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Contributors

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BECHUANALAND



PROTECTORATE.



ANNUAL

MEDICAL & SANITARY

REPORT C

1960



BECHUANALAND PROTECTORATE

ANNUAL MEDICAL

AND

SANITARY REPORT

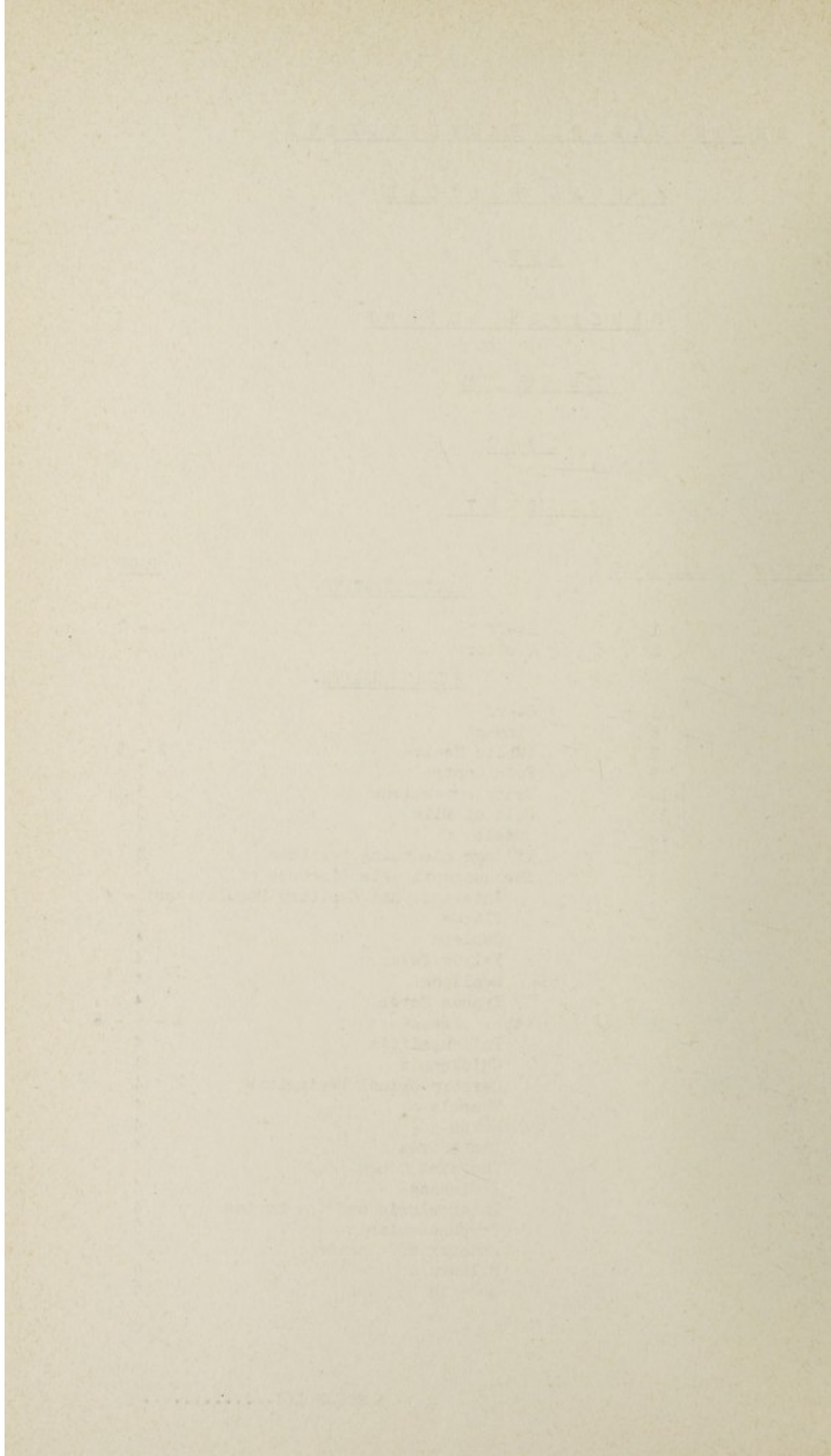
FOR THE YEAR

1960

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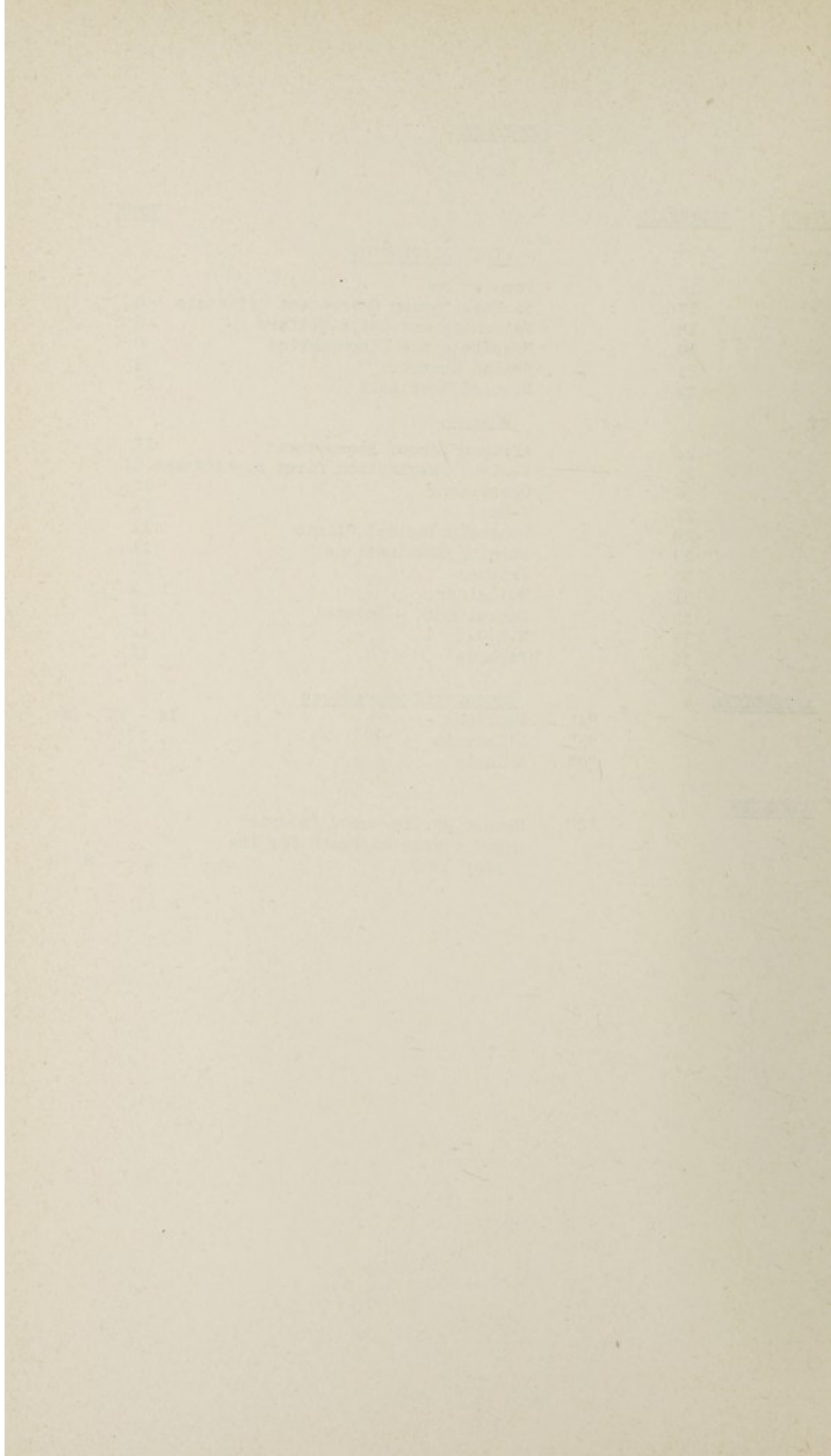
SECTION III./.....



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B E C H U A N A L A N D P R O T E C T O R A T E

A N N U A L M E D I C A L

A N D

S A N I T A R Y R E P O R T

F O R T H E Y E A R

1 9 6 0

S E C T I O N I - A I M I N I S T R A T I O N

1. S T A F F

D I V I S I O N 1


	Director of Medical Services
1	Senior Medical Officer
1	Medical Officer of Health
13	Medical Officers

D I V I S I O N I I

1	Administrative Assistant
3	Health Inspectors
2	Field Officers
1	Matron
1	Sister Tutor
4	Sisters-in-charge
10	Nursing Sisters
1	Nursing Sister (District)
1	Housekeeper
2	Clerks
1	Senior Lady Clerk
2	Lady Clerks
1	Senior Sanitary Inspector
3	Senior Staff Nurses

D I V I S I O N I I I

7	Health Assistants
8	Clerks
28	Dispensers
2	Microscopists
8	Sanitary Inspectors
1	Pupil Sanitary Inspector
14	Medical Orderlies
62	Staff Nurses
8	Male Nurses
1	Senior Male Attendant (Mental Home)
5	Male Attendants (Mental Home)
3	Female Attendants (Mental Home)
14	Motor Drivers
7	Lorry Labourers
11	Cooks
6	Gardeners
1	Messenger/Interpreter



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4	Rodent Assistants
4	Messengers
5	Launderers
5	Field Assistants
8	Sanitary Labourers
40	Probationer Nurses
84	General Duty Assistants.

