

Annual medical and sanitary report / Swaziland.

Contributors

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Swaziland



Annual Medical and
Sanitary Report, 1937.





Swaziland

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Manuscript

Chronological History and
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1837

ANNUAL MEDICAL AND SANITARY REPORT

- for the -

YEAR ENDED 31st DECEMBER, 1937.

Owing to Dr. Jamison's absence on leave pending retirement on pension, it has devolved upon me to submit the Annual Medical and Sanitary report for the year 1937.

As I was not serving in the Territory for any part of the year under review, it will be difficult to offer any observations upon conditions obtaining during that period, or upon the work done during the year.

I. ADMINISTRATION.

(a) STAFF.

EUROPEAN.

- 1 Principal Medical Officer
- 3 Medical Officers
- 1 Doctor (subsidized)
- 3 Hospital Assistants and Dispensers
- 6 Female nurses
- 1 Cook-Housekeeper

NATIVE.

- 9 Male nurses
- 11 Female nurses
- 2 Cooks
- 3 Laundresses
- 2 Native mechanics and motor drivers
- 6 Male orderlies

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

Nil.

(c) FINANCIAL.

The total expenditure on Medical and Sanitary Services was	£18637. 12. 0
The total revenue was	1026. 4. 11
The proportion of medical expenditure to the total revenue of the Territory was :	1 to 15.71

II. PUBLIC HEALTH.

GENERAL REMARKS.

During the autumn of 1937 one of the severest epidemics of Malaria on record was experienced, but beyond that, the general health of the territory has been satisfactory.

It is interesting to note that in the 10 years the hospital at Hlatikulu has been in existence, inpatients have risen from 12 in 1928 to 861 in 1937, while outpatients have gone up from 632 to 8798.

Owing to the increase in the work of the hospital and district a second Medical Officer was posted at Hlatikulu during the year.

In an admirable report upon the work done by the Nazarene Mission at the Raleigh Fitkin Memorial Hospital Bremersdorp and at the mission Dispensaries, at Piggs Peak, Indingeni and Stegi, Dr. Hynd, the Medical Superintendent of the mission, points out that the number of inpatients at the Raleigh Fitkin Memorial Hospital has increased from 929 in 1936 to 1571 in 1937 the daily average having increased from 52 in 1936 to 78 in 1937 with the result that additional accommodation is urgently needed. Provision has been made, through the generous response of the public to a Silver Jubilee Appeal to start an extension scheme early in 1938, which will relieve pressure in the hospital accommodation considerably.

The Dispensaries at Piggs Peak, Indingeni, and Stegi also show a gratifying increase in the numbers of attendances.

Training of native nurses at the Raleigh Fitkin Memorial Hospital (which is the recognised training centre for nurses in the territory) is progressing satisfactorily, and it is hoped that by raising the standard of general education for natives, still greater improvements will be achieved in the efficiency of the nurses.

There are at present 4 nurses in their final year, 2 in the third year, 2 in the second year and 4 in the first year of training.

Maternity and Child Welfare. Ante natal work has been carried on at all hospitals and Medical Outposts, Wassermann reactions are taken in all cases and when positive, treatment is instituted early.

Many confinements are also being undertaken in the homes of patients by nurses in charge of Medical Outposts.

Communicable Diseases. The year under review was characterised by one of the worst epidemics of Malaria that have been experienced for years. It is not possible to give accurate figures of the case incidence since by far the greater majority of patients obtained quinine from the various quinine depots and treated themselves. There is no record of the number of sick people who applied for quinine.

The malaria was severe in type, a number of cases of cerebral malaria having been treated. This appears to be an unusual occurrence in Swaziland and caused considerable alarm among both Europeans and natives.

The disease also spread into areas where it is not usually found (which is commonly the case in severe epidemics).

Syphilis. This disease appears to be increasing judging by admissions to hospitals and attendance at V.D. clinics and Medical Outposts.

Schistosomiasis (Bilharziasis). This disease was very prevalent over a large part of the country, as brought out by routine urine examinations.

Bilharziasis is probably responsible for a great deal more chronic ill health than is fully realised.

Unfortunately the time of the small medical staff of the territory is so fully occupied, with routine medical work, that it is quite impossible to devote the necessary attention required to investigate this and other diseases prevailing in the Territory.

Enteric Fever. There has been a decrease in the number of enteric cases during the year, 18 cases (all but one of which were from the Central district) as against 28 for the year 1936.

In the Southern District prophylactic inoculation was carried out during the early part of the year in an area where enteric usually occurred, with the result that no cases were recorded. One case was treated in the Northern District (Mbabane).

Amoebic Infection. This is a relatively common condition in certain parts of the middle and low veldt, 8 cases of Hepatitis due to Amoebic Infections were treated in the hospitals during the year.

Many of the cases of chronic Diarrhoea among children were found to be Amoebic in origin.

Leprosy. This disease does not appear to be increasing to any extent. Only one case was reported during the year out of some 56,000 patients seen and that was of old standing.

Proposals have been submitted to transfer the present leper settlement to a more suitable site and to make the conditions more comfortable for the inmates. It is hoped that in this way other lepers may be induced to enter the settlement voluntarily.

Gonorrhoea. This disease must be much more common than hospital records indicate and it is at least probable that a large number of women who attend the hospitals and medical outposts for gynaecological conditions have been infected with the disease.

Natives however do not regard gonorrhoea as a serious condition nor do they associate sterility and other diseases of women with this condition

Ante-natal examinations should go a long way towards diminishing the ravages of the disease

Tuberculosis. All medical officers are agreed that this disease is on the increase.

The most common manifestation of tuberculosis is the pulmonary variety, though tubercular disease of bones, joints, and lymphatic glands are by no means rare.

The problem of tuberculosis is an exceedingly serious one and not easily solved.

Institutional treatment in a country with such meagre financial resources does not appear to be feasible; apart from the fact that it would be extremely difficult to persuade early cases to remain in an institute long enough to effect a cure.

Benefit would result, by building up a resistance to the Tubercle Bacillus if the diet of the natives were improved, and it is to this end that efforts are being mainly directed at present.

VITAL STATISTICS.

(1) General Native Population 153,770

This is the figure shown in the census taken in 1936 which revealed an increase of 38.96 per cent over the previous census (1921). Registration is not compulsory and no figures for birth rate, death rate, and infant mortality are available.

(2) General European Population 2,740

(3) Coloured Population 705

The health of both European and native officials has been good. No diseases of any importance prevailed among them and no factors influencing their health arose.

(4) European Officials.

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

	1935	1936	1937
Total number of officials resident	99	102	106
Average number resident	97	98	101
Total number on sick leave	22	4	4
Total number of days of sick leave granted	244	111	456
Average daily number on sick list	.94	.30	1.25
Percentage of sick to average number resident	.97	.30	3.77
Average number of days on sick list for each patient.	15.64	27.75	114
Average sick time to each resident	3.47	1.09	4.3
Total number invalided	-	-	1
Percentage of invaliding to total residents.	-	-	.94
Total Deaths	2	1	-
Percentage of deaths to total residents	1.01	.98	-
Percentages of deaths to total average number of residents	1.03	1.02	-
Number of cases of sickness contracted away from residence	-	-	-

(5) Native Officials.

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

	1935	1936	1937.
Total number of residents	156	160	162
Average number resident	150	156	158
Total number on sick leave	92	5	7
Total number of days of sick leave granted	677	203	-
Average daily number on sick list	1.85	.55	.75
Percentage of sick to average number resident	1.23	.35	.68
Average number of days of sick leave for each patient.	7.36	40.6	42.1
Average sick time to each resident	4.34	1.27	3.2
Total number invalided	-	-	-
Percentage of invaliding to total residents	-	-	-
Total deaths	-	1	-
Percentage of deaths to total residents	-	62	-
Percentage of deaths to average number resident	-	64	-
Number of cases of sickness contracted away from residence	-	-	-

111. HYGIENE AND SANITATION.

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

(1) PREVENTIVE MEASURES:

Mosquito and Insect-borne Diseases. Malaria is the only disease of any importance under this category in Swaziland.

