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Contributors

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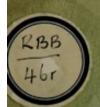
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BARBADOS

ANNUAL REPORT

OF THE

DIRECTOR OF MEDICAL SERVICES

FOR THE YEAR

1956-57

THE ROYAL SOCIETY

for the Promotion

OF HEALTH

COURDED COURDING

GOVERNMENT PRINTING OFFICE, BAY STREET, BARBADOS

2BB 46 p



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FOR THE YEAR

1956-57

BARBADOS

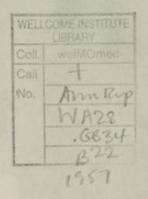
ANNUAL REPORT

OF THE

DIRECTOR OF MEDICAL SERVICES

FOR THE YEAR

1956-57



No. 3563. A. 5019/57

DEPARTMENT OF MEDICAL SERVICES,
Careenage House,
The Wharf,
Bridgetown, 1,

31st December, 1957.

Barbados.

Sir.

I have the honour to submit for your information the Report of the Department of Medical Services for the year 1956/57. A copy of this report is also forwarded for transmission to His Excellency the Governor.

I have the honour to be,

Sir,

Your obedient servant,

M. A. BYER

Director of Medical Services.

The Honourable
Minister of Social Services,
Government Headquarters,
Bay Street,
St. Michael.

DEPARTMENT OF MEDICAL SERVICES,
Curessage Homes,
1 The Ward.
Redgetown, I.,
Burdgetown, I.,

STATE DESCRIBER 1957

I have the honour to saleate for your information the Repair of the Department of Medical Services for the year 1956 57. A copy of this report is also forwarded for transmission to His Excellency the Governor.

N A. BYER

N A. BYER

Director of September Services

The Hostunide
literator of Social Services,
Government Meadquarters,
Hay Suriet,
Re. Hickord.

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ANNUAL REPORT OF THE DIRECTOR OF MEDICAL SERVICES FOR THE YEAR 1956-57

Part I. MEMBERSHIP OF COMMITTEES

GENERAL BOARD OF HEALTH

Dr. E. B. Carter - President

Hon. D. H. L. Ward, M.L.C.

E. St. A. Holder, Esq., M.C.P.

T. W. Miller, Esq., M.C.P.

F. C. Goddard, Esq., M.C.P.

W. L. Haynes, Esq.

V. W. A. Chase, Esq.

Dr. A. L. Stuart

Dr. E. Cochrane

Dr. M. A. Byer, Director of Medical Services (ex officio)

The Director of Highways & Transport

Dr. F. N. Grannum, M.B.E., Acting Senior Medical Officer of Health

Medical Officer of Health
Dr. A. G. Friend, W.H.O. Consulting Sanitary Engineer

W. A. Abrahams, Esq., Government Chief Public Health Inspector

T. F. King, Esq., B.A. - Clerk.

Advisers attending by invitation.

GENERAL HOSPITAL ADVISORY COMMITTEE

Dr. J. Baeza - Chairman

R. M. Cave, Esq.

Mrs. J. A. Martineau

Mrs. E. E. Bourne, M.C.P. E. D. Mottley, Esq., M.C.P.

MENTAL HOSPITAL VISITING COMMITTEE

Hon. Dr. C. H. St. John, M.L.C. - Chairman

Dr. J. Baeza

Mrs. W. A. Redhead

Mr. H. Waite

Mr. V. B Vaughan, M.C.P.

Mr. M. D. Symmonds

VISITING COMMITTEE OF THE LAZARETTO

Dr. M. A. Byer, Director of Medical Services - Chairman

Dr. F. N. Grannum

The Rev. J. W. Clementson - Chaplain

Mr. C. B. Allamby

Miss Eunice Gibson

Mrs. F. A. Bishop, M.B.E.

Mrs. W. Terajewicz Mrs. W. A. Redhead

Sister May Teresa, C.J.G.S.

Mr. C. E. Edwards, Superintendent - Secretary

GENERAL NURSING COUNCIL

Dr. M. A. Byer - Chairman (Exofficio)

Mrs. G. M. Watson, Matron, General Hospital, (ex officio)

Miss I. Stuart, Principal Sister Tutor, General Hospital

Mrs. E. Chandler

Dr. F. N. Grannum

Dr. A. L. Stuart

Dr. C. B. Vaughan.

FOARD OF MEDICAL ASSESSORS

Dr. M. A. Byer - Chairman
Hon. Dr. C. L. St. John, M.L.C.
Hon. Dr. H. G. Massiah, M.L.C.
Dr. C. B. Vaughan

BOARD OF DENTAL ASSESSORS

Dr. M. A. Byer - Chairman Hon. H. G. Massiah, M.L.C. Dr. L. K. Nicholls Dr. E. W. Storey.

Part II. STAFF

2. Whole-time members as at 31st March, 1957:-

Director of Medical Services -M. A. Byer, M.B., Ch.B.(Edin.), M.P.H. (Harvard)

Senior Medical Officer of Health (Acting)
F. N. Grannum, M.B.E., M.B., Ch.B.(Edin.), D.T.M.&H.(Eng.) M.P.H. (Harvard)

Health Officer (Port)
F. N. Grannum, M.B.E., M.B., Ch.B. (Edin.), D.T.M.& H. (Eng.) M.P.H. (Harvard)

Chief Public fiealth Inspector - W. A. Abrahams, Esq., M.R.S.H.

Assistant to Chief Public Health Officer - S. J. Sealy, Esq., A.R.S.H.

Office Superintendent - Capt. R. A. Sealy

Clerical - 9 Technical - 9 Nursing - 1 Other - 3

BARBADOS GENERAL HOSPITAL

Medical Superintendent - T. G. Humby, M.R.C.S.(Eng.), L.R.C.P. (Lond.)

Surgeon Specialist

A. G. Leacock, Esq., M.B., B.Chir., M.Chir, (U.Camb.), F.R.C.S. (Eng.)

Specialist Physician - (Vacant)

Specialist Radiologist - Edith Smith, M.B., B.S. (U. Punjab), D.M.R.E. (Camb.)

Specialist Anaesthetist - (Vacant)

Assistant Anaesthetist. - B. S. Skinner, M.R.C.S.(Eng.), L.R.C.P.(Lond.)

Surgical Registrar - (Vacant)

Medical Registrar - (Vacant)

Medical Officer Grade 'A' - W.E. Cooper, M.B., Ch.B. (U. Lond.)
(1 vacant)

Medical Officer Grade 'B'

H. A. H. Melville, M.B., B.Ch.(U. Wales), D. Obstet.R.C.O.G.
W.S. Snow, L., L.M., R.C.P. (Irel.), L.,L.M., R.C.S. (Irel.)
L. B. Bannister, M.B., B.S. (U. Lond.)

House Officers - Dr. D. A. Weatherhead (3 vacant)

Steward and Secretary - W. C. Goodman, Esq., M.B.E.

Matron - Mrs. G. M. Watson

Assistant Matron - Miss E. K. Walters

Principal Sister Tutor - Miss I. Stuart

Sister Tutor - (Vacant

Departmental Sisters - Miss E. M. Skinner, Miss B. St. Hill, Miss N. Turner, Mrs. J. Bishop (Acting) (1 vacant).

Physiotherapist - (Vacant)

Radiographers - Miss J. B. Edwards, Miss R. Feldman

Clerical - 13 Nursing - 270 Technical - 14 Other - 243

MENTAL HOSPITAL

Medical Superintendent

Lt. Col. R. M. Lloyd-Still. M.R.C.S. (Eng.), L.R.C.P. (Lond.)

Assistant Medical Superintendents W. Terajewicz, M.D. (U. Cracow)

J. T. Murray-Aynsley, M.R.C.S. (Eng.), L.R.C.P. (Lond.)

Matron - Miss E. McKerchar

Assistant Matron and Sister Tutor - Miss M. Connell

Head Male Nurse - A. E. Lewis, Esq.

Steward - V. Carter, Esq.

Clerical - 3 Nursing - 112 Technical - 0

Other - 39

LAZARETTO

Superintendent - C. E. Edwards, Esq.

Surgeon - W. Terajewicz, M. D. (U. Cracow)

BACTERIOLOGICAL AND PATHOLOGICAL LABORATORY

Bacteriologist and Pathologist

J. E. Walcott, M.B., Ch.B. (U. Glasgow), D.T.M. & H. (Eng.)

Assistant Bacteriologist and Pathologist
Mary Bools, M.B., B.Ch., B.A.O. (N.U. Irel.)

Clerical - 1
Technical - 3
Other - 1

HEALTH CENTRES

Enmore

Medical Officer of Health - E. Cochrane, M.B., Ch.B. (U. Glasgow) D.P.H. (Lond.) Senior Public Health Nurse - Miss A Walters

```
Enmore - Cont'd.
```

Laboratory Supervisor

V. A. A. Archer, B.Sc (McGill), M.Sc. (Toronto), F.C.I.C., F.R.I.C.

Radiographer - Miss A. Vanstone

Clerical - 3

- 4 Nursing

Technical - 3

Other - 6

Speightstown

Medical Officer of Health

C. G. Terrell, O.B.E., M.B., Ch.B. (U. Edin.), D T.M. (L'pool)

Senior Public Health Nurse - Miss M. Mayers

Clerical - 1

Nursing

Technical - 1

Other

St. Philip

Medical Officer of dealth - (Vacant)

Senior Public Health Nurse - Miss M. Barrett

Clerical

Nursing - 4

Technical - 1

Other

MATERNITY HOSPITAL

Matron - (Vacant)

Miss D. Sargeant (Acting)

Clerical - 1

Nursing - 13

Technical - 0 Other - 23

3. Part-time members as at 31st March, 1957:-

Assistant Health Officer (Post)

D. O. S. Payne, L.R.C.P. (Edin.), L.R.C.S. (Edin.), L.R.F.P.S. (Glas.)

School Dentists - Dr. F. M. O. Alleyne, Dr. J. A. Smith, D.D.S.

BARBADOS GENERAL HOSPITAL

Visiting Surgeons - Dr. A. L. Stuart, Dr. H. L. Massiah, Hon. Dr. A. S. Cato, M.L.C.

Assistant Visiting Surgeons - Dr. G. S. Emtage, Dr. H. C. Rogers, (1Vacant)

Ophthalmic Surgeon

Hon. C. H. St. John, M.L.C., M.B., B.S. (U. Lond.), M.R.C.S. L.R.C.P., D.O.M.S., R.C.P.S. (Eng.)

Assistant Ophthalmic Surgeon

A. A. Gibbons, M.B., Ch.B. (U. Edin.), D.O.M.S., R.C.P.S. (Eng.), D.T.M. (L'pool)

Ear, Nose and Throat Surgeon - A. O. W. F. Trieloff, M.D., L.M.C.C.

Assistant Ear, Nose and Throat Surgeon

F. G. Reader, M.R.C.S. (Eng.), L.R.C.P. (Lond.)

Dental Surgeon - Eric W. Storey, D.D.S.

MATERNITY HOSPITAL

Visiting Obstetrician - F. G. Reader, M.R.C.S.(Eng.), L.R.C.P. (Lond.)

Tuberculosis Officer

D. O. S. Payne, L.R.C.P.(Edin.), L.R.C.S.(Edin.), L.R.F.P.S. (Glas.)

4. Changes in Staff:-

- Dr. F. N. Grannum who had acted as Director of Medical Services on several occasions, retired from the active service on 9th June, 1956, after twenty years in this Department. Dr. Grannum joined the Staff at the General Hospital in 1926, and continued to work at the institution until he was appointed to the post of Parochial Medical Officer, St. Andrew in 1927. In 1936 Dr. Grannum left his parochial duties which were combined with a busy private practice and moved into the newly created post of Sanitation Officer. In this office he made substantial contributions to the cause of sanitation. His work as Local Secretary of the Royal Sanitary Institute and his interest in the training of Sanitary Inspectors have both played a large part in the improvement of standards in Sanitation. In 1947 the term Sanitation Officer was replaced by that of Senior Medical Officer of Health. Since his retirement Dr. Grannum has continued to serve the Department in a dual capacity as Health Officer (Port) and Acting Senior Medical Officer of Health.
- Dr. M. A. Byer, Medical Officer of Health, Northern Area, was appointed Director of Medical Services on 10th June, 1956, and was granted six months vacation leave from 1st July to 31st December, 1956. During his absence Dr. Grannum again acted as Director of Medical Services. Dr. Byer resumed duty on 1st January, 1957.
- Dr. F. Cochrane, Medical Officer of Health, St. Michael, acted as Senior Medical Officer of Health in conjunction with his duties as Medical Officer of Health from 1st July to 31st December, 1956.
- Dr. C. G. Terrell, who was in charge of the B.C.G. Campaign was appointed Medical Officer of Health, Northern Area, on 15th March, 1957.

Part III. LEGAL

- 5. No new legislation was enacted during the year. The following Bills which have received the sanction of the Legislature still await proclamation:—
 - 1. The Local Government Bill
 - 2. The Public Health Bill
 - 3. The Public Assistance Bill.

These Bills provide the authority necessary for making available to the community, the preventive diagnostic and curative services of modern medicine. Progress in this field faces not only the problems raised by scientific and technical inadequacies, but also vigorous organised resistance to change. Statesmanship and a spirit of co-operation will be required, if the great benefits of medical science are to be brought effectively to the service of the people.

Part IV. VITAL STATISTICS

6. The problem of population is one of the most pressing of the problems which face Barbados today. Population problems are affected not only by the incidence of disease, but also by the supply of food, by the availability of resources and by the state of education and technology. The need therefore for consideration of these problems on the broad front of health, agriculture, education and social services must be recognised. All of these should work together if the patterns of population growth are to keep pace with our resources and legitimate aspirations in respect to standards of living. The trends indicated in the vital statistics for this year indicate that these patterns may already be taking shape.

- 7. The population, as estimated by the Registrar, for 1956 was 229,579. Of this number, 105,670 were males and 123,909 were females. The natural increase, i.e. the difference between births and deaths, was 4,652. This increase has to a very large extent been offset by the excess of the Departures 29,944 over the Arrivals 25,758; a difference of 4,197.
 - 8. The natural increase for the last ten years is shown in the following table:-

1947	and Control In	3,221
1948	1 (00000	3,539
1949	10 D. *** Ta	3,378
1950	al design	3,744
1951	14.0	3,793
1952	monte.	4,105
1953	07 000	4,307
1954	bug, grati	5,032
1955	W	4,706
1956	padition	4,652

- 9. A fall in the Birth Rate from 33.14 in 1955 to 30.88 in 1956 is recorded. This fall is probably associated with the departure of large numbers of workers to the United Kingdom. It is also likely that the efforts of the Family Planning Association are taking effect.
- 10. The Birth Rates per 1,000 of the population for the last ten years calculated on the mean population are as follows:-

1947	of Minate 10	31.71
1948	a su notino s	32.48
1949		31.06
1950	A	30.74
1951		31.83
1952		33.59
1953		33.05
1954		33.63
1955	IIILEGAL	33.14
1956		30.88

11. A Crude Death Rate of 10.59 as compared with 12.60 for 1955 represents another very healthy index. This is the lowest death rate recorded for the ten year period. The Crude Death Rates per 1,000 of the population, calculated on the mean population, for the last ten years are as follows:—

1947		16.25
1948		15.65
1949		14.56
1950		12.85
1951		14.06
1952		14.68
1953		13.36
1954		11.29
1955		12.60
1956	ALB ARI	10.59

12. The Infant Mortality Rate of 97, when compared with 134 for 1955, indicates a very marked improvement in those conditions which are so accurately reflected in this very sensitive statistical indicator. A high Infant Mortality Rate has been one of the unsatisfactory features of child life in Barbados for a long period of time. Many factors are associated with these high rates; among them are:—

- (1) Inadequate knowledge of the basic principles of child care;
- (2) Poverty with which is associated seasonal employment. The agricultural labourer has 4 - 5 months of under-employment during which the infants subsist on very inadequate foods;
- (3) Housing conditions, which are unsatisfactory in three main aspects:-
 - (a) overcrowding chiefly in relation to the number of occupants per room;
 - (b) the absence of pipe borne water from many of the homes;
 - (c) unsatisfactory sanitary accommodation.
- (4) Inadequate opportunities for ante-natal care;
- (5) Inadequate numbers of Child Health Clinics.

Any one of these factors, or all of them acting together, may have tended to keep these rates up. The very welcome downward trend which is shown in the following table is attributable therefore, NOT to any one of these factors, but rather to the overall improvement in all or in several of these directions, which has been taking place.

13. The Infant Mortality Rate - i.e. the number of deaths of infants under one year per 1,000 live births, for the past ten years is as follows:-

 172
 153
 135
 125
 136
 146
 139
 109
 134
 97

- 14. The Maternal Mortality Rate of 3.39 as compared with 2.63 for 1955 indicates the need for wider and better maternity services. Plans for the upgrading of sections of certain Almshouses to that of District Hospitals with Maternity Wards are already well advanced.
- 15. The principal vital statistical data for the year ended 31st December, 1956 are as follows:-

Estimated end of year population		229,579
Estimated mean population		229,346
Births registered		7,082
Birth Rate per 1,000 of the population		30.88
Deaths registered	MINNO:	2,430
Death Rate per 1,000 of the population		10.59
Infant Mortality Rate		97
Maternal Mortality per 1,000 live births		3.39
Still birth rate per 100 live births		1.86

16. The following table compares the three main rates with those for other territories:-

Rate	Barbados	Trinidad	Jamaica	British Guiana
Births per 1,000 population	30.88	36.9	37.26	42.3
Deaths per 1,000 population Infant Mortality per 1,000	10.59	9.6	9.51	11.3
live births	97	63.9	54.2	68.5

Tables showing a summary of the Causes of Death in each parish and in agegroups for the whole Island are given in Appendices VI to VIII.

17. The population on the 31st December, 1956, was computed as follows:-

Estimated population 31st December, 1955 ... 229,113

Excess of births over deaths ... 4,652

233,765

Less excess of Emigration over Immigration ... 4,186

Population at 31st December, 1956 ... 229,579

				Males	Females	Persons
Immigration				14,539	11,219	25,758
Emigration	QL. SVA	d your good	ingol. gail	17,178	12,771	29,944
Arrivals by air		amona al	doldw h	11,966	8,613	20,579
Departures by air	***	***		12,837	8,925	21,762

Part V. HEALTH AUTHORITIES

- 18. Until the Bills referred to in Part III Legal are proclaimed, the General Board of Health continues to be the Central Health Authority. The Board meets once each month and is concerned mainly with the approval of plans for the division and sale of land under the Public Health Act of 1908.
- 19. The Local Health Authorities are the Boards of Commissioners of Health for each of the eleven (11) parishes. These Boards are appointed by the Vestries of the parishes. The Vestries also appoint Parochial Medical Officers who are responsible for the Medical Care of the poor in each parish, for whom both in-patient care in the Almshouses and out-patient care are provided.
 - 20. Details of Poor Relief are set out in Appendices II and III.