At the end of the year there were two vacant posts for Medical Officers and five for Nursing Sisters.

2. VISITORS:

Dr. H.J. Heinz,	Medical School, Johannesburg.
Dr. F.W. Fox,	South African Institute for Medical Research, Johannesburg.

SECTION II - PUBLIC HEALTH

3. STAFF: DIVISION I

1 Medical Officer of Health

DIVISION II

3 Health Inspectors
2 Field Officers
1 Senior Sanitary Inspector

DIVISION III

2 Health Assistants
8 Sanitary Inspectors
4 Rodent Assistants.

4. It is with regret that I have to record the death of Field Officer Upton on the 19th November, 1960.

5. There has been a shortage of Health Inspectors during 1960. Mr. Mayhew-Ridgers, Field Officer became sick on the 4th April, 1960. He resumed duties on the 2nd July until the 3rd October when he went on leave for two months. Senior Sanitary Inspector Chamme was on leave from 1st October until the 10th December when he was posted to Serowe for special duties on tuberculosis control work.

6. FINANCE: The Public Health Estimates, 1960/61 remained the same. The cleaning of latrines and house-hold refuse service is in urgent need of more labour and of machines, or of animal drawn vehicles properly maintained. Smallpox vaccine and Diphtheria prophylactic cost more. Freeze dried smallpox vaccine from Britain is several times more costly per dose than the Union product of calf lymph from Cape Town.

7. The 1960/61 Estimates show the following :-

<u>PUBLIC HEALTH</u>		Actual	Estimates	Estimates	Increase	Decrease
		Expenditure	1959/60	1960/61		
		1958/59				
1. Public Health	Measures	R	R	R	R	R
(a)	Insecticides	R6,000				
(b)	Equipment	900				
(c)	Labour	3,000				
(d)	Vaccines	900				
(e)	Propaganda	200	10,252	12,000	11,000	-
						1,000
2. Sanitation						
(a)	Materials	1,400				
(b)	Labour	2,660				

(c)/.....

	Brought Forward	Actual		Estimates 1959/60	Estimates 1960/61	Increase	Decrease
		Expen- diture 1958/59					
		10,252		12,000	11,000	-	1,000
(c) Indidentals	R100						
(d) Construction	500	8,202		8,000	5,260	-	2,740
		R 18,454		20,000	16,260	-	3,740

8. Among items of equipment provided to local authorities from the Public Health sub-heads were :- An ox-drawn Refuse Cart to Ghanzi camp; two large hand carts, a tractor refuse truck and five street sweeper trolleys for use in various villages. R200 was also provided to the District Commissioner, Ghanzi for sanitary reconstruction. Issues of refuse bins and sanitary pails continued to increase at new official quarters.

9. FOOD CONTROL: Food control at purveyor's premises was mainly exercised from the two Divisional health offices. Food premises in Francistown, Lobatsi and Gaberones received more assistance with damaged goods and were inspected more frequently than the most distant outstations.

10. MEAT INSPECTIONS: The task of inspecting meat was maintained at Serowe, Maun, Mahalapye and Palapye by members of the Public Health section of the Medical Department for most of the year. At Lobatsi meat inspection was dealt with by the Veterinary Department. Francistown village abattoir and its meat inspection was taken over by the Veterinary Department from March, 1960. Serowe and Mahalapye began to be supervised by Veterinary staff later in the year. The two villages, Francistown and Lobatsi, conducted slaughter for local consumption in architect-designed small Government abattoirs. The fact that some meat inspection is now being carried out by skilled veterinary personnel means that there is less chance of missing carcasses which show signs of tapeworm infestation, or of bovine tuberculosis.

11. SALE OF MILK: Control is legalised by regulations under Chapter 129 of the Laws of Bechuanaland (1959) as an agricultural department function. The premises of food vendors and the solid or preserved food stocks held in them received adequate attention from members of the Public Health section in Francistown and Lobatsi. There was less control by Medical Department staff in Gaberones, Serowe, Mahalapye, Palapye and Maun.

12. HOTELS: Restaurant premises and facilities for the sale of liquor at hotels continued to be inspected. The number of hotels was increased by the addition of the new ones at Kasane and Parr's Halt. The standard of most of the hotels in the Protectorate has improved considerably over the last few years. Inspection of hotels, shops and other buildings in the Northern division was carried out by one Health Inspector at Francistown. The hotels of N'gamiland were reported on by the Medical Officer at Maun who took over the duty of inspecting the N'gamiland and Chobe hotels in addition to his own very exacting work. These duties were shared in the Southern division between the Field Officer at Lobatsi, the Medical Officer, Gaberones and the Medical Officer of Health from Mafeking.

13. VILLAGE CLEANSING SERVICES: In 1960/61 these consisted of refuse and night soil removal and disposal at the main district stations. At Lobatsi the Medical Department is taking over more responsibility every year. At Francistown the Tati Company runs a public utility service.

14. THE QUARANTINABLE DISEASES OF INTERNATIONAL SANITARY REGULATIONS.

Plague. Bechuanaland lies in the endemic area for sylvatic plague but no human cases were reported or seen in the Protectorate. Field Officers trained in field rodent control work have made frequent excursions/.....

Actual	Estimated	Actual	Estimated	Actual	Estimated
1,000	1,000	1,000	1,000	1,000	1,000
2,000	2,000	2,000	2,000	2,000	2,000
3,000	3,000	3,000	3,000	3,000	3,000
4,000	4,000	4,000	4,000	4,000	4,000
5,000	5,000	5,000	5,000	5,000	5,000
6,000	6,000	6,000	6,000	6,000	6,000
7,000	7,000	7,000	7,000	7,000	7,000
8,000	8,000	8,000	8,000	8,000	8,000
9,000	9,000	9,000	9,000	9,000	9,000
10,000	10,000	10,000	10,000	10,000	10,000

1. The first of the two main points of the report is that the Government has failed to take adequate steps to ensure that the public health service is properly organized and financed. The second point is that the Government has failed to take adequate steps to ensure that the public health service is properly organized and financed.

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excursions into the territory during the course of the year. No significant incidents were noted, but various specimens of fleas have been sent to the South African Government Zoologist for identification and Pasturella Pestis test. No rodent plague was found.

Cholera: Cholera appears to be absent from Southern Africa, and was not reported in the Protectorate during 1960.

Yellow Fever: This disease has not been diagnosed this year but the territory is listed as a receptive area, according to the World Health Organization classification.

Smallpox: This was the only one of the six International Convention's quarantinable diseases which was reported during 1960. All the 21 smallpox cases were diagnosed on the eastern side of the territory. The reported cases were scattered widely along the eastern borderlands with the Transvaal. Their source of infection was not discovered within the Protectorate and they caused no outbreaks. Every reported case was made the focus of a local vaccination drive, wherein the threat of infections served as a spur to bring people to accept the prophylactic. About 40,000 vaccinations were made in 1960. This brings the total of vaccinations made in the last two years to 116,623 which is approximately one third of the population. For details see Appendix A, page II. Some details of the Bechuanaland Protectorate areas infected with smallpox are at Appendix A, Page I.

RELAPSING AND TYPHUS FEVERS; of louse-borne origin were not reported. The relapsing fever carrier tick ornithodoros moubata is spread throughout the desert and the residential villages but caused no serious outbreaks this year. Tick typhus is probably more prevalent than record returns.

15. OTHER DISEASES OF PUBLIC HEALTH INTEREST.

Poliomyelitis: Live attenuated poliovirus vaccine has been used successfully this year throughout the territory, especially for the European population.

Chickenpox: This was present during all months of the year, and was reported throughout the Protectorate.

Cerebro-spinal Meningitis: This appears to be receding from this territory but may be expected to return.

Measels: Measels was diagnosed in all areas.

Mumps: Mumps was reported from all over the Protectorate in relatively small numbers.

Diphtheria: Cases were extremely few this year. Most of the cases were treated at Serowe and Francistown, but other medical centres reported the absence of the disease.

Whooping Cough: Whooping cough claimed a substantial number of victims. The highest incidence of the disease was in the eastern portion of the Protectorate where Lobatsi, Mochudi, Molepolole and Francistown each recorded over one hundred cases.

Influenza: Influenza was especially prominent during the past year. The total number of cases was over 2,000. The eastern side of the territory was the most heavily affected.

Tuberculosis and the Pneumonias: Tuberculosis and pneumonia were reported very frequently from all regions of the Protectorate. Progressively increasing facilities for diagnosing and treating the tubercular patient may be responsible for bringing to notice a large number of respiratory infections which otherwise would remain in their homes untreated.

The number of cases of tuberculosis notified increased by nearly 150% in the three years 1956/59. Notifications in 1956 were 1,673 and in 1959 4,265. Some of the increase may be re-notifications of cases carried over from year to year, some due to better and more widespread facilities and some to an increased number of people becoming aware of the service, and the benefits of modern treatment and thus readily presenting themselves at hospitals and clinics. It is likely, too, that there is an actual increase of the disease in the territory.

