Annual medical and sanitary report / Bechuanaland Protectorate.

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BECHUANALAND PROTECTORATE.

ANNUAL MEDICAL AND SANITARY REPORT - 1925 - 1926.

SECTION I: ADMINISTRATIVE

A. Staff.

EUROPEAN: Principal Medical Officer
3 Medical Officers.
1 Temporary Medical Officer.
1 Medical Officer (subsidised)
3 Hospital Dispensers.

NATIVE: 4 Hospital Orderlies.

Appointments, changes &c., in Staff.

Duncan M.MacRae,M.A., M.D., Ch.B., Medical Officer, Gaberones, transferred to Francistown 1st. March, 1926.

Henry A. Spencer, M.R.C.S., (Eng), L.R.C.P. (Lond), appointed temporary Medical Officer, Gaberones, 1st.March, 1926.

T.Eliot Booker, Dispenser, Molepolole, transferred to Ghanzi, 23rd March, 1926.

J.C. Warren, Dispenser, Ghanzi, left Ghanzi for Mafeking 27th March, 1926.

The appointment at Francistown was temporarily held on two occasions, during the financial year, before the Medical Officer Gaberones took over, by Doctor P.Targett Adams from 18th December 1924 to 16th December 1925, and by Doctor R.F.Rand from 16th December 1925 to 1st March 1926.

At the end of the year the distribution of the Staff throughout the Territory was as follows:-

MEDICAL OFFICERS:-

MAFEKING.

Donald M.MacRae, M.D. C.M. (Glasgow Univ.) Principal Medical Officer.

FRANCISTOWN.

Duncan M.MacRae, M.A., M.D., Ch.B. (Glas.Univ.) Medical Officer.

SEROWE.

Desmond Drew, B.A., M.B., B.Ch. (T.C.Dub.) Medical Officer

N'GAMILAND. (Maun).

Stanley Batchelor, M.C., M.D.(Lond), M.R.C.P. (Lond), F.R.C.S. (Edin.), Medical Officer.

KANYE.

A.H.Kretchmar, M.D. (Calif.) M.R.C.S.(Eng.) L.R.C.P.(Lond. Medical Officer (Subsidised).

GABERONES.

H.A. Spencer, M.R.C.S.(Eng.), L.R.C.P.(Lond.), Temporary Medical Officer.

EUROPEAN DISPENSERS:.

A.M.Boyle. Gaberones.
T.E. Booker. en route for Ghanzi.
J.C. Warren. en route for Mafeking.

NATIVE ORDERLIES:

1 at Mafeking.
1 " Gaberones.
1 " Serowe.
1 " Francistown.

The distribution list of Medical Officers, with the exception of Doctors Kretchmar and Spencer, represents the permanent fixed Establishment so far.

Doctor Kretchmar, who is the representative of the Seventh Day Adventists' Mission at Kanye, is paid £150 per annum, under a special contract with the Administration, to perform all the Government Medical duties of the Station and District.

Doctor Spencer, on the other hand, is only temporarily employed, and his engagement will lapse on the appointment of a permanent officer to the vacancy on the fixed Establishment at Gaberones.

The distribution of the Medical Officers follows the lines of the magisterial divisions of the territory. That is they are placed at the headquarters, or chief villages, of the great tribes - as at Kanye, Serowe and Ngamiland, or at central Stations on the Railway Line - like Gaberones and Francistown, from which the main tribes or groups of native populations and other elements can be served most conveniently.

At Serowe the greater proportion of the Bamangwato tribe is congregated in one large village, and, with most of the adjacent and remoter outposts accessible by motor car, medical attendance for all and sundry is well centralised there.

At Kanye there is a similar concentration of natives on a lesser scale. The Medical Officer here, in addition to the local and adjacent range of work, is able to render service to the distant villages of Moshupa and Manyana and bring them within his special routine - especially for the treatment of syphilitics - by fortnightly motor visits.

In Ngamiland the two main centres of population are Maun and Tsau, - the former the Administrative station. The Medical Officer reports that probably not more than two thousand natives live at Maun itself, at its fullest. And as at certain seasons of the year the bulk of the people are at the cattle posts for long periods, he estimates that often the stationary population does not exceed five hundred. There is, however, a floating population of natives who come in at all times to buy goods at the local stores. But the trading Firms are now beginning to open branches at various places outside Maun, which the natives will gradually make their buying centres, so that, as time goes on, the number of visitors to Maun will probably diminish.

Around and within easy reach of Tsau there is a considerable native population. As this is still an official Station the Medical Officer has asked, and been granted, permission to visit it at intervals in order to get in touch with the people, investigate the extent and prevalence of disease among them, and gradually teach and encourage them, by practical results, to appreciate the benefits of modern medicine.

