Annual medical and sanitary report / Swaziland.

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For the Year ended

31st December 1932.

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S W A Z I L A N D.

ANNUAL MEDICAL AND SANITARY REPORT

for the

YEAR ENDED 31st DECEMBER 1932.

I. ADMINISTRATION.

(a) STAFF.

EUROPEAN.

1 Principal Medical Officer.

1 Medical Officer.

2 Doctors (subsidized).

3 Hospital Assistants and Dispensers.

4 Female Nurses.

2 Female Nurses (subsidized).

Two nurses were appointed during the year, one at Mbabane and one at Hlatikulu.

NATIVE.

7 Male Nurses

6 Female Nurses.

1 Cook.

2 Laundresses.

3 Male Orderlies.

One female native Nurse was appointed during the year at Mbabane.

(b) PROCLAMATIONS AFFECTING PUBLIC HEALTH ENACTED DURING THE YEAR.

Nil.

(c) FINANCIAL.

The revenue earned by the Department was £178. 13. 5 and the expenditure was £11,973. 0. 0. The relation of medical expenditure to the whole revenue of the Territory was 1 to 6.95.

II. PUBLIC HEALTH.

(a) GENERAL REMARKS.

The total morbidity and mortality were increased enormously by the unprecedented outbreak of malaria in the southern half of the country and by an epidemic of whooping cough amongst the children everywhere. Otherwise the health of the Territory was good and it is pleasant to be able to report that the number of cases of Enteric was much below that of last year.

(i) GENERAL DISEASES.

There is nothing particular to report concerning these. The usual rheumatic complaints and less severe respiratory troubles such as severe colds, mild influenza and acute and chronic bronchitis were prevalent especially in the higher parts of the country.

Asthma and epilepsy continue to be very common everywhere.

There was about the average amount of scurvy. This disease is most prevalent towards the end of the winter and though there is practically no mortality from it, it must undermine the general health to some extent.

There is always some ordinary anaemia, the result of an ill-balanced and insufficient diet but no cases of permicious anaemia have been observed.

For the first time since I came to this country I found a case of diabetes in a native. The patient was a well-to-do man whose scale of living was far above that of the average native. This disease is fairly common amongst Europeans.

I saw a few cases of Carcinoma, all in the advanced and hopeless stage, but in proportion to numbers this disease is extraordinarily rare in natives as compared with Europeans. The same applies to Cholelitheasis, Nephritis, Peptic ulcers and appendicitis, though the latter seems to be on the increase.

Gastro-intestinal diseases in infants and young children are unfortunately very common. It is increased by the pernicious habit of feeding infants from their birth on thin maize porridge even when the mother has sufficient natural food. This is a national custom and no amount of talking will convince the ordinary native woman that the practice is harmful.

(ii) COMMUNICABLE DISEASES.

Mosquito or insect-borne :

The only one is malaria and the year was notable for an outbreak of this disease in the southern part of the Territory, the extent and severity of which were beyond anything experienced hitherto within the memory of the old inhabitants. The dry summer followed by hot weather and fairly heavy rains in the autumn and early part of the winter gave rise to conditions eminently suitable for the development of Anepheles Costalis with the result that from February to the middle of June Malaria was very bad in the endemic and epidemic areas and spread to parts such as Mahamba where it had hitherto been unknown. The inhabitants of these areas had not acquired the slightest degree of immunity; they suffered very severely and the mortality rate was high.

The Assistant Commissioner and the Medical Officer at Hlatikulu made tours of the affected areas giving advice to the Chiefs and people

and leaving large quantities of quinine with the Chiefs and at police posts, mission stations and other suitable distributing centres. The Mahamba Mission Hospital was flooded with patients suffering from malaria and the Administration came to their assistance with tents and blankets. It also furnished an unlimited supply of quinine and finally gave the Hospital a grant of five shillings for each malarial patient. The outbreak was not nearly so bad in the central part of the country though it was certainly worse than usual there, while in the northern part the incidence of the disease was probably below the average.

In addition to the work done by the Mahamba Hospital all the missionary societies in the affected parts did hard and much-appreciated work and the scheme started by the Franson Memorial Mission was an excellent one. In the schools belonging to this society the senior boy pupils were given elementary instruction in the treatment of malaria and in couples these youths were sent to the surrounding kraals to help the sick and to distribute quinine.

(iii) INFECTIOUS DISEASES.

Fortunately enteric was much less common than last year. It has periods of quiescence all over South Africa and this may be the beginning of one of these periods in Swaziland, but undoubtedly the lessening of the incidence was due to some extent to the amount of inoculation done by the Bremersdorp and Mahamba Mission Hospitals. The disease has been prevalent in the Mahamba area for years. During the last year seven hundred and eighty nine people were inoculated there with vaccine supplied by the Administration. The disease is rare in the higher parts of the country; there was a small outbreak in the Mbabane district, but prompt inoculation of the inmates of the affected and neighbouring kraals soon put an end to it.

There was no outbreak of Bacillary Dysentery.

Hospital statistics would seem to indicate that Amoebic Dysentery was on the increase but I do not think that is so. The increased facilities for treatment and the increased confidence of the natives in the efficacy of hospital treatment have resulted in cases coming to light which would never have been seen some years ago.

I feel that in the course of time tuberculosis will become a serious problem in Swaziland. All the hospitals comment on the number of cases they see and very often can do nothing for. In my opinion the most serious factors in the causation of this disease are housing and diet, and the Swazis are tending to develop along lines which are likely to lead to increase in the number of cases. I am quite convinced that his beehive hut, which is water tight and has a floor impervious to moisture, is a much healthier place than the little wattle-and-daub one or two-roomed house he often builds now in imitation of the houses of Europeans. The latter has a mud floor, no windows, no ventilation and is dark, damp and usually hopelessly overcrowded.

