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BARBADOS

ANNUAL REPORT

OF THE

Director of Medical
Services

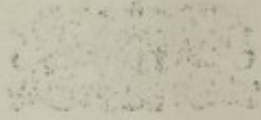
FOR THE YEAR

1954-55

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BARBADOS

ANNUAL REPORT

1874

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No. 2480 A.5019/55

Department of Medical Services,
The Wharf,
Bridgetown, 1.
30th December, 1955.

Sir,

I have the honour to submit for the information of His Excellency the Governor and the Legislature, the Medical Report on the Health and Sanitary conditions of Barbados for the year 1954-55.

I have the honour to be,

Sir,

Your obedient servant,

JOSEPH P. O'MAHONY,

Director of Medical Services.

The Honourable
Minister of Social Services,
Public Buildings,
Barbados.



20 2100 A 2010 20

Department of Medical Services
The War, I
1914-1918
1914-1918

20

I have the pleasure to inform you that the Department of the Interior, the
Government and the Legislature have decided to grant an increase in the
salaries of the various positions for the year 1918.

I have the pleasure to be

Yours

Your obedient servant,

JOSPH T. WALSH

Director of Medical Services

The Honorable
Minister of Social Services
Public Buildings
Ottawa

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7. The Infantile Mortality Rate decreased from 139 in 1953 to 109 in 1954.

8. Infantile mortality statistics per 1,000 livebirths are as follows:—

	1945	..	..	..	..	..	149
(Census year)	1946	..	..	..	..	..	160
	1947	..	..	..	..	..	172
	1948	..	..	..	..	..	153
	1949	..	..	..	..	..	133
	1950	..	..	..	..	..	125
	1951	..	..	..	..	..	136
	1952	..	..	..	..	..	146
	1953	..	..	..	..	..	139
	1954	..	..	..	..	..	109

9. The Quarantinable diseases did not occur.

10. Fevers of influenzal type continued to appear in the disease pattern. Complications such as Pneumonia—especially in the younger age groups—were frequent and serious. The incidence of other epidemic diseases such as measles and whooping cough was not high.

11. There was no major shift in emphasis in diseases in general. The Diseases of Early Infancy came first again in the major causes of death and Diseases of the Circulatory and Respiratory Systems came second and third respectively as in the previous year. It is hoped that the preventive Health Services started will change the disease pattern and relegate the preventable diseases to a less important place in our disease picture. It is notable that neoplasms come fourth in the list of major causes of death.

12. The following table shows the numbers treated at the four Hospitals—both in-patients and out-patients including after attendances:—

Institution	In-patients	Out-patients
General Hospital	11,261	115,973
Maternity Hospital	587	4,918
Leper Hospital	27	41
Mental Hospital	719	—

13. Training for the Public Health Service of Barbados

(i) Three Nurses from the Barbados General Hospital were selected to undergo training in United Kingdom Hospitals leading to U.K. qualifications and post-graduate experience.

(ii) One Nurse and one Attendant from the Mental Hospital were selected for scholarships to be held in United Kingdom Mental Hospitals.

(iii) Two Nurses and one Sanitary Inspector were selected to undergo training at the Public Health Training Centre in Jamaica.

(iv) A training course in Bio-Statistics for the Caribbean was held in Jamaica under the auspices of the World Health Organisation. Mr. R. Fitzpatrick and Miss E. Maxwell, Clerks in the central office and General Hospital respectively, were given short-term scholarships by the World Health Organisation and attended the course during November and December.

14. The second practical approach to an organised Public Health Service was represented by the construction of the St. Michael's Health Centre at Enmore, Collymore Rock. For the first time and at this Centre there was established a Tuberculosis Clinic under the control of the newly appointed Tuberculosis Officer, Dr. D. O. S. Payne; a modern X-ray Unit with a 5" x 4" camera attachment is provided. The Health Centre, which will operate Preventive Services alike to those at the Health Centre in Speightstown, awaits the appointment of a Medical Officer of Health and Nursing Staff to become fully operative. The Sanitation Staff are already accommodated at the Centre.

15. The *Aedes aegypti* Campaign started in March 1953 was intensified and stimulated by the occurrence of cases of Yellow Fever in Trinidad. More Funds were provided and a residual spraying programme was started in Christ Church in November 1953, and in St. Michael in January 1954. Good progress was made both before and during the Tourist season. The programme benefited

by the services of the World Health Organisation Consultant, Mr. W. Jurawan, who arrived in November 1953.

16. Following the Report and Recommendations presented by the Consultants of the World Health Organisation in February 1954, on the Health Services of Barbados, Government agreed to an approach being made to U.N.I.C.E.F. and W.H.O. for International assistance to the Department in the organisation of the Health Services. This closer relationship, arising out of many discussions, was aided by the enactment of the Local Government and Public Health Acts as mentioned in Part I. The main objectives are:—

- (1) To establish a basic health structure capable of organising and supporting local and rural health services.
- (2) To improve rural water supplies by extending the existing piped water supplies as available and potential sources will permit.
- (3) To improve rural excreta disposal by extending the present pilot project so as to provide 30,000 latrine units. To educate the rural population as regards the nature and control of intestinal diseases.
- (4) To extend rural health services by continued expansion of the Centre at Speightstown, operation of the Centre in St. Michael, and construction and operation of the Centre in the South, with emphasis on Maternal and Child Health.
- (5) Operation of a public health laboratory at the St. Michael Centre and the establishment of feeder laboratories in other centres.
- (6) An approach to the TB problem by a B.C.G. vaccination campaign and X-ray and other follow-up of the tuberculin positives. Construction of a 50-bed TB ward.
- (7) Improvement of services to mothers and children by M.C.H. activities at the centres; training of nursing and auxiliary personnel in midwifery; and the construction of a 50-bed paediatric hospital.
- (8) The improvement of the two Almshouses in the North and South to the standard and to do the work of Cottage Hospitals. The setting up of Out-patient Departments at these hospitals to serve as sub-centres for M.C.H. and preventive activities.
- (9) To improve the following central services:
 - (a) Training of auxiliaries
 - (b) vital statistics
 - (c) health education.
- (10) To expand the existing feeding programme in the schools.
- (11) To control Venereal Disease.

The programme is planned over the period 1955 to 1957.

17. The World Health Organisation technically approved the proposal which provided the basis for recommendations of the Executive Director of U.N.I.C.E.F. for an apportionment to Barbados for Rural Maternal and Child Welfare Services and Training to an amount of \$56,000 U.S. for a three year Maternal and Child Welfare Programme as an integral part of the re-organisation of all Health Services being undertaken in the Island. U.N.I.C.E.F. will provide basic maternal and child welfare services equipment for two new rural health centres and for maternal and child welfare services in the out-patient departments of two new cottage hospitals; paediatric ward equipment for a general hospital which will receive cases on referral from throughout the Island; equipment for a public health laboratory in the capital city whose services will be integrated with the work of the centres; teaching equipment for training in health education and midwifery; supplies and equipment, the costs of an international adviser and fellowships for a mass B.C.G. anti-tuberculosis vaccination campaign; supplies and equipment for a campaign to combat venereal disease; and supplies and equipment for construction of 5,000 latrines. I am pleased to record that U.N.I.C.E.F.'s Executive Board has approved funds for the proposal as presented. In addition the budget of W.H.O. for 1955 and 1956 includes funds for Technical Advisers and Fellowships for this programme.

PART III. VITAL STATISTICS

18. The following are the principal vital statistical data for the year ended 31st December, 1954:—

Estimated end of year population	....	227,550
Estimated mean population	....	225,240
Births registered	....	7,576
Birth Rate per 1,000 of the population	....	33.63
Deaths registered	....	2,544
Death Rate per 1,000 of the population	....	11.29
Infant Mortality Rate	....	109
Maternal Mortality per 1,000 livebirths	....	2.71
Stillbirth rate per 100 livebirths	....	2.38

19. The following comparative statement of the three main rates is of interest:

Rate	Barbados	Trinidad	Jamaica	British Guiana
Births per 1,000 population	33.63	41.41	35.30	42.9
Deaths per 1,000 population	11.29	9.66	10.71	12.4
Infant Mortality per 1,000 livebirths	109	60.42	66.10	73.6

Tables showing a summary of the Causes of Death in each parish and in age-groups for the whole Island are given in Appendices VI and VII.

Comments—

20. The population on the 31st December, 1954, was computed as follows:—

Estimated population 31st December, 1953	....	....	222,942
Excess of births over deaths	....	....	5,032
			227,974
Less excess of Emigration over Immigration	....	....	424
Population at 31st December, 1954	....	....	227,550

	Males	Females	Persons
Immigration	12,014	9,274	21,288
Emigration	12,149	9,563	21,712
Arrivals by air	9,507	6,837	16,344
Departures by air	9,494	7,282	16,776

PART IV. ADMINISTRATIVE

A. PUBLIC HEALTH

21. In the absence of modern Public Health legislation, the Central Authority consists of a General Board of Health and the Director of Medical Services who is a member of the Board. The Director has a Senior Medical Officer of Health and a small force (six) of Sanitary Inspectors at his disposal for supervising work in the parishes. The Board met once monthly and was chiefly concerned with the division and sale of land under the Public Health Act, 1908.

22. It is considered that the Board is not the appropriate body for dealing with applications for the division of land, but legislation is necessary to effect the change which is again recommended.

23. Local authorities are composed of eleven Boards known as Commissioners of Health appointed on a parochial basis from the Vestry. Each local authority appoints sanitary inspectors varying in number with the size of the parish. The parish of St. Michael employs six Public Health Nurses. The parishes of St. Philip, Christ Church, St. Thomas, St. Peter and St. Andrew employ one Public Health Nurse and parish midwife respectively. These parochial nursing services could be extended with advantage to other parishes.

B. MEDICAL AID

24. Parochial Medical Officers are employed by the Vestry in each of the eleven parishes for the purpose of attending the poor and carrying on the medical work at the Almshouses. An Inspector of Poor for each investigates the circumstances of sick persons and issues tickets for free medical aid when necessary.

25. Informative statements of Poor Relief for all parishes for the year under review is provided in Appendices II and III. These statements merit particular attention for reason of—

- (a) Costs of Poor Relief over years;
- (b) Numbers receiving Poor Relief in various forms;
- (c) The substantial increase in number of persons (3,266) receiving Poor Relief over and above the previous year. Of these nearly 80% live in the urban Parish of St. Michael.

26. The Director of Medical Services has certain statutory duties to perform in connection with poor relief in the parishes.

PART V. PUBLIC HEALTH AND HEALTH CENTRE ACTIVITIES

26. The Senior Medical Officer of Health writes:—

*Report on the work of the Health Centre, Speightstown for the period
1st April, 1954 to 31st March, 1955*

STAFF

Medical Officer of Health

Dr. M. A. Byer carried out the duties of Medical Officer of Health throughout the year.

Senior Public Health Nurse

Nurse A. Walters continued in this post from 1st April, 1954 to 1st August, 1954, when she was given forty-two days' leave; and resumed duty on 15th September, 1954.

Junior Public Health Nurses

Nurse M. Mayers continued to act as Junior Public Health Nurse from 1st April to 1st August, 1954, when she was appointed to act Senior Public Health Nurse during Nurse Walters' absence.

Nurse B. Payne continued to act as Junior Public Health Nurse from 1st April to 26th November, 1954, when she was granted twenty-one days' leave. She resumed duty on 17th December, 1954.

Nurse L. Jackman continued to act as Junior Nurse from 1st April to 30th August, 1954, when she left for the Jamaica Public Health Training Station following the award of a scholarship for ten months' training at that Institution.

Nurse I. Barrett joined the staff on secondment from Barbados General Hospital with effect from 1st August, 1954.

Nurse U. Griffith supplied for the three Junior Public Health Nurses during their periods of leave from 5th October to 16th December, 1954.

Steno-typist

Miss T. Riley carried out the duties of Steno-typist from 1st April to 29th June, when she was granted fifty-six days' leave. She resumed duty on 25th August, 1954.

Miss P. Holder acted as Steno-typist during Miss Riley's absence.

Sanitary Inspector

Mr. E. Baird performed the duties of Government Sanitary Inspector, Northern Area, throughout the year.

Visitors to the Health Centre during this period included:—

Miss Naomi J. Thomas, Field Consultant, Planned Parenthood Federation of America.

Dr. John Weir of the Rockefeller Foundation.

Dr. A. M. Wilson Rae of the Colonial Office.

Mrs. B. Roberts, wife of Bishop Roberts.

Dr. P. deCaires of the World Health Organisation.

Miss Ione L. Ripley of the World Health Organisation.

Miss D. Geib, Laboratory Technician, World Health Organisation.

Rt. Hon. Lord Lloyd of Colonial Office.

Mr. G. Barton, Permanent Secretary to the Premier.

Mr. D. Wiles, Permanent Secretary to the Minister of Social Services.

Revd. H. O. Connell, Haiti.

His Excellency, Brigadier Sir Robert Arundell, Governor of Barbados.

This Centre was honoured by a visit from Her Royal Highness the Princess Margaret who graciously inspected the buildings and showed great interest in certain aspects of the work.

Table I shows the number of applicants for examination and/or treatment who have attended the Centre; and the parishes from which these applicants came. Total No. 3,036 as compared with 2,740 for last year.

TABLE I

	St. Lucy	St. Peter	St. James	St. Andrew	St. Thomas	St. Joseph	Total
No. of Applicants	773	1,031	871	113	214	3	3,005
					Other parishes	...	31
							3,036

The "screening" for Syphilis which was commenced last year has been continued.

Table II shows the results of the screening by Kahn Test.

TABLE II

Total No. Screened	Total No. of Persons with Positive Kahn	% age Positive.
3,036	500	16.4

The percentage of Positive Kahn Tests shown for this year presents a much brighter picture than that for last year. 16.4% as compared with 21.3% does not however, indicate any dramatic change in the Syphilis problem. The services of the Centre are now spreading to a wider section of the population, and persons are coming up for the "blood tests", not because they already suspect that they may have Syphilis, but because they recognise that it is a wise health precaution to do so.

Five hundred (500) cases of Syphilis received treatment this year as compared with five hundred and eighty-four (584) cases for last year.

Gonorrhoea

Three hundred and eighty (380) cases of Gonorrhoea all responded well to the single dose of 300,000 units of Penicillin in acute cases and a second dose of 300,000 units in complicated cases as compared with two hundred and thirty-seven (237) cases last year.

Ante-Natal Clinic

Table III shows the pattern of the attendances registered by the expectant mothers. Total number of attendances at the clinic:—Two thousand and six (2,006).

TABLE III

(To show number of occasions on which mothers attended before delivery)

No. of Attend- ances.	1	2	3	4	5	6	7	8	9	10	11	12
	82	96	85	89	53	50	29	18	15	6	1	1

We are getting a large number of mothers to the Ante-natal Clinic before the 6th month of their pregnancies.

Table IV shows the period of gestation at date of 1st attendance. There are, however, still too many new arrivals in the 7th month.

TABLE IV

Months:—	2nd	3rd	4th	5th	6th	7th	8th	9th
	11	38	67	115	133	108	51	7

The large number of very young mothers in the 15—19 age group, will cause great concern among those who think in terms of the degree of responsibility which these young mothers are likely to be able to assume in the building up of the family.—There are one hundred and thirty-five (135) mothers in this age group!

Table V shows the age groups to which the expectant mothers belong.

