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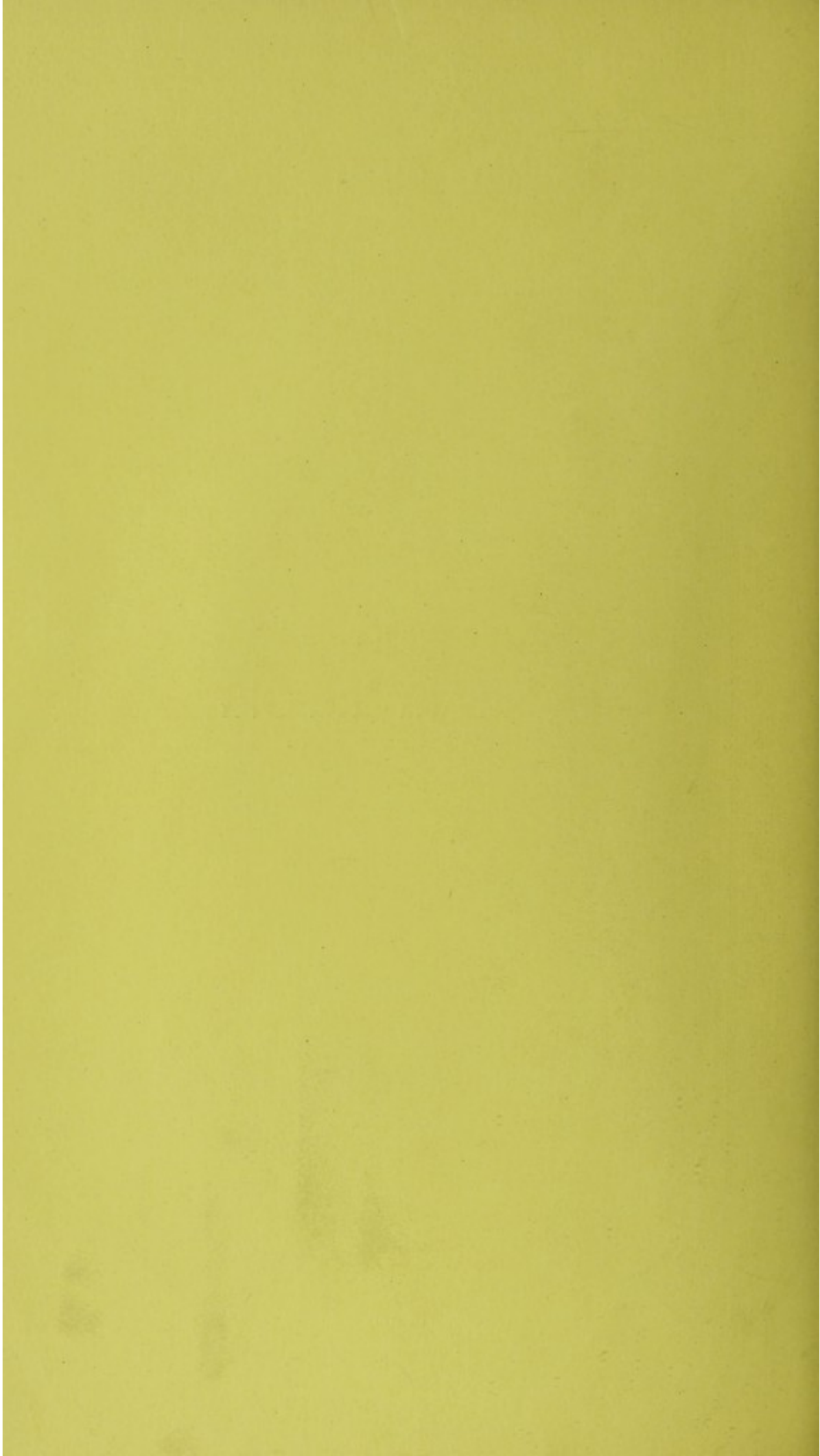
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SWAZILAND



ANNUAL MEDICAL
AND
SANITARY REPORT

FOR THE YEAR, 1966.



S W A Z I L A N D

ANNUAL MEDICAL AND SANITARY REPORT

1966

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ANNUAL REPORT AND ANNUAL MEETING

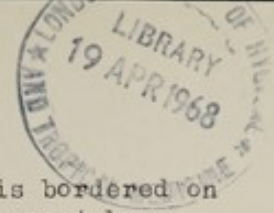
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INTRODUCTION



Swaziland has an area of 6,704 square miles and is bordered on the north, west and south by the Transvaal, and on the east by Mocambique and Zululand.

The Territory is geographically divided into four well defined regions, running from north to south, namely the mountainous highveld in the west with an altitude of 3,500 and 5,000 feet, the middleveld with an average altitude of 2,000 feet; and the lowveld or bushveld with an altitude of 1,000 to 300 feet; and the Lubombo Plateau on the east, with an altitude of 2,000 feet. Scenically the Territory is one of the more attractive parts of Africa. The highveld has a temperate climate and frosts occur during winter. The climate of the middleveld is subtropical and that of the bushveld almost tropical, although every few years a frost does occur.

Rainfall, which occurs chiefly in the summer, varies between approximately 30" a year in the lowveld. Drizzle and mists are frequent in the highveld areas. The country is well watered by numerous perennial streams and rivers, some of which are of a considerable size and now provide water for three large irrigation schemes, which have been established at Mhlume in the north-east, at Big Bend in the east (at both of which sugar is grown) and at Malkerns in the centre of Swaziland (which produces rice, sub-tropical fruit and citrus).

In addition to the irrigation schemes, other important agricultural activities are cattle ranching and seed cotton production in the bushveld and sub-tropical fruit, maize and rice production in the middleveld, in the southern portion of which a considerable amount of tobacco is also grown. In the mining field, Havelock Mine in the north-west is a most important producer of asbestos, and with the opening of the railway in November 1964, connecting Swaziland with Lourenco Marques, the mining of iron ore at Ngwenya and of coal at Mpaka got underway. A pulp mill and a sawmill are operating at two of the forestry concerns in the highveld.

A census of the total population was held in May 1966. This was the first census of all the people in Swaziland.

The figures are as follows:

African	362,367
Europeans	7,987
Other Non Africans	<u>4,217</u>
Total	<u>374,697</u>

One half of the area of the territory is in communal ownership of the Swazi Nation and the remainder owned by individual tenure farmers. The Swazi have the exclusive use of the communal tenure areas and the remainder is open to farmers of all races without discrimination. Swazi dwellings for the most part consist of wattle-and-daub structures, or bee-hive huts, and small family collections of these huts are widely dispersed. Other than in the neighbourhood of the larger towns, there are no villages. Whilst the agricultural activities of the Swazi are still, in the main, concentrated on the raising of cattle and goats and the cultivation of maize, the work of the Agricultural Department is now producing results, and both the standard and scope of Swazi farming are improving year by year.

The following hospitals exist:

...the north, east and south of the ...
...Housing and ...

The Territory is geographically divided into four well defined regions, running from north to south, namely the ...
...the middle with an average altitude of 2,000 feet ...
...and the lowlands or basins with an altitude of 1,000 to 2,000 feet ...
...and the ...
...The climate of the middle is ...
...and that of the basins is ...

...which occurs chiefly in the ...
...in the ...
...general ...
...have been established ...
...centre of ...

In addition to the ...
...production in the ...
...production in the ...
...another ...
...with the ...
...of coal ...

A census of the total population was held in May 1900. This was the first census of all the people in ...

The figures are as follows:

Albion	202,707
Edmonton	1,081
Other Non-Albion	4,211
Total	208,000

One half of the area of the Territory is in ...
...of the ...
...The ...
...and the ...
...of these ...
...of the ...
...of the ...
...of the ...

The following ...

A. Run by Government

Mbabane	170 beds
Hlatikulu	142 beds
Piggs Peak	50 beds
Mankaiana	33 beds
Mahamba (Tuberculosis)	30 beds
Goedgegun	12 beds
	<hr/>
	896 beds

B. Run by Missions

Raleigh Fitkin Memorial,	275 beds
Manzini	
Good Shepherd, Stegi	67 beds

C. Run by Industry

Havelock Mine Hospital	65 beds
------------------------	---------

D. Run Privately

St. Michael's Clinic	12 beds
	<hr/>

Total: 896 beds

Apart from these formal hospitals there are two bedded dispensaries or clinics run by industrial concerns which can accommodate up to about 20 patients each.

The rural areas are catered for by 44 clinics staffed by trained nurses, 27 of them being conducted by Missions and 17 by Government. The Southern area of Swaziland is fortunate in having had a doctor appointed by the Save the Children Fund who runs a mobile clinic and conducts regular clinics at eight different places.

There were 50 doctors, of whom 12 were licensed medical practitioners, 2 dental surgeons in the territory in 1966. 2 of the doctors were not in practice. Of the 48 practicing doctors, 17 were concerned with Government medicine, 9 with Mission work, 9 with Industrial Medicine, 12 in private practice, and 1 doctor was concerned with Save the Children Fund.

The Mbuluzi Leper Hospital, situated 10 miles from Mbabane and run by the Nazarene Mission, with the assistance of a Government grant, copes most adequately with the small number of lepers in the Territory. There is no mental hospital, and dangerous and violent lunatics are detained and treated in sections of the gaols.

The British Red Cross Society is now running Infant Welfare Clinics at Mbabane, Hlatikulu, Stegi, Piggs Peak, Manzini, Kwaluseni, Mhlambanyati and Goedgegun, at which most useful work is being done. The Save the Children Fund has started a school feeding scheme.

The Public Health Services of the territory are centred at the Health Office in Manzini for the control of Malaria and Bilharzia and at Mbabane which controls environmental health, Health Education and a Public Health Nursing Unit. There is a Pathology Laboratory at which routine serological, biochemical, bacteriological and haematological investigations are carried out.

The Medical Association of Swaziland whose members include private practitioners, medical missionaries and Government medical officers, hold quarterly meetings, which are well supported and which make up to some extent for the lack of professional contact so common in territories such as Swaziland.

The training of nurses in Swaziland is carried out at the Ainsworth Dickson Training College attached to the Raleigh Fitkin Memorial Hospital, where training for the High Commission Territories Nursing Council qualifications in General Nursing, lasting 4 years, and in Midwifery, lasting 1 year, is given. The Ainsworth Dickson Training College can at present train sufficient nurses for the needs of Swaziland. Dispensers and Laboratory Assistants are trained at Government Hospitals as required.

2. Staff

Dr. J. Alexander was appointed as Acting Medical Officer on 1st April, 1965 and Dr. A. K. Kibwe was promoted to the post of Deputy Director of Medical Services on the same date. Dr. Alexander studied in both countries. The majority of Medical Officers arrived shortly during the year and it was possible to fill the post of P.M.O. Medical Officer. At the end of the year only two Medical Officers posts remained vacant and one of these was filled by a local doctor, thus leaving a deficit of only one Medical Officer.

The gap in of Medical Officers was filled by seconding the Director and by the end of the year only one vacant Medical Officer post remained in the service.

3. Hospitals and Clinics

The new operating theatre at Mbabane Hospital was completed, a Government clinic was opened at Mbabane and a new dispensary opened at Mbabane and a new dispensary opened at the Mbabane Hospital Station. With the completion of the Mbabane Hospital Programme, particularly the new operating theatre and the new dispensary, the year to transfer all central services and staff from Mbabane Hospital to Mbabane Station to the new Hospital, and that from the beginning of a central dispensary. It is also noted that at this stage the Mbabane Hospital was a 20 bedded ward, a 20 bedded ward, a 20 bedded ward and the Mbabane Hospital was a 20 bedded ward. It also was noted that the Mbabane Hospital was a 20 bedded ward. With the completion of the Mbabane Hospital Programme in November, rather than the Mbabane Hospital, this was the result of the Executive Council for the Mbabane Hospital. It is also noted that the Mbabane Hospital was a 20 bedded ward. The Mbabane Hospital was a 20 bedded ward. The Mbabane Hospital was a 20 bedded ward. The Mbabane Hospital was a 20 bedded ward.

1. Conversion of the main block to a 20 bedded ward to meet the needs of the local population.
2. Conversion of the Mbabane Hospital into a Central Hospital, which included being the central dispensary, Mbabane as a central dispensary and for other services, including etc.
3. The conversion of the main block and Mbabane Hall into four adjacent hospital blocks to a 20 bedded ward, Mbabane, using the site for the main dispensary and Mbabane Hall.
4. Conversion of the Mbabane Hall into four adjacent hospital blocks to a 20 bedded ward.
5. Conversion of the Mbabane Hall into four adjacent hospital blocks to a 20 bedded ward.
6. Conversion of the Mbabane Hall into four adjacent hospital blocks to a 20 bedded ward.

The training of nurses in Scotland is carried out at the
Aberdeen District Training College attached to the Royal
Victoria Hospital, where training for the High Commission
District Training Council qualifications in General Nursing,
lasting 4 years, and in Midwifery, lasting 1 year, is given.
The Aberdeen District Training College can at present train
nurses for the needs of Scotland. Dispensary and
laboratory assistants are trained at Government Hospitals as
regards.

CHAPTER I

REVIEW OF THE YEARS WORK

The Hon. A. Z. Khumalo held the post of Member for Health on the Swaziland Executive Council throughout the year 1966. During this period he took a most keen and active part in the affairs of the Department, visiting every Government, Mission, industrial and Swazi National Council hospital and clinic throughout the Territory.

2. Staff

Dr. J. Alexander was promoted to Senior Medical Officer on 1st April, 1966 and Dr. J. Klopper was promoted to the post of Deputy Director of Medical Services on his return from overseas study on 26th November. The recruiting of Medical Officers improved markedly during the year and it was possible to fill the post of T.B. Medical Officer. At the end of the year only three Medical Officer posts remained vacant and one of these was filled by a Locum Tenens, thus leaving a deficit of only two Medical Officers.

The supply of trained nurses continued to exceed the demand and by the end of the year only two expatriate nursing sisters remained in the nursing service.

3. Hospitals and Clinics

The new operating suite at Hlatikulu Hospital was completed, a Government clinic was opened at Gege and a new Nazarene clinic opened at Esigcweni and a new Roman Catholic clinic completed at the Florence Mission Station. With the completion of the Prisons Building Programme, prisoners were transferred from the old Mbabane Prison to the new Prison. This made it possible towards the end of the year to transfer all mental cases which had until then been housed in district prisons to the old Mbabane Prison, and thus form the beginning of a Mental Institution. As it was evident that at some stage the United Kingdom military forces would be withdrawn from Swaziland and the Matsaha Barracks left vacant, a plan was drawn up for the utilisation of these barracks by the Medical Department. With the evacuation of the troops which occurred in November, rather sooner than expected, this plan was put forward to the Executive Council for consideration. After deliberating on the plans put forward by various departments, the Executive Council eventually allocated the barracks for the use of the Medical Department. The Plan proposed by the Medical Department included the following main usages:-

1. Conversion of the gate house to a clinic to meet the needs of the local population.
2. Conversion of the Quarter Master Store to a Central Medical Store including using the motor transport workshop as a manufacturing unit for stock mixtures, ointments etc.
3. The conversion of the main kitchen and dining Hall and four adjacent barrack blocks to a 200 bedded adult T.B. Hospital using the sick bay for cases requiring more intensive nursing.
4. Conversion of the NAAFI and four adjacent barrack blocks to a 200 bedded mental hospital.
5. Conversion of the Sergeants and NCO's mess to a 90 bedded childrens TB Hospital.
6. Conversion of the Officers Mess to female staff accommodation.

Obviously the full utilisation of the Matsapha Barracks will have to be phased as staff and funds become available.

In Government Hospitals the total admissions of full-paying patients fell slightly, but the admissions of part-paying patients increased by just over 2,000, i.e. about 20%.

The average daily number of patients in hospital rose to 719, which was a 15% increase over 1965. There was a slight fall in the number of operations performed and in the out-patients attendance. There was a very large increase in the number of patients attending maternity and childwelfare clinics and this was accompanied by a 24% rise in the number of confinements conducted in Government Hospitals.

The total expenditure by the Department rose to over R676,000, which was an increase of some 19.5% over 1965. The Department received about 11.6% of the total revenue of the territory.

4. Significant Diseases

Tuberculosis - the work of the T.B. Control Unit progressed well. Again there was a significant rise in the number of cases voluntarily seeking treatment.

Malaria - There was some small increase in the number of cases of malaria, but due to the abnormal rains following Cyclone Claud, a large increase can be expected in 1967.

Malnutrition - the number of cases of malnutrition and kwashiorkor treated in hospitals showed a marked increase.

Smallpox - There were 73 cases of Smallpox with three deaths reported during the year. A total of 51,000 vaccinations against smallpox were carried out.

Enteric Fever - The number of cases of Enteric Fever dropped from 300 in 1965 to 154 with 10 deaths.

5. Post Graduate Courses - 1966

Esther Simelane	Theatre	Israel
Abigail Mavuso	Public Health	India
Maggie Dlamini	Public Health	India
Priscilla Dlamini	Hospital	
	Administration	United Kingdom

OFFICIAL VISITORS 1966

1. Dr. H. J. L. Burgess - Inter-Country Nutrition Consultant, W.H.O.
2. Dr. W. J. M. Evans, C.B.E. - Deputy Medical Adviser, Ministry of Overseas Development.
3. Dr. Schaffer - Lecturer in Public Administration, University of Sussex.
4. C. M. Curruthers, Esq. - Field Director of OXFAM.
5. A. C. Gilpin, Esq.- U.N.Regional Representative, Lusaka.
6. F. Judd, Esq. - Secretary General, I.V.S.
7. S. Hoelgaard, Esq. and Mr. Glen-Davies - UNICEF.

For the first time in parallel, a National Tuberculosis Control Programme went to a country and working from a public health point of view, as against the purely clinical one, the new approach with recently, became operational, was marking a crucial point in the history of tuberculosis control in this country.

The programme was designed in detail during the previous year on the basis of the epidemiological knowledge and experience acquired by the WHO-UNICEF assisted Tuberculosis Control Project, and was designed to satisfy four basic requirements:

1. Epidemiological considerations which required that the programme be applied on a country-wide basis and on a permanent basis since patchy or sporadic application of anti-tuberculosis measures has no significant or permanent impact on the problem.
2. Sociological considerations which demanded that the programme be adapted to the culture and social needs of the population.
3. Administrative considerations that made it necessary to integrate the programme into the general health services.
4. Economic considerations that required the programme to be self-financing and its application on a national scale would be within the resources available.

The National Tuberculosis Control Programme when implemented was initiated in Special District, sections for the uniform application of standardized anti-tuberculosis measures and their country-wide application with the basic aim of bringing tuberculous individuals under control within the reach of the entire community.

For this purpose, specific diagnostic and treatment services started to be established within existing general health centres (i.e. dispensaries and rural health centres), which in addition, started to offer these services to the population within their

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OFFICIAL VISITORS 1955

1. Dr. H. J. de Bary - Inter-County Health Commission, N.Y.C.
2. Dr. W. J. H. Evans, C.D.S. - Deputy Medical Director, Ministry of Overseas Development
3. Dr. Schaller - Professor in Public Health, University of Geneva
4. C. E. Gurnea, Esq. - Field Director of O.I.D.
5. A. C. Gifford, Esq. - U.S. National Representative, London
6. F. J. Hall, Esq. - Secretary General, I.V.S.
7. S. Heigert, Esq. and Mr. Gieseler - UNICEF

CHAPTER II

C O M M U N I C A B L E D I S E A S E S

1. TUBERCULOSIS

GENERAL:

While the T.B. Control Project continued to develop satisfactorily during the first six months of the year, progress was drastically hampered during the second half of the year because of the inconsiderate transfer of staff painstakingly trained during the past years. Nevertheless, the period under review was marked by a far-reaching achievement as far as tuberculosis control is concerned.

