

Annual medical and sanitary report / Swaziland.

Contributors

Swaziland. Medical Department.

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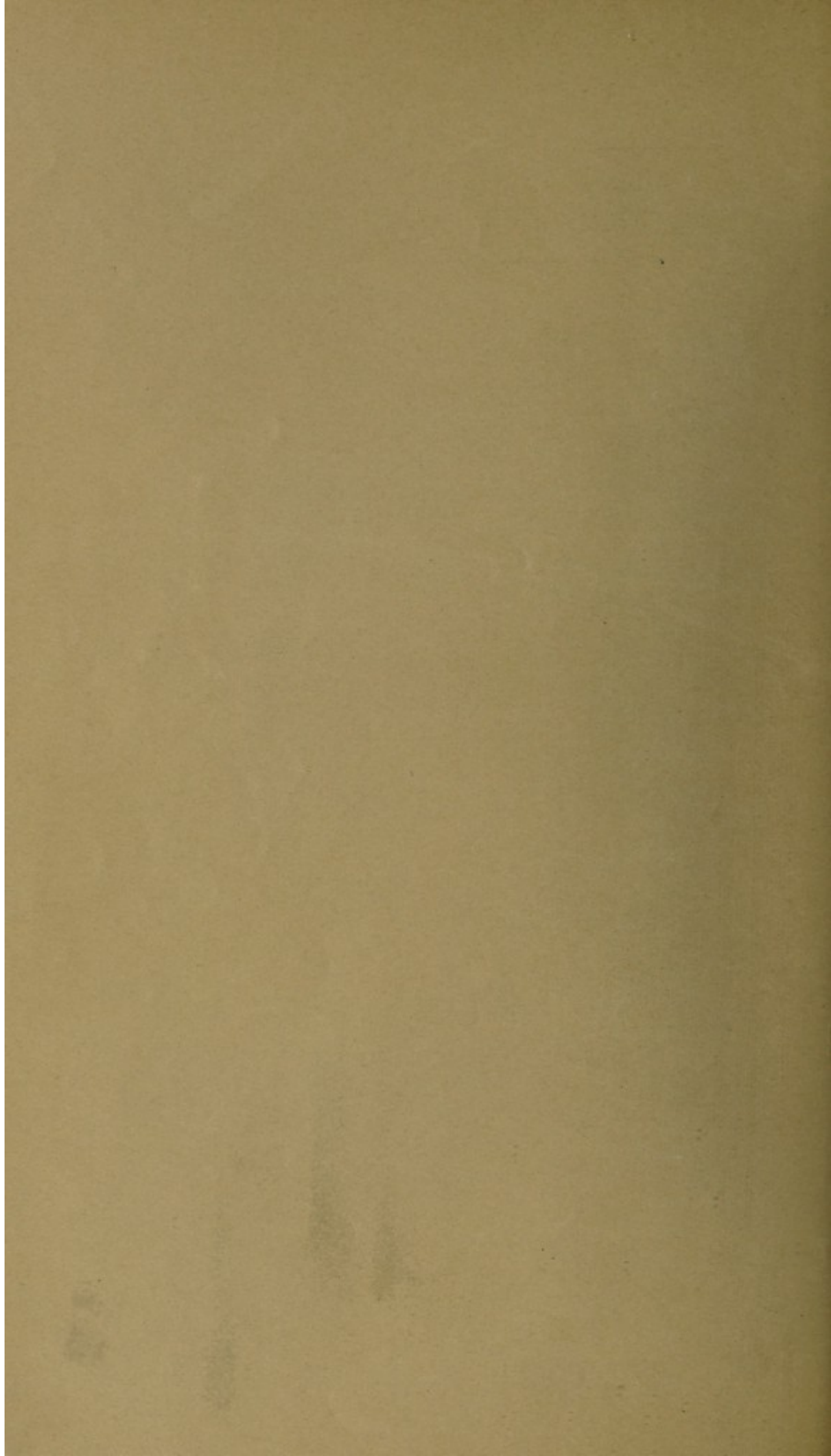
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*Annual Medical and Sanitary Report
For the Year ended
31st December 1935.*



Swaziland.

*Annual Medical and Sanitary Report
For the Year ended
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John Smith

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ANNUAL MEDICAL AND SANITARY REPORT

for the

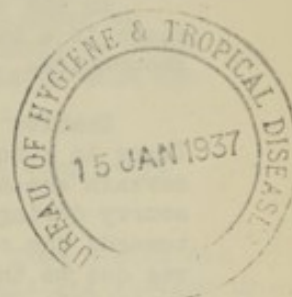
YEAR ENDED 31st DECEMBER 1935.

1. ADMINISTRATION.

(a) STAFF.

EUROPEAN.

- 1 Principal Medical Officer
- 2 Medical Officers
- 1 Doctor (subsidized)
- 3 Hospital Assistants and Dispensers.
- 5 Female nurses.



NATIVE.

- 7 Male Nurses.
- 9 Female Nurses.
- 2 Cooks.
- 2 Laundresses.
- 2 Native Mechanics and Motor Drivers.
- 3 Male Orderlies.

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

The Public Health (Swaziland) Proclamation No.2 of 1935.

High Commissioner's Notice No.9 of 1935.

Public Health Regulations.

(c) FINANCIAL.

The total expenditure on Medical and Sanitary Services was :- £14,544.16.11

The Total Revenue Mbabane Hospital	321.18. 5
Hlatikulu Hospital	218. 4. 3
	<u>£ 540. 2. 8</u>

The Proportion of Medical Expenditure to the Total Revenue
of the Territory was :-

1 to 10.36.

II. PUBLIC HEALTH.

(a) GENERAL REMARKS.

1935 was a more than ordinarily healthy year.

There was a marked reduction in the incidence of communicable diseases and although all the hospitals continued to show increased returns this was not due to an increase in the amount of sickness but to an ever increasing tendency on the part of the natives to make use of the hospitals.

(1) GENERAL DISEASES.

The amount and distribution of these were much the same as usual.

In the cold and comparatively wet western section of the country there is a tendency to catarrhal chest complaints and to chronic rheumatism. Rheumatic fever itself is rare.

Scabies is common amongst the children all over the country. There is a considerable amount of goitre amongst the young women in certain areas. It is never found in the men. There was a lot of scurvy during the year, there is always a certain amount of this towards the end of winter and in the Spring, the increase this year was due to the late arrival of the summer rains of 1935-1936, so that green maize was not available until later than usual and the indigenous plants from which spinach is made had no chance of springing up at the usual time.

When scorbutic natives are told the remedy for the disease they at once plead poverty and ask the Administration to provide oranges etc. To remedy this it is proposed to purchase oranges at a cheap rate during the season next year, extract the juice add some preservative and a little extract of some kind of bitters and issue this in the form of medicine to scorbutics.

Diabetes is very rarely found in natives but it is common indeed in Europeans, there are about twenty of these using Insulin regularly.

Cancer too is rare in natives, though the medical officer at Hlatikulu reports that he saw four cases during the year, all of them, however, far advanced and inoperable. This disease is just as marked for its frequency in the European population as for its infrequency in the native.

Although gastritis is a common disease ulceration of the stomach or duodenum is very uncommon. Very rare too are affections of the Gall bladder and Bile ducts. Asthma continues to be a very prevalent affection, the medical officer at Hlatikulu says malaria is the cause in many cases but this will not account for the very large number found along the non-malarial western border.

The native women come more and more to hospital every year for treatment of every conceivable type of gynaecological condition. Many of these unfortunately are the result of venereal disease.

The two common diseases in children are scabies and gastro-enteritis. Apart from the annual outbreak of summer diarrhoea which was not severe this year native infants are liable to get gastro-enteritis at any time; this is largely due to the pernicious national custom of supplementing the mother's milk with sour porridge from the day of the child's birth. Nothing will convince the mothers that this is harmful.

(2) COMMUNICABLE DISEASES.

Mosquito or Insect-borne.