I do not agree with the view that the prophylactic use of quinine is the only feasible measure for coping with this disease.

In the neighbouring territory of Zululand, where conditions are not dissimilar from those prevailing in Swaziland, excellent results are being attained by anti-mosquito measures chiefly by the destruction of adult mosquitoes in buildings; and I feel sure that a scheme similar to that evolved by Dr. Park Ross in Zululand and Natal would be equally successful in this country.

I hope to submit proposals to this end during 1938.

Epidemic Diseases. Swaziland has been remarkably free from serious epidemic diseases.

Small outbreaks of bacillary dysentery and enteric have occurred in the Southern and Central districts.

Amoebic dysentery is endemic in eastern parts of the country. Apart from these, outbreaks of mild influenza have been experienced during the winter, but nothing in the nature of a serious epidemic has occurred.

(2) GENERAL MEASURES OF SANITATION.

WATER SUPPLIES.

The water supplies of all townships except Bremersdorp remain unsatisfactory, and it is surprising that more cases of disease resulting from this source have not occurred.

Proposals are under consideration for improving the water supply of Mbabane, Goedegun and Stegi.

(3) SCHOOL HYGIENE.

The health of the European children in the highlands of the country has been good, but a great deal of malaria occurred among those living in the bush veldt during the autumn.

Dental caries is very prevalent and it is most desirable that dental attention should be afforded to pupils.

Unfortunately there is no resident dentist in the territory and the visiting dentist who comes twice a year makes too brief a stay for his services to be available in this direction.

(4) LABOUR CONDITIONS.

The Havelock Asbestos Mine probably employs the largest number of natives in the territory. A government medical officer has been visiting the mine regularly and attending to the needs of the employees, but the company proposes to employ a whole time mine Medical Officer in the near future.

Alluvial tin mines continue to employ large numbers of natives, and the health of these natives has been good.

(5) HOUSING.

In view of the fact that I was not serving in the Territory for any part of the year under review I quote the following extract from the Annual Report :-

"The European wage-earners are mainly Civil Servants and traders, and are for the most part well housed in brick buildings. A certain number of wood and iron buildings of a poor type remain in some of the townships, notably Mbabane and Hlatikulu. These buildings are mainly occupied by Government officials and police.

The new Headquarter Offices at Mbabane were completed at a cost of £5,690 and were officially opened by His Excellency the High Commissioner on the 29th December.

Amongst the other buildings erected were a house for the Medical Officer at Hlatikulu, houses at Bremersdorp and Mbabane, various outbuildings to the Hospitals at Hlatikulu and Mbabane. Work was commenced on a Dispensary at Hluti".

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

A certain amount of instruction is given in schools, and it is intended that nurses in charge of Medical outposts should give lectures in these subjects in the schools in their areas whenever possible.

(c) TRAINING OF SANITARY PERSONNEL.

Nurses undergoing training at the Raleigh Fitkin Memorial Hospital are given some training in the rudiments of Sanitation and Hygiene, but apart from this nothing has been done in this direction. When the appointment of a Sanitary Inspector is authorised, it will be a part of his duty to train Native Sanitary Inspectors, who will be posted to suitable centres throughout the Territory.

(d) RECOMMENDATIONS FOR FUTURE WORK.

Adequate and satisfactory water supplies are still urgently needed at Mbabane, Hlatikulu, and Goedgegun: as long as the present water supplies are in use, the menace of water-borne disease will remain.

I do not agree with the view previously taken that the services of a Sanitary Inspector would not be of any use in Swaziland.

The Sanitary arrangements in the eight townships leave much to be desired, and in improving and supervising these alone, a Sanitary Inspector could be usefully occupied; it is fully appreciated that the Town Inspectors do their best but untrained men cannot possibly hope to raise the sanitary services of communities to a satisfactory level.

In addition, there are some 10 Hotels, 7 Eating Houses, and 51 Butcheries which require supervision.

As I have mentioned in (c) above, the Sanitary Inspector would undertake the training of a native sanitary staff for the Territory in addition to his other duties.

The time of Medical Officers is fully occupied with caring for the sick, and they would not be able to devote the time necessary for supervising satisfactorily the public health requirements of the country.

IV. PORT HEALTH WORK AND ADMINISTRATION.

(not applicable).

V. MATERNITY AND CHILD WELFARE.

The Raleigh Fitkin Memorial Hospital remains the only institution in the Territory where a special department is set aside for this very important branch of medical work. The department is under the charge of the British Red Cross Society Nurse, who has done admirable work in this direction, particularly among the natives.

The following figures show the work done by this department;

Child Welfare Examinations	2,212
Ante-natal examinations	1,258
Nursing Mothers examined	1,807
Deliveries	180

Ante-natal examinations are made, and child welfare clinics conducted at the Government hospitals, and at Medical Outposts, as part of the ordinary routine of work, and these attendances are increasing in a satisfactory manner.

Laboratory investigations are carried out, for the most part by the South African Institute for Medical Research in Johannesburg, the vast majority of examinations being Wasserman tests, though blood smears, sputa, faeces, and urines for bilharsia have also been investigated.

VI. HOSPITALS, DISPENSARIES AND VENEREAL CLINICS.

The work done at the hospitals continues to increase, and at Mbabane the accommodation is totally inadequate for the needs of the hospital. Proposals are being submitted for increasing the accommodation sufficiently to cope with the probable requirement for the next few years, and it is hoped that this accommodation will be available during 1938.

The extensions to the Hlatikulu hospital have fully justified themselves; indeed, even with the additional accommodation the hospital has frequently been overcrowded, chiefly during the malaria season.

Provision has been made for a suitable electric light plant for this hospital, and it is intended, when this plant has been installed, to equip the hospital with a much needed X-Ray apparatus.

The two Government Dispensaries, at Goedgegun and Mankaiana continue to do excellent work.

The Dispensary at Goedgegun is very much appreciated by both Europeans and natives, and the nurse in charge is doing valuable work particularly in connection with maternity and child welfare.

The dispensary at Hluti has not yet been built, but it should be completed and functioning during the coming year.

One more Medical Outpost has been opened, bringing the total to six. These outposts are proving extremely helpful, particularly in connection with treatment of venereal diseases and malaria.

Most of the outposts are visited fortnightly by a medical officer, treatment being continued in the interval by the nurse in charge of the outpost.

VII. PRISONS AND ASYLUMS.

The health of the prisoners has been satisfactory.

Proposals have been submitted for the enlargement of the Hlatikulu gaol, which should obviate the overcrowding that is experienced there at times.

There are no institutions for the housing of mental patients in the territory. Many of these cases are detained in the gaols, which is a most unsatisfactory arrangement.

The more violent patients are sent to institutions in the Union.

It would be quite beyond the resources for this Territory to build and support a mental hospital to accommodate all those requiring such specialised treatment, but it might be practicable to build one central institution for all three of the High Commission Territories Bechuanaland Protectorate, Basutoland and Swaziland.

This would make the problem less burdensome for each country, and would, I feel sure be welcomed by the natives of the various territories

TABLE I

Dr. R. Jamison	Principal Medical Officer
Dr. G. W. Brammer	Medical Officer
Dr. P. Keen	Medical Officer
Dr. F. Bourgault de Coudray	Medical Officer

SUBSIDIZED DOCTORS.

Dr. D. Hynd	Bremersdorp
Dr. Du Toit	Bremersdorp

PRINCIPAL MEMBERS OF THE SUBORDINATE STAFF.

Mr. A. G. Lunnis	Hospital Assistant and Dispenser
Mr. C. B. Hands	" "
Mr. J. Nathanson	" "
Mrs. A. S. van Niekerk	Nurse
Miss L. J. Vialls	"
Miss E. Leamy	"
Miss M. Maclaren	"
Miss F. B. MacDonald	"
Miss E. M. Matthams	"
Miss M. M. Hunter	"
Miss F. D'Arcy	"

SUBSIDIZED.

Nurse in charge of the Mission Dispensary at Stegi.

Nurse in charge of the Mission Dispensary at Ndingeni.