The diet is an ill balanced one: it contains too little proteid and is deficient in Vitamins and is too monotonous. That diet has an influence on tuberculosis is borne out by the rapid recovery of early cases of joint and gland tuberculosis under good feeding at a Hospital.

A redeeming feature hitherto was the amount of milk consumed, especially by the children, either in the natural form or as amazi (sour milk). If the native is going to live in insanitary houses of the kind I have described, and is going to depreciate still further his already defective diet by sending his milk to a creamery and either doing without it at the kraal or using it in the condensed form he will be establishing just those conditions that are most favourable for the development of the tubercle bacillus.

I feel certain that leprosy is not on the increase but there is quite a number of infectious cases going about who are a danger to the community and should be isolated.

There was an epidemic of whooping cough throughout the whole year. Lung complications caused considerable mortality amongst native infants and young children in the higher and colder parts of the country.

Towards the end of the year chicken pox began to appear. It assumed a very mild form and no fatality from the disease was reported.

(iv) HELMINTHIC DISEASES.

Taeniasis and Ascariasis are very common indeed. Some of the native children seem to harbour an almost incredible number of round worms if the reports of the mothers about the results of treatment are to be believed.

The position as regards Schistosemiasis Haematobium remains much the same, more and more cases come for treatment but it is impossible to prevent the natives, especially the children, from bathing in infected streams during the summer.

Sand worm infection occurs occasionally in the hotter and sandier parts of the Territory. I used to think this was purely a coast disease but recently I have seen cases in which the infection was undoubtedly contracted in the sandier parts of Swaziland.

There is no Ankylostomiasis or Guinea worm and Trichinosis has never been observed.

VITAL STATISTICS.

1. General Native Population.

Native (estimated)	120,000
Eurafrican (estimated)	660
Indian (estimated)	10

2. General European Population (estimated). . . 2,650

Total European births	57
Total European deaths	27
Percentage of deaths to total residents .	0.99

3. European Officials.

Table showing the Sick, Invaliding, and Death Rates of European Officials.

	1930.	1931.	1932.
Total number of officials resident	87	87	96
Average number resident	85	85	94
Total number on sick leave	12	10	12
Total number of days of sick leave granted	288	136	381
Average daily number on sick list	0.8	0.48	1.04
Percentage of sick to average number resident	0.94	0.56	1.1
Average number of days on sick list for each patient	24	13.6	31.75
Average sick time to each resident	3.39	1.6	3.97
Total number invalided	Nil	Nil	Nil
Percentage of invaliding to total residents	Nil	Nil	Nil
Total deaths	1	1	Nil
Percentage of deaths to total residents	1.15	1.15	Nil
Percentage of deaths to total average number resident	1.17	1.17	Nil
Number of cases of sickness contracted away from residence	Nil	Nil	2

4. Native Officials.

Table showing the Sick, Invaliding, and Death Rates of Native Officials.

	1930.	1931.	1932.
Total number of residents	151	150	149
Average number resident	145	142	140
Total number on sick leave	3	3	58
Total number of days of sick leave granted	59	212	1106
Average daily number on sick leave	0.16	0.58	3.03
Percentage of sick to average number resident	0.11	0.38	2.16
Average number of days sick leave for each patient	19.60	70.6	19.07
Average sick time to each resident	0.40	1.5	7.42
Total number invalided	Nil	Nil	Nil
Percentage of invaliding to total residents	Nil	Nil	Nil
Total deaths	Nil	Nil	1
Percentage of deaths to total residents	Nil	Nil	.67
Percentage of deaths to average number resident	Nil	Nil	.71
Number of cases of sickness contracted away from residence	Nil	Nil	1.

III. HYGIENE AND SANITATION.

(a) GENERAL REVIEW OF WORK DONE AND PROGRESS MADE.

MOSQUITO AND INSECT BORNE-DISEASES.

The only insect-borne disease in the Territory is Malaria and as already mentioned in Section ii the outbreak in the south was one of the worst on record. It was dealt with in the manner described in that section. It is unlikely that an epidemic on that scale will occur again for a long time but as there is a certain amount of Malaria every year consideration must be given to some means of dealing with it.

Methods of dealing with the mosquito larvae are out of the question except in a very few small suitable localities. Effective anti-larval measures mean the spraying of all streams and all collections of standing rain water however small in the areas liable to infection, that is over at least half the country and the cost of apparatus and spraying material of the work itself and its proper supervision make these measures impracticable.

It is proposed, however, to adopt them in certain suitable localities such as the Bremersdorp township and the Swazi National school grounds. In addition it is proposed to give school children elementary instructions concerning malaria and the life history and habits of the mosquitoes that carry the infection. Also an attempt will be made to get the natives in certain malarial areas to take prophylactic quinine; these areas are close to the residence of the Paramount Chief, the scheme meets with his approval and he promises to give it his active encouragement.

EPIDEMIC DISEASES.

No case of smallpox occurred during the year. It is hoped to get some vaccination done next year.

As far as enteric is concerned one perennial focus should be practically exterminated when Bremersdorp gets its filtered water supply. In other areas only persistent inoculation. to which fortunately the natives take very kindly, will control the disease.

HELMINTHIC DISEASES.

The only place in which it can be hoped to make improvement is Bremersdorp where the provision of pure drinking and bathing water should lead to a large reduction in the amount of Schistosomiasis in this area which is one of the most heavily infested in the whole Territory.

(2) GENERAL MEASURES OF SANITATION.

In a Territory like Swaziland where the largest town contains a population of not more than 250 Europeans and where the natives very wisely live in kraals spread all over the country well isolated from each other and containing an average of about a dozen people per kraal, the places in which organized methods of dealing with such matters as sewage disposal, scavenging, refuse disposal etc. on a large scale and according to modern scientific methods are practically non-existent.

In the towns the system adopted is the bucket one. The buckets are emptied and properly cleaned by convict labour daily, the contents being suitably disposed of in trenches.

