

Annual report of the Medical Department / Colony of the Gambia.

Contributors

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COLONY OF THE GAMBIA.

c

THE ANNUAL MEDICAL & SANITARY REPORT FOR THE YEAR 1928.



Price 5/-

PUBLISHED BY THE CROWN AGENTS FOR THE COLONIES,
4, MILLBANK, LONDON, S.W. 1.

1929.

16722

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COLONY OF THE 6777TH

THE 1777TH

ARRIVAL & DEPARTURE

FOR THE YEAR 1777

ANNUAL MEDICAL AND SANITARY
ENCLOSURE IN GAMBIA DESPATCH NO. 157 OF 12TH JULY, 1929.

MODEL MEDICAL AND SANITARY REPORT, 1928.

14th May, 1929.

SIR,

I have the honour to submit for the information of His Excellency the Governor and for transmission to the Right Honourable the Secretary of State, the Medical Report on the Health and Sanitary Conditions of The Gambia Colony for the year 1928, together with the Returns, etc., appended thereto.

I have the honour to be,

Sir,

Your obedient servant,

K. B. ALLAN,
Senior Medical Officer.

THE HONOURABLE,

THE COLONIAL SECRETARY.

Examination in English Literature for the M.A. Degree

MODERN LITERATURE AND CRITICISM

1914-1915

I have the honor to inform you that the examination in English Literature for the M.A. Degree will be held on the 15th of June, 1915, at the University of Cambridge. The examination will consist of two papers, one in English Literature and the other in English Criticism. The papers will be set by the Senate of the University.

I am, Sir, very respectfully,
Your obedient servant,
The Secretary.

Yours faithfully,
The Secretary.

The Secretary.

The Secretary.

ANNUAL MEDICAL AND SANITARY REPORT

FOR THE
YEAR ENDED 31ST DECEMBER, 1928.

1. ADMINISTRATION.

(a) STAFF.

(i) APPOINTMENTS.

Miss J. Roberts acted as Senior Nursing Sister December 28—31.

(ii) PROMOTIONS.

Nil.

(iii) TRANSFERS.

Dr. Rae, Medical Officer, Bathurst to Georgetown, May 16th.

Georgetown to Bathurst, August 2nd.

Dr. Harrison, „ „ Georgetown to Bathurst, October 4th.

Bathurst to Georgetown, October 31st.

(iv) PROCEEDED ON LEAVE.

Dr. G. E. Craig, Medical Officer, September 13th. To be transferred to Nigeria.

Dr. J. C. Cruickshank, Medical Officer, January 20th.

Dr. S. G. Harrison, Medical Officer, April 27th.

Dr. F. A. Innes, Medical Officer of Health, May 26th.

Miss M. Thompson, Senior Nursing Sister, December 28th.

Miss T. Grant, Nursing Sister, April 14th.

Mr. F. A. Wilford, Assistant Sanitary Inspector, July 14th.

(v) RESUMPTION OF DUTY.

Dr. J. C. Cruickshank, Medical Officer, May 24th.

Dr. S. G. Harrison, Medical Officer, August 17th. Stationed in the Protectorate.

Miss J. Roberts, Nursing Sister, April 5th.

Miss T. Grant, Nursing Sister, September 7th.

Dr. F. A. Innes, Medical Officer of Health, November 29th.

Mr. F. A. Wilford, Assistant Sanitary Inspector, November 3rd.

(b) LIST OF ORDINANCES AFFECTING PUBLIC HEALTH ENACTED DURING THE YEAR 1928.

ORDINANCES.

No. 6. The Dangerous Drugs, 16th April, 1928.

RULES AND REGULATIONS.

No. 5. The Dangerous Drugs, 30th May, 1928.

(c) FINANCIAL.

MEDICAL DEPARTMENT.

	Estimated.	Actual.	Deficit.
	£	£ s. d.	£ s. d.
Revenue	350	274 17 5	75 2 7
Expenditure	16,168	15,093 13 4	—
Saving	£1,074 6s. 8d.		

PUBLIC HEALTH DEPARTMENT.

	Estimated.	Actual.	Excess.
	£	£ s. d.	£ s. d.
Revenue	1,450	1,583 14 11	133 14 11
Expenditure	10,293	10,155 14 10	—
Saving	£137 5s. 2d.		

MISCELLANEOUS SERVICES.

	Estimated.	Actual.
	£	£
Contributions to Medical Funds	£400	£360
Saving		£40

COLONY.

	Estimated.	Actual.
	£	£ s. d.
Total Revenue	241,821	255,384 12 11
Total Expenditure	280,074	250,595 15 7

The actual expenditure of the Medical and Sanitary Departments is approximately one-ninth or 10·07 per cent. of the total actual expenditure of the Colony. The estimated expenditure is approximately one-tenth or 9·41 per cent. This does not include Miscellaneous Services.

	MEDICAL DEPARTMENT.		PUBLIC HEALTH DEPARTMENT.	
	Actual Revenue.	Actual Expenditure.	Actual Revenue.	Actual Expenditure.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.
1924	348 6 2	12,323 5 11	1,251 12 0	8,847 14 7
1925	253 12 7	12,955 8 11	1,201 13 11	9,466 13 11
1926	324 1 3	14,168 5 10	1,222 7 10	9,329 18 3
1927	332 14 2	14,204 10 5	1,517 1 9	9,982 1 11
1928	274 17 5	15,093 13 4	1,583 14 11	10,155 14 10

II. PUBLIC HEALTH.

(a) GENERAL REMARKS.

(1) *General Diseases.*

Diseases of the Respiratory and Digestive Systems are the most prevalent—particularly Bronchitis, Pneumonia, Dyspepsia, Enteritis, Constipation and Diarrhoea. The Respiratory System diseases occurring mostly during the cold season in January to March and the Digestive System diseases during the rains June to October.

Rheumatism is also prevalent during the October to December quarter. Skin diseases, especially Ulcer, continue to be very prevalent at all seasons of the year.

(2) *Communicable Diseases.*

(1) *Mosquito or Insect-Borne.*

- (i) *Malaria*.—2,281 recorded cases treated, and is most prevalent from June to December.
- (ii) *Trypanosomiasis*.—61 cases recorded and all acquired infection in the Protectorate.
- (iii) *Yellow Fever*.—5 cases notified, 4 fatal.
- (iv) *Blackwater Fever*.—Only one case occurred.
- (v) *Filariasis*.—9 cases recorded.

(2) *Infectious Diseases.*

- (i) *Influenza*.—507 cases recorded; occurs throughout the year.
 - (ii) *Measles*.—32 cases notified.
 - (iii) *Whooping Cough*.—55 cases occurred.
 - (iv) *Small Pox*.—13 cases treated in the Infectious Diseases Hospital, Bathurst, and other cases occurred in the Protectorate.
 - (v) *Dysentery, Amoebic*.—20 cases reported, only 2 occurred in Bathurst.
 - (vi) *Tuberculosis*.—Pulmonary and other tissues, 69 cases.
 - (vii) *Leprosy*.—47 cases reported but there are many more cases in the Protectorate that do not seek Medical treatment.
 - (viii) *Yaws*.—70 cases have been treated at the Hospitals.
 - (ix) *Tetanus*.—17 cases recorded.
 - (x) *Septicæmia*.—6 cases noted.
 - (xi) *Syphilis*.—38 cases treated.
 - (xii) *Gonorrhœa*.—101 cases treated.
- } This must be a very small pro-
} portion of the cases that occur.

(3) *Helminthic Diseases.*

- (i) *Ascariasis*.—320 cases seen.
- (ii) *Taeniasis*.—46 cases recorded.
- (iii) *Guinea Worm*.—2 cases recorded.

The cases reported above are only those treated at the Government Hospitals. Cases dealt with in private practices and in Government Dispensaries by African Dispensers are not included.

DEATHS.

March Quarter.	June Quarter.	September Quarter.	December Quarter.
1927 72	80	100	105
1928 88	101	124	118
PREVALENT DISEASES.			
1927—Malaria, Diarrhoea, Bronchitis.	Influenza, Diarrhoea, Conjunctivitis.	Malaria, Influenza.	Malaria, Bronchitis, Constipation.
1928—Dyspepsia, Constipation, Bronchitis, Influenza, Malaria.	Bronchitis, Diarrhoea, Constipation, Rheumatism, Pneumonia.	Influenza, Diarrhoea, Malaria, Constipation, Bronchitis, Pneumonia.	Bronchitis, Influenza, Constipation, Malaria, Rheumatism.
PRINCIPAL CAUSES OF DEATHS.			
1927—Diseases of Respiratory System ... 32	Diseases of Respiratory System ... 24	Diseases of Respiratory System ... 36	Diseases of Respiratory System... 30
Diseases of Digestive System ... 10	Diseases of Digestive System ... 11	Diseases of Circulatory System ... 13	Malaria ... 18
1928—Diseases of Respiratory System ... 30	Diseases of Respiratory System ... 27	Diseases of Respiratory System ... 46	Diseases of Respiratory System 45
Diseases of Circulatory System ... 12	Diseases of Circulatory System ... 11	Diseases of Circulatory System ... 12	Diseases of Circulatory System ... 35
		Malaria ... 7	Diseases of Digestive System ... 11
			Malaria ... 9
			Yellow Fever ... 4

VITAL STATISTICS.

(1) GENERAL NATIVE POPULATION (BATHURST ONLY).

Estimated population 10,473.

Total births 263.

Birth rate, 25.11 per mille.

Total deaths, 407.

Death rate, 36.86 per mille.

Infant mortality rate 395 per mille.

Note i. Excess of deaths over births, 144.

ii. Still births, 56 (not included in any rate or total).

Registration is compulsory and reliable for Bathurst.

ACTUAL DEATHS 1928, EXCLUDING STILL BIRTHS.

	Adult.	Infant.	Total.
January—March	70	18	88
April—June	67	23	90
July—September	81	30	111
October—December	85	33	118
SEPTEMBER ALONE	30	18	48
OCTOBER ALONE	32	15	47

(2) GENERAL EUROPEAN POPULATION.

(Excluding Government Officials.)

Estimated ...	...	...	...	...	...	...	119
Total Births...	...	...	...	...	...	...	Nil
Birth Rate ...	...	...	...	...	...	...	Nil
Total Deaths	...	...	...	...	...	...	5
Death Rate	...	...	...	...	...	...	42.16 per mille.
Percentage of Deaths to Population	...	...	...	...	...	...	4.20 per cent.
Total Invalidings	...	...	...	...	...	...	3
Percentage of Invalidings to Population	...	...	...	...	...	...	2.52 per cent.
Total Sick ...	...	...	...	...	...	...	42
Percentage of Sick to Population	...	...	...	...	...	...	35.29 per cent.
Causes of Invaliding	...	...	...	...	...	...	Trypanosomiasis (1) Blackwater Fever (1) Malaria (1)
Causes of death	...	...	...	...	...	...	Yellow Fever (2) Malaria (2) Influenza (1)

Prevalent Diseases :—

Malaria, 20. Influenza, 11.

The greatest number of cases of sickness occurred in the October to December quarter—16, which included 2 cases of Yellow Fever, both fatal; 9 cases of Malaria, 1 fatal; 1 case Blackwater, which was invalided, and 1 fatal case of Influenza.

There were 10 cases of sickness in the May to June quarter, 9 cases during July to September, and 7 in the January to March quarter.

(3) EUROPEAN OFFICIALS.

There were 38 cases on the sick list; of these 36 were males. Malaria and Influenza accounted for most of the cases—10 and 6 respectively. The greater number of cases occurred in January and September with 6 cases each and November with 5. No cases reported in August and only 1 in May. 12 cases admitted to Hospital and 26 were sick in Quarters.

There were 2 cases left over from 1927, and 1 case remaining on 31st December, 1928.

The longest period any one official was on sick list was 41 days, the shortest period 1 day.

Malaria occurred in September, 3 cases; January and February, 2 each; March, July and November, 1 each.

Influenza occurred in April, 3 cases; September, 3; November, 1; 3 cases reported from the Protectorate and 7 from Cape St. Mary, the remainder occurred in Bathurst.

TABLE SHOWING THE SICK, INVALIDING AND DEATH RATES OF EUROPEAN OFFICIALS.

	1926.	1927.	1928.
Total number of Officials resident	72	72	72
Average number resident	50	53	48
Total number on Sick List	60	60	38
Total number of days on Sick List	397	462	336
Average daily number on Sick List	1.08	1.26	.91
Percentage of Daily sick to average number resident ...	2.16	2.37	1.89
Average number of days on Sick List for each Patient ...	6.61	7.70	8.84
Average sick time to each resident	7.94	8.71	7.00
Total number invalided	2	6	1
Percentage of Invalidings to total residents	2.7	8.33	1.39
Total deaths	—	—	—
Percentage of Deaths to total residents	—	—	—
“ “ “ average number resident ...	—	—	—
Number of cases of sickness contracted away from residence	—	—	—
Percentage of Sick to average number resident	120	113.20	75.83

Cause of Invalidings:—Influenza (Debility).

(4) AFRICAN OFFICIALS.

Reported Sick	1,787
Total on Sick List	712
“ „ Medicine and Duty	1,075
“ „ Treated in Hospital	70
“ „ „ Quarters	642
Number of Sick remaining from 1927	6
Hospital	3
Quarters	3
Number of Sick remaining on 31st December, 1928	4
Hospital	1
Quarters	3
Out of the above totals	
Female African Officials reported Sick	64
Total on Sick List	20
„ Medicine and Duty	44
The longest number of days any one Official was on Sick List	69

The greatest number of cases on the Sick List occurred in October, 97 ; April, 72 ; June, 68 ; July, 67 ; September, 64.

The least in December, 31.

Prevalent Diseases.—Malaria, 198, Influenza, 107 ; Bronchitis, 100 ; Diarrhoea, 53 ; Rheumatism, 35 ; Catarrh, 33 ; Abscess, 24 ; Injury, 20 ; Colic, 17.

Malaria was most common during October, 45 cases ; in June, 28 cases ; November, 22 ; August, 19 ; July, 16 ; May, 15 ; September, 14.

Influenza occurred chiefly in July, 27 cases ; October, 23 ; September, 19 ; April, 13.

Bronchitis most prevalent during April, 16 cases ; February, 15 ; January, 14 ; March, 13.

Diarrhoea occurred in May, 8 cases ; April, 7 ; June, September and October, 6 each.

Rheumatism in June, 6 cases ; August, 5 cases.

TABLE SHOWING THE SICK, INVALIDING AND DEATH RATES OF
AFRICAN OFFICIALS.

	1926.	1927.	1928.
Total number of Officials resident	288	324	317
Average number resident	258	295	287
Total number on Sick List	669	669	712
Total number of days on Sick List	3,411	2,948	2,708
Average daily number on Sick List	9.34	8.07	7.39
Percentage of Daily sick to average number resident ...	3.62	2.73	2.56
Average number of days on Sick List for each Patient ...	5.09	4.40	3.80
Average sick time to each resident	13.22	9.99	9.43
Total number invalided	10	6	1
Percentage of Invalidings to total residents	3.4	1.85	.31
Total deaths	2	—	4
Percentage of Deaths to total residents	—	—	1.26
" " " average number resident	—	—	1.35
Number of cases of sickness contracted away from residence	—	—	—
Percentage of sick to average number resident	237.29	226.77	248.08

Cause of Invaliding:—Cardiac Disease.

Causes of Death:—Endocarditis, Influenza, Malaria, Pneumonia.

III. HYGIENE AND SANITATION.

A.

Malaria.—This disease is returned for the death of 6 adults and 15 children under 5 years, a considerable drop in both divisions from 1927, but still far too many. It is impossible to estimate the additional number in which malaria is the death determining factor. Blackwater fever of course and some nephritis cases fall into this category, and probably many stillbirths are to be set down also to malaria.

Five cases of malaria were treated in the Prison hospital.

Trypanosomiasis.—Accounts for 13 deaths, the average age of cases being 28. It is not conceivable that a single infection occurs in Bathurst, and the disease is mostly well established before the victims return from the Protectorate with it.

Yellow Fever.—Owing to the wide and prolonged prevalence of this disease in Senegal during 1927, the task of excluding it from the Gambia year after year became a matter of concern and uncertainty. A special effort to secure substantial reduction of insect carriers was inaugurated in April, 1928. Unfortunately zeal flagged. In November two Europeans and one African died of Yellow Fever and one African case recovered. Another African case proved fatal in December. There were other suspected cases. The first four cases were associated with trading premises which turned out to be badly infected with *Steg. fasciata*. Thorough fumigation with sulphur of all the premises implicated brought the trouble sharply to an end. The first case occurred on November 7th: and twenty days quarantine after the last case (December 4th) expired on December 24th. The source of the outbreak is unknown.

We have in Bathurst two proved and two probable vectors of Yellow Fever—*Aedes irritans*, *Aedes luteocephalus*, *Aedes vittatus* (? = *A. punctothoracis* Theo) and *Aedes argenteus*. The last named is the notorious *Stegomyia fasciata*. It is by far the commonest mosquito in Bathurst, presumably the only carrier of the disease here, wholly domestic, and therefore easiest of suppression. As long as its presence continues to be accepted with comparative nonchalance by magistrate and citizen so long will the town and colony suffer the pains and expenses of outbreaks and quarantines.

Plague.—During 1928 some 288 ocean going vessels were inspected. Ordinary measures of precaution at wharves and sheds were taken. No case of rats infection has been found. Some 6,532 rodents were disposed of by the Public Health Department, roughly 18 per day. The possibility of plague outbreak in Gambia is never remote as it is so frequently reported along the Senegal littoral as well as inland.

Smallpox.—During the year 13 cases were isolated and treated in the Infectious Diseases Hospital. Of these seven were smallpox and two others doubtful. No death occurred. Considerable progress has been made with the building of a substantial *hospital* for infectious cases. It will prove a great boon to patients and staff. Smallpox must be reckoned as endemic in the Protectorate but infection is also frequently carried over the border from Senegal. This latter happened during March in Central Badibu, where 75 deaths, all children, occurred. During the second and third quarters of the year many cases were reported on both sides of the River. During October 279 further cases were reported from North Bank Province. It is no doubt difficult to keep vaccine lymph useful in the interior. Frequent and extensive outbreaks of the disease show that our protection by vaccination is still very far from complete and more organised work is called for.

Tuberculosis.—The number of deaths from tuberculosis is 23, including 19 pulmonary, 2 abdominal and 2 miliary. The average age at death was 39 years. The recorded deaths are five fewer than in 1927.

Diseases of respiratory system (excluding pulmonary tuberculosis) account for 21.86 per cent. of all deaths, the corresponding figure for England and Wales for 1924 being 17.4 per cent.