Nurse in charge of the Mission Dispensary at Piggs Peak.

PRINCIPAL CHANGES IN STAFF.

Mr. J. Nathanson was appointed Hospital Assistant and Dispenser at Hlatikulu in place of Mr. E. E. G. Wooley who had been temporarily employed in that capacity.

Nurses Rose, Kielblock and Vialls resigned and their places were taken by Nurses Hunter, Matthams and D'Arcy.

NATIVE STAFF.

9	Male Nurses
11	Female Nurses
2	Cooks
3	Laundresses
2	Mechanics and Motor Drivers
6	Male Orderlies.

TABLE II.

FINANCIAL.Expenditure :-

Personal Emoluments	8079. 9. 8
Travelling Expenses	1349. 7. 6
Allowances and Fees	- - -
Maintenance of Patients	8426. 14. 8
Equipment for Hospitals	333. 2. 11
Uniform for Native Staff	73. 10. 5
Vaccination	575. 6. 10
	<hr/> £18837. 12. 0 <hr/>

Revenue :-£ 1026. 4. 11

TABLE III.

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

TABLE IV.

Meteorological Return for the year 1937.
Station - MBABANE.

Long. 31°9"

Lat. 26°19"

Alt. 3,800 Feet.

	Temperature			Rainfall
	Max.	Min.	Mean.	Inches
January	75.2	59.0	67.1	13.68
February	75.1	59.5	67.3	23.85
March	74.2	57.5	65.9	6.98
April	71.6	51.5	61.6	1.87
May	73.3	48.6	61.0	0.41
June	68.5	44.6	56.6	0.40
July	64.1	40.3	52.2	0.52
August	68.0	45.3	56.7	0.67
September	70.2	47.7	59.0	3.83
October	72.0	54.1	63.1	2.98
November	78.0	56.2	67.1	3.35
December	71.9	57.3	64.6	10.87
	71.8	51.8	61.8	69.61

Station - KUBUTA.

Long. 31°29"

Lat. 28°53"

Alt. 2,300 Feet.

	Temperature			Rainfall
	Max.	Min.	Mean.	Inches
January	82.0	65.8	73.8	7.25
February	82.8	66.7	74.8	19.45
March	81.8	64.4	73.1	1.87
April	79.2	59.8	69.5	2.57
May	80.4	55.8	68.1	0.65
June	76.6	51.2	63.9	0.35
July	72.5	48.8	60.6	0.00
August	78.8	53.7	65.1	0.00
September	77.3	54.7	66.0	3.61
October	77.4	59.3	68.4	3.77
November	83.7	62.4	73.1	1.79
December	79.8	63.5	71.6	6.94
	73.3	58.8	69.0	48.25

TABLE V.

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1937.

Diseases	* Remain- ing in Hospital at end of 1936.	Yearly Total		† Total Cases Treated.	‡ Remain- ing in Hospital at end of 1937.	Remarks.
		Admissions.	Deaths.			
I. EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES.						
1. Enteric Group -	-	18	6	18	2	
(a) Typhoid Fever						
(b) Paratyphoid A.						
(c) Paratyphoid B.						
(d) Type not defined						
2. Typhus						
3. Relapsing Fever						
4. Undulant Fever						
5. Malaria -						
(a) Tertian	6	680	14	686	6	
(b) Quartan						
(c) Aestivo-autumnal	-	23	4	23		
(d) Cachexia						
(e) Blackwater		3	1	3		
Total carried forward	6	724	25	730	8	

The form shows in the main the arrangement of diseases in the International Nomenclature, 1921 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

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1937.

Diseases	*Remain- ing in Hospital at end of 1936.	Yearly Total		†Total Cases Treated	†Remain- ing in Hospital at end of 1937.	Remarks
		Admissions.	Deaths.			
Brought forward	6	724	25	730	8	
I. EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES (Contd.)						
6. Smallpox - Alastrim	-	11	-	11		
7. Measles	-	10	-	10	2	
8. Scarlet Fever						
9. Whooping Cough	5	17	1	22		
10. Diphtheria		1	-	1		
11. Influenza	2	72	3	74		
12. Miliary Fever						
13. Mumps						
14. Cholera						
15. Epidemic diarrhoea						
16. Dysentery						
(a) Amoebic	1	47	3	48	2	
(b) Bacillary		11	1	11		
(c) Undefined or due to other causes						
17. Plague -						
(a) Bubonic						
(b) Pneumonic						
(c) Septicaemic						
(d) Undefined						
18. Yellow Fever						
19. Spirochaetosis ictero- haemorrhagica						
20. Leprosy		1	-	1		
21. Erysipelas						
22. Acute Poliomyelitis						
23. Encephalitis Lethargica						
24. Epidemic Cerebro-spinal Fever						
25. Other Epidemic Diseases						
(a) Rubella (German Measles)						
(b) Varicella (Chicken- pox)						
(c) Kala-azar		4	-	4		
(d) Phlebotomus Fever						
(e) Dengue						
(f) Epidemic Dropsy						
(g) Yaws						
(h) Trypanosomiasis						
26. Glanders						
27. Anthrax		1	-	1		
28. Rabies						
29. Tetanus						
30. Mycosis						
31. Tuberculosis, Pulmonary and Laryngeal	3	49	9	52	2	
32. Tuberculosis of the Meninges or Central Nervous System						
33. Tuberculosis of the Intestines or Peritoneum		4	-	4	-	
34. Tuberculosis of the Vertebral Column		4	-	4	-	
Total carried forward	17	956	42	973	14	

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1937.

Diseases.	*Remain- ing in Hospital at end of 1936	Yearly Total		† Total Cases Treated.	†Remain- ing in Hospital at end of 1937	Remarks.
		Admissions.	Deaths.			
Brought forward	17	956	42	973	14	
I. <u>EPIDEMIC, ENDEMIC, AND INFECTIOUS DISEASES (Contd)</u>						
5. Tuberculosis of Bones and Joints.	2	4	-	6	-	
6. Tuberculosis of other organs -						
(a) Skin or Sub- cutaneous Tissue (lupus)						
(b) Bones.						
(c) Lymphatic System	1	14	-	15	-	
(d) Genito-urinary	-	2	1	2	-	
(e) Other organs.						
7. Tuberculosis disseminated -						
(a) Acute.						
(b) Chronic.						
8. Syphilis -						
(a) Primary.						
(b) Secondary.						
(c) Tertiary.						
(d) Hereditary.						
(e) Period not indicated.	37	331	5	368	39	
9. Soft Chancre.						
10. A. - Gonorrhoea and its complications		32	-	32	-	
B. - Gonorrhoeal Opthalmia.	-	2	-	2	-	
C. - Gonorrhoeal Arthritis.						
D. - Granuloma Venereum.						
11. Septicaemia.						
12. Other Infectious Diseases -						
Trypanosomiasis.						
II. <u>GENERAL DISEASES NOT MENTIONED ABOVE.</u>						
3. Cancer or other malignant Tumours of the Buccal Cavity.						
4. Cancer or other malignant Tumours of the Stomach or Liver.		2	-	2	1	
Total carried forward	57	1343	48	1400	54	

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1937.

Diseases	*Remain- ing in Hospital at end of 1936	Yearly Total		†Total Cases Treated.	‡Remain- ing in Hospital at end of 1937	Remarks
		Admissions.	Deaths.			
Brought forward	57	1343	48	1400	54	
<u>II.-GENERAL DISEASES NOT MENTIONED ABOVE (Contd.)</u>						
45. Cancer or other malignant Tumours of the Peritoneum Intestines, Rectum						
46. Cancer or other malignant Tumours of the Female Genital Organs.						
47. Cancer or other malignant Tumours of the Breast						
48. Cancer or other malignant Tumours of the Skin.	-	1	-	1	-	
49. Cancer of other malignant Tumours of the Organs not specified.	-	6	6	2	-	
50. Tumours non-Malignant	1	31	32	1	-	
51. Acute Rheumatism.	1	5	-	6	-	
52. Chronic Rheumatism						
53. Scurvy (including Barlow's Disease)	1	12	-	13	-	
54. Pellagra.						
55. Beri-Beri						
56. Rickets						
57. Diabetes (not in- cluding Insipidus)	-	2	-	2	-	
58. Anaemia-						
(a) Pernicious	-	1	-	1	-	
(b) Other Anaemias and Chlorosis	-	4	-	4	-	
59. Diseases of the Pituitary Body.						
60. Diseases of the Thyroid Gland -	1	4	-	5	2	
(a) Exophthalmic Goitre		1	-	1	-	
(b) Other diseases of the Thyroid Gland, Myxoedema						
61. Diseases of the Para-Thyroid Glands.						
62. Diseases of the Thymus.						
63. Diseases of the Supra-Renal Glands						
64. Diseases of the Spleen.						
Total Carried forward	61	1410	86	1436	56	

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1937.