TABLE V

AGE GROUP

10-14	15-19	20-24	25-29	30-34	35-39	40-45	45+
3	135	163	98	62	48	19	2

Table VI shows the "number of this pregnancy" for each of the mothers. Again the very large number of 1st pregnancies, many of them in the 15—19 years ago group is to be noted.

TABLE VI

NO. OF "THIS PREGNANCY"

1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th
131	89	69	52	59	31	22	20	14	12	7	8	2	4

The results of the Kahn Tests done for the mothers attending this Clinic are shown in Table VII .13.7% Positive compared with 22.9% for last year

TABLE VII

<i>Negative</i>	<i>Positive</i>	<i>Test not done</i>
440	72	12

Fourteen (14) of the expectant mothers showed Albuminuria during the period of observation.

Blood Pressure levels above those which are regarded as normal for each case were found in fifty (50) cases. The value of this test as an earlier and more accurate indicator of Toxaemia is clearly shown. It occurred three and a half times more frequently in this series than the other index viz. Albuminuria.

We are very grateful to the Maternity Hospital for the excellent co-operation which we have received from them in caring for cases of Toxaemia which were not responding to out-patient treatment.

Health Visitors paid four hundred and fourteen (414) visits to the homes of expectant mothers. Table VIII shows the number of visits.

TABLE VIII

No. of Visits ..	1	2	3	4	5
	228	70	8	3	2

In six (6) cases no information was received as to the outcome of the pregnancies. Table IX shows the results in the other cases.

TABLE IX

<i>Live births</i>		<i>Twins</i>	<i>Abortions</i>	<i>Miscarriages</i>	<i>Still Births</i>
Male	Female				
261	241	3	1	6	26

There were two (2) Maternal deaths.

Infant Clinic

Table X shows age at which infants first came to the Clinic.

TABLE X

	Age							
	Less than 1 month	1 month	2 months	3 months	6 months	9 months	1 year	Over 1 year
Infants	30	149	130	84	27	30	11	18

Table XI shows the age/weight of infants on first attendance.

TABLE XI

Age/Weight of Infants on 1st Attendance

Weight in lbs.	Age at 1st Attendance in Months						
	1	2	3	4	5	6	7
4	—	1	—	—	—	—	—
5	4	4	—	1	—	—	—
6	8	2	2	—	1	1	1
7	16	6	1	—	—	—	—
8	24	7	2	—	3	—	—
9	38	18	2	1	1	—	—
10	29	25	10	2	3	1	1
11	23	34	6	2	2	1	—
12	8	21	9	4	2	—	1
13	—	17	9	3	3	—	—
14	—	3	7	4	1	1	—
15	—	1	3	2	2	3	1
16	—	—	2	1	—	3	3
17	—	1	—	—	1	2	—
18	—	—	1	—	1	2	2

Table XII shows condition of infants at first attendance.

TABLE XII

<i>Full Term</i>		<i>Premature</i>	
Healthy	Puny	Healthy	Puny
464	44	7	12

This is a "Well Baby" Clinic and not a "Sick Kid's" Dispensary, it is therefore to be expected that the majority of the children would present a healthy appearance. The very small percentage, 8.8% of "puny" full-term babies, does indicate a fairly good standard of nutrition in these infants.

Table XIII shows abnormalities in infants

TABLE XIII

(To show abnormalities)

No. of Children	<i>None</i>	<i>Umbilical Hernia</i>	<i>Supernumerary Digits</i>	<i>Other</i>
	455		61	4	3

Table XIV to show number of infants who were breast fed at first attendance.

TABLE XIV

<i>Breast fed</i>	<i>Weaned</i>
422	89

Breast feeding—at any rate partly-breast-fed—is already well established.

Table XV shows the sleeping habits.

TABLE XV.

No. of Infants	Sleeps with mother	Sleeps in separate cot	No Information
	459	29	20

This is one of the major reasons for the very high percentage of deaths in the first year from Respiratory Diseases. In spite of strong resistance, every effort is being made to encourage the mothers to make and to use separate cots for the infants.

Table XVI shows the record of other children in the home.

TABLE XVI.

No. of other children in the home	Alive	Dead
0	57	283
1	123	76
2	92	51
3	69	21
4	46	18
5	41	7
6	17	2
7	8	1
8	6	1
9	3	—
10	2	2
11	—	—
12	—	1
13	2	—

When these figures are compared with the average size of the houses from which these infants come, a clear picture of the degree of overcrowding is obtained.

Table XVII. It is very frequently stated that one of the reasons for a high infant mortality rate in Barbados is the fact that many of the mothers have to work "away from home". It would appear from this table, that there are still large numbers of mothers who are "at home" with the infants.

TABLE XVII.

No information	Mother at home	Mother works away from home
21	351	85

Table XVIII. Immunisations.

TABLE XVIII.

Immunisations		
Completed	Started but not completed	Not yet started
127	149	240

This table shows a welcome change in respect to the acceptance of Immunisations. "Completed" indicates that the infant has had three immunising doses of the triple vaccine for protection against Diphtheria, Whooping Cough and Tetanus, followed by successful vaccination against Smallpox.

This requires regular attendance for at least four (4) months. The rather high number of "started but not completed" should not therefore be taken to indicate defaulters.

TABLE XIX.

(To show number of attendances)

No. of Infants	Attendances		
	Less than 4	4—8	8—12
..	242	135	39

Transport

The station car has been kept in good working order throughout the year.

Mileage covered on Sanitation work with the Government Sanitary Inspector, Northern Area—2,134 miles: i.e. an average of 178 miles per month.

Mileage covered on transport to and from General Hospital with samples of blood for Khan Tests, messages for Government Offices and other business with the Treasury—Weekly Pay Sheets, etc.—Drugs and supplies from Drug Stores in Bridgetown; transport of the "Queen's Milk" from Social Welfare Department to Speightstown—3,226 miles, an average of 269 miles per month.

Mileage covered on Health Visiting with the Public Health Nurses—1,853 miles: an average of 154 miles per month.

Total number of visits to homes of patients—841.

It is very clearly recognised that more time should be spent on Health Visiting. Very careful consideration has been given to this aspect of the work, but it has not been possible to send the Nurses out from the Centre more frequently on account of the very heavy Clinic duties which the same nurses have to get through at the Centre. Recommendations have, however, been submitted for the addition of a Clinic Nurse, not necessarily a Public Health Nurse, to the staff. This will make it possible for one of the Public Health Nurses to be assigned to Health Visiting on each day of the week.

Total mileage covered by car — 7,213 miles.

Health Education

Study Groups were again organised for school teachers. The Study Box on Health in Hot Countries from the British Council has been used with these groups.

One class of boys from the Speightstown Boys' School has visited the Centre fortnightly throughout the school terms. They completed a School Health Project, the construction of a model rural homestead made to the scale of 1/20, complete with out-houses, cow pen etc.

One Secondary School, the Alexandra School, has provided for its pupils, standard Record Cards for a full school health examination. A private practitioner voluntarily assisted with the clinical examination of the girls. Useful experience in this type of work has been gained by the staff, and excellent statistical records will, in a short while, be available for assessing the health forms of school girls in Barbados.

A filmstrip—"Pre-cast Concrete Units for Latrines"—was produced by this Centre with the assistance of the Visual Aids section of the Department of Education. This filmstrip has been used on several occasions with the Mobile Cinema in many of the parishes.

Commissioners of Health

The Medical Officer of Health attends the meetings of the Commissioners of Health regularly in some of the parishes, and in others, as often as he is invited to do so.

During the year, the parish of St. Peter made and commenced the distribution of the first one hundred (100) Pre-cast Concrete units for latrines. These were all made at the Health Centre under our supervision. They were sold at \$6.50 each.

The parishes of St. Lucy, St. Joseph and St. Andrew have also acquired forms for making these units.

PART VI. STAFF AND INSTITUTIONS

STAFF

28. The following medical officers are employed by the Government:—

- WHOLE-TIME:** The Director of Medical Services
 The Senior Medical Officer of Health
 The Medical Officer of Health, Health Centre
 The Bacteriologist and Pathologist
 The Chemical Pathologist
 The Health Officer (Port)
- PART-TIME:** The Assistant Health Officer (Port)
 The Visiting Physician, Leper Hospital
 The Prison Medical Officer
 The Visiting Physician, Government Industria' Schools
 The Visiting Obstetrician, Maternity Hospital
 Six Police Medical Officers.

INSTITUTIONS

29. *The Barbados General Hospital.* Operating within the Department of Medical Services under the provisions of the Barbados General Hospital Act, 1947 (1947-28), the establishment is comprised as follows:—

- WHOLE-TIME:** One Medical Superintendent
 One Surgeon Specialist
 One Physician Specialist
 One Radiologist
 One Anaesthetist
 Seven Medical Officers.
- PART-TIME:** Three Visiting Surgeons
 Two Assistant Visiting Surgeons
 One Ophthalmic, Ear, Nose and Throat Surgeon
 One Assistant Ophthalmic, Ear, Nose and Throat Surgeon
 One Medical Officer, Venereal Diseases Clinic
 One Assistant Officer, Venereal Diseases Clinic
 One Out-patient Medical Officer
 One Dental Surgeon.
- NURSING:** One Matron
 One Assistant Matron
 One Sister Tutor
 Five Sisters.

30. The Medical Superintendent writes:—

Hospital Advisory Committee

At the beginning of the year the members of the Barbados General Hospital Advisory Committee were:—

- The Honourable Dr. H. G. Cummins, C.B.E., M.C.P., Chairman
 V. E. Chase, Esq., Churchwarden of St. Michael, (*Ex officio*)
 Mrs. J. A. Martineau
 R. B. Skeete, Esq.
 R. M. Cave, Esq.

On 8th July, 1954, the Honourable Dr. Cummins resigned from the Committee. Mrs. E. E. Bourne, M.C.P., was appointed in his place and Mr. R. B. Skeete was appointed as Chairman subject to his willingness to serve in this capacity.

On Mr. Skeete's return from leave abroad, however, he resigned from the Committee and **Dr. J. Baeza was appointed as Chairman.**

In March 1955, Mr. E. D. Mottley, M.C.P., became a member by virtue of his appointment as Churchwarden of St. Michael in place of Mr. V. E. Chase.

There were five meetings of the Committee during the year.

The Committee continued to advise the Medical Superintendent on matters within its terms of reference, chiefly contracts for supplies and the enlargement and improvement of the Hospital.

STAFF APPOINTMENTS

Medical Superintendent

This post was relinquished by Dr. D. S. Gideon on 21st July, 1954, on completion of his agreement. Dr. T. G. Humby, M.R.C.S., L.R.C.P. (Eng.) was appointed to the vacancy and assumed duty on 13th January, 1955.

Anaesthetist Specialist

This post became vacant on 26th October, 1953, and was still vacant at the end of the year.

Medical Officers

At the end of the previous year there were two vacancies on the staff of Medical Officers. A further vacancy occurred when Dr. K. Klimeczynski completed his agreement on 2nd May, 1954.

Two of these vacancies were filled by the appointment of Dr. W. A. St. John, L.M.S.S.A., L.R.C.P., M.R.C.S. (Lon.), with effect from 8th May, 1954, and Dr. H. C. Rogers, M.D., C.M., L.M.C.C. (Qu. Uni. Ont.) with effect from 29th July, 1954.

Another vacancy occurred when Dr. W. M. Daly completed his agreement on 1st August, 1954.

Dr. J. T. Murray-Aynsley, M.R.C.S. (Eng.) L.R.C.P. (Lon.) was appointed with effect from 20th August, 1954, but was transferred to the Mental Hospital as Assistant Medical Superintendent from 1st November, 1954.

Dr. P. W. W. Branch, M.B. (Lon.), was appointed with effect from 8th November, 1954.

Dr. F. C. Ramsey resigned on 31st March, 1955, leaving two vacancies on the staff at the end of the year.

Pre-registration House Officers

Dr. F. W. Ward, M.B., B.S. (Lon.), was appointed to one of the posts of House Officer with effect from 31st January, 1955.

Visiting Medical and Surgical Staff

At the end of the year two of the posts of Assistant Visiting Surgeon and the post of Ear, Nose and Throat Surgeon were still vacant.

Dr. E. B. Carter retired from the post of Medical Officer, V.D. Department on 4th January, 1955. Dr. C. L. Hutson, Assistant Medical Officer, V.D. Department, was appointed in place of Dr. Carter with effect from 5th January, 1955, and Dr. A. E. Ward was appointed in place of Dr. Hutson from 1st March, 1955.

Dr. D. O. S. Payne relinquished the temporary appointment of Visiting Out-patient Medical Officer on 31st January, 1955, and was succeeded by Dr. Mary Searson from 1st February, 1955 to 31st March, 1955, when the Out-patient Department was re-organised and the need for this appointment was temporarily eliminated.

Nursing Sisters

Miss E. K. Walters, Sister, who had been acting in the vacant post of Assistant Matron from 9th April, 1954 was promoted to that post with effect from the same date.

At the end of the year two posts of Sister were vacant.

Masseuse

The post of Masseuse has not yet been filled.

Radiographers

Miss E. P. McFarlane resigned her appointment as Radiographer on 12th June, 1954.

Miss R. R. Feldman was appointed to the vacancy with effect from 8th December, 1954.

Accommodation

The accommodation of the Hospital was at the end of the year:—

	Males	Females	Children	Total
4 Medical Wards	48	53	—	101
6 Surgical Wards	66	66	—	132
2 Ophthalmic Wards	13	14	—	27
2 Fever Wards	19	19	—	38
1 Maternity Ward	—	9	—	9
1 Children's Ward	—	—	38	38
2 Pay Wards "A" & "E"	11	12	—	23
2 Tercentenary Pay Wards "B" & "C"	8	8	—	16
1 Pay Ward "D" Ophthalmic	2	3	—	5
Total 21 Wards	167	184	38	389

The number of beds assigned to each Ward is liable to fluctuation in cases of emergency. The 10 infants' cots in the Maternity Ward cannot properly be included as part of the accommodation and are omitted from the table.

Hospital Enlargement and Improvement

The first phase of the enlargement and improvement of the Hospital was accomplished when the conversion of the V.D. Block to a modern Fever Block was completed and the new wards were opened on 26th March, 1955.

These new wards are being used at first for the treatment of patients suffering from Pulmonary Tuberculosis.

At the end of the year the bed complement of the Hospital had thereby been increased to 389, plus 10 infants' cots in the Maternity Ward.

It is expected that the new Mechanical laundry at Stockton will be completed and the construction of the new Nurses' Home will be begun in 1955. The delay of the work on these two units is due to the difficulty in obtaining the required steel and the equipment from the United Kingdom.

The Out-patient Department has been re-organised and greatly improved. The building has been altered, the method of receiving and allocating the patients has been changed and three Medical Officers are now wholly employed in the Department. The re-organisation has resulted in the elimination of chaos and the long delay in treating the patients, as well as the improvement of the standard of treatment owing to the better working conditions.

A new and up-to-date major X-ray Diagnostic Unit has been installed in replacement of the old unit which had been in use for 14 years. The new unit, which is more powerful than the old one, enables better films to be produced and greatly facilitates the work of the X-ray Department.

Working of the Hospital

The numbers of in-patients and out-patients treated are continuing to rise but the small increase of beds and other improvements enable the staff to deal a little more effectively with the large demands on the Hospital. The full demands cannot, of course, be met until the entire scheme of improvement and enlargement is completed.

Further information can be found in Appendices XXI to XXIV.