The Medical Officer at Hlatikulu reports that the sanitary arrangements at Hlatikulu have been much improved by the universal adoption of pail closets and the provision of a cart for the removal of night-soil to a suitable area. He also reports that the adoption of the pail closet system at Goedgegun has led to considerable improvement but that a night-soil cart is an urgent necessity.

Europeans outside the township as a rule adopt the pit system but usually they are neither sufficiently deep or well enough covered in. That such a system can be made a success for individual households not only in the country but also in the townships has been amply

demonstrated by the excellent pit latrines made by the South African Railways for their employees at Bremersdorp. These are deep, thoroughly enclosed and ventilated and in every way satisfactory.

WATER SUPPLIES.

The Mbabane water supply is unsatisfactory. There is a furrow four miles long open to infection along its whole length. This flows into a dam which lies above the greater part of the township and a pipe leads the unfiltered water from this to most of the stands in the town. Considering that the occupants of stands to which pipes are laid are charged five shillings per month and of those on to which open furrows from the town furrow run are charged four shillings per month I think they have very legitimate grounds for their complaints about the primitive nature and bacteriological impurity of the supply.

It is a source of great satisfaction to every one that Bremersdorp is going to have a pure water supply soon. This should be followed by a marked diminution in the amount of enteric, schistosomiasis, dysentery and other water borne diseases which have been so prevalent there for many years.

The medical officer at Hlatikulu reports that the water supply there is entirely inadequate and the hours of use have to be restricted, but the quality is good. He also states that the Goedgegun supply is inadequate but from a bacteriological standpoint it is good.

(3) SCHOOL HYGIENE.

Any complete and satisfactory system of medical inspection of school children is out of the question; the present staff simply cannot carry it out in addition to all its other duties.

The teaching of elementary hygiene is being made an essential part of the curriculum in all schools and special attention is being devoted to instruction on the subject of malaria and its relation to the mosquito and also on the life history and habits of the mosquitos responsible for the disease.

(4) LABOUR CONDITIONS.

The alluvial tin mines employ a few hundred natives. There is no underground work; the employees live in the ordinary beehive huts and altogether exist under the same conditions as they do when at home, so there are no special considerations which apply to them. There are no factories workshops, estates or plantations.

Next to the tin mines the Administration is the largest employer of native casual labour, chiefly in the form of road parties and the same remarks apply.

The really large employers of native labour from Swaziland are the Johannesburg Gold Mines. The Administration has no control over the conditions under which these men work.

(5) HOUSING AND TOWN PLANNING.

I referred to the matter of native housing when I discussed tuberculosis.

Until the native has reached a higher standard of general education and especially a better knowledge of hygienic necessities and above all until he has attained a higher economic plane there is no hope of improvement in his housing conditions. The village advisory boards continue to look vigilantly after housing and planning conditions in the townships, but owing to the continued depression practically no new buildings have been erected.

(6) FOOD IN RELATION TO HEALTH AND DISEASE.

The only meat inspection is that of material exposed for sale in the butchers' shops in the larger townships. There is no tuberculosis amongst the native cattle, so inspection of meat and milk for its detection is unnecessary.

A small percentage of the cattle is slightly infected with measles.

Practically all the pigs owned by natives are heavily infected with measles; they are never exposed for sale but are consumed at the kraals and give rise to the heavy Taeniasis infestation of the natives, to which they attach very little importance.

Very little imported food stuff is consumed. The diet is not a satisfactory one. The proportion of carbohydrate is too high and that of proteid too low while the consumption of fruit and vegetables is far too little, hence the tendency to scurvy and anaemia especially towards the end of winter. There is a growing tendency to supplement the proteid content of the diet by a higher consumption of beans of various kinds, but still more of these should be grown for food.

There are no markets.

Slaughter houses exist in all the townships, but though they are kept reasonably clean they are very primitive.

(b) MEASURES TAKEN TO SPREAD THE KNOWLEDGE OF HYGIENE AND SANITATION.

These are wisely directed chiefly towards the education of the younger generation. In the course of time considerable result must follow from the teaching of Hygiene in the schools. Very little can be expected from the older generation but here efforts are made to minimize the ill-effects of malaria by calling the chiefs together, giving them simple advice about the nature, cause and cure of the disease, and supplying them with quinine for the use of their followers.

The only other attempt to influence the adult natives is the giving of occasional lectures on health subjects. These are usually well attended and that a considerable amount of interest is taken is demonstrated by the large number of questions at the end of each lecture.

(c) TRAINING OF SANITARY PERSONNEL.

There is nothing to report under this head.

(d) RECOMMENDATIONS FOR FUTURE WORK.

There should be an increase in the amount of work done in combating malaria and it is time that a small leper settlement on voluntary lines was established. I think it should be quite feasible to get one

established at a reasonable cost in which the inmates would live in huts, keep cattle, cultivate lands and live in all respects as they do at their kraals. A small clinic could be established at which a reliable native dispenser would administer treatment; he could also act as native superintendent.

The establishment of three native medical outposts next year is going to mean a considerable amount of extra work and with the present staff no further suggestions than the above could be contemplated. As conditions are now the staff is inadequate for the amount of work it is expected to do. The native is slowly but surely abandoning his faith in the herbalists and witch doctors and relying more and more on European doctors. This result is being arrived at only because, often against his will, he is being convinced that results are attained by these which are utterly beyond the power of the native practitioners and I am of the opinion that any measures which tend to interfere with this line of work are prejudicial to the increasing growth of belief and confidence in European doctors and European methods and hygienic or sanitary measures requiring the whole or a considerable part of a medical man's time can be carried out only by the appointment of a man specially for such work.

IV. PORT HEALTH WORK AND SANITATION.

Not applicable.

V. MATERNITY AND CHILD WELFARE.

Including the cases occurring in the venereal diseases ward seventeen native confinements took place in the Mbabane Hospital and in addition several native women suffering from threatened abortion came into Hospital for treatment. This indicates a very radical change in the attitude of the native women towards hospitals.