Pneumonia alone contributes 14.00 per cent. and pulmonary tuberculosis itself, 4.66 per cent. Two cases of pulmonary tuberculosis occurred among the prisoners, one proving fatal, the other remaining under treatment at year end.

Dysentery.—Is not as common a disease in Bathurst as might be expected. One fatal case occurred in the Prison Hospital. Diarrhoea and Enteritis however account for 15.4 per cent. of the infant mortality and for 4.3 per cent. of adult deaths.

Typhoid is never reported.

One death occurred from ascariasis (age 1½ years).

Taeniasis is common.

B.

GENERAL MEASURES OF SANITATION.

The question of nightsoil disposal is still unsettled. A very limited pail system is in use, public latrines serving a considerable section of the community. They are subject to disgraceful misuse and it is most difficult to effect any noticeable improvement from year to year.

Scavenging continues to be done by horse carts which twice weekly remove rubbish from yard bins. The material undergoes rough sorting at the dump by the swampside, combustibles being burned and incombustibles pushed within tide range. Owing to smoke nuisance however, burning was discontinued during the rains, and the deposited rubbish was simply covered with sand and mud. It is recognised that this is too dangerous a practice to continue. No ground so "made" can be made use of until decomposition and sinkage are complete; sometimes the whole process has to be repeated twice or thrice on the same area.

Drainage calls for an expenditure of skill, time and money that has so far not been given to it. Local patching is grudgingly done or refused as useless and we must wait, it seems, until the Public Works "reclamation scheme" achieves our salvation.

Water Supply.—Improvement of our water supply is becoming an urgent matter. Heavy deposits of hydrated ferrous oxides seem to form and collect; and the water drawn from some taps all the time, and from others on many occasions, is useless until it is allowed to "settle." The reasons are being investigated and some remedy must be found and applied.

School Hygiene.—School children in Bathurst are medically inspected twice yearly. Between 63 and 70 per cent. of the 1,650 on the various rolls were examined on one or other occasion. Malaria and intestinal worms (latter noted at outpatients department) are believed to account for a certain amount of anæmia observed. About 22 per cent. still require vaccination. Between 20 and 28 per cent. showed palpable spleens; 9 per cent. required dental treatment. Glossitis, stomatitis and conjunctivitis were common. Ringworm was found in almost all the schools, 2·3 per cent. The general physique of the children was found to be good.

Beri-Beri.—Two deaths from this disease appear in the town returns. Among 256 prisoners three cases occurred in the beginning of the year, but all recovered after an average treatment of 46 days. These appear to have been of the usual type and it is difficult to explain their occurrence in the absence of any change in diet or method of its preparation. Two deaths from pneumonia also occurred among the prisoners.

C.

TRAINING OF SANITARY PERSONNEL.

Refresher courses which include lectures, demonstrations and examinations are conducted from time to time both to stimulate interest and honourable ambition and to settle the granting or withholding of increment in salary. It is believed that a general but slow improvement is observable.

During the year notices and summonses had to be all too frequently issued: for various infringements of sanitary law there were 108 convictions in Court.

IV. PORT HEALTH WORK AND ADMINISTRATION.

During the year 288 ocean going vessels were boarded and passengers (mainly deck) were inspected, but no case of dangerous disease was encountered. The ordinary precautions by rat guards etc., were maintained.

V. MATERNITY AND CHILD WELFARE.

The subjoined table shows the Clinic figures for 1928 and the previous year's figures are given for comparison.

Month.	Ante Natal Visits.	Weighing Clinic.	Sick Infant Visits.	Live Births.	Waiting List.
January	117	295	175	24	—
February	86	365	212	16	—
March	94	431	206	29	—
April	71	424	207	12	—
May	110	540	271	16	—
June	55	477	274	13	—
July	108	596	412	11	—
August	115	500	299	7	—
September	124	514	428	13	—
October	199	530	418	12	—
November	140	402	256	18	—
December	139	326	221	21	—
1928 Total	1,358	5,400	3,379	192	88
1927 Total	939	4,231	2,248	171	86

Live Births, 1928	...	...	192	
Still Births (and miscarriages), 1928	...	...	21	<i>i.e.</i> , 109 per 1000 live births (includes 3 twin and 1 triplet births).

Total	213	
-------	-----	-----	-----	--

	1928	1927
Infant mortality rate per mille	114	88
Tetanus	Nil.	1
Ophthalmia Neonatorum	1 (recovered)	0
Post Partum Sepsis	1 „	0
Salpingitis	1 (specific)	0
Deaths of infants born under supervision of Clinic, as far as can be traced. Figure includes cases just rescued by treatment from still birth and others of neglect of clinic treatment	22	15
Otherwise connected with the Clinic brought from Kombo, River, etc.	6	0
Number of Infants on weighing Register	395	374
Number of visits paid by African Nurses after confinement	2,080	1,830

Maternal Deaths.—1 (twins) the mother died in Victoria Hospital. These figures show an increase in almost all respects, unfortunately, even in the infant mortality rate which is 114 as against 88 of 1927. But when town practice is included the rate rises to 395: Tetanus occurred only among the non-clinic town confinements, ten fatal cases in 71 births. It is a great matter therefore that the clinic staff have conducted 81 per cent. of the confinements with no mishap.

There are five facts which ought to be stated as showing how much better things might be, especially as regards infant life:—

1. The infant deaths total 25.55 per cent. of all deaths.
2. The infant mortality figure, 395, means that practically two children die within one year of life out of every five born.
3. The actual excess of deaths over births in Bathurst is 144.
4. The still birth rate is 213 per 1000 live births.
5. The average age at death of all persons dying in Bathurst in 1928 was 33.06 years. From (1) and (2) such a figure is to be expected. It is interesting to contrast this with *e.g.*, the average age at death in a population like that of Aberdeen which was 49.1 for 1927.

(Sgd.) FRANK A. INNES,
Medical Officer of Health.

VI. HOSPITAL, DISPENSARIES AND VENEREAL CLINICS.

(a) RECORD OF WORK AND PREVAILING DISEASES.

(1) VICTORIA HOSPITAL—BATHURST.

(a) *In Patients.*

Remaining in Hospital from 1927	...	...	...	40
Admissions	...	...	...	793
Total Cases treated	...	...	...	833
Total Deaths	...	...	...	84
Remaining in Hospital at end of 1928	...	...	...	38
Operations performed	...	...	...	162

Prevalent Diseases :—Malaria, 96; Influenza, 44; Hernia, 39; Pneumonia, 35. Abscess, 34; Bronchitis, 33.

(b) *Out-Patients.*

Total treated ... 16,740

Prevalent Diseases :—

Bronchitis	...	...	...	3,849
Constipation	...	...	...	1,862
Malaria	...	...	...	1,504
Injuries	...	...	...	764
Diarrhoea	...	...	...	745
Rheumatism	...	...	...	693
Gastritis	...	...	...	681
Ulcer	...	...	...	506
Ascariasis	...	...	...	488
Colitis	...	...	...	476
Abscess	...	...	...	464
Conjunctivitis	...	...	...	450
Influenza	...	...	...	340
Diseases of teeth and mouth	...	...	...	315

	In-Patients.	Out-Patients.	Operations.
1923 ...	596	8,712	51
1924 ...	597	13,591	60
1925 ...	750	16,502	82
1926 ...	761	*9,142	110
1927 ...	788	13,799	144
1928 ...	793	16,740	162

* Figures in Out-Patient Register incorrect.

(c) Official Visits by Appointment ... 3

(d) Autopsies performed ... 17

(e) MATERNITY CASES TREATED AT THE VICTORIA HOSPITAL—BATHURST.

Total Cases				...	...	...	17
Normal Cases	...	...	...	6	Uterine Inertia	...	1
Lacerated Perineum	...	...	...	3	Induced Labour	...	1
Eclampsia	...	...	...	1	Ante Partum Hæmorrhage	...	1
Still Birth	...	...	...	5	Forceps Delivery	...	5
Placenta Prævia	...	...	...	1	Twins both female	...	2
Delayed Birth	...	...	...	6	Male Children	...	10
Version	...	...	...	1	Female Children	...	9
Premature Birth	...	...	...	1			

Total Cases.

1924	...	...	...	...	16
1925	...	...	...	...	21
1926	...	...	...	...	16
1927	...	...	...	...	17
1928	...	...	...	...	17

(2) PRISON HOSPITAL—BATHURST.

In-Patients	...	...	...	...	...	43
Out-Patients	...	...	...	...	...	375

(3) MATERNITY AND CHILD WELFARE CLINIC—BATHURST.

Antenatal Attendance	...	...	...	...	1,358
Weighing Clinic	...	...	...	...	5,400
Sick Infants Attendance	...	...	...	...	3,379
Live Births	...	...	...	...	192
Still Births	...	...	...	...	21

CLINIC ATTENDANCES.

Years.	Ante Natal.	Sick Infants.	Weighing Clinic.	Births.	Live Births.	Still Births.	Tetanus.	Ophthalmic.	Sepsis.	Waiting List.	No. of Infants on Weighing Register.	No. of Infants Attending Regularly.	Visits Paid by African Nurses after Confinement.	Death of Children under Supervision of Clinic.
1925	818	1,601	963	102	87	15	Nil	Nil	Nil	73	119	63	918	3
1926	864	2,651	1,275	161	148	13	—	—	1	102	240	159	1,422	8
1927	939	4,231	2,248	191	171	20	1	—	—	86	374	155	1,830	15
1928	1,358	5,400	3,379	213	192	21	Nil	1	1	88	395	165	2,080	28
	3,979	13,883	7,865	667	598	69	1	1	2	349	1,128	542	6,250	54

COMPARATIVE STATEMENT OF BIRTHS AND DEATHS.

Years.	Total Live Births.	Total Deaths.	Births in Excess.	Deaths in Excess.	Deaths under 5 years.	Deaths under 1 year.	Deaths under 1 week.	Deaths under 24 hours.	Still Births.	Infantile Mortality rate per mille.	Birth Rate per mille.	Death Rate per mille.	Total Population.
1901	348	380	—	32		NOT	RECO	RDED			25-86	28-24	13,456
1902	403	410	—	7	139	59	24	23	36	263	29-80	30-48	13,456
1903	408	495	—	87	158	73	20	7	45	245	30-32	36-71	13,456
1904	371	408	—	37	146	74	21	19	39	307	27-60	30-34	13,456
1905	331	376	—	45	132	61	20	10	24	274	24-60	27-94	13,456
1906	338	359	—	21	102	43	12	14	31	204	25-12	26-60	13,456
1907	326	386	—	60	126	56	22	11	13	266	24-23	28-69	13,456
1908	351	387	—	36	155	77	23	—	32	284	26-08	28-99	13,456
1909	339	330	9	—	101	50	11	17	24	230	25-19	24-52	13,456
1910	363	385	—	22	40	68	34	11	27	311	27-05	28-61	13,456
1911	306	318	—	12	29	43	15	1	28	127	23-26	24-17	13,157
1912	303	336	—	33	42	66	6	—	26	354	23-02	25-54	13,157
1913	292	335	—	43	20	50	22	3	29	295	22-19	25-46	13,157
1914	306	342	—	36	27	59	16	5	27	263	23-10	25-99	13,157
1915	249	266	—	17	40	58	18	1	30	308	18-92	22-49	13,157
1916	292	284	8	—	46	54	10	9	22	253	37-92	36-88	7,700
1917	307	332	—	25	22	59	13	—	30	237	36-22	39-12	8,474
1918*	218	617	—	399	89	140	17	—	45	724	25-72	72-31	8,474
1919	216	257	—	41	30	64	18	4	42	402	25-48	30-32	8,474
1920	205	369	—	164	59	92	15	5	44	546	24-19	43-54	8,474
1921	222	337	—	115	60	80	25	6	62	504	24-05	36-52	9,227
1922	295	437	—	142	56	117	22	9	50	502	31-38	46-51	9,395
1923	255	412	—	157	35	98	24	5	52	598	26-65	43-06	9,567
1924	291	513	—	222	115	108	28	1	57	471	29-87	52-66	9,741
1925	262	329	—	67		112			48	427	22-41	33-17	9,919
1926	281	335	—	54	No Record	100	No Record	No Record	42	355	27-82	33-16	10,100
1927	278	357	—	79	No Record	88	No Record	No Record	45	316	27-03	34-71	10,283
1928	263	407	—	144		104			56	395	25-11	38-86	10,473

* Influenza Epidemic.

Registration of Births and Deaths compulsory and reliable.

Figures only apply to the Town of Bathurst Infantile Mortality figures based on deaths under one year.

Population—1921 Census: Europeans, 265; Africans, 8,962; Total, 9,227.

(4) INFECTIOUS DISEASES HOSPITAL—BATHURST.

Admissions ... 13

(5) QUARANTINE COMPOUND.

Admissions ... 55

(6) DESTITUTE HOME—BATHURST.

	Males	Females.	Total.
Remaining in Home from 1927	6	4	10
Admissions	30	4	34
Discharges	7	Nil.	7
Ran away	3	Nil.	3
Died	17	4	21
Remaining on 31/12/28	9	4	13
Average daily number	7-09	4-31	11-40

(7) GAMBIA COMPANY, ROYAL WEST AFRICAN FRONTIER FORCE.
DISPENSARY—CAPE ST. MARY.

Out-Patients Morning Sick Parade ...	...	...	1,009
Patients sent to Bathurst Hospital ...	...	...	69

Greatest number of attendances during January, February, September and October.

(b) IMPROVEMENTS EFFECTED AND RECOMMENDED.

1. *Victoria Hospital, Bathurst.*—The present main building needs to be thoroughly renovated. Nos. 6 and 7 Wards should be pulled down.

The Mortuary requires to be moved from its present site to the west corner on Clifton Road. New building to be sunproof.

A new ward of thirty-two beds for Africans, sixteen medical and sixteen surgical to be erected on the site now occupied by No. 6 Ward and the Mortuary.

It is not necessary to have separate Wards for Dysentery cases as there have only been seven cases recorded during the last three years.

The present Dispensary and Out-Patient rooms can be used as a Casualty room and Store rooms.

A new Out-Patient building has been approved for 1929.

A new office and store is necessary and could be built at the east corner on Clifton Road and could with advantage include the Public Health office.

The present office to be altered for Dispensers' quarters and the present store to be subdivided to form stores and pantries for the European Nursing Sisters.

A double garage for the Nursing Sisters has been provided. No. 2 bungalow, East and West, should be allocated to the two Medical Officers.

The Old Military Hospital could be made adaptable and turned into a European Hospital.

The operating Theatre floor requires to be relaid with new tiles.

2. *Maternity and Child Welfare Centre.*—The new Branch Clinic was completed and opened in December, 1928. The top floor of 54, Leman Street, should now be altered and made suitable for a Sick Infants' Ward.

3. *Infectious Diseases Hospital.*—The new Hospital is nearly completed and should be ready by June, 1929.

4. *Quarantine Station.*—This is necessary and should be built on the land on the left hand side of the Cape Road near Denton Bridge or the present prison should be handed back as a quarantine station and a new prison constructed.

5. *Prison.*—A padded cell is recommended and the ward should be separate from the examination room and Dispensary.

Lunatics should not be kept in the Prison. A separate small building should be made to contain lunatics. There is no Asylum in the Colony, lunatics are usually sent to Freetown.

6. *Gambia Company, Royal West African Frontier Force, Cape St. Mary.* The same recommendation is made as was recorded in the 1927 Report.

7. *Destitute Home.*—A new building is required as recommended in 1927.

8. *Georgetown Hospital.*—A new bungalow for the Medical Officer is necessary.

Hospital should be enlarged, with additional accommodation for Mortuary, Operating Theatre, Dispensary and Consulting Room.

A caravanserai near the hospital is recommended.

Two huts have been built for lepers.

9. *Ka-Aur and Basse Dispensaries.*—Both require extensive repairs and additional accommodation.

10. A building should be erected at Cape St. Mary suitable for a convalescent home and rest house available for European Officials.

11. Owing to the extension of Medical and Sanitary work in the Protectorate the question of the appointment of an additional Medical Officer should be considered.

Extra European assistance will also be required for the Maternity Clinic as the scope of the work is gradually increasing. The appointment of a Lady Medical Officer or an extra European Nurse, preferably a Government Official, merits consideration.

(c) AVERAGE COST PER HEAD OF PATIENTS.

Bathurst—One shilling and seven pence per diem.

Georgetown—One shilling and three pence three farthings per diem.

VII. PRISONS AND ASYLUMS.

MEDICAL REPORT ON BATHURST PRISON, 1928.

The average daily number of prisoners was 55.16.

The general health of the prisoners was good.

The number of out-patients examined during the year was 375, of whom 45 were admitted to the Prison Infirmary. Malaria, Respiratory Diseases and affections of the Intestinal tract accounted for the majority of cases. Myocardial disease is not rare.

The diet is satisfactory both in quantity and quality. Sanitary arrangements are good, and night soil is disposed of by burial. The Association cells are in good condition and are kept clean always.

(Signed) WILSON RAE,
M.O.

N.B.—There is no Asylum in the Gambia.
[228077]

VIII. METEOROLOGY.

	BATHURST.	GEORGETOWN.
1. Highest Shade Maximum Temperature ...	95° in March & May.	109° in May.
2. Lowest " " " " ...	89° " August.	92° " August.
3. Highest Shade Minimum " " ...	66° " September.	73° " May.
4. Lowest " " " " ...	53° " January.	51° " January.
5. Greatest Range of Temperature was ...	39° " February.	41° " December.
6. Lowest " " " " ...	26° " Aug. & Sept.	18° " September.
7. Total Rainfall ...	57.02 Inches.	35.89 Inches.
8. Most rain fell in August ...	26.89 "	13.20 "
9. Highest degree of Relative Humidity. ...	88 % in December.	—
10. Lowest " " " " ...	45 % " January.	—

RAINFALL FOR LAST FIVE YEARS.

	1924	1925	1926	1927	1928
Bathurst ...	56.46	44.77	39.05	60.58	57.02
Georgetown ...	47.01	49.11	31.47	45.42	35.89

IX. SCIENTIFIC.

NOTES BY DR. F. A. INNES, MEDICAL OFFICER OF HEALTH.

Numbers of mosquitoes were hatched out in the laboratory and submitted to Miss Evans of the Liverpool School of Tropical Medicine. Among those determined were:—1 *Culiciomyia nebulosa*; 2 *Culex thalassius*; 3 *Culex fatigans*; 4 *Aedes argenteus*; 5 *Aedes luteocephalus*; 6 *Aedes simpsoni*; 7 *Aedes vittatus*; 8 *Aedes irritans*; 9 *Aedes nigricephalus*. Of these 1, 6, 8 and 9 have to be added to our list of local *Culicidæ*. Unfortunately 5 is a proved carrier of Yellow fever as well as 4, and 7 and 8 are under strong suspicion.