During the past year the Medical Officer of Ngamiland made a tour of the Ghanzi District, and, among other things, reported upon the Dispensary and its working there: making, at the same time, certain recommendations in regard to both. The Administration has approved of this tour being repeated annually, as also, of the periodical visits to Tsau. With this routine in view of becoming established, the range of work should be tapped at the most important points, and the possibility of placing medical services and influence advantageously brought up to the full capacity of the Medical Officer.

T The Dispensary at Maun has been stocked to the satisfaction of the Medical Officer - even to the details of a tropical research outfit. He has recommended, subject to the approval of the Administration, that his surplus stocks, as opportunities offer from the point of view of transport, be diverted towards replenishing the Ghanzi Dispensary. This recommendation it is intended to adopt, as, with the annual visit, mentioned, it should be possible in time to run this Station in liason with Maun, and maintain its supplies and service at the level of medical inspection requirements. At Gaberones the medical officer is accessible to the local tribe of the Botloko at Gaberones' village and many scattered outposts; to the Bakwena at Molepolole; the Bakgatla at Mochudi and Sequani; the Bamalete at Ramoutsa, besides widely distributed groups of tribal or unassignable elements with in and around those bounds. A Dispensary, under a European dispenser, and subject to fortnightly visits of inspection by the Medical Officer at Gaberones, is provided at Molepolole to meet - to some extent - the needs of the Bakwena. A considerable number of syphilitics have thus been brought under observation and treatment. There is, however, a great deal of general sickness among this tribe. And at so important a centre as their headquarters, where there is a large concentrated population - and with many adjacent and remote villages and cattle posts accessible by motor tranpsort - the medical services, as now provided, could be replaced advantageously by those of a fully qualified Medical Officer. This could be done at very little more cost than it takes to maintain the present dispensary with the fortnightly trips from Gaberones. A Medical Officer at Molepolole would also be well placed as within easy call to help the Medical Officer at Gaberones with anaesthetics and operations. The modern Hospital contemplated there could be made, thus, workable and self-contained for most purposes. Again, he could be set free by Gaberones, as occasion called, to relieve the Medical Officers in other parts of the territory. So that, at one stroke, a combination of advantages could be secured by such an appointment as would enable the Administration to meet the medical needs of an additional area and large native population, and go far towards solving some of the most pressing difficulties of organisation in the directions indicated.

This Officer need not necessarily be on the pensionable Establishment. There are many experienced practitioners, over age, and of moderate means, applying for such appointments, and one could easily be found. The subject has been submitted for consideration.

The large native populations of the Bakgatla at Mochudi and Sequani are dependent upon the medical services from Gaberones, with those of a nurse provided by the Dutch Reformed Mission, at the former place. The Administration has approved of a proposal by this Mission to place a qualified Doctor of their denomination at Mochudi stadt. But, so far, no appointment has been made, and the Dispensary is run by the nurse, subject to periodical visits by the Medical Officer from Gaberones.

At Francistown there are Chief Moroka's Barolong, a section of the Makalakas, the Tati Concessions, and various isolated native communities of mixed and alien details. The Medical Officer here also performs the duties of Railway Medical Officer between Bulawayo and Mahalapye, and this sectional service, connecting with that run from Mafeking by the Principal Medical Officer, all the outposts and miscellaneous details along the whole length of the Protectorate Railway line have the benefits of a running medical service at least twice a week.

B. Financial.

Revenue. Hospital and Dispensary Fees....	£53 0. 1
Expenditure.	
Personal Emoluments: European Staff.....) Personal Emoluments: Subordinate Staff..)	£4,809.17.10
Other charges.....	2,542.16. 9
	£7,352.14. 7

SECTION II. PUBLIC HEALTH.

During the year 1925-26 the health conditions throughout the Protectorate have been better than for some years past. And this notwithstanding the intense heat of the last summer. Both in type and incidence the prevailing diseases were less severe and widespread, and the economic life of the country may be said to have suffered little disturbance from their effects. This was due partly, no doubt, to the abundance of food supplies available in the reserves of stored grain, and the good grazing following upon last years heavy rainfall.

As in the past, malaria and syphilis come first in the order of importance. But respiratory and gastro-intestinal troubles, as for the most part having a common origin in malarial infection, take a high place in the list.

Epidemic outbreaks were confined to influenzal colds and whooping cough. The former are usual at the seasonal changes, and affect all and sundry. The latter, this year, was most prevalent among young children at Kanye and Maun, Ngamiland. Of other infections, sporadic cases of measles, rubella and amaas (mild small pox) were reported here and there, associated with mild chest complications.

The presence of plague in the Union had to be kept in view. But as the outbreaks there were so well controlled nothing beyond special watchfulness and precautionary readiness proved to be necessary here.