Diseases.	*Remain- ing in Hospital at end of 1936	Yearly Total		†Total Cases Treated.	‡Remain- ing in Hospital at end of 1937	Remarks.
		Admissions.	Deaths.			
Brought forward	61	1410	86	1436	56	
<u>II.- GENERAL DISEASES</u> <u>NOT MENTIONED</u> <u>ABOVE (Contd)</u>						
5. Leukaemia:- (a) Leukaemia - (b) Hodgkin's Disease						
6. Alcoholism	-	4	-	4	-	
7. Chronic poisoning by mineral substances (lead, mercury, &c.)	-	6	-	6	-	
8. Chronic poisoning by organic sub- stances (Morphia, Cocaine, &c.)						
9. Other General diseases Auto-intoxication Purpura Haemorrhagica Haemophilia Diabetes Insipidus	-	1	-	1	-	
<u>III. AFFECTIONS OF</u> <u>THE NERVOUS SYSTEM</u> <u>AND ORGANS OF THE</u> <u>SENSES</u>						
0. Encephalitis (not in- cluding Encephalitis Lethargica).						
1. Meningitis (not includ- ing Tuberculous Meningitis or Cerebro-spinal Meningitis)	-	4	-	4		
2. Locomotor Ataxia						
3. Other affections of the Spinal Cord						
4. Apoplexy - (a) Haemorrhage (b) Embolism (c) Thrombosis.	-	1	-	1	-	
5. Paralysis - (a) Hemiplegia (b) Other Paralysis	-	5	-	5	1	
6. General Paralysis of the Insane						
7. Other forms of Mental Alienation.						
8. Epilepsy.	1	9	-	10	1	
Total Carried forward	62	1440	86	1467	58	
			15.			

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1937.

Diseases	*Remain- ing in Hospital at end of 1936	Yearly Total		†Total Cases Treated.	‡Remain- ing in Hospital at end of 1937	Remarks
		Admissions.	Deaths.			
Brought forward	62	1440	86	1467	58	
II. <u>GENERAL DISEASES</u>						
<u>NOT MENTIONED</u>						
<u>ABOVE (Contd).</u>						
79. Eclampsia, Convulsions (non-puerperal) 5 years or over..						
80. Infantile Convulsions						
81. Chorea.						
82. A. Hysteria	-	13	-	13	-	
B. Neuritis	-	2	-	2	-	
C. Neurasthenia	-	1	-	1	-	
83. Cerebral Softening.						
84. Other affections of the Nervous System, such as Paralysis Agitans.						
85. Affections of the Organs of Vision -						
(a) Disease of the eye.						
(b) Conjunctivitis	-	19	-	19	-	
(c) Trachoma.						
(d) Tumours of the eye.						
(e) Other affections of the Eye.	2	24	-	26	3	
86. Affections of the Ear or Mastoid Sinus.	1	16	-	17	-	
IV. - <u>AFFECTIONS OF</u>						
<u>THE CIRCULATORY</u>						
<u>SYSTEM.</u>						
87. Pericarditis.	-	1	-	1	-	
88. Acute Endocarditis or Myocarditis.						
89. Angina Pectoris.						
90. Other diseases of the Heart -						
(a) Valvular -						
Mitral						
Aortic						
Tricuspid						
Pulmonary						
(b) Myocarditis	-	19	1	19	2	
91. Diseases of the Arteries -						
(a) Aneurism						
(b) Arterio-Sclerosis						
(c) Other Diseases.						
Total carried forward	65	1535	87	1565	63	
			16.			

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1937.

Diseases	*Remain- ing in Hospital at end of 1936	Yearly Total		† Total Cases Treated.	†Remain- ing in Hospital at end of 1937	Remarks
		Admissions.	Deaths.			
Brought forward	65	1535	87	1565	63	
<u>IV. AFFECTIONS OF THE CIRCULATORY SYSTEM (Contd).</u>						
92. Embolism or Thrombosis (non-cerebral).	-	1	1	1	-	
93. Diseases of the Veins - Haemorrhoids						
Varicose Veins.	1	6	-	7	-	
Phlebitis.						
94. Diseases of the Lymphatic System						
Lymphangitis.	-	5	-	5	-	
Lymphadenitis, Bubo (non-specific)						
95. Haemorrhage of undetermined cause.	1	-	-	1	-	
96. Other affections of the Circulatory System.						
<u>V. AFFECTIONS OF THE RESPIRATORY SYSTEM.</u>						
97. Diseases of the Nasal Passages -						
Adenoids	-	3	-	3	-	
Polypus						
Rhinitis						
Coryza	-	2	-	2	-	
98. Affections of the Larynx -						
Laryngitis.	-	5	-	5	-	
99. Bronchitis -						
(a) Acute.	3	30	-	33	-	
(b) Chronic.	2	10	-	12	-	
100. Broncho-Pneumonia	-	13	4	13	-	
101. Pneumonia -	3	19	4	22	2	
(a) Lobar						
(b) Unclassified.	-	11	2	11	-	
102. Pleurisy, Empyema	2	13	-	15	4	
103. Congestion of the Lungs.						
104. Gangrene of the Lungs.						
105. Asthma.	-	5	1	5	-	
106. Pulmonary Emphysema						
107. Other Affections of the Lungs. -						
Pulmonary Spirochaetosis	-	1	-	1	-	
Total carried forward	77	1660	99	1702	69	
			17.			

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1937.

Diseases.	*Remain- ing in Hospital at end of 1936	Yearly Total		† Total Cases Treated.	‡Remain- ing in Hospital at end of 1937	Remarks
		Admissions.	Deaths.			
Brought forward	77	1660	99	1702	69	
<u>VI. DISEASES OF THE DIGESTIVE SYSTEM</u>						
108. A - Diseases of Teeth or Gums - Caries, Pyorrhoea &c	-	49	-	49	3	
B. Other affections of the Mouth - Stomatitis. Glossitis &c.	1	10	-	11	-	
109. Affections of the Pharynx or Tonsils - Tonsillitis Pharyngitis	1	24	-	25	1	
110. Affections of the Oesophagus.						
111. A. - Ulcer of the Stomach.	-	4	-	4	-	
B. - Ulcer of the Duodenum.	-	1	-	1	-	
112. Other affections of the Stomach Gastritis. Dyspepsia &c.	-	20	-	20	-	
113. Diarrhoea and Enteritis - Under two years	3	27	4	30	-	
114. Diarrhoea and Enteritis. Two years and over Colitis Ulceration	-	24	-	24	2	
114a. Sprue.						
115. Ankylostomiasis						
116. Diseases due to Intestinal Parasites - (a) Cestoda (Taenia)	-	30	-	30	2	
(b) Trematoda (Flukes)						
(c) Nematoda (Other than Ankylostoma) Ascaris. Trichocephalus dispar. Trichina Dracunculus Strongylus Oxyuris	-	3	-	3	-	
(d) Coecidia (e) Other parasites. (f) Unclassified	-	1	-	1	-	
Total carried forward	82	1853	103	1900	77	
			18			

RETURN OF DISEASES AND DEATH (IN-PATIENTS) FOR THE YEAR 1937.