In most countries in Africa, tuberculosis as a social problem was thrust upon Governments in the early post war years because of the large urban populations. Urbanisation produces conditions under which tuberculosis flourishes and we are fortunate that, because of the rural conditions under which most Bechuana live, this problem has not presented itself to us in such a serious form. (In the past too, the tribal system has served in many cases to protect the tuberculous patient and his family, and if the breadwinner or the mother has fallen sick the family has been fed and looked after by the larger family to which this family has belonged. With the increasing urbanization of the Bechuanaland Protectorate, seen already in Francistown and Lobatsi, and with the influx of people from "foreign parts", this family protection will no longer exist, and the social problems as apart from the medical problem of tuberculosis will no doubt become more apparent).

At the present time however, urbanization is only a small part of our tuberculosis problem and our difficulties lie with our rural population, which very naturally presents problems quite different to that found in urban areas in other countries. The problems are:-

- (1) In the first place, the patient seldom attends for diagnosing until the disease is well established. People will not travel long distances for help until it is certain that there is something seriously wrong. In many instances the patient is bed-ridden and emaciated, with a history going back several months. The diagnosis is often self-evident and it is likely that the family has had ample opportunity of being infected during this period. The fire has spread widely before we know about it, and consequently it is difficult to stamp out.
- (2) We are dealing mainly with a simple peasant community ignorant of the causes of the disease, its infectivity, or its seriousness, and as yet we have been unable to bring Health Education into the framework of our curative or preventive services.
- (3) "The three home system" of the Bechuana means that for many months of the year the family is compelled to live in lonely and isolated "lands" and "cattle posts". Here, maybe miles and miles from the nearest clinic or hospital, a patient is unable to get treatment. Food may be plentiful at the lands and cattleposts and it may be completely lacking in the central village home. His choice is between food and satisfaction or treatment and starvation, and it is difficult to make arrangements for food to be made available in the central villages where treatment can be arranged easily.

It is felt that this is the chief cause of our high defaulting rate, which leads, in at least two-thirds of all cases diagnosed, to undertreatment and relapse. Without more staff it is difficult to maintain contact.

Trypanosomiasis: This was contained in the N'gamiland and Chobe swamp areas and their associated forests. There was a total of 91 cases in the whole territory, 79 of them being reported from Maun where there were five deaths, and the remaining twelve from the region of Kasane.

The first part of the paper discusses the importance of the study of the history of the United States. It is pointed out that the study of history is not only a means of understanding the past, but also a means of understanding the present and the future. The author argues that the study of history is essential for the development of a nation and for the well-being of its people.

In the second part of the paper, the author discusses the role of the government in the development of the United States. It is pointed out that the government has played a significant role in the development of the country, and that its role is likely to continue in the future. The author argues that the government should continue to play a role in the development of the country, and that it should be responsible for the well-being of its people.

The third part of the paper discusses the role of the individual in the development of the United States. It is pointed out that the individual has played a significant role in the development of the country, and that his role is likely to continue in the future. The author argues that the individual should continue to play a role in the development of the country, and that he should be responsible for the well-being of his fellow citizens.

In the fourth part of the paper, the author discusses the role of the future in the development of the United States. It is pointed out that the future is a time of great opportunity, and that it is a time when the United States can make a significant contribution to the world. The author argues that the United States should continue to play a role in the development of the world, and that it should be responsible for the well-being of all people.

The fifth part of the paper discusses the role of the United States in the world. It is pointed out that the United States has played a significant role in the world, and that its role is likely to continue in the future. The author argues that the United States should continue to play a role in the world, and that it should be responsible for the well-being of all people.

In the sixth part of the paper, the author discusses the role of the United States in the future. It is pointed out that the United States has a great future, and that it is a time when the United States can make a significant contribution to the world. The author argues that the United States should continue to play a role in the future, and that it should be responsible for the well-being of all people.

The seventh part of the paper discusses the role of the United States in the world. It is pointed out that the United States has played a significant role in the world, and that its role is likely to continue in the future. The author argues that the United States should continue to play a role in the world, and that it should be responsible for the well-being of all people.

Anthrax and Rabies: There were no cases of either of these two diseases.

Bilharzia: As in previous years, survey work continued during 1960 to define the limits of the source of infection of bilharzia. Our laboratory technician made ten excursions in which specimens of urine were obtained from a total of 411 children. Only 4.1% of this total proved to be infected with schistosoma haematobium eggs, as can be observed from Appendix B, table no. 1.

As shown in Appendix B, Table No. II, the majority of infected persons were in the eleven to fifteen age group. A few in the six to ten age group were shown to be infected but none of the people tested in the sixteen to twenty age group showed traces of blood or eggs in their urine. No children under the age of six years were tested. Dr. Squires being unable to attend, the Medical Officer of Health was invited to be present at the international discussions on Bilharzia which were held by the South African Council for Scientific and Industrial Research between the 11th and 16th September, 1960.

The movements included a meeting at the Bushman's Rock Hotel near White River, Transvaal; a visit to the Bilharzia Unit at Nelspruit and to two large agricultural irrigation areas in the Crocodile River valley. A visit was made to the National Institute of Water Research at Pretoria and also the Veterinary Laboratory, Onderstepoort. On the 15th September the serum department of the South African Institute for Medical Research was visited where Dr. Wolstenhome demonstrated complement fixation techniques and manufacture in respect of Bilharzia. Demonstrations of Molluscs were given by Dr. van Eaden at the Zoology Research Laboratory of Potchefstroom University. The meetings provided opportunities of contacts and offers of help which are likely to be of considerable use to the Bechuanaland prevention of Bilharzia. Experiments with molluscicides conducted intensively over several years have proved unable to reduce notably the incidence of bilharzia in the Crocodile River valley irrigation scheme area, nor always to eliminate snails.

Malaria: The climate in recent years of the southern part of the Bechuanaland Protectorate has virtually reduced human malaria to zero, but it is still prevalent in the swamp zones of the northern Protectorate above 21° south latitude. The most severe incidence of the disease occurred on the boundaries of the Chobe district and around the Okavango Swamps where the monthly returns of the medical centres in Kasane, Maun, Tsau and Nakaneng recorded well over, 2,000 cases during the year. Antilarval and anti-adult measures are routing action at Francistown and northward thereof. At Moeng College anti-adult measures were taught to school staff and apparatus was loaned to them. Research work done during the course of the year included survey of the southern division and the Serowe area. In twenty-five excursions from Mafeking the Public Health section collected blood specimens from 1,080 children at schools in the Lobatsi, Gaborone and Mochudi areas. As can be observed from the appended table, only five persons from the Nata school, Serowe proved to be infected with malaria, a percentage of 2.1%.

Correspondence between World Health Organization and the Bechuanaland Protectorate Government has resulted in arrangements for an ATME (Advisory Team Malaria Eradication) survey to arrive in the territory early in January, 1961. The team, which is being financed by World Health Organization, will eventually make known its findings to the Bechuanaland Protectorate Medical Department. Some details of the malaria survey are given at Appendix C.

* There are several Crocodile rivers; the one noted here cuts through the Drakensberg Mountains flowing eastward. It is not the river dividing Bechuanaland from the Transvaal.

The first part of the history of the world is the history of the human race. It is a history of the progress of the human mind, of the growth of human knowledge, and of the development of human civilization. It is a history of the human race, of the human mind, and of the human civilization.

The second part of the history of the world is the history of the human mind. It is a history of the growth of human knowledge, of the development of human civilization, and of the progress of the human race. It is a history of the human mind, of the human knowledge, and of the human civilization.

The third part of the history of the world is the history of the human civilization. It is a history of the development of human knowledge, of the growth of human mind, and of the progress of the human race. It is a history of the human civilization, of the human knowledge, and of the human mind.

The fourth part of the history of the world is the history of the human race. It is a history of the progress of the human mind, of the growth of human knowledge, and of the development of human civilization. It is a history of the human race, of the human mind, and of the human civilization.

The fifth part of the history of the world is the history of the human mind. It is a history of the growth of human knowledge, of the development of human civilization, and of the progress of the human race. It is a history of the human mind, of the human knowledge, and of the human civilization.

The sixth part of the history of the world is the history of the human civilization. It is a history of the development of human knowledge, of the growth of human mind, and of the progress of the human race. It is a history of the human civilization, of the human knowledge, and of the human mind.

The seventh part of the history of the world is the history of the human race. It is a history of the progress of the human mind, of the growth of human knowledge, and of the development of human civilization. It is a history of the human race, of the human mind, and of the human civilization.

The eighth part of the history of the world is the history of the human mind. It is a history of the growth of human knowledge, of the development of human civilization, and of the progress of the human race. It is a history of the human mind, of the human knowledge, and of the human civilization.

SECTION III - VITAL STATISTICS.

TABLE I.

16. Population Statistics.

Europeans	..	..	..	..	..	..	3,174	+
Africans	..	..	..	..	..	..	292,755	≠
Asiatics	..	..	..	..	..	..	248	+
Coloured	..	..	..	..	..	..	676	+

Total population:	296,853
-------------------	---------

+	1956	Census
≠	1946	Census

TABLE II.