Provision was made in 1926-27 Estimates for building a modern hospital at Serowe, and a small hospital hut at Maun, Ngamiland. It is intended that during the coming year the former should be completed, equipped and staffed and the needs of a large native population met under changed medical conditions, with a certain amount of accommodation for Europeans also.

The Returns of disease are the largest on record in the history of the territory. This is more the result of increased facilities afforded for observation and treatment, through the extension of the Medical Service, than of undue prevalence or severity. The records at Serowe were interrupted, or altogether suspended, for long periods, owing to the absences of the Medical Officer on leave, and in connection with the Chief Sekgoma's illness and removal to Cape Town, thus the Returns for this area are incomplete. Those for Francistown, which station was occupied by a temporary Medical Officer for only a portion of the financial year, are also fragmentary. The material from the various Stations and areas is, however, being brought gradually within the requirements of correct statistical form; and, as the vacancies in the Service become filled, permanently, more accurate and complete returns will become possible.

At Gaberones and Molepolole the total number of attendances and treatments for the year was 3880. Of these 53 were hospital cases : 6 Europeans and 47 natives - with 3 deaths. At Kanye the total number of individual cases treated, both indoor and outdoor, was 1426, of whom 43 were Europeans, making a grand total of 3971 attendances and treatments. 62 cases were treated in the Mission Hospital, and 49 operations performed. The recorded deaths were 3. At Francistown 861 cases were seen and treated. At Maun Ngamiland 1084 individual cases were treated, with 15 deaths, 9 from pneumonia, 5 from malaria and 1 from blackwater fever. At Serowe the existing Returns show 158 Europeans treated, with 2 deaths, and 380 natives, with 7 deaths. At Ghanzi 313 cases were treated: 57 Europeans and 256 natives. There were no deaths. At Lobatsi, which is served by the Principal Medical Officer on his weekly visits through the territory, only 13 Service details and 1 prisoner came up for treatment, with no deaths.

There is an all round increase in the number of syphilitic cases treated, especially in the Southern Protectorate: Gaberones and Molepolole, alone, recording 887 cases. Francistown shows 12, Serowe 42, Maun, Ngamiland 51, Kanye (including Moshupa and Manyana) 420, or, as the Medical Officer remarks, 29% of the diseases treated.

Several cases of Leprosy have been reported from Ngamiland, and a supply of the most recent preparations for treatment of the disease has been sent to the Medical Officer for intensive trials and report.

An event of historic importance in the history of the Bamangwato tribe occurred during the year in the death of the Chief Sekgoma - Khama's son and successor. Unlike his father, he had never embraced European traditions, but remained faithful to, and at heart, at least, was dominated by savage customs and superstitions. This. it may be affirmed with certainty, brought his life and reign to an untimely end. He had, for years, suffered from a remediable

disease, for which he sought relief at the hands of his wizards and necromancers. The neglect or aggravation following upon this line of treatment eventually led to serious surgical conditions and complications. These were quite within the power of modern surgery till shortly before his death. But he was not able, or would not free himself from the grip of his native advisers to subject himself to European treatment.

SECTION III. SANITATION. PREVENTIVE MEASURES &C.

In and around the Camps and residential environs efforts are directed towards reducing facilities for mosquito breeding, and other insect pests and nuisances, by the clearing of trees, undergrowth and rank vegetation, the removal of stones, tins and rubbish of all sorts, the filling in of pits and levelling of hollows to prevent the formation of pools or puddles, and, in general, securing as far as possible the utmost exposure to the sweep of the prevailing winds.

At Kanye, Serowe and Lobatsi, where the positions are naturally open and circumscribed, all this is fairly easy and well within the capacity of the available labour. At Lobatsi, too, there is a golf course adjoining and within the Camp precincts which provides a constant stimulus to local efforts, and so helps to extend and maintain the clean and open boundaries far on the windward sides.

At Molepolole the Camp and residential quarters are situated high up on an open and commanding range of stratified and broken shale formation. A clean exposure of hard rock is easily maintained here, and the pools of water, which form in the interstices and cup-like hollows of the broken rock, soon evaporate in the fierce glare of the summer sun.

At Gaberones, the work of clearing the Camp and its immediate surroundings has been going on for years. Here, in the granite basin on the Notwani River, the deep subsoil levels, between the outcrops of rocks and boulders, are the media through which the surface rainwaters percolate towards the watershed. Whilst in the impervious levels, still deeper, a residue of moisture is always retained. In this soil, under the influence of the strong summer heat, forest trees, undergrowth and vegetation of all kinds had grown rampant. Huge trees had to be cut down over an extensive area to make a beginning, and then the undergrowth. For long, progress was slow owing to scarcity of labour and to the fact that, by the time certain area were cleared, recurrent growth over older clearances has to be rooted out afresh. Gradually, however, the task of keeping pace with recurrent growth became easier, till, eventually, with the laying out of a golf course and unremitting labour the Camp and its surroundings was brought under control, and, in many respects, to a high level of cleanliness and sanitation. And, having regard to the natural obstacles of rocks and boulders, position on the watershed and other limitations, the conditions there should soon reach the highest standard of sanitation attainable.