The Government Bacteriological and Pathological Laboratory

31. The Government Bacteriologist and Pathologist writes :

Administrative

The Government Bacteriologist and Pathologist, J. E. Walcott, Esq., M.B., Ch.B. (Glas.), was on vacation leave from 9th April to 10th June, prior to retirement, which became effective on the 10th June. From 12th June, he was appointed to act as Chemical Pathologist. P. J. Mullaney, Esq., M.A., M.D. (Dublin), the Chemical Pathologist, was appointed as Government Bacteriologist and Pathologist on the 11th June. He was granted vacation leave from the 28th July to visit Eire and while there he tendered his resignation on the 20th August. During this period of leave J. E. Walcott, Esq., M.B., Ch.B. (Glas.), was appointed to act as Government Bacteriologist and Pathologist, which he continued to do for the remainder of the year.

Buildings and Equipment

No structural alterations were carried out during the year. There were several additions of up-to-date equipment.

General

There was a slight increase in the total number of examinations over that of the preceding year. The number of serological tests for syphilis continued to rise.

A. Helminthology and Protozoology

Faeces. 69 specimens were examined for the ova of pathogenic helminths and 26 specimens for the vegetative or cystic forms of *E. histolytica*.

The following list gives the names of the pathogenic helminths with the respective numbers of specimens in which ova were found and also the number of specimens in which *E. histolytica* was found:—

T. trichiura	....	....	....	....	3
Hookworm	....	....	....	....	1
<i>E. histolytica</i>	....	....	....	....	2
					6

Blood films for malarial parasites. Blood films from 8 different persons were taken and a search made for malarial parasites. No parasites were observed in any of the films. Judging from the negative results of these blood films examined at the Government Bacteriological Laboratory it may be said that Barbados continued to be free from malaria during the period under review.

Blood films for microfilariae. The number of blood films submitted was as in former years — few. The total number of persons from whom blood was taken and films made was 7. Negative findings were obtained in all of the films submitted.

B. Serology and Kahn tests on cerebro-spinal fluids

Serological and cerebro-spinal fluid reactions for syphilis. 10,653 specimens of blood serum and 80 specimens of cerebro-spinal fluid were subjected to the standard Kahn test with the results shown in the following tables:—

(a) Blood Sera Reactions

					No. of specimens giving such Reactions
Strongly positive	....	....	....	....	1,549
Positive	....	....	....	....	532
Weakly positive	....	....	....	....	439
Doubtful	....	....	....	....	78
Negative	....	....	....	....	8,055
					10,653

(b) Cerebro-spinal Fluids Reactions

					No. of specimens giving such Reactions
Positive	....	....	....	....	95
Weakly positive	....	....	....	....	16
Negative	....	....	....	....	435
					546

Agglutination tests

Organism		Positive	Negative	Total
<i>B. typhosus</i> (<i>Salmonella typhosa</i>)	....	34	166	200
<i>B. paratyphosus A</i> (<i>S. paratyphi A</i>)	....	3	197	200
<i>B. paratyphosis B</i> (<i>S. paratyphi B</i>)	....	0	200	200
		37	563	600

Of the 34 positive tests for *B. typhosus* (*S. typhosa*) three were repetition tests.

As in former years *B. typhosus* (*S. typhosa*) is seen to be the infecting organism in the great majority of cases in which a positive agglutination test was obtained.

9 specimens of human blood serum were each subjected to an agglutination test for abortus fever and 6 specimens of human blood serum to a similar test for undulant fever. A negative result was obtained in each case.

C. Bacteriological Examinations

Sputum. 878 specimens of sputum were examined by the staining of films for tubercle bacilli and of these 156 were found to be positive. Of the positive tests 46 were repetition tests.

4 specimens of sputum were examined for organisms other than tubercle bacilli.

Throat and nasal swabs for C. diphtheriae. Smears from 878 swabs, which were obtained almost entirely from throats were cultured and the resulting growths were then examined by the staining of films for *C. diphtheriae*.

Positive findings were obtained from the growths of 98 of the 878 swabs. Five of the positive findings were repetition tests.

Smears from 11 specimens of bubble gum were rubbed on culture media, but no resulting growth of *C. diphtheriae* occurred on any of the inoculated media.

Other smears from nose and throat. Only 3 smears from throats were sent in for examination for the organisms seen in the condition called Vincent's angina. 5 other smears were examined for any of the usually occurring Gram-staining organisms. Smears from 3 swabs were cultured for organisms other than *C. diphtheriae*.

Nasal and skin smears for Myco. leprae. 24 smears made from nasal or skin scrapings, but mainly from nasal scrapings, were stained and examined for *Myco. leprae*.

Myco. leprae were observed in two of the smears.

Urethral, cervical and conjunctival smears. 724 genital and extragenital smears, the great majority of the genital smears were cervical and came from the Maternity Hospital, were stained and examined for gonococci. Only two were considered to be positive.

Urine. 86 specimens of urine were cultured, of which five were for *Salmonella* organisms and three for tubercle bacilli.

The centrifuged deposits of 82 other specimens were examined microscopically after having been stained with a special search for tubercle bacilli in twenty-five of the specimens. No tubercle bacilli were observed in the stained films from any of the said specimens.

Faeces. 44 specimens of faeces were cultured and the resulting growths were then examined for dysentery bacilli or for typhoid or paratyphoid bacilli. No dysentery bacilli and no typhoid or paratyphoid bacilli were isolated from the growths.

Pus and other miscellaneous materials. Examination (a) by the staining of films of 32 specimens of pus and of 30 specimens of fluid from the pleural and abdominal cavities and (b) by the culturing and staining of culture films made from 35 specimens was carried out.

The sera from the genital sores of 7 different persons were subjected to dark-ground examination for *T. pallidum* with a positive finding in the serum from one of the said persons.

The non-existence of yaws in this colony continued apparently for the period under review, as no probable case was sent in for investigation.

Search was made but with negative results for tubercle bacilli in films made from the cerebro-spinal fluid of 14 cases.

Films made from the cerebro-spinal fluid of 12 cases were stained and examined for organisms other than tubercle bacilli.

Pneumococci were observed in films from two of the cases.

Negative results were obtained when 4 different specimens of cerebro-spinal fluid were cultured.

1 specimen of blood from a suspected case of Weil's disease was cultured, but no leptospirae were observed in the culture medium on dark-ground examination. A similar negative finding resulted when a specimen of urine was subjected to a dark-ground examination for *Leptospira icterohaemorrhagiae*.

A specimen of pus was injected into a guinea pig. Tubercle bacilli were observed in films made from some of the glands of the same guinea pig.

Two specimens of milk were examined for tubercle bacilli with resulting negative findings.

Specimens of blood from 20 persons were cultured. Staphylococci were isolated from the blood of one person and streptococci from the blood of another.

22 sensitivity tests were carried out on culture growths.

Water. 19 specimens of water from the public water supply of the island were tested and considered to be bacteriologically suitable for domestic use. In addition one specimen from the Health Centre at Enmore and 4 specimens from a private supply were also tested. These were considered to be bacteriologically unsuitable for domestic use.

Vaccines. The number prepared and delivered during the year was 25. They were all autogenous.

D. General Clinical Pathology

Urine. Chemical or chemical and microscopical examinations were carried out on 185 specimens of urine and in addition 352 specimens were each subjected only to a microscopical examination.

Only 4 specimens with a positive finding in one underwent the Ehrlich diazo reaction test.

There was a slight decrease when compared with the previous year in the use made of the Friedman test for the products of pregnancy and 28 specimens of urine were subjected to the test. The results obtained continued to be very accurate.

13 specimens of urine into which vaginal swabs had been dropped were examined for *Trichomonas*. Seven were found to be positive.

The composition of one calculus, passed per urethram, was determined.

Blood. The haemoglobin was estimated in 1,193 specimens of blood and the counting of the red blood corpuscles and of the white blood corpuscles was carried out on 574 and 956 specimens respectively.

Blood films from 529 persons were obtained and a differential white cell count for each person was made from the same films after they had been stained. Observations were reported on the types and staining reactions of the red cell as seen in stained films from 11 persons.

The blood of 13 persons was examined for the sickling of the red corpuscles with positive findings in the blood of 3 persons.

The number of platelets in each of 6 specimens was counted and the colour index of each of 8 specimens was calculated.

Films from the sternal marrow of one person were stained, examined and observations reported.

30 specimens of faeces were tested for occult blood.

The amounts of urea, of glucose, of bilirubin, of chlorides, of uric acid and of alkaline phosphatase were estimated in 327, 111, 4, 1 and 2 specimens respectively.

The sedimentation rate, the diastatic index and the coagulation time of 645, of 1 and of 6 specimens respectively were determined.

A Van den Bergh reaction was carried out on 1 specimen of blood serum

The A B O group of the blood of each of 1,214 persons was determined. The persons were divided up between the four major groups in the following numbers:—

Group	A	..	..	..	293	persons
"	B	..	..	..	295	"
"	AB	..	..	..	39	"
"	O	..	..	..	587	"
					<hr/>	
					1,214	"

In addition to the above grouping 588 specimens of blood were cross-matched.

The Rh group (D positive or negative) was determined in 114 specimens, 105 specimens being D positive and 9 D negative.

Cerebro-spinal fluids. The number of white cells per cubic millimetre was counted in 99 specimens and tests for the excess of globulin were carried out on 60 specimens.

The predominating type of cell was determined in 28 specimens.

The amounts of chlorides, of glucose and of protein were estimated in 25, 23 and 7 specimens respectively.

The colloidal gold test was carried out on 72 specimens. 55 gave no reaction, whilst 14 gave curves in the paretic zone and 3 gave curves in the tabetic zone.

Miscellaneous. The number of spermatozoa per millimetre was counted in one specimen of semen and a report given on the maturity of the spermatozoa in another specimen.

The testing of 1 fractional test meal was carried out and the free hydrochloric acid content and the total acidity of 9 specimens of gastric juice were determined.

18 specimens of fluid from the pleural and abdominal cavities and 1 specimen of fluid from a knee joint were stained and examined for the predominating type of cell, whilst in addition to the nineteen specimens just mentioned 8 specimens were examined for malignant cells.

Frei tests for Lymphopathia venereum were carried out on 2 persons. No reaction occurred in each case.

A larva from the face was sent in for identification. It was identified as *Cochliomyia macellaria*.

E. Pathological Histology.

The total number for the year of tissue sections examined and on which reports were issued was 309. Of these 117 showed evidence of the existence of malignant changes.

F. Fungoid Diseases

Examination of skin scrapings for fungoid diseases continued to be few. Scrapings from the skins of 10 persons were examined with positive findings in the scrapings from two persons.

H. Medico-Legal Investigations

Specimens composed of smears, articles and garments, numbering in all 50, were examined.

A more detailed list is given below:—

Smears examined for gonococci	....	..	2
Smears examined for spermatozoa	..	..	17
Garments examined for spermatozoa	..	..	10
Articles examined for blood	..	..	18
Article examined for human blood	..	..	1
Article examined for cow's blood	..	..	1
Article examined for sheep's or goat's blood	..	..	1
			<hr/>
			50

Further statistics are available in Appendix XXV.

THE MENTAL HOSPITAL

32. *Staff* — One Medical Superintendent
Two Assistant Medical Superintendents
One Matron
One Assistant Matron and Sister Tutor.

33. The Medical Superintendent writes:—

Population. The total number of patients in residence on the 31st December, 1954, was 719 (298 males and 421 females) as against 709 (281 males and 428 females) on 31st December, 1953.

The average number in residence during the year was 709, which was 5 higher than recorded in the two previous years. The highest number of patients recorded was 735 on 31st October, and the lowest was 694 on 31st May.

416 patients (202 males and 214 females) of whom 72 were Certified, 76 Voluntary, 259 Temporary and 9 sent from the Courts for Observation, were admitted during the year, as against 348 in 1953 (86 Certified, 50 Voluntary, 196 Temporary and 16 on Observation.)

371 patients (169 males and 202 females) were sent out of the Hospital during the year. This number comprises 129 permanently discharged, 142 discharged after a trial period of one to three months, 33 who were afterwards readmitted from trial, and 11 discharged from observation. The remaining 56 patients were still on trial at the end of the year.

Of the 11 patients who were sent out from Observation 6 were later Certified. Three patients had remained under Observation from 1953, therefore at the end of this year there was one patient remaining under Observation.

The main causes of death were as follows:—

	1954	1953
1. Myocardial Degeneration with Arterio Sclerosis	15	17
2. Pulmonary Tuberculosis	4	7
3. Dementia Paralytica	4	7

Health. The general health of the patients remains very satisfactory. There were no cases of Typhoid during the year, and only two new cases of Tuberculosis were notified among the female patients and 3 cases among the male patients.

The number of deaths is much lower this year than it has been for the previous years. The majority of deaths occurred amongst the elderly population of the Hospital. The average age was 55.

Staff. Dr. J. Murray-Aynsley took up his appointment as Assistant Medical Superintendent on 1st November, 1954.

Miss M. Connell took up her appointment as Sister Tutor and Assistant Matron on 1st March, 1954. This is the first time this post has been filled.

The Sister Tutor and Dr. Murray-Aynsley have commenced Lectures to the Nursing Staff on a systematic basis in accordance with the Regulations of the General Nursing Council.

This is the first time that the Hospital has had a full complement of Senior Staff.

Dr. F. G. Reader acted as Assistant Medical Superintendent, in a part time capacity from the beginning of the year until the arrival of Dr. Murray-Aynsley.

Male Nurse Rawle Springer and Nurse Opal Sealy were selected for training in the United Kingdom for R.M.N. Certificates and left on 17th August and 7th September, 1954, respectively, to take up their appointments.

The two Nurses who were selected and proceeded in 1953 to the United Kingdom are progressing satisfactorily and have already passed their preliminary examinations.

Mr. S. E. Carter, Farm Superintendent, retired on medical grounds on 1st October, 1954. Mr. E. Brathwaite, a trainee at the Caribbean Farm Institute, who will be available towards the end of March, 1955, has been appointed Farm Manager. Mr. C. B. Cummins has been appointed Acting Farm Manager with effect from 1st October, 1954.

Accommodation. For the accommodation of patients there are 35 Dormitories holding 380 beds and 411 single rooms. (Total accommodation 791.)

Treatment. In addition to rest, sedation, and psychotherapy, modern physical methods, i.e. E.C.T. have been employed on an extensive scale with very good results.

Electro-Convulsive Treatment (E.C.T.) is usually given two or three times a week but in some cases daily or even several times a day. Intensive E.C.T. (a succession of shocks 15—20 at one second intervals) has been used on a large number of patients. During the year 125 female admissions plus 26 chronic patients were treated along with 114 male admissions and 20 chronic patients. Total number of patients treated during the year were 285.

A Cerebral Stimulator Apparatus has been acquired which is useful in the treatment of certain psychoneuroses; also it is helpful in those cases having E.C.T. when it is important to avoid confusion and memory loss. This apparatus delivers a pulsed unidirectional current of low potential, infinitely variable from 0—20 milliamps at pulse peaks.

Insulin Sub-Coma Treatment has been given to patients who have relapsed after E.C.T. or have failed to respond, and the results have been very successful.

This treatment is usually given for two months daily except Sundays and is sometimes combined with E.C.T. Gradually increasing doses of insulin are given until the patient is in deep sopor but short of coma. Termination by intravenous glucose is seldom required.

Altogether 37 female and 22 male patients have been treated.

Cases of Dementia Paralytica and Cerebral Syphilis continue to be treated with 6,000,000 Units of Penicillin (10 day course) followed by injections of Bisoxyl for six (6) weeks.