For the first time in Swaziland, a National Tuberculosis Control Programme meant to approach the problem from a public health point of view, as against the purely clinical one, the usual approach until recently, became operational, thus marking a crucial point in the history of tuberculosis control in this country.

The programme was prepared in detail during the previous year on the basis of the epidemiological knowledge and experience acquired by the WHO-UNICEF assisted Tuberculosis Control Project, and was formulated to satisfy four basic requirements:

1. Epidemiological considerations which required that the programme be applied on a country-wide scale and on a permanent basis since patchy or sporadic application of anti-tuberculosis measures has no significant or progressive impact on the problem.
2. Sociological considerations which demanded that the programme be adapted to the existing and real needs of the population.
3. Administrative considerations that made it mandatory to integrate the programme into the general health services.
4. Economic considerations that required the programme to be such that its application on a national scale would be within the resources available.

The National Tuberculosis Control Programme whose implementation was initiated in Manzini district, contemplates the uniform utilization of standardized anti-tuberculosis means and their country-wide application with the basic aim of bringing essential tuberculosis services within the reach of the entire community.

For this purpose, simple but essential diagnostic and treatment services started to be established within existing general health centres (i.e. hospitals and rural and industrial clinics), which in turn, started to offer these services to the population within their

CHAPTER II

COMMUNICABLE DISEASES

TUBERCULOSIS

GENERAL

While the U.S. Control Project continued to develop satisfactorily during the first six months of the year, progress was drastically hampered during the second half of the year because of the inconsiderate transfer of staff epidemiologists to other posts during the past year. Nevertheless, the period under review was marked by a far-reaching achievement as far as tuberculous control is concerned.

For the first time in Scotland, a National Tuberculosis Control Programme meant to approach the problem from a public health point of view, as against the purely clinical one, the usual approach until recently, became operational, thus marking a crucial point in the history of tuberculous control in this country.

The programme was prepared in detail during the previous year on the basis of the epidemiological knowledge and experience acquired by the WHO-UNICEF assisted Tuberculosis Control Project, and was formulated to satisfy four basic requirements:

1. Epidemiological considerations which required that the programme be applied on a country-wide scale and on a permanent basis since pathology or sporadic application of anti-tuberculous measures has no significant or progressive impact on the problem.
2. Sociological considerations which demanded that the programme be adapted to the existing and real needs of the population.
3. Administrative considerations that made it necessary to integrate the programme into the general health services.
4. Economic considerations that required the programme to be such that its application on a national scale would be within the resources available.

The National Tuberculosis Control Programme whose implementation was initiated in March 1952, envisaged for the entire population of unindustrialized anti-tuberculous control and their country-wide application with the basic aim of bringing essential tuberculous services within the reach of the entire community.

For this purpose, simple but essential diagnostic and treatment services needed to be established within existing general health centres (i.e. hospitals and rural and industrial clinics), while an effort was made to offer these services to the population within their

reach as an integral part of their routine activities.

Diagnostic activities of these general health centres were concentrated on those patients who consulted because of respiratory symptoms, and mostly consisted of forwarding for investigation to the TB Centre's laboratory specimens of sputa collected from such symptomatic patients. Whenever possible, patients with respiratory symptoms were also referred to the TB Centre for a free chest X-Ray.

Patients thus detected and in need of chemotherapy, were offered free treatment at the health centre they originally consulted, or at any other health centre of their choice co-operating in the fight against tuberculosis. Treatment was carried out on an ambulatory basis and consisted of one daily self-administration by the patients of the prescribed daily dosage of anti-tuberculosis tablets which were issued to the patients at monthly intervals. Supervision of treatment and investigation of treatment default was conducted by the staff in charge of the health centres administering treatment, assisted whenever necessary by a special team of "Home Visitors" from the T.B. Centre.

Throughout the year, the TB Centre provided these general health centres with its specialised services and technical advice, supervised their newly-integrated anti-tuberculosis activities and took care of all the functions that lay beyond their own capacities and equipment. Thus, besides performing bacteriological and radiological examination for the whole country and conducting treatment supervision on a national scale, the TB Centre trained the staff of twenty such health centres in basic tuberculosis control measures including recording and reporting procedures.

It also maintained contact between all health centres carrying out anti-tuberculosis work, co-ordinated their specialised activities set standards, and by keeping the National TB Register in order, was able to guide and help the health centres involved in their efforts of supervising the patients under their care and prevent and "cure" treatment default. In this connection, however, it must be pointed out, that in spite of re-iterated efforts to this effect, the staff of these general health facilities still did not, by the end of the year fully appreciate the basic necessity and importance of the new-introduced, standardized recording and reporting procedures, a sine qua non of any comprehensive, nation-wide anti-tuberculosis programme.

In addition to the country-wide establishment of diagnostic and curative tuberculosis services, the National Tuberculosis Control Programme also contemplates the creation of a preventive service based upon BCG vaccination, combined with inoculation against Smallpox.

Diagnostic activities of these general health centers were concentrated on those patients who presented because of respiratory symptoms, and usually consisted of forwarding for investigation to the laboratory specimens of sputa collected from such symptomatic patients. Whenever possible, patients with respiratory symptoms were also referred to the TB Center for a free chest X-ray.

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It also maintained contact between all health centers carrying out anti-tubercular work, co-ordinated their specialized activities and standards, and by means of the National TB Register in order, was able to guide and help the health centers involved in their efforts of supervising the patients under their care and prevent and reduce treatment default. In this connection, however, it must be pointed out, that in spite of co-ordinated efforts to this effect, the staff of these general health facilities will still, by the end of the year fully appreciate the basic necessity and importance of the maintenance of standardized recording and reporting procedures, and the need of any comprehensive, nation-wide anti-tubercular program.

In addition to the country-wide establishment of diagnostic and therapeutic tuberculosis services, the National Tuberculosis Control Program also contemplates the creation of a preventive service based upon BCG vaccination, combined with intensive activities against

Owing to the epidemiological situation, it was decided to focus the vaccination service on the age group nil to 14 years of age. Field trials having proved that a very high percentage of this age group could be contacted through the numerous schools covering the country, it was also decided to utilize these schools as vaccination centres, not only for school children, but also for pre-school children and non school attenders eligible for vaccination. Preparation of a plan of operations based on these lines was initiated late in the year.

Besides offering its specialised services to the whole country, the Tuberculosis Control Centre's laboratory started to conduct on a probatory basis general laboratory investigations in view of its eventual transformation into the country's central public health laboratory.

A Government Medical Officer was appointed as counterpart to the WHO Senior Medical Officer thus opening the way to the eventual and complete assumption of the Tuberculosis Control Project's responsibilities by the Government Medical Authorities. Furthermore, as the first step towards the phasing out of the project's international staff, the WHO Statistician and the WHO X-Ray Technician left the country in July and December 1966 respectively.

OPERATIONAL ACCOMPLISHMENTS:

Origin of Patients:	Type of Examination to which subjected:	PERIOD:					
		1965:			1966:		
		No. exam:	No. +	% +	No. exam:	No. +	% +
Patients who attended TB Centre of their own accord.	Bact. exam:	2145	181	8.4	2617	213	8.1
	X-Ray exam:	2079	417	20.	2594	265	10.2
Patients who were referred to the TB Centre	Bact. exam:	847	61	7.2	757	66	8.7
	X-Ray exam:	821	128	15.6	869	164	18.8
Patients who attended other Health Centres.	Bact. exam:	2128	476	22.3	3590	468	13
	X-Ray exam ⁺	12749	633	5.7	7645	239	3.1
TOTAL:	Bact. exams:	5120	718	14	6964	747	10.7
	X-Ray exams:	15649	1042	6.6	11108	668	6

⁺ Note: includes X-Rays taken by Mobile X-Ray unit at industrial centres.

In addition to the above figures, (which refer to case-finding only), the project also performed during the year under review a total of 5083 bact. examinations of which 1724 were repeat, and 3359 were follow-up examinations. In addition to the diagnostic X-Ray examinations above

During the epidemic period, it was decided to focus the vaccination service on the age group 15 to 19 years of age. Field trials having proved that a very high percentage of this age group could be contacted through the numerous schools covering the country, it was also decided to utilize these schools as vaccination centres, not only for school children, but also for pre-school children and non-school attendees eligible for vaccination. Preparation of a plan of operations based on these lines was initiated late in the year.

Besides offering the specialized services to the whole country, the Tuberculosis Control Centre's laboratory started to conduct on a regular basis general laboratory investigations in view of the eventual transition into the country's central public health laboratory.

A Government Medical Officer was appointed as consultant to the WHO Sector Medical Officer thus opening the way to the eventual and complete assumption of the Tuberculosis Control Project's responsibilities by the Government Medical Authorities. Furthermore, as the first step towards the phasing out of the project's international staff, the WHO Statistician and the WHO X-Ray Technicians left the country in July and December 1965 respectively.

OPERATIONAL ACCOMPLISHMENTS

Origin of Patient	Type of Examination to which subjected	PERIOD					
		1965	1964	1963	1962		
Patients who attend at TB Centre of their own accord.	Post. exam.	2145	181	8.4	2017	211	8.1
	X-Ray exam.	2019	417	20.7	2294	288	12.5
Patients who were referred to the TB Centre	Post. exam.	847	6	0.7	757	86	11.3
	X-Ray exam.	821	128	15.6	869	124	13.9
Patients who attended other health centres.	Post. exam.	2128	478	22.5	2290	488	21.3
	X-Ray exam.	12759	1117	8.7	7647	239	3.1
TOTAL	Post. exam.	2120	718	33.9	6063	747	12.3
	X-Ray exam.	12847	1642	12.8	11108	148	1.3

* Notes: Includes X-rays taken by WHO's X-Ray unit at industrial centres. In addition to the above figures, (which refer to case-finding only), the project also performed during the year under review a total of 2063 post. examinations of which 1724 were repeat, and 259 were follow-up examinations. In addition to the diagnostic X-Ray examinations above

quoted, the project also performed a total of 2158 follow-up X-Rays.

According to the figures entered in the National TB Register and provided by the general health centres, 574 patients in need of chemotherapy initiated treatment in 1966 all over the country.

At the end of the year the National TB Register contained information on 2226 patients, made up as follows:

Cases (patients excreting tubercle bacilli, when detected)	891
Suspects (patients with X-Ray pulmonary lesions, suspicious of TB, but not excreting tubercle bacilli when detected)	1098
Contacts	237
	<hr/>
	2226

The number of TB deaths, according to the TB register for 1966 was 122.

Indigenous	104	86	190
Immigrants	18	36	54
Total	122	122	246

The immigrants originated from the following countries:

Country	1964/65	1965/66	1966/67	1967/68	1968/69	1969/70
Switzerland	201	204	3	3	232	131
Belgium	20	10	4	2	23	107
France	120	10	2	1	127	120
Other	20	10	3	3	20	10

Partly one per cent of the TB immigrants came from other countries. These cases were present in all age groups.

quoted, the project also performed a total of 2158 follow-up X-rays.

According to the figures entered in the National TB Register and provided by the General Health Director, 215 patients in need of chemotherapy initiated treatment in 1966 all over the country.

At the end of the year the National TB Register contained information on 2226 patients, made up as follows:

631	Cases (patients awaiting tubercle bacilli, when detected)
1096	Suspects (patients with X-ray pulmonary lesions, suspicion of TB, but not awaiting tubercle bacilli when detected)
537	Contacts
<u>2226</u>	

The number of TB cases, according to the TB Register for

1966 was 122.

2. MALARIA: The Report covers the transmission period 1st July, 1965 to 30th June, 1966.

SUMMARY: Plasmodium falciparum is still the most common parasite encountered. Of the 27 positive blood smears P. falciparum was present in 199 cases as a single infection. It was also found in 11 cases with P. malaria and one case with P. vivax.

As in previous years cases are still being imported into the territory especially from Mocambique. The annual parasite incidence (A.P.I.) was 1.11 per thousand and the annual blood examination Rate (A.B.E.R.) was 13.74 of the population at risk. In 1964/65 this population was estimated at 107000 but the territorial census in early 1966 showed this figure to be grossly underestimated. The figure now used is 193,000, which includes 51,000 in the maintenance phase and 144,000 in the consolidation phase. 26,860 blood smears were examined by the three microscopists.

ANALYSIS OF BLOOD FILMS EXAMINED

<u>Source</u>	<u>Negative</u>		<u>Positive</u>		<u>Total</u>	
	1964/65	1965/66	1964/65	1965/66	1964/65	1965/66
Indigenous	23630	22217	76	102	23706	22319
Immigrants and cryptic	4097	4434	108	115	4205	4541
	27721	26651	184	217	27911	26860

The immigrants originated from the following sources:

<u>Source</u>	<u>Negative Blood Smears</u>		<u>Positive Blood Smears</u>		<u>Total</u>		<u>% Positive</u>	
	1964/65	1965/66	1964/65	1965/66	1964/65	1965/66	1964/65	1965/66
Mocambique	2057	1814	93	83	2150	1897	4.3	4.4
Zululand	661	1071	4	6	665	1077	0.6	0.6
Transvaal	1291	1490	6	11	1297	1501	0.46	0.7
Other	88	59	5	15	93	66	5.37	22.7

Forty one per cent of the P. falciparum cases showed gametocytis. These case were present in all age groups.

2. NAIARIA: The report covers the transmission period for July, 1955 to 30th June, 1956.

SUMMARY: Plasmodium falciparum is still the most common parasite encountered. Of the 27 positive blood smears P. falciparum was present in 199 cases as a single infection. It was also found in 11 cases with P. malariae and one case with P. vivax.

As in previous years cases are still being reported late in the year especially from Mombasa. The annual parasite incidence (A.P.I.) was 1.1 per thousand and the annual blood examination rate (A.B.E.R.) was 12.4 of the population at risk. In 1954/55 this population was estimated at 107000 but the territorial census in early 1956 showed this figure to be grossly underestimated. The figure now used is 123,000, which increases 51,000 in the subsequent phase and 144,000 in the consolidation phase. 25,860 blood smears were examined by the three microscopists.

ANALYSIS OF BLOOD FILM EXAMINATIONS

Source	Negative	Positive	Total
Indigenous	1,130	22,217	23,347
Immigrants and expats	1,171	4,234	5,405
	2,301	26,451	28,752

The immigrants originated from the following sources:

Source	Negative Blood Smears	Positive Blood Smears	Total
Mombasa	1,814	97	1,911
Zanzibar	1,071	4	1,075
Transvaal	1,490	11	1,501
Other	85	13	98

Forty one per cent of the P. falciparum cases showed gametocytes. These cases were present in all the groups.

METEOROLOGICAL

1. CLIMATIC CONDITIONS.

Unusually heavy rains occurred in the bushveld areas during January and February. A gambiae breeding was, as a result, fairly widespread during January to May, the majority of malaria cases occurring during April and May.

The meteorological records from various bushveld stations are reflected in the following table:

METEOROLOGICAL

1. CLIMATIC CONDITIONS.

Unusually heavy rain occurred at the barometer station during January and February. A positive reading was, as a result, fairly widespread during January to May, the majority of annual cases occurring during April and May.

The meteorological records from various barometer stations are reflected in the following tables:

METEOROLOGICAL REPORT

Month	MANZINI Altitude 2,000 ft Temp. °F		STEGI Altitude 2,200 ft. Temp. °F		BIG BEND Altitude 500 ft. Temp. °F		NEHJUME Altitude 950 ft. Temp. °F		GOLJEBL Altitude 600 ft. Temp. °F	
	Rainfall in ins.	Max. Min.	Rainfall in ins.	Max. Min.	Rainfall in ins.	Max. Min.	Rainfall in ins.	Max. Min.	Rainfall in ins.	Max. Min.
July 1965	0	74.3 49.0	0	71.7 49.5	0.04	78.8 44.6	0	- -	0.04	77.4 52.7
August "	2.17	77.3 53.1	2.92	75.6 53.2	3.18	84.2 50.0	0.80	85.0 53.0	2.26	80.6 50.0
Sept. "	2.52	78.7 54.9	1.34	75.9 56.4	0.95	82.4 56.3	0.95	85.0 56.0	0.51	81.5 57.2
Oct. "	3.54	78.3 54.6	1.75	71.1 53.8	2.26	82.4 55.4	1.81	86.0 56.4	1.71	83.3 59.5
Nov. "	5.61	73.4 49.9	3.45	77.9 58.9	1.66	- -	3.43	86.0 63.0	1.34	86.9 63.3
Dec. "	3.00	84.5 63.3	2.95	85.1 61.6	1.97	90.5 68.9	3.58	91.7 66.0	1.43	92.3 66.1
Jan. 1966	10.63	88.16 69.36	22.64	83.12 67.46	9.82	82.94 66.74	13.97	90.2 70.2	11.22	- -
Feb. "	8.31	76.08 66.2	5.0	81.68 61.16	3.72	83.48 72.32	6.59	86.9 66.8	4.83	- -
March "	2.09	84.74 63.14	0	84.74 63.5	0.22	77.9 63.5	0.50	86.9 62.4	3.37	- -
April "	1.56	77.18 55.94	0.61	76.46 58.06	0.94	84.2 55.4	0.64	86.2 56.5	0.65	- -
May "	0.35	79.58 51.96	0.35	66.2 54.68	2.04	75.22 62.96	0.55	78.7 51.0	1.08	- -
June "	0.47	74.71 50.93	2.76	84.38 54.5	0.24	77.95 47.21	0.86	78.6 48.1	0.31	- -

2. ANNUAL STAFF MEETING:

At the annual staff meeting held at Manzini during the first week of August, individual problems were discussed and the staff were informed of their duties for the new malaria season.

3. POPULATION AND HUT COUNT.

This was not done by the malaria staff but figures available from the Territorial census carried out during May 1966 are as follows:

Maintenance phase	:	51,000
Consolidation phase	:	<u>144,000</u>
Total	:	<u>195,000</u>

4. MALARIOUS AREAS:

The boundaries of certain areas were re-defined and in some cases areas were reduced. This has enabled field assistants to cover their areas in less time and also saved time in not working unnecessary sections where no trouble was anticipated.

5. MEETINGS:

In view of the considerable misunderstanding about the objects of our work, meetings were held with chiefs, indunas and others at the following places in order to explain our aims and objects:

Mpaka
Nyetane
Lukula
Ngomane
Nkamanzi
Border Gate
Magomba
Nomahasha
Mrjembeni
Mpolonjeni

6. MALARIA CONTROL MEASURES:

(a) Residual Spraying. with Benzine Hexachloride 12% Gamma Isomer wettable powder, was carried out at Border Gate, Sivunga and Big Bend. Technical D.D.T. was also used at Big Bend. Particulars are as follows:

ANNUAL STATE MEETING:

At the annual staff meeting held at Harlow during the first week of August, individual problems were discussed and the staff were informed of their duties for the new calendar year.