In addition it is becoming quite a feature of hospital work at Mbabane to have expectant mothers come along for examination especially in the second half of pregnancy and also to have those who have suffered from syphilis in the past come and ask to have a Wasserman test done and submit to a course of treatment if the test shows this is necessary. Almost invariably such women afterwards bring their babies for examination before they are many weeks old whether there is any outward sign of disease or not.

Apart from the hospitals there is no organization for dealing with this side of medical work.

VI. HOSPITAL DISPENSARIES AND VENEREAL CLINICS.

The volume of work done at the Hospitals increases year by year.

The Hlatikulu hospital has been badly handicapped in the past by lack of accommodation, and by the absence of quarters for the European nurses. At the end of the year, however, work was commenced on a new native ward to take ten beds. Most of the money necessary for this was granted from the surplus funds at the disposal of the Deferred Pay Board of the Native Recruiting Corporation in Johannesburg.

At the Mbabane Hospital nurses quarters should be erected. The nurses should not live in the Hospital and the rooms they occupy are urgently needed for proper hospital purposes.

The amount of work done at the Mankaiana Dispensary was much greater than last year.

The Hospitals attached to the Church of the Nazarene Mission at Bremersdorp and to the Wesleyan Mission at Mahamba did very excellent work during the year. The former has the largest Hospital practice and the largest Venereal Diseases Clinic in the Territory and in addition it takes an active interest in maternity and child welfare as far as the limited means at its disposal will allow; the latter had its hands more than full for about five months of the year in dealing with the malaria epidemic which was worse there than in any other part of the country. The staff worked night and day and their efforts cannot be too highly commended.

The number of cases of syphilis treated again increased, especially in the Northern half of the country; the natives in the Southern half do not come forward so readily for treatment.

That the Venereal Diseases Clinics are doing some good is shown, not only by the increasing readiness of the natives to submit to treatment and the desire of pregnant native women to have uninfected offspring, but also by the diminished incidence of the disease in the Mbabane township. Formerly nearly all the cases treated at the Mbabane Clinic came from this area; now there are very few from this source and nearly all the cases come from the surrounding country.

The large number of cases treated at Bremersdorp was partly due to the activity of the Police at Stegi in dealing with that fairly highly infected part which had hitherto been almost untouched.

The Venereal Diseases wards at the Mbabane hospital are usually overcrowded especially the female one. It is an objectionable feature of the arrangement that the male and female wards are so close together.

The Mahamba hospital has been treated this year as an extra Venereal Diseases Clinic and the necessary drugs and appliances supplied by this Administration.

VII. PRISONS AND ASYLUMS.

Mental cases requiring institutional treatment are sent to the Union of South Africa.

The health of prisoners was good as usual. I have no doubt that the health and physical condition of the prisoners are higher than those of people of the same age and condition living outside the gaols.

The gaol accommodation is adequate everywhere but at Stegi where some of the prisoners have still to live in very unsuitable premises.

VIII. METEOROLOGICAL.

The temperature, rainfall and wind records at Mbabane and Kubuta are contained in Table IV. When one considers the tremendous difference in these records though the difference in altitude is only 1,500 feet one can appreciate what a range of climate one gets between the western border which attains an altitude of over 5,000 feet and the eastern border which at one part is not more than 400 feet above sea level.

TABLE I.

Dr. R. Jamison	Principal Medical Officer
Dr. H. Heydenreich	Medical Officer

SUBSIDIZED DOCTORS.

Dr. D. Hynd	Bremersdorp
Dr. N. Downs.	Mahamba.

PRINCIPAL MEMBERS OF THE SUBORDINATE STAFF.

Mr. H. R. Barnard	Hospital Assistant.
Mr. J. O'N Anderson.	Hospital Assistant.
Mr. A. G. Lunnis	Hospital Assistant.
Mrs. A. Rose	Nurse
Miss E. E. H. Kuhn	Nurse
Miss A. D. Kielblock	Nurse
Miss D. A. Goring	Nurse

SUBSIDIZED

Nurse in charge of the Mission Dispensary at Stegi.
Nurse in charge of the Mission Dispensary at Pigg's Peak.

NATIVE STAFF.

Night male nurses . . . . . Six female nurses.

PRINCIPAL CHANGES.

Two European nurses were appointed during the year and one male and two female nurses added to the native staff.

TABLE II.

FINANCIAL.

Expenditure :-

Personal Emoluments	£ 5,426. 0. 0
Travelling Expenses	574. 0. 0
Allowances and Fees	117. 0. 0
Maintenance of Patients.	5,641. 0. 0
Equipment for Hospitals.	196. 0. 0
Uniforms for Native Staff	19. 0. 0
	£ 11,973. 0. 0

Revenue

Total Receipts. 173.13. 5

There should be a considerable increase in the receipts for next year.

TABLE III.

Cannot be completed as the only records are those of the births and deaths of Europeans.

TABLE IV.

Meteorological Return for the year 1932

Station - MBABANE

Long. 31°09'; Lat. 26°19'; Alt.3,800 ft.

	Temperature			Rainfall
	Max.	Min.	Mean	Inches
January	79.6	57.6	68.6	6.48
February	77.0	59.5	68.2	10.31
March	73.2	57.6	65.4	6.38
April	73.8	53.6	63.7	1.84
May	68.5	46.1	57.3	4.96
June	66.6	41.5	54.0	0.86
July	67.1	37.7	52.4	0.20
August	71.5	43.0	57.2	0.06
September	76.8	51.8	64.3	1.62
October	77.0	53.4	65.2	4.56
November	76.8	55.1	66.0	4.89
December	77.7	57.6	67.6	11.65
				53.81

Station - KUBUTA.

Long. 31°29'; Lat. 26°53'; Alt. 2,300 ft.