Although the autumnal epidemic of Malaria was fairly wide spread it assumed a very mild form and the number of deaths was very small. No case of cerebral malaria was recorded. The only other insect-borne disease reported during the year was tick-bite fever. This is a fever of about ten days duration accompanied by swelling of the lymphatic glands. It is caused by the bite of the larval forms of certain ticks. No death was recorded from it though one European had a very severe attack with a temperature up to 105° and a rash exactly like that of typhus.

(3) INFECTIOUS DISEASES.

The amount of Enteric in the Northern and Central districts was about the same as last year and was small. The number of Enteric patients at the Hlatikulu (Southern District) Hospital dropped from nineteen to two. The medical officer there says he cannot account for the decrease. This disease appears and disappears in waves at irregular periods without any apparent change in climatic or other conditions to account for it. Possibly it is associated with the movements of unknown carriers.

A few cases of measles, chicken-pox and whooping cough were reported.

There was a wide spread outbreak of influenza. Though this did not take the virulent form of the 1918 outbreak it laid its victims up for about a week and sent a large number to hospital. A small percentage developed pneumonia but only in a few cases did this prove fatal. Sequelae such as chronic cough, neuritis and mastoiditis were very troublesome.

The Medical Officer at Hlatikulu reports that towards the end of the year and following the influenza outbreak, a number of cases of Enteritis occurred throughout the District. The response to treatment was distinctly poor and a fairly high percentage of native children died. A number of stools forwarded to the Research Institute in Johannesburg were reported to be heavily infected with Morgans bacillus.

The Leprosy position remains about the same. During the year the five Swazi Lepers whom the Swaziland Administration was maintaining at a leper settlement near Pretoria were repatriated to the Mankaiana sub-district and established in a small settlement under the charge of a native. They are visited once a month by a medical officer and at least once a week the Hospital Assistant at Mankaiana visits and treats them. Since then several Swazis suffering from nodular Leprosy have been admitted for treatment at their own request. I think this scheme should be encouraged and extended. It is only the nodular cases that come for treatment and this is mainly because of the marked facial disfigurement. The purely nerve cases never worry about their condition. The present settlement is too near a main road and is too small.

It becomes more obvious every year that the amount of Tuberculosis amongst the natives is increasing. It has been suggested that this disease should not be common amongst people who live so much in the open air and that for the same reason Sanatorium treatment should not be necessary. The unpleasant fact that the disease is on the increase refutes both. The forgotten factor here is that of diet. There is never very much food at a kraal at any time and the lack of variety is very marked. An invalid is more than likely to get less than his share of what is going while the articles of diet which are specially beneficial in his condition are conspicuous by their absence. There will be no improvement in the position until patients can be removed to a Sanatorium so that foci of infection can be removed from the kraals and

the patients can obtain a chance of recovery and an idea of the sort of diet required to build up resistance to the disease.

A few cases of Alastrim were reported from the Central District. Dysentery is fairly common and infection with Entamoeba Coli is undoubtedly more frequent than the cases of Amoebic Dysentery would indicate, it is frequently found where there are no clinical signs of its presence. A few cases of Amoebic abscess of the liver occur every year.

Isolated cases of Measles, Whooping Cough and Chicken Pox occurred here and there but there was no widespread epidemic of any of the infectious fevers of childhood. Two cases of Diphtheria were found in the South, fortunately this disease has never become common amongst the natives.

Anthrax made its appearance during the year in the Central and Southern Districts in both Europeans and Natives. There were about a dozen cases altogether but owing to the promptness with which treatment was administered no death resulted. In every case the infection was found to have been contracted during the performance of post mortem examinations on animals that had died from the disease. The measures taken by the Veterinary Department to deal with this disease in cattle should, soon reduce the risk to human beings.

Syphilis shows no sign of diminution in spite of the fact that there are seven treatment centres in the Territory. As usual most of the cases come from the Eastern part of the Central District. The Northern District is comparatively free from this disease.

4. HELMINTHIC DISEASES.

Taeniasis and Ascariasis are very common; the natives attach no importance to the former but they get very worried about the latter which is very prevalent amongst the children some of whom harbour enormous numbers of these parasites. Schistosomiasis exists all over the country below the 3,500 feet level. The medical officer at Hlatikulu remarks that the European children at Goedgegun give him no end of trouble in connection with this disease, he says nothing seems to be able to prevent them from bathing in streams known to be infected. The same applies with at least equal force to native children.

VITAL STATISTICS.

1. General Native Population

Native (estimated)	130,000
Eurafrican (estimated)	700
Indian (estimated)	10

Registration is not compulsory and no figures can be given about birth and death rates.

2. General European Population (estimated) 2,800

Total European births	55
Total European deaths	19
Total Infant mortality	4

3. The health of both European and Native Officials was excellent. No special disease was prevalent amongst them and no special factor influenced their health.

4. European Officials.

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

	1933.	1934.	1935.
Total number of officials resident . . .	95	97	99
Average number resident.	93	95	97
Total number on sick leave	8	11	22
Total No: of days of sick leave granted.	267	365	244
Average daily No: on sick list.	0.73	1.	0.94
Percentage of sick to average No. residents	0.77	1.05	0.97
Average number of days on sick list for each patient	33.28	33.18	15.64
Average sick time to each resident . . .	2.81	3.76	3.47
Total number invalided	-	-	-
Percentage of invaliding to total residents.	-	-	-
Total deaths	1	-	2
Percentage of deaths to total residents .	1.05	-	1.01
Percentage of deaths to total average number of residents	1.07	-	1.03
Number of cases of sickness contracted away from residence	-	-	-

5. Native Officials.

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

	1933.	1934.	1935.
Total number of Residents	148	145	156
Average number resident	142	140	150
Total number on sick leave	67	93	92
Total number of days of sick leave granted	828	628	677
Average daily number on sick list . . .	2.27	1.71	1.85
Percentage of sick to average number resident	1.53	1.22	1.23
Average number of days of sick leave for each patient	12.36	6.75	7.36
Average sick time to each resident . . .	5.59	4.33	4.34
Total number invalided.	-	-	-
Percentage of invaliding to total residents	-	-	-
Total deaths	-	-	-
Percentage of deaths to total residents .	-	-	-
Percentage of deaths to average number resident	-	-	-
Number of cases of sickness contracted away from residence	-	-	-

III. HYGIENE AND SANITATION.

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

(1) PREVENTIVE MEASURES:

Preventive measures on anything like a large scale are impossible owing to the method of living adopted by the Swazis. I have repeatedly pointed out that they live in kraals, practically always composed of beehive grass huts, well isolated from each other. In only rare cases do more than a few kraals draw their water supply from the same source and the chances of flies getting from kraal to kraal are poor. These are the reasons why infectious diseases of the Enteric and Bacillary Dysentery type are really, on the whole, rare. When a disease like these does make its appearance at a kraal this is considered to have been bewitched and at the earliest opportunity it is burned down and the inhabitants move to a new place at least a few miles away. These also are the reasons why it is no good attempting to introduce sanitary reforms on an extensive scale. The natives at the kraals will not adopt them and in no place is there an aggregation of natives large enough to justify continual supervision in ordinary sanitary matters or attempts at carrying out collective measures against Malaria (the only serious Insect-borne disease) infective diseases of the water borne type or Schistosomiasis.

(2) GENERAL MEASURES OF SANITATION:

Sewage disposal in Townships and among Europeans generally is by the bucket system and is satisfactory. The disposal site at Hlatikulu was altered during the year to lessen the risk of contaminating springs used for drinking water.

Except for the educated natives sewage disposal amongst natives is very unsatisfactory, nature being relieved on the veldt.

Refuse is collected, deposited in pits and burned. The water supplies at Mbabane and Hlatikulu are unsatisfactory. The Mbabane one is open to contamination along the whole length of the four and a half miles furrow and bacteriological examination has shown repeatedly that it is not fit for human consumption. The European section of the community never uses it for domestic purposes, for these the water is obtained from springs, but it is used by many natives and it is very significant that towards the end of the year there were several cases of Enteric in Mbabane and the town had been quite free from this disease for many years.

