

Medical and sanitary report / Government of the Gold Coast.

Contributors

Gold Coast. Medical Department.

Publication/Creation

Gold Coast : printed by the Government Printer., [1901]

Persistent URL

<https://wellcomecollection.org/works/y54uyu6y>

License and attribution

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

Enclosure 1 in Gold Coast No. 103 of 11th March, 1902.

MEDICAL REPORT.

MEDICAL DEPARTMENT,

VICTORIABORG, ACCRA.

19th February, 1902.

SIR,

I HAVE the honour to submit, for the information of His Excellency the Governor and for transmission to the Right Honourable the Secretary of State, the Medical Report on the health and sanitary condition of the Gold Coast Colony for the year 1901, together with the Returns, &c., appended thereto.

I have the honour to be,

Sir,

Your obedient Servant,

P. J. GARLAND,

Acting Principal Medical Officer.

The Honourable

The Colonial Secretary.

[190389]

WELLCOME INSTITUTE LIBRARY	
Coll.	welMOrnec
Call	+
No.	Ann Rep
	WA28
	.HG6
	G61

1901



22501293604

MEDICAL REPORT FOR 1901 .

The following are some particulars of which note may be made in the Report arranged in a convenient order for comparison with other Reports :—

Estimated population for the year 1901 . Births. Deaths. Birth rate per 1,000. Death rate per 1,000. Comparison with previous year.

Prevalence of sickness in the different seasons of the year, and general character as to the mildness or severity of the diseases prevailing.

Relative mortality in the different seasons.

Meteorological conditions of the seasons, and their probable effect with regard to sickness. Other causes or conditions affecting the public health.

Remarks on particular diseases that have occurred during the year.

General sanitary condition of the Colony. Sanitary state of the chief towns with reference to drainage, water supply, overcrowding, &c.

The vaccinations performed during the year, and the condition of the population in respect of protection from small-pox.

Other observations, if any, regarding the health of the inhabitants.

RETURNS TO ACCOMPANY THE REPORT.

Statistics of population.

Meteorological Return.

Nosological Return.

APPENDIX TO REPORT.

A paper or papers on interesting cases or particular diseases, by one or more members of the medical service.

GENERAL INSTRUCTIONS.

As the medical conditions of the various Colonies differ within wide limits, absolute uniformity in the Reports is unattainable. In case of doubt as to the particular form the details of his Report shall assume, the reporting officer must use his discretion, endeavouring as much as possible to conform to the general plan of the Model Report, and bearing in mind that the object of these Reports is to collect reliable information and to present it in a useful and readily available shape.

Unless there be some very special reason for so doing, it is not desirable that the reporting officer should arrange the statistics of disease according to months.

Reports of disease statistics from all hospitals should be forwarded, the Principal Medical Officer using his judgment in regard to other details mentioned in the Reports of his subordinates.

As regards the list of diseases, the judgment of the reporting officer must be exercised. There are several Colonial diseases which do not find a place in the nomenclature of the College of Physicians, and about which information is desirable. Provided that the reporting officer entertains no doubt about the special and specific nature of these diseases, he should mention them in his returns, taking care at the same time to indicate, in a note or otherwise, exactly what is meant by the term under which he elects to return such cases. Beriberi should be returned as such and not as neuritis.

The names of the particular diseases and parasites grouped under the headings "Local Diseases" should invariably be specified.

RETURN OF THE STATISTICS OF POPULATION FOR THE YEAR 1901.

	Europeans and Whites.	Africans.	East Indians.	Chinese and Malays.	Mixed and Coloured.
Number of inhabitants in 190					
„ Births during the year 190					
„ Deaths „ „ 190					
„ Immigrants „ „ 190					
„ Emigrants „ „ 190					
Number of inhabitants in 190					
Increase or					
Decrease					

No Returns available.

Race or nationality should be specified, as nearly as possible, in accordance with the above model.

METEOROLOGICAL RETURN FOR THE YEAR 1901, ACCRA.

	TEMPERATURE.						RAINFALL.		WINDS.		REMARKS.
	Solar Maximum.	Minimum on Grass.	Shade Maximum.	Shade Minimum.	Range.	Mean.	Amount in Inches.	Degree of Humidity.	General Direction.	Average Force.	
January	150.06	68.09	80.70	75.12	11.70	77.91	2.35	...	Vane Broken.		
February	150.75	70.64	86.92	75.78	11.14	81.35	4.80	...			
March	149.87	67.22	84.54	78.35	10.35	81.44	1.60	...			
April	147.66	67.36	89.6	75.0	14.4	82.3	4.60	...			
May	146.61	65.35	89.25	72.32	16.95	80.78	4.71	...			
June	141.6	63.53	86.46	71.23	15.23	78.84	3.43	...			
July	134.09	63.03	84.63	69.80	14.61	77.21	1.73	...			
August	128.93	64.64	83.67	67.35	13.00	75.51	1.24	...			
September	130.00	71.13	82.1	71.6	10.5	76.85	5.17	...			
October	130.09	71.89	82.12	70.29	12.00	76.20	2.85	...			
November	130.06	71.5	89.1	69.7	19.4	79.4	1.77	...			
December	129.74	70.96	88.58	71.45	16.90	80.01	1.50	...			
	1668.92	814.87	1018.95	866.82	156.01	947.17	35.75	...			
	139.07	69.90	84.91	72.23	13.00	78.93	2.97	...			

RETURN OF DISEASES AND DEATHS IN 1901 AT THE FOLLOWING INSTITUTIONS—

Government Hospitals at Accra, Cape Coast, Elmina, Axim and Kwitta.

DISEASES.	* Remain- ing in Hospital at end of 1900.	Yearly Total.		† Total Cases Treated.	‡ Remain- ing in Hospital at end of 1901.	REMARKS.
		Admis- sions.	Deaths.			
Small-pox	59	834	140	893	22	
Measles	—	4	—	4	—	
Typhus	—	—	—	—	—	
Dengue	—	—	—	—	—	
Influenza	—	—	—	—	—	
Diphtheria	—	—	—	—	—	
Febricula	—	25	—	25	1	
Enteric Fever	—	—	—	—	—	
Cholera	—	—	—	—	—	
Dysentery	—	43	13	43	—	
Yellow Fever	—	—	—	—	—	
Plague	—	—	—	—	—	
Malarial Fever	—	44	2	44	—	
(a.) Inter- mittent	{ Quotidian	—	8	—	8	—
	{ Tertian	—	5	—	5	—
	{ Quartan	—	5	—	5	—
	{ Irregular	—	15	—	15	—
	{ Type undiagnosed	—	33	—	33	—
(b.) Remittent	1	123	10	124	2	
(c.) Pernicious §	—	8	—	8	1	
Beriberi	—	2	—	2	2	
Erysipelas	—	—	—	—	—	
Pyæmia	—	1	—	1	—	
Septicæmia	—	4	—	4	—	
Tetanus	1	3	2	4	—	
Tubercle	—	5	2	5	—	
Leprosy	—	—	—	—	—	
(a.) Tubercular	—	—	—	—	—	
(b.) Anaesthetic	—	—	—	—	—	
Yaws	—	—	—	—	—	
Syphilis	—	—	—	—	—	
(a.) Primary	1	7	1	8	1	
(b.) Secondary	1	17	1	18	3	
(c.) Inherited	—	1	—	1	—	
Gonorrhœa	—	15	—	15	—	
Hydrophobia	—	—	—	—	—	
Scurvy	—	—	—	—	—	
Alcoholism	—	7	2	7	—	
Delirium Tremens	—	—	—	—	—	
Rheumatism	1	36	2	37	—	
Rheumatic Fever	—	1	—	1	—	
Gout	—	—	—	—	—	
New Growth, non-malignant	—	2	—	2	—	
New Growth, malignant	—	1	1	1	—	
Anæmia	—	3	1	3	—	
Diabetes insipidus	1	1	—	2	—	
Debility	—	14	2	14	2	
Sunstroke	—	2	2	2	—	
Total	65	1,269	181	1,334	34	

The form shows in the main the arrangement of diseases in the nomenclature of the Royal College of Physicians, 1896 Edition. To save space, the unimportant diseases of any class can be grouped in their places as "Other Diseases" of the class.

* i.e., the year previous to that for which the Return is made.

† "Total cases treated" will, of course, include those remaining in Hospital at the end of the previous year.

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

§ Mostly paroxysmal Hæmoglobinuric fever.

RETURN OF DISEASES AND DEATHS IN 1901 AT THE FOLLOWING INSTITUTIONS—
Government Hospitals at Accra, Cape Coast, Elmina, Axim and Kwitta.