	Temperature			Rainfall
	Max.	Min.	Mean	Inches
January	86.6	65.1	75.8	2.27
February	84.2	67.0	75.6	1.99
March	79.5	64.7	72.1	3.82
April	80.3	63.0	71.6	3.13
May	72.3	55.1	63.7	0.86
June	71.4	51.8	61.6	0.27
July	72.6	48.9	60.8	0.00
August	77.3	54.7	66.0	0.01
September	81.1	60.0	70.6	0.45
October	80.3	60.6	70.4	2.15
November	81.4	62.7	72.0	4.32
December	80.1	64.8	72.4	7.58
				26.85

TABLE V.

GOVERNMENT HOSPITAL, MBABANE.

Return of Diseases and Deaths (In-patients) for the year 1932.

Diseases.	Remaining in Hospital at end of year 1931.	Yearly Admissions.	Total Deaths.	Total cases treated during year.	Remaining in Hospital at end of year.
1. EPIDEMIC, ENDEMIC and INFECTIOUS DISEASES.					
Malaria	-	72	1	72	2
Influenza	-	12	1	12	-
Dysentery	-	5	1	5	-
Tuberculosis, Pulmonary and Laryngeal	-	3	-	3	2
Tuberculosis of Bones and Joints	3	6	-	9	-
Tuberculosis of Lymphatic System	-	2	-	2	-
Syphilis	18	94	2	112	14
Gonorrhoea	-	1	-	1	-
Gonorrhoeal Ophthalmia	-	1	-	1	1
2. GENERAL DISEASES NOT MENTIONED ABOVE.					
Cancer of breast	-	1	-	1	-
Tumours non malignant	1	13	1	14	-
Acute Rheumatism	-	2	-	2	-
Chronic Rheumatism	-	3	-	3	-
Scurvy	-	3	-	3	-
Diabetes	-	3	-	3	-
Anaemia (a) Pernicious	-	1	-	1	-
(b) other Anaemias Chlorosis	-	1	-	1	-
3. AFFECTIONS OF THE NERVOUS SYSTEM AND ORGANS OF SENSES.					
Meningitis	-	1	1	1	-
Epilepsy	1	2	1	3	-
Hysteria	-	1	-	1	-
Neuritis	-	2	-	2	-
Diseases of the eye	-	6	-	6	-
Conjunctivitis	-	4	-	4	1
Affections of the ear and Mastoid Sinus	-	6	-	6	-
4. AFFECTIONS OF THE CIRCULATORY SYSTEM.					
Varicose Veins	-	1	-	1	-
Lymphadenitis non-specific	-	2	-	2	-
Haemorrhage of undetermined cause	-	1	-	1	-
5. DISEASES OF THE RESPIRATORY SYSTEM.					
Diseases of the Nasal Passages, Polypus	-	1	-	1	-
Laryngitis	-	1	-	1	-
Carried forward	23	251	8	274	

TABLE V. MBABANE HOSPITAL - Continued.

Diseases.	Remaining in Hospital at end of 1931.	Yearly Admissions.	Total Deaths.	Total cases treated during year.	Remaining in Hospital at end of year.
Brought forward	23	251	8	274	20
Broncho Pneumonia	-	1	-	1	-
Pleurisy	-	1	-	1	-
Pneumonia Lobar	-	5	1	5	-
Asthma	-	3	1	3	-
6. DISEASES OF THE DIGESTIVE SYSTEM.					
Tonsilitis	1	4	-	5	-
Ulcer of Duodenum	-	1	-	1	-
Other affections of the stomach					
Gastritis	-	9	-	9	2
Diarrhoea and Enteritis under 2 years	-	2	-	2	-
Diarrhoea and Enteritis 2 years and over	-	7	1	7	1
Appendicitis	-	6	-	6	-
Hernia	1	1	-	2	-
Affections of the Anus, Pistula etc.	-	1	-	1	-
Intestinal obstruction	-	2	1	2	1
Cirrhosis of liver non-alcoholic	-	1	-	1	-
Other affections of the liver. Hepatitis	-	1	-	1	-
7. DISEASES OF THE GENITO URINARY SYSTEM (NON-VENEREAL)					
Acute Nephritis	-	4	-	4	-
Schistosomiasis	-	8	-	8	-
Diseases of the bladder, Cystitis	-	1	-	1	-
Diseases of Urethra stricture	-	1	-	1	-
Diseases of the Prostate Hypertrophy	-	2	-	2	-
Diseases non-venereal of the Genital Organs of man.					
Epididymitis	-	1	-	1	-
Orchitis	-	1	-	1	-
Paraphimosis	-	1	-	1	-
Salpingitis	-	3	-	3	-
Metritis	1	23	-	24	-
Amenorrhoea	-	2	-	2	-
Diseases of the breast non Puerperal abscesses	-	2	-	2	-
8 PUERPERAL STATE.					
Normal labour	1	11	-	12	2
Accidents of Pregnancy Abortion	-	4	-	4	-
Carried forward	27	360	12	387	26

TABLE V. MBABANE HOSPITAL - Continued.

Diseases.	Remaining in Hospital at end of 1931.	Yearly Admissions.	Total Deaths.	Total cases treated during year.	Remaining in Hospital at end of year.
Brought forward	27	360	12	387	26
9. AFFECTIONS OF THE SKIN AND CELLULAR TISSUES.					
Boils	-	1	-	1	-
Abscess					
Whitlow	-	1	-	1	-
Cellulitis	-	19	-	19	-
Other diseases of the skin					
Eczema	-	1	-	1	-
10. DISEASES OF THE BONES AND ORGANS OF LOCOMOTION.					
Diseases of bones					
Osteitis	1	7	1	8	-
Diseases of Joints					
Synovitis	-	4	-	4	-
14. AFFECTIONS PRODUCED BY EXTERNAL CAUSES.					
Burns by fire	1	5	1	6	-
Wounds by cutting or stabbing instruments.	-	6	-	6	-
Wounds by fall	-	4	-	4	-
Wounds by crushing	-	1	-	1	-
Wounds by blows	-	10	-	10	1
Dislocation	1	-	-	1	-
Fracture	1	16	-	17	1
15. ILL DEFINED DISEASES.					
Asthenia	1	3	1	4	-
16. DISEASES THE TOTAL OF WHICH HAVE NOT CAUSED TEN DEATHS.	-	1	-	1	-
	32	439	15	471	28

GOVERNMENT HOSPITAL, HLATIKULU.