Males Total Admissions	202	
Positive Blood Kahn test	23	10.4% approx.
Positive C.S.F. Kahn test	11	5.4% approx.
Females Total Admissions	214	
Positive Blood Kahn test	17	8% approx.
Positive C.S.F. Kahn test	5	2.3% approx.

Cases of Pulmonary Tuberculosis continue to be treated with Streptomycin and Isoniazid or Para-Amino-Salicylic Acid. Progress is checked by x-ray investigations every three months as well as by blood sedimentation rate examinations and sputum tests more frequently if needed. Only two new female cases and three male cases were notified during the year.

Two interesting cases of Folie à Deux (communicated psychosis) were admitted during the year. This is a rare condition.

1. Mrs. K. N. aged 35 years, admitted with her husband on the same date (21.5.54) in a mute, resistive and stuporous state. She improved rapidly and went on trial leave on 16.6.54. Her husband suffering from Paranoid Schizophrenia recovered and was discharged on 3.11.54.
2. Mr. A.H. aged 21, admitted on 28.11.54—14 days after his father (Paranoid Schizophrenia)—suffering from bizarre delusions and visual hallucinations of a religious nature. (His father suffers from religious ideas and thinks he prints bibles). The visions commenced on the day that his father was admitted. He recovered rapidly and went on trial leave on 29.12.54 with no signs of mental disorder.

Occupational Therapy. Two Departments (male and female) for the construction of Mats, Hats, Slippers, etc., are in operation under two Nurses

(male and female) specially trained in these matters. Prizes were won at the Annual Agricultural Exhibition in December. Those patients who, in the outside world, follow a particular trade (e.g. carpentry, etc.) are encouraged to continue in this trade during convalescence.

Recreation. A happy atmosphere is preserved among the patients by a full programme of planned recreational activities. The male patients continue to play cricket and matches are arranged between them and the attendants. Ball games for the female patients are also arranged. An extensive network of rediffusion speakers brings music and light programmes to all parts of the wards throughout the day. Card games and Dominoes take priority in the patients' choice of indoor games, while those who are able play table tennis. Every Sunday and Bank Holiday patients are taken sea-bathing, if the weather permits, and they eagerly look forward to these outings. During the year Cinema Shows, Police Band Concerts, Salvation Army Concerts and Concerts by other visiting Artistes have been staged regularly and have contributed greatly to the contented attitude of the patients. Many patients have ground parole and seldom abuse their privilege.

Farm. Plans for running the Farm more economically, as proposed in the Government Five Year Plan, by increasing the out-put of Vegetables and Milk are already showing satisfactory progress.

Re-organisation has been held up due to non-arrival of the new irrigation equipment from the United Kingdom but this will be installed early in 1955.

The cattle are in very good condition and by the end of the year sufficient milk was being produced to supply the requirements of the Hospital. It should be noted that in the early part of the year and the summer between 100 and 200 pints daily were being obtained from the Contractor. The pigs are putting on weight more rapidly than before and the pork supplied for Hospital use is increasing.

The New House for the Farm Manager has been satisfactorily completed. A second paddock above the cattle pens has been formed by enclosing an area with stakes and wire.

The Vegetable Garden is on a more satisfactory basis as a result of good supervision by the Acting Farm Manager and systematic rotation of a variety of vegetables has been introduced. An increasing amount of vegetables is being supplied to the Kitchen with a consequent falling off of purchases from outside sources.

At the Annual Agricultural Exhibition at Queen's Park in December, prizes were awarded for Carrots and Beans exhibited by the Hospital.

Building. The Male Isolation Ward has been extended to accommodate six (6) extra patients. An open verandah extension to the Male Visiting Room has been built. The previous Visiting Room was small and overcrowded. Other than these no new buildings were erected during the year, but a programme for maintenance and upkeep of existing buildings was carried out.

Visitors. During the year many persons visited the Hospital and were very complimentary in their remarks. Among these were His Excellency the Governor and Lady Arundell, Dr. Wilson Rae of the Colonial Office, London, and Dr. J. P. O'Mahony, Director of Medical Services, Barbados.

A number of unofficial visits were made by such persons, as Lady Arundell, wife of His Excellency the Governor, Miss Betty Arne, Social Welfare Officer, Mrs. J. P. O'Mahony, wife of Dr. J. P. O'Mahony, Mrs. Luce of New York City, (this lady most kindly presented the Hospital with a sum of money to be used for a Dance and Concert for the patients), Dr. Whittaker of London, Dr. Chambers of the United States of America, Lady Blood, Miss Naomi Thomas (Family Planning Expert of New York City), and Miss M. Rowley, Social Welfare Officer of Grenada.

It is extremely gratifying to read the remarks which all the visitors record in the Visitors' Book.

Remarks. This has been a satisfactory year and it is evident that both the Medical Profession and the Community at large have shown confidence in the improved standard of psychiatric service that is now offered in Barbados.

The number of deaths occurring during the year is the smallest on record, though during the past few years the death rate has been slowly decreasing.

On the other hand the number of admissions to the Hospital during the year has been the highest so far recorded. There has been a welcomed corresponding increase in the number of discharges as can be seen by the total population which was 719 at the end of the year (a slight increase).

Voluntary admissions show an increase (1952—27; 1953—50; 1954—76) which is a very encouraging sign. It is indicative, amongst other things, of a more enlightened and advanced attitude to mental illness.

Results of discharges were evaluated as follows:—

RECOVERED—i.e. Patients who are socially re-adjusted to their normal prepsychotic state.

MUCH IMPROVED—Those patients who have not attained complete re-adjustment at all levels but are approaching this state and will ultimately be able to adapt themselves completely to their environment.

IMPROVED—Patients who have come to terms with their symptoms or those in whom some, but not all, symptoms have disappeared.

NOT IMPROVED—Patients who can be looked after at home and whose relatives press for their discharge.

The principle of allowing even greater latitude in the matter of closed doors in the Hospital is being vigorously pursued and at present there are only four units in the whole Hospital in which the entrances have to be kept locked during the day.

There were no escapes or suicides during the year.

Further information is in Appendix XXVI.

THE LEPER HOSPITAL

34. The general health of the patients remains satisfactory. Sulphetrone and Dadps treatment continues to be used with marked benefit to the patients.

Forty-one (41) discharged patients present themselves at regular intervals for examination and remain in good physical condition.

The following statistics are of interest:—

No. of inmates in residence on 1st January, 1954	....	....	28
New admissions	....	....	1
Re-admissions on compassionate grounds	....	....	1
Discharges	....	....	—
Deaths	....	....	3
In residence on 31st December, 1954	....	....	27
In residence on 31st December, 1944	....	....	53
In residence on 31st December, 1934	....	....	76

THE MATERNITY HOSPITAL

35. The training of midwives continued during the year. Ten trained nurse-pupils completed training and all were successful in the final examination. Seven untrained pupils sat the final examination, six were successful and one failed.

The ante-natal and post-natal clinics continue to perform efficient work. Attendances are increasing and the patients show great interest in health education lectures. The breast feeding clinic is well attended and the mothers are taking an active interest in the care of their babies.

The following statistics record the work of the Hospital:—

Admissions	....	....	....	....	587
Deliveries	....	....	....	....	510
Maternal deaths (shock)	....	....	....	....	1
Neo-natal deaths	....	....	....	....	11
Stillbirths	....	....	....	....	8
Ante-natal attendances	....	....	....	....	4,640
Post-natal attendances	....	....	....	....	278
Dental benefits	....	....	....	....	162
Kahn tests	....	....	....	....	723
Positive kahns (% positive 14%)	....	....	....	....	101

A survey of birth weights of 1,000 infants recorded at the Maternity Hospital from July 1952 to February 1954 illicits a mean birth weight of the infants to be 6.3 lbs. This compares unfavourably with the mean birth weights in more privileged communities.

The result tends to show—

- (a) an inadequate nutritional status of the mothers during pregnancy;
- (b) an unfavourable start in life for the infant, and which is reflected in the high national infantile mortality rate;
- (c) the need for supporting maternal nutrition for its own sake and in order to protect the born infant.

It is of interest to record that of the 493 mothers delivered in 1954, the following age groups were represented:—

Age	No.	
13—18	147	30%
19—24	204	41%
25—30	99	20%
31—36	34	7%
37—42	8	2%
43+	1	—

The average age of mothers was 22.2 years.

The number of mothers benefiting by institutional midwifery care in hospitals and almshouses is as follows:—

Maternity Hospital	....	....	....	....	510
General Hospital	....	....	....	....	520
Almshouses:					
St. Michael	....	....	....	....	533
St. George	....	....	....	....	67
St. Lucy	....	....	....	....	56
Others	....	....	....	....	152
No. attended by Christ Church Parish Midwife	....	....	....	....	45

Approximately twenty-four per cent. (24%) of births take place in institutions.

THE PRISON HOSPITAL

36. Satisfactory health and sanitary conditions prevailed throughout the year. The incidence of disease was low. At the date of inspection, there were 131 male and 1 female prisoners.

THE GOVERNMENT INDUSTRIAL SCHOOLS

37. There were 92 boys and 12 girls in residence at the date of inspection. Minor ailments were chiefly encountered throughout the year. The schools are served by a Visiting Physician and Dental Surgeon.

THE NIGHTINGALE HOME FOR CHILDREN

38. Twenty-four (24) boys and 19 girls were accommodated at date of inspection. The Home was clean and tidy and reflects credit on those responsible for its supervision. Illness throughout the year was minor. Medical Service is provided by the Parochial Medical Officers.

PAROCHIAL ALMSHOUSES

39. The Churchwarden and Guardians in general administer the Parochial Almshouses with care and interest. The Parochial Medical Officers attend regularly once or twice weekly and good standards of Medical care continue to be maintained.

The buildings and equipment were in general maintained in good condition, minor repairs, replacements and painting being necessary in some cases.

A critical report was issued for the attention of the Poor Law Guardians of the Parish of St. Peter.

An enquiry was made into the supervision, management and control exercised by the Board of Guardians of the Parish of St. Andrew in connection with the Almshouse of that Parish, a Report was issued which received the attention of Government and the Parochial Authorities. The Director of Medical Services assisted in remedying defects and improving standards.

VOLUNTARY AGENCIES

40. The Baby Welfare League, the St. Lawrence Child Health Centre, St. Philip Baby Welfare Centre, the Christ Church Baby Welfare League and the Children's Goodwill League, whose interest is the care of the infant and child, continue to operate clinic services and give food supplements and meals to necessitous children. These agencies provide medical supervision. Infant welfare services have been started in other parishes and in all there are now eleven separate agencies operating in the interest of the mother and child.

In April 1954, the Barbados Council of Women was formed with the object of promoting women's interest in the Island. One of the aims of this Council of Women is to endeavour to re-organise the child health centres under one central executive and to re-orientate the work of these centres to one of child health education.

NURSING SERVICES

41. The General Nursing Council functioned regularly throughout the year.

The Council reviewed amendments proposed during the previous year to the Midwives and Nurses Registration Act, 1932-1, and once more represented them to Government for consideration. The Council also considered proposals relating to the establishment of a domiciliary midwifery services as an additional function of the Maternity Hospital.

The Barbados Nurses' Association — a private organisation—operates a Nurses employment bureau and continues to administer a Government grant of \$2,740 under the supervision of the Director of Medical Services. Some schools are visited and treatment provided both in them and in the homes. The clinic at Sharon gives Nursing service by dressings and other simple treatments.

PART VII GENERAL AND COMMUNICABLE DISEASES

42. Figures in this part of the Report and the statistical tables in the Appendices refer to the calendar year 1954.

General Diseases.

43. *Diseases of the Circulatory System* were responsible for 515 deaths, representing 20.24% of total deaths.

43. *Diseases of Early Infancy* were responsible for 522 deaths, representing 20.51% of total deaths.

45. *Infective and Parasitic Diseases* were responsible for 171 deaths, representing 6.72% of total deaths.

46. *Diseases of the Respiratory System*—294 deaths were registered, representing 11.55% of total deaths. 249 of these were due to pneumonia or broncho-pneumonia and of these 127 occurred within the first year of life. Deaths from pulmonary tuberculosis and whooping cough are not included in this category.

47. *Intracranial lesions of vascular origin* accounted for 146 deaths, representing 5.74% of total deaths. These causes represented 80% of the deaths due to diseases of the Nervous System and Sense Organs.

48. *Diseases of the Digestive System* accounted for 168 deaths, representing 6.60% of total deaths.

49. *Cancer and Other Tumours* were the cause of 189 deaths, representing 7.43% of total deaths.

50. More detailed information is given in the Appendices to the Report and special attention is drawn to the eight major causes of death as classified under the Intermediate International List of Causes of Death. These statistics are shown for 1950—54.

Communicable Diseases

51. *Enteric Fever.* 42 cases were reported as against 67 in 1953. Of these two or 4.8% died. 26 cases occurred in the parish of St. Michael St. Philip had 4 while St. Joseph and St. Thomas had 3 each. Active immunisation measures are taken when cases occur. Constant vigilance is needed in the control of this disease. The policy of a separate toilet for every home should transcend that for community toilets. Aid in the provision of home toilets is expected from the co-operation with UNICEF.

52. *Tuberculosis.* 111 cases were notified as against 101 in 1953. Total deaths were 41 of which 27 occurred in residents of the populated area of St. Michael. Of the 111 cases notified, 83 or approximately 75% occurred in the parish of St. Michael. The accommodation provided for isolation at the Alms-houses was used to a greater extent than heretofore, that in St. Michael being used to full capacity. It is a pleasure to note a real start in Tuberculosis control by the accommodation of 40 beds in the new ward at the General Hospital constructed as part of the Hospital re-construction programme and the establishment for the first time of an out-patient Tuberculosis Clinic at the St. Michael's Health Centre. Statistics are available in Appendices XIX and XX to cover a period of years.

53. *Diphtheria.* 40 cases with 1 death were notified as against 16 in 1953. Free antitoxin and free prophylactic toxoid continue to be made available to medical practitioners.

54. *Veneral Diseases.* Although not notifiable, the five types occurred during the year. Of the 74 deaths caused by syphilis, or 2.9% of total deaths, 42 occurred within the first year of life and 3 occurred from the first to the fourth year. Improved venereal diseases services, based on the overall Health Centre Service on island-wide establishment, will reduce the incidence of deaths in infants and Health Education Services will encourage more cases to come for treatment. Modern drugs of proven value makes treatment easy for the patient and ensures cure in a very high percentage.

55. *Leprosy.* 1 new case was reported. There were 2 deaths. This disease is no longer considered a problem in the community. Statistics under that part of this Report dealing with the Leper Hospital are of interest.

56. *Tetanus.* 21 deaths occurred as a result of the disease. Of this number 14 were infants under one year of age. The greater percentage of deaths occurred in infants from the rural areas which reflects the need for midwifery services by qualified midwives.

57. *Cerebro-spinal Meningitis.* 4 cases and 2 deaths were reported.

58. *Malaria.* The Colony remained free from Malaria and anopheline mosquitoes were not found. Disinsectisation of schooners and aircraft continues routinely.

59. *Whooping Cough.* No deaths occurred.

60. Details of the incidence of communicable diseases by parishes are available in Appendix V. The parish of St. Michael may be considered as Urban and the remainder Rural.