European Births and Deaths.

Births	..	..	..	..	..	..	131
Births per 1,000	.	..	..	..	..	..	41
Deaths over 1 year of age	..	..	..	..	..	..	21
Deaths under one year of age	.	..	..	..	..	..	3
Deaths per 1,000	..	..	..	..	..	..	7

(There is no compulsory registration of the Births and Deaths of Africans).

TABLE III.

Causes of European Deaths.

Acute Bronchitis	..	..	..	..	..	..	1
Bronchial Asthma (status asthmatica)	..	..	..	..	..	..	1
Broncho pneumonia	..	..	..	..	..	..	1
Cardiac failure	..	..	..	..	..	..	6
Carcinoma	..	..	..	..	..	..	3
Cerebral Thrombosis	..	..	..	..	..	..	1
Coronary Thrombosis	..	..	..	..	..	..	3
Cirrhosis of the Liver	..	..	..	..	..	..	1
Gastro-enteritis	..	..	..	..	..	..	2
Hypostatic pneumonia	..	..	..	..	..	..	2
Multiple injuries (car accident)	..	..	..	..	..	..	1
Meningitis	..	..	..	..	..	..	1
Senility	..	..	..	..	..	..	1
							24

TABLE IV/.....

TABLE IV.

17. Sickness among Government Officials

Accidental Injury	..	..	..	..	..	32
Acute nephritis	..	..	..	..	..	1
Acute rheumatism	..	..	..	..	..	1
Amoebiasis	..	..	..	..	..	2
Appendicitis	..	..	..	..	..	7
Asthma	..	..	..	..	..	3
Benign tumors	..	..	..	..	..	3
Bilharzia	..	..	..	..	..	1
Bronchitis	..	..	..	..	..	7
Buerger's Disease	..	..	..	..	..	1
Cellulitis	..	..	..	..	..	12
Cholecystitis	..	..	..	..	..	1
Coronary thrombosis	..	..	..	..	..	2
Debility	..	..	..	..	..	1
Duodenal ulcer	..	..	..	..	..	2
Enteritis	..	..	..	..	..	6
Epilepsy	..	..	..	..	..	2
Fibrositis	..	..	..	..	..	8
Gastritis	..	..	..	..	..	3
Gynaecological	..	..	..	..	..	2
Haemorrhoids	..	..	..	..	..	1
Herpes Zoster	..	..	..	..	..	1
Hepatitis (infective)	..	..	..	..	..	3
Influenza	..	..	..	..	..	12
Jaundice (catarrhal)	..	..	..	..	..	1
Malaria	..	..	..	..	..	3
Myocarditis	..	..	..	..	..	3
Neuraesthesia	..	..	..	..	..	3
Peptic ulcer	..	..	..	..	..	1
Periosteitis	..	..	..	..	..	2
Pleurisy	..	..	..	..	..	1
Pneumonia	..	..	..	..	..	3
Polio-myelitis	..	..	..	..	..	1
Psychosis	..	..	..	..	..	1
Pulmonary Tuberculosis	..	..	..	..	..	5
Pyelitis	..	..	..	..	..	1
Respiratory Catarrh	..	..	..	..	..	16
Rodent Ulcer	..	..	..	..	..	1
Sinus arrhythmia	..	..	..	..	..	1
Taenia	..	..	..	..	..	1
Tick bite fever	..	..	..	..	..	1
Tonsillitis	..	..	..	..	..	1
Venereal Disease	..	..	..	..	..	1
						<hr/>
						161
						<hr/>

18. SECTION IV - MATERNITY AND CHILD WELFARE

3,559 babies were born in the various hospitals and health centres during the year. 274 of these births were complicated and 247 cases of abortion or miscarriage were recorded. Ante-natal attendances numbered 23,066, and increase of 5333 over 1959. Post-natal attendances numbered 4,352, more than double the previous year. Child welfare attendances dropped by 561 from the previous year; 2,983 were recorded.

SECTION V./.....

SECTION V - HOSPITALS AND DISPENSARIES.

19. Out-patients: The total number of out-patients recorded was 316,766 of which number 211,775 were first attendances. Other attendances for vaccination, inoculation, examinations etc., came to 209,550. The total attendances therefore came to 526,316.

20. In-patients: 16,709 patients were treated in hospital during the year. The number of beds and cots available at the end of 1960 was 834, an increase of 131. The number of cots available was 153; and increase of 1. Beds and cots were distributed as follows:-

	<u>Beds.</u>	<u>Cots.</u>
Francistown	82	21
Gaberones	44	3
Ghanzi	12	3
Kanye (S.D.A. Mission)	124	6
Kasane	8	-
Khale (R.C. Mission)	4	-
Lobatsi	147	30
Madinare (Anglican Church Mission)	35	6
Mahalapye	20	-
Maun	66	5
Maun Maternity Centre (L.M.S.)	13	10
Mochudi (D.R.C. Mission)	37	14
Mochudi	8	2
Molepolole (U.F. Church of Scotland Mission)	78	20
Rakops	8	-
Ramoutsa (Hermannsburg Mission)	29	-
Serowe	111	33
Tshabong	8	-
	<hr/> 834	<hr/> 153

Money has been made available under Colonial Development and Welfare Scheme to help the S.D.A. Mission in Kanye to replace the beds lost by the closure of the Moffat Hospital.

21. Health Centres and Dispensaries: Health Centres were built and equipped at Rakops and Mochudi during the year and work was commenced on the Health Centre at Kasane. Resident dispensers and/or staff nurses are now established at the following centres:-

Good Hope	Pilikwe
Kalkfontein (closed temporarily)	Rakops
Kasane	Sefhope
Machaneng	Shakawe
Mothobodukwane	Shoshong
Nokaneng	Totome
Palapye	Tshabong
	Tsau

Dispensaries are established at the following centres and visited regularly by a Medical Officer or an African dispenser:-

Artesia	Mamono
Bobonong	Moeng
Dikgatlong	Mookane
Gabane	Nojane
Gomare	Pandamatenka
Kachikau	Satau
Kalamare	Sefhare
Karakobis	Sehitwa
Khumukwane	Sequani
Kuli	Sehopa
Makalamabedi	Seronga
	Makunda/

Makunda

Wrde

22. Mission Hospitals: There are three Mission Hospitals, at Kanye, Molepolole and Mochudi; a maternity centre at Maun and two Health Centres at Madinare and Ramoutsa. Mission dispensaries with resident dispensers or nurses are established at the following places:-

Khale (R.C.)	Tamaga (U.F.C.)
Moshupa (S.D.A.)	Tonota (Anglican)
Ramoutsa (R.C.)	Tshane (S.D.A.)

The following centres are visited periodically by Mission doctors:-

Digawana	Mmankgodi
Dutlwe	Mmathethe
Hukuntsi	Mogemani
Kaartlwe	Mogobane
Kakia	Moshaneng
Kukong	Motokwe
Lehututu	Ngware
Lephephe	Ntswelatau
Letlakeng	Ootsi
Lokwebe	Ranaka
Magwerapitsi	Salajwe
Molojane	Seruli
Manyana	Tsetseng

The total number of Government and Mission medical centres, made up of hospitals, health centres and dispensaries, has increased in the last year from 80 to 89.

23. Government subsidies are payable to Missions subject to their entering into an agreement on the following lines:-

- (a) The acceptance of the subsidy shall confer upon Government the right to inspect all hospitals and Mission centres and to obtain any return or report which the Director of Medical Services may from time to time require.
- (b) The Mission shall be engaged in bona fide medical mission work amongst Africans and offer medical facilities regardless of ability to pay to all Africans seeking treatment.
- (c) There shall be continuous superintendence by a registered medical practitioner, or a full time registered or certificated nurse will be provided.
- (d) The Director of Medical Services may refuse to accept for subsidy purposes any staff (including probationer nurses) which he may consider excessive, it being understood that probationer nurses will not be subsidised except where in attendance at recognised training centres.
- (e) A subsidy will only be payable in the case of a new or extended hospital, health centre or clinic provided the Director of Medical Services is satisfied that its establishment or extension in the area proposed is necessary.

The following subsidy rates apply:-

Medical Officer	R240 p.a.
European registered nurse with General and Midwifery Certificates	R214 p.a.
European registered nurse with medical and surgical Certificate	R150 p.a.
European registered nurse with Midwifery Certificate	R150 p.a.
African doubly-certificated Executive	Nursing/

Nursing Committee nurse	R50	p.a.
Probationer Nurse	R24	p.a.
African registered nurses holding both General and Midwifery Certificates	R100	p.a.
African registered Midwife	R70	p.a.
Annual per bed subsidy	R20	p.a.
Out-patient grant at 5c per patient to a Maximum of	R300	p.a.

SECTION VI - GENERAL.

24. African Labour Recruitment: The total number of recruits examined and attested in the territory was 21,976. The number of recruits airlifted to and from Barotseland, Nyassaland and Shikawe through Francistown was 111,579 which entailed flying 430,110 accident free air miles. 992 applicants were rejected for employment mainly because they were too young of poor Physique or suffered from chronic respiratory complaints.