The Medical Officer at Hlatikulu reports as follows regarding the supply there :-

"The water supply is unsatisfactory from every point of view. Besides being open to contamination at its source, the supply is inadequate. When the new wing of the hospital is complete and water borne sewage installed the present reservoir capacity will be insufficient in so far as the hospital alone is concerned. This will mean that the other towns-people will be unable to obtain any water at all from the reservoir. This matter threatens to become one of extreme urgency within the next few months.

At a Public Meeting held about three months ago, the people of Hlatikulu declared themselves willing to pay any reasonable rates towards the maintenance of a new water scheme. I would suggest that some such scheme be approved as soon as possible. At the time of installation I would strongly advise also that a small Chlorination plant be purchased to purify the water entering the reservoir".

With regards to Goedgsun the same Medical Officer states :- "The water supply is reported to be becoming inadequate for the growing population, but the matter is not as urgent as it is in Hlatikulu. Here again I would suggest that some attempt be made to Chlorinate the water before consumption".

(3) SCHOOL HYGIENE:

The Medical Officer at Hlatikulu states there has been no improvement in the general health of the European scholars in that district. Chronic Malaria with secondary anaemia leads to chronic ill health and mental dullness. The children in the Central and Northern Districts are much healthier. One unpleasant defect they have in all parts of the country is dental caries. Very few of the children, especially those of poor parents, are free from this and in many cases practically every tooth is involved. One of the greatest needs of the Territory is a dentist.

The teeth of native school children are not nearly so bad but even they are beginning to be afflicted with caries. The chief trouble with native school children is poor nourishment and towards the end of the year there was a good deal of scurvy amongst them.

(4) LABOUR CONDITIONS:

The only moderately large private employers of native labour are the Tin mines. These mines are alluvial and the conditions of work and housing are satisfactory. A few natives are employed on farms. There used to be large cotton plantations employing a fair amount of labour but these have all ceased operations. There are no factories, workshops or industrial concerns of any kind.

(5) HOUSING AND TOWN PLANNING.

These are the business of the various Village Advisory Boards which carry out their duties with vigilance and zeal.

(6) FOOD IN RELATION TO HEALTH AND DISEASE.

The drought of the summer 1934-1935 and consequent poor harvests was followed by almost complete absence of rain up to nearly the end of 1935 so conditions verging on famine existed. For a large part of the year there was no green food of any kind so towards the end of the year scurvy was more prevalent than usual. The diet is a very monotonous one; it consists mainly of maize supplemented with some pumpkins and beans and in the lowveld where milk is plentiful it is consumed in the form of a sour milk called "Amasi". A meat meal is a very rare luxury.

There are no markets but a pleasing feature of native enterprise is the attempt to establish market gardens in the Ezuluweni valley near Mbabane. The produce is partly hawked round the European households in Mbabane and partly used for home consumption.

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

(c) TRAINING OF SANITARY PERSONNEL.

(d) RECOMMENDATIONS FOR FUTURE WORK.

The only measures taken to spread knowledge of Hygiene and Sanitation are in the Schools. No Sanitary personnel is trained but nurses are being trained to take charge of Medical Outposts. It is felt that under present conditions work along this line is more likely to benefit the general population than a training in sanitation alone.

IV. PORT HEALTH WORK AND ADMINISTRATION.

(not applicable)

V. MATERNITY AND CHILD WELFARE.

The Medical Officer at Hlatikulu writes :-

"Once again there was a large increase in the number of Native women attending the hospital for their confinements. Women are slowly but surely becoming aware of the difference in the infantile mortality and maternal mortality in their kraals as compared with that in the hospital. Many more native women are coming to us for examination during the ante-natal period. They are very definitely becoming more aware of the value of such precautionary visits. This is more apparent in the case of mothers who suspect that they have suffered or still are suffering from Syphilis. Fortunately they are becoming well aware of the ill effects of this disease on the future welfare of their children".

This has been the experience at Mbabane for quite a number of years. A very large proportion of the outpatient work there consists of ante-natal work of all kinds but two classes of cases are conspicuous, the first consists of mothers who have had one or more difficult confinements at their kraals and come for ante-natal examination and treatment and then confinement in hospital and the second of women who have had or suspect they have had syphilis.

VI. HOSPITALS, DISPENSARIES AND VENEREAL CLINICS.

The hospitals at Mbabane, Hlatikulu and Bremersdorp, the Dispensaries at Mankaiana and Goedgegun and the Medical Outposts at Sipofaneni and the Government Farm are all treatment centres for venereal disease and there was an increase in the number of cases treated at every one except Mbabane. In spite of the fact that about 1000 cases of syphilis were treated during the year the disease seems to be on the increase in many parts of the Territory. There is a large amount of gonorrhoea but unfortunately this is not treated as a serious disease and hospital returns give no true indication of its incidence.

The Dispensary at Mankaiana did a very useful year's work. In addition to the treatment of ordinary simple cases, intravenous treatment for Syphilis and Schistosomiasis was given in many cases, serious cases were discovered and sent to the Mbabane or Bremersdorp hospital which would otherwise never have been heard of, while the Dispenser visits the small leper settlement at least once a week and gives treatment.

The Dispensary at Goedgegun has proved a most useful and popular institution. The Medical Officer at Hlatikulu, who visits this Dispensary every Friday reports that in the able hands of the sister in charge it is proving a great success, the number of patients receiving treatment during the year was more than double that of the previous year.

The number of Medical Outposts increased from two to four. One was opened at Hebron in the North-West area of the country in the Northern district and when the European nurse in charge of the Mahamba Dispensary attached to the Wesleyan Mission left to take up nursing work for the Mission in another part of Africa, the Dispensary was converted into a medical outpost and put in charge of a native nurse who is a qualified midwife. The outpost first established at the Government farm is now thoroughly justifying its existence and quite a lot of work is done there. There is still a certain amount of doubt about the success of the next two but the one at Mahamba is definitely not a success. The medical Officer at Hlatikulu is of opinion that as Mahamba is only nine miles away from Goedgegun a Medical Outpost there is unnecessary and should be removed to some area which is further away from Medical help. The Mahamba area however is so densely populated that I think an Outpost should be maintained there and if the arrangement by which the nurse and the Outpost are partly under Missionary control proves really unworkable the Administration should put up its own buildings.

The work at the Hospitals increases every year and overcrowding is becoming a serious factor especially at Hlatikulu. The erection of large extensions to the hospital there should begin early in the New Year, this will relieve the congestion: It will be utterly impossible for one man to look adequately after a large hospital at Hlatikulu, to attend to the medical, sanitary and medico-legal needs of a large district and do a considerable amount of clerical work without a large measure of assistance, this should take the form of a dispenser who in addition to his special work should do most of the clerical work, the temporary man stationed there at present is unable to do this; but a still more urgent form of assistance is a second doctor in the District. This District contains at least two thirds of the European population and nearly half of the native population of the Territory and has only one Medical man while in the rest of the Territory there are two Medical Officers, a Subsidized Medical Officer and two Missionary doctors can be called on in emergencies.

While conditions are not so bad in the Mbabane hospital it is always overcrowded. It has accommodation for 22 beds and the daily average during the year was 38. At one time the female ward which holds eight beds contained a Caesarean Section, two enterics, a Septicaemia and a woman who had been operated on for an Ovarian cyst in addition to twelve other less serious cases. A patient who was being treated for Bilharzia contracted Enteric while in hospital, such things are very hard to prevent when dealing with such primitive people in such a state of congestion: Some relief will be obtained when the new block consisting of consulting room, office, dispensary and storeroom which was nearing completion at the end of the year is ready for use. Two rooms in the hospital, the old office and dispensary, will then be set free for use as wards.

Quarters should be built for the native nurses, there are four of these and they sleep in one small bedroom into which only three beds can be squeezed while they have no dining room, duty room or common room. A further requirement is the erection of a separate block of wards for European patients. At present European and native patients are all in the same building an arrangement which would not be unsatisfactory were it not for the unusual acoustic qualities of the building. A whisper in any part of it can be heard all over, the banging of a door sounds like a thunder clap and the crying of a baby sounds as if it were coming through a megaphone. Fortunately noises do not worry natives especially at night but some of them are distressing and sleep preventing to Europeans. The present European wards could then be used for infectious or very septic native cases for which we have no separate accommodation at present.