DISEASES.	* Remain- ing in Hospital at end of 1900.	Yearly Total.		† Total Cases Treated.	‡ Remain- ing in Hospital at end of 1901.	REMARKS.	
		Admis- sions.	Deaths.				
Brought forward ...	65	1,269	181	1,334	34		
§ LOCAL DISEASES.	DISEASES OF THE NERVOUS SYSTEM.						
	Diseases of the Nerves—						
	Sub-section 1.	Neuritis ...	—	4	1	4	—
		Meningitis ...	—	3	2	3	—
		Myelitis ...	—	—	—	—	—
		Hydrocephalus ...	—	—	—	—	—
		Encephalitis ...	—	—	—	—	—
		Abscess of Brain ...	—	—	—	—	—
		Congestion of Brain ...	—	3	—	3	—
	Functional Nervous Disorders						
	Sub-section 2.	Apoplexy ...	—	6	3	6	—
		Paralysis ...	—	2	—	2	—
		Chorea ...	—	—	—	—	—
		Epilepsy ...	—	3	—	3	—
		Neuralgia ...	—	2	—	2	—
	Sub-section 3.	Mental Diseases—					
		Idiocy ...	—	1	—	1	1
		Mania ...	—	1	—	1	—
		Melancholia ...	—	—	—	—	—
		Dementia ...	—	—	—	—	—
Delusional Insanity ...	—	—	—	—	—		
Diseases of the Eye ...							
Cataract ...	—	2	—	2	—		
Conjunctivitis ...	—	5	—	5	—		
Iritis ...	—	5	—	5	—		
Diseases of the Ear ...							
Diseases of the Nose ...							
Diseases of the Circulatory System							
Cardiac Failure ...	—	2	—	2	—		
Heart Disease ...	—	8	5	8	—		
Morbus Cordis ...	—	4	1	4	—		
Diseases of the Respiratory System—							
Bronchitis ...	—	32	1	32	—		
Lungs ...	—	9	4	9	1		
Pneumonia ...	—	32	9	32	2		
Phthisis ...	—	16	6	16	—		
Pleurisy ...	—	1	—	1	—		
Total ...	65	1,417	214	1,482	38		

* *i.e.*, the year previous to that for which the Return is made.

† "Total cases treated" will, of course, include those remaining in Hospital at the end of the previous year.

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

§ "Local diseases" should be arranged in the order indicated, each under its specific name. It is evident that no useful information can be conveyed by lumping all diseases, say of the Circulatory System, together, and simply returning them as such; each disease should be specified, *e.g.*, aneurism, valvular diseases of the heart, and so forth.

RETURN OF DISEASES AND DEATHS IN 1901 AT THE FOLLOWING INSTITUTIONS—
Government Hospitals at Accra, Cape Coast, Elmina, Axim and Kwitta.

DISEASES.	* Remain- ing in Hospital at end of 1900.	Yearly Total.		† Total Cases Treated.	‡ Remain- ing in Hospital at end of 1901.	REMARKS.
		Admis- sions.	Deaths.			
Brought forward ...	65	1,417	214	1,482	38	
Diseases of the Digestive System—						
Ascites ...	—	4	1	4	—	
Colic ...	—	8	—	8	—	
Constipation ...	—	8	—	8	—	
Diarrhoea ...	—	44	6	44	—	
Dyspepsia ...	—	1	—	1	—	
Enteritis ...	—	2	—	2	—	
Fistula in Ano ...	—	2	—	2	—	
Gastritis ...	—	2	—	2	—	
Intestinal Obstruction ...	—	12	1	12	—	
Jaundice ...	—	2	—	2	—	
Hernia ...	—	5	—	5	—	
Hepatitis ...	—	4	—	4	—	
Splenitis ...	—	1	1	1	—	
Tonsillitis ...	—	2	—	2	—	
Peritonitis ...	—	2	—	2	—	
Liver ...	—	2	1	2	—	
Diseases of the Lymphatic System						
Inflammation of Glands ...	—	3	—	3	—	
Bubo ...	—	1	—	1	—	
Lymphangitis ...	—	1	—	1	—	
Diseases of the Urinary System...						
Cystitis ...	—	2	1	2	—	
Bright's Disease ...	—	1	—	1	—	
Nephritis ...	—	8	2	8	—	
Diseases of the Generative System						
Male Organs—						
Orchitis ...	—	11	—	11	—	
Urethral Abscess ...	—	3	—	3	—	
„ Stricture ...	—	2	—	2	—	
Penis ...	1	2	—	3	—	
Scrotum ...	—	2	—	2	—	
Female Organs—						
Dysmenorrhoea ...	—	2	—	2	—	
Uterus ...	—	2	1	2	—	
Diseases of the Organs of Locomotion—						
Arthritis ...	1	2	—	3	—	
Inflammation of Joints ...	—	8	1	8	—	
Periostitis ...	—	2	—	2	—	
Synovitis ...	—	4	—	4	—	
Total ...	67	1,582	229	1,649	38	

§ LOCAL DISEASES.

* *i.e.*, the year previous to that for which the Return is made.

† "Total cases treated" will, of course, include those remaining in Hospital at the end of the previous year.

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

§ "Local diseases" should be arranged in the order indicated, each under its specific name. It is evident that no useful information can be conveyed by lumping all diseases, say of the Circulatory System, together, and simply returning them as such; each disease should be specified, *e.g.*, aneurism, valvular diseases of the heart, and so forth.

RETURN OF DISEASES AND DEATHS IN 1901 AT THE FOLLOWING INSTITUTIONS—
Government Hospitals at Accra, Cape Coast, Elmina, Axim and Kwitta.

DISEASES.	Remain- ing in Hospital at end of 1900.	Yearly Total.		† Total Cases Treated.	‡ Remain- ing in Hospital at end of 1901.	REMARKS.
		Admis- sions.	Deaths.			
Brought forward ...	67	1,582	229	1,649	38	
§ LOCAL DISEASES.	Diseases of the Cellular Tissue—					
	Abscess	1	8	—	9	—
	Mastitis	—	6	—	6	—
	Cellulitis	—	3	—	3	—
	Whitlow	1	1	1	2	—
	Diseases of the Skin—					
	Ulcers	4	57	1	61	—
	Burns	1	2	—	3	—
	Furunculus	—	3	—	3	—
	** Injuries, General	—	5	—	5	—
Gun-shot Wounds	—	5	1	5	—	
** Injuries, Local—						
Concussion of Brain	—	2	—	2	—	
Dislocation of Hip	—	1	—	1	—	
" " Tibia and Fibula	—	6	—	6	—	
Fracture of Skull	—	2	—	2	—	
" " Clavicle	—	1	—	1	—	
" " Humerus	1	2	—	3	—	
" " Ribs	—	1	—	1	—	
" " Thigh	—	7	—	7	—	
Wound of Head	3	13	—	16	—	
" " Eye	—	2	—	2	—	
" " Foot	2	5	—	7	—	
" " Hand	—	1	—	1	—	
" " Leg	—	1	—	1	—	
** Surgical Operations	—	6	—	6	—	
Circumcisions	1	6	—	7	—	
Exploration and Incision of Deep						
Abscess	—	1	—	1	—	
Extraction of Teeth	—	26	—	26	—	
Hydrocele, Tapped	—	3	—	3	—	
Gun-shot Wound of Hand, Partial						
Amputation	—	1	—	1	—	
Removal of Necrosed Bone	—	3	—	3	—	
Amputation of Finger	—	1	—	1	—	
** Malformations	—	—	—	—	—	
** Poisons	—	1	—	1	—	
Snake Bite	—	2	—	2	—	
Septic Wound	—	1	—	1	—	
|| Parasites	—	—	—	—	—	
Guinea Worm	1	60	—	61	1	
Tape Worm... ..	—	3	—	3	—	
Total	82	1,830	232	1,912	39	

* *i.e.*, the year previous to that for which the Return is made.

† "Total cases treated" will, of course, include those remaining in Hospital at the end of the previous year.

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

§ "Local Diseases" should be arranged in the order indicated, each under its specific name. It is evident that no useful information can be conveyed by lumping all diseases, say of the Circulatory System, together, and simply returning them as such; each disease should be specified, *e.g.*, aneurism, valvular diseases of the heart, and so forth.

** Specify.

|| Return under their individual Names.

ANNUAL
MEDICAL AND SANITARY REPORT
ON
THE GOLD COAST COLONY
FOR
THE YEAR ENDED 31ST DECEMBER, 1901.

PART 1. GENERAL REMARKS.

- „ 2. IMPROVEMENTS.
- „ 3. DEPARTMENTAL.
- „ 4. SANITARY.
- „ 5. GENERAL.
- „ 6. HOSPITALS.
- „ 7. GAOLS OF THE COLONY.
- „ 8. LUNATIC ASYLUM.
- „ 9. METEOROLOGICAL.

THE YEAR ENDING 31st DECEMBER 1904

THE GOOD HOPE GOLD MINE

MINERAL AND STATISTICAL REPORT

BY J. W. J.