Part VI. WHO-UNICEF ASSISTANCE

THE B.C.G. CAMPAIGN

Dr. C. G. Terrell, O.B.E., Medical Officer of Health in charge of B.C.G. Centre.

General Operations

21. This Campaign commenced operations on 16th January, 1956, under the direction of Dr. R. G. Lampart who had been temporarily seconded by the Government of Jamaica to the World Health Organisation.

The field staff consisted of two teams of two Nurses each and one Nurse in each team had previously undergone a course of training in British Guiana.

The office staff consisted of one Clerk and one Clerk-typist.

Two station wagon cars fitted with loud speakers were supplied and were constantly on the road and gave excellent service during the course of the campaign. One of these cars and certain other necessary equipment including a new refrigerator were supplied by UNICEF, and their contribution also included a cinema unit consisting of a projector and motor with a set of films, and this was in constant use and was much appreciated especially in the country districts by the many thousands who attended the talks and cinema shows given throughout the Island.

After establishing the necessary contacts — including talks and film demonstrations, the work of the campaign commenced with the schools in St. Michael and these and the schools in three other of the parishes in the southern end of the Island were completed before the Easter Holidays at the end of March.

After the schools closed, work started for the general public in the parish of St. Michael and this and the parish of Christ Church were completed by the end of April.

Dr. Lampart left Barbados towards the end of April and from that time onwards the campaign has been under my direction.

Schools

From the beginning of May, work again reverted to the schools' programme for the nine remaining parishes and these were all completed by the middle of June.

The total number of schools was 155 - and of these 123 were Government Primary Schools and the remainder, 32 Secondary Schools.

Out of an estimated school population by the Department of Education of 40,038 school children, a total of 37,117 or 93% were tested during the period of the schools' programme and all the negatives vaccinated.

This satisfactory figure for the school children has been further improved on considerably during the progress of the campaign for the general public in the parishes and many children who were absent at the time their schools were tested have subsequently been tested at the village centres nearest to their schools, but for convenience these were recorded and included with the figures for the general public in that locality.

Apart from this, a considerable number of private schools were located both in the country and the towns and in Bridgetown alone the children in twenty-seven (27) of these schools - not previously recorded - were tested and the negatives vaccinated during the last month of the campaign.

General Public

After the completion of the schools, work was again concentrated on the programme for the general public, and a start was made on June 25th with the parish of St. George and this work continued uninterruptedly through the nine remaining parishes until the last one - St. Lucy - was finally completed on January 19, 1957.

In all these districts as many suitable centres as possible were selected so as to bring them within as easy range of access as practicable to the people and altogether a total of 293 centres were established throughout the island and it is certain that not even the smallest hamlet or tenantry was omitted from the scheme.

The Clinics at these centres were all freely and repeatedly advertised by loud speakers, Rediffusion, press notices and by lectures and cinema shows at the more important centres.

Schedule (No. 2) is attached showing the results obtained from the general public in the eleven parishes and the figures are on the whole disappointing.

Despite intensive propaganda efforts it was found rather difficult to stimulate interest and the highest percentage of the general public tested in any parish was St. Peter with a figure of 54.9.

The parish of St. Michael which has by far the largest population was the first to be undertaken by the campaign in March, 1956, and yielded only 21.1 per cent. This figure was not considered to be sufficiently satisfactory and as a resurvey of Bridgetown and this parish showed areas which had not been fully covered previously it was decided

to do it over again in February and March this year by establishing many fresh centres, and as a result the percentage figure for St. Michael has been increased to 33.2.

Observations on Centres

It is my considered opinion, now that St. Michael has been done over again, and the fact that the value of B.C.G. vaccination has been freely advertised and brought to the notice of everyone in the island, that very few — if any — of the general public who were willing to accept our recommendations have missed the opportunity of their test, and that any further efforts for them at the present time would not be successful.

This does not of course apply to the children who are far better contacted in the schools and there is ample scope for valuable work by a continuation of a modified B.C.G. scheme for the benefit of large numbers of younger children who have entered school since the completion of the main schools' campaign.

Chest X-Ray Survey

Altogether about eight thousand of the selected positive reactors to the test and for the most part over fifteen (15) years of age have taken advantage of the card entitling them to a free X-Ray, and there were approximately twice as many men as women who reported. The pictures have been done on miniature 4" x 5" films at Enmore Health Centre and have been read by the Medical Officer of Health in charge of St. Michael's Health Centre.

Out of the eight thousand read only eleven cases have shown evidence of tuberculosis and been notified, i.e. 0.138%.

Recently a check up of the cards of all the school children has been undertaken and a list of the names and addresses of all children who showed a plus thirteen millimetre or vesicular reaction has been prepared.

There are seven hundred names on this list, and as far as possible it is intended to have them all X-Rayed.

Complications

No complications have been reported from the tuberculin test.

In March of last year there were two cases of skin rashes following B.C.G. vaccination and neither of these responded to anti-histamine drugs — both lasted for about six weeks and it is possible this was only a coincidence.

No cases of axillary adenitis with or without suppuration has been reported.

Supplies

Supplies of P.P.D. and B.C.G. vaccine arrived from the Patzcuaro Laboratory, Mexico, regularly every three weeks and usually on schedule — on a few occasions more recently, and following some alterations in the air transport schedules the supplies were delayed en route for up to two days and re-forwarded from Trinidad. This was reported to Mexico and to UNICEF and following this we had no further trouble.

Observations

Disappointment has elsewhere been recorded over the inadequate numbers of the general public who came forward for testing.

There is undoubtedly a strong morbid fear of tuberculosis in the minds of the people although it would be more correct to describe this as fear of discovery that an individual was suffering from this disease, which is always associated in their minds with enforced isolation and estrangement from their friends and families.

This misguided obsession was quite a serious obstacle in the way of greater success and it was found to be essential to omit as far as possible any reference to tuberculosis in the talks and even to the term anti-tuberculosis campaign, and to concentrate only on the protection against tuberculosis factor.

Conversion Rate

This was undertaken during the last month of the campaign with a target figure of about 10 per cent of the school children previously tested. Four thousand two hundred children were retested, these showed a Conversion Rate of 83.2%.

Records

With a view to the integration of B.C.G. vaccination into the general health services all relative information about the school children has been recorded on individual cards.

Suggestions For Future Operations

Since the school programme last year there have been large numbers of new entries of younger children into all the schools, and these, and all previous negative reactors in each school should be tested and the negative vaccinated.

The suggestion — if adopted for the schools — would involve a complete round of the island again and it would be a formidable programme requiring much preliminary organisation and effort. It would, however, appear that any continuation of the B.C.G. campaign would not be fulfilling its main object in projecting the children unless this was done.

The final figure for all those tested during the course of the campaign is 88,366 which works out at about 45.8 per cent of the potential population of Barbados eligible for testing.

SCHEDULE NO. 1

Ages	STO.	Tested	Positives	Negative Vaccinated	Negative not Vaccinated	Read	Not Read
0 - 6		17,167	1,694	13,452	33	15,179	1,988
7 - 14		31,112	9,545	19,835	49	25,429	1,683
15 +		40,087	26,073	8,177	44	34,294	5,798
Total		88,366	37,312	41,464	126	78,902	9,464

SCHEDULE NO. 2

PARISH	HS	Total Population	Less 10% for under 1 and over 55 yrs.	No. of School children tested	Balance General public for testing	No. of General public tested	Percentage of General Public tested
St. Michael	:	76,437	68,794	12,454	56,340	18,686	38.2
Christ Church	::	24,963	22,467	5,253	17,214	5,618	32.6
St. Philip	:	14,876	13,389	3,494	9,895	3,941	89.8
St. George	:	14,409	12,969	2,790	10,179	3,164	31.1
St. John .		10,096	9,087	1,930	7,157	3,270	45.7
St. James .		11,297	10,168	2,047	8,121	8,728	45.9
St. Thomas .	:	8,486	7,638	1,875	5,763	2,683	46.6
St. Joseph .	:	7,712	6,941	1,453	5,488	2,187	39.9
St. Andrew .	:	7,581	6,823	1,672	5,151	2,538	49.1
St. Peter .		9,127	8,215	2,461	5,754	3,159	54.9
St. Lucy .	:	7,816	7,035	1,688	5,347	2,275	42.5
TCTAL .	:	192,800	173,526	87,117	136,409	51,249	37.6

Total No. of tests 88,366

THE AEDES AEGYPTI CAMPAIGN

W. A. Abrahams, Esq., Government Chief Public Health Inspector, William Jurawan, Esq., WHO Public Health Sanitarian.

22. The Staff consists of 33 aegypti inspectors under 11 senior inspectors and 5 assistant supervisors all under a Chief Supervisor and the WHO Consultant.

Closed houses posed a serious problem during the sugar crop season and many houses were left uninspected. Efforts were made to contact the owners and the law was quoted and explained in many instances. Persuasion, however, secured the treatment of many premises.

Transportation presented some difficulty. Two vehicles — a WHC truck and a Government jeep were utilised to move the Staff around. The aegypti Inspectors were given a bicycle allowance but there was very often recourse to foot or bus travel. This entailed delays and drop in output and often hurried work.

Two cars, one at Enmore, Bridgetown, and the other at Speightstown, were on a shared basis. WHO personnel utilised one as was convenient. Much time was lost in awaiting early transport to visit project work in the localities. The Chief Supervisor is allowed mileage allowance for his car but he is very frequently engaged in other health duties.

Co-operation. Cwners and occupiers were slow to allow inspections and treatment by Inspectors. "There is no Yellow Fever here" they often exclaimed and shut the gate on them. Insistence and education on the law requirements have improved this situation.

Parochial co-operation was also very often sought. The clearing of backyards of tins, tyres, etc., was a recurring factor. Dumping on streets for long periods and disused dumps were often causes of aegypti breeding.

Boats beached for 2 or 3 months during the rainy season, when fishing was out, received special attention. Breeding was often found in these and disused boats.

Maritime vessels in inter-island trade were regularly inspected and treated in the stream before entering port. No aegypti was reported in these for the year.

Identification of aegypti found has been carefully insisted on for confirmation by the Chief Inspectors and Supervisors. All doubtful and difficult cases were finally identified by WHC Adviser.

Materials. 75% W/W D.D.T. provided by WHC was the principal insecticide used in a 5% strength.

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- (1) Storage of water is common in rural areas far from standpipes.
- (2) The island is within range of endemic Yellow Fever areas. The population is highly receptive.
- (3) External and internal communications are fast and good.
- (4) The Government is pledged to observe the Quarantine Regulations and have agreed with PASB/WHO to eradicate aegypti.
- (5) Three completed Check Cycles show 39 localities out of 95 negative. Positive localities show a marked reduction towards negative attainment at the end of the year's 4th Check Cycle.

THE PUBLIC HEALTH LABORATORY - HEALTH CENTRE, ENMORE

23. The establishment of this Laboratory forms part of the agreement with the World Health Organisation for the extension of the Public Health Services.

The present staff:-

Mr. V. A. A. Archer, M.Sc., B.Sc., F.C.I.C., F.R.I.C., Counterpart Laboratory Supervisor

Mr. C. McI. Pest, Senior Technician

Mr. W. A. Johnson, Junior Technician

Miss E. Piley, Junior Technician

Mrs. DeC. Sealy, Junior Technician

Mr. C. I. Ishmael, Glassware, sterilisation and utilities

The WRC Laboratory Adviser, Major John Cebel, arrived on 10th March, 1957, on a twelve month assignment. He will be responsible for the training of the staff and for the organisation of the work of the Laboratory. The specific function of this Laboratory is that of relieving the Hospital Laboratory of the routine testing of blood for Syphilis — now approximately 2,000 tests per month — examination of slides for Tuberculosis, milk and water examinations and other public health laboratory procedures.

PUBLIC HEALTH ENGINEER

24. The Regional Committee of the World Health Organisation, in response to representations of the needs of the Caribbean area has appointed a Public Health Engineer who is based in Barbados and is available for consultation and advice on the request of Health Departments of the British Territories. The officer appointed is Dr. Albert G. Friend, Ph.D., and his office address is c/o Enmore Health Centre, St. Michael, Barbados.

Dr. Friend arrived in Barbados in May. The assistance which his training and experience will bring to this area is greatly appreciated.

Part VII. INSTITUTIONS AND HEALTH CENTRES THE GENERAL HOSPITAL

Dr. T. G. Humby, Medical Superintendent, Mr. W. C. Goodman, M.B.E., Secretary and Manager.

Improvements

25. The new mechanical laundry at Stockton was completed and opened on 25th June, 1956. In the initial stages much difficulty was experienced in getting the boiler to function satisfactorily but this difficulty now appears to have been overcome. A further problem is the excessive wear and tear of the linen and clothing and it is hoped that it will be possible to get expert advice on this problem.

Funds were provided for the conversion of the old laundry and sewing room into two additional wards to accommodate 30 beds and for the purchase of the equipment for these wards. Funds were also made available to provide 7 additional rooms in the pay wards and to purchase the equipment necessary for the full use of the operating theatre in the Tercentenary Ward. This action was taken to endeavour to reduce the large number of patients on the waiting list. At the end of the year the structural alterations had been completed but all of the equipment ordered from abroad had not been received.

Accommodation

The accommodation of the Hospital at the end of the year was as follows:-

	Males	Females	Children	Total
5 Medical Wards	52	56	ilas formierof	108
6 Surgical Wards	66	76	armo-citalita	142
2 Ophthalmic Wards	13	14 0	mi Jane proper	27
2 Fever Wards	19	19	SHOW THE WAR	38
1 Maternity Ward	use Dironts,	9	10	19
1 Children's Ward	la teromanane	PARTICIPATE A	28	38
2 Pay Wards 'A' and 'E'	11	12	Stated And Sand	23
2 Tercentenary Pay Wards,	LL. floorist	LC.V ads of b		ayuna boold !
'B' and 'C'	8	8	TENT SELLEN SERVI	16
1 Pay Ward 'D', Ophthalmic	2	3	glogit een	5
22 Wards	171	197	48	416

Further information can be found in Appendices XXII to XXV.

GOVERNMENT BACTERIOLOGICAL AND PATHOLOGICAL LABORATORY

Dr. J. E. Walcott, Acting Government Bacteriologist and Pathologist.

Administrative

26. The post of Government Bacteriologist and Pathologist remained vacant throughout the year. J. E. Walcott, Esq., M.B., Ch.B. (Glas.), Chemical Pathologist acted as Government Bacteriologist and Pathologist for the period under review.

Mr. W. A. Johnson was seconded from Enmore Public Health Laboratory for training from the 1st of May.

Buildings and Equipment

No structural alterations were carried out during the year. The several additions of up-to-date equipment call for no special comment.

Ceneral

There was again an increase in the total number of examinations over those of previous years. The increase was most marked in the number of serological examinations and in the number of examinations of sputum for tuberculosis.

A. Helminthology and Protozoology

Facces. 71 specimens of faeces were examined for ova of pathogenic helminths and 48 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:-

Ascaris lumbricoides ... 1
T. trichiura ... 6
Hookworm ... 1

Vegetative forms of E. histolytica were observed in one specimen of faeces.

Blood films for malarial parasites. Blood films from 6 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 I aboratory it may be said that Barbados continued to be free from malaria during the period under review.

Blood films for microfilariae. It must be conjectured that the number of suspected cases of filariasis must have been very few during the year, as blood films from only one person were sent in to be examined for microfilariae. Negative results were obtained in the films submitted.

3. Serology and Kahn tests on cerebro-spinal fluids.

Serological and cerebro-spinal fluid reactions for syphilis. 16,361 specimens of blood serum were subjected to the V.D.R.L. floculation test for syphilis with the results shown in the following table:-

(a) Blood sera

Reactions	No.	of specimens giving such reactions
Positive	***	3,414
Weakly Positive		1,356
Negative	2000	11,591
		16,361

(b) Cerebro-spinal fluids

132 specimens of cerebro-spinal fluid were subjected to the standard Fahn test.

The results obtained are given in the following table:-

Reactions	No. o	of specimens giving such reactions
Fositive	 	.20
Negative	 	112
		132

Agglutination tests

Crganism		Positive	Negative	Total
B. typhosus (Salmonella typhosa)		86	221	307
B. paratyphosus A (S.paratyphi A)		1	306	307
B. paratyphosus P (S.paratyphi B)	***	0	307	307
		87	834	921

Cf the 86 positive tests for B. typhosus (S. typhosa) seven were repetition tests. Again S. typhosa was found to be the main infecting organism, for with the exception of one positive test for S.paratyphi A, B.typhosus (S.typhosa) was the infecting organism in the other cases in which a positive agglutination test was obtained.

One specimen of serum was subjected to an agglutination test for abortus fever and one to a similar test for undulant fever. In each test the result was negative.

A presumptive and differential test for infectious mononucleosis was carried out on a specimen of serum.

C. Bacteriological Examinations

Sputum. There was a marked increase again this year in the number of specimens of sputum examined. 1,728 specimens were examined by the staining of films and of these 135 were found to be positive.

Of the positive tests 72 were repetition tests.

30 of the above-mentioned total number of specimens were cultured.

Throat and nasal swabs for C. diphtheriae. Smears from 148 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 9 of the 148 swabs.

Smears from noses and throats for organisms other than C. diphtheriae. Cnly one smear was cultured for organisms other C. diphtheriae.

Nasal and skin smears for Myco. leprae. 12 smears made from nasal or skin scrapings, but mainly from nasal scrapings were stained and examined for Myco. leprae.

Negative findings were obtained in all of the smears.

Urethral, cervical and conjunctival smears. 93 genital and extragenital smears were stained and examined for gonococci. Twelve were considered to be positive.

Urine. 70 specimens were cultured.

The centrifuged deposits of 51 other specimens were examined microscopically after having been stained. A special search for tubercle bacilli was made in 8 of the specimens, but no tubercle bacilli were observed in any of the 8 specimens.

Facces. 11 specimens of facces were cultured and the resulting growths were then examined for typhoid or paratyphoid bacilli or for dysentery bacilli. No dysentery bacilli and no typhoid or paratyphoid bacilli were isolated from the growths.

Pus and other miscellaneous materials. Examination (a) by staining of films of 22 specimens of rus and 4 specimens of fluid from the pleural, abdominal and joint cavities and (b) by the culturing and staining of culture films made from the growths of 42 specimens were carried out. The sera from the genital sores of only 5 different persons were subjected to a dark-ground examination for T. rallidum with positive findings in the serum from one person.