VII. PRISONS AND ASYLUMS.

Mental Patients requiring treatment in Institutions are sent to the Union.

Most of the goals are overcrowded but the health of the prisoners is good.

It is time a separate building was provided in the Mbabane Gaol for old offenders who are all sent there. Although attempts are made to keep them away from other prisoners it is impossible to do this properly under present conditions.

The Stegi Gaol continues to be much overcrowded, one prisoner there developed Enteric and died in the Bremersdorp hospital. The Hlatikulu gaol is also overcrowded but not to the same extent as at Stegi. Additional accommodation should be provided.

TABLE I.

Dr. R. Jamison	.	.	.	.	Principal Medical Officer.
Dr. G.W. Brammer	.	.	.	.	Medical Officer.
Dr. P. Kuhne	.	.	.	.	Medical Officer.
Dr. P.W. Esterhuysen	Temporary Medical Officer.

SUBSIDIZED DOCTORS.

Dr. D. Hynd.	Bremersdorp.
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PRINCIPAL MEMBERS OF THE SUBORDINATE STAFF.

Mr. H.R. Barnard	Hospital Assistant & Dispenser.
Mr. A.G. Lunnis	.	.	.	.	" " "
Mr. C.B. Hands	.	.	.	.	" " "
Mr. E.E.G. Woolley	.	.	.	.	Temporary " " "
Mrs. A. Rose					Nurse.
Miss E.E.H. Kuhn	.	.	.	.	"
Miss A.D. Kielblock.	.	.	.	.	"
Miss D.H. Goring	.	.	.	.	"
Miss S.A. McCorkindale	.	.	.	.	"
Miss L. Vialls	.	.	.	.	"
Miss F.B. Macdonald.	.	.	.	.	"
Miss C.A. Carvolth	.	.	.	.	"
Miss A. Pickard	.	.	.	.	"

SUBSIDIZED.

Nurse in charge of this Mission Dispensary at Stegi.

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

NATIVE STAFF.

7 male Nurses.

9 Female Nurses.

PRINCIPAL CHANGES IN STAFF.

Dr. Esterhuysen left when Dr. Kuhne arrived in November.
Mr. H.R. Barnard died during the year and his place was taken temporarily by Mr. E.E.G. Woolley.

Miss Kuhn and Miss Goring resigned.
 Miss Kielblock returned to the service and took Miss Kuhn's place
 as Senior Nurse at Mbabane.
 Miss Macdonald took Miss Kielblock's place as Junior Nurse at Mbabane.

TABLE II.

FINANCIAL.

Expenditure :-

Personal Emoluments	£6,481. 7. 5
Travelling Expenses	890. 3. 11
Maintenance of Patients	6,400. 8. 6
Equipment for Hospitals	715. 15. 9
Uniforms for Native Staff	57. 1. 4
	<u>£14,544. 16. 11</u>

Revenue :-

Total Receipts, Mbabane Hospital	£ 321. 18. 5
Hlatikulu	218. 4. 3
	<u>£ 540. 2. 8</u>

TABLE III.

The only records are those of the births and deaths of Europeans.

TABLE IV.

Meteorological Return for the year 1935.

Station - MBABANE.

Long. 31°09";

Lat. 26°19";

Alt. 3,800 Feet.

	Temperature.			Rainfall.
	Max.	Min.	Mean.	Inches.
January	77.5	57.5	67.5	6.15
February	73.5	55.2	64.4	4.42
March	73.8	55.8	64.8	4.10
April	73.4	48.7	61.1	1.63
May	68.3	44.9	56.6	2.42
June	68.3	38.8	51.3	1.18
July	67.6	42.4	55.0	0.90
August	67.6	40.9	54.3	0.60
September	76.4	49.0	62.7	1.28
October	77.7	54.4	66.1	3.04
November	75.2	53.7	64.5	3.02
December	74.0	55.7	64.9	7.21
	72.4	49.8	61.1	35.95

Station - KUEUTA.

Long. 31° 29";

Lat. 26° 53";

Alt. 2,300 feet.

	Temperature.			Rainfall
	Max.	Min.	Mean.	Inches.
January	83.6	63.0	73.3	4.44
February	79.6	61.0	70.3	2.34
March	80.5	62.2	71.4	1.50
April	80.7	57.5	69.1	0.64
May	77.3	52.8	65.1	0.17
June	71.5	49.1	60.3	0.45
July	72.7	51.7	62.2	0.07
August	70.7	50.7	60.7	0.19
September	80.3	57.6	69.0	1.55
October	84.1	62.1	73.1	1.88
November	84.6	60.4	72.5	0.88
December	82.9	62.3	72.6	2.79
	79.0	57.5	68.3	16.90

TABLE V.

GOVERNMENT HOSPITAL, MBABANE.

Return of Diseases and Deaths (Inpatients) for the year 1935.

Diseases.	Remaining in Hospital at end of year 1934	Yearly Totals		Total Cases treated during year.	Remaining in Hospital at end of year.
		Admissions	Deaths		
<u>I. EPIDEMIC, ENDEMIC and INFECTIOUS DISEASES.</u>					
1. Enteric Group					
(a) Typhoid Fever	1	4	1	5	-
2. Typhus-like Fever	-	1	-	1	-
5. Malaria	1	38	1	39	1
7. Measles	-	1	-	1	-
11. Influenza	-	37	2	37	1
16. Dysentery					
(a) Amoebic	1	6	-	7	1
24. Epidemic Cerebro-Spinal Fever	-	1	-	1	-
31. Tuberculosis, Pulmonary and Laryngeal	2	17	3	19	2
34. Tuberculosis of the Vertebral Column	-	1	-	1	-
Carried forward	5	106	7	111	5

TABLE V. MBABANE HOSPITAL - Continued.

Diseases.	Remaining in Hospital at end of year 1934.	Yearly Totals		Total Cases treated during year.	Remaining in Hospital at end of year.
		Admiss- ions.	Deaths		
Brought forward	5	106	7	111	5
35. Tuberculosis of Bones and Joints	-	4	-	4	-
36. Tuberculosis of other organs (a) Skin (c) Lymphatic System	- 1	1 5	- -	1 6	- 2
38. Syphilis	4	74	-	78	5
40. A. Gonorrhoea	-	6	-	6	-
B. Gonorrhoeal Ophthalmia	-	2	-	2	-
41. Septicaemia	-	1	-	1	-
<u>II. GENERAL DISEASES NOT MENTIONED ABOVE.</u>					
45. Cancer of Intestines	-	1	1	1	-
49. Glioma of Retena	-	1	-	1	-
Sarcoma of Femur	-	1	-	1	-
50. Tumours non-malignant	1	17	-	18	1
51. Acute Rheumatism	1	1	-	2	-
52. Chronic Rheumatism	-	7	-	7	2
53. Scurvy	-	3	-	3	1
57. Diabetes	-	3	-	3	-
58. Anaemia (b) Chlorosis	-	1	-	1	-
60. Diseases of the Thyroid Gland - Non-toxic Goitre	-	5	-	5	-
66. Alcoholism	-	1	-	1	-
<u>III. AFFECTIONS OF THE NERVOUS SYSTEM AND ORGANS OF THE SENSES.</u>					
75. Paralyzes - (b) Paralysis the result of head injuries	-	4	-	4	1
77. Other Forms of Mental Alienation	-	1	-	1	-
78. Epilepsy	-	1	1	1	-
85. Affections of the Organs of Vision					
Conjunctivitis	-	3	-	3	-
Iritis	-	4	-	4	1
Cataract	-	1	-	1	-
Keratitis	-	1	-	1	-
Ulceration of Cornea	-	1	-	1	-
86. Affections of the Ear or Mastoid Sinus	-	2	-	2	1
Carried forward	12	258	9	270	19

TABLE V. MBABANE HOSPITAL - Continued.