CONTENTS

1. INTRODUCTION

2. GENERAL STATE

3. MINERAL

4. QUANTITIES

5. ANALYSES

6. CHARACTER OF THE MINERAL

7. CHARACTER OF THE REPORT

8. CONCLUSIONS

9. REFERENCES

MEDICAL REPORT

ON

THE GOLD COAST COLONY

FOR

THE YEAR ENDED 31ST DECEMBER, 1901.

GENERAL REMARKS.

The general health for the year was very bad, both in the European and Native community.

Amongst the Europeans the prevalent disease was Malaria, the majority of cases being of the type Remittent Fever.

Fifteen officials died during the year in a total strength of 188. The following list shows causes of death.

Remittent Fever	...	...	...	...	8
Bilious Remittent Fever	...	...	...	...	1
Sunstroke	...	...	...	...	2
Blackwater Fever	...	...	...	...	2
Acute Meningitis	...	...	...	...	1
Abscess of Liver	...	...	...	...	1

NUMBER OF DEATHS AND INVALIDED EUROPEANS.

	1899.		1900.		1901.	
	Officials.	Non-officials.	Officials.	Non-officials.	Officials.	Non-officials.
Died	9	18	1	18	15	38
Invalided ...	23	52	10	45	18	59 *

A total number of 18 officials were invalided during the year. The following list shows diseases suffered from:—

Remittent Fever	...	...	...	...	8
Intermittent Fever	...	...	...	...	2
Blackwater Fever	...	...	...	...	2
Diarrhœa	...	...	...	...	1
Debility	...	...	...	...	2
Anæmia and Gastric Catarrh	...	...	...	...	1
Boils	...	...	...	...	1
Congestion of the Liver	...	...	...	...	1
To England	...	...	...	...	8
To Islands	...	...	...	...	2
To Sierra Leone	...	...	...	...	3
To Aburi	...	...	...	...	5

* Roughly estimated owing to difficulty in obtaining records from mining companies. The great increase in deaths and invaliding, entirely due to greatly increased European population, average percentage invaliding and death probably same as 1899.

As is usually the case nearly all European officials suffered more or less from Malarial fever, and in many cases attacks recurred very frequently.

The health of the Non-official European population was bad. No accurate statistics could be kept.

The health in different parts of the Colony varied to a considerable degree. Cape Coast Castle maintained the evil reputation it has earned as being the most unhealthy station.

The general health at the following stations was fairly good:—Ada, Kwitta, Accra.

The general health at Kumasi was fairly good and Northern Territories moderately good.

The health of the officers in the Eastern and Western Preventive services was very bad; one officer died, and four cases of Blackwater Fever occurred, Patterson, Berkely, Vere Stead, Rafferty, all contracting this disease.

It is probable that the hardships and privations undergone in this service impairs the physical condition of the officers. It is regrettable that no medical officer was available for duty on either frontier.

A type of malarial fever characterised by hyperpyrexia was noticed at some stations, and was of very fatal character, in some cases death was preceded by a temperature of 110.

During the year a great influx of Europeans occurred consequent on the development of gold mining. The health of this community was very bad. I think this can be attributed in a large measure to the want of suitable accommodation and lack of good food. I have noticed at some stations that Europeans have been compelled to accept quarters unsuited for European occupation, and that the food on which they have subsisted is not of a suitable nature for the requirements of the coast. In some cases Europeans show a reckless disregard for the most ordinary precautions.

The health of the natives was very bad for the year, owing to a general and severe outbreak of small pox, which raged with great violence at Accra and Axim, and in many villages throughout the Colony. At Accra the type of the disease was rarely severe, and fortunately deaths were not common. At Axim the type of this disease was unusually severe, the confluent and hæmorrhagic varieties being common and many deaths occurring, everything was done to check the spread of the epidemic, and towards the end of the year the outbreak had diminished all along the Coast. The natives displayed their usual indifference to precautions against contagion, and consequently the epidemic spread from place to place, scarcely a village escaping infection. Vaccination was carried out as energetically as possible at Accra, but the ignorance and superstition of the natives at most other places proved an obstacle to any really efficient results.

The lymph supplied for use on the coast was found to be very unsatisfactory, successful results were only attained with lymph that had been only a few days on the coast. There could be no doubt that the lymph became inert after a few days exposure to the temperature of this climate.

I am pleased to say that not a single case of septic trouble originated from the vaccination of some thousands of natives.

No infection of Europeans occurred in the Colony, but the steamship "Volta," on arriving in the first port in the Colony, was reported to be infected with small pox, and some of the European officers on board contracted this disease. All necessary precautions were taken in connection with the outbreak. A medical officer and a sanitary officer were sent on board at Accra to report on the matter, and take such measures as were deemed necessary.

A few cases of small pox occurred in subjects that had been vaccinated, and who bore the marks of successful vaccination. All these cases were of a very mild character, the course of the disease being short and the vesicles being very few in number. No death was recorded of any person who had been vaccinated, even where a period of twenty years or more had elapsed since successful vaccination.

IMPROVEMENTS EFFECTED DURING THE YEAR.

A considerable amount of progress was made in the year 1901. This included :—

1. A new hospital at Axim. (Report on appended.)
2. A new contagious diseases hospital, Accra, providing accommodation for 44 patients.
3. General sanitary improvements.

DEPARTMENTAL.

The Medical Department was in a most unsatisfactory condition throughout the year, and the end of the year found the established staff twelve short of full strength. Of late it would appear that considerable difficulty exists in obtaining medical men for service in the Colony.

The subordinate Departments were in a most unsatisfactory state, being short as follows :—

3rd class Dispensers ...	...	...	4 vacancies.
1st „ Dispenser Pupils ...	...	...	2 „
2nd „ „ „ ...	...	...	2 „
1st „ Dressers and Nurses ...	...	...	7 „
2nd „ „ „ ...	...	...	9 „
Keeper, Lunatic Asylum ...	...	...	1 „

I am pleased to record my high estimate of the capacity of the dispensers in this Colony. I consider them to be highly trained and capable officials.

There is some difficulty in obtaining the services of really good men as dressers and nurses. This matter is under consideration.

The conduct of the subordinates in the Department throughout the Colony was satisfactory.

SANITARY.

Improvements were effected at nearly every Station on the Coast, this embracing :—

1. Improvement in drainage.
2. Increase in latrine accommodation.
3. Increase in staff of scavengers.
4. General local improvements.

It would be impossible to devise any practical scheme for the radical improvement of such towns as Cape Coast and Salt Pond. In years gone by a condition of things was allowed to occur that is almost beyond actual remedy now, and any scheme for the improvement of such towns would have to be on such a scale that an enormous expenditure of money would be involved. I

cannot understand why the Europeans at such towns do not learn the actual value of segregating themselves from the native community as far as their actual living quarters are concerned. No more radical improvement can be effected on the West Coast of Africa than this, which often means isolation from zones infested with anopheles bearing the power of malarial infection. The ordinary advantages are so apparent that I need not expatiate on them.

GENERAL.

During the year the Colony was visited by Dr. Ross and other members of the Tropical School of Medicine. A good many suggestions were made for the improvement of the health of the Colony. Personally I am of opinion that measures of practical nature should be attended to. I regret to say that such practical measures must involve a very large expenditure at Accra and most other stations.

At the present time there are many stagnant pools and water holes about Accra that are dangerous to health. I am pleased to say that these are only found in the native section of the town. A very great improvement has been effected in the main portion of the town, and no doubt this improvement will gradually extend to the environs of the town.

I attach a report from Mrs. Deacon, Medical Officer of Health for Accra. I am of the opinion that the duties of the Assistant Colonial Surgeon at Cape Coast are so arduous that enough time and attention cannot be afforded for energetic reform in sanitation. When a temporary Assistant Surgeon is employed great improvement might be effected under the personal supervision of the Medical Officer in charge.

HOSPITALS.

I attach reports on Accra, Cape Coast, Axim, Elmina, and Kwitta Hospitals and Dispensaries at Tarkwa, Ada and Akuse, together with the Sanitary Report of Sekondi.

The Accra, Cape Coast and Axim Hospitals, which all provide accommodation for Europeans, are very useful and efficient institutions. Accra hospital generally has the services of two European nursing sisters; Cape Coast the services of one.

There are few diseases so easily affected by careful treatment and nursing as malarial fevers and dysentery, which are prevalent diseases, and I am pleased to say that every care and attention is bestowed on the cases admitted into these hospitals, in fact, I think that the public and officials alike exhibit great confidence in these institutions. I regret that the medical staff was so shorthanded that neither the Principal Medical Officer, or the Acting Principal Medical Officer, could travel to inspect all the hospitals. However, a report shall be forwarded at an early date, with suggestions as to improvements or measures for furthering their efficiency.