Diseases.	*Remain- ing in Hospital at end of 1936	Yearly Total		† Total Cases Treated.	*Remain- ing in Hospital at end of 1937	Remarks
		Admissions.	Deaths.			
Brought forward	82	1853	103	1900	77	
<u>VI. DISEASES OF THE DIGESTIVE SYSTEM</u> (Contd)						
117. Appendicitis	2	18	-	20	-	
118. Hernia	1	6	1	7	1	
119. A.- Affections of the Anus	-	-	-	-	-	
Fistula, &c.	-	3	-	3	-	
B. - Other affec- tions of the Intestines -	-	-	-	-	-	
Enteroptosis	-	4	1	4	-	
Constipation	1	13	-	14	2	
120. Acute Yellow Atrophy of the Liver.	-	-	-	-	-	
121. Hydatid of the Liver	-	-	-	-	-	
122. Cirrhosis	-	-	-	-	-	
(a) Alcoholic	-	3	1	3	-	
(b) Other forms	-	-	-	-	-	
123. Biliary Calculus	-	-	-	-	-	
124. Other affections of the Liver -	-	-	-	-	-	
Abcess	-	6	1	6	-	
Hepatitis	-	-	-	-	-	
Cholecystitis	-	4	-	4	-	
Jaundice	-	3	1	3	-	
125. Diseases of the Pancreas	-	-	-	-	-	
126. Peritonitis (of unknown cause)	-	5	1	5	-	
127. Other affections of the Digestive System.	5	5	-	10	-	
<u>VII. - DISEASES OF THE GENITO-URINARY SYSTEM (NON-VENEREAL)</u>						
128. Acute Nephritis	1	6	2	7	-	
129. Chronic	-	4	1	4	-	
130. A. - Chyluria	-	-	-	-	-	
B. - Schistosomiasis	1	61	1	62	3	
131. Other affections of the Kidneys-Pyelitis &c.	-	21	-	21	-	
132. Urinary Calculus	-	2	-	2	-	
133. Diseases of the Bladder -	-	-	-	-	-	
Cystitis	-	24	-	24	1	
134. Diseases of the Urethra -	-	-	-	-	-	
(a) Stricture	-	-	-	-	-	
(b) Other	-	13	-	13	-	
Total carried forward	93	2054	113	2112	84	

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1937.

Diseases.	Remain- ing in Hospital at end of 1936	Yearly Total.		† Total Cases Treated.	Remain- ing in Hospital at end of 1937	Remarks.
		Admissions.	Deaths.			
Brought forward	93	2054	113	2112	84	
VII. - <u>DISEASES OF THE GENITO-URINARY SYSTEM (NON- VENEREAL)</u> (Contd)						
135. Diseases of the Prostate	-	13	-	13	-	
Hypertrophy	1	6	2	7	-	
Prostatitis						
136. Diseases (non-Venereal) of the Genital Organs of Man -						
Epididymitis						
Orchitis						
Hydrocele	-	10	-	10	-	
Ulcer of Penis	-	1	-	1	-	
137. Cysts or other non- malignant Tumours of the Ovaries	-	5	-	5	-	
138. Salpingitis -						
Abscess of the Pelvis	2	51	-	53	1	
139. Uterine Tumours (non- malignant)	1	6	-	7	-	
140. Uterine Haemorrhage (non-puerperal)						
141. A.- Metritis	2	14	-	16	-	
B.- Other affections of the Female Genital Organs -						
Displacements	-	15	3	15	1	
Uterus	-	2	-	2	-	
Amenorrhoea	-	3	-	3	-	
Dysmenorrhoea	-	3	-	3	-	
Leucorrhoea	-	7	-	7	-	
142. Diseases of the Breast (non-puerperal)						
Mastitis	-	11	-	11	-	
Abscess of Breast	2	2	-	4	-	
VIII. - <u>PUERPERAL STATE</u>						
143. A - Normal Labour	7	238	-	245	16	
B.- Accidents of Pregnancy -						
(a) Abortion	1	26	-	27	1	
(b) Ectopic Gestation						
(c) Other accidents of Pregnancy	-	56	3	56	-	
144. Puerperal Haemorrhage						
145. Other accidents of Parturition						
146. Puerperal Septicaemia	1	9	3	10	-	
147. Phlegmasia Dolens						
148. Puerperal Eclampsia	-	4	-	4	-	
149. Sequelae of Labour						
150. Puerperal affections of the Breast.	2	-	-	2	-	
Total carried forward	112	2536	124	2613	103	
			20.			

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1937.

Diseases	*Remain- ing in Hospital at end of 1936.	Yearly Total		† Total Cases Treated.	‡ Remain- ing in Hospital at end of 1937.	Remarks.
		Admissions.	Deaths.			
Brought forward	112	2536	124	2613	103	
<u>IX. - AFFECTIONS OF THE SKIN AND CELLULAR TISSUES.</u>						
151. Gangrene	1	1	-	2	-	
152. Boil -	1	9	-	10	-	
Carbuncle	1	13	-	14	-	
153 Abscess -						
Whitlow		3	-	3	-	
Cellulitis	-	15	-	15	-	
154 A - Tinea	-	35	1	35	-	
B - Scabies	3	17	-	20	-	
155 Other Diseases of the Skin -						
Brythema	-	2	-	2	-	
Urticaria						
Eczema	-	4	-	4	-	
Herpes	-	2	-	2	-	
Psoriasis						
Elephantiasis	-	3	-	3	-	
Myiasis						
Chigoes	-	1	-	1	-	
Cutaneous Leishmaniasis	-	31	-	31	-	
<u>X DISEASES OF BONES AND ORGANS OF LOCOMOTION (OTHER THAN TUBERCU- LOUS).</u>						
156. Diseases of Bones						
Osteitis	2	17	-	19	2	
157 Diseases of Joints -						
Arthritis	-	19	-	19	-	
Synovitis	-	7	-	7	-	
158 Other Diseases of Bones or Organs of Locomotion	-	1	-	1	-	
<u>XI. MALFORMATIONS.</u>						
159 Malformations -						
Hydrocephalus						
Hypospadias						
Spina Bifida, &c						
Hare Lip	-	2	-	2	1	
<u>XII. - DISEASES OF INFANCY.</u>						
160 Congenital Debility	-	27	6	27	-	
161 Premature Birth	-	3	-	3	-	
162. Other affections of Infancy						
163 Infant neglect (infants of three months or over)	-	21	-	21	-	
Total carried forward	120	2769	131	2854	106	
		21				

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1937.

Diseases.	Remain- ing in Hospital at end of 1936	Yearly Total.		† Total Cases Treated.	Remain- ing in Hospital at end of 1937	Remarks.
		Admissions.	Deaths.			
Brought forward	120	2769	131	2854	106	
<u>XIII. - AFFECTIONS OF OLD AGE.</u>						
164. Senility - Senile Dementia	-	4	-	4	-	
<u>XIV. AFFECTIONS PRODUCED BY EXTERNAL CAUSES.</u>						
165. Suicide by Poisoning						
166. Corrosive Poisoning (intentional)						
167. Suicide by Gas Poisoning.						
168. Suicide by Hanging or Strangulation						
169. Suicide by Drowning						
170. Suicide by Firearms						
171. Suicide by cutting or Stabbing Instruments.						
172. Suicide by jumping from a height						
173. Suicide by crushing						
174. Other Suicides						
175. Food Poisoning						
Botulism	-	2	-	2	-	
176. Attacks of poisonous animals -						
Snake Bite	1	1	-	2	-	
Insect Bite	-	1	-	1	-	
177. Other accidental Poisonings.	6	57	9	63	4	
178. Burns (by Fire)						
179. Burns (other than by Fire)						
180. Suffocation (accidental)						
181. Poisoning by Gas (accidental)						
182. Drowning (accidental)						
183. Wounds (by Firearms, war excepted)	-	1	-	1	-	
184. Wounds (by cutting or stabbing Instruments)	2	84	2	86	-	
185. Wounds (by Fall)	1	35	2	36	1	
186. Wounds (in Mines or Quarries).	1	3	-	4	-	
187. Wounds (by Machinery)	-	3	-	3	-	
Total carried forward	131	2960	144	3056	111	
			22.			

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1937.