The determinations of *Auchmeromyia luteola* (Congo floor maggot) and of *Dermestes Vulpinus* (bacon beetle) are confirmed. The latter are the small black beetles that destroy bristles and glue of brushes: and another creature of the same family, *Anthrenus pimpinellæ*, does much damage to dried fish in the market.

A Larva (one of many) in a leper's sore was hatched in the laboratory. Professor Patten has identified the fly as *Chrysomya bezziana* (a green bottle fly) and says it is the first specimen from a human case in Africa.

(Signed) K. B. ALLAN,
Senior Medical Officer.

TABLE I.

RETURN OF STATISTICS OF POPULATION FOR THE YEAR 1928.

	Europeans and Whites.	Africans.	East Indians.	Chinese and Malays.	Mixed and Coloured.	
Number of inhabitants in 1927...	188	10,283	—	—	—	Bathurst only (estimated)
Number of Births during the year 1928	—	263	—	—	—	
Number of Deaths during the year 1928	5	407	—	—	—	
Number of Immigrants during the year 1928	—	—	—	—	—	
Number of Emigrants during the year 1928	—	—	—	—	—	
Number of inhabitants in 1927 (Estimated)	180	10,473	—	—	—	
Increase, or	—	190	—	—	—	
Decrease	8	—	—	—	—	

TABLE II.

METEOROLOGICAL RETURN FOR THE YEAR 1928—(BATHURST).

	TEMPERATURE.						RAINFALL.		WINDS.		Remarks.
	Solar Maxi- mum.	Mini- mum on Grass.	Shade Maxi- mum.	Shade Mini- mum.	Range.	Mean.	Amount in Inches.	Degree of Hu- midity.	General Direc- tion.	Average Force.	
January ...	—	—	90	53	37	72.1	—	45%	N.E.	—	
February ...	—	—	94	55	39	71.8	—	48%	do.	—	
March ...	—	—	95	58	37	73.9	—	55%	Var.	—	
April ...	—	—	91	60	31	72.4	—	63%	do.	—	
May ...	—	—	95	62	33	76.1	0.89	71%	do.	—	
June ...	—	—	94	63	31	80.3	1.83	67%	do.	—	
July ...	—	—	93	65	28	79.9	9.41	68%	do.	—	
August ...	—	—	89	63	26	75.8	26.89	76%	do.	—	
September ...	—	—	94	66	28	78.2	9.47	76%	do.	—	
October ...	—	—	91	65	26	77.8	8.53	76%	do.	—	
November ...	—	—	91	60	31	75.9	—	63%	N.E.	—	
December ...	—	—	90	56	34	72.6	—	88%	do.	—	
	—	—	—	—	—	—	57.02	—	—	—	

TABLE III.

VICTORIA HOSPITAL, BATHURST.

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1928.

Diseases.	Remaining in Hospital at end of 1927.	Yearly Total.		Total Cases Treated.	Remain- ing in Hospital at end of 1928.	Remarks.
		Admissions.	Deaths.			
I.—EPIDEMIC, ENDEMIC, AND INFECTIOUS DISEASES.						
1. Enteric Group—						
(a) Typhoid Fever	
(b) Paratyphoid A.	
(c) Paratyphoid B.	
(d) Type not defined	
2. Typhus	
3. Relapsing Fever	
4. Undulant Fever	
5. Malaria—						
(a) Tertian	
(b) Quartan	
(c) Aestivo-autumnal ...	6	90	4	96	...	
(d) Cachexia	
(e) Blackwater	1	...	1	...	
6. Smallpox—						
Alastrim	2	...	2	...	
7. Measles	
8. Scarlet Fever	
9. Whooping Cough	1	...	1	...	
10. Diphtheria	
11. Influenza	44	2	44	...	
12. Miliary Fever	
13. Mumps	
14. Cholera	
15. Epidemic diarrhoea	
16. Dysentery—						
(a) Amœbic	2	...	2	...	
(b) Bacillary	
(c) Undefined or due to other causes	
17. Plague—						
(a) Bubonic	
(b) Pneumonic	
(c) Septicæmic	
(d) Undefined	
18. Yellow Fever	4	3	4	...	
19. Spirochaetosis ictero-hæmor- rhagica ...						
20. Leprosy	1	...	1	...	
21. Erysipelas	
22. Acute Poliomyelitis	
23. Encephalitis Lethargica	
24. Epidemic Cerebro-spinal Fever	
25. Other Epidemic Diseases—						
(a) Rubeola (German Measles)	
(b) Varicella (Chicken-pox)	
(c) Kala-azar	
(d) Phlebotomus Fever	
(e) Dengue	
(f) Epidemic Dropsy	
(g) Yaws	1	...	1	...	
(h) Trypanosomiasis ...	1	14	3	15	2	
Total carried forward ...	7	160	12	167	2	

TABLE III.—*continued.*VICTORIA HOSPITAL, BATHURST—*continued.*RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1928—*continued.*

Diseases.	Remaining in Hospital at end of 1927.	Yearly Total.		Total Cases Treated.	Remain- ing in Hospital at end of 1928.	Remarks.
		Admissions.	Deaths.			
Brought forward ...	7	160	12	167	2	
I.—EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES— <i>contd.</i>						
26. Glanders	
27. Anthrax	
28. Rabies	
29. Tetanus	11	5	11	...	
30. Mycosis	
31. Tuberculosis, Pulmonary and Laryngeal	1	10	4	11	...	
32. Tuberculosis of the Meninges or Central Nervous System	
33. Tuberculosis of the Intestines or Peritoneum	1	1	1	...	
34. Tuberculosis of the Vertebral Column	1	...	1	...	
35. Tuberculosis of Bones and Joints	2	...	2	...	
36. Tuberculosis of other organs— (a) Skin or Subcutaneous Tissue (Lupus)	
(b) Bones	
(c) Lymphatic System	1	...	1	...	
(d) Genito-urinary	
(e) Other Organs	
37. Tuberculosis disseminated— (a) Acute	
(b) Chronic	
38. Syphilis— (a) Primary	7	...	7	2	
(b) Secondary	1	...	1	...	
(c) Tertiary	2	...	2	...	
(d) Hereditary	
(e) Period not indicated	
39. Soft Chancre	
40. A.—Gonorrhœa and its com- plications	3	...	3	...	
B.—Gonorrhœal Ophthalmia	
C.—Gonorrhœal Arthritis	
D.—Granuloma Venereum	
41. Septicæmia	3	2	3	...	
42. Other Infectious Diseases— Trypanosomiasis	
II.—GENERAL DISEASES NOT MEN- TIONED ABOVE.						
43. Cancer or other malignant Tumours of the Buccal Cavity	
44. Cancer or other malignant Tumours of the Stomach or Liver...	
45. Cancer or other malignant Tumours of the Peritoneum Intestines, Rectum	
Total carried forward ...	8	202	24	210	4	

TABLE III.—*continued.*VICTORIA HOSPITAL, BATHURST—*continued.*RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1928—*continued.*

Diseases	Remaining in Hospital at end of 1927.	Yearly Total.		Total Cases Treated.	Remain- ing in Hospital at end of 1928.	Remarks.
		Admissions.	Deaths.			
Brought forward ...	8	202	24	210	4	
II.—GENERAL DISEASES NOT MENTIONED ABOVE— <i>contd.</i>						
46. Cancer or other malignant Tumours of the Female Genital Organs ...	...	...	...	...	...
47. Cancer or other malignant Tumours of the Breast ...	...	...	...	...	...
48. Cancer or other malignant Tumours of the Skin ...	...	...	...	...	...
49. Cancer or other malignant Tumours of Organs not specified ...	...	...	...	...	...
50. Tumours non-Malignant ...	...	4	...	4	1	
51. Acute Rheumatism ...	...	...	...	...	...
52. Chronic Rheumatism ...	2	16	1	18	...	
53. Scurvy (including Barlow's Disease) ...	...	...	...	...	...
54. Pellagra ...	...	...	...	...	...
55. Beri-Beri ...	...	8	1	8	2	
56. Rickets ...	...	...	...	...	...
57. Diabetes (not including Insipidus) ...	...	...	...	...	...
58. Anæmia—						
(a) Pernicious ...	...	...	...	...	...
(b) Other Anæmias and Chlorosis ...	...	1	...	1	...	
59. Diseases of the Pituitary Body ...	...	...	...	...	...
60. Diseases of the Thyroid Gland—						
(a) Exophthalmic Goitre ...	...	...	...	...	...
(b) Other diseases of the Thyroid Gland, Myxœdema ...	...	...	...	...	...
61. Diseases of the Para-Thyroid Glands ...	...	...	...	...	...
62. Diseases of the Thymus ...	...	...	...	...	...
63. Diseases of the Supra-Renal Glands ...	...	...	...	...	...
64. Diseases of the Spleen ...	...	1	...	1	...	
65. Leukæmia—						
(a) Leukæmia ...	...	...	...	...	...
(b) Hodgkin's Disease ...	...	...	...	...	...
66. Alcoholism ...	...	2	...	2	...	
67. Chronic poisoning by mineral substances (lead, mercury, etc.) ...	...	...	...	...	...
68. Chronic poisoning by organic substances (Morphia, Cocaine, etc.) ...	...	...	...	...	...
69. Other General Diseases—						
Auto-intoxication ...	...	...	...	...	...
Purpura Hæmorrhagica ...	...	...	...	...	...
Hæmophilia ...	...	...	...	...	...
Diabetes Insipidus ...	...	...	...	...	...
Total carried forward	10	234	26	244	7	

TABLE III.—*continued.*VICTORIA HOSPITAL, BATHURST—*continued.*RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1928—*continued.*

Diseases.	Remaining in Hospital at end of 1927.	Yearly Total.		Total Cases Treated.	Remain- ing in Hospital at end of 1928.	Remarks.
		Admissions.	Deaths.			
Brought forward ...	10	234	26	244	7	
III.—AFFECTIONS OF THE NERVOUS SYSTEM AND ORGANS OF THE SENSES.						
70. Encephalitis (not including Encephalitis Lethargica)	
71. Meningitis (not including Tuberculous Meningitis or Cerebro-spinal Meningitis)	1	...	1	...	
72. Locomotor Ataxia	
73. Other affections of the Spinal Cord	
74. Apoplexy—						
(a) Hæmorrhage	1	1	1	...	
(b) Embolism	
(c) Thrombosis	1	...	1	...	
75. Paralysis—						
(a) Hemiplegia	2	...	2	...	
(b) Other Paralyses	
76. General Paralysis of the Insane	
77. Other forms of Mental Alienation	
78. Epilepsy	
79. Eclampsia, Convulsions (non- puerperal) 5 years or over	
80. Infantile Convulsions	1	...	1	...	
81. Chorea	
82. A.—Hysteria	
B.—Neuritis	1	1	1	...	
C.—Neurasthenia	
83. Cerebral Softening	
84. Other affections of the Nervous System, such as Paralysis Agitans	
85. Affections of the Organs of Vision—						
(a) Diseases of the Eye	
(b) Conjunctivitis	1	...	1	1	
(c) Trachoma	
(d) Tumours of the Eye	
(e) Other affections of the Eye	3	...	3	...	
86. Affections of the Ear or Mastoid Sinus	
IV.—AFFECTIONS OF THE CIRCULATORY SYSTEM.						
87. Pericarditis	1	...	1	...	
88. Acute Endocarditis or Myocarditis	8	3	8	1	
89. Angina Pectoris	
90. Other Diseases of the Heart—						
(a) Valvular—						
Mitral	14	5	14	...	
Aortic	
Tricuspid	
Pulmonary	
(b) Myocarditis ...	3	16	4	19	1	
Total carried forward ...	13	284	40	297	10	

TABLE III.—*continued.*VICTORIA HOSPITAL, BATHURST—*continued.*RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1928—*continued.*

Diseases.	Remaining in Hospital at end of 1927.	Yearly Total.		Total Cases Treated.	Remain- ing in Hospital at end of 1928.	Remarks.
		Admissions.	Deaths.			
Brought forward ...	13	284	40	297	10	
IV.—AFFECTIONS OF THE CIRCULATORY SYSTEM— <i>contd.</i>						
91. Diseases of the Arteries—						
(a) Aneurism ...	...	...	...	...	...
(b) Arterio-Sclerosis ...	1	...	...	1	...	
(c) Other diseases ...	...	...	...	...	...
92. Embolism or Thrombosis (non-cerebral) ...	...	...	...	...	...
93. Diseases of the Veins—						
Hæmorrhoids ...	...	...	...	...	...
Varicose Veins ...	...	3	...	3	...	
Phlebitis ...	...	...	...	...	...
94. Diseases of the Lymphatic System—						
Lymphangitis ...	...	1	...	1	...	
Lymphadenitis, Bubo (non-specific) ...	...	4	...	4	...	
95. Hæmorrhage of undetermined cause ...	...	...	...	...	...
96. Other affections of the Circulatory System ...	...	...	...	...	...
V.—AFFECTIONS OF THE RESPIRATORY SYSTEM.						
97. Diseases of the Nasal Passages—						
Adenoids ...	...	...	...	...	...
Polypus ...	...	...	...	...	...
Rhinitis ...	...	...	...	...	...
Coryza ...	...	2	...	2	...	
98. Affections of the Larynx—						
Laryngitis ...	...	...	...	...	...
99. Bronchitis—						
(a) Acute ...	3	30	...	33	1	
(b) Chronic ...	...	2	...	2	...	
100. Broncho-Pneumonia ...	1	3	2	4	...	
101. Pneumonia—						
(a) Lobar ...	...	35	20	35	1	
(b) Unclassified ...	...	...	...	...	...
102. Pleurisy, Empyema ...	...	8	1	8	1	
103. Congestion of the Lungs ...	...	...	...	...	...
104. Gangrene of the Lungs ...	...	...	...	...	...
105. Asthma ...	...	...	...	...	...
106. Pulmonary Emphysema ...	...	...	...	...	...
107. Other affections of the Lungs—						
Pulmonary Spirochaetosis...	...	...	...	...	...
VI.—DISEASES OF THE DIGESTIVE SYSTEM.						
108. A.—Diseases of Teeth or Gums—						
Caries, Pyorrhœa, etc.	1	...	...	1	...	
B.—Other affections of the Mouth—						
Stomatitis ...	...	...	...	...	...
Glossitis, etc. ...	...	...	...	...	...
Total carried forward ...	19	372	63	391	13	

TABLE III.—*continued.*VICTORIA HOSPITAL, BATHURST—*continued.*RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1928—*continued.*

Diseases.	Remaining in Hospital at end of 1927.	Yearly Total.		Total Cases Treated.	Remain- ing in Hospital at end of 1928.	Remarks.
		Admissions.	Deaths.			
Brought forward ...	19	372	63	391	13	
VI.—DISEASES OF THE DIGESTIVE SYSTEM— <i>contd.</i>						
109. Affections of the Pharynx or Tonsils—						
Tonsillitis ... ..	...	...	...	...	...
Pharyngitis ... ..	...	1	...	1	...	
110. Affections of the Œsophagus	...	...	...	...	...
111. A.—Ulcer of the Stomach ...	...	...	...	...	...
B.—Ulcer of the Duodenum...	...	...	...	...	...
112. Other affections of the Stomach—						
Gastritis ... ..	...	11	...	11	...	
Dyspepsia, etc. ... ..	...	4	...	4	...	
113. Diarrhœa and Enteritis—						
Under two years ... ..	...	...	...	...	...
114. Diarrhœa and Enteritis—						
Two years and over—...	1	12	3	13	...	
Colitis ... ..	...	12	...	12	...	
Ulceration ... ..	...	...	...	...	...
114a Sprue ... ..	...	...	...	...	...
115. Ankylostomiasis ... ..	...	1	...	1	...	
116. Diseases due to Intestinal Para- sites—						
(a) Cestoda (Tænia) ... ..	...	1	...	1	...	
(b) Trematoda (Flukes) ... ..	...	...	...	...	...
(c) Nematoda (other than Ankylostoma)—						
Ascaris ... ..	...	1	...	1	...	
Trichocephalus dispar ... ..	...	...	...	...	...
Trichina ... ..	...	...	...	...	...
Dracunculus ... ..	...	1	...	1	...	
Strongylus ... ..	...	...	...	...	...
Oxyuris . ... ..	...	...	...	...	...
(d) Coccidia... ..	...	...	...	...	...
(e) Other parasites ... ..	...	...	...	...	...
(f) Unclassified ... ..	...	...	...	...	...
117. Appendicitis ... ..	...	1	...	1	...	
118. Hernia... ..	3	36	2	39	2	
119. A.—Affections of the Anus, Fistula, etc. ... ..	...	1	...	1	1	
B.—Other affections of the Intestines—						
Enteroptosis ... ..	...	...	...	...	...
Constipation ... ..	...	...	...	...	...
120. Acute Yellow Atrophy of the Liver ... ..	...	...	...	...	...
121. Hydatid of the Liver... ..	...	...	...	...	...
122. Cirrhosis of the Liver—						
(a) Alcoholic ... ..	...	...	...	...	...
(b) Other forms ... ..	...	2	1	2	...	
123. Biliary Calculus ... ..	...	...	...	...	...
124. Other affections of the Liver—						
Abscess ... ..	...	1	...	1	...	
Hepatitis ... ..	...	1	...	1	...	
Cholecystitis... ..	...	2	1	2	...	
Jaundice ... ..	...	4	...	4	...	
Total carried forward ...	23	464	70	487	16	

TABLE III.—*continued.*VICTORIA HOSPITAL, BATHURST—*continued.*RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1928—*continued.*