I regret to report that one of the Nursing Sisters sent to Cape Coast died during the year. The health was so bad at this station during the period that the medical staff was quite inadequate for requirements; arrangements are being made to deal with this question.

The Assistant Colonial Surgeon—Axim—reports hospital does not provide sufficient accommodation for Europeans. The matter is under consideration; such a condition must be expected when a sudden influx of Europeans occurs. I am of the opinion that adequate accommodation will soon be available.

GAOLS OF THE COLONY.

Reports have been received from the following prisons:—1. Accra; 2. Cape Coast; 3. Saltpond; 4. Kwitta; 5. Ada; 6. Akuse; 7. Elmina.

The health of the prisoners in various gaols in the Colony was good.

The deaths were as follows:—

Accra	...	...	...	...	...	...	6
Elmina	...	...	...	...	...	...	1
Kwitta	...	...	...	...	...	...	1
Cape Coast	...	...	...	...	...	...	1
Akuse	...	...	...	...	...	...	2
							—
					Total	...	11
							—

The Medical Officers in charge of the various gaols report as follows:—

ACCRA.

Health very good. Ventilation of cells and wards fair. Diet and drinking water both good.

CAPE COAST.

General health very good. Ventilation of cells and wards good. Diet and drinking water both good and sufficient.

SALTPOND.

Health very good throughout the year. Ventilation of cells and wards good. Diet and drinking water both good.

KWITTA.

Health good during first, second, and third quarters, but not quite so good during last quarter. Ventilation of cells and wards is efficient. There was some overcrowding in November and December. Quality of diet and drinking water both good.

ADA.

General health very good. Ventilation of cells and wards defective. Quality of prison diet and drinking water both good.

AKUSE.

Health satisfactory. Ventilation of cells and wards fairly good. Quality of diet and drinking water both fairly good and wholesome.

ELMINA.

General health good—a slight epidemic of dysentery occurred. Ventilation of cells and wards good. Quality of diet and drinking water both fairly good.

LUNATIC ASYLUM.

I attach report from Superintendent on the Lunatic Asylum. The health of the inmates was bad, as is usually the case owing to the wretched condition of some of the lunatics on admission.

METEOROLOGICAL.

Records were kept at various stations throughout the Colony, but the majority were nearly valueless owing to the fact that some of the spirit thermometers got out of order and false readings were given, thus some returns showed the most apparent and astonishing mistakes, such as a minimum temperature record much higher than the maximum. Other errors occurred owing to carelessness or lack of knowledge in dealing with the instruments. In my opinion too many stations are supplied with instruments. I consider that Cape Coast, Accra, Axim, Aburi, Kumasi, and Gambaga only should be supplied.

A marked contrast in the rainfall exists between the coast stations, Axim always presenting the highest record.

RECORD 1901.

Axim	...	...	...	...	106 inches
Cape Coast	...	...	...	...	32 "
Accra	...	...	...	...	35 "

I consider that the only season affecting the health of the community to any marked degree is the harmattan season, December and January. This season is characterised by the occurrence of cool breezes in the early morning, the breeze being saturated with moisture as a rule. A rapid change takes place, however, and by 9 o'clock the air is hot and very dry, and distinctly irritating to the mucous membranes. The alternations in the temperature and moisture of the air is favourable for the development of catarrh of the mucous membranes, consequently bronchitis, conjunctivitis and pneumonia occur more frequently amongst the natives at this time of the year. Asthma is fairly frequent also.

The harmattan does not usually influence the Europeans to any marked degree, but in 1901 the maximum incidence of disease coincided with this season. The prevalent diseases were malarial fevers for the period.

P. J. GARLAND,

Ag. Principal Medical Officer.

VICTORIABORG, ACCRA.

19th February, 1902.

SANITARY REPORT OF THE TOWN OF ACCRA DURING 1901.

The control of the sanitation of Accra is vested in the Town Council and is conducted under the supervision of a Medical Officer of Health, one Chief Sanitary Inspector with some three or four Assistant Sanitary Inspectors. These latter have under their charge a variable number of scavengers whose duty it is to cleanse streets, open spaces and latrines.

The general sanitation of the town is at present far from perfect, but the following matters have received some attention.

The water supply of the town is derived partly from the rainfall and partly from wells. The former source supplies all the European community and the public tanks, while the wells contribute very largely to the native consumption.

During the dry season these wells gradually dry up and the water is rendered unfit for drinking purposes, but the supply from the public tanks generally suffices for the distribution of a limited quantity of water until the next rainy season.

There are very many ponds, both small and large, in the vicinity, which are used by the natives both for washing and drinking purposes, and these are always in an insanitary condition.

During the heavy storms of the rainy season there is always a fall of more water than can be stored, and to prevent this standing in the streets a system of open drains has been adopted by which the overflow has been conducted from the main streets and market to either the sea or the lagoon.

The streets are swept by the scavengers under the supervision of the Assistant Sanitary Inspectors, the refuse is collected in carts and is carried away by these for disposal in pits which have been dug for the purpose, both within and without the town. The main streets are well gravelled and easy to cleanse by sweeping, but some of the smaller thoroughfares are very uneven with many rough places which tend towards the collection of rubbish.

The question of the disposal of sewage must always be a difficult one in a tropical town, and naturally in Accra the best and most practical method is the dry earth system.

Both in the official bungalows and better class native houses the pans are removed twice daily and the sewage is deposited in the sea. For more general use there are 35 public latrines, 5 of these being beach latrines, 15 pit latrines, and the others pan latrines, situate in various parts of the town, and the pans from these are removed and the refuse therein deposited in pits dug in the bush behind the town.

Regarding domestic sanitation there is little to be said, as although the native is personally cleanly his habitation is almost invariably the abode for the accumulated dust of ages. From this follows occasional outbreaks of Epidemic disease—small-pox especially having been very prevalent in the past. During the months July-November inclusive, of the year 1901, an epidemic of small-pox raged in Accra. Disinfection was carried out by the burning of all rubbish, bedding and clothes found in the patient's room, the washing of the room, all its furniture and incombustible articles with 1·20 carbolic acid lotion; and wherever practical, the closure of all outlets and apertures and disinfection by the burning of sulphur. As the burning of old clothes, &c., was carried out as thoroughly as possible it is hoped that no further cases will arise from this cause.

During the past year the roads of the town have, and are still being, much improved. All irregularities are being reduced, and fresh gravel has been put

on some parts of the main street, while the Horse Road and Pagan Road are still under repair. Such repairs will greatly facilitate the cleansing of the roads by the scavengers. Some 30 dustbins, for which the Government are providing stands, have already been placed in various parts of the town and there are still some 20 other bins at the disposal of the Town Council.

The Government during the past year have provided two new pan latrines, one being situated on the cliff behind Ussher Fort and the other in the old market.

The drains and culverts of some of the streets have been largely choked up by the late rains, but all at present are being reopened and thoroughly cleaned out.

As far as possible, everything is now being done to make the sanitation of the town conform more nearly to the regulations imposed by the modern views of health.

(Sgd.) M. A. STEWART DEACON, M.B., &c.,
Health Officer.

REPORT ON THE HOSPITAL AT ACCRA FOR THE YEAR ENDING 31ST DECEMBER, 1901.

The year 1901 has in more ways than one been an eventful one in the history of this hospital, and never has its benefit been more marked, as the admission of Europeans has exceeded in number those of any other year.

From a purely medical point of view, I fear there has not been as much good work done as hitherto, *i.e.*, the natives have not patronised the Institution as much as formerly; and this can be accounted for by the fact that, owing to the undermanning of the department, only those really very ill have been admitted to Hospital.

The Europeans, however, have availed themselves of the advantages of this Institution, and all have expressed themselves as satisfied with everything therein.

The Hospital was under Dr. Rutherford's care from January till September, and from September till the end of the year, I have had the honour of being in charge.

The alterations and improvements during the year have not been extensive; the features requiring special attention being the erection of an Ice House, and the reopening of the Lunatic Asylum.

The Ice House is put up according to the latest ideas, but does not appear a success. I have, however, had no information whatever as to its construction, management, etc., so I am unable to speak with authority on the subject. I can, however, definitely say that the Ice keeps no better in the new building than it did in the old one.

The Lunatics have been brought back from Christiansborg Castle to the old Asylum within the Hospital Compound. The great objection to this is the continuous noise which they make night and day, but other advantages are gained by their arrival, which I think outweigh the objection, *viz.* :—The Asylum is under the direct supervision of a medical officer, the garden is kept cultivated, the grounds clean, and further, we can occasionally utilise the inmates as helpers round the hospital, as the four hospital labourers are not equal to the task of keeping things right.