Diseases	*Remain- ing in Hospital at end of 1936	Yearly Total		†Total Cases Treated.	‡Remain- ing in Hospital at end of 1937	Remarks
		Admissions.	Deaths.			
Brought forward	131	2960	144	3056	111	
<u>XIV - AFFECTIONS PRODUCED BY EXTERNAL CAUSES</u> (Contd).						
188. Wounds (crushing e.g. railway accidents, &c.)						
189. Injuries inflicted by Animals, Bites, Kicks, &c.	1	11	-	12	-	
190. Wounds inflicted on Active Service						
191. Executions of civilians by belligerents						
192. A. - Over fatigue B. - Hunger or Thirst						
193. Exposure to Cold, Frost bite, &c.						
194. Exposure to Heat Heatstroke Sunstroke						
195. Lightning Stroke						
196. Electric Shock						
197. Murder by Firearms						
198. Murder by cutting or stabbing Instruments.						
199. Murder by other means						
200. Infanticide (Murder of an infant under one year)						
201. A. - Dislocation B. - Sprain C. - Fracture	- 12	7 98	- 9	7 110	- -	
202. Other external Injuries.		35	-	35	-	
203. Deaths by Violence of unknown cause.						
<u>XV. - ILL DEFINED DISEASES.</u>						
204. Sudden death (cause unknown)						
Total carried forward	144	3111	153	3220	111	
			23.			

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1937.

Diseases.	*Remain- ing in Hospital at end of 1936	Yearly Total.		† Total Cases Treated.	*Remain- ing in Hospital at end of 1937	Remarks
		Admissions.	Deaths.			
Brought ⁺ forward	144	3111	153	3220	111	
XV. - <u>ILL DEFINED DISEASES.</u>						
205. A.- Diseases not already specified or ill-defined -	-	14	-	14	-	
Ascites						
Oedema	-	4	-	4	-	
Asthenia	-	4	-	4	-	
Shock						
Hyperpyrexia						
E. - Malingering	-	1	-	1	-	
XVI.- <u>DISEASES, THE TOTAL OF WHICH HAVE NOT CAUSED 10 DEATHS.</u>						
Total	144	3134	153	3243	111	

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.

TABLE VI.

Only the total numbers of outpatients seen at the various hospitals, dispensaries and medical outposts can be given.

Mbabane Government Hospital	11145
Hlatikulu Government Hospital	8793
Raleigh Fitkin Memorial Hospital	16577
Mankalana Dispensary	5301
Goedgegun Dispensary	2229
Stegi Dispensary	4535
Figg's Peak Dispensary	3625
Endingeni Dispensary	4633
Medical Outposts	6584

A total of 63,477 outpatients for the year.

Mbabane, Swaziland.
9th December, 1938.

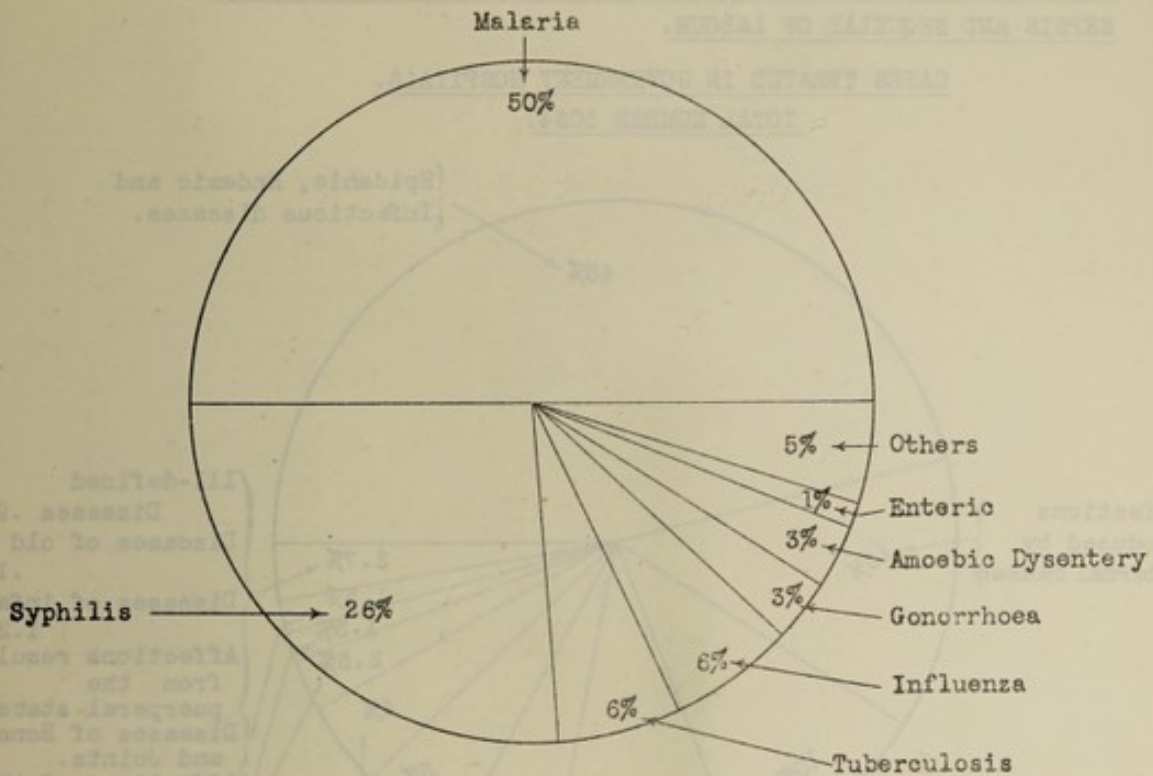
D. DREW
PRINCIPAL MEDICAL OFFICER,
SWAZILAND.

DIAGRAM "A".

EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES.

CASES TREATED IN GOVERNMENT HOSPITALS.

TOTAL NUMBER 1394



Deaths 50.