1. EMPLOYMENT AND PAY RATES:

This was not done by the administrative staff but figures available from the territorial census carried out during May 1966 are as follows:

Administrative staff	21,000
Conservation staff	144,000
Total	165,000

2. BOUNDARIES:

The boundaries of certain areas were re-defined and in some cases areas were reduced. This has enabled field workers to cover their areas in less time and also avoid time in not working unnecessary sections where no trouble was anticipated.

3. MEETINGS:

In view of the considerable mis-understanding about the objects of our work, meetings were held with chiefs, headmen and others at the following places in order to explain our aims and objects:

- Mpala
- Ngoma
- Lobisa
- Ngoma
- Mkwinda
- Ngoma
- Ngoma
- Ngoma
- Ngoma
- Ngoma
- Ngoma
- Ngoma

4. BOUNDARY CONTROL MEASURES:

(a) Boundary Control. With the help of the District Commissioner, a boundary control party was formed at Harlow, Ngoma and Ngoma. Technical D.D.T. was also used at the District Commissioner's office as follows:

Date	Place	No. of Huts Sprayed	A.A.D. for A. Gambiae before Spraying	A.A.D. for A. Funestus gr. before Spraying	A.A.D. for A. Gambiae shortly after spraying	A.A.D. for A. Funestus Gr. shortly after spraying
December	Sivunga	248	1.2	1.9	0	0.19
December	Border Gate	221	1.5	0.1	0	0
March	Picardi's Estates Big Bend	68	8.0	-	0	-
March	Mfula Planters Big Bend	75	2.0	-	0	-
March	Harmonie Big Bend	62	6.0	-	0	-
5-7	Total No. of Huts	716				
	B.H.C. used	180 lbs				
	D.D.T. used	3 lbs				
	No. of Huts per lb. of B.H.C.	3.9				

A.D.D. Average Anopheline .../

These mountains were only really accessible at Hilda's birth and Elizabeth's childhood in Japan and Korea. The breeding was

- Thomas Crawford, Japan
- Hilda's father, Japan
- Elizabeth's father, Japan
- Elizabeth's mother, Japan
- Hilda's mother, Japan
- Hilda's father, Japan
- Hilda's mother, Japan

() Investigation with "analysis" was carried out in the following places:

At Hilda's house, after 1 week the A.A.D. for A. Japan was 2 and after 2 weeks it was 0.5. Thereafter due to the onset of the cold weather probably it was 0 up to the end of June.

The end of the analysis year in June failed to produce vectors.

4. THE DATA

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

5. ANALYSIS

1. In the first part of the analysis, there was no indication of any vectors at all.

A.A.D. = average of analysis results for the

(c) Drug Prophylaxis: All employers of labour in the malarious area were requested to issue Darachlor to employees visiting Mocambique in an attempt to further reduce the incidence of parasite carriers. In the case of Thambankulu Estates it was found to be more practical to dose all foreign labour weekly with Darachlor instead of trying to keep track of and dosing those visiting malarious areas and other countries, where malaria is indigenous.

Drug prophylaxis was instituted at the following places:

| | |
|-----------------------|-------------|
| Volinde | (Darachlor) |
| Mpofu | " |
| Nkamanzi | " |
| Ngomane | " |
| Bar J. Ranch Big Bend | " |
| Mkhayabovu Big Bend | " |
| Langa | (Daraprim) |

(d) Surveillance Operations were continued by the field staff who were concerned mainly with routine blood taking, hut space spraying and larval collecting.

7. PARASITOLOGY:

Blood slides taken during the year were examined at the Health Office Manzini by four Microscopists and the following results were recorded:

| <u>SOURCE</u> | <u>NEGATIVE</u> | <u>POSITIVE</u> | <u>TOTAL</u> | <u>SPECIES</u> |
|-------------------------------|-----------------|-----------------|--------------|---------------------------|
| Indigenous | 22217 | 102 | 22319 | |
| Immigrants | 4434 | 107 | 4541 | |
| Cryptic | - | 8 | - | |
| Combined | 26651 | 217 | 26860 | Plasmodium falciparum 199 |
| | | | | " Malariae 6 |
| | | | | " Falcip/Malar 11 |
| | | | | " Falcip/Vivax 1 |
| Annual Parasite Incidence | | | 1.11 | |
| Annual Blood Examination Rate | | | 13.74 | |

Immigrants originated from the following sources:

| <u>SOURCE</u> | <u>NEGATIVE</u> | <u>POSITIVE</u> | <u>TOTAL</u> | <u>% POSITIVE</u> |
|---------------|-----------------|-----------------|--------------|-------------------|
| Mocambique | 1814 | 83 | 1897 | 4.4 |
| Zululand | 1071 | 6 | 1077 | 0.6 |
| Transvaal | 1490 | 11 | 1501 | 0.7 |
| Other | 59 | 7 | 66 | 10.6 |
| | 4434 | 107 | 4541 | 2.1 |

8. ENTOMOLOGY .../

(c) Drug Prophylaxis: All employees of labor in the colonies were requested to have Dr. Garschler examine the individual visiting mosquitoes in an effort to prevent further spread of the disease of paratuberculosis. In the case of paratuberculosis it was found to be more practical to have all employees examine weekly with Garschler instead of trying to keep track of and destroy the visiting mosquito areas and other contacts, where malaria is indigenous.

Drug prophylaxis was instituted at the following places:

| | |
|--------------------|--------------|
| Wollide | (Dorchester) |
| Wolfe | " |
| Womans | " |
| Wosans | " |
| Mr. J. R. R. R. R. | " |
| Mr. J. R. R. R. | " |
| Mr. J. R. R. R. | (Dorchester) |

(d) Surveillance Operations were continued by the field staff who were contacted mainly with view to blood taking, but also spraying and larval collecting.

7. PARASITOLOGY:

Blood slides taken during the year were examined at the Health Office Hospital by four Microscopists and the following results were recorded:

| SOURCE | NEGATIVE | POSITIVE | TOTAL | PERCENT |
|-------------------------------|----------|----------|-------|---------|
| Indigenous | 22317 | 102 | 22419 | 0.45 |
| Immigrants | 4434 | 107 | 4541 | 2.35 |
| Cypriot | - | 8 | 8 | 100 |
| Colonial | 28821 | 217 | 29038 | 0.74 |
| Annual Parasite Incidence | | 1.11 | | |
| Annual Blood Examination Rate | | 11.74 | | |

Parasites originated from the following sources:

| SOURCE | NEGATIVE | POSITIVE | TOTAL | PERCENT |
|---------|----------|----------|-------|---------|
| Womans | 1814 | 83 | 1897 | 4.38 |
| Wollide | 1671 | 6 | 1677 | 0.36 |
| Womans | 1490 | 11 | 1501 | 0.73 |
| Other | 29 | 7 | 36 | 19.44 |
| | 4404 | 107 | 4511 | 2.37 |

B. ENTOMOLOGY ...

8. ENTOMOLOGY.

(a) Hut Space Spraying. The results of this work carried out by the field staff were as follows:

| | | | |
|--------------------------------|---|--------|----------------------|
| No. of Huts tested | : | 13,904 | (Excludes space |
| No. of A. Gambiae found | : | 859 | spraying mentioned i |
| No. of A. Funestus group found | : | 334 | 8(c) as follows: |
| No. of other Anophelines found | : | 469 | |

135 A Pretoriensis
84 A. Listeri
61 A. Coustani
58 A. Marshalli
49 A. Rufipes
23 A. Squamosus
14 A. Cinereus
7 A. Demeilloni
2 A. Maculipalpis
2 A. nili
34 Unidentifiable Anophelines

(b) Larval Searching. The field assistants on the irrigation schemes and the mobile teams carried out larval searching during part of September. Larval searching was also carried out at other times as and when necessary, results of identifications being as follows:

A. Gambiae from Dokolwako, Tshaneni, Mpaka, Nsoko, Ngomane, Nkambeni, Sivunga, Mpofu, Big Bend, Nyakatho, Nkalashane, Qandatshe.

29 A. Funestus type from Sivunga and Nyakatho.

Other Anopheles larvae identified were:

A. Maculipalpis
A. Pretoriensis
A. de Meilloni
A. Rufipes
A. Rivolorum
A. Leelsoni
A. Marshalli
A. Coustani

(c) Assessment of Behaviouristic Changes. Entomological surveys were conducted in certain areas where indigenous malaria cases occurred in order to assess possible behaviouristic changes. The following table reflects these special investigations:

| DATE | PLACE | MAN-BAITED
NET OUTSIDE | MAN-BAITED
NET IN A HUT | MOSQUITOES
BITTING MAN
OUTSIDE |
|-------------------------|------------------------|---|---|--|
| 9 - 11th November, 1965 | M. Johnson
Vollinde | 159 A. Marshalli
15 A. Coustani
1 P. Pretoriensis | 38 A. Marshalli
3 A. Coustani
1 A. Maculipalpis | 81 A. Marshalli
2 A. Coustani |
| 12th-13th January, 1966 | Mpofu | 3 A. Pretoriensis | | 1 A. Pretoriensis |
| 27th-28th January, 1966 | Map. Ref. 1/8 | 3 A. Coustani
11 A. Squamosus | | 4 A. Coustani
13 A. Squamosus
1 A. Rufipes |
| 25th-27th January, 1966 | Mpofu
Map. Ref. H/8 | 14 A. Coustani
5 A. Squamosus | | 6 A. Coustani
4 A. Squamosus |
| 10th-12th May, 1966 | | 18 A. Marshalli
1 A. Squamosus | | |
| 16-17 | Langa
Map Ref. S/28 | 1 A. Demelloni
1 A. Coustani | | 0 |
| 17th-18th May, 1966 | Tulwane | 1 A. Listeri | | 0 |
| 22nd June, 1966 | Map Ref. J/28 | | | 0 |
| 1st-3rd June, 1966 | Nyakato | | | |
| 9th-10th June, 1966 | Map Ref. 1/10 | 0 | 0 | 0 |

| DATE | TIME | LOCATION | WIND DIRECTION | WIND VELOCITY | WAVE DIRECTION | WAVE VELOCITY | SEA STATE |
|----------------------|------|---------------|----------------|---------------|----------------|---------------|-----------|
| 21st-20th June, 1966 | | Hub No. 1/10 | 0 | 0 | 0 | 0 | 0 |
| 20th-19th June, 1966 | | Myrtle | | | | | |
| 19th-18th June, 1966 | | Hub No. 2/10 | | | | | |
| 18th-17th June, 1966 | | Myrtle | | | | | |
| 17th-16th June, 1966 | | Hub No. 3/10 | | | | | |
| 16th-15th June, 1966 | | Myrtle | | | | | |
| 15th-14th June, 1966 | | Hub No. 4/10 | | | | | |
| 14th-13th June, 1966 | | Myrtle | | | | | |
| 13th-12th June, 1966 | | Hub No. 5/10 | | | | | |
| 12th-11th June, 1966 | | Myrtle | | | | | |
| 11th-10th June, 1966 | | Hub No. 6/10 | | | | | |
| 10th-9th June, 1966 | | Myrtle | | | | | |
| 9th-8th June, 1966 | | Hub No. 7/10 | | | | | |
| 8th-7th June, 1966 | | Myrtle | | | | | |
| 7th-6th June, 1966 | | Hub No. 8/10 | | | | | |
| 6th-5th June, 1966 | | Myrtle | | | | | |
| 5th-4th June, 1966 | | Hub No. 9/10 | | | | | |
| 4th-3rd June, 1966 | | Myrtle | | | | | |
| 3rd-2nd June, 1966 | | Hub No. 10/10 | | | | | |
| 2nd-1st June, 1966 | | Myrtle | | | | | |

| CALF-BATTED NET | WINDOW CASE TRAPS | SPACE SPRAYING | LARVAL COLLECTIONS | REMARKS |
|--------------------------|-------------------|-----------------------------------|-----------------------------------|---|
| 5 <i>A. constanti</i> | 4 Traps- | 12 Huts | No <i>A. Gambiae</i> or | 5 Indigenous Malaria Cases |
| 45 <i>A. squamosis</i> | 0 Anophelines | 0 Anophelines | <i>A. Funestus</i> Type Larvae | |
| 1 <i>A. maculipalpis</i> | | | | |
| 1 <i>A. pretoriensis</i> | | | | |
| 2 <i>A. Gambiae</i> | | | | |
| <hr/> | | | | |
| | 3 Traps- | 2 Huts | No <i>A. Gambiae</i> | 1 Indigenous Malaria case |
| | 0 Anophelines | 0 Anophelines | or <i>A. Funestus</i> type larva. | |
| | | | | |
| | | 4 Huts | No <i>A. Gambiae</i> | 5 Indigenous Malaria cases |
| | | 0 Anophelines | or <i>A. Funestus</i> type larvae | |
| | | | | |
| | | 3 Huts | No <i>A. Gambiae</i> | 4 Indigenous Malaria cases |
| | | 3 <i>A. listeri</i> | or <i>A. Funestus</i> type larvae | |
| | | | | |
| | | 43 Huts- | 2 <i>A. Funestus</i> type | 2 Indigenous Malaria cases. |
| | | 51 <i>A. Funestus</i> GR. | 24 <i>A. Gambiae</i> | See Sect. (d) for results of
Precipitin tests. |
| | | (49 ⁺ 2 ^o) | | |

1-21

Bit shelters were dug and inspected periodically in areas where exophily was suspected. Results were as follows:

| Date | Area | Result |
|---------|---------------|---|
| 31.3.66 | Mpofu H/8 | 0 |
| 7.4.66 | " " | 1 A.gambiae and 1 A.marshalli |
| 15.3.66 | " " | 1 A.rufipes |
| 31.4.66 | " 1/8 | 1 A.gambiae |
| 7.4.66 | " " | 2 A.gambiae and 1 A.funestus gr.
1 A.pretoriensis 1 A.rufipes 1 A. |
| 15.4.66 | " " | 2 A. funestus gr. a A. rufipes |
| 19.4.66 | " " | 1 A.gambiae 1 A.funestus gr.
1 A. maculipalpis |
| 20.5.66 | Tulwane J/28 | 1 A.funestus gr. a A.cinereus |
| 22.6.66 | " " | 8 A. " " (8 1) 2 A.cinereus |
| 24.6.66 | " " | 0 A. " " 1 A.demeilloni |
| 10.6.66 | " " | 3 A. " " A.listeri |
| 11.5.66 | Langa S/28 | 3 A. marshalli 4 A.rufipes |
| 17.5.66 | " " | 0 |
| 18.5.66 | Gundwini E/32 | 10 A.listeri 1 A.pretoriensis
1 A. marshalli |
| 10.6.66 | " " | 1 A.funestus gr 1 A.pretoriensis |
| 20.6.66 | " " | 4 A. cinereus 1 A.pretoriensis
1 A.marshalli |
| 24.6.66 | " " | 4 A. cinereus 1 A.pretoriensis
1 A.marshalli |
| 9.6.66 | Nyakatho 1/10 | 7 A. funestus gr (6 1) |
| 10.6.66 | " " | 16 A. funestus gr |
| 14.6.66 | " " | 10 A. funestus gr. |
| 15.6.66 | " " | 12 A. funestus gr. (11 1) |

Conclusions.

At Mpofu no A. gambiae were found indoors. Outside biting and resting may therefore have been taking place (6 indigenous cases).

At Tulwane no A. gambiae or A. funestus were found indoors. It was not possible to establish whether the outside resting A. funestus gr. were A. funestus type (4 Indigenous cases)

A.langa, no vectors were ever found. (5 Indigenous cases)

At Gundwini, 1 A. gambiae was found indoors (3 Indigenous cases)

At Nyakatho, A. funestus gr. was no found to be biting man (see results of Precipitin Tests: Section 8 (d). 1 A.gambiae was found in a hut in March 1966 and A.gambiae larvae only in June, 1966.

Exophagy by A. gambiae was not established but could possibly exist.

(2 Indigenous cases)

(d) Precipitin .../

... which were the most important specimens in ... where exactly was reported. ...

| Number | Area | Date |
|--------|-----------|---------|
| 1 | Wagon W/S | 21.3.66 |
| 2 | " " | 7.4.66 |
| 3 | " " | 20.7.66 |
| 4 | " " | 21.4.66 |
| 5 | " " | 7.4.66 |
| 6 | " " | 19.4.66 |
| 7 | " " | 19.4.66 |
| 8 | " " | 19.4.66 |
| 9 | " " | 19.4.66 |
| 10 | " " | 19.4.66 |
| 11 | " " | 19.4.66 |
| 12 | " " | 19.4.66 |
| 13 | " " | 19.4.66 |
| 14 | " " | 19.4.66 |
| 15 | " " | 19.4.66 |
| 16 | " " | 19.4.66 |
| 17 | " " | 19.4.66 |
| 18 | " " | 19.4.66 |
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| 36 | " " | 19.4.66 |
| 37 | " " | 19.4.66 |
| 38 | " " | 19.4.66 |
| 39 | " " | 19.4.66 |
| 40 | " " | 19.4.66 |
| 41 | " " | 19.4.66 |
| 42 | " " | 19.4.66 |
| 43 | " " | 19.4.66 |
| 44 | " " | 19.4.66 |
| 45 | " " | 19.4.66 |
| 46 | " " | 19.4.66 |
| 47 | " " | 19.4.66 |
| 48 | " " | 19.4.66 |
| 49 | " " | 19.4.66 |
| 50 | " " | 19.4.66 |

Conclusions

As ... in ... were found ... Outside ... and ...
 ... have been ... (2) ...
 ... of ... were found ... It was
 not possible to ... whether ...
 ... (2) ...
 ... were found ... (2) ...
 ... was found ... (2) ...
 ... was found to be ...
 ... (2) ...
 ... was found ... (2) ...
 ... in ... in June, 1966.
 ... was not ... but could ...

(d) PRECIPITIN TESTS:

Precipitin tests were carried out at the Health Office, Manzini with Anti-Human Rabbit Precipitating sera obtained from Messrs. Burroughs Wellcome and Co. Results were as follows:

| Date | Locality | No. tested | No. +ve For Man | A. GAMBIAE | | | A. FUNESTUS GR. | | |
|----------|----------------------------------|------------|-----------------|-----------------|-----------------|------------|-----------------|-----------------|-----------------|
| | | | | Man Biting Rate | Av. Hut Density | No. tested | No. +ve For Man | Man Biting Rate | Av. Hut Density |
| 24.9.67 | Nyakato | | | | | 5 | 0 | 0% | 2.5 |
| 12.10.65 | Sivunqa | 14 | 6 | 43% | 0.9 | 11 | 0 | 0% | 0.7 |
| 30.11.65 | Sivunqa | 15 | 10 | 67% | 1.2 | 40 | 1 | 2.5% | 1.9 |
| 7.12.65 | Border Gate | 20 | 4 | 20% | 1.5 | 3 | 0 | 0% | 0.1 |
| 20.1.66 | Sigcaweni | 4 | 0 | 0% | 0.45 | | | | |
| 21.1.66 | Qandatshe | 12 | 0 | 0% | 4.0 | | | | |
| 11.2.66 | Canterbury, Nsoko | 13 | 13 | 100% | 1.3 | | | | |
| 15.2.66 | Picardie, Big Bend | 16 | 16 | 100% | 8.0 | | | | |
| 25.2.66 | Harmonie Big Bend | 10 | 7 | 70% | 6.0 | | | | |
| 25.2.66 | Mkholofeni, Big Bend Ranches | 3 | 1 | 33.3% | 0.6 | | | | |
| 4.3.66 | MaFongolweni | 12 | 0 | 0% | 4.4 | | | | |
| 9.3.66 | Phuzamoya | 4 | 0 | 0% | 0.6 | | | | |
| 15.3.66 | Hilton Barber
S.I.S. Tshaneni | 3 | 1 | 33.3% | 1.0 | | | | |
| 1.4.66 | Ngomane | 8 | 4 | 50% | 2.0 | | | | |
| 26.5.66 | | | | | | | | | |
| 10.6.66 | Nyakatho | | | | | 35 | 0 | 0 | 1.1 |
| 14.6.66 | | | | | | | | | |
| 27.6.66 | Nyakatho + | | | | | 46 | 0 | 0% | |

+ Carried out by Lister Institute of Preventive Medicine.