At Francistown, work on similar lines has been in progress for many years. Here, however, a good deal still remains to be done. But, with time and the steady application of the labour available, under the supervision of the Medical Officer, equally satisfactory results can be achieved.

To facilitate and maintain the work of sanitation at Gaberones and Francistown, the erection of suitable incinerators is under consideration.

European quarters are rendered mosquito and fly proof by the gauzing of doors and windows, and, in many instances, of verandahs. So, with better housing conditions, increased standards of comfort and living, the prophylactic measures mentioned, the access to medical care and treatment on those stations, and the liberal conditions of leave, the Service has all the advantages necessary to the maintenance of good health and efficiency, short of what peculiarities of natural resistance, idiosyncracy or personal predilections in individual instances may otherwise determine.

During the months of May and June, 1923, an unusual mortality amongst natives, including Bushmen, was reported from the Kalahari. In all, about 100 persons were said to have died. But, although it was impossible to verify the number to a certainty, there is no doubt that the death rate was unusual. The symptoms pointed to severe malaria complicated with pneumonia, following upon the heavy rains of the preceding months.

Epidemic Diseases : There is no compulsion with regard to vaccination. But, in the past, owing to extensive outbreaks of Amaas, Kaffir-pox or Alastrim (a modified form of small pox), large numbers of the population were vaccinated. Further safeguards are afforded by the vaccination of those who go to work on the Mines and elsewhere. There is a form of direct vaccination (from the vesicle) practised by the natives themselves : a practice, needless to say, fraught with considerable risks, and, probably in many cases, serious consequences.

General Measures : There is no water-borne system of Sewerage but a Latrine Earth and Bucket system. The buckets are emptied into pits and trenches, generally every other day, at some central approved spot within or without the Camp boundaries, and the night soil covered in with earth.

With regard to sanitary measures in the large native villages of Kanye, Serowe and Molepolole, nothing, so far, has been done. But it is intended to approach the matter as other claims become less pressing. Considering how difficult it is to inculcate a sense of the most ordinary sanitary requirements and precautions among even highly civilised Europeans, the formidable nature of the task of dealing with native populations in this connection can be easily appreciated, - apart from the particular care and caution necessary in mooting or initiating changes calculated to disturb or infringe deeply rooted customs, traditions and superstitions. However, with the co-operation of the Chiefs and Headmen, something can be attempted and gradually accomplished, that is, on main lines, e.g. as regards latrine habits and the disposal of refuse. But, for a long time, the chief reliance must be placed upon therapeutic rather than general sanitary measures.

WATER-SUPPLY.

At Lobatsi, Kanye, Serowe and Molepolole water is obtained from wells and boreholes and is of excellent quality. This is supplemented by storage supplies of rain water from local tanks.

The water obtained from wells and boreholes is on the hard side. This is due to its being impregnated with sulphates and carbonates of calcium and magnesium, with traces of phosphates - the latter deriving from particular strata or formation - and unrelated to organic pollution. The saline ingredients may be so excessive as to render the water, here and there, brackish and unfit for drinking and other purposes. But in the lesser degrees, it is quite palatable and wholesome. Run into garden furrows and irrigation trenches, it leaves a white lime deposit in its wake. And pots and kettles in which it is boiled become, in course of time, encrusted with a hard, dense, precipitated inner coating which, in the case of the kettles, gradually narrows and finally completely blocks the spouts.

SECTION IV. METEOROLOGY.

Meteorological observations are taken at all Magisterial Stations throughout the territory. They all, however, fall short of the highest scientific requirements. The most complete climatological installation is at Ghanzi. It has been barely a year in operation, but, with one or two improvements, and increasing experience and skill in recording the observations, returns from this Station should in time approach a high level of scientific precision and completeness. The Records from all Stations are attached.

SECTION V. HOSPITALS AND DISPENSARIES.

The only approach to a modern Hospital in the territory is that erected and run at Kanye by the American Mission. It is staffed by one European nurse and two hospital native boys, under the Medical Officer of the Mission. And good work is being done by it, even at this early stage. During the past year 62 cases were treated and 49 operations performed in it.