The non-existence of yaws in this colony continued apparently for the year 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 and from the pleural and abdominal fluid of 14 cases. Pus from 7 other cases was also searched for tubercle bacilli with positive findings in a case of cervical adenitis.

Films made from the cerebro-spinal fluid of 27 cases were stained and examined for organisms other than tubercle bacilli with the finding of pneumococci in the films from six of the cases.

9 different specimens of cerebro-spinal fluid were cultured.

1 specimen of milk was cultured. No growth of Salmonella or of Shigella organisms was obtained.

1 specimen of cocoanut meal was cultured, but no pathogenic organisms grew.

252 antibiotic and 11 sulpha sensitivity tests were carried out on culture growths.

Specimens of blood from 22 persons were cultured with negative findings in the specimens for Salmonella organisms.

Water. 21 specimens of water from the public water supply of the Island were tested and considered to be bacteriologically suitable for domestic use. 2 other specimens from a private source were also tested.

Vaccines. The number prepared and delivered during the year was 27. They were all autogenous.

D. General Clinical Pathology

Urine. Chemical or chemical and microscopical examinations were carried out on 187 specimens of urine and in addition 207 specimens were each subjected only to a microscopical examination.

The diastatic index of 1 specimen of urine was estimated.

61 specimens with positive findings in 14 underwent the Ehrlich diazo test.

The Friedman test for the products of pregnancy was carried out on 17 specimens of urine. The results obtained continued to be very accurate.

19 specimens of urine, into which vaginal swabs had been dropped were examined for Trichomonas. Three were found to be positive.

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

Blood. The haemoglobin was estimated in 1,091 specimens of blood and the counting of the red corpuscles and of the white blood corpuscles was carried out on 792 and 1,099 specimens respectively.

Blood films from 891 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 cells as seen in stained films from 9 persons.

The blood of 11 persons were examined for the sickling of the red blood corpuscles.

The number of platelets in 1 specimen was counted and the colour index of each of 40 specimens was calculated.

The red blood corpuscles of 1 person underwent a fragility test.

19 specimens of faeces were tested for occult blood.

The amounts of urea, of glucose, of acid phosphatase, of billirubin, of creatinine and of total protein were estimated in 295, 83, 15, 5, 1 and 4 specimens respectively.

The coagulation time, the bleeding time, the diastatic index and the sedimentation rate of 10, of 4, of 2 and 954 specimens respectively were determined.

The Van den Bergh reaction of 4 specimens of serum was observed.

The A B O group of the blood of each of 1,028 persons was determined. The persons were divided up between the 4 major groups in the following numbers:-

In addition to the above groupings 565 specimens of blood were cross-matched.

The Rh group was determined in 721 specimens, 673 specimens being D positive and 48 D negative.

Cerebro-spinal fluids. The number of white cells per cubic millimetre was counted in 142 specimens and tests for the excess of globulin were carried out on 121 specimens.

The predominating type of cell was determined in 27 specimens.

The amounts of chlorides, of glucose and of protein were estimated in 69, 70 and 89 specimens respectively.

Red blood corpuscles were especially searched for in 1 specimen.

The colloidal gold test was carried out on 94 specimens. 84 gave no reaction, whilst 6 gave curves in the paretic zone and 4 in the tabetic zone.

Miscellaneous. The number of spermatozoa per millilitre was counted in 2 specimens of semen.

The testing of 1 fractional test meal (Rehfuss) was carried out.

13 specimens of fluid from the pleural and abdominal cavities were stained and examined for the predominating type of cell and in addition 4 specimens of fluid from the pleural and abdominal cavities were examined for malignant cells.

E. Pathological Histology

The total number for the year of tissue sections examined and on which reports were issued was 239. Of these 76 showed evidence of the existence of malignant changes.

F. Fungoid Diseases

Scrapings from the skins of 7 persons were examined for any fungoid disease. Positive findings were obtained in the scrapings from two persons.

H. Medico-Legal Investigations

Specimens composed of smears, swabs, garments and knives, numbering in all 28, were examined.

A more detailed list is given below:-

Smears examined for spermato	zoa	B	15
Garments examined for sperma	tozoa		2
Tumour examined as to whether	er it w	as foetal	
or not			1
Articles examined for blood		Inolben a	5
Garments examined for human	blood	and for	
agglutinogens in stains		MINDOUS TO	5
			28

Further statistics are available in Appendix XXVI.

THE MENTAL HOSPITAL

Dr. R. M. Lloyd-Still, Medical Superintendent.

27. Population. The total number of patients in residence on 31st December, 1956, was 715 (286 males and 429 females) as against 720 (292 males and 428 females) on 81st December, 1955.

The average number in residence during the year was 716. The highest number of patients recorded during the year was 738 on the 21st September and the lowest 699 on the 26th February.

415 patients (181 males and 234 females) of whom 67-16.1 per cent Certified, 59-14.2 per cent Voluntary, 274-66.0 per cent Temporary and 13-3.1 per cent sent from the Courts for observation, were admitted during the year as against 434 in 1955, (185 males and 249 females), 77-17.7 per cent Certified, 83-19.1 per cent Voluntary, 269-60.0 per cent Temporary and 13-2.9 per cent on observation,

368 (161 males and 206 females) were discharged during the year. The number comprised 120 pernanently discharged, 127 discharged after a trial period of usually two to three months, 52 who afterwards returned from trial and 12 discharged from observation. The remaining 57 patients were still on trial at the end of the year.

Cf the 13 ratients who were sent for observation, 4 were later Certified and (1) was still under observation at the end of the year.

The number of deaths were 52 (25 males and 27 females) as against 44 (28 males and 16 females) in 1955.

The main causes of death were as follows :-

			1956	1955
(1)	Myocardial Degeneration			
	Arterio Sclerosis		20	14
(2)	Pulmonary Tuberculosis	***	. 3	1
(3)	General Faralysis of the			
3*	Insane (G.P.I.)		3	4

Health. The general health of the patients remains very satisfactory. There were no cases of Typhoid during the year, and only one (1) new case of Tuberculosis was notified amongst the female patients in addition to two admissions who were notified prior to their arrival in the Hospital. On the male side there were no new cases notified.

The death rate was higher than in 1955 and 1954 but still lower than any other year since 1938. The majority of deaths occurred amongst the elderly population. The average age was 61 (56 in 1955). The number of deaths which took place during the last ten (10) years are as follows:—

1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
99	92	82	83	70	64	60	58	35	44	52

Staff. The Medical Superintendent went on long leave from the 12th April to the 6th October. During his leave he visited a number of Mental Hospitals in the United Kingdom and Psychiatric Clinics and Mental Hospitals in Austria, Denmark, Sweden and Norway and discussions were held with various Psychiatrists on different forms of treatment and Psychotic problems.

At Claybury Mental Hospital in Essex seven (7) Male Nurses (three (3) on Scholarships, four (4) on Study Leave) and one (1) Female Nurse belonging to this Bospital were interviewed and personal problems were discussed. They were all reported on as being very satisfactory in their work and play; one is Captain of the Cricket Team. The Head Male Nurse reported very favourably on their work. At the time of my visit Male Nurse Lesloyd Williams was expected to join them very soon.

Dr. W. Terajewicz acted as Medical Superintendent during this period and Dr. F. G. Peader was employed on a part-time basis and acted as Assistant Medical Superintendent.

Male Nurse Lesloyd Williams and Female Nurse Chlorine Holder were selected for training in the United Kingdom for R.M.N. Certificates. They both left to take up their appointments on the 2nd September.

Male Nurses - Frederick Wilson and Ashton Odle and Female Nurses - Ruby Elms, Sheila Nurse and Fraulein Larrier succeeded in gaining entrance to Mental Hospitals in the United Kingdom. They were all granted three (3) years Study Leave for this purpose.

The year has seen the retirement of two Senior Officers who have given long, faithful and efficient service to the Hospital: Miss Florence Gooding and Mr. Errold Hope.

Mr. Errold Hope in particular has been of invaluable help to me since my arrival in 1949. He has co-operated enthusiastically with innovations and his personal knowledge of the patients and their habits and his sound advice were of great assistance. He exercised tact with Staff and relatives alike and I had every confidence in him.

Accommodation. For the accommodation of patients there are 35 dormitories holding 380 beds and 411 single rooms. Males 320 - Females 471. (Total accommodation 791).

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

Electro-Convulsive Therapy (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 ratients. During the year 126 female admissions plus 40 chronic patients were treated along with 88 male admissions and 32 chronic ratients. Total number of ratients treated during the year were 286 as against 327 in 1955.

A Cerebral Stimulator Apparatus is useful in the treatment of certain Psychoneuroses and Depressive and Alcoholic States; 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.

A New Ectron Machine has been purchased which combines E.C.T. with Cerebral Stimulator and on which the Glissando method can be used. This gives a graded tonic convulsion without clonus; the risk of fracture is minimised.

Insulin Sub-Coma Treatment has been given chiefly 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 43 female and 32 male patients have been treated.

Tranquillising Drugs: Serpasil has been more or less discarded. Pacatal (Warner) has been used fairly extensively with satisfactory results. On occasions it is combined with Chlorpromazine. We endeavour to follow the dictum that Pacatal acts best on those of pyknic build and Chlorpromazine on persons of asthenic build, but still our chief reliance is on F.C.T. and Insulin Coma combined with Occupational Therapy and Psychotherapy commenced as soon as possible.

Cases of Dementia Paralytica and Cerebral Syphilis continue to be treated with 10,000,000 units of Penicillin (10 day course). Patients with positive blood kahn and negative C.S.F. receive appropriate treatment.

Cases of Neurosyphilis are decreasing yearly.

Deatns from Neurosyphilis for the last eleven (11) years are as follows:-

Less than ten (10) years ago this was the main cause of Death.

Male -- Kahn Test on Blood and C.S.F. - 184

Positive Bloods - 42 - 22.8% Positive C.S.F. - 6 - 3.3%

Female - Kahn Test on Blood and C.S.F. - 203

Positive Bloods - 38 - 18.2% Positive C.S.F. - 2 - 1%

There were no Transorbital Leucotomy operations performed during the year.

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. New cases comprised one (1) female case which was notified during the year as well as two (2) female admissions which were notified prior to admission. No male cases were notified during the year. The death rate continues to be very low — modern treatment is showing good results.

Occupational Therapy. Male patients now attend the Female Cocupational Therapy Department and work under the supervision of the Female Nurse thus releasing a Male Nurse for other duties. 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 Nurses. Ball games for the Female Patients are also arranged. An extensive net-work of Rediffusion speakers brings music and light programmes to all parts of the Wards throughout the day. On Bank Holidays a Steel Band is engaged for patients dances. 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

Weather. The rainfall for the year was 50.83 inches as compared with 55.32 inches for the previous year.

Cattle. At the beginning of the year there were 29 cows, 11 heifers and 6 calves on the Fain. During the year 23 calves were born, 2 cows and 18 calves were slaughtered and 2 heifers were sold.

The supply of milk to the Institution for the year was good and during the months of January, February and March we were able to supply the Maternity Hospital with 1,006 pints of milk and the General Hospital with 150 pints during the month of January.

The incidence of Mastitis in the dairy herd on the Farm has been considerably reduced during the year under review. During the last quarter of the year the cattle had to be sprayed regularly with Cammotox against ticks.

The number of Bull Services (inseminations) paid for during the year ending 31st December was 151.

Ten (10) Frizes were awarded in the Cattle Section at the Annual Exhibition.

Pigs. At the end of December there were 56 pigs on the Farm. During the year 44 pigs were slaughtered and 23 young sows sold.

A boer was kept on service throughout the year, and the number of Boar Services paid for was 106.

Sheep. During the month of March, 4 ewes and 1 ram were purchased for the Farm, the numbers have increased and at the end of December there were 14 sheep on the Farm. The number of Services paid for by the end of December was 37.

Vegetables. There was an increase in the supply of vegetables to the Hospital during the year, this was due to an increase in the acreage of land under vegetables. The purchasing of vegetables from outside is now negligible.

The new area (11/4 acres) which is under garden crops has been completely en-

Three (3) prizes were awarded in the Vegetable Section at the Annual Exhibition.

During the year 350 banana clumps, 40 dwarf coconut plants and 24 paw-paw plants were planted.

A new Fan Mill was installed in the Vegetable Garden in the month of March in place of the one destroyed by Hurricane Janet in September 1955. Pipe lines were extended throughout the new area during the month of February.

Owing to the lack of funds the overhead irrigation spray-lines were not purchased; consequently, the new area was not fully irrigated.

During the month of February three plots were enclosed with barbed wire as grazing paddocks for the cattle; these paddocks proved successful and later in the year two more paddocks were erected. An overhead tank was erected during the month of April in order to supply drinking water for the cattle.

One of the paddocks was planted to elephant grass and then interplanted with pangola grass throughout the area. The pangola grass is well established and the cows seem to enjoy it, and there is a tendency for the milk to go up when the cows are in this paddock. The grass has stood up well to grazing.

The irrigation equipment which was installed on the Farm in April of last year for boosting up the fodder production failed in March and was repaired. It again failed in April and it was taken out and repaired at the Foundry. It was again re-installed on the 30th May, 1956.

Through the kind services of the Director of Agriculture who loaned us an irrigation unit we were able to continue to irrigate the Fodder plots.

About 450 Casuarina Plants have been planted around the paddocks during the latter part of the year.

Buildings. The Female Isolation Ward was completed and occupied during the year. This is a very good two storey building with a verandah in the rear facing the sea. Tubercular Patients are housed upstairs and patients with contagious disease are placed on the ground floor.

No other buildings have been erected during the year but windows have been made in the back wall of certain wards and in the Cccupational Therapy Department to give the patients a lookout. Some bars have been removed and replaced by B.P.C. Metal. All remaining bars will be removed eventually when money is available. A wall has been lowered in the only closed Female Ward by several feet to give a more open appearance. Other than this the usual programme for maintenance and upkeep of existing buildings was carried out.

Visitors. During the year many persons visited the Hospital and were as usual complimentary in their remarks. The official visitors were His Excellency the Governor, Dr. M. A. Pyer, Director of Medical Services, and Dr. F. N. Grannum, Acting Director of Medical Services.

Many persons visited the Hospital in an unofficial capacity. Among these were Mrs. Strauss of the L.C.C., Dr. David Tinward M.D., and Dr. Irma Drooz M.D., both Psychiatrists of New York City, Mr. Frank McFall, U.S. Ambassador to Finland, John Des Brisany of Toronto Telegram, Margaret de Mille Kaplan, C. D. Garvin, Commissioner of Prisons, England and Wales, Joan Fontaine, Christopher Teitze M.D., Demographer, E. B. Strauss, M.D., Consultant Fsychiatrist to St. Barts Pospital.

It is extremely gratifying to read the remarks which are recorded in the Visitor's Pook.

Remarks. This has been a satisfactory year for the Mental Hospital, and the community at large appear to show confidence in the improved standard of Psychiatric service that is now offered in Barbados.

Over four hundred (400) patients were admitted during the year of which only 16.1 per cent were certified. This is the lowest percentage recorded so far. Frevious to the New Mental Health Act of 1952, one hundred per cent (100%) were under Certification or on Remand from the Courts.

The population at the end of the year was five (5) less than the previous year.

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 two (2) in the whole Hospital in which the entrances have to be kept locked during the day. In accordance with this principle bars are being removed from windows and replaced by B.R.C. Metal, except in the Infirmary Wards where windows are just left vacant after the removal of bars.

There were no escapes or suicides during the year under review.

I wish to record my thanks to the Director of Education who is always willing to co-operate in arranging intelligence tests for prospective candidates for the Nursing Staff.

Selection has been much assisted by the results of these tests and by selecting candidates from the top groupings. A very good type of young nurse has been employed who shows considerable promise and on the whole amply justify the new method.

As a further result of my recommendations made after my visit to the Islands of the Windward and Leeward Group in 1955, to suggest improvements and alterations to existing mental facilities, the Visiting Psychiatrist to the Mental Hospital, Antigua, came on a short visit to study administration here and the Steward in charge of the Mental Hospital, Grenada, was detailed for three (3) months training and a Female Nurse from St. Vincent is at present completing her six (6) months training.

In conclusion I wish to thank my colleagues Dr. W. Terajewicz, who carried out my duties in a satisfactory manner as Medical Superintendent, during my absence on long leave, and Dr. J. Murray-Aynsley for their able assistance and also Miss E. McKerchar, the Matron, and Miss M. Connell, the Assistant Matron and Sister Tutor, for their help and co-operation.

Mr. V. E. Carter now designated as Steward continues to carry on his arduous duties in a most satisfactory manner.

Finally, I would like to tender my most grateful thanks to all the other members of the Hospital Staff for their very great help and co-operation during the year.

Further information is available in Appendices XXVII and XXVIII.

THE LEPER HOSPITAL

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

Forty-three (43) discharged patients presents 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 Januar	y, 1956	23
New admissions	Indiana D to you	serio bale	*******	-
Re-admissions on	compassionat	e grounds		-
Discharges				3
Deaths	of the Rot	dere-tilis.	dupkh	3
In residence on 31	lst December,	1956	noo bas .	17
In residence on 31	st December,	1946	Modibow	44
In residence on 31	lst December,	1936		74

THE MATERNITY HOSPITAL

29. The training of midwives continued during the year. Seven trained nurse-pupils completed training and all were successful in the final examination. Eleven untrained pupils sat the final examination and two passed; the nine failures re-sat later and three passed, six failed in Anatomy and Physiology. One has since resigned and the other five will re-sit later.

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		594
Deliveries	***	505
Maternal deaths	***	-
Neo-natal deaths		7
Stillbirths		13
Ante-natal attendances		4,458
Post-natal attendances	V. 1	276
Dental benefits		174
Kahn tests		697
Positive kahns (% positive	14%)	95

The number of mothers benefiting by institutional midwifery care in hospital and almshouse is as follows:-

Maternity Hospital	 505
General Hospital	 523

Almshouses:

St. Michael	***	 630
St. George	***	 66
St. Lucy	***	 66
Others	1/1	 173

No. attended by the Christ Church Parish Midwife 25

Approximately twenty-six per cent (26%) of births takes place in institutions.

HEALTH CENTRE, SPEIGHTSTOWN

Dr. C. G. Terrell, O.B.E., E.D., Medical Officer of Health.

STAFF

Medical Officer of Health

- 30. Dr. M. A. Byer was appointed Director of Medical Services on 10th June, 1956.

 Acting Medical Officers of Health
- Dr. A. E. Ward assumed part-time duties as Acting Medical Officer of Health on the 12th June, 1956, and continued in this post until 22nd August, 1956, when he was appointed Parochial Medical Officer of St. Michael.
- Dr. T. J. Gilmore assumed part-time duties as Acting Medical Officer of Health on the 2nd July, 1956, and continued in this post for the remainder of the year.