HEALTH INSPECTOR.

All ex Pit Shelters (includes 7 mammal and 2 negative).

STATE OF TEXAS

County of ...

| Date | Particulars | No. Invoiced | Am't Invoiced | Am't Paid | Balance Due | Am't Received | Balance Due |
|------|-------------|--------------|---------------|-----------|-------------|---------------|-------------|
| 1911 | ... | 1 | ... | ... | ... | ... | ... |
| 1912 | ... | ... | ... | ... | ... | ... | ... |
| 1913 | ... | ... | ... | ... | ... | ... | ... |
| 1914 | ... | ... | ... | ... | ... | ... | ... |
| 1915 | ... | ... | ... | ... | ... | ... | ... |
| 1916 | ... | ... | ... | ... | ... | ... | ... |
| 1917 | ... | ... | ... | ... | ... | ... | ... |
| 1918 | ... | ... | ... | ... | ... | ... | ... |
| 1919 | ... | ... | ... | ... | ... | ... | ... |
| 1920 | ... | ... | ... | ... | ... | ... | ... |
| 1921 | ... | ... | ... | ... | ... | ... | ... |
| 1922 | ... | ... | ... | ... | ... | ... | ... |
| 1923 | ... | ... | ... | ... | ... | ... | ... |
| 1924 | ... | ... | ... | ... | ... | ... | ... |
| 1925 | ... | ... | ... | ... | ... | ... | ... |
| 1926 | ... | ... | ... | ... | ... | ... | ... |
| 1927 | ... | ... | ... | ... | ... | ... | ... |
| 1928 | ... | ... | ... | ... | ... | ... | ... |
| 1929 | ... | ... | ... | ... | ... | ... | ... |
| 1930 | ... | ... | ... | ... | ... | ... | ... |
| 1931 | ... | ... | ... | ... | ... | ... | ... |
| 1932 | ... | ... | ... | ... | ... | ... | ... |
| 1933 | ... | ... | ... | ... | ... | ... | ... |
| 1934 | ... | ... | ... | ... | ... | ... | ... |
| 1935 | ... | ... | ... | ... | ... | ... | ... |
| 1936 | ... | ... | ... | ... | ... | ... | ... |
| 1937 | ... | ... | ... | ... | ... | ... | ... |
| 1938 | ... | ... | ... | ... | ... | ... | ... |
| 1939 | ... | ... | ... | ... | ... | ... | ... |
| 1940 | ... | ... | ... | ... | ... | ... | ... |
| 1941 | ... | ... | ... | ... | ... | ... | ... |
| 1942 | ... | ... | ... | ... | ... | ... | ... |
| 1943 | ... | ... | ... | ... | ... | ... | ... |
| 1944 | ... | ... | ... | ... | ... | ... | ... |
| 1945 | ... | ... | ... | ... | ... | ... | ... |
| 1946 | ... | ... | ... | ... | ... | ... | ... |
| 1947 | ... | ... | ... | ... | ... | ... | ... |
| 1948 | ... | ... | ... | ... | ... | ... | ... |
| 1949 | ... | ... | ... | ... | ... | ... | ... |
| 1950 | ... | ... | ... | ... | ... | ... | ... |
| 1951 | ... | ... | ... | ... | ... | ... | ... |
| 1952 | ... | ... | ... | ... | ... | ... | ... |
| 1953 | ... | ... | ... | ... | ... | ... | ... |
| 1954 | ... | ... | ... | ... | ... | ... | ... |
| 1955 | ... | ... | ... | ... | ... | ... | ... |
| 1956 | ... | ... | ... | ... | ... | ... | ... |
| 1957 | ... | ... | ... | ... | ... | ... | ... |
| 1958 | ... | ... | ... | ... | ... | ... | ... |
| 1959 | ... | ... | ... | ... | ... | ... | ... |
| 1960 | ... | ... | ... | ... | ... | ... | ... |
| 1961 | ... | ... | ... | ... | ... | ... | ... |
| 1962 | ... | ... | ... | ... | ... | ... | ... |
| 1963 | ... | ... | ... | ... | ... | ... | ... |
| 1964 | ... | ... | ... | ... | ... | ... | ... |
| 1965 | ... | ... | ... | ... | ... | ... | ... |
| 1966 | ... | ... | ... | ... | ... | ... | ... |
| 1967 | ... | ... | ... | ... | ... | ... | ... |
| 1968 | ... | ... | ... | ... | ... | ... | ... |
| 1969 | ... | ... | ... | ... | ... | ... | ... |
| 1970 | ... | ... | ... | ... | ... | ... | ... |
| 1971 | ... | ... | ... | ... | ... | ... | ... |
| 1972 | ... | ... | ... | ... | ... | ... | ... |
| 1973 | ... | ... | ... | ... | ... | ... | ... |
| 1974 | ... | ... | ... | ... | ... | ... | ... |
| 1975 | ... | ... | ... | ... | ... | ... | ... |
| 1976 | ... | ... | ... | ... | ... | ... | ... |
| 1977 | ... | ... | ... | ... | ... | ... | ... |
| 1978 | ... | ... | ... | ... | ... | ... | ... |
| 1979 | ... | ... | ... | ... | ... | ... | ... |
| 1980 | ... | ... | ... | ... | ... | ... | ... |
| 1981 | ... | ... | ... | ... | ... | ... | ... |
| 1982 | ... | ... | ... | ... | ... | ... | ... |
| 1983 | ... | ... | ... | ... | ... | ... | ... |
| 1984 | ... | ... | ... | ... | ... | ... | ... |
| 1985 | ... | ... | ... | ... | ... | ... | ... |
| 1986 | ... | ... | ... | ... | ... | ... | ... |
| 1987 | ... | ... | ... | ... | ... | ... | ... |
| 1988 | ... | ... | ... | ... | ... | ... | ... |
| 1989 | ... | ... | ... | ... | ... | ... | ... |
| 1990 | ... | ... | ... | ... | ... | ... | ... |
| 1991 | ... | ... | ... | ... | ... | ... | ... |
| 1992 | ... | ... | ... | ... | ... | ... | ... |
| 1993 | ... | ... | ... | ... | ... | ... | ... |
| 1994 | ... | ... | ... | ... | ... | ... | ... |
| 1995 | ... | ... | ... | ... | ... | ... | ... |
| 1996 | ... | ... | ... | ... | ... | ... | ... |
| 1997 | ... | ... | ... | ... | ... | ... | ... |
| 1998 | ... | ... | ... | ... | ... | ... | ... |
| 1999 | ... | ... | ... | ... | ... | ... | ... |
| 2000 | ... | ... | ... | ... | ... | ... | ... |

Total ...

3. POLIOMYELITIS

Oral anti polio vaccine.

| | 1st. | 2nd. | 3rd. | Booster |
|--------------------------|------------|------------|------------|-----------|
| Health Office Manzini | 502 | 260 | 133 | 62 |
| Red Cross Clinic Manzini | 199 | 84 | 24 | - |
| | <u>701</u> | <u>344</u> | <u>157</u> | <u>62</u> |

26 cases were reported with no deaths.

4. DIPHTHERIA

Triple Vaccine (D.P.T.)

| | 1st | 2nd | 3rd | Booster |
|----------------------------|------------|------------|-----------|----------|
| Health Office Manzini | 66 | 41 | 29 | 11 |
| Red Cross Clinic Manzini | 180 | 62 | 24 | - |
| | <u>246</u> | <u>103</u> | <u>53</u> | <u>1</u> |
| Diphtheria Tetanus Vaccine | 1st | 2nd | 3rd | Booster |
| | 18 | 15 | 11 | 10 |

39 cases were reported with 1 death.

5. SMALLPOX

Vaccinations against smallpox

| | | <u>Primary</u> | <u>Re-vaccination</u> | <u>Total</u> |
|----------------------------------|------------|----------------|-----------------------|---------------|
| Health Office Manzini | (a) Field | 15631 | 26423 | 42054 |
| | (b) Office | 245 | 2775 | 3020 |
| Red Cross Clinic Manzini | | 127 | - | 127 |
| Health Centres | | | | 3127 |
| Government and Mission Hospitals | | | | <u>3094</u> |
| | | | Total | <u>51,424</u> |

73 cases occurred during the year with 3 deaths.

6. VENEREAL DISEASE.

Figures for attendance at Government and Mission Hospitals and clinics are appended:

| | <u>Syphilis</u> | <u>Gonorrhoea</u> |
|------|-----------------|-------------------|
| 1963 | 2419 | 3889 |
| 1964 | 8590 | 13717 |
| 1965 | 11915 | 14432 |
| 1966 | 9242 | 13327 |

1. GENERAL STATE

General State

| | | | |
|------|------|------|------|
| 1947 | 1948 | 1949 | 1950 |
| 100 | 100 | 100 | 100 |
| 100 | 100 | 100 | 100 |
| 100 | 100 | 100 | 100 |

...

2. GENERAL STATE

General State

| | | | |
|------|------|------|------|
| 1947 | 1948 | 1949 | 1950 |
| 100 | 100 | 100 | 100 |
| 100 | 100 | 100 | 100 |
| 100 | 100 | 100 | 100 |

...

3. GENERAL STATE

General State

| | | | |
|------|------|------|------|
| 1947 | 1948 | 1949 | 1950 |
| 100 | 100 | 100 | 100 |
| 100 | 100 | 100 | 100 |
| 100 | 100 | 100 | 100 |

...

4. GENERAL STATE

| | | | |
|------|------|------|------|
| 1947 | 1948 | 1949 | 1950 |
| 100 | 100 | 100 | 100 |
| 100 | 100 | 100 | 100 |
| 100 | 100 | 100 | 100 |

...

5. GENERAL STATE

...

| | | | |
|------|------|------|------|
| 1947 | 1948 | 1949 | 1950 |
| 100 | 100 | 100 | 100 |
| 100 | 100 | 100 | 100 |
| 100 | 100 | 100 | 100 |

...

7. LEPROSY.

REPORT OF MBULUZI LEPROSY HOSPITAL

The statistical charts at the end of this Report will show that the work at the Leprosy Settlement has remained at about a plateau with previous years.

The treatment has remained approximately the same with the standard usage of the drugs D.A.P.D.S. plus Blaud's Pills and yeast. Naturally there are variations to this to take care of complications when needed.

The school at the Settlement functioned during the year, with a total of eight students. It was taught by Patient Tandi Fakude.

During the year the population at the Settlement remained the same with 26 admissions and 26 discharges.

The farm has continued to render efficient and needed supplemental help with the food problem and there are well over 60 head of cattle with numerous goats and chickens, all taken care of by Settlement Personnel.

The grant from the Oxford Committee for Famine Relief has continued to be a great boon during the year and has helped considerably with the farming.

It has been a tremendous boost to the morale of the patients as well as the Staff to see the number of interested organisations and individuals who have come to the Leprosy Settlement during the year and have done so much to raise the level of morale. Regular visits by Mr. C.B. Pretious of the Red Cross, as well as members of the Rotary Anns and the Rotary Club have been of great practical benefit.

The Christmas Party, as usual, was the highlight of the year with a number of outstanding personalities attending. The guest list included Sir Francis and Lady Loyd, Her Majesty's Commissioner for Swaziland, Dr. and Mrs. Charles Runciman, Mr. A.Z. Khumalo, Member for Health, and Mr. and Mrs. Donald R. Day, Director of Education, Swaziland Government.

The clinical manifestations of the disease have been similar to that of previous years. The types of complications treated are roughly as follows:

Trophic ulcers - approximately 17 per day were treated and dressed. Lepara reactions amounted to 7 per day.

| | |
|-------------------------------------|-----------------------------------|
| Blindness - 2 cases | Malnutrition - 3 cases |
| Diarrhoea - 36 cases | Dental Caries - 18 cases |
| Burns - 19 cases | Gangrene of the digits - 6 cases. |
| Conjunctivitis - 11 cases | Epistaxis - 1 case |
| Catarrhal colds - the usual number. | |

There was one death due to cancer of the bone.

There are a number of needs for equipment which can be itemised:

- Four walkers - preferably of the aluminum tubular type.
- Crutches - at least six pair, and
- Assortment of instruments for the dressing tray.
- Dental forceps for extractions
- An instrument tray for sterilising instruments
- Two and 20 cc. syringes with No. 22 and No. 21 gauge needles.

REPORT OF THE JOINT CHIEFS OF STAFF

The Joint Chiefs of Staff have the honor to acknowledge the receipt of the report of the Secretary of Defense on the subject of the proposed reorganization of the Department of Defense. The report is a most thoughtful and comprehensive study of the subject and contains many valuable suggestions for the improvement of the Department's organization and management.

The Joint Chiefs of Staff are in full agreement with the Secretary's conclusions and recommendations. They believe that the proposed reorganization is a necessary and desirable step toward the more efficient and effective operation of the Department of Defense.

The Joint Chiefs of Staff are particularly impressed by the Secretary's emphasis on the need for a more unified and integrated staff structure. They believe that this is essential for the Department to be able to meet the challenges of the future.

The Joint Chiefs of Staff are also impressed by the Secretary's emphasis on the need for a more effective system of personnel management. They believe that this is essential for the Department to attract and retain the best talent available.

The Joint Chiefs of Staff are confident that the proposed reorganization will result in a more efficient and effective Department of Defense. They believe that this is essential for the United States to maintain its position as a world leader.

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The Joint Chiefs of Staff are in full agreement with the Secretary's conclusions and recommendations. They believe that the proposed reorganization is a necessary and desirable step toward the more efficient and effective operation of the Department of Defense.

There is also a need to pipe water into the ward. Screens are rather badly needed on some of the windows at the Leper Hospital, as well as in some of the Staff quarters.

Following are the statistical studies of interest:

I Additions to Leprosy Hospital Population.

| | <u>Males</u> | <u>Females</u> | <u>Total</u> |
|--------------|--------------|----------------|--------------|
| Admissions | 7 | 6 | 13 |
| Readmissions | <u>8</u> | <u>5</u> | <u>13</u> |
| | 15 | 11 | 26 |

II Losses to Population

| | | | |
|------------|----|---|----|
| Deaths | 1 | 1 | 2 |
| Desertions | 1 | - | 1 |
| Discharges | 17 | 9 | 26 |

III Origin of Patients

| | | | |
|-------------------------|----|---|----|
| Stegi | 2 | - | 2 |
| Mbabane | 10 | 5 | 15 |
| Manzini | 1 | - | 1 |
| Mankaiana | 2 | - | 2 |
| Piggs Peak ³ | 3 | - | 3 |
| Entshanini | 1 | - | 1 |
| P.E.A. | 1 | - | 1 |
| Hluti | 1 | - | 1 |
| Emvenbile | 2 | - | 2 |

IV Duration of Disease before Admission:

| Duration | Admissions | Total |
|-----------|------------|-------|
| 0 - 1 yr. | 2 | 26. |
| 1 - 2 yrs | 15 | |
| 2 - 3 yrs | 1 | |
| 4 + | 8 | |

V Classification on Admission

| Type | <u>Males</u> | <u>Females</u> | <u>Totals</u> |
|-------------|--------------|----------------|---------------|
| Lepromatous | 4 | 4 | 8 |
| Neural | 12 | 6 | 18 |

VI Average Age on Admission. 35 years.

VII Proportion of Children to total admissions: 4 children
22 adults

VIII Laboratory Report.

| Positive (Skin Smear) | Negative (Skin Smear) |
|-----------------------|-----------------------|
| Lepromatous 7 | 7 |

IX Average Monthly Census.

| <u>Men</u> | <u>Women</u> | <u>Children</u> | | <u>Total</u> |
|------------|--------------|-----------------|---------------|--------------|
| | | <u>Male</u> | <u>Female</u> | |
| 21.9 | 12.9 | 4.4 | 3.6 | 42.8 |

May I express the deep gratitude of the Staff by sincerely thanking the officers of the Medical, Agricultural, Veterinary and Public Works Department who have all had a major part in the efficient functioning of the Leprosy Settlement. In addition our sincere thanks to the Church of the Nazarene and the Raleigh Fitkin Memorial Hospital under whose care the clinical work of the Leprosy

There is also a note to find water into the yard. The same are rather badly needed as well as the water at the paper is equal, as well as in case of the West quarter.

Following are the essential details of interest:

I Addition to Laundry Building

| Item | Quantity | Unit Price | Total |
|--------------|----------|------------|-----------|
| Plaster | 1 | 10 | 10 |
| Brick | 1 | 10 | 10 |
| Concrete | 1 | 10 | 10 |
| Total | | | 30 |

II Issues to Foundation

| Item | Quantity | Unit Price | Total |
|--------------|----------|------------|-----------|
| Plaster | 1 | 10 | 10 |
| Brick | 1 | 10 | 10 |
| Concrete | 1 | 10 | 10 |
| Total | | | 30 |

III Origin of Issues

| Item | Quantity | Unit Price | Total |
|--------------|----------|------------|-----------|
| Plaster | 1 | 10 | 10 |
| Brick | 1 | 10 | 10 |
| Concrete | 1 | 10 | 10 |
| Other | 1 | 10 | 10 |
| Total | | | 40 |

IV Details of Issues Water Addition

| Item | Quantity | Unit Price | Total |
|--------------|----------|------------|-----------|
| Plaster | 1 | 10 | 10 |
| Brick | 1 | 10 | 10 |
| Concrete | 1 | 10 | 10 |
| Total | | | 30 |

V Classification of Issues

| Item | Quantity | Unit Price | Total |
|--------------|----------|------------|-----------|
| Plaster | 1 | 10 | 10 |
| Brick | 1 | 10 | 10 |
| Concrete | 1 | 10 | 10 |
| Total | | | 30 |

VI Issues for the Laundry

| Item | Quantity | Unit Price | Total |
|--------------|----------|------------|-----------|
| Plaster | 1 | 10 | 10 |
| Brick | 1 | 10 | 10 |
| Concrete | 1 | 10 | 10 |
| Total | | | 30 |

VII Laundry Issues

| Item | Quantity | Unit Price | Total |
|--------------|----------|------------|-----------|
| Plaster | 1 | 10 | 10 |
| Brick | 1 | 10 | 10 |
| Concrete | 1 | 10 | 10 |
| Total | | | 30 |

VIII Laundry Issues

| Item | Quantity | Unit Price | Total |
|--------------|----------|------------|-----------|
| Plaster | 1 | 10 | 10 |
| Brick | 1 | 10 | 10 |
| Concrete | 1 | 10 | 10 |
| Total | | | 30 |

The following are the essential details of interest: The issues are rather badly needed as well as the water at the paper is equal, as well as in case of the West quarter. There is also a note to find water into the yard. The same are rather badly needed as well as the water at the paper is equal, as well as in case of the West quarter. There is also a note to find water into the yard. The same are rather badly needed as well as the water at the paper is equal, as well as in case of the West quarter.