Diseases.	Remaining in Hospital at end of year 1934.	Yearly Totals		Total Cases treated during year.	Remaining in Hospital at end of year.
		Admiss- ions.	Deaths		
Brought forward	12	258	9	270	19
<u>IV. AFFECTIONS OF THE CIRCULATORY SYSTEM</u>					
90. Other Diseases of the Heart.					
(b) Myocarditis	-	2	1	2	-
91. Diseases of the Arteries.					
(a) Aneurism (Traumatic)	-	1	-	1	-
93. Diseases of the Veins					
Varicose veins	1	1	-	2	-
Phlebitis	-	2	-	2	1
94. Diseases of the Lymphatic System.					
Lymphadenitis	-	6	-	6	-
95. Haemorrhage of undetermined Cause	-	1	-	1	1
<u>V. AFFECTIONS OF THE RESPIRATORY SYSTEM.</u>					
97. Diseases of the Nasal Passages - Polypus	-	1	-	1	-
98. Affections of the Larynx					
Laryngitis	-	1	-	1	-
99. Bronchitis (a) Acute	-	4	-	4	-
100. Broncho-Pneumonia	-	3	-	3	-
101. Pneumonia (a) Lobar	-	10	1	10	1
102. Pleurisy	-	2	-	2	-
105. Asthma	-	4	-	4	-
<u>VI. DISEASES OF THE DIGESTIVE SYSTEM</u>					
108. A. Diseases of the teeth or Gums					
Caries	-	4	-	4	-
Pyorrhoea	-	1	-	1	-
109. Affections of the Pharynx or Tonsils					
Tonsillitis	-	7	-	7	1
111. B. Ulcer of the Duodenum	-	1	-	1	-
112. Other affections of the Stomach - Gastritis	-	2	-	2	-
113. Diarrhoea & Enteritis Under two years	-	10	2	10	2
114. Diarrhoea & Enteritis Two years and over	-	10	1	10	1
117. Appendicitis	1	4	-	5	-
118. Hernia	-	3	-	3	-
119. A. Affections of the Anus					
Fistula	-	2	-	2	-
B. Other affections of the Intestines					
Constipation	-	2	-	2	-
Carried forward	14	342	14	356	26

TABLE V. MBABANE HOSPITAL - Continued.

Diseases.	Remaining in Hospital at end of year 1934.	Yearly Totals		Total Cases treated during year.	Remaining in Hospital at end of year.
		Admiss- ions.	Deaths		
Brought forward	14	342	14	356	
124. Other affections of the Liver	14				
Cholecystitis	-	1	-	1	-
Abcess	-	2	-	2	-
<u>VII. DISEASES OF THE GENITO- URINARY SYSTEM (NON- VENEREAL).</u>					
128. Acute Nephritis	-	4	1	4	-
130. B.Schistosomiasis	-	20	-	20	-
131. Other affections of the kidneys - Pyelitis	1	2	-	3	-
132. Urinary Calculus	-	1	-	1	-
133. Diseases of the Bladder Cystitis	-	4	-	4	-
136. Diseases (non-venereal) of the Genital Organs of Man -					
Phimosis	-	1	-	1	-
Paraphimosis	1	1	-	2	-
Hydrocele	-	5	-	5	-
137. Cysts of the Ovary	-	4	-	4	1
138. Salpingitis	-	6	-	6	1
139. Uterine Tumours (Non-malignant)	2	6	-	8	-
141. A. Metritis	1	20	-	21	2
B. Other affections of the female Genital Organs -					
Displacement of Uterus	-	3	-	3	-
Dysmenorrhoea	-	3	-	3	-
Imperforate Hymen	-	1	-	1	-
142. Diseases of the Breast (Non-puerperal) Abcess of Breast	-	3	-	3	-
<u>VIII. FUERPERAL STATE</u>					
143. A. Normal Labour	2	40	1	42	4
B. Accidents of Pregnancy Abortion	-	8	-	8	-
149. Sequelae of Labour - Vesico-Vaginal Fistula	-	2	-	2	1
<u>IX. AFFECTIONS OF THE SKIN AND CELLULAR TISSUES.</u>					
151. Gangrene	-	3	1	3	-
152. Carbuncle	1	-	-	1	-
153. Abscess - Whitlow	-	2	-	2	-
Cellulitis	1	7	-	8	-
154. B. Scabies	-	8	-	8	-
155. Other diseases of the Skin - Eczema	1	2	-	3	-
Carried forward	24	501	17	525	35
		15.			

TABLE V. MBABANE HOSPITAL - Continued.

Diseases.	Remaining in Hospital at end of year 1934.	Yearly Totals		Total Cases treated during year.	Remaining in Hospital at end of year.
		Admiss- ions.	Deaths		
Brought forward	24	501	17	525	35
<u>X. DISEASES OF THE BONES AND ORGANS OF LOCOMOTION</u> (other than tuberculous)					
156. Diseases of the Bones Osteitis	3	8	-	11	-
157. Diseases of Joints Arthritis	-	1	-	1	-
Synovitis	-	2	-	2	-
<u>XIII DISEASES OF INFANCY.</u>					
160. Congenital Debility	-	1	-	1	-
<u>XIV AFFECTIONS PRODUCED BY EXTERNAL CAUSES.</u>					
176. Attacks of poisonous animals					
Snake bite	1	2	-	3	1
Insect bite	-	1	-	1	-
177. Other accidental poisonings					
Arsenic	1	-	-	1	-
178. Burns (by fire)	2	8	2	10	1
183. Wounds (by firearms)	-	1	-	1	-
184. Wounds (by cutting or stabbing instruments)	-	9	-	9	1
185. Wounds (by fall)	-	19	1	19	2
186. Wounds (in mines or quarries)	-	2	1	2	-
188. Wounds (crushing - motor lorry accident)	-	2	1	2	-
189. Injuries inflicted by animals					
Bites, kicks etc.	1	3	-	4	-
Wounds inflicted by blunt instruments - usually knob- berries					
	1	28	2	29	5
201. A. Dislocation					
C. Fracture	1	12	-	13	1
202. Other external injuries, Thorns, splinters, pieces of needle etc. in the flesh.					
	-	4	-	4	-
<u>XV. ALL-DEFINED DISEASES</u>					
205. A. Ascites					
Asthenia	-	2	1	2	-
	-	4	1	4	1
TOTAL	34	612	26	646	47

GOVERNMENT HOSPITAL - HLATIKULU.

Return of diseases and deaths for the year 1935.

(In-Patients).

Diseases	Remaining in Hospital at end of year 1934	Yearly Totals		Total Cases treated during year.	Remaining in Hospital at end of year.
		Admiss- ions.	Deaths		
<u>I. EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES.</u>					
1. (a) Typhoid Fever	-	2	1	2	1
5. Malaria	2	44	1	46	-
10. Diphtheria	-	2	1	2	-
11. Influenza	-	32	-	32	3
16. Dysentery					
(a) Amoebic	-	7	-	7	-
(b) Bacillary	-	5	-	5	-
21. Erysipelas	-	1	-	1	-
25. Other Epidemic Diseases					
Measles	-	2	-	2	-
31. Tuberculosis					
" Pulmonary	-	18	3	18	2
33. " Peritoneum	-	1	-	1	-
34. " Spine	-	2	1	2	-
35. " Bones and Joints.	-	2	-	2	-
36. (c) " Lymphatic System	1	1	-	2 ²⁵	-
37. Leprosy	-	1	1	1	-
38. Syphilis	3	60	1	63	-
40. A. Gonorrhoea	-	4	-	4	-
Anthrax	-	1	-	1	1
<u>II. GENERAL DISEASES NOT MENTIONED ABOVE.</u>					
48. Cancer or other malignant tumours of the skin	-	4	-	4	-
49. Cancer or other malignant tumours of organs not specified	-	1	-	1	-
50. Tumours non-malignant	1	6	-	7	-
51. Acute Rheumatism	-	1	-	1	-
<u>III. DISEASES OF METABOLISM</u>					
59. Diabetes Mellitus	-	8	-	8	-
60. Scurvy	-	4	-	4	-
<u>IV. AFFECTIONS OF THE NERVOUS SYSTEM AND ORGANS OF THE SENSES.</u>					
75. Paralysis					
(a) Hemiplegia	-	2	-	2	-
78. Epilepsy	1	9	-	10	-
79. Simple Meningitis	-	1	1	1	-
82. A. Hysteria	-	1	-	1	-
B. Neuritis	-	1	-	1	-
C. Neurasthenia	-	2	-	2	-
83. General Paralysis of the Insane	1	-	-	1	-
Carried forward	9	225	10	234	7
		17.			