In the "Blue Book" return, you will find in detail the number of patients treated, etc., etc.; so I do not propose to go into this of the statistics in connection with the hospital. I, however, beg to draw your attention to the following:—

THE NURSING STAFF

(Attached copy of recent report thereon).

I would strongly recommend that some steps be taken to encourage a better class of men to join this branch of the service, for really the type of boys we have had applying recently is too bad for anything, they are all "bush boys" who have had a little education, so called, in the way of book work, otherwise they are absolute savages and quite unteachable.

DISPENSARY STAFF.

This branch I consider to be in a fairly satisfactory state, but I would also like to see a better class of men taking up the work, more of the stamp of the older men. In connection with the training of these men, I am strongly of opinion that they should have some opportunity of learning a little about first aid to the wounded, elementary medicine, etc.

HOSPITAL LABOURERS.

This is a matter which requires alteration; at present, we have five Krooboys for doing practically everything in and about the hospital, one of their number doing house-work only, *i.e.*, steward in the European wards; the other four have to carry water, wash the wards, empty latrines, keep the grounds in order, and, in addition to all this, they act as hammock-bearers to the sick coming to Hospital, work in general store and Port Office, and burying all paupers, etc., etc. The result is that nothing is done satisfactorily; they have too many masters and ordered about by everyone, from the Assistant Colonial Surgeon down to the latest appointed Dresser.

I think that these boys should be employed in doing hospital work alone, *i.e.*, not to be taken near the General Store; further, the Head boy should have a larger salary than the others as everything depends on him, and at present we have a most excellent head man, but he will undoubtedly leave us unless he has his pay increased.

THE GARDEN AND GROUNDS.

The present Gardener is a most useless man, lazy, idle and disobedient, and the garden is greatly neglected; the grounds bounded by the garden wall are all right and very well kept, this is done by the krooboys; but behind this wall, in the garden proper, things are simply disgraceful. I have not attempted during my time in charge to alter the existing state, simply because I have not had the means at my disposal,

I would earnestly urge that a large gang of prisoners be employed here for at least one week, as I believe the space referred to is one of the most unsanitary in Accra.

The garden referred to above does not include the portion which the Lunatics look after, but the pleasure grounds in front of the Hospital.

(Sgd.) ALICK E. KNIGHT,

Assistant Colonial Surgeon.

ACCRA,

January 24th, 1902.

REPORT ON THE NATIVE STAFF, COLONIAL HOSPITAL, ACCRA.

The Native Staff in this Hospital is at present below its strength ; and as far as I can judge is likely to remain so for some time, for it is impossible to get the right class of men to join the service.

I, personally, would prefer to work shorthanded, than have a lot of useless boys about the place. In the Dispensary we have only one qualified Dispenser, viz., Mr. R. Williams, and five Dispenser Pupils, of these latter Mr. Bannister is the only first class pupil, and in fact the only one who has had any knowledge of his work, the others are beginners, and with the exception of Mr. Wellington are for the present useless.

Mr. Reindorf was a very promising man, and I regret that he is leaving us.

Mr. Cato, the Chief Dispenser, superintends the work in the Dispensary, and personally takes charge of all accounts, requisitions, etc. ; he and Mr. Bannister doing all the clerical work in connection with the office, which, when added to their other duties, makes their work comparatively very heavy.

Mr. Cato does not require any recommendation from me, as he is well known to all medical officers who have worked in Accra as a very reliable man. I have always found him respectful, obliging and painstaking, and thoroughly reliable in the discharge of his official duties.

Mr. Reginald Williams I am pleased to recommend to your notice as a very obliging and civil man, he is a little slow, but I believe thoroughly well up in his practical work.

Mr. Bannister you have recently promoted to the position of a first-class Dispenser Pupil, and I think he thoroughly deserved his promotion ; of the other Dispenser Pupils I am not in a position to report on any of them. We are five dispenser Pupils short, the full complement being fourteen, of these six should be 1st Class and eight 2nd Class ; there is one vacancy for a 1st Class Dispenser Pupil.

NURSING BRANCH.

In the hospital we have only two 1st Class Dressers, viz., Mrs. Swaniker and Mr. Okko. I consider that two 1st Class Dressers are entirely inadequate for the amount of nursing that has to be done, and I am of opinion that there should be at least four 1st Class Dressers here ; of 2nd Class Dressers we have none, and only three 3rd Class Dressers. Whereas we should have seven 2nd Class Dressers, and four 3rd Class Dressers.

Mr. Plange is at present a doubtful quantity, being transferred on probation to the Dispensary.

Mr. Holm is in the Contagious Diseases Hospital.

Mr. Quao in the Prison Infirmary.

Messrs. Style, Tevie and Tokunoo are the 3rd Class Dressers here.

Mr. Hesse, 2nd Class Dresser, has been promoted to the position of Public Vaccinator.

Of the above I beg to mention Nurse Swaniker and Mr. Okko in the 1st Class, and Messrs. Style and Tokunoo in the 3rd Class. Mr. Quao in the Prison is also worthy of recognition.

(Sgd.) ALICK. E. KNIGHT,

Assistant Colonial Surgeon.

THE AG. PRINCIPAL MEDICAL OFFICER,
ACCRA.

REPORT ON THE COLONIAL HOSPITAL, CAPE
COAST, FOR THE YEAR ENDING
DECEMBER 31ST, 1901.

EXTERN DEPARTMENT.

New cases treated	...	...	...	...	3553
Old	„	„	...	...	4808

INTERN DEPARTMENT.

		No. of admission.		Deaths.
1st quarter	...	318	...	34
2nd „	...	221	...	28
3rd „	...	152	...	17
4th „	...	85	...	11

MEDICAL STAFF.

The following surgeons were in charge of Hospital during the year, W. A. Murray, E. H. Tweedy and G. L. Barker.

MATRON.

Nursing Sisters A. Wallace, Isabella, John and Ida Gould.

DISPENSERS.

One 1st Class Dispenser, J. H. Smith, in charge, and one Dispenser Pupil, F. A. Tyron.

Four 2nd Class Dressers, Sarah Wood, A. F. Neizer, J. H. Sawyerr and G. P. Bernasko.

Three 3rd Class Dressers, R. A. Ghansah, J. G. Blankson, Senr., J. G. Blankson, Junr. R. A. Ghansah, transferred in August to Kumasi, A. F. Neizer and J. G. Blankson, Junr., were dismissed for disobedience of orders, J. G. Blankson, Senr., deserted.

SUBORDINATES.

One Hospital Cook and three Labourers.

SMALLPOX HOSPITAL.

There were 392 cases of smallpox during the year, the number of deaths being 53.

(Sgd.) G. L. BARKER,

Assistant Colonial Surgeon.

REPORT ON THE HOSPITAL AT AXIM FOR THE YEAR ENDING 31ST DECEMBER, 1901.

The new hospital was opened May, 1901 ; since when, 25 Europeans have been admitted, and one has died, and 73 natives have been taken in and ten died. On the 1st January, 1902, there were two cases remaining, one of which has died since.

Besides the two wards, there are a drug and comfort store, a dispensary in the office, and two small rooms for Dispenser and Nurses ; and there is a latrine at the north end of the west verandah, which faces the sea, and a partition at the south end for the same purpose, for the native ward ; the back and front verandahs are partitioned so as to divide the European end from the native end.

The room itself is cleanly painted, and would be comfortable if the smell from the beach and latrines could be prevented (I am moving one latrine in any case).

The hospital latrines are clean and do not cause annoyance.

The native ward has nine beds and is clean, and would be comfortable if it did not suffer from the same smell as the European ward.

At the present time there is no kitchen nor cook, and no contract for hospital supplies, the only patient is supplied with food from the house of the firm that employs him.

The water is fetched either from the fort or from the medical bungalow a quarter of a mile away.

The hospital washing is done by one of the ward boys, and considering his appliances, well done.

Axim is at present overcrowded with Europeans, and when one is called in to see a patient, it is not unusual to find him in a small and stuffy room with one, and sometimes more, sleeping there, and the beds are to be found on the floor ; the feeding arrangements are bad and the sanitary ones unsuitable, and one sees the immense advantages it would be to take such cases into hospital, but three beds is quite inadequate, and if no other alteration be made, then some part of the native ward should be converted for European use.

There are large numbers of miners within forty miles of the town, to whom also the hospital, if large enough, might be useful.

The present site could be made good by putting a solid fencing at the sides of the ground, and running a groyn of masonry with broken glass on the top, in continuation of the fence at each side to below low water mark, or by taking the fence on the north end and right up to the cliff, and finding a new site inland for the latrines, it would then be possible to move the present hospital either north or south, and erect a doctor's bungalow.