PART VIII. QUARANTINABLE DISEASES

61. No cases of the five quarantinable or Convention diseases were notified.

62. Rat and mosquito control measures continue at the Port of Bridgetown and the Airport at Seawell. The Department co-operates with the Chamber of Commerce and the Agricultural Society in their annual rat destruction programmes. Government adopted the International Sanitary Regulations (World Health Organisation) No. 2 for which legislative sanction is still required.

63. *Smallpox vaccinations.* 4,578 persons, including 905 infants, were protected by vaccination during the year. This does not include the numerous vaccinations done in the Department nor those by medical practitioners from whom no returns are submitted. The response to infant vaccination continues to be very poor and seven parishes did not accept their obligation in this important aspect of public health. This inactivity by Public Vaccinators is deplorable. Too often is conscientious objection used as a means to evade the Infant Vaccination laws. Efforts continue to dispel the ignorance, indifference and opposition to infant vaccination, and Health Centre Service is expected to improve the present unsatisfactory situation. 109 vaccinations were performed at the Speightstown Health Centre.

PART IX. GENERAL SANITATION

64. The eleven Parochial Boards of Commissioners of Health are responsible for the administration of General Sanitation and Hygiene within their Parishes under the provisions of the Public Health Act, 1908. The cleaning of yards of bottles, tins and other refuse generally activated by the *Aedes aegypti* Programme, and the dumping of this refuse on sides of roads and streets outlines the need for an adequate system of collection and disposal of refuse in each parish, and which does not obtain at present. Local Boards must accept adequate responsibility in this branch of health work. Parochial expenditure on sanitation is shown in Appendix I.

65. The General Board of Health continued to function chiefly in matters affecting the sale of land. The Sanitary Inspectors of the Department continued to visit the Parishes and a summary of work is outlined in Appendix XXVII. The main work was devoted to the *Aedes aegypti* eradication campaign.

66. The local endeavour in the six Northern Parishes, based on the Speightstown Health Centre, for the construction of pre-cast concrete units as a contribution to improved sanitation is most commendable (vide Page 14).

67. *Water supplies.* Close liaison was maintained with the Waterworks Department.

68. *Housing.* The Department is represented on the Housing Board by the Director of Medical Services who is also a Member of the Aided Self-Help Housing Committee.

69. *New Houses.* Twenty-six (26) three-roomed flats were erected during 1954-55 at the Pine Housing Estate at an average cost of \$2,509.

In addition a shop was also constructed at a cost of \$2,550.

Each house contains a living room, two bedrooms, kitchen, pit latrine and a room for bathing with enclosed yard. These are rented to families in the lower income bracket for \$2.00 per week.

70. *Preparation of sites and removal of houses.* One hundred and two (102) houses were removed and re-erected on prepared sites. These were removed from various congested areas in the City.

Pit latrines (using pre-cast slabs and risers), rooms for bathing, ground-sels and steps were erected to serve each house at an average cost of \$277.

71. *Self-Help Houses.* Fifteen (15) three-roomed houses were completed during 1954 at Clinketts, St. Lucy. These were erected by self-help method

One hundred and five (105) were under construction as follows:—

- 30 at Bay Estate, St. Michael.
- 30 at Cave Hill, St. Michael
- 15 at Sayes Court, Christ Church
- 30 at Six Cross Roads, St. Philip.

PART X. FOOD SUPPLIES AND NUTRITION

72. The nutritional level of the population was maintained. Good conditions prevailed locally for the growing of provisions and fish was in good supply. Cold Storage facilities need to be enlarged. Price control and subsidisa-

tion of rice and pickled pork continued in effect. Flour continued to be released from price control and subsidisation and its price maintained with minor fluctuations. Our requirements of these importations were met.

73. *School Meals.* The school meal to elementary school children continued satisfactorily.

PART XI. SCHOOL HEALTH

74. There is no organised school medical service. Free dental service continued to be given by two part-time dentists and 6,524 children were provided with dental care.

75. Two hundred and eighty-seven (287) children suffering from visual defects received treatment by the Senior Visiting Ophthalmic Surgeon of the General Hospital and 76 were provided with spectacles free.

PART XII. PUBLIC HEALTH EDUCATION

76. Instruction in Hygiene and Sanitation is given by school teachers to their pupils in the Elementary Schools.

77. The annual course of training for Sanitary Inspectors was given by the Senior Medical Officer of Health and 40 attended. The British West Indies Board of Examiners of the Royal Sanitary Institute conducted examinations for Sanitary Inspectors and Health Visitors in Barbados in 1954.

78. One Sanitary Inspector from the parish of St. Michael and two Nurses from the Department of Medical Services were selected for training at the Public Health Training Centre in Jamaica for which funds from the West Indies Training Scheme were provided.

PART XIII. MEDICAL REGISTRATION ACT: DRUGGISTS ACT: THERAPEUTIC SUBSTANCES ACT AND DANGEROUS DRUGS ACT DUTIES

79. The Medical Assessors, under the Chairmanship of the Director of Medical Services, continued, at needed intervals, to perform their functions under the Medical Registration Act, 1911—6 and the Druggists Act, 1894—3. Amendments to the Dental Registration Act, 1923, were again under consideration by the Board of Dental Assessors. The Dental Registration Act was amended to allow for increased representation of Dentists on the Board and to permit an increase in the registration fee.

80. Under the Dangerous Drugs Act, 1936—3 and the Therapeutic Substances Act, 1949, the Director of Medical Services supervised the importation and internal control of dangerous drugs and therapeutic substances.

PART XIV. VISITS

81. Dr. A. M. Wilson Rae, C.M.G., Deputy Chief Medical Officer, Colonial Office, visited from 30th October to 8th November, 1954.

82. Dr. P. F. de Caires and Miss I. Ripley visited from 10th to 14th November, 1954, and held final discussions on the Plan for Development of Health Services.

83. Miss Alice Shaffer, Chief, Area Office UNICEF, visited from 21st to 23rd December, 1954, to discuss a Nutrition Programme with UNICEF aid.

84. Dr. R. Lewthwaite, O.B.E., D.M., B.Ch., M.R.C.S., F.R.C.P., Director of Colonial Medical Research and Secretary of the Colonial Medical Research Committee, visited from 10th—15th February, 1955.

85. Miss Alice Shaffer and Mr. Arthur Robinson of UNICEF visited from 14th—15th March, 1955, for final discussion on the Health Development Programme.

86. The Right Honourable the Lord Lloyd on his visit from 7th—11th March, 1955, honoured the Department by a visit to the Speightstown Health Centre.

87. Mr. H. Jackson Burrows, M.C., F.R.C.S., Orthopaedics Surgeon, St. Bartholomew's Hospital and Dean of the Institute of Orthopaedics, London University, visited from 19th—27th March, 1955, and advised on orthopaedic problems.

88. Professor Stuart of the University College of the West Indies, Professor of Obstetrics and Gynaecology, visited from 23rd—29th March and lectured at the Enmore Health Centre.

PART XV. CONFERENCES

89. The Director attended the World Health Organisation (Regional) Conference in Santiago, Chile, from 26th September to 25th October, 1954.

PART XVI. FINANCE

90. The following financial statement of expenditure and revenue is for the year 1954—55:—

Director of Medical Services	\$ 90,045.97
General Hospital	1,023,382.89
Mental Hospital	404,418.73
Lazaretto	48,631.37
Board of Health	14,492.44
Government Bacteriologist & Pathologist	23,354.42
Health Centres	22,836.23
Maternity Hospital	31,981.40
	<hr/>
	\$1,659,184.44
Grants:—	
Barbados Nurses' Association	2,582.09
	<hr/>
	\$1,661,766.53
	<hr/>
Revenue	
General Hospital	81,197.26
Mental Hospital	19,363.02

J. P. O'MAHONY,
Director of Medical Services.

APPENDIX I

PAROCHIAL EXPENDITURE ON SANITATION FOR 1954-1955

<i>Parish</i>	<i>Amount</i>
St. Michael	\$ 257,711.96
Christ Church	45,068.03
St. George	11,599.85
St. Philip	11,657.67
St. John	9,004.77
St. James	18,046.05
St. Thomas	10,108.89
St. Peter	18,455.86
St. Lucy	17,714.61
St. Joseph	10,843.70
St. Andrew	11,936.77
	<hr/>
	\$ 422,148.16

APPENDIX II

COST OF PAROCHIAL POOR LAW ADMINISTRATION, 1954-55

BARBADOS

PARISH	Number Receiving any kind of Poor Relief	Number Receiving Medical Relief	Number Receiving Cash Relief	Number Receiving Relief in Kind	Number in Almshouse (Destitute)	Number Receiving Medical Relief in Almshouse	Number Buried at Parish Expense	Total Cost of Relief
St. Michael ..	14,757	6,356	2,869	5,182	672	1,326	271	\$450,009.71
Christ Church ..	2,009	1,530	388	1	79	82	16	65,528.57
St. George ..	696	205	313	25	101	210	12	37,198.41
St. Philip ..	2,148	1,780	522	7	65	297	18	72,715.67
St. John ..	2,132	2,038	200	134	34	150	4	37,128.61
St. James ..	631	317	379	2	21	153	10	36,308.54
St. Thomas ..	588	469	131	—	32	64	8	30,284.84
St. Peter ..	746	512	272	4	26	143	11	36,645.65
St. Lucy ..	909	717	296	—	13	303	4	37,801.32
St. Joseph ..	977	841	255	27	19	122	7	22,236.62
St. Andrew ..	534	393	167	8	31	84	8	22,702.48
TOTAL ..	26,127	15,158	5,792	5,390	1,093	2,934	369	848,560.42

Appendix III
STATISTICS OF POOR RELIEF FOR ALL PARISHES FROM 1935-36 TO 1954-55 INCLUSIVE

YEAR	Number receiving all Relief	Number receiving Medical Relief	Number visited in their homes	Number receiving Medical Relief in Almshouse	Number receiving Cash Relief	Number in Almshouse for non-medical reasons	Number buried at Parish Expense	Total cost of Relief
1935-36	21,310	16,871	1,288	2,952	4,841	714	447	\$ 199,639.99
1936-37	21,751	17,639	681	1,644	5,027	773	460	203,671.34
1937-38	22,769	18,981	1,577	3,211	6,080	787	475	207,754.49
1938-39	23,902	19,376	836	1,815	6,290	744	453	209,646.98
1939-40	23,385	18,390	1,728	3,624	6,517	710	390	232,649.25
1940-41	26,171	21,037	1,769	3,977	7,092	911	400	251,297.56
1941-42	24,881	19,049	1,259	3,381	6,773	966	500	274,866.71
1942-43	21,319	15,438	1,823	3,335	5,536	843	445	289,399.67
1943-44	20,249	15,781	1,482	3,162	4,980	839	434	316,102.16
1944-45	17,971	13,478	1,305	3,066	4,828	768	379	331,363.68
1945-46	15,913	11,563	1,181	2,968	4,581	777	303	350,591.93
1946-47	20,160	11,226	1,175	2,854	5,182	737	309	438,637.12
1947-48	19,351	11,534	1,177	2,847	5,826	791	316	525,893.89
1948-49	19,626	12,182	1,469	3,005	5,815	748	370	540,688.93
1949-50	19,473	11,695	800	2,890	5,810	865	352	598,320.00
1950-51	19,964	12,010	824	3,063	5,632	819	360	617,116.05
1951-52	21,337	12,963	852	3,043	5,630	908	392	665,693.01
1952-53	21,603	13,399	776	2,792	5,628	971	425	761,172.28
1953-54	22,861	14,818	735	3,033	5,702	1,014	381	787,338.97
1954-55	26,127	15,158	658	2,934	5,792	1,093	369	848,560.42

APPENDIX IV

ANNUAL REPORT FOR THE HEALTH OFFICER (PORT)
FOR THE YEAR 1954.

During the year 1954, Dr. A. V. Greaves, Health Officer (Port) was granted 121 days vacation leave from 20th April. He resumed duties on the 20th September.

2. Dr. D. O. S. Payne, Assistant Health Officer (Port) was granted casual leave from 15th November to 22nd November, inclusive. During this period Dr. D. A. Gale acted as Assistant Port Health Officer.

3. Departmental arrangements were made for all other leave granted.

SHIPPING

4. During the year 1954, 1,068 ships were admitted to the Port of Bridgetown representing a total nett tonnage of 2,056,527 tons. This tonnage was apportioned as follows:—

Steam and motor propelled vessels —710 vessels—2,038,880 tons
Sailing ships —358 „ — 17,647 „

5. The appended table shows the figures for the past five years:

Year	Number of Ships	Nett Tonnage
1950	1,068	1,721,870
1951	1,001	1,837,011
1952	1,041	2,147,127
1953	1,043	2,018,652
1954	1,068	2,056,527

6. The total number of passengers landing in the colony by ship was 4,944, and those intransit numbered 22,823.

AIRCRAFT

7. 1,515 aircraft arrived in the colony during the year. They carried a total of 22,585 passengers of which 16,344 landed in the colony and 6,241 were intransit. This compares with 1,415 aircraft in 1953 which carried a total of 21,937 passengers. Of these 16,210 landed in the colony and 5,727 were intransit.

A. V. GREAVES,

Health Officer (Port).

APPENDIX IV—Continued

Return of Shipping for Year 1954

MERCHANT SHIPPING

CLASSES OF VESSELS	Nationality	Number of Vessels	Nett Tonnage
Steam and Motor ..	British	378	914,947
	American	30	248,589
	French	24	194,336
	Dutch	61	168,951
	Norwegian	73	217,649
	Swiss	10	26,600
	Greek	7	30,787
	Swedish	2	7,901
	Panamanian	11	42,631
	Honduran	11	1,430
	German	14	14,804
	Danish	5	8,272
	Finnish	3	14,892
	Italian	9	40,990
	Costa Rican	12	2,849
	Cuban	3	1,665
	Columbian	12	2,245
Liberian	4	5,204	
Argentine	1	3,563	
Venezuelan	1	277	
		671	1,948,574
Tankers	British	9	14,868
	Swedish	1	7,000
	Dutch	12	22,448
		22	44,316
Sailing Vessels ..	British	330	16,600
	French	4	307
		334	16,907
TOTAL MERCHANT SHIPPING		1,027	2,009,797

APPENDIX IV—Continued

Return of Shipping for year 1954

OTHER SHIPPING

Classes of Vessels	Nationality	Number of Vessels	Nett Tonnage
Yachts	British	14	224
	Swiss	1	26
	American	8	486
	South African	1	4
		24	740
Warships	British	5	30,600
	Canadian	2	7,100
	French	2	472
	Venezuelan	1	2,200
	Dutch	2	2,540
		12	42,910
Training Ships	American	1	2,200
	Swedish	4	880
		5	3,080
TOTAL OTHER SHIPPING:—		41	46,730
TOTAL MERCHANT SHIPPING		1,027	2,009,797
TOTAL OTHER SHIPPING		41	46,730
TOTAL SHIPPING FOR YEAR 1954		1,068	2,056,527

AIRCRAFT 1954

NATIONALITY	AIRCRAFT
British	1,246
Canadian	117
Venezuelan	63
Dutch	8
American	74
French	7
TOTAL	1,515

APPENDIX VI
 CAUSES OF DEATHS ARRANGED IN PARISHES FOR THE YEAR 1954 ACCORDING TO THE INTERNATIONAL STATISTICAL CLASSIFICATION SIXTH REVISION, 1948, INTERMEDIATE LIST OF 150 CAUSES.