GOVERNMENT HOSPITAL - HLATIKULU (Continued)

Diseases.	Remaining in Hospital at end of year 1934	Yearly Totals		Total cases treated during year.	Remaining in Hospital at end of year.
		Admissions	Deaths		
Brought Forward	9	225	10	234	7
85. Diseases of Eye & Annexa	-	8	-	8	-
86. Diseases of Ear and Mastoid Sinus.	-	5	-	5	-
<u>V. AFFECTIONS OF THE CIRCULATORY SYSTEM.</u>					
90. (b) Myocarditis	1	-	-	1	-
92. Congestive Cardiac Failure	-	4	1	4	-
93. Diseases of the Veins. Varicose veins	-	1	-	1	-
97. Diseases of the Arteries Arterio-Sclerosis.	-	1	-	1	1
94. Diseases of Lymphatics. Lymphadenitis	1	4	-	5	-
<u>VI. AFFECTIONS OF THE RESPIRATORY SYSTEM.</u>					
98. Laryngitis.	-	1	-	1	-
99. Bronchitis (a) Acute	1	12	-	13	-
(b) Chronic	-	5	-	5	-
101. Pneumonia (a) Lobar	-	11	2	11	-
(b) Broncho	-	6	4	6	-
105. Asthma	-	1	-	1	-
<u>VII. DISEASES OF THE DIGESTIVE ORGANS.</u>					
108. Dental caries.	-	4	-	4	-
109. Tonsillitis.	-	6	-	6	-
Foreign body in Throat	-	1	-	1	-
Quinsy.	-	3	-	3	1
Vincent's Angina	1	-	-	1	-
Parotitis	-	1	-	1	-
111. Peptic Ulcer	-	3	-	3	-
112. Other affections of the stomach - Gastritis	-	1	-	1	-
113. Infantile Diarrhoea (Under two years).	1	18	4	19	4
114. Enteritis (over 2 years)	-	2	-	2	2
117. Appendicitis	1	6	-	7	1
119. (b) Other affections of the Intestines.					
Constipation.	1	9	-	10	-
Fissure in ano	-	2	-	2	-
Haemorrhoids	-	1	-	1	-
Ischio-rectal Abscess	-	1	-	1	-
124. Liver Abscess.	-	1	-	1	-
Cholecystitis	-	1	-	1	-
122. Hernia.	1	-	-	1	-
Carried forward	17	344	21	361	16

GOVERNMENT HOSPITAL - HLATIKULU (Continued)

Diseases.	Remaining in Hospital at end of year 1934	Yearly Totals.		Total cases treated during year.	Remaining in Hospital at end of year.
		Admissions	Deaths		
Brought forward	17	344	21	361	16
VIII. DISEASES OF THE GENITO-URINARY SYSTEM					
129. Acute Nephritis . . .	-	1	1	1	-
130. B. Schistosomiasis. . .	-	5	-	5	-
131. Pyelitis.	1	14	-	15	-
133. Cystitis.	-	4	-	4	-
134. Renal Calculus . . .	-	1	-	1	-
136. Hydrocele	-	3	-	3	-
Phimosis	-	1	-	1	-
138. Salpingitis	-	3	-	3	1
141. A. Metritis	-	6	-	6	-
B. Other affections of the Female Genital Organs.	-	12	1	12	-
142. Diseases of the Breast. Mastitis	-	3	-	3	-
IX. PUERPERAL STATE.					
143. A. Normal Labour . . .	2	28	-	30	-
B. Accidents of Pregnancy					
(a) Abortion.	-	2	-	2	-
(b) Puerperal Sepsis. . .	-	2	1	2	-
(c) Retained Placenta. . .	-	2	-	2	-
149. Other accidents of child-birth.					
(a) Ruptured bladder.	1	-	-	1	-
X. AFFECTIONS OF THE SKIN AND CELLULAR TISSUES.					
152. Boils.	-	3	-	3	-
153. Cellulitis.	-	5	-	5	-
155. Other diseases of the skin.					
Scabies.	-	6	-	6	-
Exfoliative Dermatitis	-	1	-	1	-
XI. DISEASES OF BONES AND ORGANS OF LOCOMOTION.					
156. Osteomyelitis.	1	3	-	4	-
157. Arthritis (a) Acute.	1	3	-	4	-
(b) Chronic.	-	11	-	11	3
Synovitis	-	3	-	3	-
XII. DISEASES OF INFANCY.					
162. Marasmus.	-	2	1	2	2
Infantile scurvy	-	4	-	4	-
XIII. DISEASES OF THE BLOOD.					
71. Anaemia.	-	5	-	5	-
Carried forward	23	477	25	500	22
		19.			

GOVERNMENT HOSPITAL - HLATIKULU (Continued).

Diseases.	Remaining in Hospital at end of year 1934	Yearly Totals.		Total Cases treated during year.	Remaining in Hospital at end of year.
		Admissions	Deaths		
Brought forward	23	477	25	500	22
<u>XIV. POISONINGS & INTOXICATIONS.</u>					
Lead poisoning. .	-	1	-	1	-
Arsenical poisoning .	-	1	-	1	-
<u>XV. AFFECTIONS CAUSED BY EXTERNAL CAUSES.</u>					
178. Burns (by fire). .	-	12	4	12	1
183. Wounds (by firearms).	-	2	-	2	-
184. Wounds (by cutting or stabbing instruments)	1	5	1	6	-
185. Wounds (by falls) .	2	24	-	26	-
(by blows) .	4	24	-	28	2
189. Wounds inflicted by animals. . . .	-	3	-	3	1
201. B.Fractures (a) Skull	-	13	3	13	3
(b) Others	-	11	-	11	-
<u>XVI. ILL-DEFINED DISEASES.</u>					
Asthenia. . . .	-	1	1	1	-
TOTAL .	30	574	34	604	29

TABLE V. RALEIGH FITKIN MEMORIAL HOSPITAL.

BREMERSDORP.

Total Number of In patients 947 ✓

TABLE VI.

Only the total numbers of the out-patients seen at the various hospitals and dispensaries, can be given.

Mbabane Government Hospital.	8,030 ✓
Hlatikulu Government Hospital	8,798 ✓
Raleigh Fitkin Memorial Hospital, Bremersdorp.	10,752 ✓
Mankaiana Dispensary	3,866
Goedgegun Dispensary	2,675 34/21
Endingeni Dispensary (Missionary)	4,592
Stegi Dispensary (Missionary)	3,006
Pigg's Peak Dispensary (Missionary)	1,190 8.788

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 at Mbabane and Hlatikulu, accompany this report.