Visitors to the Health Centre during the period included :-

Lady Arundell - Wife of His Excellency the Governor
Dr. F. L. Stuart - University College of the West Indies
Miss Margaret Hagood - Population Expert, United Nations Technical
Assistance Administration

Miss Patricia Strauss - Laboratory M.P. for W.H.C.

A party of nurses - Barbados General Hospital, under the Supervision of Miss Ilene Stuart, Sister Tutor Mr. John P. M. Pinker-

ton ... - Colonial Office, London

Dr. Eglenton Garcia - W.H.C., P.A.S.B., Ecuador

A class of seventeen -

students ... - Housecraft Centre, under the supervision of

Miss F. Chandler

Dr. Mario Chaves... - Dental Officer, P.A.S.B., W.H.C.

W. H. ald . 257	Jan.	Feb.	Mar.	Apr.	May	Jun.	July	Aug.	Sep.	Oct.	Nov.	Dec.	TOTAL
New Patients	288	254	299	293	198	226	242	166	214	219	218	108	2,725
V.D.R.L. Tests	376	287	216	187	245	331	283	210	282	272	254	132	3,075
Positive V.D.R.L.	92	87	86	50	70	112	77	67	89	85	62	26	903
New Syphilis Cases	34	36	25	18	34	32	30	18	26	23	19	10	305
New Gonorrhoea Cases	48	23	20	22	28	15	24	6	25	28	30	28	297
New Chancroid Cases	-	2	1	1-	-	1	2	1	1	-	-	-	8
Ante-Natal Cases	42	56	32	29	43	39	34	48	48	53	52	26	502
Infants Registered	62	34	36	54	43	48	58	31	30	45	30	36	507
Penicillin Injections	721	697	587	395	483	515	699	389	518	586	524	242	6,356
Bismuth Injections	32	17	18	43	14	19	7	1	3	-	3	-	157
A.T.S. Injections	11	28	17	16	4	2	22	19	22	23	18	20-	202
Insulin Injections	147	113	166	161	220	243	211	167	179	180	144	130	2,065
D.T.P.P. Immunisa-	2000								-			pini	
tions	425	363	268	85	94	127	167	132	123	156	131	110	2,181
Home Visits	27	19	39	43	68	34	71	66	80	51	60	48	606

*D.T.P.P. - Diphtheria, Tetanus, Pertussis Prophylactic.

ANALYSIS OF SYPHILIS CASES

187	777	Jan.	Feb.	Mar.	Apr.	May	Jun.	July	Aug.	Sep.	Oct.	Nov.	Dec.	TOTAL
Parks Combilla	oon.	direct)	Link	la a	ab a	i noi:	alzeg	to E	pinoq	oni i	word	IV	olds?	
Early Syphilis		Mas.	1	7	die T	100		34	bss	ba	2		disorth	
Primary		-	1	1	-	-	-	-	-	-	-	-	-	2
Secondary		2	1	3	-	-18	2	1	2	1	-	- 8	040	12
Early Latent		5	5	4	6	6	10	9	5	11	12	9	4	86
ate Syphilis		24	25	10	11	21	16	19	11	14	11	10	6	178
Congenital Syph	oled a	3	31103	7	o ods	dola	4	non 1	8 98	विष	awbo	17	der	27

Total Syphilis Cases for year ... 305

The results of "Screening for Syphilis" are shown at Table I

-			٠			
T	a	ь	ı	e	-	

	St. Lucy	St. Peter	St. James	St. Andrew	St. Thomas	St. Joseph	TOTAL
No. of Applicants	659	817	441	194	119	3 7 10	2,233
					Other Pa	arishes	24
							2,257

Table II

Table II shows the results of screening by V.D.R.L.

Total No. Screened	Total No. of persons with Positive	Percentage Positive
	V.D.R.L.	
2,205	305	13.8

Table III

Infant Clinic

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

Number Cf Attendances	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Mothers	78	90	71	61	55	44	34	16	10	6	7	6	1	22

Table IV

Table IV shows the period of gestation at date of 1st attendance

Months	 2nd	3rd	4th	5th	6th	7th	8th	9th
Mothers	 15	46	70	87	111	91	44	10

Table V

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

		A	ge Group				
10-14	15-19	20-24	25-29	30-34	35-39	40-45	45+
4	101	141	107	59	46	15	2

Table VI

Table VI shows the 'number of this pregnancy' for each of the mothers

Number of this Pregnancy	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	18th	14th	15th	16th
Mothers	104	78	60	65	47	38	20	20	17	14	8	5	1	1	1	1

Table VII

The results of the V.D.R.L. done for mothers attending this Clinic are shown in table VII. 17.9% Positive as compared with 14.1% for last year.

Negative	Positive	Test not done
372	81	

Table VIII

Table VIII shows the number of visits done.

Before Delivery	After Delivery
62	273

Table IX

Table IX shows the outcome of the pregnancies.

Live Births

Male	Female	Twins	Abortions	Miscarriages	Still Births
217	212	9 11	side 2	7	8

Table X

Infant Clinic

Tabl	e X sho	ws age a	at which	infants fi	rst came	to the Cl	inic.		over	
Less than one month	one month	two months		six months	eight months		ten months	one year	one	
82	279	160	103	36	13	13	13	8	55	

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

Wei	ight in	Lbs.	therest	Ag	ge at	1st a	ttende	nce	in mo	nths
fed at first	Annon	osew	ege p	1	2	3	4	5	6	7
	4		bene	5	-	3-0	m8_	-	-	-
	5			17	1	1	-	-	-	1
	6			17	6	1	2	2	-	-
	7			32	6	1	2	-	1	-
	8			56	10	4	2	2 49	1	720
	9	1	nqual	75	25	8	1	1	4	1
	10	100	Perate	57	30	16	3	3	2	-
	11			28	33	15	4	3	3	1

Table XI - Concluded

	1000		1			102	_
	1	2	3	4	5	6	7
12	 14	33	16	8	2	2	1
13	 5	14	12	4	5	1	3
14	 2	4	9	6	5	3	4
15	 -	3	7	4	7	5	-
16	 -	1	6	3	3	2	6
17	 -	-	1	-	2	3	1
18	 -	-	1	1	4	1	8
19	 -	-	-	-	-	-	- NO. 10
20	 -	-	-	-	-	-	3

Table XII Shows the condition of infants at first attendance

Full Term		Prei	mature
Healthy	Puny	Healthy	Puny
735	96	9	12

Table XIII

(To show abnormalties)

	None	Umbilical Bernia	Supernumerary Digits	Other
No. of Children	676	145	3	24

Table XIV

Table XIV shows the number of infants who were breast fed at first attendance.

Breast	Fed	Weane
707		142

Table XV

Table XV shows the sleeping habits.

	Sleeps with Mother	Sleeps in separate Cot	No information
No. of Infants	738	74	43

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

No. of other children now alive at Baby's Home	No. of Infants attend- ing Clinic from such Homes	No. of other children who have died in Baby's Family	No. of Infants attending Clinics from such Homes
at redained or tedain	125	det of Ante-Salah Can-	nun label of T
1	135	ESUM THEOLE	23
Student Nu2 on Ireman	167	It od or 2 san acht	49
salbew ogt to bohed	178 178 de di	of the saw latineoff	13.609
State of the last of the last	177	4	433
5 00 000 000	139	5	56
D. Clinica Through	167	Sealth Edwarion in the	63
of their battents:	154	o our to gardinate ber	366
won tilw atnoling the	138	8	46
9	98	EXECUTE 9	62
Bala av 10 million los	month by 80 popular	10	66
11	45	11 .	36

Table XVII

Table XVII shows the number of Mothers "At home" and those who "Work away from home"

No information	Mother at Home	Mother work away from home	
98	507	106	

Table XVIII

Immunisations

Completed	Started but not completed	Not yet started
411	315	101

Table XIX

(To show number of attendances)

Less than 4	4 - 8	8 - 12
421	313	121

A Child Health Clinic, an Ante-natal Clinic, and a V.D. Clinic have been started in St. Andrew.

These Clinics form part of the service of the Health Centre. Three Health Nurses from this Centre visit St. Andrew on Friday mornings. The patients from the V.D. Clinic with reactive results are referred to the Health Centre for treatment, since facilities at St. Andrew are inconvenient.

The total number of infants registered from August to December is 99.

The total number of Ante-natal cases registered from September to December is 30.

STUDENT NURSES PROGRAMME

From the 2nd July, 1956, to the 11th August, 1956, twelve Student Nurses from the Barbados General Hospital were sent to the Health Centre for a period of two weeks each.

During that period we strived to get them familiar with the aims of Public Health Nursing. These students were given experience in the Clinical work of the Centre, with especial emphasis on Health Education in the infant, pre-natal and V.D. Clinics. Through Pome Visits they learned something of the environmental conditions of their patients.

We hope that these nurses, when taking care of hospitalized patients will now have a better understanding of their needs.

TRANSPORT

The Station car is serviced every month by the Department of Highways and Transport.

Mileage covered on Sanitation work with the Government Sanitary Inspector, Northern Area - 5,209 miles i.e. an average of 434 miles per month.

Mileage covered on transport to and from the General Hospital with samples of blood for V.D.R.L., messages for Government Offices and other business with the Treasury - Weekly Fay Sheets etc., Drugs and supplies from Drug Stores in Bridgetown - 2,624 miles an average of 219 miles per month.

Mileage covered on Health Visiting with the Public Health Nurses - 2,129 miles, an average of 177 miles per month. Total number of visits to homes - 606.

The addition of a Clinic Nurse to the Staff has made it possible for one of the Public Health Nurses to visit each day of the week.

Total mileage covered by car - 11,345 miles.

GOVERNMENT SANITARY INSPECTOR'S REPORT

Three hundred and twenty-two visits were carried out with the Chief Sanitary Inspectors and Staffs of the six northern parishes.

These visits include:-

- 1. Investigations of notified cases of infectious diseases.
- Aedes aegypti Eradication Campaign.
- 3. B.C.G. Campaign.
- 4. Environmental Sanitation.

AEDES AEGYPTI ERADICATION CAMPAIGN

(SECOND CYCLE)

reated with	Gostophone	Houses			Total No. of
Parish T	Total No.	Inspected	Positive	Commence- ment	Deposits Treated with D.D.T.
St. Lucy	2,323	2,295	44	3.1.56	7,426
St. James	3,474	2,855	68.00.1	3.1.56	10,063
St. Joseph	2,054	1,538	2	3.1.56	13,609
St. Andrew	1,977	1,405	388.4	1.2.56	15,719
St. Peter	2,819	2,136	35	13.2.56	9,097
St. Thomas	2,578	2,415	16	21.2.56	12,856
Tol Tonor of	15,220	12,644	168	THE STORY	68,770

(THIRD CYCLE)

		Houses	TH CENTRE	Date of Commence-	Total No. of Deposits
Parish	Total No.	Inspected	Positive	ment	Treated with D.D.T.
St. Joseph	2,426	1,680	4	3.4.56	15,053
St. Lucy	2,363	2,118	15	16.4.56	6,737
St. James	3,530	3,311	41	16.4.56	10,402
St. Andrew	1,837	1,296	O dilight bill	22.5.56	12,202
St. Peter	2,832	2,316	16	4.6.56	9,099
St. Thomas	2,603	1,494	15	14.6.56	17,901
Comments during	15,591	13,215	93	egroder elew b	81,394

(FOURTH CYCLE)

Parish Tota		Houses			Total No. of
	Total No.	Inspected	Positive	Commence- ment	Deposits Treated with D.D.T.
St. Joseph	2,431	1,833	2	3.7.56	11,598
St. Lucy	2,366	2,301	9	16.7.56	7,105
St. James	3,637	3,450	30	25.7.56	28,257
St. Andrew	2,116	1,712	new dolan s	10.8.56	11,610
St. Peter	2,867	2,474	10	3.9.56	10,204
St. Thomas	as 2,656 2,527 8 24.9.56	23,158			
	16,073	14,297	60		91,932

(FIFTH CYCLE)

	CONTRACTOR AND					
Parish		Houses Date of			Total No. of	
	Total No.	Inspected	Positive	Commence- ment	Deposits Treated with D.D.T.	
St. Joseph	2,257	2,150	2	2.20.56	14,515	
St. Lucy	2,367	2,194	6	29.10.56	7,257	
St. Andrew	2,032	1,903	1	12.11.56	13,425	
St. James	3,718	3,561	8	12.11.56	34,504	
St. Peter	2,898	2,532	1000	20.12.56	11,071	
St. Thomas (Commenced in January, 1957)	86,2,58	-10	-101,6	Lengt 1	Control Tigging St. Though the partition of the state of	
077.83	13,272	12,340	18	oueser	80,772	

HEALTH CENTRE, ST. MICHAEL

Dr. E. Cochrane, Medical Officer of Health.

31. The increase in the work of this Centre is clearly shown by comparing the figures for total attendances in 1955, when the Health Centre began to function, with those of 1956.

	1955	1956	
Total Attendances	16,953	71,952	

In January 1956, the Child Health Clinic was started. In February a third outpatient T.B. Clinic was added to the two existing Clinics. In August, an ante-natal Clinic was opened.

Throughout the year, chest x-rays were taken of all persons referred by the B.C.G. Teams and were reported on by the Medical Officer of Health.

Tuberculosis Clinic

		Males	Females
	First Attendances	60	44
Cf	these seventy-two (72)	were notified	as cases of active tuberculosis.
	Contacts	209	246
	Repeat attendances	692	476

Three afternoon sessions were held each week, two by the Tuberculosis Officer, Dr. D. O. S. Payne, and one by the Medical Officer of Health.

V.D. Clinic

Cne session weekly for males was held by Dr. A. E. Ward until 1st October, 1956, when he was appointed Parochial Medical Officer, St. Michael. The male session was then taken over by the Medical Officer of Health. The weekly session for females was under the direction of Dr. C. L. Hutson.

No. of first attendances:

	Males	Females
Syphilis	 851	869
Gonorrhoea	 1,477	705
Other V.D.	 36	6

In May 1956, the V.D.R.L. test replaced the Kahn test hitherto used.

A total number of seven thousand, four hundred and seventy-eight (7,478) specimens of blood were taken and forwarded to the Laboratory, Barbados General Hospital, for testing.

Total treatment:

Antibiotics	N.A.B. and Bismuth
20,546	7,183

The use of arsenicals was gradually abandoned and, by the end of the year, had been replaced by antibiotics.

The number of patients failing to take the full course of treatment or to return for further examination was investigated by analysis of the records of eight hundred and twenty-six (826) male patients, who had positive V.D.R.L. tests.

Age-groups of 826 male patients:

0 - 10 years		16
11 - 20 "	00000	46
21 - 30 "		328
31 - 40 "		250
41 - 50 "		110
51 - 60 "		58
61 and over	THE STATE OF THE S	18

No. completing course of treatment ... 724

No. not completing course of treatment 102

It is satisfactory to record that 87.3 per cent completed the course of treatment.

On the other hand the percentage of patients returning for a follow-up test was disappointing.

Of three hundred and eighty-seven (387) patients due to return two hundred and seventy-two (272) did so, of whom two hundred and fifty (250) were positive and twenty-two (22) negative, while one hundred and fifteen (115) (29.7 per cent) were insufficiently interested in the state of their health to take the trouble to go to the Centre for a repeat test.

The X-ray survey carried out as part of the B.C.G. Campaign afforded an opportunity of investigating the occurrence of other conditions of the heart and lungs besides tuberculosis.

It was noticed that a significant proportion of persons in the older age-groups showed evidence of damage to the heart. Towards the end of the year, routine X-rays were taken of persons having a positive V.D.R.L. and it was evident that cardiovascular syphilis was by no means uncommon in the 30-60 years age-group.

Child Health Clinic

From small beginnings, this grew so rapidly as to threaten to outstrip the Health Centre Staff facilities.

New Cases	Repeat	Triple Antigen Injections	Vaccinations		
203	716	365	51		

Ante-natal Clinic

This was commenced in August 1956, and by the end of the year, fourteen (14) cases had been enrolled.

Domiciliary Visiting. A total of two hundred and thirteen (213) home visits were paid by the Public Health Nurses. This total falls far short of the figure we hoped to reach, but the greatly increased volume of work at the Centre meant that a Public Health Nurse could only be away for short periods of time.

Vaccinations. A qualified Public Vaccinator was in daily attendance:

Primary Vaccinations	Re-Vaccinations	T.A.B.	Yellow Fever
1,924	5,896	681	66

X-ray Department

Routine

Total X-rays		5,625
Large films	1,272	
Miniature films	4.353	

Of the five thousand, six hundred and twenty-five (5,625) persons x-rayed, three thousand, two hundred and twelve (3,212) were emigrants to the United States of America, the United Kingdom and other countries.

In addition to this not inconsiderable routine work, all persons referred by the B.C.G. Teams had to be dealt with.

B.C.G. Campaign

Total X-rays	***		***		6,824
Reported nega	tive for	T.B.		6,221	
Deferred for 3	months			403	
Returned after	3 month	18		327	
Referred for la	arge film	s		197	
Returned for I	arge film	18	***	192	
Total positive fo	r T.B.			10	
Total X-rays in 1	956				12,449

The volume of work handled during 1956 strained the resources of the Health Centre to the utmost. Only the high standard of efficiency and devotion to duty of the Public Health Nurses and Public Vaccinator, the Radiographer and her staff, and the clerical staff prevented the Centre curtailing some of its activities.

HEALTH CENTRE, SIX CROSS ROADS

32. This Health Centre was officially opened on 15th March, 1957.

In the absence of a resident Medical Officer of Health, Dr. E. Cochrane, Medical Officer of Health, Enmore, visited this Centre regularly every week, in order to coordinate the work of the several sections. All cases requiring special investigation were referred to him during these visits. His assistance during this early stage in the development of the Health Services in the area has been greatly appreciated.

The administration of the Centre, certification of vouchers, etc., are all under his supervision.

The activities of the Centre include V.D., Child and Maternal Health, School Medical and Diabetic Clinics. In addition Home Visiting, Classes for Midwives and Health Education for school children were started. A weekly session is held by the Family Planning Association which has been granted the use of a room in the Centre.

THE PRISON HOSPITAL

33. The incidence of disease at this Institution has been low. The general health of the prisoners was satisfactory. Repairs and re-decoration of the Doctor's office and hospital section, which were undertaken during the year, have improved greatly the appearance of this section.

THE GOVERNMENT INDUSTRIAL SCHOOLS

34. The Visiting Physician and Dental Surgeon attended regularly during the year. The health of the boys and girls was good.