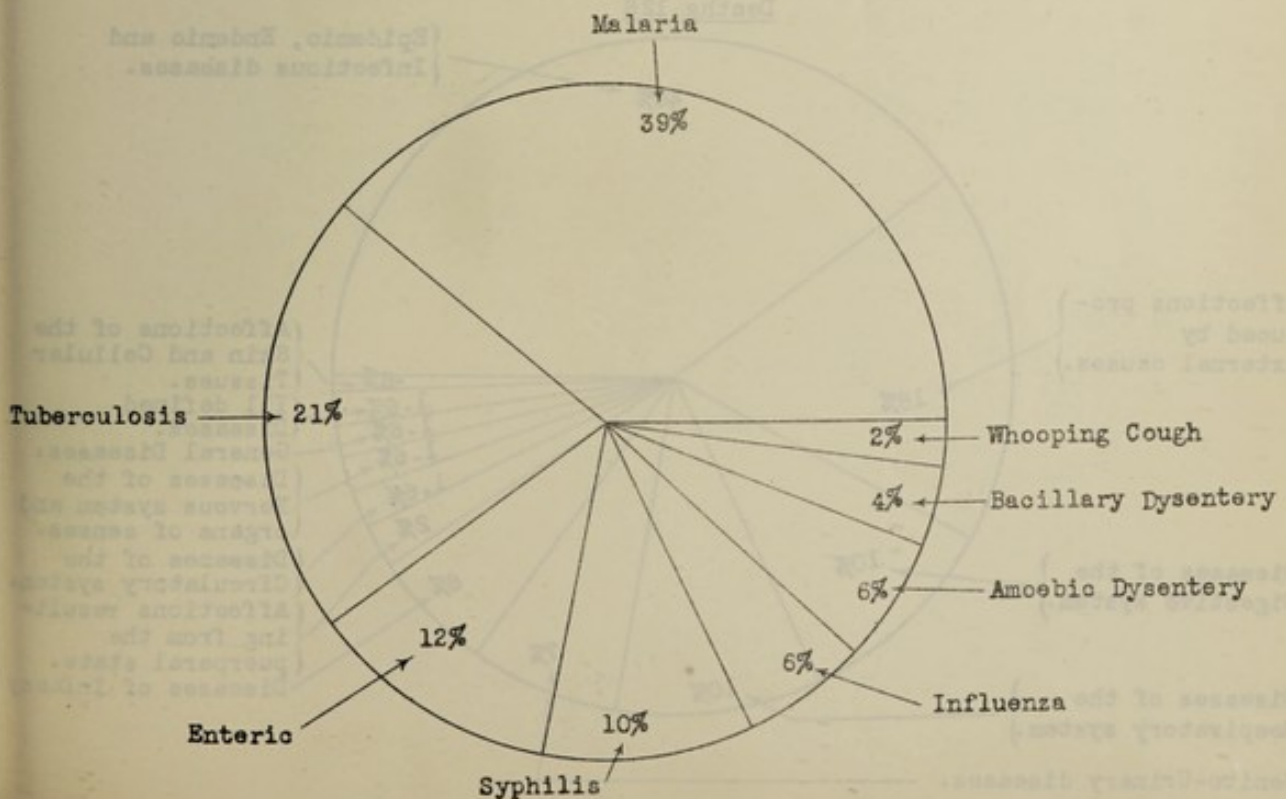
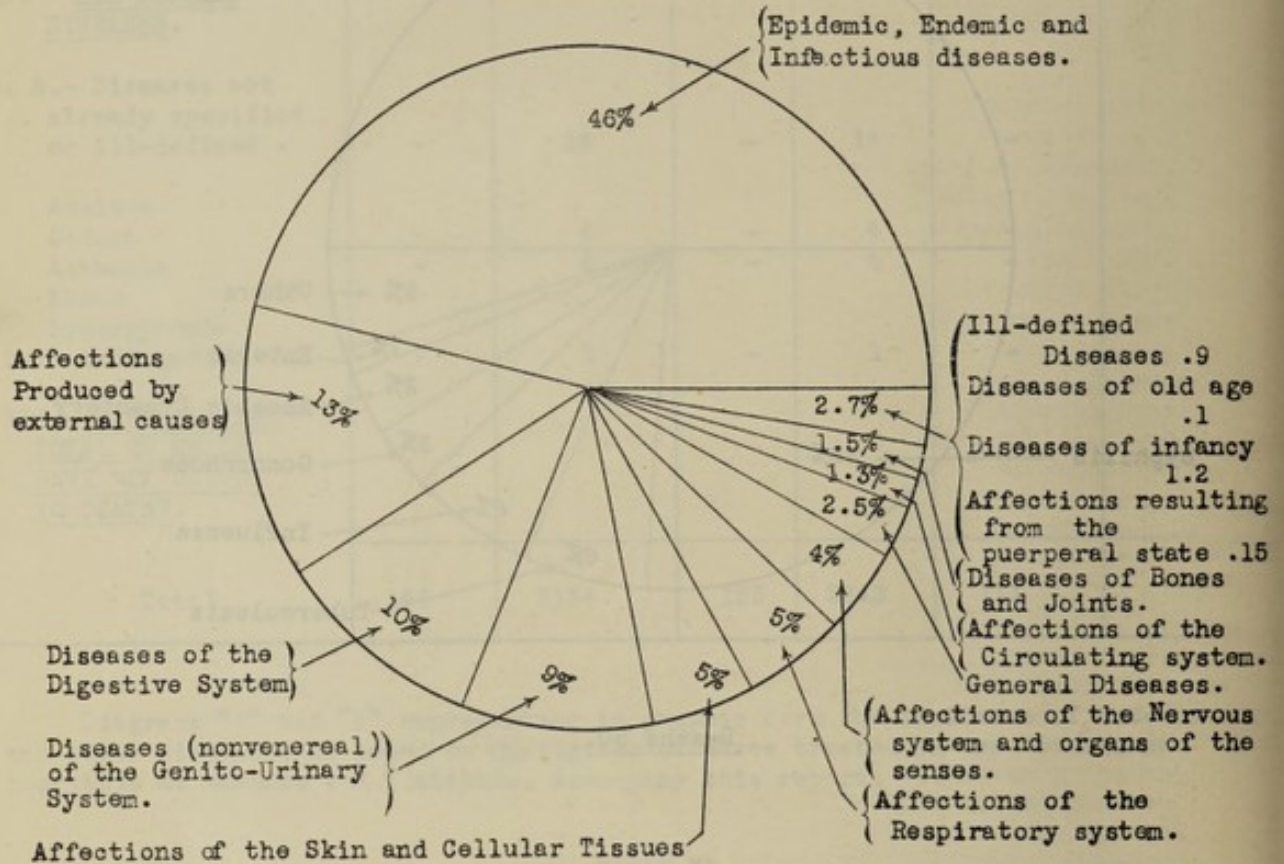


DIAGRAM "B".

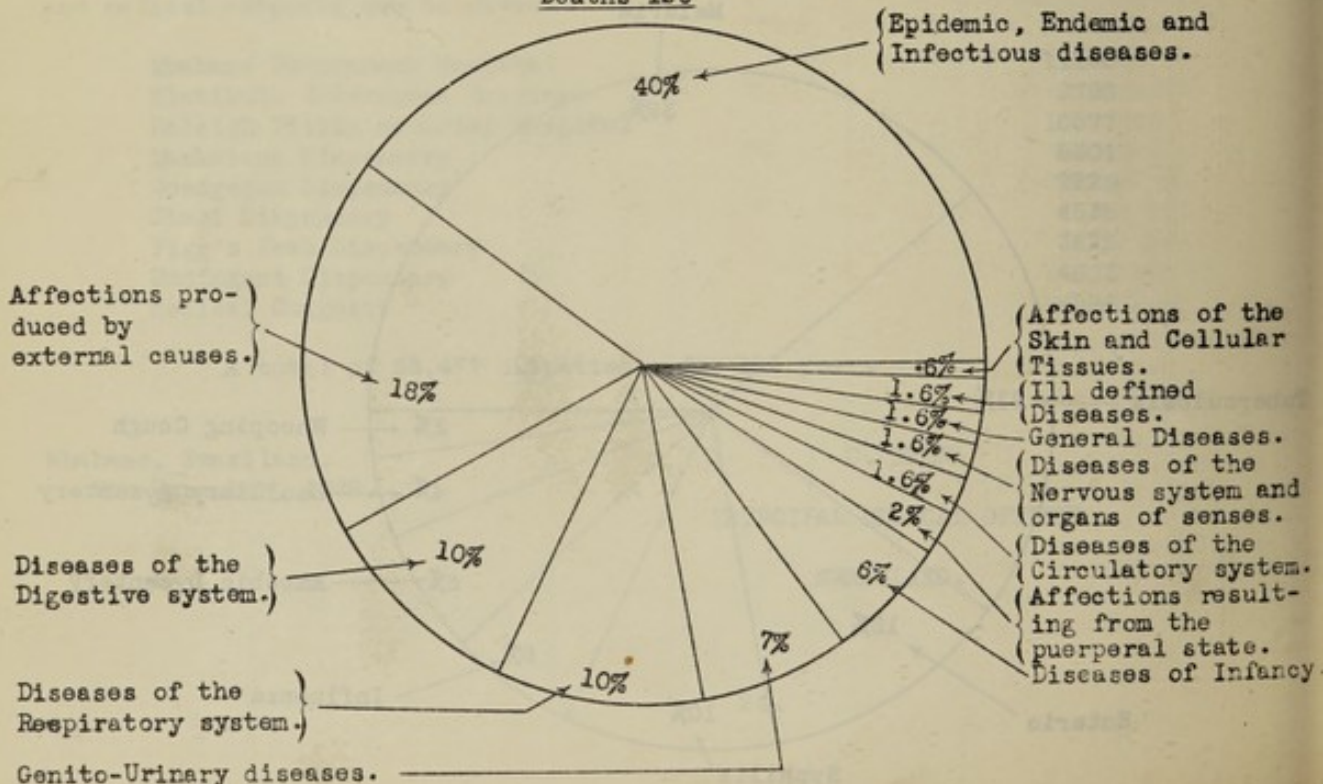
GENERAL SYSTEMIC AND PREVENTABLE DISEASES CLASSIFIED AS IN RETURNS EXCLUDING ALL PUERPERAL CONDITIONS EXCEPT PUERPERAL SEPSIS AND SEQUELAE OF LABOUR.