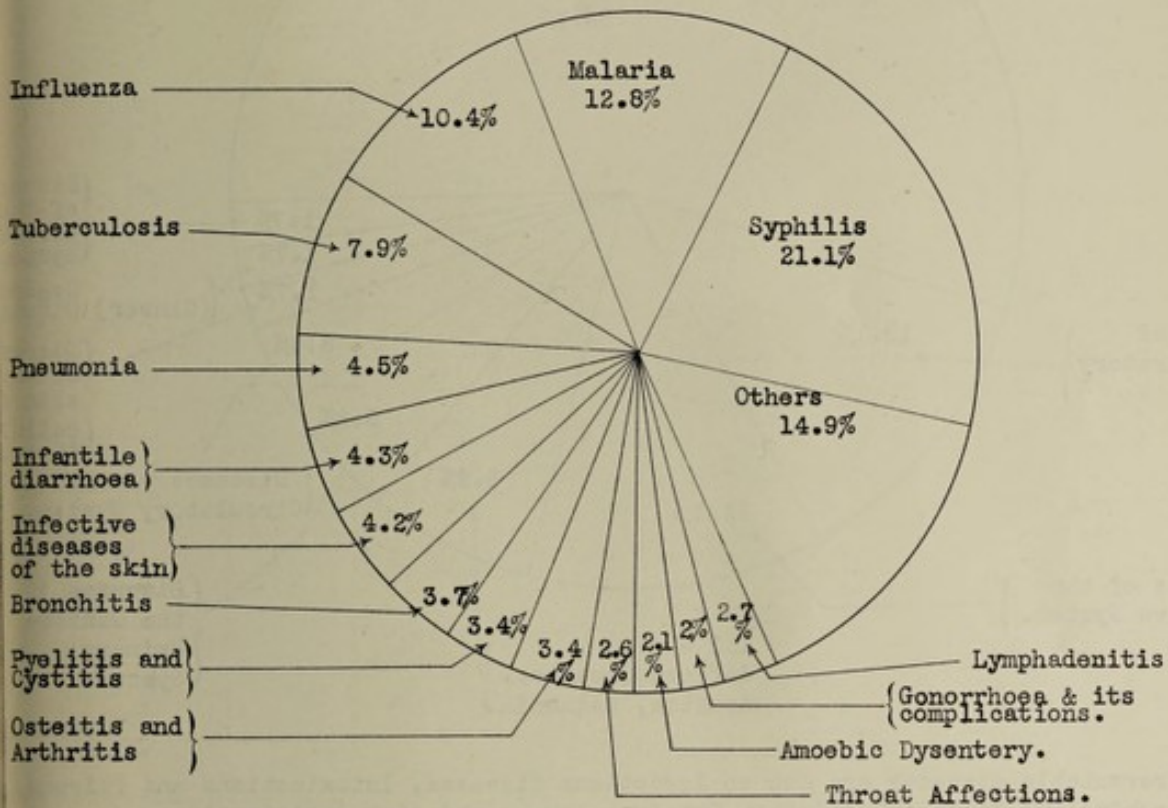
R. JAMISON.
Principal Medical Officer.
Swaziland.

DIAGRAM "A".

INFECTIVE DISEASES.

Cases Treated in Government Hospitals.

Total 664.



Total Deaths. 30.

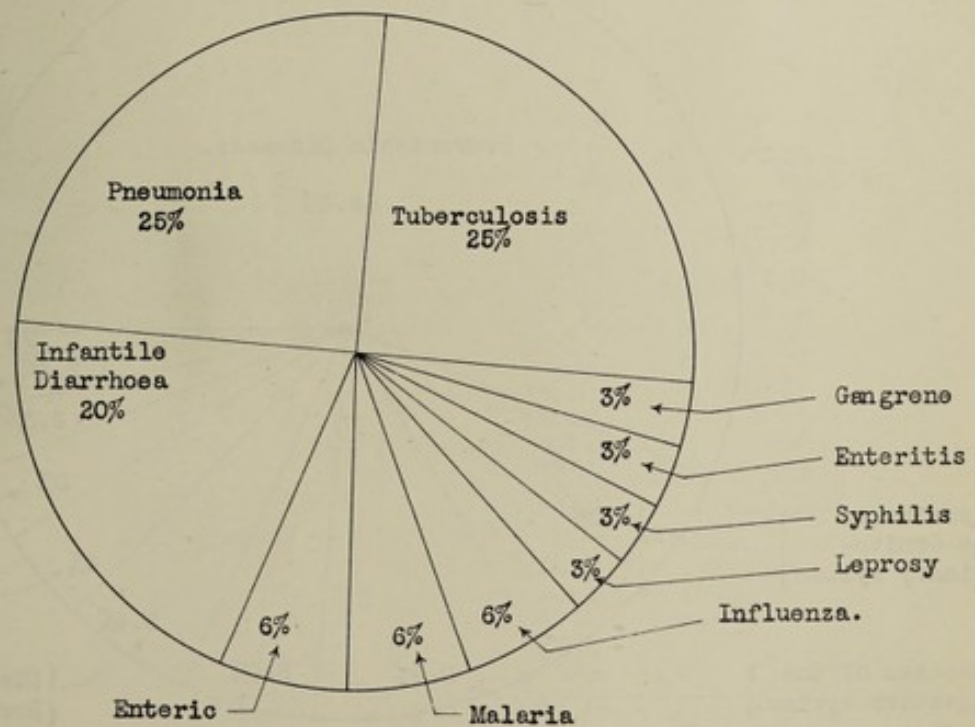
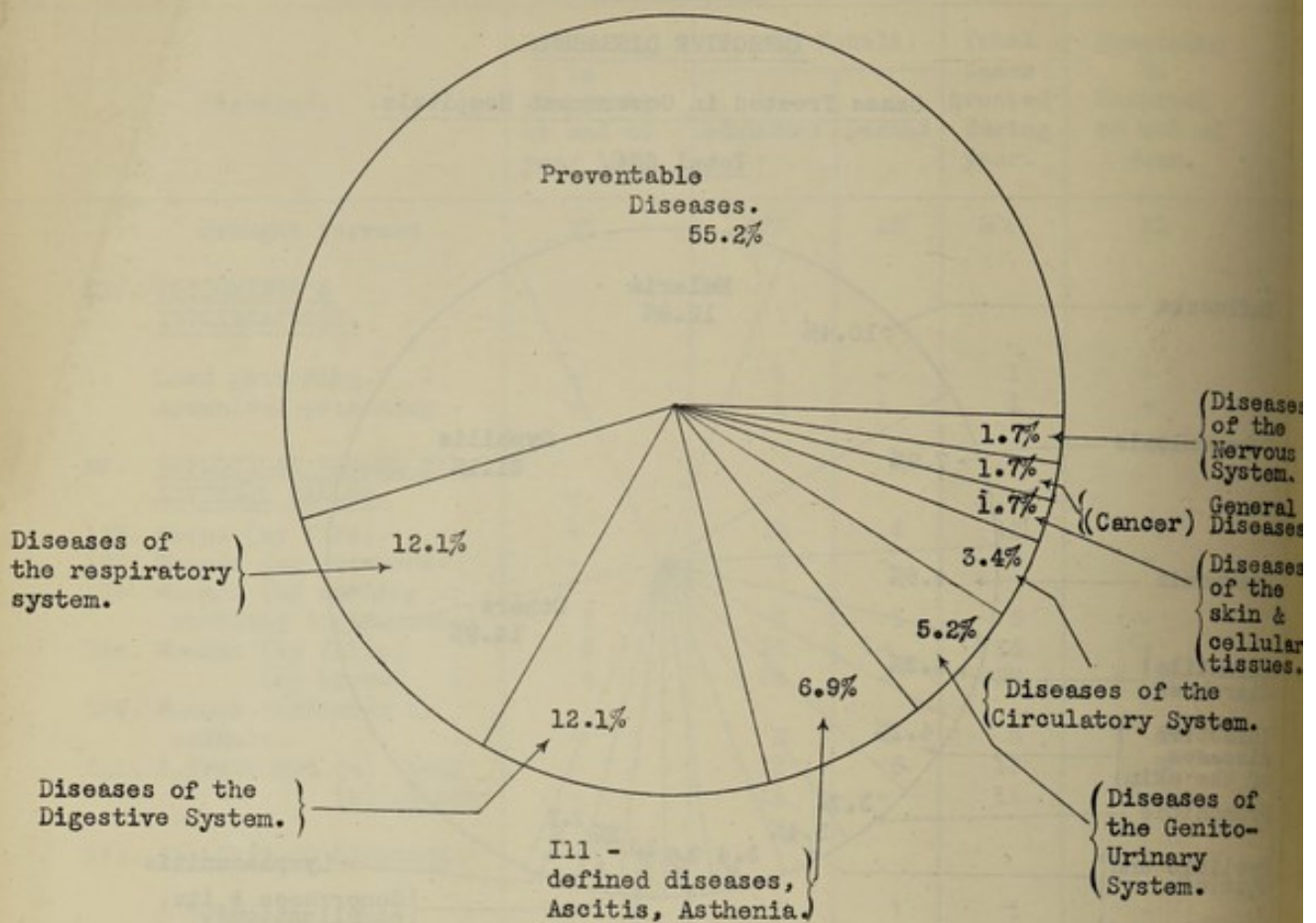


