, pterigium and enucleation of blind painful eyes.

5. *Radio-diagnostic*.—All the 13 new-type X-ray units built or under construction in 1960 were completed in detail and 10 of these brought into full operation. Modern extensions to the X-ray department of the General Hospital Zaria were finally completed and brought into use.

One Northerner qualified as M.S.R. in the United Kingdom and resumed duty in Nigeria; 5 Students were recruited and started training as X-ray Technicians at the School of Radiography in Lagos.

The Service was without a Specialist during the year, but continued to receive valuable advice and assistance from Dr W. P. Cockshott, the Consultant Radiologist of the University College Hospital, Ibadan.

6. *Orthopaedics*.—134 patients were admitted to the Orthopaedic Hospital, Kano, but 1,608 more were treated by the Orthopaedic Unit in wards in the City Hospital, Kano. All out-patients are also seen at the City Hospital. The total number of Orthopaedic operations was 2,234.

A Registrar and Nursing Sister are still being obtained on secondment from the Royal National Orthopaedic Hospital in England.

7. *Pathology Services*.—The service was enhanced during 1961 by the addition of three qualified Laboratory Superintendents to the staff of the Regional Laboratory in Kaduna, thus enabling the Laboratory to start offering a better service in the nature of specialised and advanced tests in biochemistry, bacteriology and haematology.

The Laboratory Assistants Training School in Jos completed its course of training for 15 students, 13 of whom were successful in the final examination in December. 15 new students will start training early in 1962.

The volume of work performed by this service has remained steady as is shown by the figures below which are for the whole Region.

Blood examinations	...	...	...	...	...	48,135
Stool	„	...	...	...	...	51,710
Urine	„	...	...	...	...	49,027
Bacteriological examinations	...	...	...	...	...	27,053
Biochemical	„	...	...	...	...	1,786
Serological	„	...	...	...	...	26,177
Miscellaneous examination	...	...	...	...	...	3,949
Histological	„	...	...	...	...	2,421
Post mortem	...	...	...	...	...	347
Total ...	...	...	...	...	...	210,605

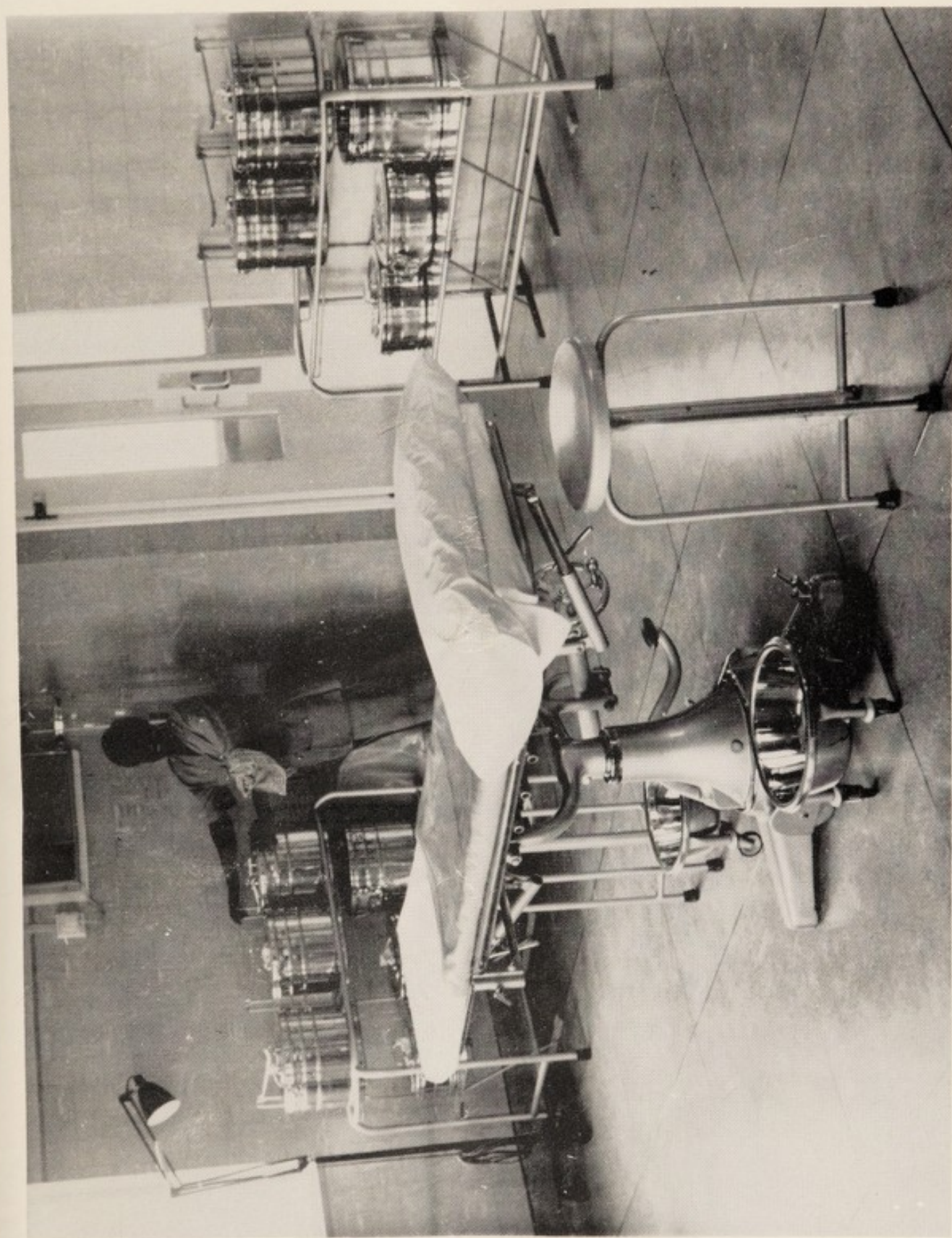
8. *Blood Bank*.—The Blood Bank at the City Hospital, Kano had another successful year. 412 transfusions were given and 1,027 bottles of blood used. It is hoped to extend this service to other large hospitals as soon as qualified staff are available.