25. Medical examination on first appointment to Government service totalled 377.

26. Operations: 907 major operations and 2,150 minor operations were performed during the year.

27. X-rays: 3,953 x-ray examinations were conducted.

28. Ophthalmological Clinic: The clinic continued to function at Serowe.

29. Nursing Examinations: The results of the 1960 nursing examinations were as follows:-

<u>EXAMINATION</u>	<u>Number of Candidates</u>	<u>Number of Passes</u>
High Commission Territories Nursing Council Preliminary - Medical and Surgical	9	9
Bechuanaland Protectorate Executive Nursing Committee Preliminary - General Medical and Surgical	52	40
do do do Final General Medical and surgical	13	13
do do do Midwifery	8	7

30. Prisons: The new central prison at Gaborone was completed and occupied. The work rooms have been kept busy making mail bags, clothing, tents etc. Regular weekly prison inspections were carried out at all stations where a Medical Officer is available. Prisoners report sick to the dispensaries daily. 3,844 prisoners reported sick during the year. 24 were admitted to hospital and 4 died in hospital from various causes. The general health of the prisoners was good however, and the proportion in hospital compared with the prison population was less than 1%

31. Buildings: The following buildings were completed during the year under Colonial Development and Welfare Scheme D.3067:-

Tuberculosis Unit, Mafinare
Tuberculosis Unit, Kanye
Tuberculosis Unit, Serowe
Health Centre, Kasane
Health Centre, Rakops
Isolation Block, Maun
Mortuary, Francistown
Laundry, Serowe
Maternity and Ante-natal Block, Francistown.

The following work was completed under Colonial Development and Welfare Scheme D.3949 :-

Health/.....

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Health Centre, Mochudi
Installation of X-ray Plant, Mochudi
Dispensary, Mothobodukwane

32. Mental Home, Lobatsi: During the year thirteen cases were admitted and ten discharged; three of these went on transfer to Ingutsheni Government Hospital, Bulawayo. Ingutsheni admitted seven cases and discharged six. At the end of the year there were thirty patients at Lobatsi.

33. World Health Organization: No projects were carried out in the Territory during the year but continuation of the Extra-Venereal Treponematoses Scheme, anti-diphtheria and whooping cough inoculation and vaccination against smallpox was undertaken.

34. Colonial Development and Welfare Schemes D.3067 and D.3949 continued during the year.

35. Habit forming Drugs: Eight permits were issued during the year. Drugs imported were as follows:-

Morphine	98 grammes
Pethidine	152 grammes
Cocaine	29.4 grammes

36. Finance: The total revenue from Government hospitals, health centres and dispensaries during 1960 amounted to R31,379.61, a decrease of R2,202.85 over 1959.

37. The total ordinary expenditure of the department for the financial year ended 31st March, 1961 was as follows:-

Personal Emoluments	R220,672
Upkeep of hospitals and dispensaries	112,228
Maintenance of Lunatics	5,899
Pathological Investigations	2,000
Grants to Missions and Union Hospitals	12,903
Public Health Measures	7,719
Sanitation	5,807
Office & Incidental Expenses	465
Travelling and Transport	39,962
Bicycles and Camping Equipment	175
	<hr/>
	R407,920

38. The total ordinary revenue of the Bechuanaland Protectorate during the period 1960/61 was R.2,567,470 and the proportion of ordinary medical expenditure to ordinary revenue of the Territory was 15.8%. The total ordinary expenditure of the Protectorate during the period 1960/61 was R. 4,541,240 and the proportion of ordinary medical expenditure to ordinary expenditure of the Protectorate was 8.98%.

39. Once again it is my privilege to acknowledge the loyalty and devotion to duty of the staff of this department and to thank all those who assisted the department during the year.

W. R. GEMMELL.

DIRECTOR OF MEDICAL SERVICES

MAFEKING.

THE HISTORY OF THE
REPUBLIC OF THE UNITED STATES
OF AMERICA

The history of the United States of America is a story of the growth of a great nation from a small colony of English settlers in 1607 to a powerful republic in 1776. The story is one of the struggle for freedom and the establishment of a government of the people.

The first settlers were Englishmen who came to America in search of a better life. They found a land of freedom and opportunity, and they began to build a new society. They fought for their rights and won them. They established a government of the people, and they have maintained it ever since.

The history of the United States is a story of the growth of a great nation from a small colony of English settlers in 1607 to a powerful republic in 1776. The story is one of the struggle for freedom and the establishment of a government of the people.

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A P P E N D I C E S

- A. Smallpox Vaccination Figures
- B. Bilharzia Survey Notes
- C. Malaria Survey Notes
- D. Territorial Nosological Return

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APPENDIX

Geological Survey of the

Geological Survey of the

Geological Survey of the

Geological Survey of the

Geological Survey of the

APPENDIX "A".

Cases of Smallpox reported to the Medical Officer of Health
during 1960.

Date of Report	Date of Investigation	Investigator	Confirmed as Variola Or as Varicella	Number of Cases
16.2.60	16.2.60	Health Inspector Francistown	Variola	2
7.2.60	18.2.60	Health Inspector Francistown	Varicella	5
5.3.60	16.3.60	Medical Officer Serowe	Varicella	16
8.6.60	13.6.60	Medical Officer Serowe	Varicella	3
28.6.60	29.6.60	Medical Officer Serowe	Variola	1
5.7.60	7.7.60	Medical Officer Madinare	Alastrim /	5
1.7.60	22.7.60	Field Officer	Variola	8
12.8.60	12.8.60	Medical Officer Mochudi	Variola	1
14.8.60	15.8.60	Medical Officer Serowe	Variola	1
31.8.60	31.8.60	Medical Officer Mochudi	Variola	1
23.9.60	?	?	Variola	2

Twenty-one of the cases reported during 1960 were confirmed as Variola and the rest were confirmed as Varicella.

/ Alastrim - Mild smallpox.

TABLE "A"

Case of poliomyelitis: the clinical picture of the

acute form

Report	Date of investigation	Investigator	Country of origin	Number of cases
1.1.50	1.1.50	Health Inspector	Yugoslavia	1
1.2.50	1.2.50	Health Inspector	Yugoslavia	2
1.3.50	1.3.50	Health Inspector	Yugoslavia	1
1.4.50	1.4.50	Health Inspector	Yugoslavia	1
1.5.50	1.5.50	Health Inspector	Yugoslavia	1
1.6.50	1.6.50	Health Inspector	Yugoslavia	1
1.7.50	1.7.50	Health Inspector	Yugoslavia	1
1.8.50	1.8.50	Health Inspector	Yugoslavia	1
1.9.50	1.9.50	Health Inspector	Yugoslavia	1
1.10.50	1.10.50	Health Inspector	Yugoslavia	1
1.11.50	1.11.50	Health Inspector	Yugoslavia	1
1.12.50	1.12.50	Health Inspector	Yugoslavia	1

Results of the investigation during 1950 were continued in
Yugoslavia and the rest were continued in Yugoslavia.

Albania - 1011 cases

Number of smallpox vaccinations carried out during 1960.

Bobonong and district	5,000	
Butali	47	
Debeeti Cordon	1,665	
Gaberones	3,185	
Jackalas No. 1	150	
Jackalas No. 2	119	
Kgagodi	311	
Lobatsi	241	
Mabeleapudi and Paje	1,000	
Machaneng and some Tuli Block farms	3,323	
Madinare	1,338	
Makaleng School and village	370	
Mambo School and village	197	
Mapoka	568	
Masunga	750	
Matangwane	227	
Maunatlala	338	
Mochudi	3,370	
Mogapi	113	
Mogapinyane	182	
Moremi	227	
Moroka	409	
Mosolotshana	286	
Mosojane	648	
Nlaphwane	211	
Palapye	1,652	
Papatlo	382	
Pitsani	824	
Ramaquabana	121	
Sechelles	77	
Sefophe	466	
Semolale	131	
Senyane	242	
Serowe	6,382	
Seruli	410	
Shoshong	1,722	
Siviya	171	
Tamasane	203	
Tati Concession	2,647	
Zwinshambe	374	40,085

During 1959.

Gabane	740	
Ghanzi	6,500	
Goodhope	191	
Kanye	7,372	
Khumakwane	840	
Lobatsi	1,249	
Mabalana	460	
Mahalapye	11,000	
Mabudukwane	1,404	
Mankgodi	1,500	
Manyana	800	
Maun	15,603	
Mochudi	8,400	
Mogobane	800	
Molepolole	2,016	
Molowana	540	
Oodi	940	
Ootsi	760	40,085

carried forward

61,115

40,085

brought forward	61,115	40,085
Palapye	510	
Pitsani Molopo	357	
Ranaka	481	
Sedibeng	162	
Sefophe	345	
Sikwane	834	
Thamaga	6,700	
Tshabong	150	
Werda	243	
Others	5,641	
	<hr/>	<hr/>
	76,538	40,085
		<hr/>
		76,538
		<hr/>
Total for two years		116,623
		<hr/>
		<hr/>

APPENDIX "B".

Table No. 1

BILHARZIA SURVEY 1960 - SOUTHERN DIVISION.

Results of tests for S. haematobium eggs and for blood in urine.