THE NIGHTINGALE HOME FOR CHILDREN

35. The high standard of institutional care for which this Institution is recognised has been well maintained. The Parochial Medical Officers are responsible for the medical care of the children. The health of the children was good.

PAROCHIAL ALMSHOUSES

36. The medical care of the poor in the parishes was efficiently carried out by the Churchwarden, Guardians and Parochial Medical Officers.

The maintenance of the buildings and equipment was satisfactory.

VOLUNTARY AGENCIES

37. The co-ordinating influence of the Barbados Council of Women in the field of Child Care, which is exercised through Clinics in several parts of the Island, has been very effective. Government Grants for these Clinics are now administered through the Council, instead of through each Clinic separately. It has therefore been possible for several of these Clinics to pool their resources in respect to Nursing Service and transport.

Clinics were held regularly at The Baby Welfare League, The St. Lawrence Child Health Centre, the St. Philip Baby Welfare Centre, the Christ Church Baby Welfare League and the Children's Goodwill League.

NURSING SERVICES

38. The General Nursing Council functioned throughout the year.

The Barbados Nurses' Association operates an employment bureau and administers a Government Grant of \$4,108 under the supervision of the Director of Medical Services.

Part VIII. GENERAL AND COMMUNICABLE DISEASES

39. Figures in this part of the Report and the statistical tables in the Appendices refer to the calendar year 1956.

bas covinced for the work of the		1955		1956	
he use of a room in the Centre.		Deaths	% of total	Deaths	% of total
Diseases of Circulatory System	TETROS	420	14.54	441	18.15
Diseases of Early Infancy		567	19.63	366	15.06
Diseases of Nervous System and Ser	nse	A SALARA	Or streets of visit		accepted add
Crgans		311	11.01	339	13.95
Diseases of Respiratory System		390	13.50	255	10.49
Senility and Ill-defined conditions		259	8.97	235	9.67
Cancer and Cther Tumours		218	7.55	209	8.59
Infective and Parasitic Diseases	MARKEN	229	7.90	172	7.08
Diseases of Digestive System		228	7.89	9 141	5.80

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 1952-56.

Communicable Diseases

40. Enteric Fever. 88 cases were reported as compared with 78 in 1955.

Cf these 7 died or 7.9%.

Mailfest Officers.	No. of	No. of Cases		
Parish Parish	1955	1956		
St. Andrew	2	2		
Christ Church	5	5		
St. George	14	7		
St. James	13	3		
St. John	2	2		
St. Joseph	10-	2		
St. Lucy	1	1		
St. Michael	28	64		
St. Peter	2	2		
St. Philip	4	the_St.		
St. Thomas	7	and Ting		
Total	78	88		

41. Tuberculosis

	WHOLE	ISLAND	ST. MICHAEL					
	Cases notified	Deaths	Cases notified	% of Whole	Deaths			
1955	123	52	79	64.2	34			
1956	88	43	63	71.6	23			

The Chest Clinic at the St. Michael's Intirmary which has 40 beds, now under the supervision of the Medical Officer of Health, St. Michael, offers greatly improved opportunities for treatment with modern chemotherapy. Instead of 12 discharges against advice in 1955, all in very unsatisfactory condition, there were 19 discharges during 1956 all on the advice of the Doctor in charge and in good condition.

Forty (40) beds are also available at the General Hospital. These are divided into two wards in a new wing of the Hospital, and the same opportunities for treatment with modern chemotherapy are available to these patients who are under the care of the Tuberculosis Officer.

The Medical Officer of Health, St. Michael, and the Tuberculosis Officer are jointly responsible for the very large Tuberculosis Clinics at the Enmore Health Centre. These Clinics give free x-ray examinations to all patients and contacts and treatment for ambulatory cases.

The general outlook in respect to Tuberculosis has been very greatly improved during the year under review.

- 42. Diphtheria. 7 cases with 5 deaths were notified as compared with 12 cases with 1 death in 1955. The continued appearance of this disease points to the need for early immunisation of ALL children attending Infant Clinics. The Triple Vaccine against Diphtheria, Whooping Cough and Tetanus is available at all Clinics, and every effort is being made to encourage mothers to protect their children.
- 43. Venereal Diseases. Of the 47 deaths caused by syphilis, or 1.9% of total deaths, 18 occurred within the first year of life and 4 occurred from the first to the fourth year. Improved venereal diseases services based on the overall Health Centre Service will reduce the incidence of this disease. Health Education Services will encourage more cases to come for treatment. Modern drugs of proven value make treatment easy for the patient and ensure cure in a very high percentage.
- 44. Leprosy. No case was reported. There was 1 death. 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.
- 45. Tetanus. 21 deaths as compared with 22 for 1955. Of this number 15 were infants under one year of age. These infant deaths in the rural areas point clearly to the need for maternity beds in district hospitals which will be able to hold the confidence of the people in the rural areas.
 - 46. Cerebro-spinal Meningitis. 6 cases and 4 deaths were reported.
- 47. Malaria. The Colony remained free from Malaria and anopheline mosquitoes were not found. Disinsectisation of schooners and aircraft continues routinely.
- 48. Whooping Cough. 23 deaths occurred. Of this number 19 were infants under 1 year of age.
- 49. 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 IX. QUARANTINE

- 50. No quarantine diseases were reported during the year.
- 51. During the year an intensive campaign was carried out against the Aedes aegypti mosquito, especially in the Port area and at Seawell Airport.
- 52. Rat destruction in and within the City limits of Bridgetown continued. In this work the Department co-operates with the Chamber of Commerce and the Agricultural Society.

- 53. Smallpox vaccinations. 11,119 persons, including 1,129 infants, were protected by vaccination during the year. This does not include the numerous vaccinations done by medical practitioners from whom no returns are submitted. The response to infant vaccination is now very satisfactory. Over 90% of the infants attending the Clinic at the Health Centres are vaccinated.
- 54. Plans for the Deep Water Harbour of which Pelican Island will form a part required the removal of the Quarantine Station. A new building was therefore erected at Needham's Point for the New Quarantine Station.

Part X. GENERAL SANITATION

- 55. The eleven Parochial Boards of Commissioners of Health were responsible for the administration of General Sanitation and Hygiene in their respective parishes. The several Boards of Commissioners continued to co-operate in the carrying out of the Aedes aegypti Campaign. Parochial expenditure is shown in Appendix I.
- 56. The General Board of Health continued to exercise supervision over the sanitation and hygiene of the island but much of its time was given to the division and sale of land. The Inspectors of the General Board of Health were occupied mainly in the supervision of the Aedes aegypti Campaign, and the work is summarised in Appendices XXVIII and XXIX.
- 57. Water supplies. Close touch was kept with the Waterworks Department during the year and the water supply was always pure, wholesome and adequate.
- 58. Housing. During the year the Housing programme was continued. New houses are being erected in several areas. A target of 400 houses a year is being aimed at.

Part XI. FOOD SUPPLIES AND NUTRITION

- 59. The nutrition of the population was maintained at a satisfactory level and staple foods were in good supply throughout the year. Fish was in good supply.
- 60. School meals. The milk and biscuit school meal to elementary school children worked satisfactorily during the year.

Part XII. SCHOOL HEALTH

- 61. There is no organised school medical service but free dental and visual treatment is given by two part time dentists and the Visiting Opthahlmic Surgeon of the General Hospital.
- 62. During the year, 6,983 children received dental care and 612 children were treated for visual defects and 273 provided with spectacles free.

Part XIII. HEALTH EDUCATION

- 63. Instruction in Hygiene and Sanitation is given by school teachers to their pupils in the Elementary Schools.
- 64. The annual course of training for Sanitary Inspectors was given by the Medical Officers of Health and the British West Indies Board of Examiners of the Royal Society for the Promotion of Health conducted examinations for Public Health Inspectors and Health Visitors in British Guiana in 1956.
- 65. Four Public Health Inspectors were selected for training at the West Indies School of Public Health, Jamaica, for which funds from the West Indies Training Scheme were provided.

66. Cne nurse from the General Hospital was selected to undergo additional training in the United Kingdom leading to U.K. qualifications and post-graduate experience.

Part XIV. MEDICAL REGISTRATION ACT; DRUGGISTS ACT; THERAPEUTIC SUBSTANCES ACT AND DANGEROUS DRUGS ACT DUTIES

- 67. The Board of Medical Assessors under the Chairmanship of the Director of Medical Services continued to perform their duties during the year.
- 68. The Dangerous Drugs Act, 1936-3 and the Therapeutic Substances Act, 1949, operated under the Director of Medical Services.

Part XV. VISITS

- 69. During the year visits were paid for departmental discussions by the following:-
 - Dr. R. Lewthwaite, O.B.E., Director of Colonial Medical Research

Professor A. C. Fraser of Colonial Medical Research Committee

Sir Charles Dodd, Chairman of the Colonial Products Council

Mr. W. F. Dawson, Member of the Research Department of the Colonial Office and Secretary of the Council

- Dr. Mario Chaves, Dental Health Consultant of PASB/WHO
- Dr. Ian Grant, Chairman, British Medical Association
- Dr. V. Keating, Lecturer in Anaesthesia, University College of the West Indies
- Mr. H. Annamunthodo, F.R.C.S., Lecturer in Surgery, University College of the West Indies
- Dr. P. F. de Caires, Chief, Division of Public Health, World Health Organisation

Miss Ione Ripley, Nursing Consultant, World Health Crganisation

- Mr. R. Llewelyn Davies, Director, Division of Architectural Studies, Nuffield Foundation
- Mr. R. Miles, F.R.C.S., of the University College of the West Indies
- Dr. W. R. Cole, Radiologist, University College of the West Indies
- Dr. H. McD. Forde, Lecturer in Medicine, University College Hospital of the West Indies.

Part XVI. CONFERENCES

70. The Acting Director attended the conference of Directors of Medical Services and Senior Medical Officers in Jamaica from 7th to 17th April, 1956.

Part XVII. FINANCE

71. The following financial statement of expenditure and revenue is for the year 1956-57:-

	154,568.20
***	1,148,078.42
* ***	494,096.82
***	50,629.26
***	13,973.45
logist	24,002.54
	121,672.46
	38,798.69
	4,108-13
	67,884.06
•••	19,576.09
	logist

Gr

Re

Part XVIII. CONCLUSION

72. Finally, I would express to all those members of the Staff of the Department of Medical Services — a staff which numbers over 600 and includes the highly qualified specialists and the unskilled labourers — who have during the year each in his /her sphere contributed anything to the great task which faces this Department, my sincere thanks and appreciation.

M. A. BYER,
Director of Medical Services.

APPENDIX I

PAROCHIAL EXPENDITURE ON SANITATION FOR 1956-57

Parish					Amount
it. Michael					309,440.21
Christ Church					46,720.69
it. George			7		14,033.06
it. Phillip-					15,988.38
St. John					10,258.37
it. James	g	1.0 h	Daniel B	E 100 - 100	19,411.64
t. Thomas					9,371.80
St. Peter		%			23,287.21
St. Lucy					15,138.09
St. Joseph	A	87 3	30.49	- B E	11,257.97
St. Andrew					12,040.67
	1	TOTAL		-	486,948.09
				-	31.5

APPENDIX II

COST OF PAROCHIAL POOR LAW ADMINISTRATION, 1956-57

		ä		
			5	
	3			

Number Number in Number receiving	Hief	ei vin ß	ž
434 101 103		4,123 469 121 574 225 469	
101 103		469 574 225 469	
. 103		121 574 225 469	
		574 225 469	
		225	
42 27		469	
16 31		1000000	
- 47		159	625 159
2 23		278	519 278
- 26		315	783 315
17 38		225	429 225
3 13		206	773 206
6,108 935 3,117		7,164	18,416 7,164

APPENDIX III

STATISTICS OF POOR RELIEF FOR ALL PARISHES FROM 1937-38 TO 1956-57 INCLUSIVE

20		10 10				1	20	75	-
YEAR		Number receiving any kind of Poor Relief	Number receiving Medical Relief	Number visited in their homes	Number receiving Medical Relief in Almsthouse	Number receiving Cash Relief	Number in Alms- house for non- medical reasons	Number buried at Parish Expense	Total Cost of Relief
1937–38		22,700	18,981	1,577	3,211	080'9	787	475	207,754.49
1938-39		23,902	19,376	9836	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	1	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	996	900	274,866.71
1942-43	7:	21,319	15,438	1,823	3,335	5,536	843	445	289,339.67
1943-44	TAF	20,240	15,781	1,482	3,162	4,980	839	434	316,102.16
1944-45	RECENT	17,971	13,478	1,305	3,066	4,828	768	379	331,363.68
1945-46	IA:	15,913	11,503	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
1947-46	1	19,351	11,534	1,177	2,847	5,826	791	316	525,893.89
19-18-49		19,626	12,182	1,469	3,005	5,815	748	370	540,688.93
19 19 -50		19,478	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	806	39.2	665,693.01
1952-53	-	21,668	13,399	944	2,792	5,628	97.1	425	761,172.28
1953-54			818,818	735	3,033	5,702	1,014	381	787,338.97
1956-55	-	26,127	15,158	658	2,934	5,792	1,093	369	848,560.42
1955-56		28,999	17,556	627	3,595	906'9	1,074	503	1,010,239.33
1956-57		29,957	18,416	711	3,117	7,164	935	287	1,135,220.64
100								-	-

APPENDIX IV

Annual Report for the Health Officer (Port) for the year 1956

Dr. A. V. Greaves, Health Officer (Port), had agreed to continue in the post until the 9th January, 1956. On account of the death of Dr. J. P. O'Mahony, Director of Medical Services on the 6th January, 1956, he continued in post. He was assisted by Dr. F. N. Grannum who was subsequently appointed as Health Officer (Port) on the 21st June, 1956.

- 2 Dr. A. V. Greaves was granted 34 days vacation leave with effect from the 20th June to the 24th July, 1956, the effective date of his resignation. During this period Dr. E. W. Roberts assisted Dr. Grannum in the duties.
- 3. Dr. F. N. Grannum, Health Officer (Port), was appointed to act as Director of Medical Services during the absence of Dr. M. A. Byer, Director of Medical Services, who was on vacation leave from the 1st July to 31st December, 1956 and Dr. E. W. Roberts assisted Dr. Grannum during that period
- 4. Dr. D. O. S. Payne, Assistant Health Officer (Port), was granted 14 days vacation leave with effect from the 24th December, 1956, to the 16th January, 1957 During this period Dr. A. W. St. John acted as Assistant Health Officer (Port).

SHIPPING

 During the year 1956, 1,023 ships were admitted to the port of Bridgetown representing a total nett tonnage of 2,166,602 tons.

This tonnage was approportioned as follows:-

Steam and Motor vessels - 738 vessels - 2,152,550 tons Sailing ships - 285 " - 14,052 "

6. The appended table shows the figures for the past 5 years.

Ye	Year		Number of Ships	Net Tonnage
1952			1,041	2,147,127
1953		-	1,043	2,108,652
1954			1,068	2.056,527
1955		**	1,089	2,304,436
1956			1,023	2,166,602

 The total number of passengers landing in the colony was 5,179 and those intransit 40,717 (stopped temporarily special cruise passengers * 12,391).

AIRCRAFT

 1,856 aircraft arrived in Barbados during the year. They carried a total of 31,343 passengers of which 20,579 landed in the colony and 10,764 were intransit.

This compares with 1,609 aircraft in 1955 which carried a total of 25,089 passengers. Of these 17,547 landed in the colony and 7,542 were intransit.

(F. N GRANNUM)

Health Officer (Port)

^{*} These passengers are included among those intransit.

Return of Shipping for Year 1955

MERCHANT SHIPPING

SERVICE DES	STREETS TO INCHES		
Classes of Vessels	Nationality	Number of Vessels	Nett Tonnage
Steam and Motor Vessels	British	402	933,772
801	French	23	214,883
	Norwegian	72	208,688
to the same	American	32	204,980
the sound	Italian	31	167,848
	Dutch	52	164,600
	Swedish	13	37,864
	Panamanian	9	34,545
	German	26	31,619
	Liberian	10	23,238
	Argentinian		4,639
	Greek	1	4,308
	Danish	3	4,105
	Costa Rican	4	864
	Cuban	designat.	750
	Brazilian	3	540
	Honduran	1	45
	Honouran		and a same
82,527	- 95	684	2,037,360
Tankers	British	11	17,087
2,084,075	German	9 011	5,240
	Liberian	7	8,691
2001002	Cuban 60.1	4 Seer RM	2,612
		31	33,630
S. Hr Vassala	British	247	12,792
Sailing Vessels	French	5	293
	T Tened		-
		252	13,085
TOTAL MERCHA	NT SHIPPING	967	2,084,075

48.

Return of Shipping Entering Port

Classes of Vessels	Nationality	Number of Vessels	Nett Tonnage
Cachts	British	16	398
	American	9	296
	Liberian	1	106
	Venezuelan	1	62
	Swedish	2	57
	French	2	35
	Austrian	1	8
	German	1	5
	184		_
		33	967
	4		torn exertion les
Varships	British	10	43,924
	American	12	31,611
		22	75,535
100		Come Nices	
Training Ships	American	1	6,025
		rolline)	6,025
	1	Handards	
TOTAL OTHER SH	IPPING	56	82,527
TOTAL MERCHANT SHIPPI	NG	967	2,084,075
TOTAL OTHER SHIPPING		56	82,527
TOTAL SHIPPING FOR YEA		1,023	2,166,602

AIRCRAFT 1956

1	Aircraft			
British	ā j		1,445	
Canadian			147	
Venezuelan			70	
Dutch	***	***	5	
American			69	
French	7		120	
тота	L		1,856	

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OUTLINETE DE

APPENDIX V

CASES OF NOTIFIABLE DISEASES FOR THE YEAR 1956

DISTRIBUTION OF CASES BY PARISHES

Total	9 muA	1	7	88	1	1	Ilano	bulk	88	1	+
St Andrew	1	1	1	2	1	1		1	1	quite a library	of and
St. Joseph	-	1	1	2	1	1	1	1	2	I dist	
St. Lucy	1	1	1	1	1	1	1	1		da	
St. Peter	1	1	1	2	1	1	1	1	7 707	1	-
St	1	1	1	1	1	1	1	1	2	1	75
St. James	1	1	1	3.	1	1	1	1	6	1	1 9
Se. John	J	1	1	2	1	1	1	1	4	1	1
St. Philip	-	1	1	1	1	1	1	1	1	1	1 NZ. 2,1667
St. George	1	1	1	7	1	1	1	1	4	1	1
Christ	1	1	-	S	1	1	1	1	7	1	1
St. Michael	4	1	2	64	1	1	1	1	63	1	-
	1	-	-	1	1	1	1	1	1	1	1
DISEASES	Meningitis	1	1		:	1	1	:	i	;	
DIS	Cerebro-spinal Meningitis	Cholera	Diphtheria	Enteric Fever	Leprosy	Plague	Poliomyelitis	Smallpox	Tuberculosis	Typhus Fever	Yellow Fever

Note: Six (6) cases of Meningitis were notified. No confirmation of Meningococcal infection in any of these cases has been obtained.