BARBADOS

CAUSE GROUPS	St. Michael		Christ Church		St. George		St. Philip		St. John		St. James		St. Thomas		St. Peter		St. Lucy		St. Joseph		St. Andrew		All Parishes			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Total	
	I Infective and Parasitic Diseases	37	27	9	6	5	4	7	7	10	11	3	3	7	7	6	2	6	3	6	4	4	3	3	94	77	171
II Neoplasms	34	58	10	10	6	10	4	7	4	6	3	5	4	1	7	2	3	7	2	3	2	1	79	110	189	
III Allergic, Endocrine System, Metabolic, and Nutritional Diseases	11	24	3	5	4	2	4	2	4	...	1	5	2	1	1	2	...	...	1	1	2	...	33	43	76
IV Diseases of the Blood & Blood-forming Organs ... ..	...	...	1	2	2	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	4	5	9
V Mental, Psychochertic, and Personality Disorders	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
VI Diseases of the Nervous System and Sense Organs	35	44	10	17	5	8	6	11	2	4	4	8	4	10	4	1	3	1	2	3	1	2	75	107	182	
VII Diseases of Circulatory System	76	121	20	27	16	26	10	19	13	17	11	24	10	13	14	16	13	18	11	20	9	11	203	312	515	
VIII Diseases of Respiratory System	64	74	12	13	8	11	7	4	5	5	14	7	6	7	14	16	12	5	1	2	4	3	147	147	294	
IX Diseases of Digestive System	35	23	15	10	9	6	9	3	3	3	3	3	5	5	13	4	5	1	3	3	2	5	102	66	168	
X Diseases of Genito-Urinary System	15	5	3	1	2	2	3	...	2	...	1	2	2	2	3	2	3	...	...	...	...	...	34	14	48
XI Deliveries and Complications of Pregnancy, Childbirth, and the Puerperium	7	...	3	...	...	1	3	...	...	1	...	1	...	...	...	1	3	...	...	1	...	...	...	21	21
XII Diseases of the Skin and Cellular Tissue	2	2	1	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	7	3	10
XIII Diseases of the Bones and Organs of Movement	1	4	...	2	...	2	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	3	9	12
XIV Congenital Malformations	2	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...	1	1	1	1	1	...	5	4	9
XV Certain Diseases of Early Infancy	127	97	30	16	28	17	9	16	16	12	17	12	10	13	9	9	11	8	23	16	13	13	293	229	522	
XVI Symptoms, Senility and Ill-defined Conditions	58	109	12	29	11	7	7	14	1	5	1	9	1	4	5	1	1	1	1	5	3	1	36	189	285	
XVII Accidents, Poisonings, and Violence (External Cause)	6	1	2	...	1	...	...	...	1	1	1	1	...	...	1	1	...	...	...	...	...	...	12	3	15
XVIII Accidents, Poisonings, and Violence (Nature of Injury)	8	4	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	10	7	17
TOTAL, ALL GROUPS	512	600	129	143	97	97	88	88	61	64	62	79	51	64	62	62	48	48	52	61	36	40	1,198	1,346	2,544	

Appendix VIII

MAJOR CASUES OF DEATH IN ACCORDANCE WITH THE INTERMEDIATE
INTERNATIONAL LIST OF CAUSES OF DEATH

1954

1946 Census Population: URBAN { Bridgetown
St. Michael 76,437
RURAL { 116,363

CLASSIFICATION	Total No. of Deaths	Urban Deaths	PER 100,000	
			Urban Rate	Rural Rate
XV Early Infancy	522	224	293	256
VII Circulatory System	515	197	258	273
VIII Respiratory System	294	138	181	134
XVI Senility and ill-defined conditions	285	167	219	101
II Neoplasms	189	92	121	83
VI Nervous System and Sense Organs	182	79	103	88
I Infective and Parasitic Diseases	171	64	84	92
IX Digestive System	168	58	76	94

Appendix IX

BARBADOS.

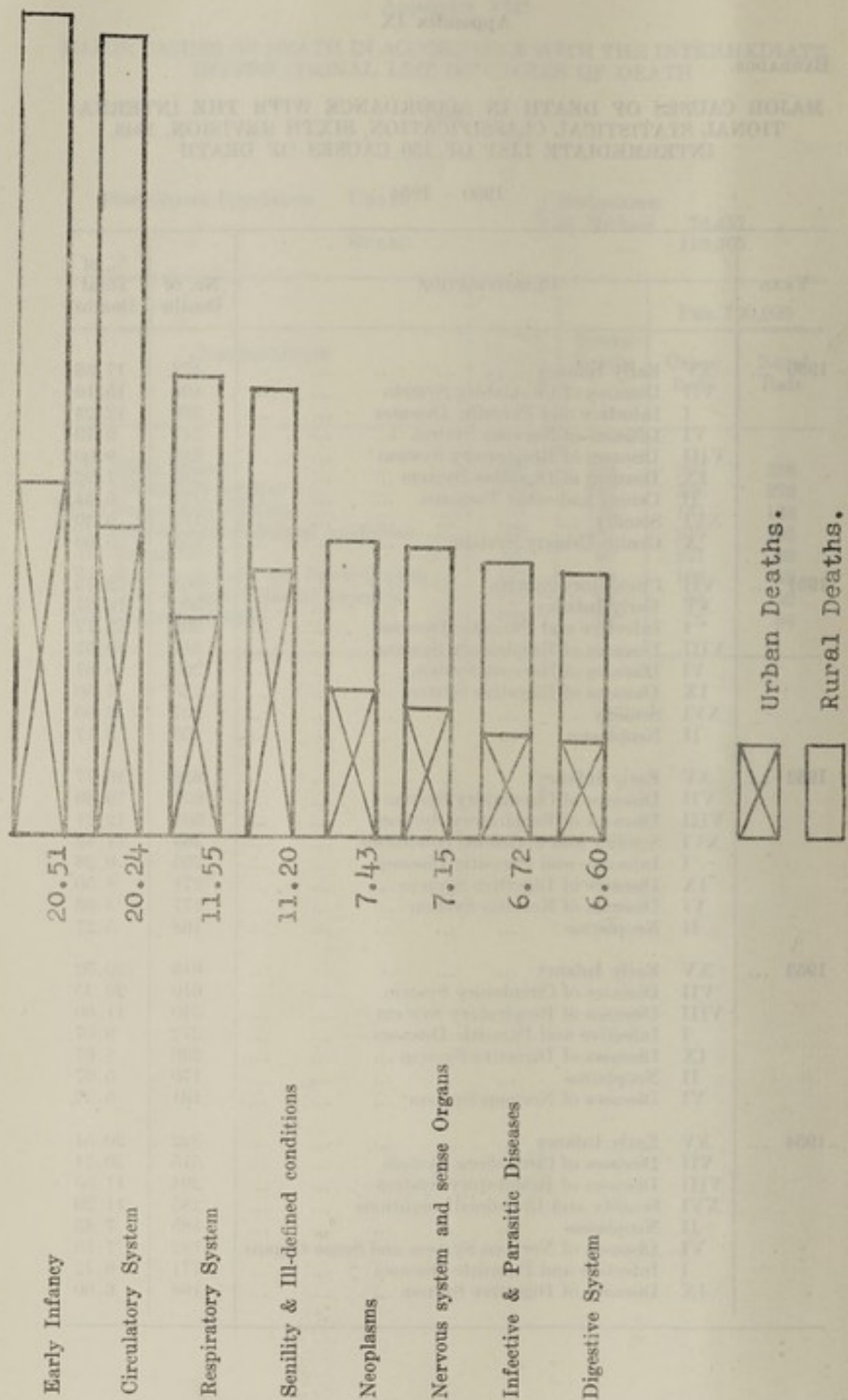
MAJOR CAUSES OF DEATH IN ACCORDANCE WITH THE INTERNATIONAL STATISTICAL CLASSIFICATION, SIXTH REVISION, 1948,
INTERMEDIATE LIST OF 150 CAUSES OF DEATH

1950 — 1954

YEAR	CLASSIFICATION	No. of Deaths	% of Total Deaths
1950 ...	XV Early Infancy	472	17.56
	VII Diseases of Circulatory System	406	15.10
	I Infective and Parasitic Diseases	329	12.24
	VI Diseases of Nervous System	247	9.19
	VIII Diseases of Respiratory System	242	9.00
	IX Diseases of Digestive System	213	7.92
	II Cancer and other Tumours	173	6.44
	XVI Senility	172	6.40
X Genito-Urinary System	153	5.60	
1951 ...	VII Circulatory System	664	22.13
	XV Early Infancy	503	16.77
	I Infective and Parasitic Diseases	395	13.17
	VIII Diseases of Respiratory System	317	10.57
	VI Diseases of Nervous System	260	8.67
	IX Diseases of Digestive System	225	7.50
	XVI Senility	207	6.90
	II Neoplasms	155	5.17
1952 ...	XV Early Infancy	630	19.77
	VII Diseases of Circulatory System	621	19.49
	VIII Diseases of Respiratory System	389	12.21
	XVI Senility and ill-defined conditions	364	11.42
	I Infective and Parasitic Diseases	295	9.26
	IX Diseases of Digestive System	271	8.50
	VI Diseases of Nervous System	177	5.56
	II Neoplasms	168	5.27
1953 ...	XV Early Infancy	615	20.52
	VII Diseases of Circulatory System	610	20.35
	VIII Diseases of Respiratory System	349	11.60
	I Infective and Parasitic Diseases	272	9.07
	IX Diseases of Digestive System	260	8.67
	II Neoplasms	179	5.97
	VI Diseases of Nervous System	161	5.37
1954 ...	XV Early Infancy	522	20.51
	VII Diseases of Circulatory System	515	20.24
	VIII Diseases of Respiratory System	294	11.55
	XVI Senility and Ill-defined conditions	285	11.20
	II Neoplasms	189	7.43
	VI Diseases of Nervous System and Sense Organs	182	7.15
	I Infective and Parasitic Diseases	171	6.72
	IX Diseases of Digestive System	168	6.60

APPENDIX X

Principal Causes of Death as a % of Total Deaths 1954.



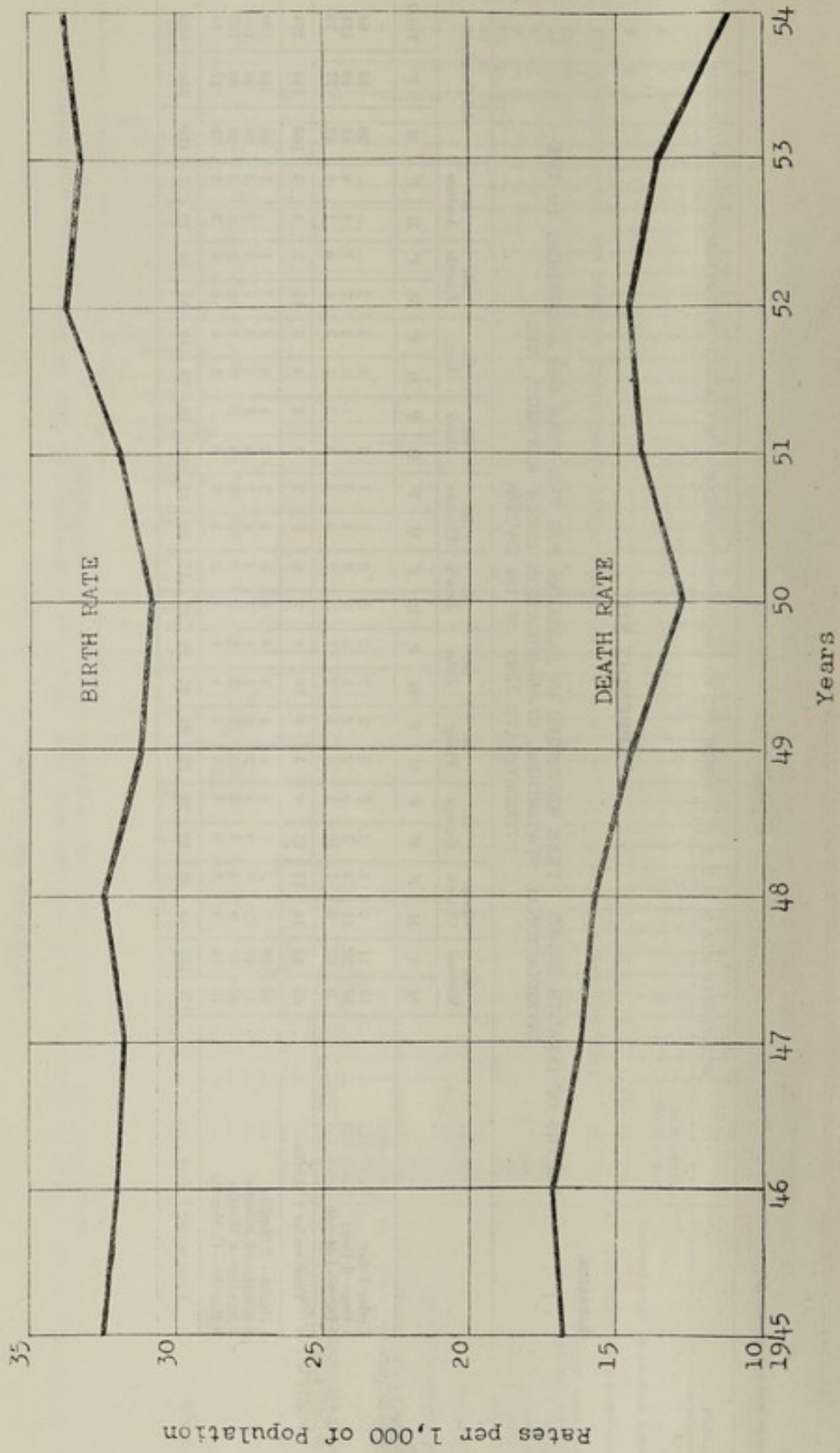
APPENDIX XII

DEATHS OF INFANTS UNDER 1 YEAR ARRANGED IN PARISHES FOR THE YEAR 1954 ACCORDING TO THE INTERNATIONAL STATISTICAL CLASSIFICATION SIXTH REVISION, 1948, INTERMEDIATE LIST OF 150 CAUSES.

BARBADOS.

	St. Michael		Christ Church		St. George		St. Philip		St. John		St. James		St. Thomas		St. Peter		St. Lucy		St. Joseph		St. Andrew		All Parishes		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Total
Under 1 day	18	14	2	3	2	2	3	3	2	2	2	2	1	1	3	...	1	1	2	...	...	...	36	38	64
1 Day—6 Days	36	20	11	3	3	5	2	2	6	5	5	2	2	5	1	1	5	1	7	1	4	4	82	49	131
7 Days—1 Month	9	10	5	7	10	1	...	3	2	1	...	2	6	1	3	2	2	3	4	6	1	1	42	37	79
Total under 1 Month	63	44	18	13	15	8	5	8	10	8	7	6	9	7	7	3	8	5	13	7	5	5	160	114	274
1 Month—2 Months	24	19	5	2	7	3	4	4	3	4	4	3	3	2	2	3	4	4	7	1	...	1	63	46	109
3 Months—5 Months	42	48	13	8	9	5	3	6	5	1	3	4	4	7	4	5	7	2	4	5	2	3	96	94	190
6 Months—8 Months	33	32	9	8	5	4	5	3	5	3	9	2	2	3	8	5	9	1	3	2	5	5	93	68	161
9 Months—11 Months	15	14	4	2	6	5	5	3	4	4	4	2	3	2	6	...	3	1	5	1	3	3	58	37	95
Total under 1 Year	177	157	49	33	42	25	22	24	27	20	27	17	21	21	27	16	31	13	32	16	15	17	470	359	829

APPENDIX XIII
 Birth and Death Rates per 1,000 of the Population for period 1945—1954



Appendix XIV

BARBADOS.