Date	Name of place taken	Pos. or blood	Neg. eggs	No. of people tested	infected.
4.11.60	Marojane School (Molopo)	a	-	39	-
4.11.60	Mokatako School (Molopo)	b	e	43	-
3.11.60	Chewanyaneng (Molopo)	c	-	50	-
14.10.60	Tlhareselele (Baralong)	d	-	50	e
14.10.60	Papatto (Baralong)	e	-	51	-
13.10.60	Borobafilepe (Baralong)	f	-	13	-
13.10.60	Good Hope (Barolong)	g	-	50	-
28.9.60	Peleng Hill School (LO)	h	3	15	20%
8.9.60	Roman Catholic Mission School Lobatsi	i	11	50	22%
8.9.60	Peleng School	j	3	50	6%
TOTAL:	10 groups tested	17	17	411	4.1%

Table No. 2.

SHOWING AGE GROUPS OF CHILDREN IN ABOVE TABLE NO. 1.

No children tested in the 0 - 5 group.

6 - 10 years			11 - 15 years			16-20 years		
number tested	positive	%	number tested	positive	%	number tested	positive	%
a 24	all N	0	15	all N	0	-	-	-
b 16	all N	0	25	all N	0	2	all N	0
c 23	all N	0	25	all N	0	2	all N	0
d 30	all N	0	20	all N	0	-	-	-
e 33	all N	0	18	all N	0	-	-	-
f 6	all N	0	7	all N	0	-	-	-
g 7	all N	0	28	all n	0	15	all N	0
h 11	1	9.1	4	2	50	-	-	-
i 24	5	23.3	26	6	23.1	-	-	-
j 39	1	2.2	10	2	20	1	N	0
213	7	3.2	178	10	5.5	20	-	0

A P P E N D I X " C "

Malaria Survey 1960 - Serowe and Southern Division.

Results of Blood Slide and Soleen Test.

<u>DATE</u>	<u>Name of place taken</u>	<u>Soleen Class</u>	<u>Blood</u>	<u>Number Tested</u>	<u>Positive.</u>
4.11.60	Marojane School (Molopo)	0	No	40	-
4.11.60	Makatako School (Molopo)	0	No	42	-
2.11.60	Chewanyaneng (Molopo)	0	No	50	-
14.10.60	Tlhareselele (Baralong)	0	No	50	-
13.10.60	Papatto (Baralong)	0	No	51	-
13.10.60	Borobadilepe (Baralong)	0	No	13	-
13.10.60	Good Hope (Baralong)	0	No	50	-
8.9.60	Roman Catholic Mission School (Lobatsi)	0	No	50	-
21.7.60	Lobatsi Hill School - Peleng	0	No	50	-
21.7.60	Serowe Village	0	No	11	-
17.6.60	Nata School (Serowe)		5	50	10%
2.6.60	Mabeleapudi Village (nr.Serowe)	0	No	22	-
2.6.60	Thaba la School (Serowe)	0	No	50	-
2.6.60	Mabeleapudi School	0	no	51	-
19.5.60	Moiyabane School (Serowe)	0	No	50	-
3.5.60	Hasokola School (Serowe)	0	No	50	-
3.5.60	River-side School (Serowe)	0	No	50	-
2.5.60	Newtown School (Serowe)	0	No	50	-
2.5.60	Higher Primary School (Serowe)	0	No	50	-
29.4.60	Khama Memorial School (Serowe)	0	No	50	-
29.4.60	Central School (Serowe)	0	No	50	-
28.4.60	New Western School (Serowe)	0	No	50	-
28.4.60	Old Western School (Serowe)	0	no	50	-
19.2.60	Sebele African School (nr.Gabs)	0	No	25	-
17.2.60	Mogobane African School (nr.Lobatsi)	0	No	25	-

TOTALS:	25 groups tested	all 0			
		except 5	5	1080	2.1%

BERUWALAND PROTOCOLATE.

ATTENDANCE FOR

RETURN OF DISEASES, INJURIES AND CAUSES OF DEATH FOR THE YEAR 1960.

IN-PATIENTS

OUT-PATIENTS.

1.

DISEASE

Remaining in Hospital at end of 1959	YEARLY Admissions	Total Deaths	Total cases Treated	Remaining in Hospital at end of 1960	Male	Female
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1. Tuberculosis of respiratory system	197	689	58	836	238	799	864
2. Tuberculosis of meninges and central nervous system ; ..	-	19	9	19	1	7	4
3. Tuberculosis of intestines, peritoneum and mesenteric glands	7	18	1	25	2	137	161
4. Tuberculosis of bones and joints	13	68	1	81	20	68	41
5. Tuberculosis, all other forms	4	56	-	60	11	216	277
6. Congenital syphilis	-	8	-	8	-	186	242
7. Early syphilis	1	15	-	16	2	735	902
8. Tabes dorsalis	-	-	-	-	-	1	-
9. General paralysis of insane	-	1	-	1	-	1	-
10. All other syphilis	-	12	1	12	-	845	1499
11. Gonococcal infections	1	68	-	69	3	5990	9611
12. Typhoid fever	-	1	-	1	1	-	1
13. Paratyphoid fever and other Salmonella infections	-	-	-	-	-	1	-
14. Cholera	-	-	-	-	-	-	-
15. Brucellosis (undulant fever)	-	1	-	1	-	2	-
16. (a) Bacillary dysentery	1	27	1	28	1	283	272
(b) Amoebiasis	2	39	6	41	2	31	43
(c) Other unspecified forms of dysentery	-	37	3	37	-	448	618
17. Scarlet fever	-	-	-	-	-	1	-
18. Streptococcal sore throat	-	60	-	60	1	878	1329
19. Erysipelas	-	1	-	1	-	2	2
20. Septicaemia and pyaemia	-	21	1	21	1	36	9
21. Diphtheria	1	42	11	43	-	45	48
22. Whooping cough	4	65	1	69	2	683	757
23. Meningococcal infections	1	1	1	2	-	-	-
24. Plague	-	-	-	-	-	-	-

Total carried forward

232 1249 94 1,041 285 11395 16680

1. General
 2. Particulars
 3. Summary
 4. Remarks
 5. Conclusion
 6. Signature
 7. Date
 8. Place
 9. Witness
 10. Official
 11. Stamp
 12. Seal
 13. Mark
 14. Initial
 15. Signature
 16. Date
 17. Place
 18. Witness
 19. Official
 20. Stamp
 21. Seal
 22. Mark
 23. Initial
 24. Signature
 25. Date
 26. Place
 27. Witness
 28. Official
 29. Stamp
 30. Seal
 31. Mark
 32. Initial
 33. Signature
 34. Date
 35. Place
 36. Witness
 37. Official
 38. Stamp
 39. Seal
 40. Mark
 41. Initial
 42. Signature
 43. Date
 44. Place
 45. Witness
 46. Official
 47. Stamp
 48. Seal
 49. Mark
 50. Initial
 51. Signature
 52. Date
 53. Place
 54. Witness
 55. Official
 56. Stamp
 57. Seal
 58. Mark
 59. Initial
 60. Signature
 61. Date
 62. Place
 63. Witness
 64. Official
 65. Stamp
 66. Seal
 67. Mark
 68. Initial
 69. Signature
 70. Date
 71. Place
 72. Witness
 73. Official
 74. Stamp
 75. Seal
 76. Mark
 77. Initial
 78. Signature
 79. Date
 80. Place
 81. Witness
 82. Official
 83. Stamp
 84. Seal
 85. Mark
 86. Initial
 87. Signature
 88. Date
 89. Place
 90. Witness
 91. Official
 92. Stamp
 93. Seal
 94. Mark
 95. Initial
 96. Signature
 97. Date
 98. Place
 99. Witness
 100. Official
 101. Stamp
 102. Seal
 103. Mark
 104. Initial
 105. Signature
 106. Date
 107. Place
 108. Witness
 109. Official
 110. Stamp
 111. Seal
 112. Mark
 113. Initial
 114. Signature
 115. Date
 116. Place
 117. Witness
 118. Official
 119. Stamp
 120. Seal
 121. Mark
 122. Initial
 123. Signature
 124. Date
 125. Place
 126. Witness
 127. Official
 128. Stamp
 129. Seal
 130. Mark
 131. Initial
 132. Signature
 133. Date
 134. Place
 135. Witness
 136. Official
 137. Stamp
 138. Seal
 139. Mark
 140. Initial
 141. Signature
 142. Date
 143. Place
 144. Witness
 145. Official
 146. Stamp
 147. Seal
 148. Mark
 149. Initial
 150. Signature
 151. Date
 152. Place
 153. Witness
 154. Official
 155. Stamp
 156. Seal
 157. Mark
 158. Initial
 159. Signature
 160. Date
 161. Place
 162. Witness
 163. Official
 164. Stamp
 165. Seal
 166. Mark
 167. Initial
 168. Signature
 169. Date
 170. Place
 171. Witness
 172. Official
 173. Stamp
 174. Seal
 175. Mark
 176. Initial
 177. Signature
 178. Date
 179. Place
 180. Witness
 181. Official
 182. Stamp
 183. Seal
 184. Mark
 185. Initial
 186. Signature
 187. Date
 188. Place
 189. Witness
 190. Official
 191. Stamp
 192. Seal
 193. Mark
 194. Initial
 195. Signature
 196. Date
 197. Place
 198. Witness
 199. Official
 200. Stamp
 201. Seal
 202. Mark
 203. Initial
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 216. Witness
 217. Official
 218. Stamp
 219. Seal
 220. Mark
 221. Initial
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 223. Date
 224. Place
 225. Witness
 226. Official
 227. Stamp
 228. Seal
 229. Mark
 230. Initial
 231. Signature
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 234. Witness
 235. Official
 236. Stamp
 237. Seal
 238. Mark
 239. Initial
 240. Signature
 241. Date
 242. Place
 243. Witness
 244. Official
 245. Stamp
 246. Seal
 247. Mark
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DISEASES