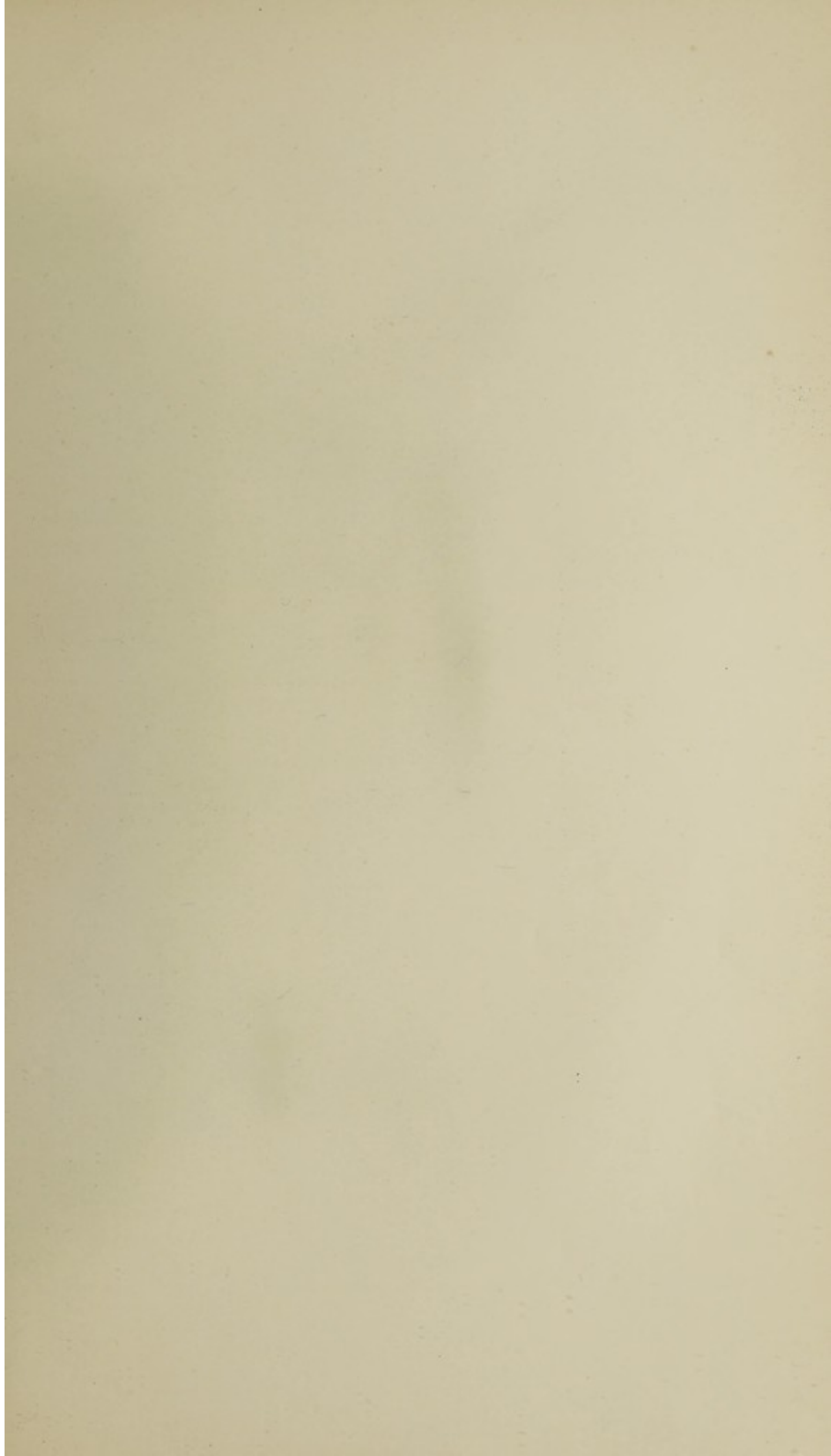
CASES TREATED IN GOVERNMENT HOSPITALS.

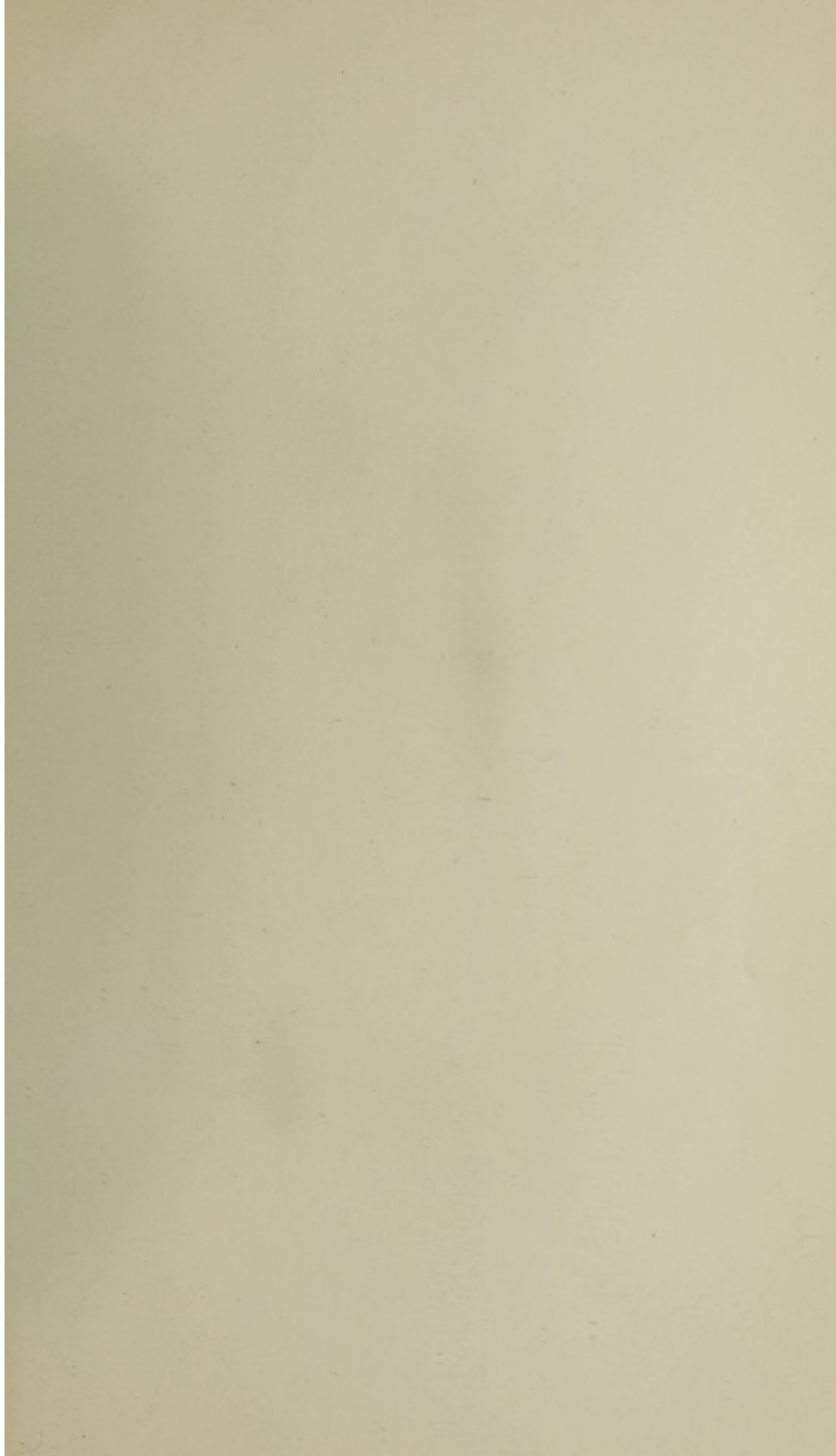
TOTAL NUMBER 3034.



Deaths 126







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