Settlement is maintained. It is through them that the Staff of the Leprosy Settlement is supervised and also furnished.

The Mission to Lepers have furnished most needed financial aid and other types of support, without their help the Leper Settlement could not have functioned at the level at which it has.

To the numerous friends who have been so generous with their time and donations, we thank you.

Medical Superintendent, R.F.M. Hospital and its Ancillary Institutions.

8. BILMARZIA

(a) Ecological Surveys.

R.C. WEIR. MZIMNENE RIVER, MANZINI

Although this study has been concluded it was decided in view of the exceptionally heavy rainfall in January viz. 189.5 mm. to carry out a further survey to ascertain the scouring effect on the snails. The following is the result of this survey carried out on the 24th January:

| 3 mm. | 3 mm. | 6 mm. | Total | No. Shedding Cercariae |
|-------|-------|-------|-------|------------------------|
| 0 | 0 | 24 | 24 | 7 |

Testimony is contained in the report of the fact-finding commission. The fact-finding commission is attached to the report.

The Commission is composed of members from various departments, including the Department of Health, Education and Welfare, the Department of Justice, and the Department of the Interior. The Commission has held numerous public hearings and has received many suggestions and recommendations from the public.

To the maximum extent possible, the Commission has endeavored to make its report as objective and impartial as possible. The Commission's findings and recommendations are set forth in the report.

National Commission on the Causes and Prevention of Violence
Washington, D.C.

APPENDIX

(a) - Biological Sciences

1. THE NATIONAL ACADEMIES

Although the study has been completed at the request of the National Academy of Sciences, the National Academy of Arts and Letters, and the National Academy of Medicine, the study was conducted by the National Commission on the Causes and Prevention of Violence. The following are the members of the Commission:

| NAME | ADDRESS | POSITION |
|------|---------|----------|
|------|---------|----------|

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

PUNG OILS UPPER DAM

| Month | WATER Temp. °C | BIOMPHALARIA | | | Total | PHYSOPSIS | | | Total | RAINFALL in mm |
|-------|----------------|--------------|--------|---------|----------|-----------|--------|---------|---------|----------------|
| | | 3 mm | 3 mm | 6 mm | | 3 mm | 3 mm | 6 mm | | |
| Jan. | 72 | 0 | 8 | 83 (12) | 91 (12) | 0 | 6 (1) | 62 (10) | 68 (11) | 2670 |
| Feb. | 85 | 2 | 14 (2) | 87 (8) | 103 (10) | 7 (4) | 33 (6) | 56 (24) | 96 (34) | 1550 |

FIGURES IN BRACKETS = DEAD SNAILS
RAINFALL FIGURE FOR MANZINI.

-27-
Due to pressure of work in malaria control this survey was abandoned.

(b) BILHARZIA CONTROL PILOT PROJECTS.

(1) Phonjwana, Lubombo District.

| Re-Survey | Date | 0 Physopsis | DAM | | STREAM | | 1 B. Forskalli |
|-----------|----------|-------------|-----------------|-------------|-------------|---|----------------|
| | | | 95 B. Forskalli | 0 Physopsis | 0 Physopsis | " | |
| " | 2/2/66 | " | 166 | 0 | 0 | 0 | " |
| " | 24/3/66 | " | 2 | 0 | 0 | 0 | " |
| " | 22/9/66 | " | 0 | 0 | 0 | 0 | " |
| " | 27/10/66 | " | 0 | 0 | 0 | 0 | " |
| " | 30/12/66 | " | 0 | 0 | 0 | 0 | " |

MEMORANDUM FOR THE RECORD

| DATE | INITIALS | DESCRIPTION | INITIALS | DATE | INITIALS | DESCRIPTION | INITIALS | DATE | INITIALS |
|----------|----------|-------------|----------|----------|----------|-------------|----------|----------|----------|
| 10/10/50 | WJ | ... | WJ | 10/10/50 | WJ | ... | WJ | 10/10/50 | WJ |
| 10/11/50 | WJ | ... | WJ | 10/11/50 | WJ | ... | WJ | 10/11/50 | WJ |

...

...

(1) ...

(2) ...

INDEX

| NO. | DATE | INITIALS | DESCRIPTION | INITIALS | DATE | INITIALS | DESCRIPTION | INITIALS | DATE |
|-----|----------|----------|-------------|----------|----------|----------|-------------|----------|----------|
| 1 | 10/10/50 | WJ | ... | WJ | 10/10/50 | WJ | ... | WJ | 10/10/50 |
| 2 | 10/11/50 | WJ | ... | WJ | 10/11/50 | WJ | ... | WJ | 10/11/50 |

| | | <u>Biomphalaria</u> | <u>Physopsis</u> | <u>Lymnaea</u> | <u>Tropicus</u> |
|---------|--|---------------------|------------------|----------------|---------------------------------|
| 6.5.66 | Survey of 200 yds. in front of Club house | 14 | 18 | 6 | |
| 6.5.66 | Application of Bayluscide to same 200 yds. | | | | |
| 10.5.66 | Re-survey | 19(2) | 8 | 0 | 4(1) |
| 13.5.66 | " | 6(2) | 1(1) | 0 | 0 |
| " | Application of Copper Sulphate | | | | |
| 20.5.66 | Re-survey | 4(6) | 2(3) | | |
| 20.5.66 | Application of Copper Sulphate | 10(4) | 4(1) | | |
| | Application of Bayluscide | | | | -300 yds. |
| 27.5.66 | Re-survey | ? 1(38) | ? 1(4) | | - either
1 Bic or
1 Phys. |
| 3.6.66 | Re-survey | 0(44) | 1(5) | | |
| " | Application of Copper Sulphate | | | | |
| 10.6.66 | Re-survey | | | | |
| | Application of Copper Sulphate | 0(29) | 0 | | |
| 17.6.66 | Re-survey | | | | |
| | Application of Copper Sulphate | 2(20) | 1(3) | 0 | 0 |
| 24.6.66 | Re-survey | | | | |
| | Application of Copper Sulphate | 11(71) | 4(5) | 0 | 0 |

N.B. 1. Bayluscide applied by knapsack sprayer.

2. Copper Sulphate applied by mixing with sand and broadcasting by hand.

3. Figures in brackets indicate dead snails.

4. It is not known with certainty whether the proportions of live to dead snails as indicated on 1st July, 1966 and 8th July, 1966 are correct.

5. On 16th September, 1966, \pm 100 yards which amounted to half the area under control, were treated with copper sulphate applied by means of a pump and the other half of the area was treated with copper sulphate and sand mixture applied by hand.

On 19th September, 1966 a survey was carried out and the results obtained were compared.

These results do not establish the superiority of the one method over the other, but it was found that the pump method required less copper sulphate and was quicker.

| Year | Month | Day | Time | Location | Remarks | Value |
|------|-------|-----|-------|----------|---------------------------------|-------|
| 1885 | July | 15 | 10:00 | Station | Application of 100 lbs. of lime | 10.00 |
| 1885 | July | 15 | 11:00 | Station | Application of 100 lbs. of lime | 10.00 |
| 1885 | July | 15 | 12:00 | Station | Application of 100 lbs. of lime | 10.00 |
| 1885 | July | 15 | 13:00 | Station | Application of 100 lbs. of lime | 10.00 |
| 1885 | July | 15 | 14:00 | Station | Application of 100 lbs. of lime | 10.00 |
| 1885 | July | 15 | 15:00 | Station | Application of 100 lbs. of lime | 10.00 |
| 1885 | July | 15 | 16:00 | Station | Application of 100 lbs. of lime | 10.00 |
| 1885 | July | 15 | 17:00 | Station | Application of 100 lbs. of lime | 10.00 |
| 1885 | July | 15 | 18:00 | Station | Application of 100 lbs. of lime | 10.00 |
| 1885 | July | 15 | 19:00 | Station | Application of 100 lbs. of lime | 10.00 |
| 1885 | July | 15 | 20:00 | Station | Application of 100 lbs. of lime | 10.00 |
| 1885 | July | 15 | 21:00 | Station | Application of 100 lbs. of lime | 10.00 |
| 1885 | July | 15 | 22:00 | Station | Application of 100 lbs. of lime | 10.00 |
| 1885 | July | 15 | 23:00 | Station | Application of 100 lbs. of lime | 10.00 |
| 1885 | July | 15 | 24:00 | Station | Application of 100 lbs. of lime | 10.00 |
| 1885 | July | 15 | 25:00 | Station | Application of 100 lbs. of lime | 10.00 |
| 1885 | July | 15 | 26:00 | Station | Application of 100 lbs. of lime | 10.00 |
| 1885 | July | 15 | 27:00 | Station | Application of 100 lbs. of lime | 10.00 |
| 1885 | July | 15 | 28:00 | Station | Application of 100 lbs. of lime | 10.00 |
| 1885 | July | 15 | 29:00 | Station | Application of 100 lbs. of lime | 10.00 |
| 1885 | July | 15 | 30:00 | Station | Application of 100 lbs. of lime | 10.00 |

1. The results of the experiments are as follows:

2. The results of the experiments are as follows:

3. The results of the experiments are as follows:

4. The results of the experiments are as follows:

5. The results of the experiments are as follows:

6. The results of the experiments are as follows:

7. The results of the experiments are as follows:

8. The results of the experiments are as follows:

9. The results of the experiments are as follows:

10. The results of the experiments are as follows:

11. The results of the experiments are as follows:

12. The results of the experiments are as follows:

13. The results of the experiments are as follows:

14. The results of the experiments are as follows:

15. The results of the experiments are as follows:

16. The results of the experiments are as follows:

17. The results of the experiments are as follows:

18. The results of the experiments are as follows:

19. The results of the experiments are as follows:

20. The results of the experiments are as follows:

SNAIL CONTROL AT SAND RIVER DAM - S.I.S. - TSHANENTI.

| Date | Survey | Biophalaria | Physopsis | Application of Copper Sulphate | Application of Bayluscide | Method |
|---------|----------------|-------------|-----------|--------------------------------|--|-------------------|
| 1.7. | Survey - 6(87) | | | | | |
| 7.7.66 | " | | | | " " | |
| 8.7.66 | " - 0(76) | " | " 0(8) | | | |
| 11.7.66 | " -33(21) | " | " 15(7) | | | |
| 15.7.66 | " -42(138) | " | " 0(4) | Application of Copper Sulphate | | |
| 22.7.66 | " - ? | " | " ? | " " | " " | |
| 29.7.66 | " -54(207) | " | " 4(13) | " " | " " | |
| 5.8.66 | " - | " | " | - | - | No work done |
| 12.8.66 | " 51(56) | " | " 5(7) | " # | " " | |
| 19.8.66 | " 48(164) | " | " 1(3) | " " | " " | |
| 26.8.66 | " ? | " | " ? | " " | " " | |
| 2.9.66 | " - | " | " | - | - | No work done |
| 9.9.66 | " ? | " | " ? | " " | " " | |
| 16.9.66 | " 9(9) | " | " 0 | " " | " " | By Pump |
| 16.9.66 | " 3(2) | " | " 0(1) | " " | " " | By Sand Broadcast |
| 19.9.66 | " 13(4) | " | " 21(3) | | (⁺ 100 yards treated by pump) | |
| 19.9.66 | " 33(9) | " | " 8(5) | | (⁺ 100 yards treated by Sand Broadcast). | |

Ref. Footnotes on page 4.

6. During October, the control of snails was handed over to SIS. One of their employees was trained in snail collecting and the application of Copper Sulphate.

(e) Molluscicidal Snail Survey .../

(e) MOLLUSCICIDAL TRIAL WITH BAYLUSCID.

Bayluscide was successfully tried in a portion of a dam at Matspha School during January. This dam, however, proved unsatisfactory for further trials as it was too overgrown in parts.

A new dam was therefore chosen viz. Francis Dam, Manzini. Particulars of work done here are as follows:

| | | | |
|-------------------------------|---------|-------------|-----------|
| <u>Preliminary Survey</u> | 3.2.66 | 374 | Physopsis |
| 1st Application of Bayluscide | 3.2.66 | 4 oz. used. | |
| <u>Re-survey</u> | 11.2.66 | 9 | Physopsis |
| 2nd application of Bayluscide | 11.2.66 | 6 oz. used | |
| <u>Re-survey</u> | 18.2.66 | 0 | Physopsis |

The concentration of Bayluscide aimed at was 0.5 P.P.M.

(f) MISCELLANEOUS SNAIL SURVEYS.

| | | | | | | |
|------|------------------------------------|---|----|-----------|---|-------------|
| 23/2 | S.I.S., Tshaneni | Portion Sand River Dam | 1 | Physopsis | 5 | Biophalaria |
| 16/3 | D. Anderson, Plot 24, Manzini Est. | Dam | 9 | " | 0 | " |
| | | Stream + 100 yds | 1 | " | 0 | " |
| | | Below Dam | 0 | " | 0 | " |
| | | Reservoir | 0 | " | 0 | " |
| 16/3 | C. Roberts, Plot 25, Manzini | 1st dam | 1 | " | 0 | " |
| 30/3 | | 2nd dam | 3 | " | 0 | " |
| | | 3rd dam | 0 | " | 0 | " |
| | | Spring | 0 | " | 0 | " |
| 21/3 | Manzini | Chobaghoba Stream | 37 | " | 0 | " |
| 23/3 | Manzini | Mzimene River few 100 yards below oxidation ponds | 55 | " | 7 | " |

One Biophalaria was found on dissection to be infested with mammalian cercariae which suggests the possibility

of S. manzoni transmission in Manzini.
 30/3 J. Potgieter, Plot 23 Manzini Est.
 2/5 Old Hydro, Matspha

Few pools in stream
 Dam for Domestic Supply

(Mammalian Cercariae)

(Mammalian Cercariae)

(g) BILHARZIA SKIN ANTIGEN TESTS.

Skin antigen tests with W.H.O. Reference Skin Test Antigen (Melcher's sterile acid-soluble protein fraction or *S. manzoni* adults) were performed on 20 people from the Sidney Williams School, 19 of whom had bathed in Mzimene River in Manzini.

Whilst 10 of these were positive, a number of urine specimen from all 20 and 2 stool examinations from each of 18 were negative.

(h) PROPAGANDA.

Talk on Bilharzia. As a result of the concern of the Head Teacher about the high incidence of schistosomiasis amongst his pupils, a talk was given on Bilharzia prevention to the pupils of Madubeni North School, Hho Hho district.

Southern Swaziland Show. A Bilharzia exhibit was arranged at the Southern Swaziland Show at Goedgegun.

Swaziland Show Manzini. A Bilharzia exhibit was arranged at the Swaziland Show Manzini.

Lecture on Bilharzia - Agricultural College - Luyengo. A lecture on Bilharzia and Malaria was given to domestic science demonstrators attending a training course at the Agricultural College at Luyengo.

(i) Urine and stool examinations at the Health Office, Manzini
440 urines and 19 stools were examined at the Health Office, Manzini for Bilharziasis.

HEALTH INSPECTOR.

(a) STUDENTS' OWN ACCOUNTS

This subject deals with the... (The text is extremely faint and largely illegible, appearing to be a list of items or a descriptive paragraph.)

(b) STUDENTS

This section discusses the... (The text is extremely faint and largely illegible, appearing to be a list of items or a descriptive paragraph.)

... (The text is extremely faint and largely illegible, appearing to be a list of items or a descriptive paragraph.)

... (The text is extremely faint and largely illegible, appearing to be a list of items or a descriptive paragraph.)

... (The text is extremely faint and largely illegible, appearing to be a list of items or a descriptive paragraph.)

(c) STUDENTS' OWN ACCOUNTS ... (The text is extremely faint and largely illegible, appearing to be a list of items or a descriptive paragraph.)

...

CHAPTER III

GOVERNMENT AND SUBSIDISED MISSION HOSPITALS AND CLINICS:

1. Comparative tables for three years, setting out the staffing of Government hospitals, and the admissions, attendances, etc. at Government and subsidised Mission hospitals and clinics, follow:

1.1. Government and Subsidised Mission Hospitals and Clinics:

| | 1964 | 1965 | 1966 | 1964 | 1965 | 1966 | 1964 | 1965 | 1966 | 1964 | 1965 | 1966 | 1964 | 1965 | 1966 | 1964 | 1965 | 1966 | 1964 | 1965 | 1966 |
|--|--------------|--------------|--------------|--------------|--------------|--------------|-------------|-------------|-------------|--------------|--------------|-------------|--------------|---------------|--------------|-------------|-------------|-------------|--------------|---------------|---------------|
| Hospital Staff: | | | | | | | | | | | | | | | | | | | | | |
| Medical Officers | 5 | 5 | 5 | 3 | 3 | 4 | - | - | - | 1 | 1 | 1 | - | 1 | 1 | - | - | - | 9 | 10 | 11 |
| Matron | 1 | 1 | 1 | 1 | 1 | 1 | - | - | - | - | - | - | - | - | - | - | - | - | 2 | 2 | 2 |
| Nursing Sisters | 7 | 8 | 9 | 3 | 4 | 4 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 11 | 16 | 17 |
| Pharmacists | 1 | 1 | 1 | 1 | 1 | 1 | - | - | - | - | - | - | - | - | - | - | - | - | 2 | 2 | 2 |
| Radiographer | 1 | 1 | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 | 1 | 1 |
| Housekeeper | 1 | 1 | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 | 1 | 1 |
| Medical Assist. | - | - | - | 1 | 1 | 1 | - | - | - | - | - | - | - | - | - | - | - | - | 1 | 1 | 1 |
| Laboratory Asst. | 2 | 2 | 2 | 1 | 1 | 1 | - | - | - | - | - | - | - | - | - | - | - | - | 3 | 3 | 3 |
| Dispensers | 3 | 2 | 2 | 2 | 2 | 2 | - | - | - | - | - | - | - | - | - | - | - | - | 5 | 4 | 4 |
| Pupil Dispensers | - | - | - | 1 | 4 | 4 | - | - | - | - | - | - | - | - | - | - | - | - | 1 | 4 | 4 |
| Nurses | 36 | 49 | 49 | 33 | 39 | 40 | 6 | 7 | 7 | 9 | 9 | 9 | 9 | 9 | 1 | 4 | 5 | 5 | 84 | 106 | 114 |
| OutPatient Attds. | 3 | 3 | 3 | - | - | - | 1 | 1 | 1 | - | - | - | - | - | - | - | - | - | 4 | 4 | 4 |
| Ambulance Drivers | 2 | 2 | 3 | 2 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 7 | 8 | 9 |
| Ward Orderlies | 15 | 18 | 18 | 12 | 12 | 12 | 2 | 3 | 3 | 3 | 3 | 3 | - | 2 | 2 | - | 2 | 2 | 32 | 40 | 41 |
| BEDS: | | | | | | | | | | | | | | | | | | | | | |
| a) Full-paying | 14 | 14 | 14 | 8 | 8 | 8 | - | - | - | - | - | - | - | - | - | - | - | - | 22 | 22 | 22 |
| b) Part-paying | 154 | 154 | 156 | 127 | 127 | 134 | 33 | 33 | 33 | 39 | 47 | 50 | - | 12 | 12 | - | 30 | 30 | 353 | 403 | 415 |
| ADMISSIONS: | | | | | | | | | | | | | | | | | | | | | |
| a) Full-paying | 363 | 500 | 510 | 63 | 116 | 90 | - | - | - | - | - | - | - | - | - | - | - | - | 426 | 616 | 600 |
| b) Part-paying | 3699 | 4080 | 4549 | 3289 | 3668 | 4324 | 640 | 1059 | 932 | 1183 | 993 | 1475 | - | 122 | 635 | - | 160 | 185 | 8811 | 10082 | 12100 |
| DAILY AVERAGE NO. OF IN-PATIENTS: | | | | | | | | | | | | | | | | | | | | | |
| a) Full-paying | 6.4 | 11.1 | 13.8 | 1.3 | 0.6 | 2.4 | - | - | - | - | - | - | - | - | - | - | - | - | 7.7 | 11.7 | 16.2 |
| b) Part-paying | 182.3 | 194.5 | 290.2 | 208.8 | 250.0 | 274.1 | 25.6 | 30.2 | 28.4 | 45.4 | 45.8 | 65.6 | - | 7.0 | 12 | - | 27.2 | 32.5 | 462.1 | 554.7 | 702.8 |
| DEATHS: | | | | | | | | | | | | | | | | | | | | | |
| | 176 | 173 | 193 | 182 | 192 | 188 | 4 | 18 | 16 | 68 | 43 | 62 | - | 6 | 19 | - | 3 | 2 | 430 | 435 | 480 |
| OPERATIONS: | | | | | | | | | | | | | | | | | | | | | |
| a) Major | 399 | 585 | 459 | 85 | 80 | 164 | - | - | - | 19 | 8 | 5 | - | - | - | - | - | - | 503 | 643 | 623 |
| b) Minor | 790 | 773 | 835 | 417 | 613 | 551 | - | - | - | 50 | 29 | 60 | - | - | - | - | - | - | 1257 | 1415 | 1386 |
| XRAY: | | | | | | | | | | | | | | | | | | | | | |
| a) Examinations | 4005 | 5307 | 6215 | 2836 | 3513 | 3953 | - | - | - | 410 | 374 | 674 | - | - | - | - | - | - | 7441 | 9194 | 10168 |
| b) Screening | 167 | 131 | 142 | 4 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 171 | 135 | 142 |
| OUTPATIENTS: | | | | | | | | | | | | | | | | | | | | | |
| a) 1st Attendances | | | | | | | | | | | | | | | | | | | | | |
| i) Full Paying | 5252 | 4421 | 3919 | 648 | 364 | 130 | - | 40 | 54 | 137 | 167 | 222 | - | - | 390 | - | - | - | 6046 | 4992 | 4715 |
| ii) Part Paying | 19088 | 19895 | 21021 | 10095 | 12680 | 13285 | 3813 | 6404 | 6862 | 6541 | 9720 | 8134 | 11469 | 10805 | 8221 | 3565 | 5268 | 5174 | 54571 | 64772 | 62697 |
| b) Sub. Attendances | | | | | | | | | | | | | | | | | | | | | |
| i) Full Paying | 2781 | 4362 | 3468 | 291 | 219 | 79 | - | 31 | 2 | 134 | 35 | 16 | - | 215 | 489 | - | - | - | 3206 | 4862 | 4054 |
| ii) Part Paying | 17529 | 35773 | 32311 | 5700 | 9328 | 11165 | 588 | 3040 | 941 | 4161 | 1518 | 1364 | 7157 | 5540 | 6200 | 990 | 1266 | 1011 | 36125 | 56465 | 52992 |
| GRAND TOTAL: | 44659 | 64451 | 60719 | 16734 | 22591 | 24659 | 4401 | 9515 | 7859 | 10973 | 11440 | 9736 | 18626 | 116560 | 15300 | 4555 | 6534 | 6185 | 99948 | 131091 | 124458 |

3. SUBSIDISED MISSION HOSPITALS:

| | Raleigh Pitkin Memorial Hospital | | | Good Shepherd Hospital | | | Totals : | | |
|--|----------------------------------|-------|-------|------------------------|-------|-------|----------|-------|-------|
| | 1964 | 1965 | 1966 | 1964 | 1965 | 1966 | 1964 | 1965 | 1966 |
| BEDS: | | | | | | | | | |
| (a) Full-paying: | | | | | | | | | |
| (b) Part-paying: | 15 | 15 | 15 | 5 | 5 | 5 | 20 | 20 | 20 |
| | 260 | 260 | 260 | 62 | 62 | 62 | 322 | 322 | 322 |
| ADMISSIONS: | | | | | | | | | |
| (a) Full-paying: | 494 | 543 | 540 | 72 | 29 | 132 | 566 | 572 | 672 |
| (b) Part-paying: | 7570 | 5500 | 5204 | 1353 | 1172 | 1575 | 8923 | 6672 | 6779 |
| DAILY AVERAGE NO. OF IN-PATIENTS: | | | | | | | | | |
| (a) Full-paying: | 10.8 | 10.9 | 9.9 | 1.3 | 0.4 | 1.8 | 12.1 | 11.3 | 11.7 |
| (b) Part-paying: | 278.2 | 299.0 | 262.0 | 40.9 | 43.1 | 47.3 | 319.1 | 342.1 | 309.3 |
| DEATHS: | 255 | 255 | 304 | 45 | 40 | 42 | 300 | 295 | 346 |
| OPERATIONS: | | | | | | | | | |
| (a) Major: | 636 | 653 | 591 | 2 | - | 272 | 638 | 653 | 863 |
| (b) Minor: | 1366 | 1385 | 814 | 125 | 145 | 35 | 1491 | 1530 | 849 |
| X-RAY: | | | | | | | | | |
| (a) Examinations: | 3312 | 4169 | 3706 | 500 | 361 | 461 | 3812 | 4530 | 4167 |
| (b) Screenings: | - | - | - | 24 | 20 | - | 24 | 24 | - |
| OUTPATIENTS: | | | | | | | | | |
| (a) 1st attendances in | (1) Full-paying Section: 3368 | 3003 | 2532 | 1076 | 656 | 955 | 4444 | 3659 | 3487 |
| (2) Part-paying Section: | 13146 | 15763 | 13885 | 6022 | 6801 | 13703 | 19168 | 22564 | 27588 |
| (b) Subsequent Attendances in | (1) Full-paying Section: 1307 | 1829 | 1700 | 481 | 266 | 435 | 788 | 2095 | 2135 |
| (2) Part-paying Section: | 5799 | 9571 | 11181 | 1869 | 2411 | 3247 | 7668 | 11982 | 4428 |
| GRAND TOTALS: | 22620 | 30166 | 27298 | 9448 | 10134 | 18340 | 32068 | 40300 | 47638 |

4. SUBSIDISED MISSION CLINICS:

| | Totals | | | Mission Totals | | |
|---------------------------------|--------|-------|-------|----------------|-------|-------|
| | 1964 | 1965 | 1966 | 1964 | 1965 | 1966 |
| Nazarene Missions: | | | | | | |
| Stegi | 10104 | 8049 | 7302 | | | |
| Emdingeni | 3661 | 4994 | 5105 | | | |
| Figg's Peak: | 2736 | 2184 | 3968 | | | |
| Nliba | 2201 | 1696 | 2776 | | | |
| Mafutheni | 974 | 1055 | 1463 | | | |
| Bhekinkhosi | 1732 | 1574 | 3784 | | | |
| Balogane | 2242 | 1752 | 2406 | | | |
| Malinda | 2349 | 2574 | 3042 | | | |
| Mayiwane | 6372 | 5371 | 6871 | | | |
| Tambankulu | 9358 | 10106 | 10179 | | | |
| Malandela | 368 | 878 | 1025 | | | |
| Lalela | 1104 | 834 | 1143 | | | |
| Thombelihle | 1400 | 824 | 1593 | | | |
| Manzana | 447 | 712 | 345 | | | |
| Kashowula | 100 | 305 | 318 | | | |
| Engculwini | - | 2479 | 1590 | | | |
| Esigcawoni | | | 248 | 46697 | 45486 | 53158 |
| Roman Catholic Missions: | | | | | | |
| Our Lady of Sorrows: | 11554 | 10172 | 9725 | | | |
| St. Juliana | 5745 | 10672 | 10401 | | | |
| St. Anthony | - | 1345 | 1061 | 22121 | 27523 | 21581 |
| St. Michael | | | 256 | | | |
| St. Boniface | | | 138 | | | |

++ Visited by Nurse-in-charge at Our Lady of Sorrows

DOMESTIC MIDDLE WESTERN

100
101
102

103
104

105
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107
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109
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111
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124

125
126

127
128

2. Government Clinics:

| | Total Attendances: | | | District Totals: | | |
|--|--------------------|-------|-------|------------------|-------|-------|
| | 1964 | 1965 | 1966 | 1964 | 1965 | 1966 |
| <u>MBABANE DISTRICT:</u> | | | | | | |
| Eluyengweni Clinic | 11533 | 12396 | 16066 | 11533 | 12396 | 16066 |
| <u>HLATIKULU DISTRICT:</u> | | | | | | |
| Mhlosheni | 6994 | 8574 | 8403 | | | |
| Hluti | 10229 | 14869 | 10221 | | | |
| Sipofaneni | 8748 | 11639 | 9508 | | | |
| Viny Ridge | 1492 | 1632 | 983 | | | |
| Edwaleni +++ | 1700 | 6076 | 6473 | | | |
| Lubuli+ | 5362 | 7158 | 6570 | | | |
| St. Phillips Mission ++ | 4193 | 5055 | 4921 | | | |
| New Haven Mission ++ | 12653 | 13253 | 15838 | 51371 | 68256 | 62917 |
| <u>MANKAIANA DISTRICT:</u> | | | | | | |
| Mahlangatsha | 6566 | 6339 | 7634 | | | |
| Dwalili | 6644 | 6767 | 7241 | 13210 | 13106 | 14875 |
| <u>PIGGS PEAK DISTRICT:</u> | | | | | | |
| Horo | 15372 | 19225 | 15090 | | | |
| Lesters + | 4504 | 8535 | 11634 | | | |
| Mhlangatane | 8259 | 9786 | 10544 | | | |
| Nkaba | 2455 | 1818 | 2329 | 30590 | 39364 | 39597 |
| <u>STEGI DISTRICT:</u> | | | | | | |
| Nomahasha + | 1090 | 1447 | 2184 | 1090 | 1447 | 2184 |
| <u>MEDICAL OUTPOSTS:</u> (visited by Sister-in-charge, Mankaiana Hospital, but not staffed permanently by a nurse) | | | | | | |
| Mgazini | 1479 | 4605 | 4268 | | | |
| Endinilembe | 570 | 3593 | 1918 | | | |
| Mangqongqo: | 152 | 2102 | 2618 | 2291 | 10300 | 8804 |

+ Clinic controlled by Swazi National Treasury, but visited and supervised by Government Medical Officers.

++ Mission Clinics visited and supervised by Government Medical Officers.

+++ Clinics at Missions, rented and run by the Medical Department.

2. Government Division

1. General Division
Government Division

2. Finance Division

Finance

Revenue

Expenditure

Public Works

Education

Health

3. Public Works Division

New York Division

4. Public Works Division

Public Works

Public Works

5. Public Works Division

Public

Public

Public

Public

6. Public Works Division

Public

7. Public Works Division (Public Works Division, Public Works)

Public Works Division, Public Works

Public Works

Public

Public

Public

8. Public Works Division (Public Works Division, Public Works)

Public Works Division, Public Works

Public Works

2.

HAVELOCK MINE HOSPITAL

The number of Africans who were not mine employees or their dependants who were treated at the Havelock Mine Hospital during 1966 was as follows:

| | | |
|-----------------------------|---------------|------|
| Number of Admissions | | 262 |
| Number of Outpatients | New Cases | 896 |
| | Reattendances | 1436 |
| In-patient days | | 1607 |
| Daily number of In-patients | | 45 |

3.

MEDICO-LEGAL POSTMORTEM EXAMINATIONS

The number of medico-legal post-mortem examinations carried out at Government and subsidised Mission Hospitals from 1964 to 1966 were as follows:

| | <u>1964</u> | <u>1965</u> | <u>1966</u> |
|-------------------------------|-------------|-------------|-------------|
| Mbabane Hospital | 46 | 51 | 33 |
| Raleigh Fitkin Memorial Hosp. | 106 | 94 | 8787 |
| Piggs Peak Hospital | 26 | 31 | 60 |
| Good Shepherd Hospital | 24 | 35 | 56 |
| Hlatikulu Hospital | 45 | 50 | 91 |

Medico-legal requests from the Police for the examination of Assault and Rape cases totalled 215 at Mbabane Hospital. Figures from other centres are not available at present. 21 examinations were done at Mbabane Hospital in cases of alleged driving under the influence of liquor or drugs.

TABLE I

The number of patients who were hospitalized during 1955 was as follows:

| | |
|----------------------|-----|
| Number of patients | 100 |
| Number of deaths | 10 |
| Number of discharges | 10 |
| Number of admissions | 10 |

TABLE II

The number of patients who were hospitalized during 1956 was as follows:

| Year | Number of patients | Number of deaths | Number of discharges | Number of admissions |
|------|--------------------|------------------|----------------------|----------------------|
| 1956 | 100 | 10 | 10 | 10 |
| 1957 | 100 | 10 | 10 | 10 |
| 1958 | 100 | 10 | 10 | 10 |
| 1959 | 100 | 10 | 10 | 10 |
| 1960 | 100 | 10 | 10 | 10 |

Number of patients who were hospitalized during 1961 was as follows:

CHAPTER IV.

MATERNITY AND CHILD WELFARE SERVICES

Ante-Natal Clinics, outside of hospitals, produce the following figures, which are not complete, as not all clinics were notified early in the year to keep records:

| | |
|---------------------------|------|
| Mobile Clinic - Hlatikulu | 2028 |
| Mankaiana | 735 |
| Hlatikulu District | 5630 |
| Stegi District | 699 |
| Manzini District | 2069 |
| Piggs Peak District | 47 |

Child Welfare Clinics:

| | |
|---------------------|-------|
| Mbabane District | 272 |
| Mankaiana District | 12352 |
| Piggs Peak District | 52 |
| Manzini District | 2940 |
| Hlatikulu District | 16905 |

The number of ante-natal examinations and confinements for the past 4 years has been as follows:

| | <u>Antenatal Examinations:</u> | | | | <u>Confinements:</u> | | | |
|-------------------------------|--------------------------------|------|------|------|----------------------|------|------|------|
| | 1963 | 1964 | 1965 | 1966 | 1963 | 1964 | 1965 | 1966 |
| Mbabane Hospital: | 2189 | 2132 | 3302 | 3644 | 691 | 756 | 842 | 1047 |
| Hlatikulu Hospital: | 844 | 843 | 941 | 1274 | 339 | 355 | 405 | 539 |
| Mankaiana Hospital: | 185 | 331 | 254 | 304 | 135 | 103 | 142 | 147 |
| Piggs Peak Hospital: | 1165 | 779 | 924 | 650 | 280 | 231 | 250 | 286 |
| Raliegh Fitkin Memorial Hosp: | 3720 | 2083 | 3264 | 3181 | 919 | 1074 | 1202 | 1139 |
| Good Shepherd Hospital: | 1251 | 953 | 1330 | 1428 | 155 | 226 | 224 | 130 |

CHAPTER V

LABORATORY SERVICES:

The work in the Mbabane Laboratory has shown a 50% increase during the year, but histological examinations and other special investigations are carried out by the South African Institute for Medical Research in Johannesburg.

Small laboratories are situated in the following hospitals - Mbabane, Hlatikulu, and Raleigh Fitkin Memorial, and Good Shepherd are equipped for carrying out simple routine tests.

The W.H.O. TB. Project Laboratory in Manzini now undertakes all examinations for tuberculosis both for hospitals and private practitioners. The Laboratory at the Health Office in Manzini undertakes all examinations for malaria and bilharzia; the results of these examinations are reported under the sections dealing with Malaria and Bilharzia and are not included in the figures which follow:

a) PATHOLOGY LABORATORY MBABANE

| Test: | 1963 | 1964 | 1965 | 1966 |
|-----------------------|--------------|-------------|--------------|--------------|
| Blood Culture | 308 | 235 | 469 | 223 |
| Widal (TMX) | 864 | 517 | 1036 | 955 |
| Paul Bunnell Test | 13 | 15 | 30 | 6 |
| Vi Test | 85 | 77 | 152 | 209 |
| Stool Culture | 147 | 223 | 253 | 204 |
| Stool Parasitology | 19 | 28 | 40 | 75 |
| Urine complete | 31 | 25 | 30 | 39 |
| Urine Chemistry | 12 | 5 | 7 | 161 |
| Urine Culture | 90 | 115 | 635 | 144 |
| Urine Bilharzia | 49 | 42 | 52 | 67 |
| TB. direct | 74 | 51 | 26 | 45 |
| TB. culture | 30 | 41 | 1 | - |
| Blood sugar | 54 | 74 | 75 | 86 |
| Blood Urea | 94 | 72 | 197 | 157 |
| Serum Protein | 42 | 80 | 50 | 24 |
| Serum Bilirubin | 23 | 42 | 45 | 73 |
| Blood Cholestrol | 8 | 15 | 22 | 18 |
| Blood Amylase | 4 | 8 | 19 | 5 |
| Serum Calcium | 9 | 15 | 30 | 9 |
| Serum Phosphatase | 7 | 15 | 31 | 26 |
| C.S. Fluid | 48 | 66 | 82 | 86 |
| Malaria Slides | 2 | 12 | 2 | 2 |
| Culture | 244 | 264 | 294 | 297 |
| Sensitivity tests | 288 | 392 | 475 | 388 |
| Blood Grouping | 6 | 16 | 14 | 27 |
| Blood Count | 27 | 60 | 209 | 91 |
| E.S.R. | 6 | 25 | 190 | 74 |
| Slides for Microscopy | 6 | 12 | 17 | 20 |
| Diphtheria | 108 | 38 | 20 | 8 |
| Water Analysis | 181 | 147 | 148 | 217 |
| Milk Analysis | 80 | 134 | 128 | 251 |
| V.D.R.L. Tests | 8515 | 5846 | 8480 | 11205 |
| Swabs for E.Coli | - | - | - | 187 |
| Hb. Tests | - | - | - | 83 |
| TOTAL : | 11474 | 8707 | 12891 | 15471 |