There are other sites which can be acquired however, and as the foreshore is valuable for commercial purposes, it might be advisable to sell that, and buy another with more room, on high ground ; there is no space available now that is not covered or nearly covered with bamboo huts, but I am informed that a site to the south east of the present medical bungalow would be sold, and if sufficient were bought and the huts cleared, it would be the best site in Axim, while there is room behind the judge's bungalow and court, in a rather similar condition as to huts.

A site at some distance to the north of the town, and at present a forest, could be secured, and would be high and well situated, while with ample room it would not be necessary to have the native and European wards in one building. Ten beds would not be too many.

In conclusion, I think the present hospital too small, too far from the Medical Officer, badly situated, and with a totally insufficient staff.

(Sgd.) KENNETH F. T. BUEE,

Assistant Colonial Surgeon.

AXIM,

12th January, 1902.

ELMINA HOSPITAL,

January 29th, 1902.

SIR,

I have the honour to submit this report to you on the Medical Department of the Elmina District for the year ended December 31st, 1901.

A.—THE HOSPITAL is very little used; and never more than three or four patients have been in it at one time. Some minor repairs require to be carried out.

The Water Supply and latrine arrangements are good.

B.—DRUGS AND INSTRUMENTS are usually ample, but a few more modern tabloids and such like drugs might be added for the special benefit of European Officials and non-officials. Such elegant preparations, with a very few exceptions, are, as a rule, conspicuous by their absence.

A Ronald Ross Microscope with a few slides, covers, and staining reagents might be added with advantage to the instruments and given into special charge to the medical officer.

C.—THE STAFF.—Dispenser Ferguson is conscientious but rather inclined to be lazy and slovenly. His writing, spelling, grammar and composition is execrable.

Dresser Ansah also acts as male nurse. He is no better nor worse than the usual run of native dressers and nurses.

Dresser Nappier is in connection with the Gaol. He is quick and tidy and promises to be an efficient dresser, though he needs more experience.

Mary Colenbrander acts as female nurse fairly well.

Ansah took Freeman's place, dismissed.

D.—SANITARY.—Dadson, Inspector of Nuisances has been here too long. Frequent complaints come to me regarding his overlooking some people and prosecuting others. This is the usual state of affairs when a native official remains too long in one place, as the native unfortunately has not, as a rule, the English sense of justice ingrained in him too strongly. The scavengers work in their usual fashion.

E.—PUBLIC HEALTH generally good. One European official died from Remittent fever, and one was invalided from the same cause. Two non-official Europeans were invalided for slight attacks of remittent fever.

There were 90 cases of smallpox reported and isolated during the year, and 20 of these died. No vaccinations were performed during the year.

F.—THE GAOL.—The general health was good excepting 40 cases of smallpox isolated.

G.—THE MEDICAL OFFICERS in charge of the District during the year were Drs. Stalker, Barker, Tweedy, de Groot, Dillon and myself. The work of the District became very disorganised and no reports were sent in for the quarters ended June and September. It is regrettable that the medical officer is called upon to do Commissioner's and Sheriff's duty. It handicaps him a great deal in his legitimate work as medical officer. For a medical man to be revising accounts of customs, post office, &c., and surveying Public Works Stores is to say the least of it absurd, and it ruins him for the proper exercise of his own profession. His mind may not at all times have the judicial bent desirable, and what appears justice to him may not be in accordance with the law. Dr. Rome Hall is right when he says that the medical officer who has to do administrative work here "is persistently overworked."

I have, &c.,

(Sgd.) O. BROWNE,

Assistant Colonial Surgeon.

THE AG. PRINCIPAL MEDICAL OFFICER,
ACCRA.

REPORT ON THE HOSPITAL AT KWITTA FOR THE YEAR ENDING 31ST DECEMBER, 1901.

The Hospital is situated on the beach, about 50 yards from the sea. The present site renders it liable to be washed away at any time, as the encroachments, for which the sea is responsible, are sometimes extensive, and not unfrequent. On my arrival I found that the roof was not water-tight, flooding the ward with every heavy shower. This, however, has since been corrected by the Foreman of Works. Recently, it has been whitewashed and repaired. Ventilation is efficient. The cubic space of air allowed each patient is amply sufficient.

It boasts one large ward, holding twelve beds. In addition to this large ward, there are four small rooms. These rooms are used as Dispensary, Out-patient room, Dresser's room, and Store room, respectively. There are no shelves in the store room, with the result that drugs, &c., are scattered over the floor, in the utmost confusion. The dispensary is well kept and fairly well equipped. It is not partitioned off into male and female wards. Patients are huddled together, irrespective of sex. A division into male and female wards I strongly recommend.

Operations are performed in the ward, there being no operating room. For obvious reasons the practice is a bad one. No special beds are set aside for native officials or the better class of patients.

Patients seek admission from distant parts of the district. The demands on the hospital are daily increasing.

Within the last quarter, it would appear that wounding has assumed the form of an epidemic. An average of two severe cases of wounding per week have been admitted into hospital during the last two months of the year. Excessive drinking is mainly responsible for these cases. Invariably, they are the outcome of some drunken affray, following upon that institution known as the "funeral custom," whose *raison d'être* is the opportunity it affords for unlimited drinking of cheap spirits. These cases use up a large quantity of surgical dressings and lotions (Carbolic, Boric, Mercuric.)

There were treated, in the general hospital, 113 cases with 16 deaths.

The following diseases were responsible for the deaths:—

Tetanus	1
Pulmonary Tuberculosis	1
Pneumonia	1
Asthma and Debility (?)	1
Dysentery	1
Apoplexy (?)	1
Oscites	2
Alcoholic Epilepsy	1
Morbus Cordis	2
Rheumatism with Pericarditis	1
Entra-uterine gestation	1
Acute Syphilitic Softening of Brain	1
Scurvy	1

The following diseases were especially common:—

Guinea Worm.
Wounds.
Syphilitic ulcers.
Necrosis of bone (caused by syphilis.)
Fracture.
Intermittent and Remittent Fevers.

Some of the cases of Guinea Worm were complicated by sepsis, the result of native treatment. They gave rise to great constitutional disturbance, and large ulcers which necessitated prolonged treatment in Hospital.

A case of some interest was one of acute syphilitic softening of the brain, on which I made a Post-mortem. The noteworthy fact about it was the early development of softening of the brain within a few weeks of secondary syphilitic manifestations.

THE OUT-PATIENT DEPARTMENT.

During the year, 2418 persons applied for relief in this department; fever, syphilis, gonorrhœa, alcoholism, yaws, ringworm, guinea worm, form the bulk of the cases. Ravages created by syphilis are terrible. Extensive ulceration of the skin, necrosis of bone, are the forms in which it declares itself. On the other hand, the internal organs, liver and spleen, seem to be seldom uninvolved. Three well marked cases of brain syphilis, however, I had occasion to study. This great prevalence of syphilis entails an enormous outlay on an expensive drug, to wit, Iodide of Potassium. I have found it less

expensive to insist on patients with bad and extensive syphilitic ulcers coming to Hospital where these ulcers rapidly heal. If this plan be not adopted what happens is this: these old ulcer cases will visit the out-patient room for a fortnight, they will then absent themselves for another fortnight, during which period of time they will place themselves under the care of the "native Doctor," who treats ulcers by the application of whatever filth he can lay hands on. This plan of trying, now the "Native Doctor," now the Government Doctor, can be, and is sometimes, carried on for years, involving Government in great expense thereby, for drugs, &c.

Alcoholism, judging from out-patient experience, claims a great number of victims and is greatly on the increase.

A number of persons, in fairly good circumstances, attend this department free of charge. To eliminate such persons from *bona fide* paupers is a matter of some difficulty.

Nevertheless, this could be done, to a small extent, if the medical officer were allowed to exercise his own discretion unhampered by rules. A scale of charges is drawn up for persons of various occupations. A fisherman, for instance, in accordance with this rule is charged with a small sum, and knows he is expected to pay that sum if he represents himself to be a fisherman.

On the Staff are one dispenser, one dresser and a cook. The dispenser's house is 150 yards distant from the hospital. Part of this house is used as kitchen. The dispenser and dresser have both worked satisfactorily. They spend long hours on their work, are upright and steady. The Dispenser possesses an intelligent knowledge of his work. One of the rooms in the hospital is occupied by the Dresser. This room adjoins the storeroom. He is also concerned with the nursing of patients.

The kitchen adjoins the Dispenser's quarters. The cooking stove is utterly useless. This defect was reported upon last year.

The mortuary is about forty yards from the hospital. It is a solid structure, built of brick. Instruments with which to perform autopsies are all in disrepair.

The hospital tank leaks. At one time the Foreman of works was of opinion that it would be difficult of repair. Recently, however, he has expressed himself as being able to put it right.

SMALLPOX HUTS.

Two huts are now in use, for isolating smallpox cases. These huts are about 300 yards distant from the general Hospital.