Diseases.	Remaining in Hospital at end of 1927.	Yearly Total.		Total Cases Treated.	Remain- ing in Hospital at end of 1928.	Remarks.
		Admissions.	Deaths.			
Brought forward ...	23	464	70	487	16	
VI.—DISEASES OF THE DIGESTIVE SYSTEM— <i>contd.</i>						
125. Diseases of the Pancreas ...	...	...	...	...	...
126. Peritonitis (of unknown cause)	1	1	1	2	...	
127. Other affections of the Digestive System ...	...	1	...	1	...	
VII.—DISEASES OF THE GENITO-URINARY SYSTEM (NON-VENEREAL).						
128. Acute Nephritis ...	...	5	...	5	1	
129. Chronic ...	...	4	2	4	...	
130. A.—Chyluria ...	...	...	...	...	...
B.—Schistosomiasis ...	...	...	...	...	...
131. Other affections of the Kidneys—						
Pyelitis, &c. ...	...	...	...	...	...
132. Urinary Calculus ...	...	1	...	1	...	
133. Diseases of the Bladder—						
Cystitis ...	...	1	...	1	...	
134. Diseases of the Urethra—						
(a) Stricture... ..	...	9	1	9	1	
(b) Other ... ..	...	...	...	...	...
135. Diseases of the Prostate—						
Hypertrophy ... ..	...	...	...	...	...
Prostatitis ... ..	...	...	...	...	...
136. Diseases (non-Venereal) of the Genital Organs of Man—						
Epididymitis ... ..	...	4	...	4	...	
Orchitis ... ..	...	2	...	2	1	
Hydrocele ... ..	...	16	...	16	3	
Ulcer of Penis ... ..	...	3	...	3	...	
Phimosi ... ..	...	2	...	2	...	
137. Cysts or other (non-malignant)						
Tumours of the Ovaries ...	...	...	...	...	...
138. Salpingitis—						
Abscess of the Pelvis ...	...	7	...	7	...	
139. Uterine Tumours (non-malignant) ...	...	...	...	...	...
140. Uterine Hæmorrhage (non- puerperal) ... ..	...	...	...	...	...
141. A.—Metritis ... ..	...	3	...	3	...	
B.—Other affections of the Female Genital Organs—						
Displacements of Uterus ...	...	...	...	...	...
Amenorrhœa ... ..	...	...	...	...	...
Dysmenorrhœa ... ..	...	...	...	...	...
Leucorrhœa ... ..	...	...	...	...	...
142. Diseases of the Breast (non- puerperal)—						
Mastitis ... ..	...	1	...	1	...	
Abscess of Breast ... ..	...	2	...	2	...	
Total carried forward ...	24	526	74	550	22	

TABLE III.—*continued.*VICTORIA HOSPITAL, BATHURST—*continued.*RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1928—*continued.*

Diseases.	Remaining in Hospital at end of 1927.	Yearly Total.		Total Cases Treated.	Remain- ing in Hospital at end of 1928.	Remarks.
		Admissions.	Deaths.			
Brought forward ...	24	526	74	550	22	
VIII.—PUERPERAL STATE.						
143. A.—Normal Labour ...	...	12	...	12	...	
B.—Accidents of Pregnancy—						
(a) Abortion ...	...	1	...	1	...	
(b) Ectopic Gestation ...	...	...	...	...	...
(c) Other accidents of Pregnancy ...	...	3	...	3	1	
144. Puerperal Hæmorrhage ...	...	2	...	2	...	
145. Other accidents of Parturition	1	6	1	7	...	
146. Puerperal Septicæmia ...	...	2	...	2	1	
147. Phlegmasia Dolens ...	...	...	...	...	...
148. Puerperal Eclampsia ...	...	1	...	1	...	
149. Sequelæ of Labour ...	...	...	...	...	...
150. Puerperal affections of the Breast ...	...	...	...	...	...
IX.—AFFECTIONS OF THE SKIN AND CELLULAR TISSUES.						
151. Gangrene ...	...	1	...	1	1	
152. Boil—						
Carbuncle ...	...	1	...	1	...	
Ulcer ...	8	21	1	29	3	
153. Abscess—	...	34	...	34	3	
Whitlow ...	...	1	...	1	...	
Cellulitis ...	1	11	...	12	...	
154. A.—Tinea ...	...	...	...	...	...
B.—Scabies ...	...	...	...	...	...
155. Other Diseases of the Skin—						
Erythema ...	...	...	...	...	...
Urticaria ...	...	...	...	...	...
Eczema ...	...	...	...	...	...
Herpes ...	1	...	...	1	...	
Psoriasis ...	...	...	...	...	...
Elephantiasis ...	1	13	1	14	1	
Myiasis ...	...	...	...	...	...
Chigoes ...	...	...	...	...	...
Cutaneous Leishmaniasis ...	...	...	...	...	...
Dermatitis ...	...	3	...	3	...	
X.—DISEASES OF BONES AND ORGANS OF LOCOMOTION (OTHER THAN TUBERCULOUS).						
156. Diseases of Bones—						
Osteitis ...	...	...	...	...	...
157. Diseases of Joints—						
Arthritis ...	...	6	...	6	...	
Synovitis ...	...	...	...	...	...
158. Other Diseases of Bones or Organs of Locomotion ...	...	6	...	6	2	
XI.—MALFORMATIONS.						
159. Malformations—						
Hydrocephalus ...	...	...	...	...	...
Hypospadias... ...	...	...	...	...	...
Spina Bifida, etc. ...	...	2	...	2	...	
Total carried forward ...	36	652	77	688	34	

TABLE III.—*continued.*VICTORIA HOSPITAL, BATHURST—*continued.*RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1928—*continued.*

Diseases.	Remaining in Hospital at end of 1927.	Yearly Total.		Total Cases Treated.	Remain- ing in Hospital at end of 1928.	Remarks.
		Admissions.	Deaths.			
Brought forward ...	36	652	77	688	34	
XII.—DISEASES OF INFANCY.						
160. Congenital Debility	2	...	2	...	
161. Premature Birth	
162. Other affections of Infancy	2	2	2	...	
163. Infant neglect (infants of three months or over)	
XIII.—AFFECTIONS OF OLD AGE.						
164. Senility— Senile Dementia	
XIV.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
165. Suicide by Poisoning...	...	1	...	1	...	
166. Corrosive Poisoning (intentional)	
167. Suicide by Gas Poisoning	
168. Suicide by Hanging or Strangu- lation...	
169. Suicide by Drowning...	
170. Suicide by Firearms	
171. Suicide by cutting or stabbing Instruments...	
172. Suicide by jumping from a height	
173. Suicide by crushing	
174. Other Suicides...	
175. Food Poisoning— Botulism	
176. Attacks of poisonous animals— Snake Bite	1	...	1	...	
Insect Bite	
177. Other accidental Poisonings...	
178. Burns (by Fire)	2	9	3	11	...	
179. Burns (other than by Fire)	1	...	1	...	
180. Suffocation (accidental)	
181. Poisoning by Gas (accidental)	
182. Drowning (accidental)	
183. Wounds by Firearms (war ex- cepted)	
184. Wounds (by cutting or stabbing Instruments)	4	...	4	...	
185. Wounds (by Fall)	15	...	15	...	
186. Wounds (in Mines or Quarries)	
187. Wounds (by Machinery)	
188. Wounds (crushing, e.g., rail- way accidents, etc.)	6	...	6	...	
189. Injuries inflicted by Animals, Bites, Kicks, etc.	5	1	5	1	
190. Wounds inflicted on Active Service	2	...	2	...	
191. Executions of civilians by belligerents	
192. A.—Over fatigue	
B.—Hunger or Thirst	
Total carried forward ...	38	700	83	738	35	

TABLE III.—*continued.*VICTORIA HOSPITAL, BATHURST—*continued.*RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1928—*continued.*

Diseases.	Remaining in Hospital at end of 1927.	Yearly Total.		Total Cases Treated.	Remain- ing in Hospital at end of 1928.	Remarks.
		Admissions.	Deaths.			
Brought forward ...	38	700	83	738	35	
XIV.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES (<i>contd.</i>).						
193. Exposure to Cold, Frost bite, etc.	
194. Exposure to Heat—						
Heatstroke	
Sunstroke	
195. Lightning Stroke	
196. Electric Shock...	
197. Murder by Firearms	
198. Murder by cutting or stabbing Instruments...	
199. Murder by other means	
200. Infanticide (Murder of an infant under one year)	
201. A.—Dislocation	
B.—Sprain	3	...	3	...	
C.—Fracture	17	1	17	...	
202. Other external Injuries	13	...	13	...	
203. Deaths by Violence of unknown cause...	
XV.—ILL-DEFINED DISEASES.						
204. Sudden Death (cause unknown)	
205. A.—Diseases not already speci- fied or ill-defined—						
Ascites	
Edema	
Asthenia	
Shock	
Hyperpyrexia	
B.—Malingering	
C.—Observation ...	2	60	...	62	3	
XVI.—DISEASES, THE TOTAL OF WHICH HAVE NOT CAUSED 10 DEATHS.						
Total	40	793	84	833	38	

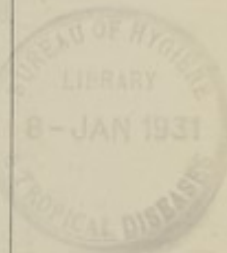


TABLE III. (a.)

LIST OF SURGICAL OPERATIONS FOR 1928.

Circumcision	...	...	...	...	...	33
Radical Cure Hernia	...	...	...	...	...	25
Incision of Abscess	...	...	...	...	...	24
Radical Cure Hydrocele	...	...	...	...	...	11
Cleansing and Suture of Wounds	...	...	...	...	...	9
Elephantiasis—Amputation	...	...	...	...	...	7
Amputation of Limbs	...	...	...	...	...	6
Reduction of Fractures	...	...	...	...	...	6
Removal of Cysts	...	...	...	...	...	6
Avulsion of Nail	...	...	...	...	...	3
Removal of Keloid	...	...	...	...	...	3
Removal of Foreign Body in Hand	...	...	...	...	...	3
Urethrotomy	...	...	...	...	...	2
Laparotomy	...	...	...	...	...	2
Plastic	...	...	...	...	...	2
Reduction of Dislocation	...	...	...	...	...	2
Repair Lacerated Perineum	...	...	...	...	...	2
Castration of Animals	...	...	...	...	...	2
Enucleation Eyeball	...	...	...	...	...	1
Breaking down Adhesions	...	...	...	...	...	1
Placenta Praevia—Delivery	...	...	...	...	...	1
Umbilical Hernia—Radical Cure	...	...	...	...	...	1
Hare Lip	...	...	...	...	...	1
Removal of Foreign Body Nose	...	...	...	...	...	1
Delayed Labour Twins—Version and Forceps Delivery	...	...	...	...	...	1
Haematocele—Removal of Tunica Vaginalis	...	...	...	...	...	1
Tongue Tie Incision of Fraenum	...	...	...	...	...	1
Dilation of Stricture	...	...	...	...	...	1
Appendicectomy	...	...	...	...	...	1
Empyema—Resection of Rib and Drainage	...	...	...	...	...	1
Removal of Tumour	...	...	...	...	...	1
Examination	...	...	...	...	...	1
Total	...	...	...	...	...	162

TABLE IV.

VICTORIA HOSPITAL, BATHURST.

RETURN OF DISEASES (OUT-PATIENTS) FOR THE YEAR 1928.

Diseases.	Male.	Female.
I.—EPIDEMIC, ENDEMIC, AND INFECTIOUS DISEASES.		
1. Enteric Group—		
(a) Typhoid Fever ... ..	...	...
(b) Paratyphoid A. ... ..	...	...
(c) Paratyphoid B. ... ..	...	...
(d) Type not defined ... ..	...	...
2. Typhus ... ..	...	...
3. Relapsing Fever ... ..	...	...
4. Undulant Fever ... ..	...	...
5. Malaria—		
(a) Tertian ... ..	...	...
(b) Quartan ... ..	...	...
(c) Aestivo-autumnal	940	488
(d) Cachexia ... ..	...	...
(e) Blackwater ... ..	...	...
(f) Unclassified	68	8
6. Smallpox—		
Alastrim... ..	3	3
7. Measles	21	11
8. Scarlet Fever ... ..	...	...
9. Whooping Cough	36	18
10. Diphtheria ... ..	...	...
11. Influenza	313	117
12. Miliary Fever ... ..	...	...
13. Mumps ... ..	...	...
14. Cholera ... ..	...	...
15. Epidemic diarrhoea ... ..	...	...
16. Dysentery—		
(a) Amoebic ... ..	...	1
(b) Bacillary ... ..	...	...
(c) Undefined or due to other causes... ..	...	...
17. Plague—		
(a) Bubonic ... ..	...	...
(b) Pneumonic ... ..	...	...
(c) Septicæmic ... ..	...	...
(d) Undefined ... ..	...	...
18. Yellow Fever ... ..	...	...
19. Spirochaetosis ictero-haemorrhagica ... ..	...	...
20. Leprosy	23	6
21. Erysipelas ... ..	...	...
22. Acute Poliomyelitis ... ..	...	...
23. Encephalitis Lethargica ... ..	...	...
24. Epidemic Cerebro-spinal Fever ... ..	...	...
25. Other Epidemic Diseases—		
(a) Rubeola (German Measles) ... ..	...	...
(b) Varicella (Chicken-pox) ... ..	...	...
(c) Kala-azar ... ..	...	...
(d) Phlebotomus Fever ... ..	...	...
(e) Dengue ... ..	...	...
(f) Epidemic Dropsy ... ..	...	...
(g) Yaws... ..	2	1
(h) Trypanosomiasis	24	1
26. Glanders ... ..	...	...
27. Anthrax ... ..	...	...
28. Rabies ... ..	...	...
29. Tetanus	3	2
30. Mycosis ... ..	...	...
Total carried forward	1,433	656

TABLE IV.—*continued.*VICTORIA HOSPITAL, BATHURST—*continued.*RETURN OF DISEASES (OUT-PATIENTS) FOR THE YEAR 1928—*continued.*

Diseases.	Male.	Female.
Brought forward	1,433	656
I.—EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES—<i>contd.</i>		
31. Tuberculosis, Pulmonary and Laryngeal... ..	10	3
32. Tuberculosis of the Meninges or Central Nervous System ... ..	...	...
33. Tuberculosis of the Intestines or Peritoneum ... ..	...	...
34. Tuberculosis of the Vertebral Column ... ..	...	...
35. Tuberculosis of Bones and Joints	15	6
36. Tuberculosis of other organs—		
(a) Skin or Subcutaneous Tissue (Lupus) ... ..	...	...
(b) Bones ... ..	...	...
(c) Lymphatic System ... ..	...	...
(d) Genito-urinary ... ..	...	...
(e) Other Organs ... ..	...	...
37. Tuberculosis disseminated—		
(a) Acute ... ..	...	...
(b) Chronic ... ..	...	...
38. Syphilis—		
(a) Primary	10	2
(b) Secondary ... ..	...	...
(c) Tertiary	2	...
(d) Hereditary ... ..	...	...
(e) Period not indicated ... ..	...	...
39. Soft Chancre ... ..	...	...
40. A.—Gonorrhœa and its complications	60	3
B.—Gonorrhœal Ophthalmia ... ..	...	...
C.—Gonorrhœal Arthritis ... ..	...	...
D.—Granuloma Venereum	2	1
41. Septicæmia ... ..	...	...
42. Other Infectious Diseases—		
Trypanosomiasis ... ..	...	...
Filariasis	8	1
II.—GENERAL DISEASES NOT MENTIONED ABOVE.		
43. Cancer or other malignant Tumours of the Buccal Cavity ... ..	...	...
44. Cancer or other malignant Tumours of the Stomach or Liver ... ..	...	...
45. Cancer or other malignant Tumours of the Peritoneum		
Intestines, Rectum ... ..	...	...
46. Cancer or other malignant Tumours of the Female Genital		
Organs ... ..	...	...
47. Cancer or other malignant Tumours of the Breast ... ..	...	...
48. Cancer or other malignant Tumours of the Skin ... ..	...	...
49. Cancer or other malignant Tumours of Organs not specified... ..	1	...
50. Tumours non-Malignant	7	9
51. Acute Rheumatism ... ..	...	...
52. Chronic Rheumatism	475	218
53. Scurvy (including Barlow's Disease) ... ..	...	...
54. Pellagra ... ..	...	...
55. Beri-Beri	7	...
56. Rickets ... ..	...	...
57. Diabetes (not including Insipidus) ... ..	...	...
58. Anæmia—		
(a) Pernicious ... ..	...	...
(b) Other Anæmias and Chlorosis	3	17
59. Diseases of the Pituitary Body ... ..	...	...
60. Diseases of the Thyroid Gland—		
(a) Exophthalmic Goitre ... ..	...	2
(b) Other diseases of the Thyroid Gland, Myxœdema ... ..	...	...
Total carried forward	2,033	918

TABLE IV.—*continued.*VICTORIA HOSPITAL, BATHURST—*continued.*RETURN OF DISEASES (OUT-PATIENTS) FOR THE YEAR 1928—*continued.*

Diseases.	Males.	Females.
Brought forward	2,033	918
II.—GENERAL DISEASES NOT MENTIONED ABOVE— <i>contd.</i>		
61. Diseases of the Para-Thyroid Glands ... ..	...	...
62. Diseases of the Thymus ... ..	...	...
63. Diseases of the Supra-Renal Glands ... ..	...	...
64. Diseases of the Spleen ... ..	...	...
65. Leukæmia—		
(a) Leukæmia ... ..	...	...
(b) Hodgkin's Disease ... ..	...	...
66. Alcoholism ... ..	...	...
67. Chronic poisoning by mineral substances (lead, mercury, &c.) ... ..	...	...
68. Chronic poisoning by organic substances (Morphia, Cocaine, &c.) ... ..	...	...
69. Other General Diseases—		
Auto-intoxication ... ..	...	...
Purpura Hæmorrhagica ... ..	...	...
Hæmophilia ... ..	...	...
Diabetes Insipidus ... ..	...	...
III.—AFFECTIONS OF THE NERVOUS SYSTEM AND ORGANS OF THE SENSES.		
70. Encephalitis (not including Encephalitis Lethargica) ... ..	...	...
71. Meningitis (not including Tuberculous Meningitis or Cerebro-spinal Meningitis) ... ..	...	...
72. Locomotor Ataxia	1	...
73. Other affections of the Spinal Cord ... ..	...	...
74. Apoplexy—		
(a) Hæmorrhage	2	...
(b) Embolism ... ..	...	...
(c) Thrombosis ... ..	...	...
75. Paralysis—		
(a) Hemiplegia ... ..	...	...
(b) Other Paralysis ... ..	...	1
76. General Paralysis of the Insane ... ..	...	...
77. Other forms of Mental Alienation ... ..	...	1
78. Epilepsy	1	...
79. Eclampsia, Convulsions (non-puerperal) 5 years or over ... ..	...	...
80. Infantile Convulsions ... ..	...	...
81. Chorea ... ..	...	...
82. A.—Hysteria	12	3
B.—Neuritis	62	36
C.—Neurasthenia	4	1
83. Cerebral Softening ... ..	...	...
84. Other affections of the Nervous System, such as Paralysis Agitans ... ..	...	...
85. Affections of the Organs of Vision—		
(a) Diseases of the Eye	125	44
(b) Conjunctivitis	311	139
(c) Trachoma ... ..	...	...
(d) Tumours of the Eye ... ..	...	...
(e) Other affections of the Eye ... ..	...	...
86. Affections of the Ear or Mastoid Sinus	70	30
Total carried forward	2,621	1,173

TABLE IV.—*continued.*

VICTORIA HOSPITAL, BATHURST—continued.