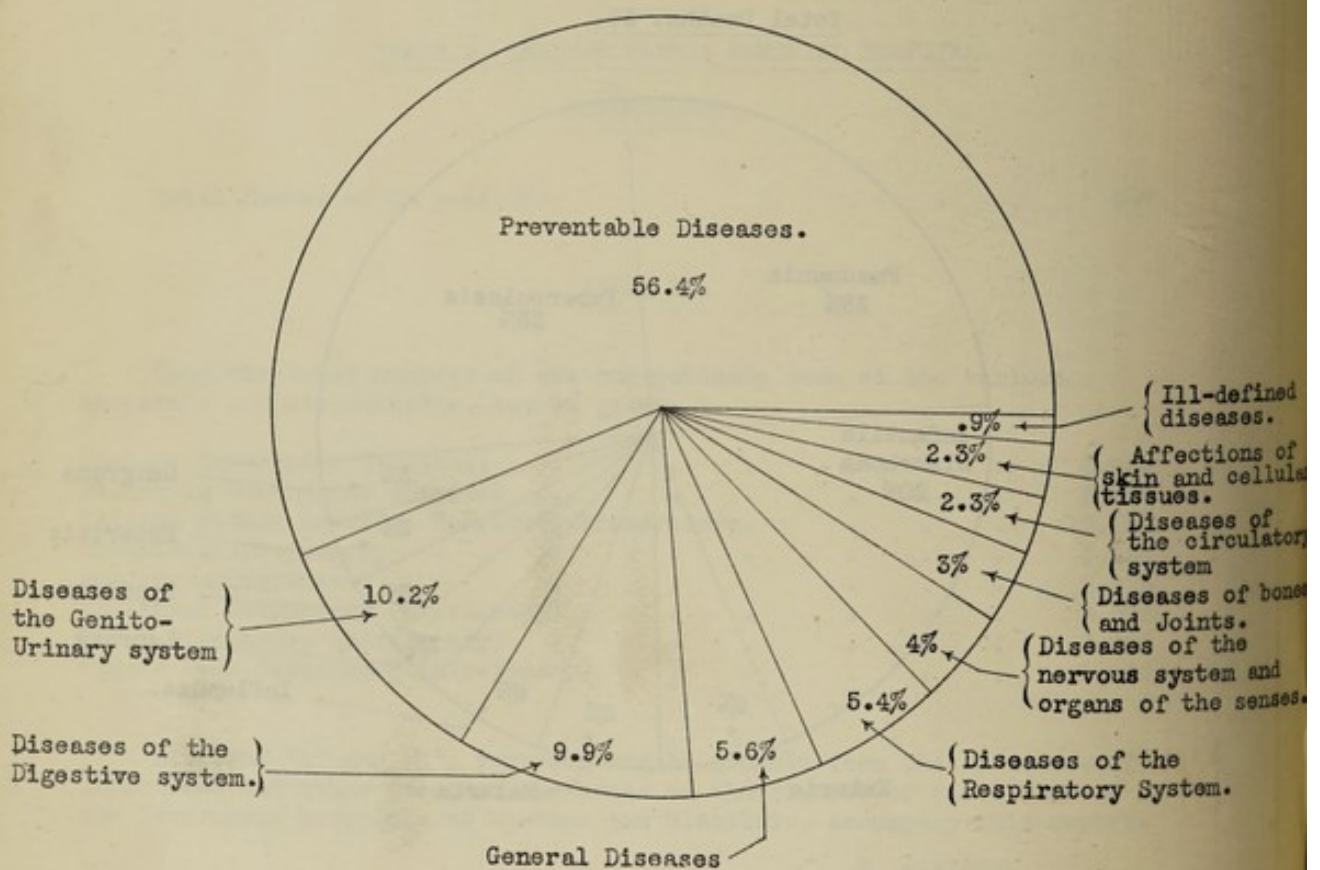
DIAGRAM "B"

General, Systemic and Preventable Diseases.

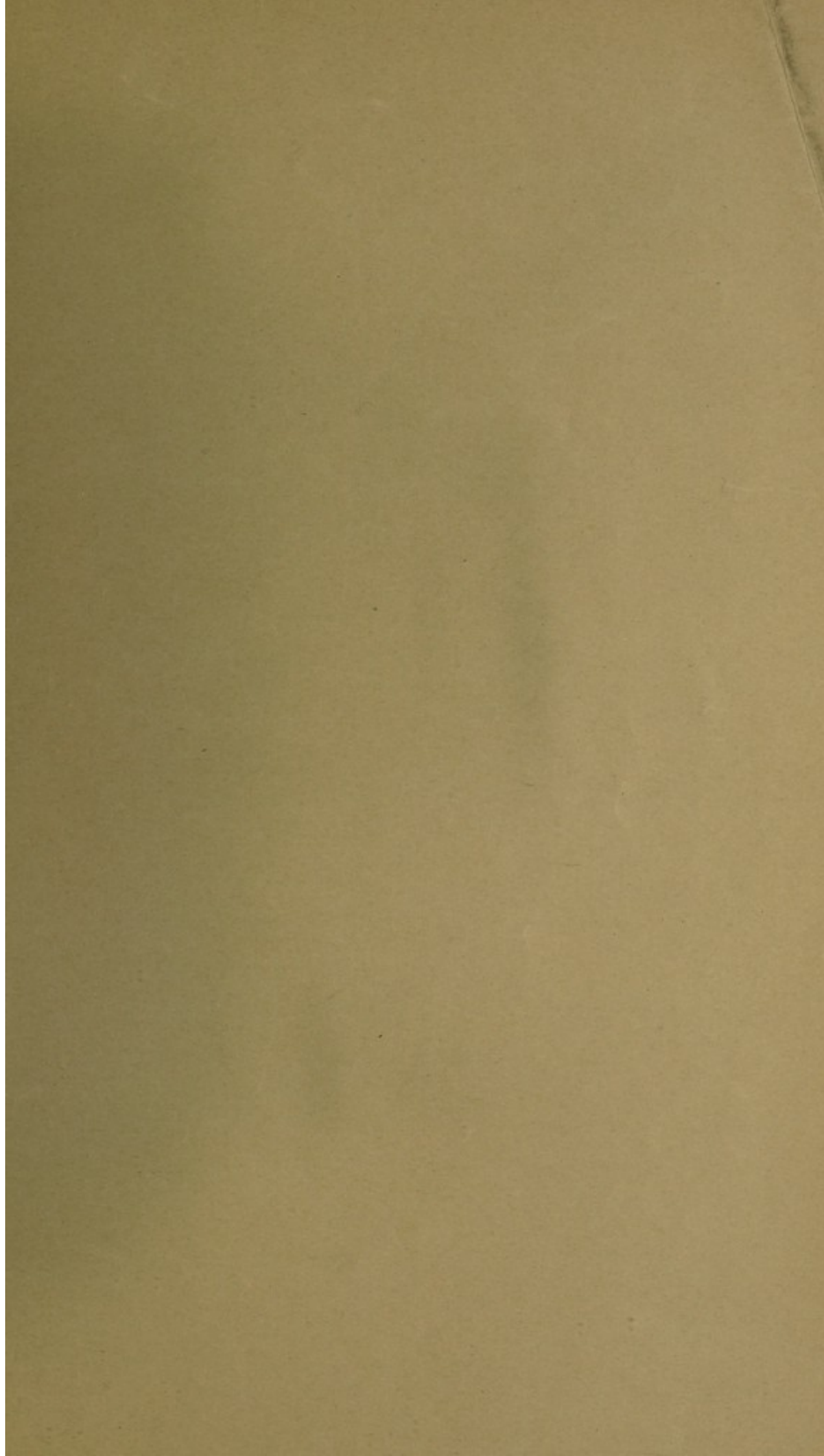
Total Deaths 58.



Preventable diseases are due to Infectious diseases, Intoxications and Poisons, Scabies and Tinea, Helminths, External causes and diet deficiencies.



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