Gaberones : The Hospital at Gaberones is a building 30 years old. In design and construction it is but the evolution of an old thatched building, the mud floors of which have been replaced by concrete, and the thatched roof by galvanised iron, with inner ceiling boards. It fulfils no condition which entitles it to the name of hospital, properly speaking, except perhaps one, and that barely : it provides a certain amount of accommodation and shelter.

The Staff consists of one European Dispenser and a native orderly.

Medical and surgical work, from all quarters, has been done here under this provision for the past 23 years - with such makeshifts and accommodation to circumstances as the resources made possible. With purely medical cases the

difficulties were not so great, so long as they were not of an infectious or contageous nature - enteric fever or tuberculosis for example. In the latter cases patients were treated in tents, or, during the winter months, in the open air in the shade of a mimosa tree, or within specially erected "scarums". This mitigation of conditions was, almost always, necessary in surgical cases. But during the season of thunderstorms and rains - which means most of the summer - they had to be placed under cover, at such risks as may be understood from the conditions stated.

The surgical work at Gaberones has been in the past, and is still, concerned with the results of violence mostly. These are due less to criminal than to accidental causes. When to the former, they are, as a rule, ordinary scalp or body wounds or bruises - seldom requiring more than out-door treatment. The accidental cases ranged from fractures of the scull, simple fractures of arms, thighs and legs, to compound fractures of those extremities with every variety of complication, and, occasionally, abdominal wounds or penetration; and the operations, from trepanning of the skull to single or double amputations of arms, legs and thighs - with an abdominal section thrown in, here and there.

The accidental injuries were, and are, largely, the results of being run over by wagons, of goring by cattle or wild animals (rare), and, (more common in the old days of well sinking than now) falls into, or blasting operations in, shafts or wells, and gunshot wounds. As the subjects have to be conveyed considerable distances in native wagons, over rough roads, serious aggravations of their original condition have to be reckoned with on their arrival, such as extreme weakness from loss of blood, continued and prolonged shock and varying - in hot weather extreme - degrees of putrefaction.

The operations were performed on an iron bedstead, covered with mackintosh sheeting, and placed in the open air, preferably in the shade of a tree. Buckets and basins of warm antiseptic solutions having been prepared, and the instruments ready to hand, the patient (after having been well douched and soused) was anaesthetised and the work proceeded with. The Medical Officer was anaesthetist and operator, and - but for what the orderly could do under direction - all else in one. As often as not, in the middle of the operation, or the act of severing a limb, he had to take over the anaesthetic or resuscitate, by artificial respiration, the apparently dead patient, and then resume and complete the operations. He was fortunate in the end if his work of resuscitation did not include his orderly, as really happened on at least one occasion.

After the operation the surgical cases, like the medical, had such after-care and treatment as could be given where there was no adequate or properly trained nursing staff; the most important part of it - not excluding the menial duties - devolving upon the Medical Officer himself.

The position at Gaberones to-day is identical with that described.

At Serowe it is even worse : there is no accommodation at all. But provision is made for a modern hospital there on this years estimates.

At Francistown an old barrack-room is converted to use - as a sick bay - and the Medical Officer there has to do the best he can, on the old lines.

It is no intention or part of what has been said to maintain or contend that everything can or should be done at once to remedy the existing state of matters, or, indeed, that all this could or should have been done at any one time. A great deal can be done gradually as financial circumstances permit. Each year should see something accomplished towards this end. The time is, however, long overdue for one main effort in that direction - the building of a modern hospital at Gaberones which should no longer be delayed.

The Dispensaries at Maun, Ghanzi, Mochudi and Molepolole have been dealt with under other headings.

SECTION VI. PRISONS.

All the gaols are so built that they can be flushed out readily - as may be necessary. At some, such as Gaberones, an overhead tank of known capacity, with a hose attached, is installed. Into this tank the proportionate quantity of the antiseptic used may be put, at any time, to make the strength of solution required, and the hose turned on. This solution may be used for flushing out the place, disinfecting patients on admission, or for therapeutic purposes in the cells and wards. In the hydro-therapeutic sense the plain cold douche is, on occasion, used at Gaberones in the treatment of lunatics, to allay maniacal excitement.

A great many prisoners on admission, especially at certain seasons of the year, show evidence of a scorbutic taint. The gaol ration is framed to correct this, and, in hard-labour cases the meat - that is the nitrogenous content is further increased. In addition all, as a matter of routine, are put on antimalarial and tonic treatment. The result is a rapid improvement of condition, which secures and maintains a high standard of health and working capacity. In fact, a term of prison life in the Protectorate permanently benefits the health of many prisoners. Severe illness and deaths are rare, or, when they do occur, are almost always related to causes originating or established prior to admission.