APPENDIX VI

CAUSES OF DEATHS ARRANGED IN PARISHES BY GROUPS FOR THE YEAR 1956 ACCORDING TO THE INTERNATIONAL STATISTICAL

BARBADOS.

CLASSIFICATION SIXTH REVISION, 1948, INTERMEDIATE LIST OF 150 CAUSES.

1	1		1
	Total	525 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	2,430
Parishe	ш	1288825 42 40 2 1 2 3 8 8 2 5 2 4 5 2 5 6 5 9 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	1,332
IIV	×	12557 2557 126877	1,098
St. Andrew	H	44	39
Ano	M	1 1 1-0-4- 1 14 1	41
, 4d	н	www 0 21-4-1 - 1	46
Se. Joseph	N	N=4	41
. 10	14	-w-	49
St. Lucy	×	um !	39
, 5	(II.	49 : : : : 22 : : 2 - : : : : : : : : : :	89
St. Peter	×	wuu	55
- was	EL,	44	64
St. Thomas	×	**** :	52
. 2	14	404 108um - 14 15m 14	73
St. James	Z.	24- 1255000 1- 1-10 10	67
4 6	EL.	20 152mru 4 1 11	99
St. John	×	2001 :42 mg :- : w 2 - w 1	84
. <u>.e</u>	14	-5e :-52,e : - : : : : : : :	98
St. Phillip	N	84 1- 14000- 111-20-	74
. se	(L	04212120816 ::: 182	94
St. George	N	4201 45022 1082-2	85
st	14	23. 23. 23. 23. 23. 23. 23. 23. 23. 23.	181
Christ	M	200 : : : : : : : : : : : : : : : : : :	108
acl.	í.	824 c 1300 C 1 0 4 4 5 5 C 1 1 1	\$95
St. Michael	M	\$2.0424881 :: 14884Z	452 565
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APPENDIX VII CAUSES OF DEATHS ARRANGED IN AGE GROUPS FOR THE YEAR 1956 ACCORDING TO THE INTERNATIONAL STATISTICAL CLASSIFICATION, SIXTH REVISION, 1948, INTERMEDIATE LIST OF 150 CAUSES s. SJ \$3 s: SJ 81 811 811 811

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APPENDIX VIII - Continued

CAUSES OF DEATHS ARRANGED IN PARISHES FOR THE YEAR 1956 ACCORDING TO THE INTERNATIONAL STATISTICAL CLASSIFICATION SIXTH REVISION, 1948, INTERMEDIATE LIST OF 150 CAUSES

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APPENDIX VIII - Continued

CAUSES OF DEATHS ARRANGED IN PARISHES FOR THE YEAR 1956 ACCORDING TO THE INTERNATIONAL STATISTICAL CLASSIFICATION SIXTH REVISION, 1948, INTERMEDIATE LIST OF 150 CAUSES

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APPENDIX VIII - Continued

CAUSES OF DEATHS ARRANGED IN PARISHES FOR THE YEAR 1956 ACCORDING TO THE INTERNATIONAL STATISTICAL CLASSIFICATION SIXTH REVISION, 1948, INTERMEDIATE LIST OF 150 CAUSES

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APPENDIX VIII - Continued

CAUSES OF DEATHS ARRANGED IN PARISHES FOR THE YEAR 1956 ACCORDING TO THE INTERNATIONAL STATISTICAL CLASSIFICATION SIXTH REVISION, 1948, INTERMEDIATE LIST OF 150 CAUSES

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CAUSES OF DEATHS ARRANGED IN PARISHES FOR THE YEAR 1956 ACCORDING TO THE INTERNATIONAL STATISTICAL CLASSIFICATION SIXTH REVISION, 1948, INTERMEDIATE LIST OF 150 CAUSES APPENDIX VIII - Concluded

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APPENDIX IX

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

1956

	Total No.	Urban	Per 10	00,000
CLASSIFICATION	of Deaths	Deaths	Urban Rate	Rural Rate
VII Circulatory System	441	180	235	224
XV Early Infancy	366	135	177	199
VI Nervous System and Sense Organs	339	142	186	169
/III Respiratory System	255	106	139	128
XVI Senility and Ill-defined conditions	235	132	173	89
II Neoplasms	209	96	126	97
I Infective and Parasitic Diseases	172	71	93	87
IX Digestive System	141	52	68	76

APPENDIX X

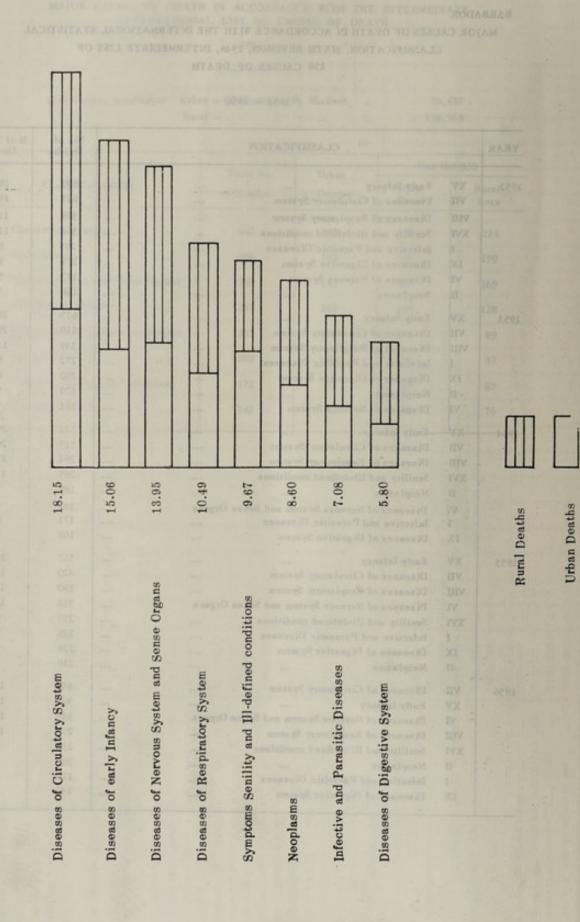
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MAJOR CAUSES OF DEATH IN ACCORDANCE WITH THE INTERNATIONAL STATISTICAL CLASSIFICATION, SIXTH REVISION, 1948, INTERMEDIATE LIST OF 150 CAUSES OF DEATH

1952 - 1956

YEAR	2 :	CLASSIFICATION			No. of Deaths	% of Tota Deaths
1952	xv	Early Infancy	***		630	19.77
	VII	Diseases of Circulatory System		***	621	19.49
7777	VIII	Diseases of Respiratory System	***		389	12.21
	XVI	Senility and ill-defined conditions	***	***	364	11.42
	1	Infective and Parasitic Diseases	100		295	9.26
HONE Z	IX	Diseases of Digestive System	***		271	8.50
	VI	Diseases of Nervous System	***	***	177	5.56
PO SE	11	Neoplasms	***		168	5.27
1953	XV	Early Infancy			615	20.52
HPL)	VII	Diseases of Circulatory System	***	***	610	20.35
10-10-1	VIII	Diseases of Respiratory System	***		349	11.60
	I	Infective and Parasitic Diseases			272	9.07
65-91]	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
The same	VII	Diseases of Circulatory System	404	***	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
1955	xv	Early Infancy	***	***	567	19.63
	VII	Diseases of Circulatory System	***	***	420	14.54
	VIII	Diseases of Respiratory System		***	390	13.50
	VI	Diseases of Nervous System and Sense C	Organs	***	318	11.01
	XVI	Senility and Ill-defined conditions		***	259	8.97
	I	Infective and Parasatic Diseases	1 1 03		229	7.90
	IX	Diseases of Digestive System		* ****	228	-7.89
	11	Neoplasms			218	7.55
1956	VII	Diseases of Circulatory System	S	***	441	18.15
1930	XV	Early Infancy	-	***	366	15.06
	VI	Diseases of Nervous System and Sense (Organs	F 3	339	13.95
	VIII	Diseases of Respiratory System	0		255	10.49
	XVI	Senility and Ill -defined conditions	D	***	235	9.67
	II	Neoplasms			209	8.60
	I	Infective and Parasitic Diseases	S 3		172	7.08
	IX	Diseases of Digestive System			141	5.80

APPENDIX XI
PRINCIPAL CAUSES OF DEATHS AS A PERCENTAGE OF TOTAL DEATHS 1956



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APPENDIX XII - Continued

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	CAUSE GROUPS	3	Dis			Her Soli	25			s e			jed	4			Pre		nt n		Sk	Me	2	3	
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	15230		All other Respiratory Diseases		8	rinal Obstruction and Hemia Gastro-enteritis and Colitis between	4 weeks and 2 years Chronic Enterities and Ulcerative Colities	sis		Dis		Nes	0 .	All other Diseases of the Genito-urinary	n		i i	-5	oms	18	All other Diseases of Skin	All other Diseases of Musculo-skeletal	2		
3	四年日日日	4 5			Gastritis and Duodenitis	90		753		Other Diseases of Digestive System		Acute Nephritis	onic				All other complications of Pregnancy, Childbirth	and the Puerperium	Infections of Skin and Subcutaneous Tissue	Arthritis and Spondylitis			-	ougentar manormanous of carcular	
3	3513	86	3		Gas	Inte	9	Cir		Od		Ac	Chronic, other and Unspecified Nephritis	(0)			AII		Infe	Are	3	3	Consessing Malformations of Circulators Sussess	3	
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APPENDIX XII - Concluded

CAUSES OF DEATHS OF INFANTS UNDER 1 YEAR ARRANGED IN AGE GROUPS FOR THE YEAR 1956 ACCORDING TO THE INTERNATIONAL STATISTICAL CLASSIFICATION, 1948, INTERNAEDIATE LIST OF 150 CAUSES.

	Total Under 1 Year	Total		9	15	18	3	20	00		80		216		9			1	2	00	685
ī	Otal Un	LL	0/-1	2	6	80	N	10	-	F	38		86		7		7	-	:	8	61:
п	4	×		3	9	10	-	10	1		42	-	118		4		7	:	N	100	1417.1415 366 319
п	11 Months	14	-	:	:	:	-	:	:	1	9	-	1		:	-	-	-	:	:	80
	- post II	Z		:	:	:	:	:	:		60		100		-			1	-	:	100
	10 Months	(Le	8		0	:	:	:	:	1 13	-	54)	-		:			:	:	:	***
п		N		-	:	:	:	:	:		6		-		:		1	:	-	:	
п	9 Months	(L	-	:	:	:	:	:	:		-	1	3		:			:	:	:	13
B		N		:	- :	:	:	:	:	-	24		-		-:		-	:	-	-	116
н	8 Months	MF	20	1	- :	:	+	:	:		3 2	5	5 2		-			:		-	100
Б	7 Months	H	100	-		:	:	-	:		**	0.	-	-	-		-	:	+	:	20 1518 14 1613
	- de-ell 2	N		:	:	:	:	- ;	-	Ħ	40		40		-	15		:	:	:	92
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В	advacht à	N		:	:	:	+	- :	:	H	7 3	-	10		:	-	-	:	÷	-	153
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OF				:	6	00		10	***		7	-	69		2	-		÷	-		1232
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2	14-20 Days	M	-	:	:	-	-	-	-	1	1	8	12 10	H	:		-	÷	÷	- i	282115
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Z	e Days	14		:	:	:	:		-	1	:	2	-	- 13	:	-	10	:	:	:	:
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	Detailed	Number	750, 752,	1	760-761			766-768		769, 771,			773-776	780-787,	788.9	789-792,		N800-804	N940-949	0860-086N	
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				1	985	1	Diarrhoea of new born (under 4 weeks)	i	•	*	•	1cy	:		All other ill-defined causes of morbidity		4		1	e .	-
			5				eks			arl		far	:		÷		ALTERNATIVE CLASSIFICATION OF IS, POISONINGS AND VIOLENCE (NATURE OF INJURY)	-	:	. tem	
			1	1	70	-	We	Other Infections of newborn	:	0	:	y in	1		OE		GE 30	7		exte	63
			19	100		90	7			1		arl			of		EN A			of	TOTAL INFANT DEATHS
			1	ion		tas	pp	E		-To	:	0 0	:		ses		31C	1	:	st:	EA
	S			nag		lec	1	wbe	100	bec		11.0			9.0		N C			ffe	Δ .
	CAUSE GROUPS			lon	:	ate	E	ne	cul	50	:	Tin I	P		P		ALTERNATIVE CLASS S, POISONINGS AND A NATURE OF INJURY)	:	1	p :	Z
	3RC			N E	00	Pu	,ů	of	f n	100		bec	Ė		line		D Y E			. fi	FA
	[11]			7			ne	ons	9	is		95	an la		de		F. I.			2	Z
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	C V			86	90	hds	ea .	nfe	Dis	fin	100	lise	ity		her		ISO IRE	Skr	•	P	OT
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				All other Congenital Malformations	Birth Injuries	Postnatal asphyxia and atelectasis			Haemolytic Disease of newborn	All other defined diseases peculiar to early	in	Ill-defined diseases peculiar to early infancy, and	in				Z	Fracture of Skull	Burns	All other and unsperified effects of external causes	
				All	Bir	Po	(a)	(0)	Ha	AII		H			(c)		E.	F	Bu	7	
																	CODE. ALTERNATIVE CLASSIFICATION ACCIDENTS, POISONINGS AND VIOLENCE (NATURE OF INJURY)	111	22.23		
				129	130	131	132	132	133	134		135			137		"N" CODE.	AN 138	AN 148	150	
	bet	Mum				100	1	100							V		Ż	Z	Z	AN 150	
	mediate	Inter		<	<	V	~	Y	V	Y		Y					-70	-			

N.B. Causes from which no deaths occurred are omitted.

APPENDIX XIII

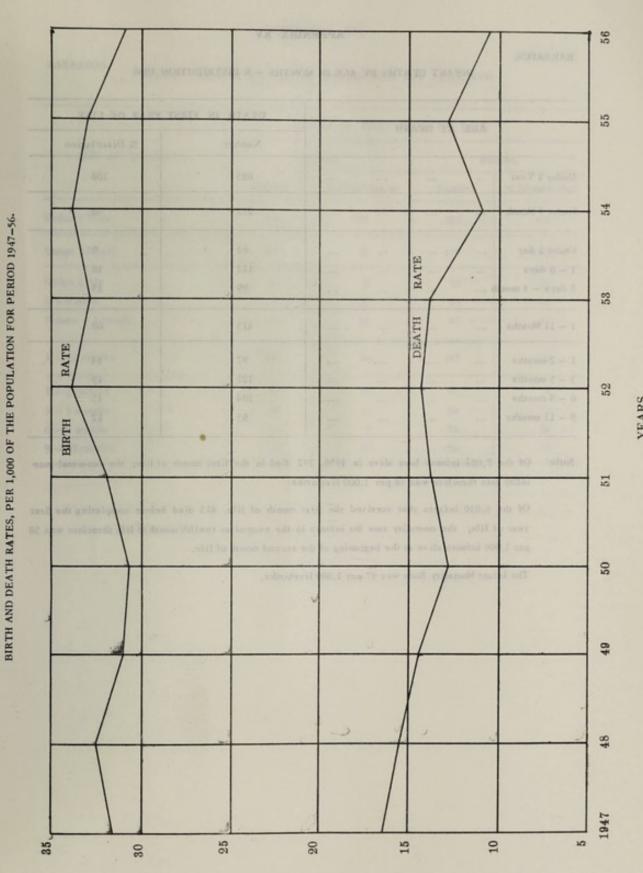
BARBADOS.

DEATHS OF INFANTS UNDER 1 YEAR ARRANGED IN PARISHES FOR THE YEAR 1956 ACCORDING TO THE INTERNATIONAL STATISTICAL CLASSIFICATION SIXTH REVISION, 1948,

INTERMEDIATE LIST OF 150 CAUSES.

		T 15 -10			
	Total	61 112 99	272	97 127 104 85	685
Parishes	F	28 45 50	123	48 48 39	319
IIV	M	33 67 49	149	50 56 56 46	366
· ·	14	:-m	4	-64-	11
Sr. Andrew	×		5		10
. dd	t.	15:	3	wum-	14
St. Joseph	×	:00	5	mmu-	14
	LL.	: 15	3	uw :u	10
St. Lucy	×	:64	7		15
J in	14	4111	6	1956	24
St. Peter	×	6: 2	00	ULMU	22
r. mas	(La	:00	10	ww.4-	21
St. Thomas	N	222	9	~ ma v =	23
ic.	H	:4"	5	224:	19
St. James	×	16:	4	UW No	18
2 5	H	4	9	4000	23
St. John	N	nnn	13	10 6 6	36
	TH.	wwr	13	-400	26
St. Philip	×	1 69	91	4000	33
r. r.	EL.	240	12	1 8 8	28
St. George	M	2000	13	2000	38
st rch	(Li	LL4	18	2000	40
Church Church	N	444	10	4641	32
St.	(Tr	9 17 14	40	14 21 11	103
St. Michael	M	14 30 18	62	18 18 15 12	125
13	1	111	:	1111	
1	36	111	:	1111	:
		111	Total under 1 Month	::::	Total under 1 Year 125 103
			r 1 M	s s s s s s s s s s s s s s s s s s s	er 1)
13	Ser.	Under I day I Day -6 Days 7 Days -1 Month	nude	1 Month - 2 Months 3 Months - 5 Months 6 Months - 8 Months 9 Months - 11 Months	pun
1		Jay 1 Mo	otal	-2 M	Cotal
13	E	Inder 1 day 1 Day - 6 Day 7 Days - 1 N	T	onths onths	
1 6		Und 1 Da 7 Da	1	1 Mg 3 Mg 6 Mg	
19 5		10 10 1	1 6	1 2 2	

APPENDIX XIV



RATES PER 1,000 OF POPULATION

APPENDIX XV

BARBADOS.

INFANT DEATHS BY AGE IN MONTHS - % DISTRIBUTION 1956

	AGE	AT DEAT	гн		DEATH IN FIRST YEAR OF LIFE					
					Number	% Distribution				
Inder 1 Year	/				685	100				
Jader 1 Month	***				272	40				
Inder 1 day		***	***	***	61	9				
l - 6 days	***		***	***	112	16				
days - 1 month	١ ,		***		99	15				
l - 11 Months				***	413	60				
l - 2 months	***	***			97	14				
3 - 5 months		-2-	***		127	19				
6 - 8 months	***			***	104	15				
- 11 months	***	***	***	***	85	12				

Note: Of the 7,082 infants born alive in 1956, 272 died in the first month of life; the neo-natal mortality rate therefore was 38 per 1,000 livebirths.