During the year, fifty-one cases were treated in the isolation huts. Of these six died. The huts are inexpensive and can be destroyed by fire after they shall have done service for 3 or 4 years. For isolation purposes they are superior to more solid and permanent structures. One of the huts was built three months ago.

One of the Scavengers, who was at one time stricken with smallpox, is told off to do duty as attendant in the huts.

(Sgd.) F. M. SIMMONDS,

Assistant Colonial Surgeon.

REPORT ON TARKWA DISPENSARY FOR THE YEAR 1901.

I have the honour, most respectfully, to report on the Dispensary at Tarkwa for the year 1901.

The house which was put up in the month of February, 1899, as a temporary building, is now getting old, and looking wretched, as all bamboo houses must look after certain amount of wear.

The house has served its time, and I think it ought to be replaced with a substantial and permanent structure.

In my report for last year I mentioned the fact that the Dispensary, being 2 miles away from the town, it is impossible for the sick to attend from so great a distance. As the present town is about to be removed to a site about 2 miles further away, the distance between the town and the dispensary will soon be doubled. The Railway has a dispensary in the town, and I hope arrangements will be made to amalgamate both dispensaries in the near future.

The Register shows 237 new cases and 249 attendances of old cases. This, compared with last year, which was 171 and 296 respectively, shows an increase in the number of new cases.

Intermittent fever, constipation, rheumatism and bronchitis were the prevalent diseases.

Only 8 cases of Guinea worm were treated in the dispensary, but the disease was common about the beginning of the year.

The Revenue shows a good increase, being £6 16s. 6d. as against £1 6s. 8d. in the previous year. This revenue is derived from three sources, namely, sale of medical comforts £4 0s. 6d., sale of drugs, &c., to non-officials 7s. 6d., and fees collected from Dispensary Paying Patients £2 8s. 6d. The expenditure is the same as for last year.

(Sgd.) J. R. SUTTON,

Dispenser-in-Charge.

ANNUAL REPORT ON THE ADA DISPENSARY FOR THE YEAR ENDING 31ST DECEMBER, 1901.

I have the honour to submit to you the following Report on the Dispensary at this Station.

One of the bungalows, having been converted into a hospital, and provided with beds, &c., forms an excellent building for the purposes. The condition of the building is good, with exception of the roof, which is in a defective state, as it allows the water to run through with every shower of rain.

2. The place itself is kept clean and in good order, and there is a fair supply of drugs.

3. The stock of surgical instruments is not good, many of them being obsolete and out of order.

4. There have been no major operations performed here, but there have been a fair number of a minor character.

5. There has been a fairly large attendance, considering the size of the place, which is as follows:—

New cases	...	...	...	...	1,185 males.
"	"	...	...	...	537 females.
Total	...	...	...	...	<u>1,722</u>

6. In addition to the cases just stated, the following old cases have been attended:—

Old cases	...	...	...	...	2,483 males.
"	"	...	...	...	1,059 females.
Total	...	...	...	...	<u>3,542</u>

The total attendance at the Hospital during the year, counting new and old cases together, being 5,264.

7. The vaccination results have been most unsatisfactory, which in my opinion is due to useless lymph being used.

174 cases were vaccinated by Dr. Riddall, and none were successful.
131 by myself, with same result.

305

8. Fifty-nine cases of smallpox were admitted to the isolation quarters. Out of this number six deaths took place. One case escaped on the 2nd December, 1901, and was found to have committed suicide, in the bush, by hanging.

9. One death from tetanus occurred in the Hospital about twenty-four hours after admission.

10. The fees collected during the year amounted to £10 19s. The amount is small, but only the poorer people seem to attend here. Mr. Pobee, the dispenser here, states that the patients who could afford to pay have all been made to do so.

11. At the present time we have no in-patients. There are six beds in the wards, with room for four more, which are now in the store.

(Sgd.) W. S. WEBB,

Assistant Colonial Surgeon.

THE AG. PRINCIPAL MEDICAL OFFICER,
ACCRA.

REPORT ON THE AKUSE DISPENSARY FOR THE YEAR ENDED 31ST DECEMBER, 1901.

During the year 1901 there were 356 new cases treated at the Akuse Dispensary. Compared with the preceding year, it will be seen that there was a decline of 134 in the number who obtained medical aid. This diminution may be attributed chiefly to the enforcements of the regulation with respect to payment by out-patients, which deterred many who were able to pay the fee fixed (but were too parsimonious) from seeking medical relief at the Dispensary.

A reference to the paying out-patients' record shows that whilst in 1900 there were only five of this class and 9s. obtained in fees, in 1901 the number of patients rose to forty-six, and fees amounting to £6 1s. 6d. in all were recovered from them. Among the new cases there were three deaths, all due to smallpox. The new cases were principally composed of small pox, 31; malarial fever, 21; rheumatism, 16; bronchitis, 18; intestinal diseases (particularly constipation), 79; cutaneous diseases (chiefly ulcers and ringworm), 52; injuries (such as incised and gunshot wounds and fractures), 48.

The number of old cases or subsequent attendances to the first was 1,263, which is slightly in excess of the previous year; and although there were not many cases of disease treated, the smallpox epidemic considerably increased the work to be done, and for the care of patients admitted into the isolation huts it was necessary to employ special attendants, one for males and one for females.

In addition to the efforts directed against the spread of the disease and towards the treatment of the sick, the protective virtues of vaccination were employed where desired, 417 persons being thus vaccinated, of whom 326 exhibited characteristic vesicles.

There were three different Medical Officers in charge during the period, viz.: Dr. Coker, from January 1st to March 12th; Dr. Papafio, from March 13th to April 3rd; and myself from 4th April to 31st December.

(Sgd.) D. WALDRON,
Senior Assistant Colonial Surgeon.

THE AG. PRINCIPAL MEDICAL OFFICER,
ACCRA.

REPORT ON THE SANITARY CONDITION OF SEKONDI FOR THE YEAR ENDING 31ST DECEMBER, 1901.

GENERAL.

So far as I am able to say, at present there is not very much illness at Sekondi, either among Europeans or Natives.

SICKNESSES.

The sicknesses most prevalent among the Europeans in the town are Malaria, and a little sore throat and dysentery; among the Natives, malarial dysentery and guinea worm are common, and smallpox is continually cropping up.

In the case of smallpox, all persons who have been in contact with a case are vaccinated.

POPULATION.

2. The Native population is not very large unless those in the service of the Railway are included, and these are rather a constant quantity, but there is a large number passing through the town to the various mines, after landing from the steamers.

All the Merchants seem to think that the numbers are increasing.

EUROPEAN.

The European population is, I should say, steadily increasing, though not very rapidly, as in the case of the Natives; there are considerable numbers landed from the steamers, who generally stay a few days in the town before proceeding to their destination.

Below is a list of the European Staffs of the various Merchants, together with the numbers of those passing through they generally put up.

Merchants.	Staff.	Lodgers.
Messrs. Miller Bros. & Co.	6	4
„ F. & A. Swanzy	4	—
„ Pickering & Berthoud	1	—
The Sekondi Lighterage Co.	6	2
The Gold Coast Stores	3	2
The Gold Coast Machinery & Trading Co.	3	1
The Bank of British West Africa	3	—
The African Association Ltd.	2	—
The British Stores & Trading Co.	3	—
The West African Mining Co.	4	—
Passers staying at Thorpe's Hotel	Average ...	10
Totals—Resident, 35; Temporary, 19. Grand Total...		54.

There are 47 European Officers connected with the Railway, and there are 7 Gold Coast Officials, making altogether 108 Europeans at the present time.

Before Dr. Askew went home on leave eight months ago, he estimated the total white population at 60.

CENSUS.

I am informed that a Census was recently taken, but it does not seem that the return is available.

The average number of sick Europeans since I have been here is eight daily, and there have been two deaths, one from the SS. "Coomassie."

Dr. Askew informs me that the sick rate is now about the average; if the overcrowding by newcomers continues, I expect it will rise, especially if the water becomes as scarce as seems probable.

FOOD.

3. The food supply is fairly good, the Market is well supplied with the usual vegetables, though there are very few tomatoes; the meat is about the average quality, and is hacked up in the ordinary native manner; fish is generally obtainable, and good, but the quantity is not very large; on the whole, food stuffs are not so dear as might be expected.

WATER, EUROPEAN.

4. The European water supplies are drawn from tanks collecting from the roofs, there are no separators.

The Railway bungalows have one tank each usually, but water is not collected from five of the largest Railway sheds.

The Government Officers have only two tanks to draw from, that in the fort, and one attached to the District Commissioner's bungalow; officers have been put up on an allowance of four gallons for those with salary over £200, and two gallons for those whose salary is under that sum.

RAINFALL.

5. The rainfall averages 60 inches annually, and is heaviest from April to August, but it is seldom that a month passes without any rainfall at all.