	IN-PATIENTS		OUT-PATIENTS			
	*Remaining in Hospital at end of 1959	Yearly Admissions	Total Deaths	+Total cases treated	*Remaining in Hospital at end of 1960	Male

25. Leprosy	brought forward	232	1249	94	1481	265	11395	16680
26. Tetanus .. .. .	.. .. .	3	15	-	18	2	30	30
27. Anthrax .. .. .	.. .. .	-	11	5	11	1	5	4
28. Acute poliomyelitis .. .. .	.. .. .	-	5	-	5	-	2	4
29. Acute infectious encephalitis .. .. .	.. .. .	1	6	-	6	-	5	14
30. Late effects of acute poliomyelitis and acute infectious encephalitis .. .. .	.. .. .	1	-	-	1	-	1	1
31. Smallpox .. .. .	.. .. .	-	5	-	5	3	11	17
32. Measels Measels .. .. .	.. .. .	4	9	3	9	-	15	7
33. Yellow fever .. .. .	.. .. .	4	53	2	57	3	496	564
34. Infectious hepatitis .. .. .	.. .. .	1	29	-	30		21	15
35. Rabies .. .. .	.. .. .						
36. (a) Louse-borne epidemic typhus .. .. .	.. .. .						
(b) Flea-borne epidemic typhus (Murine) .. .. .	.. .. .						
(c) Tick-borne epidemic typhus .. .. .	.. .. .						
(d) Mite-borne typhus .. .. .	.. .. .						
(e) Other and unspecified typhus .. .. .	.. .. .						
37. (a) Vivax malaria (benigna tertian) .. .. .	.. .. .	1	5	1	5		4	3
(b) Malariae malaria (quartan) .. .. .	.. .. .	2	2	2	2		3	2
(c) Falciparum malaria (malignant tertian) .. .. .	.. .. .	193	9	193	9	5	1586	1289
(d) Blackwater fever .. .. .	.. .. .						
(e) Other and unspecified forms of malaria .. .. .	.. .. .		9	9	9		86	73
38. (a) Schistosomiasis vesical (S. haematobium) .. .. .	.. .. .		4	4	4		92	42
(b) Schistosomiasis intestinal (S. mansoni) .. .. .	.. .. .		2	2	2		4	
(c) Schistosomiasis pulmonary (S. japonicum) .. .. .	.. .. .						
(d) Other and unspecified schistosomiasis .. .. .	.. .. .						2	2
39. Hydatid disease .. .. .	.. .. .						
40. (a) Onchocerciasis .. .. .	.. .. .						
(b) Loiasis							
(c) Filariasis (Bancrofti)							
(d) Other filariasis							
41. Ankylostomiasis							

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DISEASES

DISEASES		Remaining in Hospital at end of 1959		Yearly Admissions		Total Deaths		+Total cases treated		Remaining in Hospital at end of 1960		Male		Female	
		241		1598		113		1839		299		13767		18747	
42.	(a) Tapeworm infestation and other cestode infestations			50				7				340		362	
	(b) Ascariasis			7								47		55	
	(c) Guinea worm (Dracunculosis)											1			
	(d) Other disease due to helminths											50		61	
43.	(a) Lymphogranuloma venereum											3			
	(b) Granuloma inguinale, venereal			1				1				9		7	
	(c) Other and unspecified venereal diseases			5				5				68		72	
	(d) Food poisoning infection and intoxication			8		1		8				15		16	
	(e) Relapsing fever			3				3				5		3	
	(f) Leptospirosis icterohaemorrhagica (Weill's disease)														
	(g) Yaws			3				3				10		7	
	(h) Chickenpox			14				14		1		95		131	
	(i) Dengue														
	(j) Trachoma			16				16				59		112	
	(k) Sandfly fever														
	(l) Leishmaniasis														
	- a Trypanosomiasis gambiensiis														
	- b Trypanosomiasis rhodesiensiis	7		109		4		116		9		73		43	
	- c Other and unspecified Trypanosomiasis			6				6				121		127	
	(n) Dermatophytosis			6				6				367		404	
	(o) Scabies			9				10		1		202		214	
	(p) All other diseases classified as infective and parasitic	1		2		1		2				2			
(44).	Malignant neoplasm of buccal cavity and pharynx			2				6				3		4	
45.	Malignant neoplasm of oesophagus			6				7				7		6	
46.	Malignant neoplasm of stomach			7				2				2			
47.	Malignant neoplasm of intestine, except rectum			2		1		3				3		4	
48.	Malignant neoplasm of rectum	2		1				3				2		6	
49.	Malignant neoplasm of larynx														
50.	Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary											1		13	
51.	Malignant neoplasm of breast	1		5		1		6		1				7	
52.	Malignant neoplasm of cervix uteri	2		15				17						7	
53.	Malignant neoplasm of other and unspecified parts of uterus			4				4						7	

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DISEASES

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					* Remaining in Hospital at end of 1959	Yearly Admission	Total Deaths	+Total cases treated	* Remaining in Hospital at end of 1960	Male	Female
		brought forward			254	1877	128	2131	311	15242	20405
54.	Malignant neoplasms of prostate	.. .. .	.. .. .	.. .. .	1	1	1	1		1	
55.	Malignant neoplasms of skin	.. .. .	.. .. .	.. .. .	1	7	1	8		10	11
56.	Malignant neoplasm of bone and connective tissue	.. .. .	.. .. .	.. .. .		7	1	7	1	4	9
57.	Malignant neoplasm of all other and unspecified sites	.. .. .	.. .. .	.. .. .	1	36	11	37		23	26
58.	Leukaemia and aleukaemia	.. .. .	.. .. .	.. .. .		2	1	2		1	1
59.	Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system	.. .. .	.. .. .	.. .. .		6		6		4	2
60.	Benign neoplasms and neoplasms of unspecified nature	.. .. .	.. .. .	.. .. .	2	116	1	118	4	108	335
61.	Nontoxic goitre	.. .. .	.. .. .	.. .. .		5	1	5		4	10
62.	Thyrototoxicosis with or without goitre	.. .. .	.. .. .	.. .. .		2		2		1	4
63.	Diabetes mellitus	.. .. .	.. .. .	.. .. .		9	2	9		4	5
64.	(a) Beriberi	.. .. .	.. .. .	.. .. .				
	(b) Pellagra	.. .. .	.. .. .	.. .. .	4	26	4	30	2	568	1014
	(c) Scurvy	.. .. .	.. .. .	.. .. .	13	34	1	47	1	222	503
	(d) Other deficiency states	.. .. .	.. .. .	.. .. .	8	240	18	248	9	1569	2395
65.	(a) Pernicious and other hyper chronic anaemias	.. .. .	.. .. .	.. .. .		1		1		133	402
	(b) Iron deficiency anaemias (hypochromic)	.. .. .	.. .. .	.. .. .	1	3		4		291	759
	(c) Other specified and unspecified anaemias	.. .. .	.. .. .	.. .. .		16		16		542	676
66.	(a) Asthma	.. .. .	.. .. .	.. .. .	3	86	2	89	4		
	(b) All other allergic disorder, endocrine, metabolic and blood diseases	.. .. .	.. .. .	.. .. .		43	3	43		397	556
67.	Psychoses	.. .. .	.. .. .	.. .. .		25		25	2	41	42
68.	Psychoneuroses and disorders of personality	.. .. .	.. .. .	.. .. .	30	22	1	52	33	61	89
69.	Mental deficiency	.. .. .	.. .. .	.. .. .	1	2		3	1	18	12
70.	Vascular lesions affecting central nervous system	.. .. .	.. .. .	.. .. .		33	6	33		32	15
71.	Nonmeningococcal meningitis	.. .. .	.. .. .	.. .. .	2	27	8	29	1	2	3
72.	Multiple sclerosis	.. .. .	.. .. .	.. .. .		1		1			1
73.	Epilepsy	.. .. .	.. .. .	.. .. .	4	33		37	3	63	62
74.	Inflammatory diseases of eye	.. .. .	.. .. .	.. .. .		127		127	2	2499	3126
75.	Cataract	.. .. .	.. .. .	.. .. .	3	59		62	1	300	280
76.	Glaucoma	.. .. .	.. .. .	.. .. .		14		14		29	43
	carried forward				327	2860	189	3187	375	22169	30788