Return of Diseases and Deaths (In-patients) for the year 1932.

1. EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES.					
Enteric Group:-					
Typhoid Fever	3	4	1	7	2
Malaria	-	55	-	55	-
Whooping Cough	-	2	1	2	-
Influenza	-	18	-	18	-
Dysentery Amoebic	-	4	-	4	-
Tuberculosis, Pulmonary	1	7	2	8	-
" Vertebral Column	-	3	1	3	1
" Bones and Joints	-	3	-	3	-
" Skin or subcutaneous Tissue	-	1	-	1	1
" Lymphatic System	-	1	-	1	-
Carried forward	4	98	5	102	4

Diseases.	Remaining in Hospital at end of 1931.	Yearly Admissions.	Total Deaths	Total Cases treated during year.	Remaining in Hospital at end of year.
Brought forward	4	98	5	102	4
Syphilis	-	7	3	7	2
Gonorrhoeal Arthritis	-	1	1	1	-
Septicoemia	-	1	1	1	-
2. GENERAL DISEASES NOT MENTIONED ABOVE.					
Cancer or other malignant tumours of Female genital organs	-	1	-	1	-
Cancer or other malignant tumours of the breast	-	1	-	1	-
Cancer or other malignant tumours of organs not specified	-	2	-	2	-
Tumours non malignant	1	-	-	1	-
Acute Rheumatism	-	2	-	2	-
Chronic Rheumatism	-	1	-	1	-
Scurvy	1	1	-	2	-
Diabetes	-	1	-	1	-
Anoemia	-	1	-	1	-
3. AFFECTIONS OF THE NERVOUS SYSTEM AND ORGANS OF THE SENSES.					
Neuritis	-	1	-	1	-
Conjunctivitis	-	1	-	1	-
Affections of the ear	-	1	-	1	-
4. AFFECTIONS OF THE CIRCULATORY SYSTEM.					
Haemorrhoids	-	1	-	1	-
5. AFFECTIONS OF THE RESPIRATORY SYSTEM.					
Bronchitis	-	3	-	3	-
Bronchitis acute	-	3	-	3	-
Broncho-Pneumonia	-	1	-	1	-
Pneumonia	-	3	2	3	-
Pneumonia Lobar	-	3	-	3	-
Asthma	-	1	-	1	-
6. DISEASES OF THE DIGESTIVE SYSTEM.					
Other affections of the mouth	-	1	-	1	-
Affections of the Pharynx or Tonsils, Tonsilitis	-	1	-	1	-
Other affections of the stomach.					
Gastritis	-	2	-	2	-
Diarrhoea under 2 years	-	1	-	1	-
Appendicitis.	-	2	-	2	-
Affections of the Anus Fistula etc.	-	1	1	1	-
Other affections of the liver Abscess	-	1	-	1	-
Peritonitis (unknown cause)	-	1	-	1	-
Carried forward	6	145	13	151	6

HLATIKULU HOSPITAL. Continued.

Diseases	Remaining in Hospital at end of 1931	Yearly Admissions.	Total Deaths	Total cases treated during year.	Remaining in Hospital at end of year.
Brought forward	6	145	13	151	6
7. DISEASES OF THE GENITO-URINARY SYSTEM (NON-VENEREAL)					
Other affections of the kidneys Pyelitis . .	-	3	-	3	-
Diseases of the Bladder Cystitis	-	2	-	2	-
Diseases of the Urethra	-	1	-	1	-
Diseases of the Prostate Prestatitis . . .	-	1	1	1	-
Diseases (non-venereal) of the Genital Organs of man .	-	1	1	1	-
Salpingitis . . .	-	3	-	3	1
8. PUERPERAL STATE.					
Normal Labour . . .	-	13	-	13	-
Accidents of Pregnancy .	-	1	1	1	-
Abortion	-	1	-	1	-
Puerperal Haemorrhage. .	-	2	1	2	-
9 AFFECTIONS OF THE SKIN AND CELLULAR TISSUES.					
Abscess	-	6	-	6	-
Elephantiasis . . .	-	1	-	1	-
10. DISEASES OF BONES AND ORGANS OF LOCOMOTION (other than TUBERCULOSIS)					
Diseases of bones, Osteitis	-	1	-	1	-
Diseases of Joints - Arthritis	-	1	-	1	-
Other diseases of bones or organs of locomotion. .	-	7	-	7	-
12. DISEASES OF INFANCY.					
Infant Neglect (3 months or over	-	1	1	1	-
14. AFFECTIONS PRODUCED BY EXTERNAL CAUSES.					
Snake Bite	-	1	-	1	-
Burns (by fire). . .	-	10	1	10	7
" (other than by fire)	-	1	-	1	-
Wounds (by Firearms)	-	2	-	2	-
" (by cutting & stabbing instruments) . .	-	26	2	26	1
" (by fall) . .	-	2	-	2	-
Injuries inflicted by animals	-	1	-	1	-
Hunger and thirst . .	-	1	-	1	-
Dislocations . . .	-	1	-	1	-
Fractures . . .	1	4	-	5	-
Other external Injuries	-	1	-	1	-
Total	7	240	21	247	16

TABLE VI.

The number of outpatients at Mbabane was 10,140 and at Hlatikulu 9,415.

The chief diseases were gynoecological affections in women, gastro-intestinal complaints, rheumatism, syphilis and minor injuries in the adults of both sexes and gastro-intestinal complaints, whooping cough, chicken pox and scabies amongst the children. There were many more cases of malaria amongst the outpatients than is usual.