RETURN OF DISEASES (OUT-PATIENTS) FOR THE YEAR 1928—continued.

Diseases.	Male.	Female.
Brought forward...	2,621	1,173
IV.—AFFECTIONS OF THE CIRCULATORY SYSTEM.		
87. Pericarditis ...	1	...
88. Acute Endocarditis or Myocarditis ...	63	30
89. Angina Pectoris ...	...	...
90. Other Diseases of the Heart—		
(a) Valvular—		
Mitral ...	9	...
Aortic ...	...	...
Tricuspid... ..	...	...
Pulmonary ...	...	...
(b) Myocarditis ...	103	34
91. Diseases of the Arteries—		
(a) Aneurism ...	...	...
(b) Arterio-Sclerosis ...	4	2
(c) Other diseases ...	1	...
92. Embolism or Thrombosis (non-cerebral) ...	...	...
93. Diseases of the Veins—		
Hæmorrhoids ...	...	...
Varicose Veins ...	4	4
Phlebitis... ..	...	...
94. Diseases of the Lymphatic System—		
Lymphangitis ...	1	...
Lymphadenitis, Bubo (non-specific) ...	35	14
95. Hæmorrhage of undetermined cause ...	...	...
96. Other affections of the Circulatory System ...	...	...
V.—AFFECTIONS OF THE RESPIRATORY SYSTEM.		
97. Diseases of the Nasal Passages—		
Adenoids... ..	...	...
Polypus ...	...	...
Rhinitis ...	...	...
Coryza ...	168	48
98. Affections of the Larynx—		
Laryngitis ...	5	3
99. Bronchitis—		
(a) Acute ...	2,429	1,420
(b) Chronic ...	...	...
100. Broncho-Pneumonia ...	...	1
101. Pneumonia—		
(a) Lobar ...	57	11
(b) Unclassified ...	...	...
102. Pleurisy, Empyema ...	78	25
103. Congestion of the Lungs ...	...	...
104. Gangrene of the Lungs ...	...	...
105. Asthma ...	3	1
106. Pulmonary Emphysema ...	...	1
107. Other affections of the Lungs—		
Pulmonary Spirochaetosis ...	...	...
VI.—DISEASES OF THE DIGESTIVE SYSTEM.		
108. A.—Diseases of Teeth or Gums—		
Caries, Pyorrhœa, etc. ...	216	99
B.—Other affections of the Mouth—		
Stomatitis ...	115	47
Glossitis, etc. ...	143	54
Total carried forward ...	6,056	2,967

TABLE IV.—*continued.*VICTORIA HOSPITAL, BATHURST—*continued.*RETURN OF DISEASES (OUT-PATIENTS) FOR THE YEAR 1928—*continued.*

Diseases.	Male.	Female.
Brought forward	6,056	2,967
VI.—DISEASES OF THE DIGESTIVE SYSTEM— <i>contd.</i>		
109. Affections of the Pharynx or Tonsils—		
Tonsillitis	51	38
Pharyngitis	30	14
110. Affections of the Oesophagus .. .. .	...	...
111. A.—Ulcer of the Stomach .. .. .	...	...
B.—Ulcer of the Duodenum	1	...
112. Other affections of the Stomach—		
Gastritis	147	106
Dyspepsia, &c.	162	266
113. Diarrhoea and Enteritis—		
Under two years	15	5
114. Diarrhoea and Enteritis—		
Two years and over	479	246
Colitis	322	154
Ulceration .. .. .	...	...
114a Sprue .. .. .	...	...
115. Ankylostomiasis .. .. .	...	...
116. Diseases due to Intestinal Parasites—		
(a) Cestoda (Tænia)	16	1
(b) Trematoda (Flukes) .. .. .	...	...
(c) Nematoda (other than Ankylostoma)—		
Ascaris	255	233
Trichocephalus dispar .. .. .	...	...
Trichina .. .. .	...	...
Dracunculus .. .. .	...	...
Strongylus .. .. .	...	...
Oxyuris .. .. .	...	...
(d) Coccidia .. .. .	...	...
(e) Other parasites .. .. .	...	...
(f) Unclassified .. .. .	...	...
117. Appendicitis .. .. .	...	...
118. Hernia	41	1
119. A.—Affections of the Anus, Fistula, &c.	20	...
B.—Other affections of the Intestines .. .. .	...	...
Enteroptosis .. .. .	...	...
Constipation	1,237	625
120. Acute Yellow Atrophy of the Liver .. .. .	...	...
121. Hydatid of the Liver .. .. .	...	...
122. Cirrhosis of the Liver—		
(a) Alcoholic .. .. .	...	...
(b) Other forms	2	...
123. Biliary Calculus .. .. .	...	...
124. Other affections of the Liver—		
Abscess .. .. .	...	...
Hepatitis	1	...
Cholecystitis .. .. .	...	...
Jaundice	7	1
125. Diseases of the Pancreas .. .. .	...	...
126. Peritonitis (of unknown cause)	1	2
127. Other affections of the Digestive System .. .. .	...	...
Total carried forward	8,843	4,659

TABLE IV.—*continued.*VICTORIA HOSPITAL, BATHURST—*continued.*RETURN OF DISEASES (OUT-PATIENTS) FOR THE YEAR 1928—*continued.*

Diseases.	Male.	Female.
Brought forward	8,843	4,659
VII.—DISEASES OF THE GENITO-URINARY SYSTEM (NON-VENEREAL).		
128. Acute Nephritis	13	7
129. Chronic	15	4
130. A.—Chyluria ... ..	...	...
B.—Schistosomiasis ... ..	...	...
131. Other affections of the Kidneys—		
Pyelitis, etc. ... ..	...	...
132. Urinary Calculus ... ..	...	...
133. Diseases of the Bladder—		
Cystitis	27	11
134. Diseases of the Urethra—		
(a) Stricture	8	...
(b) Other... ..	22	...
135. Diseases of the Prostate—		
Hypertrophy ... ..	...	...
Prostatitis... ..	1	...
136. Diseases (non-Veneraeal) of the Genital Organs of Man—		
Epididymitis	22	...
Orchitis	13	...
Hydrocele	50	...
Ulcer of Penis ... ..	...	...
137. Cysts or other (non-malignant) Tumours of the Ovaries	...	2
Vaginitis... ..	...	4
138. Salpingitis—		
Abscess of the Pelvis ... ..	...	9
139. Uterine Tumours (non-malignant) ... ..	...	1
140. Uterine Hæmorrhage (non puerperal) ... ..	...	20
141. A.—Metritis ... ..	...	5
B.—Other affections of the Female Genital Organs—		
Displacements of Uterus ... ..	...	...
Amenorrhœa ... ..	...	64
Dysmenorrhœa ... ..	...	50
Leucorrhœa ... ..	...	9
142. Diseases of the Breast (non-puerperal)—		
Mastitis ... ..	...	9
Abscess of Breast ... ..	...	1
VIII.—PUERPERAL STATE.		
143. A.—Normal Labour ... ..	...	9
B.—Accidents of Pregnancy—		
(a) Abortion ... ..	...	45
(b) Ectopic Gestation ... ..	...	...
(c) Other accidents of Pregnancy ... ..	...	1
144. Puerperal Hæmorrhage ... ..	...	...
145. Other accidents of Parturition ... ..	...	1
146. Puerperal Septicæmia ... ..	...	3
147. Phlegmasia Dolens ... ..	...	...
148. Puerperal Eclampsia ... ..	...	...
149. Sequelæ of Labour ... ..	...	12
150. Puerperal affections of the Breast ... ..	...	...
Total carried forward	9,014	4,926

TABLE IV.—*continued.*VICTORIA HOSPITAL, BATHURST—*continued.*RETURN OF DISEASES (OUT-PATIENTS) FOR THE YEAR 1928—*continued.*

Diseases.	Males.	Female.
Brought forward... ..	9,014	4,926
IX.—AFFECTIONS OF THE SKIN AND CELLULAR TISSUES.		
151. Gangrene	418	88
152. Boil—		
Carbuncle	12	5
153. Abscess—		
Whitlow	25	12
Cellulitis	329	98
154. A.—Tinea	31	9
B.—Scabies	36	13
155. Other Diseases of the Skin—		
Erythema	164	82
Urticaria... ..	4	...
Eczema	15	4
Herpes	11	1
Psoriasis	1	1
Elephantiasis	13	1
Myiasis ... ..	...	...
Chigoes ... ..	...	...
Cutaneous Leishmaniasis ... ..	...	...
X.—DISEASES OF BONES AND ORGANS OF LOCOMOTION (OTHER THAN TUBERCULOUS).		
156. Diseases of Bones—		
Osteitis	16	10
157. Diseases of Joints—		
Arthritis	40	3
Synovitis... ..	10	2
158. Other Diseases of Bones or Organs of Locomotion	290	102
XI.—MALFORMATIONS.		
159. Malformations—		
Hydrocephalus ... ..	...	...
Hypospadias	1	...
Spina Bifida, &c.	10	2
XII.—DISEASES OF INFANCY.		
160. Congenital Debility ... ..	...	...
161. Premature Birth ... ..	...	...
162. Other affections of Infancy	2	...
163. Infant neglect (infants of three months or over) ... ..	...	3
XIII.—AFFECTIONS OF OLD AGE.		
164. Senility—		
Senile Dementia	1	...
Total carried forward	10,443	5,362

TABLE IV.—*continued.*VICTORIA HOSPITAL, BATHURST—*continued.*RETURN OF DISEASES (OUT-PATIENTS) FOR THE YEAR 1928—*continued.*

Diseases.	Male.	Female.
Brought forward	10,443	5,362
XIV.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.		
165. Suicide by Poisoning ... ..	...	...
166. Corrosive Poisoning (intentional) ... ..	...	...
167. Suicide by Gas Poisoning ... ..	...	...
168. Suicide by Hanging or Strangulation ... ..	...	...
169. Suicide by Drowning ... ..	...	...
170. Suicide by Firearms ... ..	...	...
171. Suicide by cutting or stabbing Instruments ... ..	...	...
172. Suicide by jumping from a height ... ..	...	...
173. Suicide by crushing ... ..	...	...
174. Other Suicides ... ..	...	...
175. Food Poisoning—		
Botulism ... ..	...	...
176. Attacks of poisonous animals—		
Snake Bite ... ..	...	...
Insect Bite ... ..	...	...
177. Other accidental Poisonings ... ..	...	...
178. Burns (by Fire)	11	2
179. Burns (other than by Fire) ... ..	...	...
180. Suffocation (accidental) ... ..	...	...
181. Poisoning by Gas (accidental) ... ..	...	...
182. Drowning (accidental) ... ..	...	...
183. Wounds by Firearms (war excepted) ... ..	...	...
184. Wounds (by cutting or stabbing Instruments)	20	4
185. Wounds (by Fall)	25	4
186. Wounds (in Mines or Quarries) ... ..	...	...
187. Wounds (by Machinery) ... ..	...	...
188. Wounds (crushing, e.g., railway accidents, &c.) ... ..	...	...
189. Injuries inflicted by animals, Bites, Kicks, &c.	1	1
190. Wounds inflicted on Active Service ... ..	...	...
191. Executions of civilians by belligerents ... ..	...	...
192. A.—Over fatigue ... ..	...	...
B.—Hunger or Thirst ... ..	...	...
193. Exposure to Cold, Frost Bites, &c. ... ..	...	...
194. Exposure to Heat—		
Heatstroke ... ..	...	...
Sunstroke ... ..	...	...
195. Lightning Stroke ... ..	...	...
196. Electric Shock ... ..	...	...
197. Murder by Firearms ... ..	...	...
198. Murder by cutting or stabbing Instruments ... ..	...	...
199. Murder by other means ... ..	...	...
200. Infanticide (Murder of an infant under one year) ... ..	...	...
201. A.—Dislocation ... ..	...	...
B.—Sprain	12	2
C.—Fracture	2	...
202. Other external Injuries	689	75
203. Deaths by Violence of unknown cause ... ..	...	...
Total carried forward	11,203	5,450

TABLE IV.—*continued.*VICTORIA HOSPITAL, BATHURST—*continued.*RETURN OF DISEASES (OUT-PATIENTS) FOR THE YEAR 1928—*continued.*

Diseases.								Male.	Female.
Brought forward								11,203	5,450
XV.—ILL-DEFINED DISEASES.									
204. Sudden Death (cause unknown) ... ..								...	...
205. A.—Diseases not already specified or ill-defined—								...	...
Ascites ... ..								...	...
Edema								45	16
Asthenia ... ..								...	...
Shock ... ..								...	...
Hyperpyrexia ... ..								...	...
B.—Malingering								26	...
XVI.—DISEASES, THE TOTAL OF WHICH HAVE NOT CAUSED 10 DEATHS.									
Total								11,274	5,466

APPENDIX I.

ANNUAL MEDICAL REPORT
FOR GEORGETOWN AND THE PROTECTORATE FOR 1928.

(A) HOSPITAL AND DISPENSARIES.

(a) Record of work and Prevailing Diseases.

(1) *Georgetown Hospital.*

(a) In-Patients.

Remaining in hospital from 1927	...	...	...	...	...	...	17
Admissions	...	...	...	...	...	...	243
Total cases treated	...	...	...	...	...	...	260
Total deaths	...	...	...	...	...	...	35

Prevalent Diseases :—Ulcer, malaria, injuries, lobar pneumonia and trypanosomiasis.

(b) Out-Patients.

Total treated	3,683
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Prevalent Diseases :—Constipation and disorders of the digestive system, bronchitis, injuries, malaria, rheumatism, ulcers and goitre.

(2) *Georgetown Prison.*

In-patients treated in Prison Infirmary	...	...	...	...	...	...	11
Prisoners treated as Out-patients (included in Georgetown Hospital figures)	278

(3) *Basse Dispensary.*

Total cases treated	1,116
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The Dispensary was closed from 28th February to 12th November, owing to the death of the Dispenser.

(4) *Kau-ur Dispensary.*

Total cases treated	1,411
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The Dispensary was closed for a total period of fifteen weeks in 1928, when the Dispenser was on leave or relieving at Georgetown.

(B) IMPROVEMENTS EFFECTED AND SUGGESTIONS.

(1) *Georgetown Hospital.*

Six new beds were provided this year. The remainder should be replaced by new beds as funds permit.

A dressing trolley, screens and additional bedside tables are required.

Additional accommodation is required as laid down in the Annual Report for 1927.

(2) *Kau-ur Dispensary.*

Requires thorough repair, fencing, rainwater tanks, new kitchen, latrine and bath-room for Dispenser.

(3) *Basse Dispensary.*

Requires repairs, and an additional hut, kitchen, latrine and bathroom for Dispenser. The present site is very cramped, and the moving of the Dispensary to another situation might be considered.

(C) AVERAGE COST PER HEAD OF PATIENTS.

In Georgetown is one shilling and threepence three farthings per diem.

Return of diseases and deaths is attached.

PRISONS AND ASYLUMS.

MEDICAL REPORT ON GEORGETOWN PRISON.

The general health of the prisoners has been good. 278 were treated as out-patients at the Hospital, chiefly for minor injuries, diseases of the digestive system, malaria, chronic rheumatism and bronchitis.

Eleven prisoners were admitted to the Prison Infirmary, the majority of admissions being for malaria and disorders of the digestive system or genito-urinary organs.

No death occurred in the Prison this year.

The general sanitary condition of the Prison has been very good, and the diet satisfactory. Pan latrines are used, and are emptied by prisoners, the excreta being buried in the bush.

Drinking water is at present obtained from the river, and, as this is believed to be the cause of a number of cases of diarrhoea and dysentery, it is recommended that tanks should be installed for storage of rainwater for drinking.

(Sgd.) S. G. HARRISON,

M.O. Protectorate.

SCIENTIFIC.

REPORT ON SIX CASES OF CREEPING ERUPTION.

Six cases of creeping eruption have been seen during the past two rainy seasons. Of these, two were Europeans, one a Moor and the other Gambian natives.

Four were seen at Georgetown, one at Basse, one in Lower Niumi District. In every case the affected part was the foot.

Clinical features :—In the Moor a wavy line was seen, starting on the inner side of the foot and passing up the front of the ankle and skin, gradually fading out about three inches above the malleoli. It was raised above the level of the skin, having the appearance of a blister, but feeling hard and solid to the touch. On incision, it contained no fluid, but tough, white, fibrous material. No parasite was found. Itching was the only symptom. When he was seen again six weeks later, no trace of the line could be found.

The three native cases were very similar to the above, except that in two of them the raised line commenced in the cleft between two of the toes and extended on to the dorsum of the foot for about two inches only, while in the third it was confined to the inner margin of the foot. These cases were only seen once, and could not be followed up. The appearances in the Europeans were somewhat different. In one the condition commenced as a blister on the sole of the foot. The blister contained black, tarry material. A few days later a narrow, wavy line of erythema, not raised above the level of the skin, extended from the site of the blister round the outer border of the foot for about an inch and a half. The only symptom was itching, coming on at irregular intervals, and coinciding with a fresh extension of the line of erythema.

Symptoms persisted for eight months, but the condition remained localised to the side of the foot. In the other European only an itching red line was present on the dorsum of the foot; no history of a blister obtained. The whole thing cleared up in about three weeks.

No parasite was recovered in any case, and the only treatment employed was cleanliness, and antiseptic dressings in the natives to prevent secondary infection.

All the above were seen during the rains. The natives state that the disease is acquired by walking in the mud in certain localities, and the seasonal incidence and anatomical position of the lesions support this idea. The two European patients had been in the habit of wearing only canvas shoes without stockings when going about in the bush in the rains. The causative agent is assumed to be some sort of insect larva or helminth.

APPENDIX II.

ANNUAL SANITARY REPORT
FOR GEORGETOWN AND THE PROTECTORATE FOR 1928.

1. HYGIENE AND SANITATION.

Malaria.—Accounted for one European death this year, and three adult native deaths in Georgetown Hospital, and in the Protectorate as a whole has tended to assume a more severe form than in 1927. The spleen rate of school children in Georgetown in November was 20·5 per cent.; in Kau-ur in January it was 47·5 per cent. Kunta-ur and Fattoto are also bad malarial towns. All these towns have large swamps in their vicinity where rice is grown during the rains.