In the past lunatics from all quarters have been confined and treated at Gaberones Gaol. Gaberones was selected for this purpose, in the old days, as being the seat of the only permanent Medical Officer in the territory, and, in this respect, as in others, the place where such cases could be confined and treated with most convenience and safety. In the combination of means, routine and experience deriving from the past, this Station has still advantages over others. But the accommodation at the disposal of the Magistrate there, is far from adequate or satisfactory. It has often to be provided at the expense of the prisoners, and with serious additions to the responsibilities and difficulties of the gaoler. A separate block for the exclusive use of lunatics should be built as soon as possible. This should provide accommodation for both male and female patients, and, if suitably placed within the precincts and safeguards of the gaol, the necessary segregation, supervision and service could be secured with the minimum disturbance of the existing system.

Donald M.Mac Rae.

Principal Medical Officer.

Appendices :-

(1) Statistics of population.

(2) Meteorological Returns.

(3) Nosological Returns.

(4) Special Memorandum on the illness and death of the Chief Sekgoma.

BECHUANALAND PROTECTORATE CENSUS 1951.

N.TIVES.

DISTRICT	MALES				FEMALES				TOTAL	EDUCATIONAL						Absentee Natives	STOCK, NO.					
	Unweaned Babes	Under 16	Over 16	Old People	Unweaned Babes	Under 16	Over 16	Old People		Literate. Males	Literate. Females	Total	Illiterate Males	Illiterate Females	Total		Horses & Mules	Don-keys	Sheep	Cattle	Goats	Ploughs	Wagons
Bamangwato Reserve	3829	6584	15678	3532	2927	7190	13582	2725	56047	11219	14233	25451	20404	12192	32596	932	966	1261	84871	180629	119759	8491	1035
Bamangwato Reserve	579	2234	2304	371	545	1056	2499	824	11162	911	979	1890	4669	4603	9272	435	145	735	10668	23747	13492	12	6
Bangwaketsi Reserve	1280	3301	2220	1082	934	2894	3021	1953	17686	1121	1649	2770	7141	7535	14696	1322	423	1649	12056	16866	28179	1747	712
Bangwaketsi Reserve	439	2632	2179	239	457	2414	2522	494	11606	679	1209	1888	4822	4997	9716	842	86	431	9053	32321	8750	1113	326
Bamalete Reserve	190	1137	633	75	166	1099	1104	174	4578	278	382	660	1797	2191	3988	280	11	136	1716	4292	2311	260	41
Batawana Reserve	1084	2466	4316	1117	1089	2214	3757	1446	17449	449	330	779	7909	8761	16670	---	229	330	9931	103949	15723	509	143
Batlokwa	59	225	234	22	38	247	294	60	1199	93	113	206	448	546	994	36	9	16	601	3912	1327	103	30
Tati District	641	2229	2046	533	545	1923	1631	1329	11377	1016	794	1810	5623	4644	10077	231	22	104	9662	19745	25611	1190	117
Tuli Block	37	192	607	43	37	165	264	29	1374	36	14	50	846	478	1324	---	6	32	82	334	228	---	---
Gaberones Block	11	50	161	27	14	34	52	40	392	24	13	37	226	129	355	---	2	13	3	40	19	1	---
Lobatsi Block	31	233	273	7	35	199	232	11	1001	32	24	57	499	425	924	67	-	51	103	118	435	3	1
Barolong Farms	103	744	605	25	117	623	902	34	3154	162	166	329	1212	1518	2825	150	62	976	8322	7480	6689	230	117
Ghanzi District	68	283	459	84	54	248	412	91	1699	11	3	14	882	802	1684	100	18	50	159	8415	2307	19	16
Kasungula District	59	374	590	---	68	318	578	29	2115	3	---	3	1119	993	2112	44	35	1	197	10135	800	58	19
Pokati	29	149	190	1	37	148	268	7	836	91	131	222	301	313	614	10	17	23	204	966	616	72	32
Nkoye Strip	53	305	197	45	32	289	234	90	1285	47	35	82	602	601	1203	61	71	157	1570	3186	2712	105	35
Lobatsi District	229	779	623	93	198	628	954	285	4006	60	63	123	1869	2012	3881	---	190	181	4511	8916	10991	104	56
Railway Strip	26	139	272	1	25	145	225	11	844	101	78	179	427	338	765	109	---	5	427	284	792	13	---
TOTALS	8764	26090	35890	7308	7307	22940	32488	9493	150185	16344	20175	36519	60084	52982	113666	5169	2264	6206	120186	426344	237740	11043	2680

RAINFALL 1925-1926.