Of the 6,810 infants that survived the first month of life, 413 died before completing the first year of life; the mortality rate for infants in the second to twelfth month of life therefore was 58 per 1,000 infants alive at the beginning of the second month of life.

The Infant Mortality Rate was 97 per 1,000 livebirths.

APPENDIX XVI

INFANTS DEATHS BY AGE IN MONTHS FOR THE YEAR, 1956

		DEATH IN FIRST YEAR OF LIFE								
AGE AT	DEATH		URBAN	RURAL						
1001		Number	% Distribution	Number	% Distribution					
Under 1 Year	201	288	100	397	100					
Under 1 Month	··· 9(1 ···.,	102	35	170	43					
Under 1 day	51	23	8	38	10					
1 - 6 days	11	47	16	65	16					
7 days - 1 mont	h 58	32-	11	67	17					
1 - 11 months	man in	126	44	287	72					
1 - 2 months		32	11	65	16					
3 - 5 months	145 (a)	39	14	88	El your 22 and					
6 - 8 months	22(6) 25	26	9	78	20					
9 - 11 months	discould -	29	10	56	14					

Procuments and other Respiratory Diseases.

b) Chiefly Garmentering

APPENDIX XVII

BARBADOS.

CAUSES OF DEATH IN THE FIRST YEAR OF LIFE NUMBER OF DEATHS: % DISTRIBUTION FOR THE YEAR, 1956

CAUS	E OF DEAT				Deaths in First Year of Life			
RURAL		MACHIN			Number	% Distribution		
All Causes	no beed in the		eer franch	***	685	100		
Pre-natal and natal causes	(10)	***			294	42.9		
Premature birth			102	***	136	19.9		
Congenital malformations			***		12	1.8		
Injury at birth	*** 31		***		14	2.0		
Congenital debility	11				82	11.9		
Other diseases peculiar to the f	irst year of	life	***		17	2.5		
Syphilis		***		***	18	2.6		
Tetanus		***	***		15	2.2		
Respiratory Diseases	***	***	***		143 (a)	20.8		
Gastro-intestinal Diseases					66 (b)	9.6		
Epidemic and other communicable	diseases	***			23	3.4		
falnutrition			***		69	10.1		
All other specified causes			***		84	12.3		
ll-defined and unknown causes					6	.9		

⁽a) Pneumonia and other Respiratory Diseases.

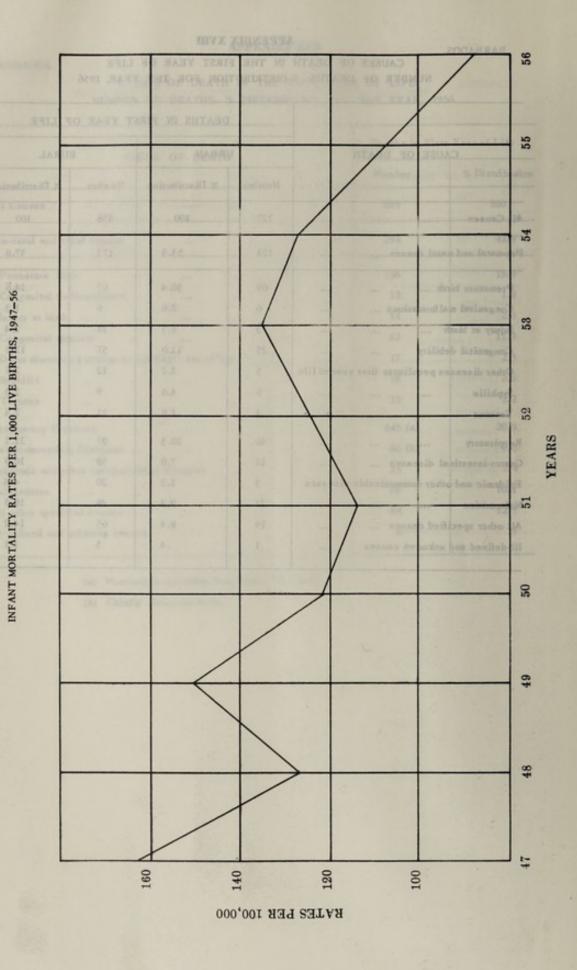
⁽b) Chiefly Gastro-enteritis.

APPENDIX XVIII

CAUSES OF DEATH IN THE FIRST YEAR OF LIFE NUMBER OF DEATHS: % DISTRIBUTION FOR THE YEAR, 1956

			DEATHS IN FIRST YEAR OF LIFE							
CAUSE OF D	CAUSE OF DEATH			URBAN	RURAL					
			Number	% Distribution	Number	% Distribution				
All Causes			227	100	458	100				
Pre-natal and natal causes			121	53.3	173	37.8				
Premature birth			69	30.4	67	14.6				
Congenital malformations			6	2.6	6	1.3				
Injury at birth			3	1.3	11	2.4				
Congenital debility			25	11.0	57	12.5				
Other diseases peculiarto	first y	ear of life	1 5	2.2	12	2.6				
Syphilis	***	/	9	4.0	9	2.0				
Tetanus	-	4	4	1.8	11	2.4				
Respiratory		1.	46	20.3	97	21.1				
Gastro-intestinal diseases	***	1	16	7.0	50	10.9				
Epidemic and other commun	icable	diseases	3	1.3	20	4.4				
Malnutrition	(21	9.3	48	10.5				
All other specified causes			19	8.4	65	14.2				
III-defined and unknown cau	ses	\	1	-4	5	1.1				

BATES PER 100,000



APPENDIX XIX

APPENDIX XX

BARBADOS.

Tuberculosis: Deaths and Death Rate per 100,000 Population

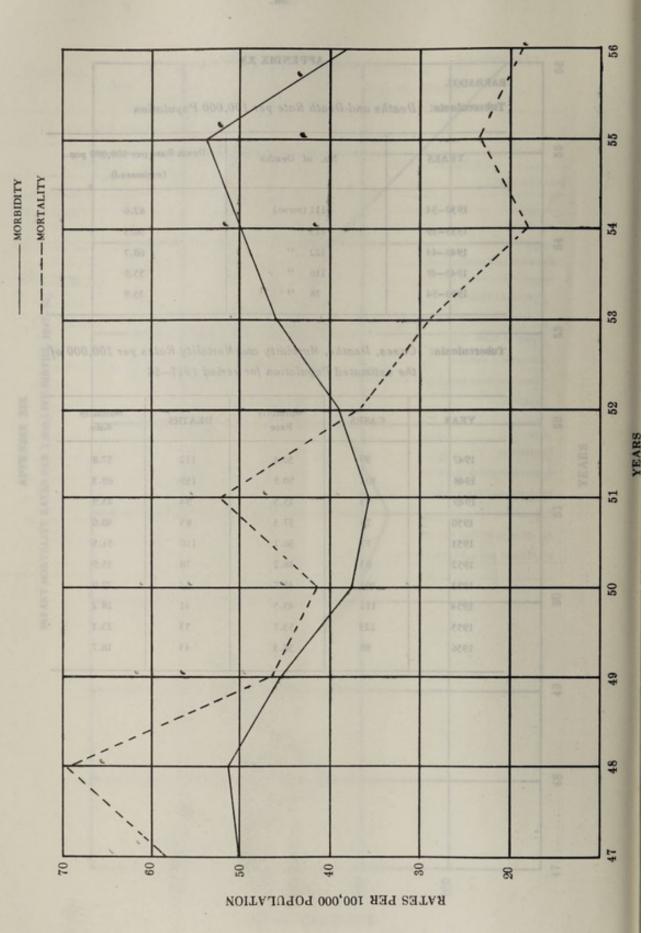
YEARS	No. of Deaths	Death Rate per 100,000 por (estimated)		
1930-34	111 (mean)	62.6		
1935-39	115 "	60.3		
1940-44	122 "	60.7		
1945-49	116 "	55.9		
1950-54	76 "	35.9		

Tuberculosis: Cases, Deaths, Morbidity and Mortality Rates per 100,000 of the estimated Population for period 1947-56

YEAR	CASES	Morbidity Rate	DEATHS	Mortality Rate
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
1955	123	53.7	53	23.1
1956	88	38.3	43	18.7

RATES PER 100,000 POPULATION

TUBERCULOSIS, MORBIDITY AND MORTALITY RATES PER 100,000 ESTIMATED POPULATION FOR PERIOD 1947-56 APPENDIX XXI



APPENDIX XXII

Barbados General Bospital

A. TABLE SHOWING THE ADMISSIONS FOR THE FIVE YEARS ENDED ON 31ST MARCH, 1957.

IssoT bassa	9,858 11,212 11,261 10,173 8,866
Other Non- Residents	3 3 2 2 2
Seamen	23 17 18 8
Sc. Michael	5,317 5,908 5,703 4,956
Total from	5,218 5,218 5,481 5,180
St. Lucy	342 341 245 245
St. Andrew	233 266 341 375
St. Peter	332 421 329 329
St. James	390 389 482 417
St. Thomas	494 559 584 548
St. George	607 853 871 844
St. Joseph	258 249 269 295
Sc. Philip	521 566 566 566 558
Se. John	311 334 357 325 306
Xt. Church	1,102
No.	1111
Year.	1952–53 1953–54 1954–55 1955–56

B. STATISTICAL TABLE OF INDOOR DEPARTMENT FOR THE FIVE YEARS ENDED ON 31ST MARCH, 1957.

17	reality Ex-			3	3	9	8	1
3	10 91			9	s.	5.6	6.	6.
MORTALITY	of Deaths.	TAL.		26	36	34	20	18
DIGINI	te of vitality			6.9	5.6	5.9	6.9	6.3
-	namina		_	_	_	_		-
NUMBER TREATED	19bau fat	oT	noiso m	10,195	11,563	11,662	10,631	9.252
RE	anoissim	PV		28	12	19	73	99
ER T	lo .	PERSONAL PROPERTY.	1 112	9,858	11,212	11,261	10,173	8.866
MB	d of previous	λει			_	123	-	
NO	hospital at			337	351	401	456	386
	of Persons							
	Deaths	_	100					
HS	Average Stay of	DAYS		00	10	10	13	12
DEATHS	Ins	οT		704	652	889	739	587
115	əlem	Fe		317	287	331	340	192
) je	Na		387 317	365	357 331	399 340	326
	Hospital	S	1 31					
	Stay	DAYS		85	71	1,231	154	031
	Longest	and the same of	T. OFFICE	9	80	1,	1,	1
	Discharges	DAYS	70			200		-
	Stay of	DA	1	115	6	13	16	18
	Average		-	0	0	8	~	10
GES	las	oT		9,14	10,510	10,516	9,50	8,236
DISCHARGES	pldanu	nI		75	78	_	45	_
DIS				14	37	698	65	82
	Result	oN		1,1	_	_	-	
	lieved	ъЯ	1 463	2,912	3,220	4,213	4,144	1,980
	par	Сп		339	075	345	457	394 5,620
-		222	-	3	6,	5	4	5
	ily Average sident		393	334	379	396 5,345	431	394
	las	oT		4,471 5,387 9,858	1,212	1,261	0,173	8,866
SN	male	Fe		387	043 1	5,215 6,046 1	3 5,515 1	106
SSIO	21	W.Dec		71 5	69 69	15 6	58 5	3,965 4,901
ADMISSIONS		sM.		_		_		3.9
	M.			:	:	1954-55	:	:
	YEAR.		18	53	54	25	.56	75-956.
	7.	7		25-	53-	54-	55-	-95
		1	1	6	6	6	6	0

Outpatients - There were 98,741 attendances recorded in the Out-Patient Department during the year. Of this number 25,778 were new cases and 72,963 were After-Attendances.

APPENDIX XXIII

BARBADOS.

OPERATIONS PERFORMED AT THE BARBADOS GENERAL HOSPITAL DURING THE YEAR, 1956

Major operations (inclusive o	f E.N.T.)			1,808
Minor operations (not includi the Outpatient			a -	1,618
Eye Operations				160
Anaesthetics Administered	I	***		3,258

APPENDIX XXIV

BARBADOS.

BARBADOS GENERAL HOSPITAL, X-RAY DIAGNOSTIC DEPARTMENT

- No	o of X-ray examinations from April 1956 t	to March,	1957	7,467
	No of Private Patients			508
	No of Public Patients		HOZZYN KII	6,959
	No of Patients in Hospital			1,898
	No. of Patients outside Hospital		107200	5,569
	CLASSIFICATION			
	No. of Fluoroscopic Examinations			134
	No of Bones and Joints	a Carrier on A		4,679
	No of Barium Meals			99
	No of Barium Enemas			17
	No. of Urinary Tracts (K.U.B's)	ALIE PARTY	t soll solts	65
	No. of I.V. Pyelographies	1	111111111111111111111111111111111111111	47
	No. of Gall bladders (straight)			57
	No. of Cholecystographies			47
	No of Abdomen's (straight)			54
	No. of Pregnancies			109
	No. of Lungs	***		2,026
	No. of Hearts and Aortas	***		20
	No. of Accessory Nasal Sinuses	***	***	72
	No of Dentals			19
	No of Foreign Bodies	d Silvad o	in later, a	118
	No. of Tomographs	1	ale harmoni	30
	No. of Retrograde Pyelographies			1
	No. of Cholangiograms		1	all a chiple to p
	No of Urethrograms	2312 373	tong its an	4
	THE RESERVE OF THE RE			2
	No of Bronchograms	3000	***	o sudmon di era
		TOTAL	***	7,467
				or makes to dillower,
	X-RAY THERAPY DEPARTMEN	T		
	N. of Berland			121
	No. of Patients	***	***	141
	No. of Private Patients	***	49	
	No. of Public Patients		72	
	No of Door V on Tours		189	
	No. of Deep X-ray Treatments	***	245	
	No. of Superficial Treatments	***	247	
	Total No. of Treatments	***	***	434
	No. of Follow-up Inspections of I	Patients	integer wa	395
	not of votion of marculations of		2000	

APPENDIX XXV

BARBADOS.