Nineteen in-patients and three thousand six hundred and sixty-five out-patients were treated at the Mankaiana Dispensary.

MISSION HOSPITAL, BREMERSDORP.

In-patients,	501		Out-patients	6,681

Dispensaries under the control of this Mission :-

Stegi	Inpatients	56	Outpatients	1,023
Endingeni	"	9	"	4,029
Pigg's Peak	"	30	"	2,500

MISSION HOSPITAL, MAHAMBA.

Inpatients	754	Outpatients	2,734

The comparatively large number of inpatients at Mahamba was due to the large number of severe Malaria cases treated there.

Diagrams "A" and "B" representing in graphic form the incidence of infectious and other diseases, as based on the figures of cases treated in the Government Hospitals Mbabane and Hlatikulu, accompany this Report.

R. JAMISON,

Principal Medical Officer,

Swaziland.

MBABANE, SWAZILAND,

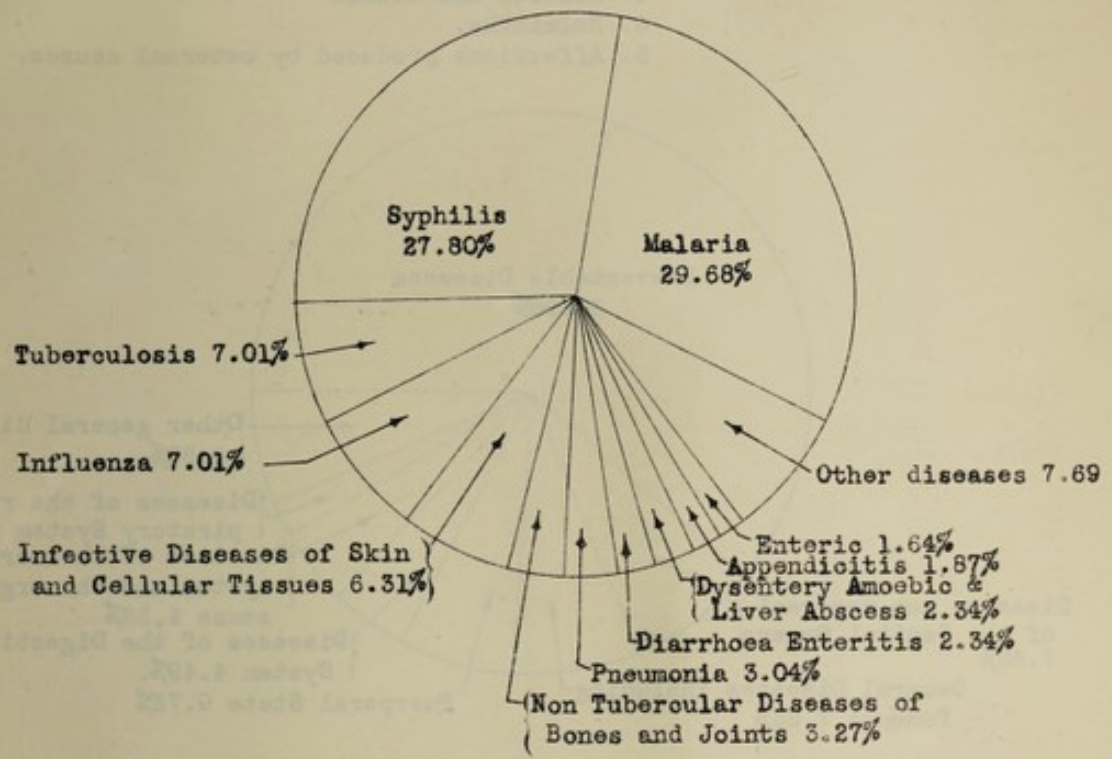
25th August, 1933.

DIAGRAM "A".

INFECTIVE DISEASES.

Cases Treated in Government Hospitals.

Total Incidence, 428.