1925	Ghanzi	Ngamiland	Kasane	Francistown	Serowe	Tuli Block	Gaberones	Kanye	Lobatsi	Molepolole
April ...	4.32	1.90	3.65	2.32	2.66	.51	6.91	3.90	6.03	4.03
May ...	79	2.39	2.26	1.46	.84	4.12	2.78	4.55	2.79	3.10
June ...	...	.06	...	...	...	1.85	.09	.61	.62	.09
July ...	.36	...	...	.07	.15	...	...	...	...	...
August ...	...	...	...	...	...	...	...	...	...	...
Sept. ...	.06	.54	.43	2.73	2.84	4.50	1.77	1.33	1.27	1.73
October ...	...	.05	.24	.07	.55	1.67	.53	.27	.19	.03
Nov. ...	2.95	.38	1.69	1.41	.65	1.70	2.86	2.68	2.04	2.28
Dec. ...	1.18	3.27	4.05	1.46	.25	1.38	.57	1.08	2.15	.33
1926										
January ...	2.04	2.47	2.35	2.43	.36	.75	5.27	3.89	3.39	7.65
February ...	.22	1.10	5.83	5.14	2.06	6.09	.92	2.54	2.65	1.25
March ...	.62	3.09	6.04	3.04	.10	2.03	2.59	1.11	.93	.98
Totals	12.54	15.25	26.54	20.13	10.46	24.60	24.29	21.96	22.06	21.27

The Bechuanaland Protectorate lies, roughly, between 2,000 and 5,000 ft. above sea level, and only a few people live at the cooler altitudes of from 4,000 to 5,000 ft. The portion of the country inhabited by the greater number of both Europeans and natives is adjacent to the only line of railway, which passes through the eastern side of the Territory for a distance of 403 miles; the average altitude of the stations and sidings along this section of the line is 3,418 ft.

The approximate Latitude and Longitude, of the various observation stations, taken from the latest map of the Bechuanaland Protectorate (compiled by the Geographical Section General Staff No.2681 of 1912) is as follows :

	Latitude S.	Longitude E.
Ghanzi(Gemsbok Pan) -	21°41'	21°47'
Ngamiland (Maun) -	20°	23°30'
Kasane - -	17°51'	25°13'
Francistown - -	21°9'	27°28'
Serowe - -	22°23'	26°48'
Tuli Block (Selika) -	23°1'	27°44'
Gaberones - -	24°40'	25°50'
Kanye - - -	24°59'	25°18'
Lobatsi - - -	25°15'	25°38'
Molepolole - -	24°28'	25°25'

The time of observation is 8.30 a.m., and in all cases where this rule cannot be complied with a note must be made to that effect.

The self-registering thermometers are protected in the shade.

The rain gauges are placed in open positions free from obstruction from surrounding objects.

TEMPERATURES.

The monthly average maximum and minimum temperatures at the various Magistracies throughout the territory.

		Max.	Min.
1925	April -	75.95 -	56.80
"	May -	71.09 -	45.26
"	June -	72.12 -	38.42
"	July -	70.75 -	38.99
"	August -	76.71 -	45.83
"	September -	78.37 -	49.85
"	October -	86.83 -	57.13
"	November -	88.88 -	61.01
"	December -	92.16 -	65.28
1926	January -	90.54 -	65.30
"	February -	90.70 -	65.35
"	March -	84.72 -	61.71

Hospital or Institution: Gaberones Hospital.

Return of Diseases and Deaths (In patients)
for the year 1925-26.

DISEASES.	Remaining in Hospital at end of 1925.	Yearly Total.		Total Cases treated.	Remaining in Hospital at end of 1925.	Remarks
		Admissions	Deaths			
I. Epidemic, Endemic and infectious Diseases.						
5. Malaria		6		6	1	
31. Tuberculosis (Pulmonary)		1		1		
38. Syphilis		2		2		
52. Chronic Rheumatism.		1		1		
I. General Diseases (not included above)						
48. Cancer of the wrist		1		1		
49. Cancer of the penis		1		1		
53. Scurvy		1		1		
66. Alcoholism		2	1	2		
I. Affections of the Nervous System and organs of the senses						
71. Meningitis		2	1	2		
77. Acute Mania		1	1	1		
85(b) Conjunctivitis	1	1		1		
84. Other affections: Perforated ulcer of the foot		1		1		
V. Affections of the Circulatory System.						
93. Phlebitis		1		1		
V. Affections of the Respiratory System						
98. Laryngitis	1	1		1		
99(a) Acute Bronchitis	2	3		3		
101(b) Pneumonia		1		1	1	
102. Pleurisy		1		1		
I. Diseases of the Genito Urinary System						
136. Orchitis		1		1		
Total Carried forward	4	26	3	28	2	

DISEASES.	Remaining in Hospital at end of 1925.	Yearly Total.		Total cases treated.	Remaining in Hospital at end of 1925.	Remarks.
		Admissions.	Deaths.			
Brought Forward	4	28	3	28	2	
IX. Affections of the Skin & Cellular Tissues.						
153.Abscess.		1		1		
Cellulitis.		3		3		
155.Eczema.		1		1		
X. Diseases of bones,& organs of locomotion (other than Tuberculosis)						
157.Synovitis.		1		1		
IV. Affections produced by external causes.						
183.Bullet wound of thigh.		1		1		
178.Burnt arm.		1		1		
201 C.Depressed fracture of the skull.		1		1		
Fractured ribs.		1		1	1	
202.Other external injuries.	2	8		8		
Total.	6	46	3	46	3	

Donald M.MacRae.
Principal Medical Officer.