Trypanosomiasis.—12 cases treated at Georgetown Hospital with three deaths, and one European invalided from Basse from this cause. All the patients were admitted from various wharf towns, chiefly Georgetown, Kunta-ur and Fattoto, but it is not certain that the infection was actually acquired in these places.

Yellow Fever.—No cases known to have occurred in the Protectorate this year.

Filariasis.—14 cases of elephantiasis were treated at the Hospital and 9 at bush surgeries, but many sufferers who never seek advice are to be seen in any of the villages.

Relapsing Fever.—Outbreaks were several times reported from South Bank Province by natives, but in none of these could the diagnosis be confirmed, the patients being found on investigation to be suffering from pneumonia, malaria or other diseases.

Small-pox.—Has been smouldering in various parts of the Protectorate throughout the year. Serious outbreaks occurred at Soma, in South Bank Province and in the Lower Niumi District of North Bank Province, with smaller epidemics at Kwinella and Samba Tako in South Bank Province, and one fatal case at Georgetown. On the whole the disease tended to assume a mild form, though all grades of severity were met with in individual cases. At present only one vaccinator under the Board of Health is available, and he is employed at Georgetown most of the time. 610 vaccinations were performed by him in 1928, 94 of which were done in Georgetown and 516 in the districts where epidemics occurred. An additional 919 vaccinations were performed by the Protectorate Medical Officer in the affected areas. (Total vaccinations performed—1,435.)

Amoebic Dysentery.—6 cases with no deaths treated in Georgetown Hospital. Dysentery and enteritis were most prevalent in December in the Protectorate as a whole, especially in those towns where river water is the chief source of drinking water.

Tuberculosis.—19 cases with 10 deaths treated at the Hospital this year.

Yaws.—54 injections of luatol and novarsenobillon were given for this disease in 1928, of which all but 7 were given in the Hospital Out-patient Department. The somewhat spectacular results obtained are much appreciated by the natives, who readily seek this form of treatment.

Leprosy.—15 cases attended at the Hospital for out-patient treatment as compared with 7 in 1927. A total of 152 injections of moogrol and alepol were given to these, but only five of them attended at all regularly.

Helminthic Diseases.—Especially infestations with ascaris, cestodes and ankylostomes are prevalent in all parts of the Protectorate. No improvement in this respect can be expected while the bush round all the towns and villages continues to be used as a latrine.

Schistosomiasis.—An increasing number of cases are being seen at the Hospital, Dispensaries and bush surgeries, but it has not yet been possible to locate the sources of infection. Offers of treatment by injections of tartar emetic are almost invariably rejected.

2. GENERAL MEASURES OF SANITATION.

Night Soil Disposal.—There are three public latrines, each with six pans at Kunta-ur, and one with two pans at Georgetown. At Kunta-ur the pans are emptied by sanitary labourers, the excreta being dumped in mid-river from a punt. At Georgetown the pans are emptied by prisoners and the faeces buried in the bush. Pan latrines are used in all European and most African Officials' quarters, the pans being emptied by prisoners or sanitary labourers. Nearly all the factories where Europeans are stationed have pan latrines, the pans being emptied by their own labourers.

Cesspits in the yards are usually employed by Syrians and the trading class of African. In bush villages the invariable custom is to use the bush outside the town as a latrine, a practice which encourages fly breeding, and the spread of helminthic and other bowel diseases.

Scavenging.—In Georgetown the market, slaughter place and officials' quarters are provided with dustbins, emptied by prisoners. In Kunta-ur, Basse and Fattoto dustbins are supplied to the markets and Government Stations, and are emptied by sanitary labourers.

Refuse Disposal.—In Georgetown mud incinerators are used; in the other towns Bermuda incinerators. These are looked after by sanitary labourers. In the rains refuse is usually buried.

Water Supplies.—Rain water is almost exclusively used by Europeans for drinking, except in bush compounds where well water is usually supplied. The natives use river or well water, the latter exclusively in villages away from the river. The quality of the wells varies, but on the average is good, though insufficient precautions are taken to prevent contamination from surface washings, and in the drawing of the water.

3. SCHOOL HYGIENE.

School Children in Georgetown are inspected in May and November. In November, 1928, the spleen rate of children in both schools was 20.5 per cent.; children found infected are receiving treatment.

Of Wesleyan school children, 15.4 per cent. had one or more defective teeth, whereas only 8 per cent. of boys from the Armitage School were so affected. No facilities exist at present for proper dental treatment. Two children suffering from leprosy were stopped from attending the Wesleyan School.

4. FOOD IN RELATION TO HEALTH AND DISEASE.

Meat inspection is only regularly carried out in Georgetown, but cases of illness attributable to eating bad meat (excepting tapeworm) are rarely met with.

During the cattle epidemic the flesh of slaughtered sick beasts was consumed by many of the natives with no known ill effects.

During the rains musty and weevily bread was on sale in Kau-ur and Kunta-ur markets. It was found impossible to take action against the bakers as no suitable ordinance applied to these towns.

Scavenging of markets is carried out by sanitary labourers in Georgetown, Basse, Fattoto, Kunta-ur and Kau-ur. Fly-proof meat safes are provided for the butchers' use in these towns, but they are so often damaged and carelessly used as to be practically useless.

Cement slabs for slaughtering on have been constructed this year at Basse, Kau-ur and Kunta-ur, in addition to that already in use at Georgetown.

5. RECOMMENDATIONS FOR FUTURE WORK.

(1) More control in sanitary matters is needed in the larger wharf towns, especially in regard to sale of foodstuffs, mosquito breeding in yards and the cleanliness of streets and plots of land.

(2) The provision of an African sanitary inspector, with headquarters at Georgetown, but dividing his time between this and other important towns.

(3) An increase in the number of Protectorate Vaccinators.

(4) Clearing of bush and undergrowth along the river bank in the vicinity of wharf towns and important crossing places to reduce tse-tse breeding.

(Sgd.) S. G. HARRISON,

M.O. Protectorate.

APPENDIX III TABLE V.

GEORGETOWN HOSPITAL.

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1928.

Diseases.	Remaining in Hospital at end of 1927.	Yearly Total.		Total Cases Treated.	Remain- ing in Hospital at end of 1928.	Remarks.
		Admissions.	Deaths.			
I.—EPIDEMIC, ENDEMIC, AND INFECTIOUS DISEASES.						
1. Enteric Group—						
(a) Typhoid Fever	
(b) Paratyphoid A.	
(c) Paratyphoid B.	
(d) Type not defined	
2. Typhus	
3. Relapsing Fever	
4. Undulant Fever	
5. Malaria—						
(a) Tertian	
(b) Quartan	
(c) Aestivo-autumnal	20	2	20	1	
(d) Cachexia	1	1	1	...	
(e) Blackwater	
6. Smallpox—						
Alastrim	1	1	1	...	
7. Measles	
8. Scarlet Fever	
9. Whooping Cough	
10. Diphtheria	
11. Influenza	5	...	5	2	
12. Miliary Fever	
13. Mumps	
14. Cholera	
15. Epidemic diarrhoea	
16. Dysentery—						
(a) Amœbic	6	...	6	2	
(b) Bacillary	
(c) Undefined or due to other causes	
17. Plague—						
(a) Bubonic	
(b) Pneumonic	
(c) Septicæmic	
(d) Undefined	
18. Yellow Fever	
19. Spirochaetosis ictero-hæmor- rhagica ...						
20. Leprosy	2	...	2	...	
21. Erysipelas	
22. Acute Poliomyelitis	
23. Encephalitis Lethargica	
24. Epidemic Cerebro-spinal Fever	
25. Other Epidemic Diseases—						
(a) Rubeola (German Measles)	
(b) Varicella (Chicken-pox)	
(c) Kala-azar	
(d) Phlebotomus Fever	
(e) Dengue	
(f) Epidemic Dropsy	
(g) Yaws ...	1	4	...	5	...	
(h) Trypanosomiasis ...	1	11	3	12	2	
Total carried forward ...	2	50	7	52	7	

TABLE V.—*continued.*GEORGETOWN HOSPITAL—*continued.*RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1928—*continued.*

Diseases.	Remaining in Hospital at end of 1927.	Yearly Total.		Total Cases Treated.	Remain- ing in Hospital at end of 1928.	Remarks.
		Admissions.	Deaths.			
Brought forward ...	2	50	7	52	7	
I.—EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES— <i>contd.</i>						
26. Glanders	
27. Anthrax	
28. Rabies	
29. Tetanus	1	1	1	...	
30. Mycosis	
31. Tuberculosis, Pulmonary and Laryngeal	1	5	6	6	...	
32. Tuberculosis of the Meninges or Central Nervous System	
33. Tuberculosis of the Intestines or Peritoneum	
34. Tuberculosis of the Vertebral Column	
35. Tuberculosis of Bones and Joints	
36. Tuberculosis of other organs— (a) Skin or Subcutaneous Tissue (Lupus)	
(b) Bones	3	1	3	...	
(c) Lymphatic System	
(d) Genito-urinary	
(e) Other Organs	
37. Tuberculosis disseminated— (a) Acute	3	3	3	...	
(b) Chronic	
38. Syphilis— (a) Primary	1	...	1	...	
(b) Secondary	
(c) Tertiary	3	...	3	...	
(d) Hereditary	
(e) Period not indicated	1	...	1	...	
39. Soft Chancre	2	...	2	...	
40. A.—Gonorrhœa and its com- plications	
B.—Gonorrhœal Ophthalmia	
C.—Gonorrhœal Arthritis	
D.—Granuloma Venereum	
41. Septicæmia	
42. Other Infectious Diseases— Trypanosomiasis	
II.—GENERAL DISEASES NOT MEN- TIONED ABOVE.						
43. Cancer or other malignant Tumours of the Buccal Cavity	
44. Cancer or other malignant Tumours of the Stomach or Liver...	
45. Cancer or other malignant Tumours of the Peritoneum Intestines, Rectum	
Total carried forward ...	3	69	18	72	7	

TABLE V.—*continued.*GEORGETOWN HOSPITAL—*continued.*RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1928—*continued.*

Diseases.	Remaining in Hospital at end of 1927.	Yearly Total.		Total Cases Treated.	Remain- ing in Hospital at end of 1928.	Remarks.
		Admissions.	Deaths.			
Brought forward ...	3	69	18	72	7	
II.—GENERAL DISEASES NOT MENTIONED ABOVE— <i>contd.</i>						
46. Cancer or other malignant Tumours of the Female Genital Organs	
47. Cancer or other malignant Tumours of the Breast	
48. Cancer or other malignant Tumours of the Skin	
49. Cancer or other malignant Tumours of Organs not specified	
50. Tumours non-Malignant	2	...	2	1	
51. Acute Rheumatism	
52. Chronic Rheumatism	8	...	8	...	
53. Scurvy (including Barlow's Disease)	
54. Pellagra	
55. Beri-beri	
56. Rickets	
57. Diabetes (not including Insipidus)	
58. Anæmia—						
(a) Pernicious	
(b) Other Anæmias and Chlorosis	
59. Diseases of the Pituitary Body	
60. Diseases of the Thyroid Gland—						
(a) Exophthalmic Goitre	
(b) Other diseases of the Thyroid Gland, Myxœdema	
61. Diseases of the Para-Thyroid Glands	
62. Diseases of the Thymus	
63. Diseases of the Supra-Renal Glands	
64. Diseases of the Spleen	
65. Leukæmia—						
(a) Leukæmia	
(b) Hodgkin's Disease	
66. Alcoholism	
67. Chronic poisoning by mineral substances (lead, mercury, etc.)	
68. Chronic poisoning by organic substances (Morphia, Cocaine, etc.)	
69. Other General Diseases—						
Auto-intoxication	
Purpura Hæmorrhagica	
Hæmophilia	
Diabetes Insipidus	
Total carried forward	3	79	18	82	8	

TABLE V.—*continued.*GEORGETOWN HOSPITAL—*continued.*RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1928—*continued.*

Diseases.	Remaining in Hospital at end of 1927.	Yearly Total.		Total Cases Treated.	Remain- ing in Hospital at end of 1928.	Remarks.
		Admissions.	Deaths.			
Brought forward ...	3	79	18	82	8	
III.—AFFECTIONS OF THE NERVOUS SYSTEM AND ORGANS OF THE SENSES.						
70. Encephalitis (not including En- cephalitis Lethargica)	
71. Meningitis (not including Tuber- culous Meningitis or Cerebro- spinal Meningitis)	1	...	1	...	
72. Locomotor Ataxia	
73. Other affections of the Spinal Cord	
74. Apoplexy—						
(a) Hæmorrhage	
(b) Embolism	
(c) Thrombosis	
75. Paralysis—						
(a) Hemiplegia	
(b) Other Paralyses	1	...	1	...	
76. General Paralysis of the Insane	
77. Other forms of Mental Alienation	
78. Epilepsy	
79. Eclampsia, Convulsions (non- puerperal) 5 years or over	
80. Infantile Convulsions	
81. Chorea	
82. A.—Hysteria	
B.—Neuritis	
C.—Neurasthenia	
83. Cerebral Softening	
84. Other affections of the Nervous System, such as Paralysis Agitans	
85. Affections of the Organs of Vision—						
(a) Diseases of the Eye	2	...	2	...	
(b) Conjunctivitis	2	...	2	...	
(c) Trachoma	
(d) Tumours of the Eye	
(e) Other affections of the Eye	
86. Affections of the Ear or Mastoid Sinus	
IV.—AFFECTIONS OF THE CIRCULATORY SYSTEM.						
87. Pericarditis	1	1	1	...	
88. Acute Endocarditis or Myocar- ditis	1	1	1	...	
89. Angina Pectoris	
90. Other Diseases of the Heart—						
(a) Valvular...	
Mitral	
Aortic	
Tricuspid	
Pulmonary	
(b) Myocarditis	5	2	5	...	
Total carried forward ...	3	92	22	95	8	

TABLE V.—*continued.*GEORGETOWN HOSPITAL—*continued.*RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1928—*continued.*

Diseases.	Remaining in Hospital at end of 1927.	Yearly Total.		Total Cases Treated.	Remain- ing in Hospital at end of 1928.	Remarks.
		Admissions.	Deaths.			
Brought forward ...	3	92	22	95	8	
IV.—AFFECTIONS OF THE CIRCULATORY SYSTEM— <i>contd.</i>						
91. Diseases of the Arteries—						
(a) Aneurism ...	...	...	...	...	...
(b) Arterio-Sclerosis ...	...	...	...	...	...
(c) Other diseases ...	...	...	...	...	...
92. Embolism or Thrombosis (non-cerebral) ...	...	...	...	...	...
93. Diseases of the Veins—						
Hæmorrhoids ...	...	...	...	...	...
Varicose Veins ...	...	1	...	1	...	
Phlebitis ...	...	...	...	...	...
94. Diseases of the Lymphatic System—						
Lymphangitis ...	...	2	...	2	...	
Lymphadenitis, Bubo (non-specific) ...	...	1	...	1	...	
95. Hæmorrhage of undetermined cause ...	...	...	...	...	...
96. Other affections of the Circulatory System ...	1	1	1	2	...	
V.—AFFECTIONS OF THE RESPIRATORY SYSTEM.						
97. Diseases of the Nasal Passages—						
Adenoids ...	...	...	...	...	...
Polypus ...	...	...	...	...	...
Rhinitis ...	...	...	...	...	...
Coryza ...	...	...	...	...	...
98. Affections of the Larynx—						
Laryngitis ...	...	...	...	...	...
99. Bronchitis—						
(a) Acute ...	...	7	...	7	...	
(b) Chronic ...	...	...	...	...	...
100. Broncho-Pneumonia ...	...	...	...	...	...
101. Pneumonia—						
(a) Lobar ...	1	16	8	17	...	
(b) Unclassified ...	...	...	...	...	...
102. Pleurisy, Empyema ...	...	1	...	1	...	
103. Congestion of the Lungs ...	...	...	...	...	...
104. Gangrene of the Lungs ...	...	...	...	...	...
105. Asthma ...	...	1	...	1	...	
106. Pulmonary Emphysema ...	...	...	...	...	...
107. Other affections of the Lungs—						
Pulmonary Spirochaetosis ...	...	...	...	...	...
VI.—DISEASES OF THE DIGESTIVE SYSTEM.						
108. A.—Diseases of Teeth or Gums—						
Caries, Pyorrhoæa, etc.	...	...	...	...	...
B.—Other affections of the Mouth—						
Stomatitis ...	...	...	...	...	...
Glossitis, etc. ...	...	...	...	...	...
Total carried forward ...	5	122	31	127	8	

TABLE V.—*continued.*GEORGETOWN HOSPITAL—*continued.*RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1928—*continued.*

Diseases.	Remaining in Hospital at end of 1927.	Yearly Total.		Total Cases Treated.	Remain- ing in Hospital at end of 1928.	Remarks.
		Admissions.	Deaths.			
Brought forward ...	5	122	31	127	8	
VI.—DISEASES OF THE DIGESTIVE SYSTEM— <i>contd.</i>						
109. Affections of the Pharynx or Tonsils—						
Tonsillitis ... ..	...	1	...	1	...	
Pharyngitis ... ..	...	1	...	1	...	
110. Affections of the Œsophagus	...	...	...	...	...
111. A.—Ulcer of the Stomach ...	...	...	...	...	...
B.—Ulcer of the Duodenum...	...	...	...	...	...
112. Other affections of the Stomach—						
Gastritis ... ..	...	...	...	...	...
Dyspepsia, etc. ... ..	...	2	...	2	...	
113. Diarrhoea and Enteritis—						
Under two years ... ..	...	...	...	...	...
114. Diarrhoea and Enteritis—						
Two years and over ... ..	...	8	1	8	...	
Colitis ... ..	...	...	...	...	...
Ulceration ... ..	...	...	...	...	...
114a Sprue ... ..	...	...	...	...	...
115. Ankylostomiasis ... ..	...	5	...	5	...	
116. Diseases due to Intestinal Para- sites—						
(a) Cestoda (Tænia) ... ..	...	...	...	...	...
(b) Trematoda (Flukes) ... ..	...	...	...	...	...
(c) Nematoda (other than Ankylostoma)—						
Ascaris ... ..	...	...	...	...	...
Trichocephalus dispar ... ..	...	...	...	...	...
Trichina... ..	...	...	...	...	...
Dracunculus ... ..	...	...	...	...	...
Strongylus ... ..	...	...	...	...	...
Oxyuris... ..	...	...	...	...	...
(d) Coccidia... ..	...	...	...	...	...
(e) Other parasites ... ..	...	...	...	...	...
(f) Unclassified ... ..	...	...	...	...	...
117. Appendicitis ... ..	...	...	...	...	...
118. Hernia... ..	...	2	...	2	...	
119. A.—Affections of the Anus, Fistula, etc. ... ..	...	...	...	...	...
B.—Other affections of the Intestines—						
Enteroptosis ... ..	...	...	...	...	...
Constipation ... ..	...	1	...	1	...	
120. Acute Yellow Atrophy of the Liver ... ..	...	...	...	...	...
121. Hydatid of the Liver... ..	...	...	...	...	...
122. Cirrhosis of the Liver—						
(a) Alcoholic ... ..	...	...	...	...	...
(b) Other forms ... ..	...	1	...	1	...	
123. Biliary Calculus ... ..	...	...	...	...	...
124. Other affections of the Liver—						
Abscess ... ..	...	...	...	...	...
Hepatitis ... ..	...	1	...	1	...	
Cholecystitis... ..	...	...	...	...	...
Jaundice ... ..	...	...	...	...	...
Total carried forward ...	5	144	32	149	8	