(b) HOSPITAL LABORATORIES

| | Mbabane Hospital | | | Hlatikulu Hospital | | | Raleigh Pitkin Memorial Hospital | | | Good Shepherd Hospital | | |
|---|------------------|-------|-------|--------------------|------|------|----------------------------------|-------|-------|------------------------|------|------|
| | 1964 | 1965 | 1966 | 1964 | 1965 | 1966 | 1964 | 1965 | 1966 | 1964 | 1965 | 1966 |
| Urine Examination (including microscopy): | 12332 | 15464 | 12972 | 2173 | 3323 | 3627 | 9509 | 10019 | 10366 | 31 | 75 | |
| Stool Examinations: | 3759 | 4089 | 859 | 876 | 1121 | 1341 | 158 | 305 | 285 | 6 | 11 | |
| Sputum Examinations: | 5345 | 3265 | 1741 | 2590 | 287 | 231 | 720 | 276 | 72 | 12 | 118 | |
| Other Bacteriological Smears: | 558 | 9417 | 794 | 108 | 82 | 370 | 161 | 160 | 23 | - | - | |
| Full Blood Counts: | 917 | 1147 | 3263 | 49 | 236 | 187 | 789 | 1104 | 1571 | 3 | 4 | |
| Red Cell Counts: | 161 | 221 | 177 | 49 | 40 | 326 | - | 6 | 9 | 10 | 8 | |
| White Cell Counts: | 191 | 191 | 30 | 241 | 437 | 418 | 33 | 40 | 476 | 15 | 10 | |
| E.S.R. | 791 | 717 | 626 | 62 | 24 | 87 | 782 | 1060 | 765 | 5 | 4 | |
| Haemoglobin Examinations: | - | - | - | 204 | 227 | - | 586 | - | 2625 | - | - | |
| Blood Films for Parasitology: | - | - | - | 71 | 242 | - | - | - | 299 | - | - | |
| Other Examinations: | 43 | 18 | 51 | 20 | 4 | 22 | 1556 | 2590 | 1919 | 60 | 282 | |
| | 24087 | 35528 | 19513 | 6443 | 6023 | 6456 | 14294 | 15560 | 18110 | 142 | 512 | |

(1) RESEARCH INVESTIGATION

| | 1941 | 1942 | 1943 | 1944 | 1945 | 1946 | 1947 | 1948 | 1949 | 1950 | 1951 | 1952 | 1953 | 1954 | 1955 | 1956 | 1957 | 1958 | 1959 | 1960 |
|---------------------------------|------|------|-------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| Grand Examinations | 47 | 78 | 21 | 30 | 4 | 13 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 |
| Blood films for parasitology | - | - | - | 11 | 545 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Reso-digene examinations | - | - | - | 604 | 581 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Smears | 120 | 111 | 622 | 95 | 66 | 61 | 61 | 205 | 200 | 162 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| Wet Cell Counts | 231 | 191 | 770 | 541 | 671 | 177 | 77 | 40 | 433 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 |
| Wet Cell Counts | 191 | 201 | 711 | 67 | 40 | 152 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Wet Cell Counts | 203 | 174 | 702 | 40 | 274 | 161 | 63 | 1704 | 1303 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Direct smears (coloured papers) | 206 | 213 | 124 | 102 | 93 | 240 | 167 | 120 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 |
| Wet smears (coloured papers) | 244 | 120 | 1147 | 1150 | 211 | 191 | 129 | 136 | 136 | 136 | 136 | 136 | 136 | 136 | 136 | 136 | 136 | 136 | 136 | 136 |
| Wet smears (coloured papers) | 1030 | 460 | 603 | 647 | 1777 | 1103 | 129 | 142 | 142 | 142 | 142 | 142 | 142 | 142 | 142 | 142 | 142 | 142 | 142 | 142 |
| Wet smears (coloured papers) | 1274 | 1224 | 17015 | 1170 | 1702 | 1011 | 1005 | 1011 | 1008 | 1008 | 1008 | 1008 | 1008 | 1008 | 1008 | 1008 | 1008 | 1008 | 1008 | 1008 |

Wet smears (coloured papers) 1274 1224 17015 1170 1702 1011 1005 1011 1008 1008 1008 1008 1008 1008 1008 1008 1008 1008 1008 1008 1008

1960

CHAPTER VIFINANCE

The financial statement of the Department for the period 1st April, 1965 to 31st March, 1966 is as follows:-

| <u>Revenue</u> | R | R |
|---|--------------|--------------|
| Hospital, Health Centre and Other fees | | <u>36461</u> |
|
<u>Expenditure</u> | | |
| Personal Emoluments | 214465 | |
| Travelling Expenses | 8750 | |
| Operation and Maintenance of Vehicles | 4339 | |
| Other Transport Charges | 13185 | |
| Purchase of Replacement Vehicles | 3424 | |
| Allowances and Fees - Medical | 2857 | |
| Maintenance of Patients | 70717 | |
| Maintenance of Mental Patients | 7162 | |
| Lighting and Heating | 10939 | |
| Hospital Equipment | 9724 | |
| Upkeep of Grounds | 512 | |
| Temporary Reliefs | 4213 | |
| Anti-Malaria Measures | 5023 | |
| Bilharzia Control | 1008 | |
| Laboratory Services | 2161 | |
| Public Health Measures | 199 | |
| Grants to Missions | 38977 | |
| High Commission Territories Nursing Council | <u>287</u> | 397942 |
|
<u>C.D. & W. Schemes Expenditure</u> | | |
| D.4835 Planning of Extensions to Mbabane Hospital | 22294 | |
| D.4912 Extension Medical Services | 208264 | |
| D.4913 Tuberculosis Control Scheme | 33103 | |
| D.5136 Extensions to Mbabane Hospital | 891 | |
| D.5329 Planning of Mental Hospital | 1362 | |
| D.6057 Construction of Clinics | <u>12586</u> | 278500 |
|
<u>Total Expenditure on Medical and Sanitary Services:</u> | | |
| | | 676472 |
| <hr/> | | |
| <u>Total Revenue of Territory</u> | | |
| (Excluding Grant-in-Aid from U.K.) | | 5796008 |
| <hr/> | | |
| <u>The Relationship of Medical Services (Territorial) to Total Revenue of Territory</u> | | |
| | | 11.67% |
| <hr/> | | |

CONCLUSION:

I wish to express my sincere appreciation of the loyal and efficient manner in which members of the Department carried out their duties during the year.

C. RUNCIMAN
DIRECTOR OF MEDICAL SERVICES

CHAPTER VI
EXPENSES

The financial statement of the Department for the year ending 1967 is as follows:

| <u>Expenses</u> | |
|---------------------------------------|-------|
| Personal Expenditures | 1,500 |
| Traveling Expenses | 2,000 |
| Operation and Maintenance of Vehicles | 1,000 |
| Other Transport Charges | 500 |
| Purchase of Automobiles | 1,000 |
| Allowances and Fees - Hospital | 1,000 |
| Maintenance of Patients | 1,000 |
| Maintenance of Mental Patients | 1,000 |
| Lighting and Heating | 1,000 |
| Hospital Expenses | 1,000 |
| Use of Grounds | 1,000 |
| Temporary Buildings | 1,000 |
| Anti-Malaria Measures | 1,000 |
| Medical Council | 1,000 |
| Laboratory Expenses | 1,000 |
| Public Health Measures | 1,000 |
| Grants to Hospitals | 1,000 |
| High Commission Territories Working | 1,000 |
| Council | 1,000 |

| <u>Other Expenses</u> | |
|-----------------------|-------|
| 2,500 | 2,500 |
| 2,500 | 2,500 |
| 2,500 | 2,500 |
| 2,500 | 2,500 |
| 2,500 | 2,500 |
| 2,500 | 2,500 |
| 2,500 | 2,500 |
| 2,500 | 2,500 |
| 2,500 | 2,500 |
| 2,500 | 2,500 |

Total Expenditure on Medical Services

Total Expenditure on Health Services

Total Expenditure on Medical Services

Total Expenditure on Health Services

CONCLUSION

The financial statement of the Department for the year ending 1967 shows that the total expenditure on health services was Rs. 10,00,000. This includes Rs. 5,00,000 for medical services and Rs. 5,00,000 for health services. The expenditure on medical services was Rs. 10,00,000, which is 100% of the total expenditure on health services. The expenditure on health services was Rs. 5,00,000, which is 50% of the total expenditure on health services.

APPENDIX I.MEDICAL DEPARTMENT STAFFING (AS AT 31.12.66)

| a) <u>Division I & II</u> | <u>Name</u> | <u>Station</u> |
|---|------------------------|----------------|
| Director of Medical Services | Dr. C. Runciman | Mbabane |
| Deputy Director of Medical Services | Dr. J.M. Klopper | Mbabane |
| Consulting Surgeon (Part-time) | Dr. H.H. Hamlin | |
| Consulting Ophthalmic Surgeon (Part-time) | Dr. G. Frampton | |
| Senior Medical Officer | Dr. J. Alexander | Mbabane |
| Medical Officers of Health | Dr. G.G. Murphy | Mbabane |
| | Dr. H.C. Armstrong | Manzini |
| Medical Officers | Dr. F. Friedman | Hlatikulu |
| | Dr. S.P.N. Shongwe | Mbabane |
| | Dr. F.J. Copeland | Piggs Peak |
| | Dr. L. van der Veer | Hlatikulu |
| | Dr. P.A. Kennedy | Mbabane |
| | Dr. J.P. O'Conner | Mbabane |
| | Dr. W.J.L. Downing | Mbabane |
| | Dr. H.F. Hawthorne | |
| | Dr. M.S. Compton | Mbabane |
| | Dr. E.M. Farrell | Goedgegun |
| Locum: | Dr. E. Mofekeng | Hlatikulu |
| Senior Executive Officer | Mr. R.F. Phillips | Mbabane |
| Hospital Secretary | Mr. L. Smit | Mbabane |
| Pharmacist-Storekeeper | Mr. G.R. Gibbon | Mbabane |
| | Mr. J.L. van der Vyver | Hlatikulu |
| Laboratory Technician | Mrs. H.E. Gibbon | Mbabane |
| Smear Examiner | Mr. P.M. Matthews | Manzini |
| Senior Health Inspector | Mr. D.M. Eckard | Manzini |
| Health Inspectors | Mr. L. Mtetwa | Mbabane |
| | Mr. C.D. Nxumalo | Manzini |
| | Mr. L.M. Mbabama | Goedgegun. |
| | Mr. Z. Zandemela | Mbabane |
| Matrons | Mrs. A.C.I Mabuza | Mbabane |
| | Miss D.E. Burne | Hlatikulu |
| Nursing Sisters | Mrs. P.I. Mdiniso | |
| | Mrs. S.B. Dowling | |
| | Mrs. N.W. Mabuza | |
| | Mrs. N.W. Dlodlu | |
| | Mrs. M.J. Masipa | |
| | Mrs. D.M. Bengu | |
| | Mrs. G.T. Abrahams | |
| | Mrs. E. Mtetwa | |
| | Mrs. E. Mpongose | |
| | Mrs. A. Dlamini | |
| | Mrs. F. Dlamini | |
| | Mrs. I. Masuku | |
| | Mrs. A. Khanyile | |
| | Mrs. J. Mtetwa | |
| | Mrs. E. Mtetwa | |
| | S. Khoza | |
| | J. Khumalo | |
| | A. Mahluza | |
| | E. Nxumalo | |
| | J. Zwane | |
| | I.J. Shilubane | |
| | E. Simelano | |

Division I & II cont.

| | |
|--------------------|-------------------|
| Radiographer | Mrs. V. Elyan |
| Medical Assistant | Mr. A.F.K. Phiri |
| Health Educator | Mr. R.L. Phillips |
| Accountant | Mr. J.C. Mapumulo |
| Personal Assistant | Mrs. I. Lewis |
| Stenographer | Miss S. McCabe |
| Handyman | Mr. W.Q. Mordaunt |
| Housekeeper | Mrs. E.I. Dlamini |
| | Mrs. Morake |

b) Division III

6 Dispensers
4 Pupil Dispensers
5 Laboratory Assistants
2 Xray Assistants
10 Clerks
106 Nurses
4 Out-Patient Attendants
15 Driver/Handyman
1 Senior Malaria Assistant
10 Malaria Assistants
1 Vaccinator
3 Senior Ward Orderlies
6 Dispensary Orderlies
53 Ward Orderlies
33 Nurse Aides
3 Wardmaids
20 Laundresses
3 Seamstresses
2 Office Messengers
6 Night Watchmen
5 Groundsmen
14 Cooks
2 Telephonists
7 Housemaids
1 Senior Mental Patient Attendant
1 Copy Typist
6 Mental Patient Attendants
13 Health Visitors

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APPENDIX: II

RETURN OF CASES TREATED: GOVERNMENT AND MISSION HOSPITALS 1966.

| Detailed List No: | Group Causes: | Total Cases: | Out-patients: | In-patients: | Deaths |
|-------------------|---|--------------|---------------|--------------|--------|
| 001-008 | Tuberculosis, Respiratory System | 1010 | 374 | 546 | 90 |
| 010 | Tuberculosis of Meninges or C.N.S. | 5 | 1 | 3 | 1 |
| 011 | Tuberculosis of Intestines and Peritoneum | 50 | 20 | 29 | 1 |
| 012-013 | Tuberculosis of Bones and Joints | 68 | 34 | 33 | 1 |
| 014-019 | Tuberculosis - All other forms | 136 | 86 | 50 | - |
| 020 | Congenital Syphilis | 111 | 98 | 11 | 2 |
| 021 | Early Syphilis | 608 | 588 | 20 | - |
| 024 | Tabes Dorsalis | 2 | 1 | 1 | - |
| 022-023) | | | | | |
| 026-029) | All other Syphilis | 806 | 760 | 46 | - |
| 030-035 | Gonococcal Infection | 2089 | 2055 | 34 | - |
| 036-039 | Other Venereal Diseases | 155 | 66 | 86 | 3 |
| 040-041 | Enteric Fever | 144 | 16 | 118 | 10 |
| 044 | Brucellosis | 15 | 15 | - | - |
| 045 | Bacillary Dysentery | 496 | 376 | 119 | 1 |
| 046 | Amoebiasis | 403 | 229 | 168 | 6 |
| 052 | Erysipelas | 197 | 190 | 7 | - |
| 055 | Diphtheria | 39 | 8 | 30 | 1 |
| 056 | Whooping Cough | 766 | 597 | 168 | 1 |
| 057 | Meningococcal Infections | 9 | 1 | 7 | 1 |
| 060 | Leprosy | 11 | 4 | 6 | 1 |
| 061 | Tetanus | 60 | 29 | 24 | 7 |
| 080-083 | Late Effects of Poliomyelitis | 26 | 14 | 12 | - |
| 084 | Smallpox (Variola Minor) | 73 | 15 | 55 | 3 |
| 085 | Measles | 902 | 713 | 181 | 8 |
| 092 | Infectious Hepatitis | 295 | 232 | 62 | 1 |
| 104 | Tick-bite Fever | 45 | 39 | 6 | - |
| 116 | Malaria | 14 | - | 13 | 1 |
| 123-1 | Bilharzia (Vesical) | 751 | 623 | 127 | 1 |
| 123-0 | Bilharzia (Intestinal) | 119 | 89 | 29 | 1 |
| 126 | Tape Worm | 657 | 649 | 8 | - |
| 130-0 | Ascariasis | 882 | 875 | 7 | - |
| 124,128) | | | | | |
| 130-1) | Other Helminthic Diseases | 364 | 353 | 11 | - |
| 049 | Poisoning - Food | 70 | 47 | 22 | 1 |
| 087 | Chicken Pox | 211 | 189 | 22 | - |
| 131 | Dermatophytosis | 1225 | 1211 | 14 | - |
| 135 | Scabies | 1881 | 1806 | 75 | - |
| 137,138 | Other Infective and Parasitic Diseases | 214 | 158 | 56 | - |
| 140-150 | Malignant Neoplasms of | | | | |
| | (a) Mouth, Pharynx & Oesophagus | 23 | 10 | 12 | 1 |
| 151-154 | (b) Stomach, Intestine, Rectum | 4 | 3 | 1 | - |
| 161-163 | (c) Larynx, Trachea, Lung | 6 | - | 6 | - |
| 170 | (d) Breast | 6 | 4 | 2 | - |
| 171 | (e) Cervix Uteri | 24 | - | 21 | 3 |
| 172 | (f) Body of Uterus | 1 | - | 1 | - |
| 177 | (g) Prostate | 7 | - | 5 | 2 |
| 191-9 | (h) Skin | - | - | - | - |
| 196-7 | (i) Bone & Connective Tissue | 9 | 1 | 8 | - |
| 199 | (j) All Other Sites | 28 | 2 | 22 | 4 |

REPORT ON THE PROGRESS OF THE WORK OF THE COMMITTEE

| Item No. | Group Name | Total Cases | 1917 | 1918 | 1919 |
|----------|---------------------------------------|-------------|------|------|------|
| 001-008 | Polioencephalitis, Hemorrhagic | 1010 | 775 | 235 | |
| 010 | Polioencephalitis of Meninges | | | | |
| 011 | Polioencephalitis of Intestines | | | | |
| 012-013 | Polioencephalitis of Bones and Joints | 30 | 30 | | |
| 014-019 | Polioencephalitis - All other forms | 150 | 150 | | |
| 020 | Congenital Syphilis | 111 | 111 | | |
| 021 | Acute Syphilis | 600 | 600 | | |
| 022 | Latent Syphilis | 7 | 7 | | |
| 023-024 | All other Syphilis | 600 | 600 | | |
| 025-029 | General Infectious Diseases | 1000 | 1000 | | |
| 030-039 | Other Infectious Diseases | 100 | 100 | | |
| 040-041 | Scarlet Fever | 10 | 10 | | |
| 042 | Diphtheria | 10 | 10 | | |
| 043 | Scarlet Fever | 10 | 10 | | |
| 044 | Scarlet Fever | 10 | 10 | | |
| 045 | Scarlet Fever | 10 | 10 | | |
| 046 | Scarlet Fever | 10 | 10 | | |
| 047 | Scarlet Fever | 10 | 10 | | |
| 048 | Scarlet Fever | 10 | 10 | | |
| 049 | Scarlet Fever | 10 | 10 | | |
| 050 | Scarlet Fever | 10 | 10 | | |
| 051 | Scarlet Fever | 10 | 10 | | |
| 052 | Scarlet Fever | 10 | 10 | | |
| 053 | Scarlet Fever | 10 | 10 | | |
| 054 | Scarlet Fever | 10 | 10 | | |
| 055 | Scarlet Fever | 10 | 10 | | |
| 056 | Scarlet Fever | 10 | 10 | | |
| 057 | Scarlet Fever | 10 | 10 | | |
| 058 | Scarlet Fever | 10 | 10 | | |
| 059 | Scarlet Fever | 10 | 10 | | |
| 060 | Scarlet Fever | 10 | 10 | | |
| 061 | Scarlet Fever | 10 | 10 | | |
| 062-063 | Scarlet Fever of | 10 | 10 | | |
| 064 | Scarlet Fever (Various Types) | 10 | 10 | | |
| 065 | Scarlet Fever | 10 | 10 | | |
| 066 | Scarlet Fever | 10 | 10 | | |
| 067 | Scarlet Fever | 10 | 10 | | |
| 068 | Scarlet Fever | 10 | 10 | | |
| 069 | Scarlet Fever | 10 | 10 | | |
| 070 | Scarlet Fever | 10 | 10 | | |
| 071 | Scarlet Fever | 10 | 10 | | |
| 072 | Scarlet Fever | 10 | 10 | | |
| 073 | Scarlet Fever | 10 | 10 | | |
| 074 | Scarlet Fever | 10 | 10 | | |
| 075 | Scarlet Fever | 10 | 10 | | |
| 076 | Scarlet Fever | 10 | 10 | | |
| 077 | Scarlet Fever | 10 | 10 | | |
| 078 | Scarlet Fever | 10 | 10 | | |
| 079 | Scarlet Fever | 10 | 10 | | |
| 080 | Scarlet Fever | 10 | 10 | | |
| 081 | Scarlet Fever | 10 | 10 | | |
| 082 | Scarlet Fever | 10 | 10 | | |
| 083 | Scarlet Fever | 10 | 10 | | |
| 084 | Scarlet Fever | 10 | 10 | | |
| 085 | Scarlet Fever | 10 | 10 | | |
| 086 | Scarlet Fever | 10 | 10 | | |
| 087 | Scarlet Fever | 10 | 10 | | |
| 088 | Scarlet Fever | 10 | 10 | | |
| 089 | Scarlet Fever | 10 | 10 | | |
| 090 | Scarlet Fever | 10 | 10 | | |
| 091 | Scarlet Fever | 10 | 10 | | |
| 092 | Scarlet Fever | 10 | 10 | | |
| 093 | Scarlet Fever | 10 | 10 | | |
| 094 | Scarlet Fever | 10 | 10 | | |
| 095 | Scarlet Fever | 10 | 10 | | |
| 096 | Scarlet Fever | 10 | 10 | | |
| 097 | Scarlet Fever | 10 | 10 | | |
| 098 | Scarlet Fever | 10 | 10 | | |
| 099 | Scarlet Fever | 10 | 10 | | |
| 100 | Scarlet Fever | 10 | 10 | | |