Hospital or Institution: Mafeking Hospital.

Return of Diseases and Deaths (In patients) for the year 1925-26.

DISEASES.	Remaining in Hospital at end of 1925	Yearly Total. Admissions.	Yearly Total. Deaths.	Total cases treated.	Remaining in Hospital at end of 1925	Remarks.
I. Epidemic, Endemic and Infectious Diseases.						
5. Malaria.		1		1		
II. General Diseases (not included in I).						
45. Cancer of the Rectum.		1		1		Sent for operation to J'burg Hospital
II. Affections of the Nervous System & organs of the Senses						
82 B. Neuritis.		1		1		
85 B. Conjunctivitis		1		1		
V. affections of the Respiratory System						
102. Empyema.		1		1		
VI. Diseases of the Digestive System.						
111 B. Duodemal Ulcer.		1		1		do.
119 B. Abdominal Adhesions.		1		1		do.
II. Puerperal State.						
B(a) Abortion.		1		1		
IX. Affections of the Skin & Cellular Tissues.						
153. Abscess.		1		1		
155 B. Eczema.		1		1		
IV. Affections produced by external causes.						
184. Wound by falling on an axe.		1		1		
195. Penetrating wound of chest.		1		1		
		12		12		

Donald M. MacRae.

Principal Medical Officer.

BECHUANALAND PROTECTORATE ANNUAL REPORT FOR THE YEAR 1925 - 1926.

Return of Outdoor Treatments for the year 1925 - 1926.

Kanye Moshupa and Manyana	Gaberones and Molepolole	Francistown	Serowe	Maun Ngamiland	Ghanzi	Lobatsi	Total Number of treatments.
3971	3880	861	538	2001	313	14	11,578
		Individual Cases. (Incomplete)	Individual Cases (Incomplete)		Individual Cases	Individual Cases	

Donald M.MacRae.

Principal Medical Officer
Bechuanaland Protectorate Government.

BECHUANALAND PROTECTORATE ANNUAL REPORT FOR THE YEAR 1925 - 1926.

Return of Free Syphilitic Treatments for the year 1925 - 1926.

Kanye, Moshupa and Manyana.	Gaberones and Molepolole	Francistown	Serowe	Maun Ngamiland	Ghanzi	Total Number of Cases.
420	887	12	42	51	26	1438

Donald M.MacRae.
Principal Medical Officer
Bechuanaland Protectorate Government.

Special Memorandum.

Illness and death of the Chief Sekgoma.

The Chief Sekgoma had suffered for many years from a progressively advancing urethral stricture - the result of repeated attacks of gonorrhoea and chronic gleet.

In all those years the only form of treatment to which he subjected himself was such medicinal remedies as his native doctors were able to provide and perhaps, latterly, medicines prescribed for him, through traders, by Europeans at a distance.

Shortly before his death he applied to the Medical Officer for treatment. But it was pointed out to him that the only effective remedy for his trouble was surgical treatment. To this he paid no heed, but went his usual way; - with such nostrums as all sorts of people, both European and native, are so ready to suggest and provide in those cases.

His stricture, at this stage, had narrowed almost to the impervious stage, and he could only urinate a dribble at a time. The constitutional effects, which had been accumulating for years, owing to the chronic retention of urine and absorption of toxic urinary products, began to show in general weakness, irritability and mental confusion : culminating eventually in a series of convulsive seizures which ended his life.

Dilatation of the urethra, at almost any time within a few months of his death, would, in all probability, have saved and prolonged his life. And even towards the end, when the passage had become impervious to ordinary methods, the operation of internal or external urethrotomy was placed at his disposal.

He refused, throughout, to submit to any form of surgical treatment ; or, if he agreed, it was only to withdraw his assent later, under the influence of his native advisers. Meanwhile, his cerebral condition went from bad to worse until, finally, he became maniacal, violent and quite impracticable.

Sekgoma died from uraemia; the remote effects of an untreated stricture of the urethra.

Donald M.MacRae.

Principal Medical Officer.
Bechuanaland Protectorate.

Mafeking.
June, 1926.