DISEASES

		* Remaining in Hospital at end of 1959	Yearly Admiss- ions	Total Deaths	+Total cases treated	Remaining in Hospital at end of 1960	Male	Female
77..	(a) Otitis externa	327	2860	189	2187	375	22169	30788
	(b) Otitis media and mastoiditis		9		9	1	239	236
	(c) Other inflammatory diseases of ear	1	35	2	35	2	719	852
78	(a) All other diseases and conditions of eye	1	2	-	3	-	298	286
	(b) All other diseases of the nervous system and sense organ ..	5	39	-	40	1	413	452
79	Rheumatic Fever	2	33	1	38	1	530	671
80	Chronic rheumatic heart disease	2	32	-	34	5	51	79
81	Arteriosclerotic and degenerative heart disease	2	56	6	59	2	88	159
82	Other disease of heart	3	71	19	74	2	53	52
83	Hypertension with heart disease	3	48	6	51	3	171	353
84	Hypertension without mention of heart	1	8	1	9	1	36	33
85	Diseases of arteries		9	1	9		68	49
86	Other diseases of circulatory system	2	7	2	7	1	13	9
87	Acute upper respiratory infections	2	50		52	1	85	176
88	Influenza	2	167	2	169	2	5551	6792
89	Lobar pneumonia	3	161		164	2	1772	2334
90	Bronchopneumonia	5	156	7	161	3	186	178
91	Primary atypical, other and unspecified pneumonia	10	356	33	366	4	653	754
92	Acute Bronchitis	1	118	10	119		27	24
93	Bronchitis, chronic and unqualified	3	326		329	7	2233	2852
94	Hypertrophy of tonsils and adenoids		82	3	82	1	2578	2819
95	Empyema and abscess of lung		109		109		863	1201
96	Pleurisy	1	6	2	6		4	-
97	(a) Pneumoconiosis		49		50	1	173	106
	(b) All other respiratory diseases		-	-	-	-	-	-
98	(a) Dental caries	-	6	-	6	2	1055	1029
	(b) All other diseases of teeth and supporting structure ..	-	10	-	10	-	1278	1946
99	Ulcer of stomach	-	24	-	24	1	470	604
100	Ulcer of duodenum	1	5	-	6	-	23	24
	Gastritis and duodenitis	-	2	-	2	-	15	9
101		-	44	-	44	1	759	1320

carried forward

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DISEASES

		*Remaining in Hospital at end of 1959	Yearly Admissions	Total Deaths	+Total cases treated	*Remaining in Hospital at end of 1960	Male	Female
102. Appendicitis	carried forward	373	4880	284	5253	419	42573	56187
103. Intestinal obstruction and hernia		1	96	1	97	2	54	72
104. (a) Gastro-enteritis and colitis between 4 weeks and 2 years		-	64	9	64	2	102	65
.. .. . (b) Gastro-enteritis and colitis, ages 2 years and over		3	309	39	312	9	3997	4203
.. .. . (c) Chronic enteritis and ulcerative colitis		4	205	19	209	2	2215	2352
105. Cirrhosis of liver		4	88	5	92	3	279	423
106. Cholelithiasis and cholecystitis		2	17	1	19	-	32	12
107. Other diseases of digestive system		-	9	-	9	1	6	18
108. Acute nephritis		2	115	-	117	5	4942	8615
109. Chronic, other and unspecified nephritis		1	25	2	26	-	26	24
110. Infections of kidney		-	26	6	26	-	258	213
111. Calculi of urinary system		1	45	1	46	1	220	412
112. Hyperplasia of prostate		-	3	-	3	-	6	-
113. Diseases of breast		1	7	-	8	-	19	-
114. (a) Hydrocele		1	59	-	60	1	12	323
.. .. . (b) Disorders of menstruation.. .. .		1	19	-	20	-	51	-
.. .. . (c) All other disease of the genitourinary system		1	49	-	50	2	-	4421
115. Sepsis of pregnancy, childbirth and the puerperium		11	454	5	465	18	1902	3874
116. Toxaemias of pregnancy and the puerperium		-	32	2	32	1	-	48
117. Haemorrhage of pregnancy and childbirth		-	55	3	55	-	-	65
118. Abortion without mention of sepsis of toxæmia		-	76	2	76	2	-	119
119. Abortion with sepsis		3	224	-	227	3	-	420
120. (a) Other complications of pregnancy, childbirth and puerperium		-	23	-	23	-	-	40
.. .. . (b) Delivery without complications		9	298	19	307	7	-	3822
121. Infections of skin and subcutaneous tissue		52	3276	-	3328	60	-	1307
122. Arthritis and spondylitis		3	341	-	344	10	-	3919
123. Muscular rheumatism and rheumatism, unspecified		1	52	-	53	6	-	564
124. Osteomyelitis and periostitis		3	66	-	69	-	-	7303
125. Ankylosis and acquired musculoskeletal deformities		1	48	-	49	3	-	36
.. .. .		-	62	-	62	-	94	79
carried forward		478	11023	398	11501	557	66173	98936

Summary

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at New
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DISEASES

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	brought forward	#Remaining in Hospital at end of 1959	Yearly Admissions	Total Deaths	+ [†] Total cases treated	#Remaining in Hospital at end of 1960	Male	Female
126. (a) Chronic Ulcer of Skin (including tropical ulcer)		478	11023	398	11501	557	66173	98936
(b) All other diseases of skin	-	16	-	-	16	1	102	116
(c) All other diseases of musculoskeletal system ..	1	67	-	-	68	1	2401	2554
127. Spina bifida and meningocele	4	76	-	-	80	4	895	740
128. Congenital malformations of circulatory system ..	-	2	1	1	2	-	1	3
129. All other congenital malformations	-	-	-	-	-	-	5	9
130. Birth injuries	-	12	2	2	12	-	48	-
131. Postnatal asphyxia and atelectasis	-	14	5	5	14	-	53	2
132. (a) Diarrhoea of newborn (under 4 weeks)	-	2	2	2	2	-	53	40
(b) Ophthalmia neonatorum	1	10	2	2	11	1	74	77
(c) Other infections of newborn	-	24	-	-	24	-	72	36
133. Haemolytic disease of newborn	-	8	1	1	8	-	30	35
134. All other defined diseases of early infancy	-	6	3	3	6	-	4	2
135. Ill-defined diseases peculiar to early infancy and immaturity, unqualified	10	1083	13	13	1093	13	63	64
136. Senility without mention of psychosis	1	28	22	22	29	-	95	128
137. (a) Pyrexia of unknown origin	-	14	1	1	14	1	31	21
(b) Observation, without need for further medical care	3	60	5	5	63	2	108	100
(c) All other ill-defined causes of morbidity	70	2259	5	5	2329	76	1215	4691
ACCIDENTS, POISONINGS AND VIOLENCE (EXTERNAL CAUSE).	21	236	5	5	257	8	1531	3689
138. Motor vehicle accidents	3	73	9	9	76	2	132	42
139. Other transport accidents	3	32	3	3	35	2	115	39
140. Accidental poisoning	1	43	5	5	44	-	40	40
141. Accidental falls	7	184	2	2	191	12	486	249
142. Accident caused by machinery	2	45	-	-	47	2	93	12
143. Accident caused by fire and explosion of combustible material	10	128	12	12	138	9	399	362
144. Accident caused by hot substance, corrosive liquid, steam and radiation	1	58	1	1	59	4	136	144

616

15503

497

16119

695

74294

112131

8.

DISEASES

	brought forward	*Remaining in Hospital at end of 1959	Yearly Admissions	Total Deaths	+Total Cases treated	*Remaining in Hospital at end of 1960	Male	Female.
145. Accident caused by firearm	616	1	8	-	9	1	10	1
146. Accidental drowning and submersion		1	9	-	10	-	125	31
147. Foreign body entering eye and adnexa		1	39	-	40	-	166	135
Foreign body entering other orifice								
Accidents caused by bites and stings of venomous animals and insects	3	3	85	2	88	2	233	201
Other accidents caused by animals	1	1	48	2	49	5	284	81
All other accidental causes	3	3	244	-	247	6	1650	776
148. Suicide and self inflicted injury	-	-	4	1	4	-	98	16
149. Homicide and injury purposely inflicted by other persons (not in war)	2	2	141	-	143	4	587	436
150. Injury resulting from operations of war								
TOTAL:	628	16081	502	16709	713	77448	113808	

* The year previous to that for which the return is made.

+ Total cases treated include those remaining in Hospital at the end of the previous year.

/ The figures in this column to be carried on to next year's Return.

The figures in this column to be entered on 19 are 2 hours, 30 minutes.

Each series treated includes those recorded in hospital at the end of the treatment hours.

The same procedure to read for each the relative results.

1947

190. Subject not treated for depression of eye

191. Subject (not in eye)

192. Subject not treated for depression of eye

193. Subject not treated for depression of eye

194. Subject not treated for depression of eye

195. Subject not treated for depression of eye

196. Subject not treated for depression of eye

197. Subject not treated for depression of eye

198. Subject not treated for depression of eye

199. Subject not treated for depression of eye

200. Subject not treated for depression of eye

201. Subject not treated for depression of eye

202. Subject not treated for depression of eye

203. Subject not treated for depression of eye

204. Subject not treated for depression of eye

205. Subject not treated for depression of eye

206. Subject not treated for depression of eye

207. Subject not treated for depression of eye

208. Subject not treated for depression of eye

209. Subject not treated for depression of eye

210. Subject not treated for depression of eye

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190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210

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