TABLE V.—*continued.*GEORGETOWN HOSPITAL—*continued.*RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1928—*continued.*

Diseases.	Remaining in Hospital at end of 1927.	Yearly Total.		Total Cases Treated.	Remain- ing in Hospital at end of 1928.	Remarks.
		Admissions.	Deaths.			
Brought forward ...	5	144	32	149	8	
VI.—DISEASES OF THE DIGESTIVE SYSTEM— <i>contd.</i>						
125. Diseases of the Pancreas	
126. Peritonitis (of unknown cause)	
127. Other affections of the Digestive System	
VII.—DISEASES OF THE GENITO-URINARY SYSTEM (NON-VENEREAL).						
128. Acute Nephritis	
129. Chronic	4	2	4	...	
130. A.—Chyluria	
B.—Schistosomiasis	1	...	1	...	
131. Other affections of the Kidneys— Pyelitis, &c.	
132. Urinary Calculus	
133. Diseases of the Bladder— Cystitis	3	...	3	...	
134. Diseases of the Urethra— (a) Stricture... (b) Other ...	... 1	1 2	... ...	1 3	... ...
135. Diseases of the Prostate— Hypertrophy ... Prostatitis	
136. Diseases (non-Venereal) of the Genital Organs of Man— Epididymitis ... Orchitis ... Hydrocele ... Ulcer of Penis 1 ... ... ...	... ... ... ... ...	... 1 ... ... ...	... ... ... ... ...
137. Cysts or other (non-malignant) Tumours of the Ovaries	
138. Salpingitis— Abscess of the Pelvis	1 ...	... ...	1 ...	... ...
139. Uterine Tumours (non-malignant)	
140. Uterine Hæmorrhage (non-puerperal)	
141. A.—Metritis ... B.—Other affections of the Female Genital Organs— Displacements of Uterus ... Amenorrhœa ... Dysmenorrhœa ... Leucorrhœa	1 ... ... ... ... ... ...	... ... ... ... ... ... ...	1 ... ... ... ... ... ...	... ... ... ... ... ... ...
142. Diseases of the Breast (non-puerperal)— Mastitis ... Abscess of Breast	
Total carried forward ...	6	159	34	165	8	

TABLE V.—*continued.*GEORGETOWN HOSPITAL—*continued.*RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1928—*continued.*

Diseases.	Remaining in Hospital at end of 1927.	Yearly Total.		Total Cases Treated.	Remain- ing in Hospital at end of 1928.	Remarks.
		Admissions.	Deaths.			
Brought forward ...	6	159	34	165	8	
VIII.—PUERPERAL STATE.						
143. A.—Normal Labour ...	...	1	...	1	...	
B.—Accidents of Pregnancy—						
(a) Abortion ...	...	...	...	...	...
(b) Ectopic Gestation ...	...	...	...	...	...
(c) Other accidents of Pregnancy ...	...	...	...	...	...
144. Puerperal Hæmorrhage ...	...	...	...	...	...
145. Other accidents of Parturition ...	...	...	...	...	...
146. Puerperal Septicæmia ...	...	...	...	...	...
147. Phlegmasia Dolens ...	...	...	...	...	...
148. Puerperal Eclampsia ...	...	...	...	...	...
149. Sequelæ of Labour ...	...	...	...	...	...
150. Puerperal affections of the Breast ...	...	...	...	...	...
IX.—AFFECTIONS OF THE SKIN AND CELLULAR TISSUES.						
151. Gangrene ...	...	1	...	1	...	
152. Boil—						
Carbuncle ...	...	...	...	...	...
153. Abscess—						
Whitlow ...	...	1	...	1	...	
Cellulitis ...	...	7	...	7	...	
154. A.—Tinea ...	...	...	...	...	...
B.—Scabies ...	...	1	...	1	...	
155. Other Diseases of the Skin—						
Erythema ...	7	24	...	31	5	
Urticaria ...	...	...	...	...	...
Eczema ...	...	2	...	2	...	
Herpes ...	...	...	...	...	...
Psoriasis ...	...	...	...	...	...
Elephantiasis ...	1	9	...	10	2	
Myiasis ...	...	...	...	...	...
Chigoes ...	...	...	...	...	...
Cutaneous Leishmaniasis ...	...	...	...	...	...
X.—DISEASES OF BONES AND ORGANS OF LOCOMOTION (OTHER THAN TUBERCULOUS).						
156. Diseases of Bones—						
Osteitis ...	...	3	...	3	...	
157. Diseases of Joints—						
Arthritis ...	...	1	...	1	1	
Synovitis ...	...	...	...	...	...
158. Other Diseases of Bones or Organs of Locomotion ...	...	2	...	2	...	
XI.—MALFORMATIONS.						
159. Malformations—						
Hydrocephalus ...	...	...	...	...	...
Hypospadias... ...	...	...	...	...	...
Spina Bifida, etc. ...	...	...	...	...	...
Total carried forward ...	14	211	34	225	16	

TABLE V.—*continued.*GEORGETOWN HOSPITAL—*continued.*RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1928—*continued.*

Diseases.	Remaining in Hospital at end of 1927.	Yearly Total.		Total Cases Treated.	Remain- ing in Hospital at end of 1928.	Remarks.
		Admissions.	Deaths.			
Brought forward ...	14	211	34	225	16	
XII.—DISEASES OF INFANCY.						
160. Congenital Debility	
161. Premature Birth	
162. Other affections of Infancy	
163. Infant neglect (infants of three months or over)	
XIII.—AFFECTIONS OF OLD AGE.						
164. Senility— Senile Dementia	
XIV.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
165. Suicide by Poisoning...	
166. Corrosive Poisoning ... (intentional)	
167. Suicide by Gas Poisoning	
168. Suicide by Hanging or Strangu- lation...	
169. Suicide by Drowning...	
170. Suicide by Firearms	
171. Suicide by cutting or stabbing Instruments...	
172. Suicide by jumping from a height	
173. Suicide by crushing	
174. Other Suicides...	
175. Food Poisoning— Botulism	
176. Attacks of poisonous animals Snake Bite	
Insect Bite	
177. Other accidental Poisonings...	
178. Burns (by Fire)	2	...	2	...	
179. Burns (other than by Fire)	
180. Suffocation (accidental)	
181. Poisoning by Gas (accidental)	
182. Drowning (accidental)	
183. Wounds by Firearms (war ex- cepted)	4	...	4	1	
184. Wounds (by cutting or stabbing Instruments)	
185. Wounds (by Fall)	1	...	1	...	
186. Wounds (in Mines or Quarries)	
187. Wounds (by Machinery)	
188. Wounds (crushing, <i>e.g.</i> , rail- way accidents, etc.)	
189. Injuries inflicted by Animals, Bites, Kicks, etc.	1	...	1	...	
190. Wounds inflicted on Active Service	
191. Executions of civilians by belligerents	
192. A.—Over fatigue	
B.—Hunger or Thirst	
Total carried forward ...	14	219	34	233	17	

TABLE V.—*continued.*GEORGETOWN HOSPITAL—*continued.*RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1928—*continued.*

Diseases.	Remaining in Hospital at end of 1927.	Yearly Total.		Total Cases Treated.	Remain- ing in Hospital at end of 1928.	Remarks.
		Admissions.	Deaths.			
Brought forward ...	14	219	34	233	17	
XIV.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES— <i>contd.</i>						
193. Exposure to Cold, Frost bite, etc. ...	...	...	...	...	...
194. Exposure to Heat—						
Heatstroke ...	...	...	...	...	...
Sunstroke ...	...	...	...	...	...
195. Lightning Stroke ...	...	...	...	...	...
196. Electric Shock... ..	...	...	...	...	...
197. Murder by Firearms ...	...	...	...	...	...
198. Murder by cutting or stabbing Instruments... ..	...	...	...	...	...
199. Murder by other means ...	...	...	...	...	...
200. Infanticide (Murder of an infant under one year) ...	...	...	...	...	...
201. A.—Dislocation ... ..	...	1	...	1	...	
B.—Sprain ... ..	...	1	...	1	...	
C.—Fracture	2	...	...	2	...	
202. Other external Injuries ...	1	16	...	17	1	
203. Deaths by Violence of unknown cause... ..	...	...	...	...	...
XV.—ILL-DEFINED DISEASES.						
204. Sudden Death (cause unknown)	...	...	...	...	...
205. A.—Diseases not already speci- fied or ill-defined—						
Ascites ... ..	...	1	1	1	...	
Edema ... ..	...	...	...	...	...
Asthenia ... ..	...	2	...	2	...	
Shock ... ..	...	...	...	...	...
Hyperpyrexia ... ..	...	...	...	...	...
B.—Malingering ... ..	...	...	...	...	...
XVI.—DISEASES, THE TOTAL OF WHICH HAVE NOT CAUSED 10 DEATHS.						
...	...	3	...	3	...	
Total	17	243	35	260	18	

Diseases.	Males.	Females.
1.—EPIDEMIC, ENDEMIC, AND INFECTIOUS DISEASES.		
1. Enteric Group—		
(a) Typhoid Fever ... ..	...	...
(b) Paratyphoid A. ... ..	...	...
(c) Paratyphoid B. ... ..	...	...
(d) Type not defined ... ..	...	...
2. Typhus ... ..	...	...
3. Relapsing Fever ... ..	...	...
4. Undulant Fever ... ..	...	...
5. Malaria—		
(a) Tertian ... ..	...	...
(b) Quartan ... ..	...	...
(c) Aestivo-autumnal	189	67
(d) Cachexia	3	1
(e) Blackwater ... ..	...	...
6. Smallpox—		
Alastrim... ..	...	...
7. Measles ... ..	...	...
8. Scarlet Fever ... ..	...	...
9. Whooping Cough ... ..	...	...
10. Diphtheria ... ..	...	...
11. Influenza	21	7
12. Miliary Fever ... ..	...	...
13. Mumps ... ..	...	...
14. Cholera ... ..	...	...
15. Epidemic diarrhoea ... ..	...	...
16. Dysentery—		
(a) Amœbic ... ..	...	...
(b) Bacillary ... ..	...	...
(c) Undefined or due to other causes... ..	11	...
17. Plague —		
(a) Bubonic ... ..	...	...
(b) Pneumonic ... ..	...	...
(c) Septicæmic ... ..	...	...
(d) Undefined ... ..	...	...
18. Yellow Fever ... ..	...	...
19. Spirochaetosis ictero-haemorrhagica ... ..	...	...
20. Leprosy	12	3
21. Erysipelas ... ..	...	...
22. Acute Poliomyelitis ... ..	...	...
23. Encephalitis Lethargica ... ..	...	...
24. Epidemic Cerebro-spinal Fever ... ..	...	...
25. Other Epidemic Diseases—		
(a) Rubeola (German Measles) ... ..	...	...
(b) Varicella (Chicken-pox) ... ..	...	...
(c) Kala-azar ... ..	...	...
(d) Phlebotomus Fever	2	...
(e) Dengue ... ..	...	...
(f) Epidemic Dropsy ... ..	...	...
(g) Yaws... ..	52	19
(h) Trypanosomiasis	6	3
26. Glanders ... ..	...	...
27. Anthrax ... ..	...	...
28. Rabies ... ..	...	...
29. Tetanus ... ..	...	...
30. Mycosis ... ..	...	...
Total carried forward	296	100

TABLE VI.—*continued.*GEORGETOWN HOSPITAL—*continued.*RETURN OF DISEASES (OUT-PATIENTS) FOR THE YEAR 1928—*continued.*

Diseases.	Males.	Females.
Brought forward	296	100
I.—EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES— <i>contd.</i>		
31. Tuberculosis, Pulmonary and Laryngeal... ..	4	2
32. Tuberculosis of the Meninges or Central Nervous System ... ..	...	...
33. Tuberculosis of the Intestines or Peritoneum ... ..	...	...
34. Tuberculosis of the Vertebral Column ... ..	...	...
35. Tuberculosis of Bones and Joints ... ..	...	...
36. Tuberculosis of other organs—		
(a) Skin or Subcutaneous Tissue (Lupus) ... ..	...	...
(b) Bones	1	...
(c) Lymphatic System ... ..	...	...
(d) Genito-urinary ... ..	...	...
(e) Other Organs ... ..	...	...
37. Tuberculosis disseminated—		
(a) Acute ... ..	...	...
(b) Chronic ... ..	...	...
38. Syphilis—		
(a) Primary ... ..	...	...
(b) Secondary	1	...
(c) Tertiary	3	2
(d) Hereditary	1	...
(e) Period not indicated ... ..	...	...
39. Soft Chancre	3	...
40. A.—Gonorrhœa and its complications	32	...
B.—Gonorrhœal Ophthalmia ... ..	...	...
C.—Gonorrhœal Arthritis ... ..	...	...
D.—Granuloma Venereum ... ..	...	...
41. Septicæmia ... ..	...	...
42. Other Infectious Diseases—		
Trypanosomiasis ... ..	...	...
II.—GENERAL DISEASES NOT MENTIONED ABOVE.		
43. Cancer or other malignant Tumours of the Buccal Cavity ... ..	...	...
44. Cancer or other malignant Tumours of the Stomach or Liver ... ..	...	...
45. Cancer or other malignant Tumours of the Peritoneum		
Intestines, Rectum ... ..	...	...
46. Cancer or other malignant Tumours of the Female Genital		
Organs ... ..	...	...
47. Cancer or other malignant Tumours of the Breast ... ..	...	...
48. Cancer or other malignant Tumours of the Skin ... ..	...	...
49. Cancer or other malignant Tumours of Organs not specified ..	...	...
50. Tumours non-Malignant	3	...
51. Acute Rheumatism ... ..	...	...
52. Chronic Rheumatism	156	86
53. Scurvy (including Barlow's Disease) ... ..	...	...
54. Pellagra ... ..	...	...
55. Beri-Beri ... ..	...	...
56. Rickets ... ..	...	...
57. Diabetes (not including Insipidus) ... ..	...	...
58. Anæmia—		
(a) Pernicious ... ..	...	...
(b) Other Anæmias and Chlorosis ... ..	...	...
59. Diseases of the Pituitary Body ... ..	...	...
60. Diseases of the Thyroid Gland—		
(a) Exophthalmic Goitre ... ..	...	...
(b) Other diseases of the Thyroid Gland, Myxœdema	45	115
Total carried forward	545	305

TABLE VI.—*continued.*GEORGETOWN HOSPITAL—*continued.*RETURN OF DISEASES (OUT-PATIENTS) FOR THE YEAR 1928—*continued.*

Diseases.	Males.	Females.
Brought forward	545	305
II.—GENERAL DISEASES NOT MENTIONED ABOVE— <i>contd.</i>		
61. Diseases of the Para-Thyroid Glands ... ..	...	...
62. Diseases of the Thymus ... ..	...	...
63. Diseases of the Supra-Renal Glands ... ..	...	...
64. Diseases of the Spleen ... ..	...	...
65. Leukæmia—		
(a) Leukæmia ... ..	...	...
(b) Hodgkin's Disease ... ..	...	...
66. Alcoholism ... ..	...	...
67. Chronic poisoning by mineral substances (lead, mercury, &c.)	...	...
68. Chronic poisoning by organic substances (Morphia, Cocaine, &c.)	...	...
69. Other General Diseases—		
Auto-intoxication ... ..	...	...
Purpura Hæmorrhagica ... ..	...	...
Hæmophilia ... ..	...	...
Diabetes Insipidus ... ..	...	...
III.—AFFECTIONS OF THE NERVOUS SYSTEM AND ORGANS OF THE SENSES.		
70. Encephalitis (not including Encephalitis Lethargica) ... ..	...	...
71. Meningitis (not including Tuberculous Meningitis or Cerebro-spinal Meningitis) ... ..	...	...
72. Locomotor Ataxia ... ..	...	...
73. Other affections of the Spinal Cord ... ..	...	...
74. Apoplexy—		
(a) Hæmorrhage ... ..	...	...
(b) Embolism ... ..	...	...
(c) Thrombosis	1	...
75. Paralysis—		
(a) Hemiplegia ... ..	...	...
(b) Other Paralysis ... ..	...	...
76. General Paralysis of the Insane ... ..	...	...
77. Other forms of Mental Alienation ... ..	...	...
78. Epilepsy	1	1
79. Eclampsia, Convulsions (non-puerperal) 5 years or over ... ..	...	...
80. Infantile Convulsions ... ..	...	...
81. Chorea ... ..	...	...
82. A.—Hysteria ... ..	...	...
B.—Neuritis	6	...
C.—Neurasthenia ... ..	...	2
83. Cerebral Softening ... ..	...	...
84. Other affections of the Nervous System, such as Paralysis Agitans	11	3
85. Affections of the Organs of Vision—		
(a) Diseases of the Eye	1	2
(b) Conjunctivitis	53	29
(c) Trachoma ... ..	...	1
(d) Tumours of the Eye ... ..	...	...
(e) Other affections of the Eye	5	...
86. Affections of the Ear or Mastoid Sinus	22	12
Total carried forward	645	355

TABLE VI.—*continued.*GEORGETOWN HOSPITAL—*continued.*RETURN OF DISEASES (OUT-PATIENTS) FOR THE YEAR 1928—*continued.*