Total Deaths, 22

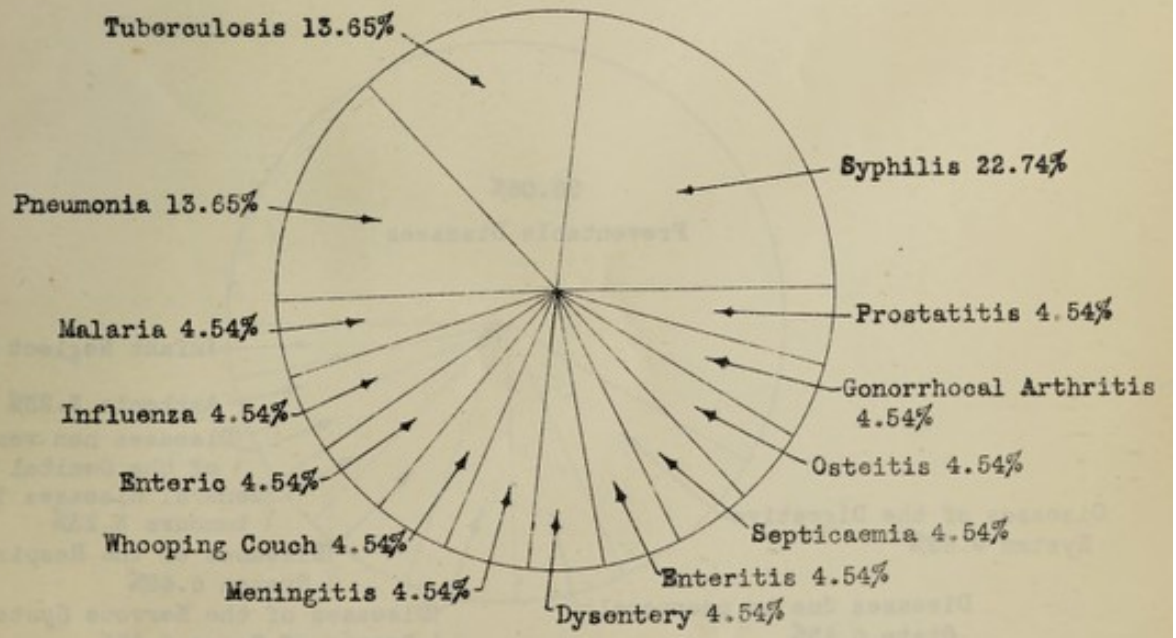


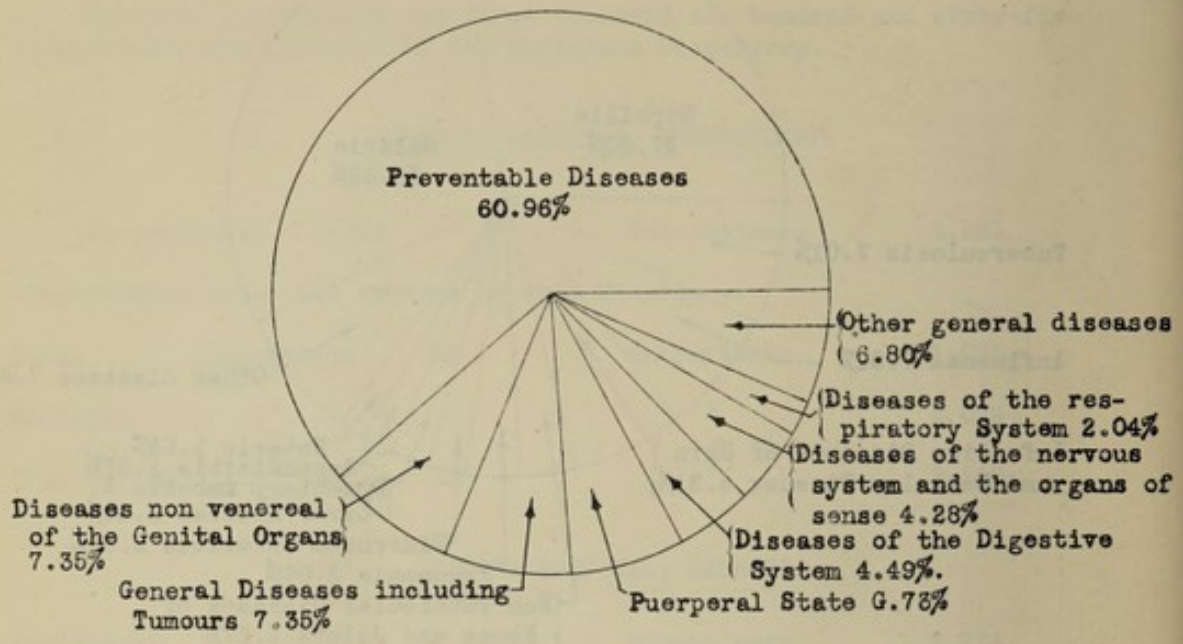
DIAGRAM "B".

GENERAL, SYSTEMIC AND PREVENTABLE DISEASES.

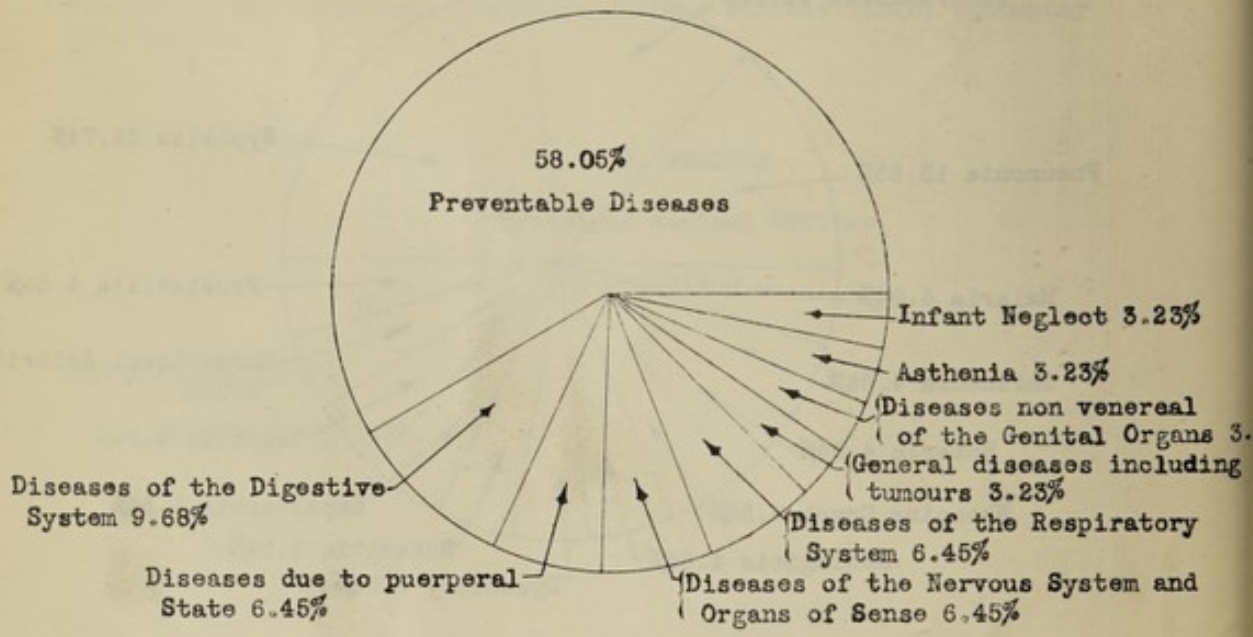
Cases treated in Government Hospitals.
Total Incidence 490.

Preventable diseases are those due to :

1. Infectious Diseases.
2. Intoxications and Poisons.
3. Scabies and Tineae
4. Helminths.
5. Affections produced by external causes.



Total Deaths 31



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