INFANT DEATHS BY AGE IN MONTHS — % DISTRIBUTION 1954

AGE AT DEATH	DEATHS IN FIRST YEAR OF LIFE	
	Number	% Distribution
Under 1 year	829	100
Under 1 month	274	33
Under 1 day	64	8
1 — 6 days	131	16
7 days — 1 month	79	9
1 — 11 months	555	67
1 — 2 months	109	13
3 — 5 months	190	23
6 — 8 months	161	19
9 — 11 months	95	12

NOTE: Of the 7,576 infants born alive in 1954, 274 died in the first month of life; the neo-natal mortality rate therefore was 36 per 1,000 live-births.

Of the 7,302 infants that survived the first month of life, 555 died before completing the first year of life; the mortality rate for infants in the second to twelfth month of life therefore was 76 per 1,000 infants alive at the beginning of the second month of life.

The Infant Mortality Rate was 109 per 1,000 live-births.

Appendix XV

BARBADOS

INFANT DEATHS BY AGE IN MONTHS FOR THE YEAR, 1954

AGE AT DEATH	DEATHS IN FIRST YEAR OF LIFE			
	<i>Urban</i>		<i>Rural</i>	
	Number	% Distribution	Number	% Distribution
Under 1 Year	334	100	495	100
Under 1 Month	107	32	167	34
Under 1 Day	32	10	32	7
1—6 Days	58	17	75	15
7 Days — 1 Month	19	6	60	12
1—11 Months	227	68	328	66
1 — 2 Months	43	12	66	13
3 — 5 Months	90	27	100	20
6 — 8 Months	65	20	96	20
9 — 11 Months	29	9	66	13

Appendix XVI

BARBADOS.

CAUSES OF DEATH IN THE FIRST YEAR OF LIFE
NUMBER OF DEATHS; % DISTRIBUTION FOR THE YEAR, 1954

CAUSE OF DEATH	DEATHS IN FIRST YEAR OF LIFE	
	Number	% Distribution
All Causes	829	100
Pre-natal and natal causes	463	45.9
Premature birth	110	13.3
Congenital malformations	10	1.2
Injury at birth	19	2.2
Congenital debility	207	25.0
Other diseases peculiar to the first year of life	61	7.4
Syphilis	42	5.1
Tetanus	14	1.7
Respiratory Diseases	143 (a)	17.3
Gastro-Intestinal Diseases	84 (b)	10.1
Epidemic and other communicable diseases	21	2.5
Malnutrition	71	8.6
All other specified causes	41	4.9
Ill-defined and unknown causes	6	.7

(a) Pneumonia and other Respiratory Diseases.

(b) Chiefly Gastro-enteritis.

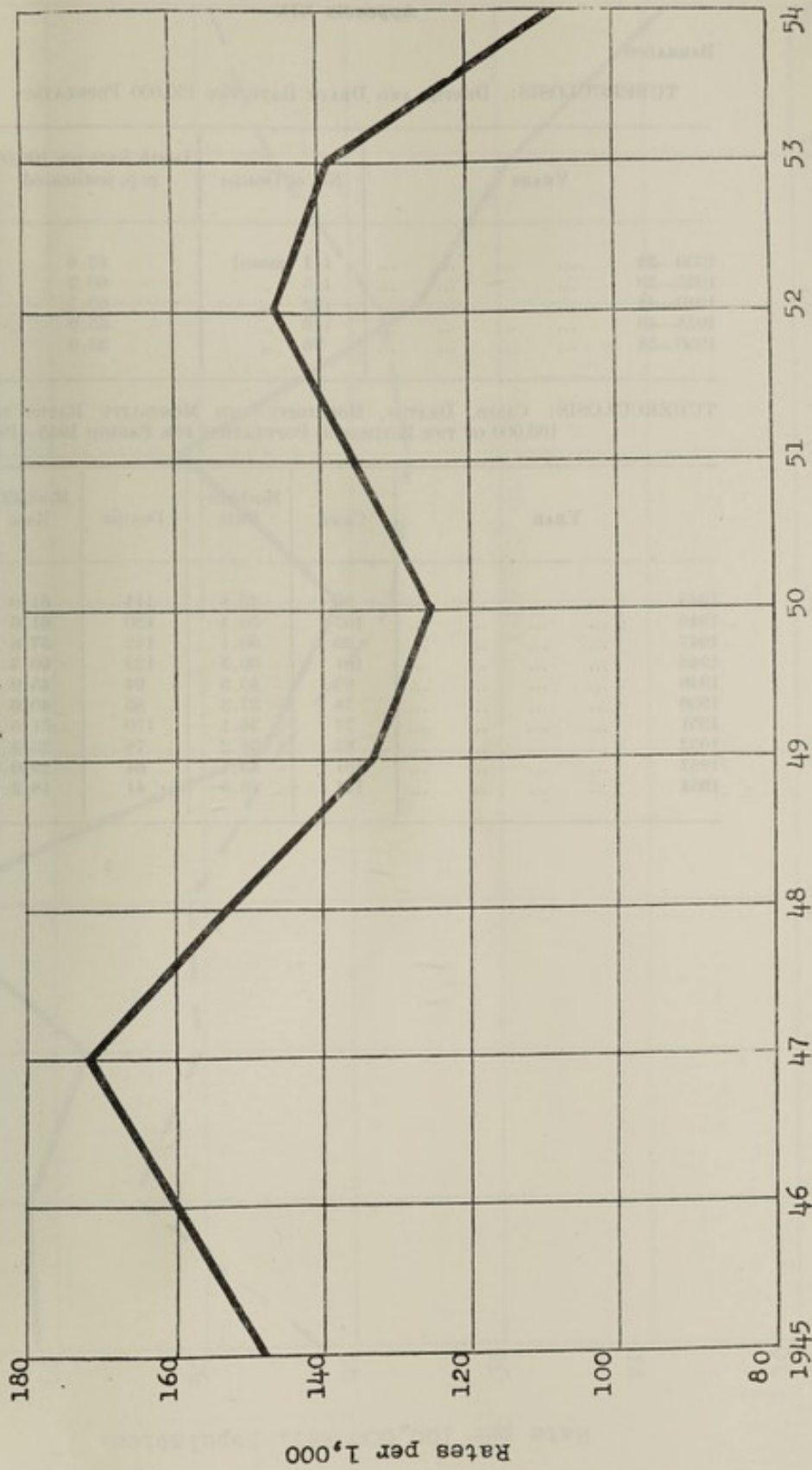
Appendix XVII

BARBADOS

CAUSES OF DEATH IN THE FIRST YEAR OF LIFE; NUMBER OF DEATHS; % DISTRIBUTION FOR THE YEAR, 1954

CAUSE OF DEATH	DEATHS IN FIRST YEAR OF LIFE			
	Urban		Rural	
	Number	% Distribution	Number	% Distribution
All Causes	334	100	495	100
Pre-Natal and Natal Causes ...	190	56.7	273	55.1
Premature Birth	49	14.6	61	12.3
Congenital malformations ...	3	.9	7	1.4
Injury at Birth	6	1.8	13	2.6
Congenital Debility	93	27.8	114	23.0
Other Diseases peculiar to first year of life	25	7.4	36	7.3
Syphilis	10	3.0	32	6.5
Tetanus	4	1.2	10	2.0
Respiratory	60	18.0	83	16.8
Gastro-Intestinal Diseases ...	27	8.1	57	11.5
Epidemic and other communi- cable diseases	9	2.7	12	2.4
Malnutrition	33	10.0	38	7.7
All other specified causes ...	13	3.9	28	5.7
Ill-defined & unknown causes	2	.6	4	.8

APPENDIX XVIII
Infant Mortality Rate per 1,000 Live births 1945—1954
Rates per 1,000



Appendix XIX

BARBADOS

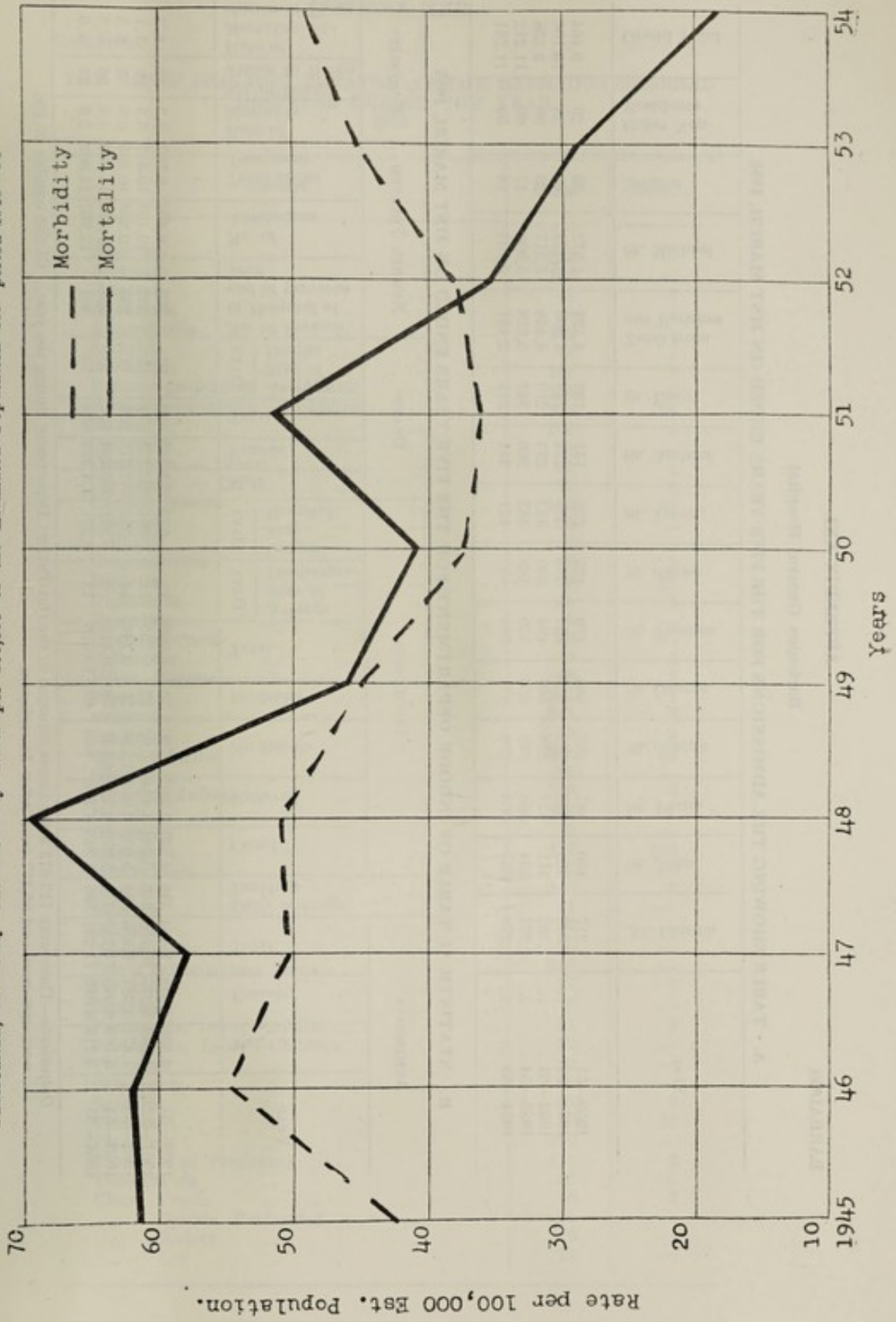
TUBERCULOSIS: DEATHS AND DEATH RATE PER 100,000 POPULATION

YEARS				No. of Deaths	Death Rate per 100,000 pop. (estimated)
1930—34	...	...	...	111 (mean)	62.6
1935—39	...	...	...	115 ..	60.3
1940—44	...	...	...	122 ..	60.7
1945—49	...	...	...	116 ..	55.9
1950—54	...	...	...	76 ..	35.9

TUBERCULOSIS: CASES, DEATHS, MORBIDITY AND MORTALITY RATES PER 100,000 OF THE ESTIMATED POPULATION FOR PERIOD 1945—1954

YEAR				Cases	Morbidity Rate	Deaths	Mortality Rate
1945	...	...	...	80	42.8	114	61.0
1946	...	...	...	107	55.4	120	61.6
1947	...	...	...	99	50.1	112	57.8
1948	...	...	...	101	50.5	139	69.3
1949	...	...	...	93	45.5	94	45.9
1950	...	...	...	78	37.3	85	40.6
1951	...	...	...	77	36.1	110	51.5
1952	...	...	...	83	38.2	78	35.9
1953	...	...	...	101	45.7	64	29.0
1954	...	...	...	111	49.5	41	18.2

APPENDIX XX
Tuberculosis, Morbidity and Mortality Rates per 100,000 of the Estimated Population for period 1945-54



APPENDIX XXII

BARBADOS.

THE CHIEF DISEASES TREATED AT THE BARBADOS GENERAL
HOSPITAL DURING THE YEAR
1954

Disease	Cases	Deaths
Abortion	388	—
Adenoids	184	—
Anaemia	49	7
Aneurysm	5	1
Appendicitis	452	1
Arthritis	73	1
Bronchitis	146	3
Broncho-pneumonia — Adults	106	5
Broncho-pneumonia — Children	594	69
Burns	100	4
Carbuncle	10	—
Carcinoma — Breast	31	1
Carcinoma — Cervix	72	6
Cardiac Disease	193	38
Cataract	75	—
Cellulitis	102	—
Conjunctivitis	32	1
Diabetes	92	12
Diphtheria	35	1
Dysentery	4	—
Dysmenorrhoea	19	—
Eclampsia	15	3
Fever, Enteric	68	1
Fibroid	264	1
Fractures	281	8
Gangrene	49	9
Gastro-enteritis	248	29
Glaucoma	22	—
Hepatitis, Infective	156	6
Hernia	184	1
Hydrocele	32	—
Marasmus	177	116
Menorrhagia	57	—
Nephritis	149	6
Neuritis	11	—
Orchitis	7	—
Osteomyelitis	25	—
Pelvic Inflammatory Disease	243	—
Peritonitis	17	7
Pleurisy	18	—
Pneumonia, Lobar—Adults	31	2
Pneumonia, Lobar—Children	37	—
Poisoning	52	—
Salpingitis	26	—
Syphilis	83	3
Tetanus	50	15
Tonsillitis	290	—
Toxaemia of Pregnancy	110	2
Tuberculosis	62	6
Ulcer, Peptic	78	3
" Gastric, Perforated	11	—
" Rodent	5	—
" Leg	73	—

APPENDIX XXIII

BARBADOS

OPERATIONS PERFORMED AT THE BARBADOS GENERAL
HOSPITAL DURING THE YEAR, 1954

Major operations ....	....	....	1,543
Minor operations ....	....	....	2,241
Eye operations ....	....	....	119
Anaesthetics administered ....	....	....	3,400