BACTERIOLOGICAL DEPARTMENT

ANALYSIS OF ALL EXAMINATIONS FOR THE YEARS 1934 AND 1952-56

reactions berological & C-S Fluickin reaction for Lymple smear for leishmania for a for T. pallidum Malaria parasites Microfiliariae Anaplasma, Pirofiliariae	3. (S.paratyphi I.C. (S.paratyphi I.C. (S.paratyphi C. (Sh. Flexner) melitensis & heter did reaction for Syphopathia venereum asis	ophile	1934 115 115 17 1 0 1,146	1952 178 158 158 0 0 14 8,932	321 321 321 0 0 20 10,857	200 200 200 0 0 15	390 390 390 0 0 0	300 300 300 300 4
mear for leishmanister for T. pallidum Malaria parasites Microfiliariae Anaplasma, Pirofiliariae Anaplasma, Pirofiliari	A. (S.paratyphi A. (S.paratyphi F. C. (S.paratyphi C. (Sh. Flexner) melitensis & heter did reaction for Syphopathia venereum asis	ophile	115 115 17 1 0 1,146	158 158 0 0 14 8,932	321 321 0 0	200 200 0 0	390 390 0 0	30
mear for leishmanister for T. pallidum Malaria parasites Microfiliariae Anaplasma, Pirofiliariae Anaplasma, Pirofiliari	A. (S.paratyphi A. (S.paratyphi F. C. (S.paratyphi C. (Sh. Flexner) melitensis & heter did reaction for Syphopathia venereum asis	ophile	115 115 17 1 0 1,146	158 158 0 0 14 8,932	321 321 0 0	200 200 0 0	390 390 0 0	30
mear for leishmanister for T. pallidum Malaria parasites Microfiliariae Anaplasma, Pirofiliariae Anaplasma, Pirofiliari	B. (S.paratyphi E. (S.paratyphi C. (S.paratyphi C. (Sh. Flexner) melitensis & heter did reaction for Syphopathia venereum asis	ophile	115 17 1 0 1,146	158 0 0 14 8,932	321 0 0	200 0 0	390 0 0	
mear for leishmanister for T. pallidum Malaria parasites Microfiliariae Anaplasma, Pirofiliariae Anaplasma, Pirofiliari	(S. paratyphi ((Sh. Flexner) melitensis & heter d reaction for Syp hopathia venereum asis	ophile hilis and	17 1 0 1,146 0 5	0 0 14 8,932	0 0	0 0	0 0 24	
mear for leishmanister for T. pallidum Malaria parasites Microfiliariae Anaplasma, Pirofiliariae Anaplasma, Pirofiliari	(Sh. Flexner) melitensis & heter id reaction for Syp hopathia venereum asis plasma and Eimeri	ophile hilis and	1 0 1,146 0 5	14 8,932	20	15	24	
mear for leishmanister for T. pallidum Malaria parasites Microfiliariae Anaplasma, Pirofiliariae Anaplasma, Pirofiliari	d reaction for Syphopathia venereum asis	ophile hilis and	0 1,146 0 5	14 8,932	20			
mear for leishmanistera for T. pallidum Malaria parasites Microfiliariae Anaplasma, Pirof Trypanosomes Blood counts, etc. Coagulation time of bloosedimentation rate Compatibility of bloods Occult blood in faeces HCL in stomach & teleminthic ova & amoe Cissue sections S Fluid for Cellular tubercle bacilli & occultions Cubercle bacilli in faeces Sputa	d reaction for Syp hopathia venereum asis	hilis and	1,146 0 5	8,932	10 to 0			
Malaria parasites Microfiliariae Anaplasma, Pirof Trypanosomes Blood counts, etc. Glucose, Calcium, Urer Coagulation time of bloosedimentation rate Compatibility of bloods Occult blood in faeces HCL in stomach & teleminthic ova & amoe Tissue sections Seliud for Cellular tubercle bacilli & of Ubercle bacilli in fae	plasma and Eimeri	and	0 5	distribute	10,857	11,279	12.075	10000
mar for leishmanisera for T- pallidum Malaria parasites Microfiliariae Anaplasma, Piror Trypanosomes Blood counts, etc. Coagulation time of bloosedimentation rate Compatibility of bloods Coult blood in faeces HCL in stomach & teleminthic ova & amoe issue sections S Fluid for Cellular tubercle bacilli & of ubercle bacilli in fae Sputa	plasma and Eimeri	and	0 5	distribute	10,00		12,875	16,49
Malaria parasites Microfiliariae Anaplasma, Pirof Trypanosomes Blood counts, etc. ducose, Calcium, Urer coagulation time of bloosedimentation rate compatibility of bloods becult blood in faeces HCL in stomach & telminthic ova & amoe issue sections S Fluid for Cellular tubercle bacilli & of ubercle bacilli in fae	olasma and Eimeri	***	5	3				
Malaria parasites Microfiliariae Anaplasma, Pirof Trypanosomes Blood counts, etc. ducose, Calcium, Ures coagulation time of blo sedimentation rate compatibility of bloods ccult blood in faeces HCL in stomach & t elminthic ova & amoe issue sections —S Fluid for Cellular tubercle bacilli & ot ubercle bacilli in fae	olasma and Eimeri	***	5		0	2	4	
Malaria parasites Microfiliariae Anaplasma, Pirof Trypanosomes Blood counts, etc ducose, Calcium, Ures oagulation time of blo sedimentation rate compatibility of bloods ccult blood in faeces HCL in stomach & t elminthic ova & amoe issue sections S Fluid for Cellular tubercle bacilli & or ubercle bacilli in fae	plasma and Eimeri	***		17	11	7	8	
Microfiliariae Anaplasma, Pirof Trypanosomes Blood counts, etc lucose, Calcium, Ures oagulation time of blo sedimentation rate ompatibility of bloods ccult blood in faeces HCL in stomach & t elminthic ova & amoe issue sections S Fluid for Cellular tubercle bacilli & ot ubercle bacilli in fae	olasma and Eimeri	***						
Trypanosomes Blood counts, etc lucose, Calcium, Ures oagulation time of blo sedimentation rate compatibility of bloods ccult blood in faeces HCL in stomach & t elminthic ova & amoe issue sections —S Fluid for Cellular tubercle bacilli & or ubercle bacilli in fae	olasma and Eimeri		26	19	15	8	11	
Trypanosomes Blood counts, etc. Blucose, Calcium, Ures coagulation time of blo sedimentation rate compatibility of bloods eccult blood in faeces HCL in stomach & t elminthic ova & amoe issue sections —S Fluid for Cellular tubercle bacilli & of ubercle bacilli in fae Sputa	c	a, etc.	7	10	3	7	0	
lucose, Calcium, Ures oagulation time of blo sedimentation rate compatibility of bloods ccult blood in faeces HCL in stomach & t elminthic ova & amoe issue sections —S Fluid for Cellular tubercle bacilli & ot ubercle bacilli in fae	C	10 M	2	0	0	0	0	
lucose, Calcium, Ureso agulation time of blo sedimentation rate ompatibility of bloods ccult blood in faeces HCL in stomach & telminthic ova & amoe issue sections S Fluid for Cellular tubercle bacilli & otubercle bacilli in fae		,	1	0	0	0	0	The same of
pagulation time of blo sedimentation rate ompatibility of bloods ccult blood in faeces HCL in stomach & t elminthic ova & amoe issue sections —S Fluid for Cellular tubercle bacilli & or ubercle bacilli in fae	** * * * *	***	62	1,974	3,064	3,291	4,296	3,93
sedimentation rate compatibility of bloods ccult blood in faeces HCL in stomach & t elminthic ova & amoe assue sections —S Fluid for Cellular tubercle bacilli & or abercle bacilli in fae			0	420	475	447	295	40
ompatibility of bloods ccult blood in faeces HCL in stomach & t elminthic ova & amoe issue sections -S Fluid for Cellular tubercle bacilli & or ubercle bacilli in fae	ou, treeting time		0	553	1,274	652	966	97
ccult blood in faeces HCL in stomach & t elminthic ova & amoe issue sections S Fluid for Cellular tubercle bacilli & ot ubercle bacilli in fae , Sputa		s	4	903	1,479	1,916	2,507	1000
HCL in stomach & t elminthic ova & amoe issue sections -S Fluid for Cellular tubercle bacilli & ou ubercle bacilli in fae , Sputa			. 320	202	*****	1,710	2,,,,,,	-,,,
elminthic ova & amoe issue sections -S Fluid for Cellular tubercle bacilli & or ubercle bacilli in fae , Sputa			116	264	168	40	30	
Ssue sections S Fluid for Cellular tubercle bacilli & or ubercle bacilli in fae			173	264	263	96	158	11
S Fluid for Cellular tubercle bacilli & or ubercle bacilli in fae , Sputa	out of dysentery		39	287	331	309	324	23
tubercle bacilli & or ubercle bacilli in fae , Sputa	content excess o		"		1	, ,,,	1	
ubercle bacilli in fae , Sputa			1	306	375	340	572	65
, Sputa			0	2	0	0	0	
1			230	447	844	882	1,325	1,72
Pus			30	104	62	32	25	2
Pus Smears for gonoc Smears for Myco. Urine for tubercle Pleuritic, synovi		***	130	782	900	724	607	5
Smears for Myco.			27	70	58	24	18	1
Urine for tubercle	bacilli or other o	reanisms	22	25	58	82	67	5
Pleuritic synovi	al or abdominal flu		4	19	24	59	41	3
Nose & Throat s			8	9	7	8	12	
acteriological Analys	is of water		11	22	19	24	6	2
ilk examinations & ac			2	0	0	2	4	
atogenous vaccines p			4	36	44	25	33	2
/ Throat swabs for	C. diphtheriae		37	124	172	889	190	14
Synovial fluid			1	1	0	0	0	189
Faeces	***		20	16	10	44	16	- 1
C-S Fluid			1	4	1	4	10	3
Synovial fluid Faeces C-S Fluid Urine Blood Sputum Yeast			11	43	19	86	101	7
Blood			1	34	0	21	11	2
Sputum			1	0	0	0	0	3
Yeast			13	0	0	0	0	
Pus		5	0	15	18	61	226	30
ats, etc.			382	0	0	0	0	
angoid Diseases		· · · ·	4	1	14	10	10	
rine - Chemical & mi			835	666	936	556	603	47
riedman test for pregn			0	23	42	28		4
	iancy	dedico-legal investigations		The state of the s		40	18	-
	100 00 TO 100 TO	***	82	27	34	50	23	2

APPENDIX XXVI DIAGNOSIS OF PATIENTS AT MENTAL HOSPITAL FOR THE YEAR 1956

Behaviour Disorder Epileptic Psychosis Manic-Depressive Mental Deficiency Melancholia (Involutional) Pre-Senile Dementia Psychoneurosis Parkinson's Disease Senile and Arterio Sclerotic Dementia Secondary Dementia Schizophrenic States Acute Hallucinosis TOXIC PSYC IOSIS (a) Acute Toxic Psychosis (b) Chronic Alcoholism (c) Malnutrition	FE Total 3 10 40 30 2 10 6 1 43 11 252	70 2.33 9.32 6.99 47 2.33 1.40 .23 10.02 2.56 58.50	Total 1 3 33 49 14 10 156	35 1.05 11.54 17.11 - - 4.89 3.49 54.55
Behaviour Disorder Epileptic Psychosis Manic-Depressive Mental Deficiency Melancholia (Involutional) Pre-Senile Dementia Psychoneurosis Parkinson's Disease Senile and Arterio Sclerotic Dementia Secondary Dementia Schizophrenic States Acute Hallucinosis TOXIC PSYC IOSIS (a) Acute Toxic Psychosis (b) Chronic Alcoholism	3 10 40 30 2 10 6 1 43 11	.70 2.33 9.32 6.99 .47 2.33 1.40 .23 10.02 2.56	1 3 33 49 - - - - 14 10	.35 1.05 11.54 17.11 - - - 4.89 3.49
Epileptic Psychosis Manic-Depressive Mental Deficiency Melancholia (Involutional) Pre-Senile Dementia Psychoneurosis Parkinson's Disease Senile and Arterio Sclerotic Dementia Secondary Dementia Schizophrenic States Acute Hallucinosis TOXIC PSYC IOSIS (a) Acute Toxic Psychosis (b) Chronic Alcoholism	10 40 30 2 10 6 1 43 11	2.33 9.32 6.99 .47 2.33 1.40 .23 10.02 2.56	3 33 49 - - - - 14 10	1.05 11.54 17.11 - - - 4.89 3.49
Manic-Depressive Mental Deficiency Melancholia (Involutional) Pre-Senile Dementia Psychoneurosis Parkinson's Disease Senile and Arterio Sclerotic Dementia Secondary Dementia Schizophrenic States Acute Hallucinosis TOXIC PSYC IOSIS (a) Acute Toxic Psychosis (b) Chronic Alcoholism	40 30 2 10 6 1 43 11	9.32 6.99 .47 2.33 1.40 .23 10.02 2.56	33 49 - - - - 14 10	11.54 17.11 - - - 4.89 3.49
Mental Deficiency Melancholia (Involutional) Pre-Senile Dementia Psychoneurosis Parkinson's Disease Senile and Arterio Sclerotic Dementia Secondary Dementia Schizophrenic States Acute Hallucinosis TOXIC PSYC IOSIS (a) Acute Toxic Psychosis (b) Chronic Alcoholism	30 2 10 6 1 43 11	6.99 .47 2.33 1.40 .23 10.02 2.56	49 - - - - 14 10	17.11 - - - - 4.89 3.49
Melancholia (Involutional) Pre-Senile Dementia Psychoneurosis Parkinson's Disease Senile and Arterio Sclerotic Dementia Secondary Dementia Schizophrenic States Acute Hallucinosis TOXIC PSYC 10SIS (a) Acute Toxic Psychosis (b) Chronic Alcoholism	2 10 6 1 43 11	.47 2.33 1.40 .23 10.02 2.56	- - - 14 10	4.89
Pre-Senile Dementia Psychoneurosis Parkinson's Disease Senile and Arterio Sclerotic Dementia Secondary Dementia Schizophrenic States Acute Hallucinosis TOXIC PSYC IOSIS (a) Acute Toxic Psychosis (b) Chronic Alcoholism	10 6 1 43 11	2.33 1.40 .23 10.02 2.56	10	3.49
Psychoneurosis Parkinson's Disease Senile and Arterio Sclerotic Dementia Secondary Dementia Schizophrenic States Acute Hallucinosis TOXIC PSYC (OSIS (a) Acute Toxic Psychosis (b) Chronic Alcoholism	6 1 43 11	1.40 .23 10.02 2.56	10	3.49
Parkinson's Disease Senile and Arterio Sclerotic Dementia Secondary Dementia Schizophrenic States Acute Hallucinosis TOXIC PSYC IOSIS (a) Acute Toxic Psychosis (b) Chronic Alcoholism	1 43 11	.23 10.02 2.56	10	3.49
Senile and Arterio Sclerotic Dementia Secondary Dementia	43	10.02	10	3.49
Secondary Dementia Schizophrenic States Acute Hallucinosis TOXIC PSYC (OSIS (a) Acute Toxic Psychosis (b) Chronic Alcoholism	11	2.56	10	3.49
Schizophrenic States Acute Hallucinosis TOXIC PSYC (OSIS (a) Acute Toxic Psychosis (b) Chronic Alcoholism			100000000000000000000000000000000000000	Marine Street
Acute Hallucinosis TOXIC PSYC (OSIS (a) Acute Toxic Psychosis (b) Chronic Alcoholism	252	58.50	156	54.55
TOXIC PSYC IOSIS (a) Acute Toxic Psychosis (b) Chronic Alcoholism	5-	1 -2		
(a) Acute Toxic Psychosis (b) Chronic Alcoholism			100000	1000
(b) Chronic Alcoholism		A ST		
	2	.47	5	1.55
(c) Malnutrition	-	-	4	1.40
	5	1.17	-	-
ORGANIC PSYCHOSIS		1 3	give been	ing place
(a) Dementia Paralytica	9	2.10	18 4	1.40
(b) Cerebral Syphilis	3	.70	5	1.55
(c) Encephalitis	-	-	Sentiment.	100 12 15
(d) Tabo Paresis	2	-47	2	.70
No appreciable Disease	-	- 5	-	-
to the percent Production F. S. S. S. S. J.		1 1		

these activing fresh the supplicable Rocklones Scientific model & minimum before being allowed to

Other treatment interest material and the distance of the product of the product of the restrict of the restri

APPENDIX XXVII

POPULATION STATEMENT, MENTAL HOSPITAL, FOR YEARS 1952-56

	Difference				**	+10	+1	-5
THE	TINGE IAT			LTA	127	3173.1	TAG	1.30
1	Total Population at end of Year		T	701	709	298 421 719	292 428 720	715
la i			£4.	150		121	128	629
F			×	281 420 701	281 428	860	192	988
1	T	7	H	23	225			=
	+	tal	is.	11 2	20	90	32	77
	1	Total Discharged	×	102 121 223	3 15 96 129	6 11 149 166 315	14 137 182 319	5 12 134 177 311 286 429 715
	-	_		01	6	=	13	2 13
	10	arge	H	16 43	3 13	12	-	-
	1	Discharged on Remand	ia.		-	9	2	
1	-	9	×	- 27	12	33 5	6	7
		ial	1	1	27		42	52
	0	Returned from Trial	Œ.	1	91	7	19	27
1		fron	×	- 1	- 11	4 19 14	23	25
		P	H	7			6	12
Sa	1	Not	L	1	1	2 2	•	5 7
DISCHARGES	3	Imp	×	-	1		9	~
CHA		79	H	99.	92	65	4	81
DIS		Improved	the .	32	17	27	56	2
		Imp	FTMFT	14	6		15	38
	1		H	8	80	94 32	85	83
		Much	CL.	39	4		47 8	
	10		×	27 3	7 46 3	9	86	36 47
	1		H	67	77	114 40 54	128	71 3
=		Recovered	14	34 6	59 7	63 11	82 12	_
		Reco	×		18 59	51 6	46	23 48
-	-		1	23 33	57 18	56 5		57 2
80	# 4	5 5		6 2		_	4 70	
Out on	DEATHS		14		3 29	20	5 44	3 29
			×	17	28	20	1 26	28
			1	09	92	35	5 44	52
			14	34	37	19	91 1	27
-			×	26	8 21	91 5	4 28	234 415 25
		Total Admissions	T	38	346	416	43	4
-			LE.	163	203	214	249	234
-	L		×	142	145	202	185	181
1		pue	H	94	16	6	13	13
1		On Remand	24	84 29 17 46 142 163 305 26	12 4 16 145 203 348	4 5 9 202 214 416 16 19	8 5 13 185 249 434 28	8 5 13 181
-		6	T	29	12	4	90	00
IONS		77		84	98	72	77	67
ADMISSIONS		Certified	14	416 702 55 93 148 11 16 27 47 37	36	27	39	
AD		Cer	×	47	8	45	88	34
1	T	Temporary Voluntary	н	27	8	26		65
	1		04	16	22	32	421 719 99 162 261 40 43 83	24
			×	11	_	44	40	35
	1		T	48	701 62 134 196 21	66	190	94
			14	93 1	34 1	8	62 2	72 2
			×	35	62 1	1 60	1 66	04 1
e		_	H	02	10	00 1	61	20 1
latio	nini	car	4	16 7	420 70	28 7	21 7	82
Population	Beginning	of Year	M	6 4	1 4	1954 281 428 709 109 150 299 44 32 76 45 27 72	8 4	292 428 720 104 172 276 35 24 59 34 33
-	W m 0 3			286	281	28	298	R
	YEAR			2		54	55	98
1	YEA			1952	1953	61	1955	1956

APPENDIX XXVIII

Government Chief Public Health Inspector's Report for 1956-57

During the period 1st April, 1956 to 31st March, 1957, the work done by the Inspectors' Department (Inspection Field Force and Subordinate Staff) is classified under the following headings:-

- (1) Aedes aegypti mosquito eradication programme
- (2) Quarantine and Port Sanitation
- (3) Miscellaneous

The programme for the eradication of the Aedes aegypti mosquito has been given priority over all other phases of the work which is being done by the Field Force.

The re-organisation of the services provided for the divisions of the Island into three areas— The Northern, Southern and the City of Bridgetown; these areas were further sub-divided into ninety-five (95) localities.

Results at the end of the second cycle of treatment under the re-organised Units Scheme were highly satisfactory in general and gave promise of greater improvement.

During the year under review much progress has been noted in all the locality. During the first quarter there were eighteen (18) localities negative and during the second quarter, thirty-two (32).

For the quarter ending 31st December, thirty-nine (39) localities inspected were found negative and for the quarter ending 31st March, fifty five (55).

It can be clearly seen by this that progress has been steady even despite the circumstances which arose from time to time due to unforeseen difficulties.

Difficulties presented themselves in the form of refusals by householders to allow inspection and treatment of water receptacles to be carried out by Inspectors of the Staff; the finding of many premises closed, and also absenteeism from one cause or another.

Another factor which had an adverse effect on the progress of the work was the improper disposal of disused tins, coconut shells, and the various odds and ends which form breeding places for aedes mosquitoes. More co-operation from the public is desired in the matter of proper disposal of discarded tins, coconut shells, etc., which are potential sources of breeding in any community.

The incidence of breeding has been considerably reduced in all localities, and at the end of the period under review the index in many of the parishes was under 1%.

Quarantine and Port Sanitation

In the port of Bridgetown four hundred and one (401) ships comprising chiefly of schooners, yachts and motor vessels entered the Careenage during the year. Each arrival was boarded, and in the case of those arriving from the neighbouring West Indian Islands, treated in midstream before being allowed to berth alongside in the Careenage.

This treatment (contact spraying with D.D.T.) which is a regular feature, is carried out as a precautionary measure against the invasion of mosquitoes of the genera Aedes and Anopheles.

Other treatment carried out was the residual spraying of thirty-nine (39) vessels and the treatment of fifty-nine (59) water containers aboard fofteen (15) other vessels with solutions of wettable D.D.T. Powder.

Wherever it was found practical, fumigation was carried out on the various schooners which were berthed in the Careenage. Under the Port Regulations vessels should be treated every three months, but this is not always practicable as many of these vessels due for fumigation might not be in the Island at the time. Only twenty-one (21) of these were fumigated. The number of vessels which can be treated by sulphur fumigation is rapidly being reduced owing to the fact that many of them are being fitted with marine engines and it is felt that the fumigation operations carried out had an adverse effect on some of the fittings of these engines. Complaints have been received from many schooner captains with regards to this and it has had to be discontinued until some other form of treatment less harmful to the engines is available

Rat destruction work continues unabated in the Port area and certain other areas of the City. The following summary of the work done is submitted for information:-

Number of rats caught in traps		1,233
Number of rats certified to have been destroyed by poison baits laid	S-best noise	529
Number of rats certified to have been destroyed by fumigation	Lancoug	184
Number of mice destroyed by poison baits, trapped and fumigation		245
Number of poison baits laid	***	10,334

Miscellaneous

Under this head it may be mentioned that complaints about the prevalence of flies, mosquitoes and/or other nuisances in any of the parishes, which were referred to this Department, were immediately forwarded to the parochial Authority concerned and any technical assistance required from this Department in the abatement of these was profered as soon as possible.