WATER, NATIVES.

6. The Natives draw their supplies from the various water holes, of which there are a considerable number scattered round the fort and in other parts of the town, none of them are deep, most are without covers, and the water in all is brackish; but there are several holes about a quarter of a mile behind the hospital where good water is obtainable; on the way to Dixcove the water is drawn from holes dug in the sand on the shore, while further along, beyond the Hausa town, there is an arm of one of the lagoons with drinkable water which is used by the Hausas and those in the neighbourhood, it is unfortunately liable to pollution from people washing too near, and from passers from the villages latrining in the bush too near to the shore.

SANITARY.

7. The town is hilly and there are innumerable gullies worn by the rain. The natives built their huts at the sides of these and made them into Streets and drains; even in dry weather they have puddles of stagnant water, thrown out by the natives from the neighbouring huts, nasty to smell and full of life, while old tins and bottles, corn cobs and shells, wood shavings and ordure collect there.

SCAVENGERS.

8. There are at present ten scavengers employed in sweeping up the town, removing refuse, and filling up such small puddles as they can find; the number is insufficient.

LATRINEMEN.

9. The four latrine men are employed in emptying the 35 latrine pans in the seven native latrines; there are neither enough men nor latrines.

10. The European latrine pans are emptied by the prisoners; the number averages about ten.

11. The various pans are emptied at different places according to their situation, but this is to be altered as soon as a satisfactory site to leeward of the town can be decided on.

FORESHORE.

12. Very commonly the natives used the foreshore as a latrine, and there is not a sufficient force of police to prevent them, even if they could be relied on to do so; the worst of it is that the offenders will not go where the tide could wash up after them, so walking is most unpleasant thereabouts, though I do not know that it really makes much difference to the health of the town under ordinary circumstances.

INSPECTOR.

The Sanitary Inspector is a Yoruba and does not talk Fanti, and his English is difficult to understand, especially when written.

DRAINS.

14. There are numerous surface drains in the town mostly constructed by the Railway, and they, too, furnish lodgment for little puddles; these are for the most part not near houses, and I think I can arrange to have most of them filled in by their workmen; of course, all along the line there must be numbers of them, and at present it is quite impracticable to deal with those; those drains already constructed, and about to be built by the resident Assistant Engineer, are to be concreted and will be easily kept clean.

HOSPITALS.

15. There is at present only one Hospital in the town, well situated to the west of the town and overlooking the railway and station. It contains eight beds for Europeans and twelve for natives; together with a store room and dispensary.

OFFICERS.

The resident officials are Drs. Askew and Tylecote, while at present Dr. Allen is staying there also.

STAFF.

The Native Staff consists of a dispenser and pupil, two dressers, and one nurse, there are no European nurses, though I hear that there is some idea of asking Mrs. Arthur Knights to undertake those duties.

WARDS.

The large European ward is about the same size as one of the European wards at Accra, and is fitted with six beds, while the other two are for one each, but too small to be generally useful.

DISPENSARY.

The dispensary and store, though fairly complete, are quite undermanned, and it is difficult to get prescriptions dispensed except at one stated time in the day; this is due to the circumstance that the dispenser is not a highly qualified one, and the Resident Surgeons do not care to let him put up any medicines containing poisonous drugs, unless one or other of them is present, while the paucity of nurses makes it very inconvenient and sometimes almost impossible for them to spare the requisite time for their supervision.

There are six Medical Officers at various places on the line and construction, who draw their supplies of drugs from the hospital stores, while the indents for these stores are always somewhat pruned by the authorities at home.

Consequently there are not ample stores to draw on for others than Railway Officers.

SMALLPOX.

The lines occupied by the Smallpox huts are situated on the beach fifteen minutes walk westward from the District Commissioner's bungalow.

The huts themselves are small but waterproof, and would be comfortable if they had more satisfactory floors.

There are at present no blankets issued to the patients, and many of them are too scantily clothed; it is often decidedly cool at night, or even cold, and always damp.

It is, of course, impossible to prevent any patient who wishes to do so from running away to bush, and the Natives greatly dislike the idea of hospital, often hiding in the bush instead of notifying their illness.

17. There are at present two Cemeteries in use, one on the Chama Road for Europeans, about a mile from the fort; and a native one on the Dixcove road.

RECOMMENDATIONS.

1. A Sanitary Inspector who can talk English and Fanti.
2. At least twenty Scavengers.
3. Twelve large puncheons to serve as wastebboxes.
4. A considerable increase in the number of latrines, and a proportionate increase in the latrine men. (The District Commissioner recommends an increase of pay for them at the rate of 3d. per man).
5. That three water holes having been properly dug by the Natives, be concreted by the Government, as suggested by H.E. The Governor, and that the remainder be closed.

6. That a copy of the official map be supplied to the Assistant Colonial Surgeon in charge.

7. That separators be supplied to all government tanks, and that all officers be supplied with efficient filters, and that some system of filtration be insisted on for the police (guinea worm.)

8. That a new wing be built to the Hospital, capable of affording comfortable accommodation for twelve Europeans, two Native officials, and some police.

9. That a dispensary, with a competent Dispenser and Store-keeper, be provided for the wing, and that one or two dispenser pupils, two dressers, and two nurses be added.

An European Matron, if possible, would be an immense advantage.

10. Quarters for the Assistant Colonial Surgeon should be provided near the Hospital, it would make it much easier for the various Medical Officers to help one another in serious cases.

11. A new Smallpox Hospital.

The site could be on the hill west of that marked F. on the official map.

The building should be big enough to accommodate twenty patients, with sufficient room around to permit of the erection of temporary huts for epidemics, or for isolation.

I consider that the new wing is urgently needed, as also a dispensary and staff.

There are at present two bungalows on the hospital hill occupied by employes of the Railway; these occupy the site I should select for the wing, and the removal of them and their occupants would greatly conduce to the quiet of the hospital.

(Sgd.) KENNETH F. T. BUEE,

Assistant Colonial Surgeon,

SEKONDI.

THE ACTING PRINCIPAL MEDICAL OFFICER,
VICTORIABORG.

REPORT ON LUNATIC ASYLUM FOR THE YEAR 1901.

At the beginning of the last year there were 45 patients under treatment, and during the year 18 cases were admitted, making a total of 63 cases, 42 males and 21 females. During the year 9 were discharged, 8 of whom were cured and 1 was relieved, 7 died, and 1 absconded, leaving 46 under treatment at the end of the period.

Of the patients who died 4 were males and 3 females; an inquest was held in every case.

The general quality of the diet supplied to the inmates was good. The water supply is good, it is stored in one large tank situated in the front of the Asylum.

In addition to the ordinary dietary, those patients who work in the garden and others who require it are allowed extras.

The occupation of the inmates consists chiefly in gardening, watering cocoanuts, emptying latrines and in general household duties.

A few of the patients take willingly to work; most, however, refused absolutely to do anything.

Four warders resigned during the year, one was dismissed and one died.

I beg to add that in consequence of the change of the inmates from Christiansborg to the Colonial Hospital Asylum, Victoriaborg, Accra, on the 17th August, 1901, we lost all fruits and vegetables which have been recently planted in the Christiansborg garden.

In conclusion, I beg to call your attention to the following alterations and repairs which are necessary in the Asylum.

I. The house situated in the garden which is at present used as a store is in a very bad condition and unsafe.

II. Two strong rooms of females' side require repairs.

III. The quarters occupied by the warders, especially those of the Chief, are very much in need of repair.

(Sgd.) ALICK E. KNIGHT,

Superintendent,

Lunatic Asylum.

REPORT ON LUNATIC ASYLUM FOR THE YEAR 1901

At the beginning of the last year there were 45 patients under treatment and during the year 17 cases were admitted, making a total of 62 cases. 48 males and 14 females during the year were discharged, 18 of whom were cured and 1 was relieved, 7 died, and 1 absconded, leaving 45 under treatment at the end of the period.

Of the patients who died 4 were males and 3 females; an injury was the cause of death in 2 cases.

The general condition of the patients improved to the extent that 17 of them were discharged, it is noted in one large hospital in the town of...

It will be seen from the ordinary history, those patients who work in the garden and those who remain in the hospital...

The condition of the patients is such that all of them are able to do some work in the garden and in the hospital...

A few of the patients are unable to do any work, however, and are kept in the hospital...

There were 17 patients discharged during the year and 17 were admitted and one died.

It is noted that in the majority of the cases of the patients in the hospital...

In addition I beg to call your attention to the following alterations and improvements in the Asylum.

1. The house used in the garden which is at present used as a store in a very bad condition has been...

2. Two store-rooms of timber, etc. have been erected...

3. The garden occupied by the workers, especially those of the class, has been much improved...

(Sd) ALLEN E. KNIGHT

Inspector, Lunatic Asylum, ...