9. *Grants*.—Capital grants to Missions during the year totalled £20,815 and recurrent grants £71,193. Native Authorities received £30,667 in capital grants and £83,509 in recurrent grants.

F.—CHEMISTRY

This Division provides a technical service, based on Applied Chemistry, which is available to the Government and quasi-Government Departments, and to industrial undertakings as required. To date, prospective enterprises have been concerned mainly with analyses of waters for processing and for steam raising operations. The Division has been fully occupied during the year by an expanding volume of work, particularly in forensic chemistry, where scientific aid is provided to Nigeria and Native Authority Police.

Senior Staff consists of one Assistant Government Chemist, who is doing post-graduate studies in the U.S.A., one Pupil Assistant Government Chemist and one Analyst. All of these officers are indigenous Northerners.



Birnin Kudu General Hospital



Opening of Birnin Kudu Hospital



Opening of Hadejia General Hospital

APPENDIX A

DISTRIBUTION OF MEDICAL INSTITUTIONS IN NORTHERN NIGERIA
AS AT THE END OF 1961

PROVINCE	GOVERNMENT				NATIVE AUTHORITIES				MISSIONS				PRIVATE			Mission	Total
	Hospitals	Combined Dispensary and Maternity Homes	Dispensaries	Maternity Homes	Combined Hospitals	Hospitals	Combined Dispensary and Maternity Homes	Dispensaries	Maternity Homes	Hospitals	Maternity Homes	Dispensaries	Hospitals	Maternity Homes	Dispensaries		
Adamawa	1	—	—	—	—	—	—	25	—	4	3	13	—	—	—	1	47
Bauchi	3	—	—	—	—	—	—	54	—	1	—	13	—	—	—	1	75
Benue	—	—	—	—	—	—	—	67	—	2	2	12	—	—	1	1	89
Bornu	1	—	—	—	—	—	—	27	—	—	—	9	—	—	—	1	39
Illorin	2	—	—	1	—	—	6	21	1	—	6	7	—	1	1	1	48
Kabba	2	—	—	—	—	—	8	26	1	1	7	5	—	1	—	2	56
Kano	4	—	2	—	1	—	—	44	—	1	—	15	—	2	—	1	70
Katsina	1	1	—	—	—	—	—	31	—	—	—	6	—	—	—	1	40
Niger	2	—	—	—	—	—	1	38	—	2	—	13	—	—	—	1	57
Plateau	4	—	1	—	1	—	—	42	1	4	2	15	—	—	—	2	74
Sardauna	3	—	—	—	—	—	—	22	—	1	3	7	—	—	—	—	36
Sokoto	2	1	—	—	—	1	—	50	—	1	—	11	—	1	—	1	68
Zaria	2	—	3	—	—	—	—	29	—	2	—	9	—	—	—	1	47
Kaduna	2	—	2	—	—	—	—	1	—	1	—	—	—	—	—	—	6
	32	2	8	1	4	2	15	477	5	20	23	135	—	4	2	14	752

APPENDIX B

LIST OF GOVERNMENT HOSPITALS BY PROVINCES

ADAMAWA

Yola General Hospital

BAUCHI

Azare General Hospital
Bauchi General Hospital
Gombe General Hospital

BENUE

Keffi General Hospital
Makurdi General Hospital
Wukari General Hospital

BORNU

Maiduguri General Hospital

ILORIN

Ilorin General Hospital
Ilorin Maternity Home
Offa General Hospital

KABBA

Idah General Hospital
Lokoja General Hospital

KANO

Hadejia General Hospital
Birnin Kudu General Hospital
Nassarawa Nursing Home
Orthopaedic Hospital

KATSINA

Katsina General Hospital

NIGER

Bida General Hospital
Minna General Hospital

PLATEAU

Barakin Ladi General Hospital
Jos General Hospital
Pankshin General Hospital
Plateau Nursing Home

SARDAUNA

Ganye General Hospital
Bama General Hospital
Mubi General Hospital

SOKOTO

Gusau General Hospital
Birnin Kebbi General Hospital

ZARIA

Zaria General Hospital
Kafanchan General Hospital

KADUNA CAPITAL TERRITORY

Kaduna General Hospital
Kaduna Nursing Home

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