| Detailed List No: | Group Causes | Total Cases: | Out-patients: | In-patients: | Deaths |
|-------------------|--|--------------|---------------|--------------|--------|
| 204 | Leukaemia | 5 | - | 2 | 3 |
| 210-239 | Benign Neoplasms | 338 | 239 | 99 | - |
| 250-251 | Non-Toxic Goitre | 136 | 115 | 21 | - |
| 252 | Thyrotoxicosis | 17 | 10 | 7 | - |
| 260 | Diabetes Mellitus | 181 | 134 | 45 | 2 |
| 281 | Pellagra | 893 | 852 | 35 | 6 |
| 282 | Scurvy | 17 | 9 | 7 | 1 |
| 286-6 | Kwashiorkor | 799 | 418 | 341 | 40 |
| 286-5 | Malnutrition unqualified | 1711 | 1465 | 218 | 28 |
| 290 | Hyperchromic Anaemias | 1 | - | 1 | - |
| 291 | Hypochromic Aneamias | 222 | 215 | 7 | - |
| 292,293 | Anaemia, unspecified | 298 | 268 | 27 | 3 |
| 241 | Asthma | 534 | 428 | 104 | 1 |
| 240,242) | | | | | |
| 245) | Other Allergic Disorders | 519 | 494 | 25 | - |
| 300-309 | Psychoses | 43 | 32 | 11 | - |
| 310,324) | Psychoneuroses and | | | | |
| 326) | Hysteria | 164 | 111 | 53 | - |
| 325 | Mental Deficiency | 91 | 65 | 34 | 2 |
| 330-334 | Vascular Lesions of C.N.S. | 59 | 19 | 37 | 3 |
| 340 | Meningitis (Non-Meningo-coccal) | 76 | 26 | 45 | 5 |
| 353 | Epilepsy | 208 | 118 | 87 | 3 |
| 370-379 | Inflammatory Diseases of Eye | 1348 | 1223 | 125 | - |
| 385 | Cataract | 112 | 75 | 27 | - |
| 387 | Glaucoma | 28 | 12 | 16 | - |
| 390 | Otitis Externa | 479 | 467 | 12 | - |
| 391-393 | Otitis Media & Mastoiditis | 930 | 859 | 71 | - |
| 380-384 | All other Diseases of Eye | 561 | 504 | 57 | |
| 341-344 | All Other Diseases of C.N.S. & Sense Organs | 262 | 155 | 101 | 6 |
| 400-402 | Rheumatic Fever | 149 | 119 | 30 | - |
| 410-416 | Chronic Rheumatic Heart Disease | 160 | 126 | 34 | - |
| 420-422 | Arterio-Sclerotic & Degenerative Heart Disease | 296 | 167 | 123 | 46 |
| 430-434 | Other Diseases of Heart | 460 | 321 | 121 | 18 |
| 440-443 | Hypertension & Heart Disease | 152 | 123 | 29 | - |
| 444-447 | Hypertension | 302 | 229 | 70 | 3 |
| 450-456 | Diseases of Arteries | 44 | 33 | 10 | 1 |
| 460-468 | Other Diseases of Circulatory System | 343 | 216 | 115 | 12 |
| 470-475 | Acute Upper Respiratory Tract Infections including Acute Tonsillitis | 5144 | 4764 | 380 | - |
| 480-483 | Influenza | 1085 | 977 | 108 | - |
| 490 | Lobar Pneumonia | 402 | 210 | 182 | 10 |
| 491 | Broncho-Pneumonia | 1222 | 837 | 358 | 27 |
| 492,493 | Atypical Pneumonia | 122 | 55 | 62 | 5 |
| 500 | Acute Bronchitis | 1889 | 1735 | 153 | 1 |
| 501,502 | Bronchitis, Chronic & Unspecified | 1557 | 1393 | 163 | 1 |
| 512 | Chronic Pharyngitis & Chronic Tonsillitis | 390 | 354 | 35 | 1 |
| 518,521 | Empyema & Lung Abscess | 29 | 11 | 17 | 1 |
| 519 | Pleurisy | 204 | 130 | 71 | 3 |
| 523 | Pneumoconiosis | 47 | 41 | 6 | - |
| 520-522 | Other Respiratory Diseases | 411 | 379 | 29 | 3 |
| 530 | Dental Caries | 4287 | 4238 | 49 | - |
| 531-535 | All Other Diseases of Teeth & Gums | 499 | 459 | 40 | - |

| Item No. | Group Name | Total Cases | Out-Door | In-Door |
|----------|------------|-------------|----------|---------|
| 201 | ... | ... | ... | ... |
| 210-230 | ... | ... | ... | ... |
| 230-250 | ... | ... | ... | ... |
| 250 | ... | ... | ... | ... |
| 260 | ... | ... | ... | ... |
| 270 | ... | ... | ... | ... |
| 280 | ... | ... | ... | ... |
| 290-300 | ... | ... | ... | ... |
| 300 | ... | ... | ... | ... |
| 310 | ... | ... | ... | ... |
| 320 | ... | ... | ... | ... |
| 330-350 | ... | ... | ... | ... |
| 350 | ... | ... | ... | ... |
| 360 | ... | ... | ... | ... |
| 370-380 | ... | ... | ... | ... |
| 380 | ... | ... | ... | ... |
| 390 | ... | ... | ... | ... |
| 400-410 | ... | ... | ... | ... |
| 410-420 | ... | ... | ... | ... |
| 420-430 | ... | ... | ... | ... |
| 430-440 | ... | ... | ... | ... |
| 440-450 | ... | ... | ... | ... |
| 450-460 | ... | ... | ... | ... |
| 460-470 | ... | ... | ... | ... |
| 470-480 | ... | ... | ... | ... |
| 480-490 | ... | ... | ... | ... |
| 490 | ... | ... | ... | ... |
| 500-510 | ... | ... | ... | ... |
| 510-520 | ... | ... | ... | ... |
| 520-530 | ... | ... | ... | ... |
| 530-540 | ... | ... | ... | ... |
| 540-550 | ... | ... | ... | ... |
| 550-560 | ... | ... | ... | ... |
| 560-570 | ... | ... | ... | ... |
| 570-580 | ... | ... | ... | ... |
| 580-590 | ... | ... | ... | ... |
| 590-600 | ... | ... | ... | ... |
| 600-610 | ... | ... | ... | ... |
| 610-620 | ... | ... | ... | ... |
| 620-630 | ... | ... | ... | ... |
| 630-640 | ... | ... | ... | ... |
| 640-650 | ... | ... | ... | ... |
| 650-660 | ... | ... | ... | ... |
| 660-670 | ... | ... | ... | ... |
| 670-680 | ... | ... | ... | ... |
| 680-690 | ... | ... | ... | ... |
| 690-700 | ... | ... | ... | ... |
| 700-710 | ... | ... | ... | ... |
| 710-720 | ... | ... | ... | ... |
| 720-730 | ... | ... | ... | ... |
| 730-740 | ... | ... | ... | ... |
| 740-750 | ... | ... | ... | ... |
| 750-760 | ... | ... | ... | ... |
| 760-770 | ... | ... | ... | ... |
| 770-780 | ... | ... | ... | ... |
| 780-790 | ... | ... | ... | ... |
| 790-800 | ... | ... | ... | ... |
| 800-810 | ... | ... | ... | ... |
| 810-820 | ... | ... | ... | ... |
| 820-830 | ... | ... | ... | ... |
| 830-840 | ... | ... | ... | ... |
| 840-850 | ... | ... | ... | ... |
| 850-860 | ... | ... | ... | ... |
| 860-870 | ... | ... | ... | ... |
| 870-880 | ... | ... | ... | ... |
| 880-890 | ... | ... | ... | ... |
| 890-900 | ... | ... | ... | ... |
| 900-910 | ... | ... | ... | ... |
| 910-920 | ... | ... | ... | ... |
| 920-930 | ... | ... | ... | ... |
| 930-940 | ... | ... | ... | ... |
| 940-950 | ... | ... | ... | ... |
| 950-960 | ... | ... | ... | ... |
| 960-970 | ... | ... | ... | ... |
| 970-980 | ... | ... | ... | ... |
| 980-990 | ... | ... | ... | ... |
| 990-1000 | ... | ... | ... | ... |

| Detailed List No: | Group Causes: | Total Cases: | Out Pat-ients: | In Pat-ients: | Deaths: |
|---|--|--------------|----------------|---------------|---------|
| 540 | Gastric Ulcer | 116 | 83 | 32 | 1 |
| 541 | Duodenal Ulcer | 96 | 89 | 7 | - |
| 543 | Gastritis & Duodenitis | 691 | 562 | 126 | 3 |
| 550-553 | Appendicitis | 133 | 51 | 82 | - |
| 570 | Intestinal Obstruction | 63 | 7 | 44 | 12 |
| 560 | Hernia | 129 | 77 | 51 | 1 |
| 570-0 | Gastro-enteritis
(4 weeks to 2 years) | 3312 | 2770 | 478 | 64 |
| 570-1 | Gastro-enteritis
(over 2 years) | 2926 | 2355 | 522 | 49 |
| 572 | Chronic Enteritis and
Colitis | 612 | 581 | 31 | - |
| 581 | Cirrhosis of Liver | 156 | 70 | 77 | 9 |
| 584, 585 | Cholecystitis | 101 | 57 | 43 | 1 |
| 536-539
544, 573
580, 582
583, 586
587 | Other diseases of
Digestive System | 2865 | 2641 | 217 | 7 |
| 590 | Acute Nephritis | 67 | 31 | 34 | 2 |
| 591-594 | Chronic Nephritis | 63 | 23 | 35 | 5 |
| 600 | Infections of Kidney | 276 | 228 | 46 | 2 |
| 602, 604 | Calculi of Urinary System | 17 | 9 | 8 | - |
| 610 | Hyperplasia of Prostate | 46 | 24 | 21 | 1 |
| 620, 621 | Diseases of Breast | 159 | 120 | 39 | - |
| 613 | Hydrocele | 117 | 63 | 54 | - |
| 634 | Disorders of Menstruation | 1710 | 1523 | 187 | - |
| 601, 603
605, 609
611, 612
614-617
622-633
635-637 | All other Diseases
of
Genito-Urinary System | 5432 | 4509 | 914 | 9 |
| 660 | Normal Deliveries | 2739 | - | 2739 | - |
| 671
673-678 | Deliveries with Complications | 552 | - | 541 | 11 |
| 640, 641
681, 682
684 | Sepsis of Pregnancy
Childbirth & Puerperium | 68 | 44 | 21 | 3 |
| 642 | Toxaemia of Pregnancy | 45 | 12 | 32 | 1 |
| 643, 644
670, 672 | Haemorrhage of Pregnancy
and Childbirth | 33 | 8 | 25 | - |
| 650 | Abortion | 695 | 213 | 481 | 1 |
| 651 | Abortion with Sepsis | 51 | 13 | 37 | 1 |
| 690-
698 | Infections of Skin and
Subcutaneous Tissues | 3961 | 3391 | 569 | 1 |
| 720-727 | Arthritis and Spondylitis | 344 | 272 | 72 | - |
| 726, 727 | Muscular Rheumatism &
Rheumatism Unqualified | 986 | 918 | 68 | - |
| 730 | Osteomyelitis and
Peri-Ostitis | 150 | 76 | 73 | 1 |
| 737, 745
749 | Ankylosis and Acquired
Musculo-Skeletal Deformity | 162 | 138 | 24 | - |
| 700-714 | All other Diseases of Skin | 515 | 448 | 67 | - |
| 731-736 | All other Diseases of
Musculo-Skeletal System | 305 | 289 | 16 | - |
| 750-759 | Congenital Malformations | 94 | 40 | 47 | 7 |
| 760-762 | Birth Injuries | 19 | 8 | 7 | 4 |
| 765 | Ophthalmia Neonatorum | 30 | 16 | 14 | - |
| 770 | Haemolytic Disease
(Neo-Natal) | 15 | 3 | 7 | 5 |
| 773-776 | Other Diseases Early Infancy | 341 | 152 | 134 | 55 |

| Detailed List No: | Group Causes. | Total Cases: | Out-patients | In-patients: | Deaths |
|-------------------|---|--------------|--------------|--------------|--------|
| 791 | Senility | 68 | 55 | 9 | 4 |
| 788-9 | P.U.O. | 457 | 361 | 85 | 11 |
| 788-1-) | All Other Ill-defined Causes of Morbidity | 626 | 535 | 89 | 2 |
| 788-7) | | | | | |
| 788-9) | | | | | |
| 789-792) | | | | | |
| 795) | Observation without need for further care | 584 | - | 584 | - |
| 793) | | | | | |

"E" CODE ALTERNATIVE CLASSIFICATION OF ACCIDENTS, POISONING AND VIOLENCE (EXTERNAL CAUSE).

| | | | | | |
|--------------|---|------|------|-----|----|
| E810-E835 | Motor Vehicle Accidents | 448 | 203 | 238 | 7 |
| E800-E802 | Other Transport Accidents | 162 | 88 | 71 | 3 |
| E870-E895 | Accidental Poisoning | 178 | 46 | 128 | 4 |
| E900-E904 | Accidental Falls. | 1488 | 987 | 497 | 4 |
| E612 | Accidents caused by Machinery | 160 | 119 | 40 | 1 |
| E916 | Accidents caused by Fire | 250 | 143 | 101 | 6 |
| E917,E918 | Accidents caused by Hot substances and corrosives | 331 | 238 | 93 | - |
| E919 | Accidents caused by Firearms | 9 | 6 | 3 | - |
| E910-E913-) | All other accidental causes | 3071 | 2276 | 796 | 4 |
| E915,E920-) | | | | | |
| E928,E930-) | | | | | |
| E965) | | | | | |
| E970-E979 | Suicide & Self-Inflicted Injury | 19 | 7 | 12 | - |
| E980-E985 | Assault, Homocide | 1798 | 762 | 997 | 39 |

"N" CODE ALTERNATIVE CLASSIFICATION OF ACCIDENTS, POISONINGS AND VIOLENCE (NATURE OF INJURY)

| | | | | | |
|-------------|---|------|------|-----|----|
| N800-N804 | Fracture of Skull | 194 | 14 | 161 | 19 |
| N805-N809 | Fracture of Spine & Trunk | 125 | 59 | 66 | - |
| N810-N829 | Fracture of Limbs | 963 | 410 | 550 | 3 |
| N830-N839 | Dislocation | 120 | 68 | 52 | - |
| N840-N848 | Sprains and Strains | 819 | 730 | 89 | - |
| N850-N856 | Head Injury (Excluding Fracture) | 363 | 125 | 224 | 14 |
| N860-N869 | Internal Injury, chest abdomen and pelvis | 154 | 36 | 103 | 15 |
| N870-N908 | Laceration & Open Wounds | 2681 | 1704 | 971 | 6 |
| N910-N929 | Superficial Injury - contusion | 969 | 725 | 244 | - |
| N930-N936 | Foreign Body entering through Orifice | 195 | 135 | 60 | - |
| N940-N949 | Burns | 528 | 341 | 179 | 8 |
| N960-N979 | Effects of Poison | 198 | 47 | 148 | 3 |
| N950-N959) | All other effects of External Causes | 499 | 450 | 49 | - |
| N980-N999) | | | | | |

&

| Detailed List No. | Group Causes: | Total Cases: | Out-Patients: | In-Patients: | Deaths: |
|----------------------|---|--------------|---------------|--------------|---------|
| Y00 | Medical Examinations, Boards and Tax Exemption Examinations | 5383 | 5383 | - | - |
| Y02 | Prophylactic Injections: | | | | |
| | a) Smallpox Vaccination | 3094 | 3094 | - | - |
| | b) T.A.B. | 53 | 53 | - | - |
| | c) Diphtheria | 6 | 6 | - | - |
| | d) Diphtheria and Whooping Cough | - | - | - | - |
| | e) Diphtheria, Whooping Cough & Tetanus | 890 | 890 | - | - |
| | f) Tetanus | 3 | 3 | - | - |
| | g) Poliomyelitis | 644 | 644 | - | - |
| | h) Yellow Fever | 194 | 194 | - | - |
| | i) Cholera | 6 | 6 | - | - |
| Y06 | Ante-Natal Examinations | 4510 | 4510 | - | - |
| Y08 | Attendants admitted as In-patients with sick children | 1109 | - | 1109 | - |
| TOTAL "NEW" PATIENTS | | 99416 | | | |

SUBSEQUENT ATTENDANCES:

| | |
|------------------------------------|---------------------|
| Subsequent Ante-Natal Attendances | 6062 |
| Subsequent Prophylactic Injections | 2205 |
| All Other Subsequent Attendances | <u>55825</u> |
| GRAND TOTAL SUBSEQUENT ATTENDANCES | <u><u>64092</u></u> |

| Detail List No. | Group (Number) | Total Cases | Total | 14-15 |
|---------------------|----------------------------|-------------|-------|-------|
| Y00 | Relief Commission | | | |
| Y01 | Board and the Commission | 300 | 300 | |
| | Relief Commission | | | |
| | Pro-Visiting I Section | | | |
| | a) Relief Commission | 100 | 100 | |
| | b) T.S.S. | 10 | 10 | |
| | c) District | 0 | 0 | |
| | d) Districts and the other | | | |
| | e) Districts, Working | | | |
| | Group 2 Section | 100 | 100 | |
| | f) Section | 1 | 1 | |
| | g) Districts | 100 | 100 | |
| | h) Relief Commission | 100 | 100 | |
| | i) Districts | 0 | 0 | |
| Y02 | Anti-Hate Commissions | 100 | 100 | |
| Y03 | Students listed as | | | |
| | in-patients with sick | | | |
| | children | 100 | 100 | |
| TOTAL WITH PATIENTS | | 300 | 300 | |

ADDITIONAL DETAILS:

Subsequent Anti-Hate Commissions 100
 Subsequent Physical Injuries 100
 All Other Subsequent Injuries 100
 GRAND TOTAL WITH PATIENTS 300