APPENDIX XXIV

BARBADOS

BARBADOS GENERAL HOSPITAL, X-RAY EXAMINATIONS
1954-1955

No. of X-ray examinations from April, 1954 to March, 1955	....	8,624
No. of Private Patients	....	558
No. of Public Patients	....	8,066
No. of Patients in Hospital	....	2,103
No. of Patients outside Hospital	....	6,521
CLASSIFICATION		
No. of Fluoroscopic Examinations	....	301
No. of Bones and Joints	....	4,936
No. of Barium Meals	....	209
No. of Barium Enemas	....	34
No. of Urinary Tracts (K.U.B.)	....	135
No. of I.V. Pyelographies	....	51
No. of Gall Bladders (Straight)	....	80
No. of Cholecystographies	....	31
No. of Abdomens (Straight)	....	40
No. of Pregnancies	....	64
No. of Lungs	....	2,783
No. of Hearts and Aortas	....	44
No. of Accessory Nasal Sinuses	....	75
No. of Dentals	....	17
No. of Foreign Bodies	....	119
No. of Tomographs	....	5
No. of Retrograde Pyelographies	....	1
		<u>8,624</u>

X-RAY THERAPY DEPARTMENT

No. of patients treated	....	170
No. of Private Patients	....	84
No. of Public Patients	....	86
No. of Deep Treatments	....	568
No. of Superficial Treatments	....	506
		<u>1,074</u>
No. of follow-up inspections of patients	....	972

1954	1955	1956	1957	1958	1959
10	10	10	10	10	10
20	20	20	20	20	20
30	30	30	30	30	30
40	40	40	40	40	40
50	50	50	50	50	50
60	60	60	60	60	60
70	70	70	70	70	70
80	80	80	80	80	80
90	90	90	90	90	90
100	100	100	100	100	100
110	110	110	110	110	110
120	120	120	120	120	120
130	130	130	130	130	130
140	140	140	140	140	140
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170	170	170	170	170	170
180	180	180	180	180	180
190	190	190	190	190	190
200	200	200	200	200	200
210	210	210	210	210	210
220	220	220	220	220	220
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270	270	270	270	270	270
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300	300	300	300	300	300
310	310	310	310	310	310
320	320	320	320	320	320
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370	370	370	370	370	370
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400	400	400	400	400	400
410	410	410	410	410	410
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430	430	430	430	430	430
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970	970	970	970	970	970
980	980	980	980	980	980
990	990	990	990	990	990
1000	1000	1000	1000	1000	1000

BACTERIOLOGICAL DEPARTMENT

ANALYSIS OF ALL EXAMINATIONS FOR THE YEARS 1934, 1946 AND 1951 — 1954

NATURE OF EXAMINATION		Total 1934	Total 1946	Total 1951	Total 1952	Total 1953	Total 1954
Agglutination reaction	B. typhosus (S. typhosa) ...	115	146	169	178	321	200
	B. paratyphosus A. (S. paratyphi A)	115	146	169	158	321	200
	B. paratyphosus B. (S. paratyphi B)	115	146	169	158	321	200
	B. paratyphosus C. (S. paratyphi C)	17	0	0	0	0	0
	S. dysenteriae (Sh. Flexner) ...	1	0	0	0	0	0
	Br. abortus & Br. melitensis ...	0	2	4	14	20	15
Serological & C-S Fluid reaction for syphilis	1,146	4,130	9,196	8,932	10,857	11,279	
Skin reaction for Lymphopathia venereum and smear for leishmaniasis ...	0	0	0	3	0	2	
Sera for T. pallidum ...	5	5	29	17	11	7	
Blood Smears	Malaria parasites ...	26	21	23	19	15	8
	Microfilariae ...	7	0	9	10	3	7
	Anaplasma, Piroplasma and Eimeria, etc. ...	2	1	0	0	0	0
	Trypanosomes ...	1	0	0	0	0	0
	Blood counts, etc. ...	62	377	1,424	1,974	3,064	3,291
	Glucose, Calcium, Urea, Uric Acid, etc. in the blood ...	0	32	268	420	475	447
Coagulation time of blood, bleeding time and sedimentation rate ...	0	3	146	553	1,274	652	
Compatibility of bloods & blood groupings	4	15	680	903	1,479	1,916	
Occult blood in faeces & stomach contents, free HCL in stomach & test meals ...	116	57	100	264	168	40	
Helminthic ova & amœbæ of dysentery ...	173	161	242	264	263	96	
Tissue sections ...	39	66	161	287	331	309	
C-S Fluid for Cellular content, excess of globu- lin, tubercle bacilli & other organisms, etc.	1	92	290	306	375	340	
Tubercle bacilli in faeces & calf's liver scrapings ...	0	31	0	2	0	0	
Miscellaneous	Sputa ...	230	293	335	447	844	882
	Pus ...	30	9	56	104	62	32
	Smears for gonococci ...	130	85	373	782	900	724
	Smears for Myco.lepræ ...	27	12	54	70	58	24
	Urine for tubercle bacilli or other organisms ...	22	0	16	25	58	82
	Pleuritic, synovial or abdominal fluid	4	12	22	19	24	59
	Nose & throat smears ...	8	6	11	9	7	8
Bacteriological Analysis of Water ...	11	20	4	22	19	24	
Milk examinations & aerated sweet drinks ...	2	0	2	0	0	2	
Autogenous vaccine prepared ...	4	5	30	36	44	25	
Cultural Examinations	Throat swabs for C. diphtheriæ ...	37	188	196	124	172	889
	Synovial fluid ...	1	0	0	1	0	0
	Faeces ...	20	5	11	16	10	44
	C-S Fluid ...	1	39	6	4	1	4
	Urine ...	11	0	24	43	19	86
	Blood ...	1	2	55	34	0	21
	Sputum ...	1	0	0	0	0	0
	Yeast ...	13	1	0	0	0	0
	Pus ...	0	3	30	15	18	61
Rats, etc. ...	382	0	0	0	0	0	
Fungoid Diseases ...	4	2	8	1	14	10	
Urine—Chemical & microscopical examination	835	745	630	666	936	556	
Friedman test for pregnancy ...	0	48	27	23	42	28	
Medico—legal investigations ...	82	35	40	27	34	50	
	3,821	6,941	15,009	16,930	22,560	22,620	

Appendix XXVI

DIAGNOSIS OF PATIENTS AT MENTAL HOSPITAL FOR THE YEAR 1954

DIAGNOSIS	MALE		FEMALE	
	Total	%	Total	%
Behaviour Disorder	—	—	1	.24
Epileptic Psychosis	5	1.68	10	2.38
Monic-Depressive	29	9.73	50	11.88
Mental Deficiency	51	17.11	35	8.31
Melancholia (Invol.)	—	—	2	.48
Pre-Senile Dementia	2	.67	9	2.14
Psychoneurosis	3	1.01	3	.71
Parkinson's Disease	—	—	1	.24
Senile Dementia	—	—	35	8.31
Secondary Dementia	13	4.36	10	2.38
Schizophrenic States	149	50.00	248	58.97
Acute Hallucinosi	—	—	1	.24
TOXIC PSYCHOSIS				
(a) Acute Toxic Psychosis	2	.67	—	—
(b) Chronic Alcoholism	5	1.68	1	.24
(c) Malnutrition	—	—	5	1.19
ORGANIC PSYCHOSIS				
(a) Dementia Paralytica	10	3.36	8	1.66
(b) Cerebral Syphilis	3	1.01	—	—
(c) Encephalitis	—	—	—	—
(d) Tabo Paresis	2	.67	1	.24
(e) Arterio Pathic	3	1.01	1	.24
Psychopathic Personality	7	2.35	—	—
No appreciable disease	4	1.34	—	—
	298		421	

APPENDIX XXVII

SUMMARY OF THE WORK PERFORMED BY THE INSPECTING FIELD FORCE FOR THE YEAR 1954-55

During the period April 1st, 1954 to March 31st, 1955, the work done by the Inspectors' Department (Inspecting Field Force and subordinate Staff) following along different lines, in some aspects, to former years, may be divided on this occasion, under the following heads:

- (1) *Aedes aegypti* mosquito eradication campaign
- (2) Quarantine and Port Sanitation

2. The *Aedes aegypti* mosquito eradication campaign which was begun in March 1954 was in full progress when the new year opened, and was given priority in the year's list of activities.

3. With the exception of the unit engaged in the port, the remainder of the staff were drafted into a team to carry out the spraying operations by the perifocal method in the parish of St. Michael. This work was being done mainly in the area extending from the Deacons Road—Black Rock section and continuing in a southerly direction to the parish boundary line at the Garrison.

4. "Bridgetown", as this locality was designated, covered an area of approximately six square miles and included areas outside the recognised City boundary, also the Port section.

5. With the assistance of five members of the Parochial Sanitary Inspectorate, the augmented team carried out preliminary survey with treatment in the designated locality and completed the first cycle during the month of August, a period of about five (5) and a half months.

6. The number of premises visited totalled 15,374 and the number inspected and treated 13,638. Premises found *Aedes* position numbered 1,956, giving an index of 14.3%. Checking of premises was carried out during the two months immediately following the completion of the first cycle and it was significant to note that breeding was encountered mainly on those premises which had not been inspected and treated due to the absence of the householders at the time of the inspector's visit.

7. Checks without treatment were discontinued after it was noted that the areas covered during the check almost invariably returned an index of between 5% and 6%.

8. Residual spraying work was introduced in place of the perifocal method of treatment during the month of November for the first time in the parish of Christ Church. Hotels and guest houses were given first treatment in view of the approaching tourist season, and operations were carried out at private residences and other houses subsequently.

9. Similar work was begun in the parish of St. Michael during the month of January, 1955, and this was continued simultaneous in both parishes up to 31st March, 1955.

10. Despite opposition and objection to this form of house-spraying, the results of the work in the parish of Christ Church (which had shown an index of 9% on the preliminary survey) was eminently satisfactory.

11. The following data will be interesting to note:

	Christ Church	St. Michael
No. of Dwellings and other attachments sprayed	3,058	3,486
No. of Rooms sprayed	21,246	14,133
No. of square feet covered	8,567,250	7,252,366

A check carried out in the parish of Christ Church for the period during which residual spraying was done, revealed the following:

Premises:	Visited	Checked	Sprayed	Positive	Index
	1,102	924	837	11	1.1%

Residual spraying work continues, in conjunction with control measures which are being used against other mosquitoes.

12. *Quarantine and Port Sanitation*: Five hundred and eighteen (518) vessels, chiefly schooners and motor vessels from the neighbouring West Indian islands, which entered and were berthed in the Careenage, were given attention as required by the Quarantine and Port Regulations.

13. Forty-five (45) of these vessels were treated with residual D.D.T. spray solution, and a total of two hundred and sixty (260) water containers encountered on board these crafts were also treated with D.D.T. wettable powders solution as a control measure against *Aedes* mosquito breeding.

14. Another aspect of the work done under this heading was the fumigation of schooners. This work is carried out as a control measure against rodents and disease-carrying insects. Twenty-nine (29) vessels were treated. According to port regulations, vessels should be fumigated at least once every three months, but this has not been found practicable owing to the uncertainty of the movements of these smaller surface crafts which ply their trade between the islands.

15. Whenever possible, vessels due for fumigation are dealt with accordingly.

16. Rat destruction work continues around the City and Port areas. Data in connection with this work for the period under review are as follows:

Number of rats caught in traps	1,114
Number of rats certified to have been destroyed by poisoned baits laid	1,438
Number of rats certified to have been destroyed by fumigation	207
Number of mice destroyed by poisoned baits, traps and fumigation	903
Number of poisoned baits laid	24,084

Individuals carrying such a disease are called
 carriers which are being used in the
 following manner: The first is to
 determine the source of the disease
 and to determine the source of the
 disease which is being carried by the
 carrier. The second is to determine
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It is the purpose of this report to
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 which is being carried by the carrier.

The following table shows the results
 of the investigation.

Number of cases	Number of carriers	Number of cases	Number of carriers
100	50	100	50
200	100	200	100
300	150	300	150
400	200	400	200
500	250	500	250

The following table shows the results
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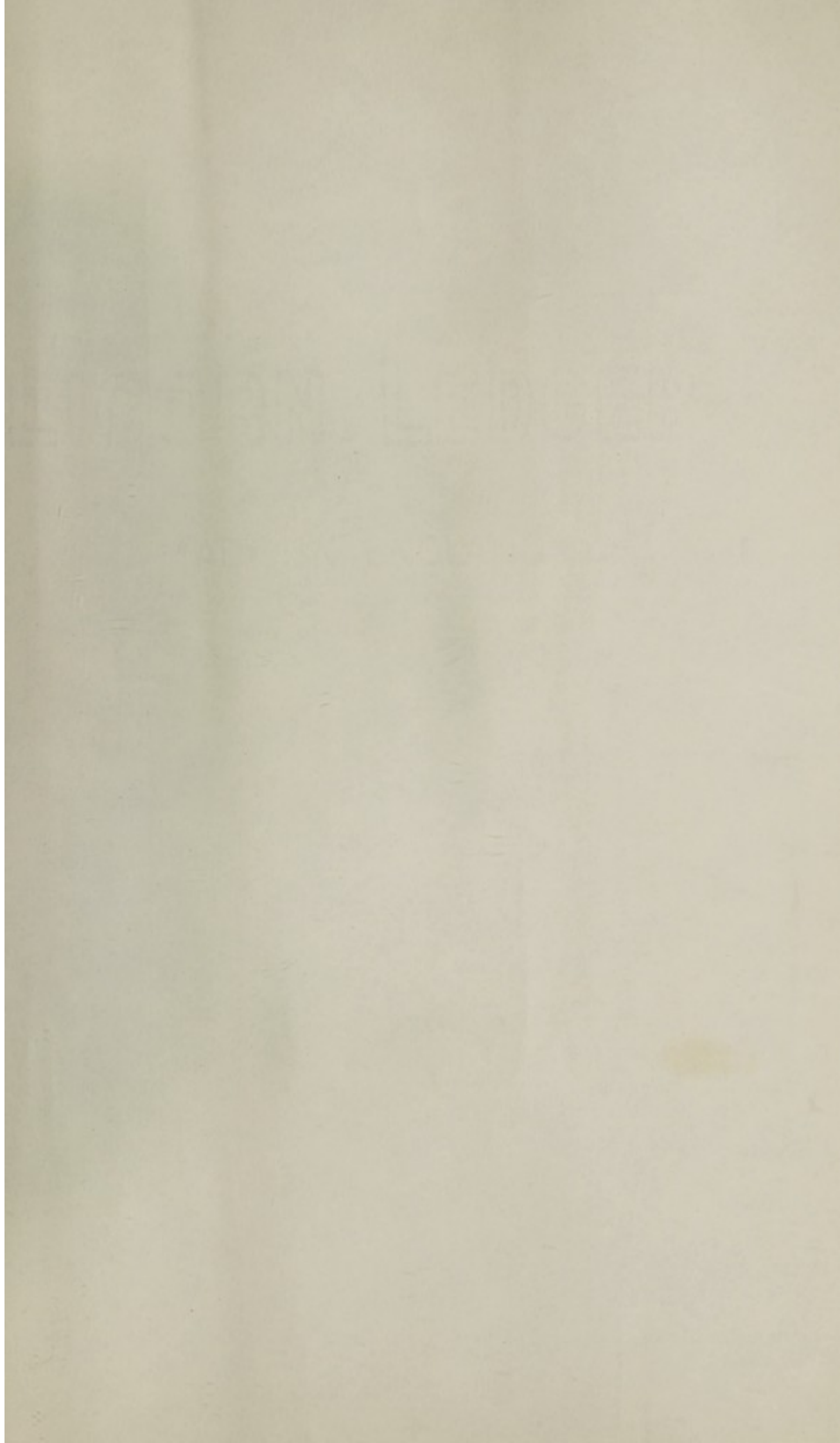
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