Diseases.	Males.	Females.
Brought forward... ..	645	355
IV.—AFFECTIONS OF THE CIRCULATORY SYSTEM.		
87. Pericarditis	1	...
88. Acute Endocarditis or Myocarditis ... ..	...	1
89. Angina Pectoris ... ..	...	...
90. Other Diseases of the Heart—		
(a) Valvular—		
Mitral ... ..	...	...
Aortic ... ..	...	...
Tricuspid ... ..	...	...
Pulmonary ... ..	...	...
(b) Myocarditis	11	2
91. Diseases of the Arteries—		
(a) Aneurism	1	1
(b) Arterio-Sclerosis	1	...
(c) Other diseases ... ..	...	...
92. Embolism or Thrombosis (non-cerebral)	1	...
93. Diseases of the Veins—		
Hæmorrhoids	5	...
Varicose Veins ... ..	...	...
Phlebitis... ..	...	...
94. Diseases of the Lymphatic System—		
Lymphangitis	4	1
Lymphadenitis, Bubo (non-specific)	12	3
95. Hæmorrhage of undetermined cause ... ..	...	...
96. Other affections of the Circulatory System ... ..	...	...
V.—AFFECTIONS OF THE RESPIRATORY SYSTEM.		
97. Diseases of the Nasal Passages—		
Adenoids ... ..	...	...
Polypus... ..	...	...
Rhinitis... ..	6	3
Coryza	11	9
98. Affections of the Larynx—		
Laryngitis	1	...
99. Bronchitis—		
(a) Acute ... ..	...	...
(b) Chronic	226	118
100. Broncho-Pneumonia ... ..	...	1
101. Pneumonia—		
(a) Lobar	9	4
(b) Unclassified ... ..	...	...
102. Pleurisy, Empyema	4	7
103. Congestion of the Lungs ... ..	...	...
104. Gangrene of the Lungs ... ..	...	...
105. Asthma	3	1
106. Pulmonary Emphysema	2	...
107. Other affections of the Lungs—		
Pulmonary Spirochætosis ... ..	...	...
VI.—DISEASES OF THE DIGESTIVE SYSTEM.		
108. A.—Diseases of Teeth or Gums—		
Caries, Pyorrhœa, &c.	34	13
B.—Other affections of the Mouth—		
Stomatitis	13	4
Glossitis, &c.	13	1
Total carried forward	1,003	524

TABLE VI.—*continued.*GEORGETOWN HOSPITAL—*continued.*RETURN OF DISEASES (OUT-PATIENTS) FOR THE YEAR 1928—*continued.*

Diseases.	Males.	Females.
Brought forward	1,003	524
VI.—DISEASES OF THE DIGESTIVE SYSTEM— <i>contd.</i>		
109. Affections of the Pharynx or Tonsils—		
Tonsillitis	16	6
Pharyngitis	5	6
110. Affections of the Œsophagus		
111. A.—Ulcer of the Stomach		
B.—Ulcer of the Duodenum		
112. Other affections of the Stomach—		
Gastritis	21	11
Dyspepsia, &c.	38	31
113. Diarrhœa and Enteritis—		
Under two years	17	8
114. Diarrhœa and Enteritis—		
Two years and over	63	15
Colitis		
Ulceration		
114a Sprue		
115. Ankylostomiasis	4	1
116. Diseases due to Intestinal Parasites—		
(a) Cestoda (Tænia)	23	5
(b) Trematoda (Flukes)		
(c) Nematoda (other than Ankylostoma)—		
Ascaris	15	16
Trichocephalus dispar		1
Trichina		
Dracunculus	1	
Strongylus		
Oxyuris		
(d) Coccidia		
(e) Other parasites		
(f) Unclassified		
117. Appendicitis		
118. Hernia	13	
119. A.—Affections of the Anus, Fistula, &c.		
B.—Other affections of the Intestines—		
Enteroptosis		
Constipation	653	316
120. Acute Yellow Atrophy of the Liver		
121. Hydatid of the Liver		
122. Cirrhosis of the Liver—		
(a) Alcoholic		
(b) Other forms		
123. Biliary Calculus		
124. Other affections of the Liver—		
Abscess		
Hepatitis		
Cholecystitis		
Jaundice		
125. Diseases of the Pancreas		
126. Peritonitis (of unknown cause)		
127. Other affections of the Digestive System		
Total carried forward	1,872	940

TABLE VI.—*continued.*GEORGETOWN HOSPITAL—*continued.*RETURN OF DISEASES (OUT-PATIENTS) FOR THE YEAR 1928—*continued.*

Diseases.	Males.	Females.
Brought forward	1,872	940
VII.—DISEASES OF THE GENITO-URINARY SYSTEM (NON-VENEREAL).		
128. Acute Nephritis	3	2
129. Chronic ... ..	...	...
130. A.—Chyluria ... ..	...	...
B.—Schistosomiasis	3	1
131. Other affections of the Kidneys—		
Pyelitis, etc. ... ..	...	1
132. Urinary Calculus ... ..	...	...
133. Diseases of the Bladder—		
Cystitis	32	8
134. Diseases of the Urethra—		
(a) Stricture	3	...
(b) Other... ..	1	...
135. Diseases of the Prostate—		
Hypertrophy ... ..	...	...
Prostatitis... ..	...	...
136. Diseases (non-Venereal of the Genital Organs of Man)—		
Epididymitis ... ..	...	...
Orchitis ... ..	...	...
Hydrocele	6	...
Ulcer of Penis	6	...
137. Cysts or other (non-malignant) Tumours of the Ovaries ...	...	...
138. Salpingitis—		
Abscess of the Pelvis ... ..	...	4
139. Uterine Tumours (non-malignant) ... ..	...	...
140. Uterine Hæmorrhage (non puerperal) ... ..	...	...
141. A.—Metritis ... ..	...	8
B.—Other affections of the Female Genital Organs—		
Displacements of Uterus ... ..	...	3
Amenorrhœa ... ..	...	12
Dysmenorrhœa ... ..	...	8
Leucorrhœa ... ..	...	1
142. Diseases of the Breast (non-puerperal)—		
Mastitis ... ..	...	1
Abscess of Breast ... ..	...	...
VIII.—PUERPERAL STATE.		
143. A.—Normal Labour ... ..	...	...
B.—Accidents of Pregnancy—		
(a) Abortion ... ..	...	6
(b) Ectopic Gestation ... ..	...	...
(c) Other accidents of Pregnancy ... ..	...	...
144. Puerperal Hæmorrhage ... ..	...	...
145. Other accidents of Parturition ... ..	...	...
146. Puerperal Septicæmia ... ..	...	...
147. Phlegmasia Dolens ... ..	...	...
148. Puerperal Eclampsia ... ..	...	...
149. Sequelæ of Labour ... ..	...	...
150. Puerperal affections of the Breast ... ..	...	1
Total carried forward	1,926	996

TABLE VI.—*continued.*GEORGETOWN HOSPITAL—*continued.*RETURN OF DISEASES (OUT-PATIENTS) FOR THE YEAR 1928—*continued.*

Diseases.	Males.	Females.
Brought forward	2,257	1,100
XIV.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.		
165. Suicide by Poisoning ... ..	...	...
166. Corrosive Poisoning (intentional) ... ..	...	...
167. Suicide by Gas Poisoning ... ..	...	...
168. Suicide by Hanging or Strangulation ... ..	...	...
169. Suicide by Drowning ... ..	...	...
170. Suicide by Firearms ... ..	...	...
171. Suicide by cutting or stabbing Instruments ... ..	...	...
172. Suicide by jumping from a height ... ..	...	...
173. Suicide by crushing ... ..	...	...
174. Other Suicides ... ..	...	...
175. Food Poisoning—		
Botulism ... ..	...	...
176. Attacks of poisonous animals—		
Snake Bite ... ..	...	...
Insect Bite	2	...
177. Other accidental Poisonings ... ..	...	...
178. Burns (by Fire) ... ..	...	...
179. Burns (other than by Fire)	6	4
180. Suffocation (accidental) ... ..	...	...
181. Poisoning by Gas (accidental) ... ..	...	...
182. Drowning (accidental) ... ..	...	...
183. Wounds by Firearms (war excepted)	1	...
184. Wounds (by cutting or stabbing Instruments) ... ..	...	...
185. Wounds (by Fall) ... ..	...	...
186. Wounds (in Mines or Quarries) ... ..	...	...
187. Wounds (by Machinery) ... ..	...	...
188. Wounds (crushing, e.g., railway accidents, &c.) ... ..	...	...
189. Injuries inflicted by animals, Bites, Kicks, &c. ... ..	...	...
190. Wounds inflicted on Active Service ... ..	...	...
191. Executions of civilians by belligerents ... ..	...	...
192. A.—Over fatigue ... ..	...	...
B.—Hunger or Thirst ... ..	...	...
193. Exposure to Cold, Frost Bites, &c. ... ..	...	...
194. Exposure to Heat—		
Heatstroke ... ..	...	...
Sunstroke ... ..	...	...
195. Lightning Stroke ... ..	...	...
196. Electric Shock ... ..	...	...
197. Murder by Firearms ... ..	...	...
198. Murder by cutting or stabbing Instruments ... ..	...	...
199. Murder by other means ... ..	...	...
200. Infanticide (Murder of an infant under one year) ... ..	...	...
201. A.—Dislocation	1	1
B.—Sprain	48	1
C.—Fracture	1	...
202. Other external Injuries	202	24
203. Deaths by Violence of unknown cause ... ..	...	...
Total carried forward	2,518	1,130

TABLE VI.—*continued.*

GEORGETOWN HOSPITAL—continued.

RETURN OF DISEASES (OUT-PATIENTS) FOR THE YEAR 1928—continued.

Diseases.	Males.	Females.
Brought forward	2,518	1,130
XV.—ILL-DEFINED DISEASES.		
204. Sudden Death (cause unknown) ... ..	...	...
205. A.—Diseases not already specified or ill-defined—		
Ascites	1	...
Edema	12	1
Asthenia	16	5
Shock ... ..	...	...
Hyperpyrexia ... ..	...	...
B.—Malingering ... ..	...	...
XVI.—DISEASES, THE TOTAL OF WHICH HAVE NOT CAUSED 10 DEATHS.		
Total... ..	2,547	1,136

APPENDIX V.

RETURN OF PATIENTS TREATED AT KA-AUR DISPENSARY DURING 1928.

Total for the year	...	...	...	...	...	...	...	1,411
January	...	...	...	...	...	...	...	182
February	...	...	...	...	...	...	...	210
March	...	...	...	...	...	...	...	129
April	...	...	...	...	...	...	...	256
May	...	...	...	...	...	...	...	148
June	...	...	...	...	...	...	...	8
July	...	...	...	...	...	...	...	17
August	...	...	...	...	...	...	...	157
September	...	...	...	...	...	...	...	—
October	...	...	...	...	...	...	...	—
November	...	...	...	...	...	...	...	184
December	...	...	...	...	...	...	...	120

Dispensary was closed from 5th June to 29th July for Dispenser's leave, and from 28th August to 2nd November whilst Dispenser was relieving at Georgetown.

Average daily number of patients, 5.

Prevalent diseases were ulcer, malaria, constipation, injuries, diseases of the eye, helminthic diseases. First attendances only are included in the figures for both dispensaries.

(Sgd.) S. G. HARRISON,
M.O. Protectorate.

APPENDIX VI.

RETURN OF PATIENTS TREATED AT BASSE DISPENSARY DURING 1928.

Total for the year	...	...	...	...	...	...	...	1,116
January	...	...	...	...	...	...	...	263
February	...	...	...	...	...	...	...	231
November	...	...	...	...	...	...	...	280
December	...	...	...	...	...	...	...	342

The Dispensary was closed from 28th February to 12th November owing to the death of the Dispenser.

Average daily number of patients, 9.

Prevalent diseases were ulcer, bronchitis, constipation and digestive disorders, injuries, malaria and helminthic infections.

These figures do not include patients seen at Basse by the Medical Officer while the Dispensary was closed.

(Sgd.) S. G. HARRISON,
M.O. Protectorate.

APPENDIX VII.

RETURN OF PATIENTS TREATED AT BUSH SURGERIES, 1928.

Total for the year	...	...	...	...	...	...	...	1,647
January	...	...	...	...	...	...	...	133
February	...	...	...	...	...	...	...	280
March	...	...	...	...	...	...	...	111
April	...	...	...	...	...	...	...	59
May	...	...	...	...	...	...	...	183
June	...	...	...	...	...	...	...	210
July	...	...	...	...	...	...	...	119
August	...	...	...	...	...	...	...	—
September	...	...	...	...	...	...	...	183
October	...	...	...	...	...	...	...	—
November	...	...	...	...	...	...	...	218
December	...	...	...	...	...	...	...	151

No Medical Officer was stationed in the Protectorate in August and October.

(Sgd.) S. G. HARRISON,
M.O. Protectorate.

APPENDIX VIII.

TABLE VII.

METEOROLOGICAL RETURN FOR THE YEAR 1928 (GEORGETOWN).

	TEMPERATURE.						RAINFALL.		WINDS.		Remarks.
	Solar Maxi- mum.	Mini- mum on Grass.	Shade Maxi- mum.	Shade Mini- mum.	Range.	Mean.	Amount in Inches.	Degree of Hu- midity.	General Direc- tion.	Average Force.	
January ...	—	—	97	51	24	75.6	—	—	N.E.	3	
February ...	—	—	103	56	34	78.4	—	—	N.E.	3	
March ...	—	—	108	60	40	84.1	—	—	Var.	1	
April ...	—	—	108	61	29	86.5	0.06	—	N.E.	1	
May ...	—	—	109	73	34	89.7	0.08	—	N.	1	
June ...	—	—	103	70	33	88.2	4.61	—	Var.	3	
July ...	—	—	99	70	20	82.6	6.64	—	Var.	3	
August ...	—	—	92	69	20	80.7	8.23	—	N.	3	
September ...	—	—	93	70	18	83.3	13.20	—	Var.	3	
October ...	—	—	95	70	23	82.1	3.07	—	Var.	3	
November ...	—	—	95	60	35	74.0	—	—	Var.	2	
December ...	—	—	98	56	41	77.0	—	—	Var.	2	
							35.89				

APPENDIX IX.

MEDICAL OFFICE,

BATHURST, GAMBIA.

12th December, 1928.

YOUR EXCELLENCY,

I have the honour to forward to you the reports on the five cases of Yellow Fever that have occurred in Bathurst during November and December, 1928.

2. Monsieur Julien and Monsieur Lesquern were great friends and sat a great deal together in each other's room. It is difficult to associate the other cases except a rumour which stated the girl, Gertrude Gibson, visited these two Frenchmen and that they also visited her house 34, Stanley Street. In the ground floor of this building is a wine shop controlled by Maurel and Prom, the employees of this firm used to go to the shop to check stores, etc., I can trace no connection with the other two cases.

3. Immediately the first two cases were diagnosed the employees of Maurel and Prom were removed from the building and kept under observation but allowed to carry on their daily duties. The whole of the buildings of the firm were thoroughly fumigated and cleansed. Two or three breeding places of *Stegomyia* Mosquitoes were discovered.

The same steps were taken at the homes of the other cases and the surrounding buildings in each case were also dealt with.

4. There was a certain amount of panicking after the two European deaths, but on the other hand these unfortunate cases were the cause of a remarkable amount of energy in the shape of cleaning up the premises of all the firms and the adopting of all possible precautions against Yellow Fever.

5. I am somewhat doubtful personally of the diagnosis of the third case, the Jola woman, but one cannot afford to take risks. In my opinion it is better to diagnose ten cases as Yellow Fever which in the end are proved to be some other disease rather than let one real case of Yellow Fever go by undetected.

6. Pathological specimens of the fourth case—Gertrude Gibson—were sent by the "EGBA" to the Director, Freetown Laboratory; unfortunately these went astray and were only delivered at Freetown on 10th instant instead of 26th November, so have not yet received the report.

Specimens of the fifth case are being sent on the 14th. With regard to this paragraph, the remarks in my letter to you of 10th instant, with regard to the establishment of a Research Laboratory at Cape St. Mary, have been somewhat appropriate.

7. Quarantine should end on 23rd instant and I trust that there will be no further cases.

It was unfortunate at the time these cases occurred we were without either a permanent Infectious Disease Hospital or Quarantine Station.

The present weather is much in our favour and against a spread of this disease owing to the cold and dryness and there should be little likelihood of mosquitoes breeding except in receptacles left carelessly unattended. Strict inspection is being carried out by the Public Health Department.

8. New disinfecting machines are required. Our present ones are worn out. A new one has already been ordered and a larger variety has been estimated for 1929.

9. An extra isolation building of four beds is being erected on the Infectious Diseases Hospital area for suspected or actual native cases.

All mosquito-proof wire at the Hospital has been overhauled and repaired.

10. Sea and river crafts are not allowed to be alongside wharves between the hours of 5.30 p.m. and 6.0 a.m.

11. All travellers leaving Bathurst are examined and given certificates if all is satisfactory.

12. We have to consider :—

(i) The reservoir, which is most likely the local African, in whom the disease may occur in a mild form and be difficult to diagnose.

(ii) The carrier, the mosquito (the *Stegomyia* or *Aedes Calopus* and possibly other species of this family).

(iii) The Non-Immune, who becomes infected and suffers from the disease ; these are chiefly the Europeans and Syrians.

These three constitute the cycle and of the three the one that we can attack best is the mosquito in all stages of its life history. Anti-mosquito work is the best line of prevention that the Public Health Department can carry out.

There is at present no reliable vaccine and even the curative Serum has not been proved effective.

I have the honour to be,

Your Excellency,

Your obedient humble Servant,

(Sgd.) K. B. ALLAN,

Senior Medical Officer.

HIS EXCELLENCY,

SIR EDWARD BRANDIS DENHAM, K.B.E., C.M.G.,

GOVERNOR AND COMMANDER-IN-CHIEF,

GAMBIA.

SENIOR MEDICAL OFFICER,

SIR,

I have the honour to furnish the following report on the two cases of Yellow Fever occurring in Bathurst during November, 1928.

1. M. Julien, French, aged 29, a clerk in the employ of Etab. Maurel and Prom, had been in the Colony for over a year and had not had much sickness. I attended him in August for an attack of acute gastritis, lasting 3 days. He was a small thin man of wiry build.

He was said to have been ill with fever for 2 or 3 days when I was first called to see him late in the evening of October 31st. He was complaining of headache and fever. The skin was dry, tem. 103°, urine appeared normal. I could find no parasites in his blood.

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Next day, he said he felt a little better, but his temperature had risen to 103.8° , at which point it remained all day. His pulse was full and bounding, frequency 94 per minute. The patient complained of frontal headache and pains in the limbs. There was now a trace of albumen in the urine and he showed no sign of responding to the quinine which he was taking in solution—he had now had over 40 grains; there had been no vomiting. The patient had been in a mosquito proof cage since commencement of the illness. When I saw the patient next day (Nov. 2nd) I decided to remove him to hospital and this was at once done. He had now a marked congestion of the eyes, and he complained of the pains in the limbs and back. The skin was dry and the temperature throughout this day remained at 103.8° . Pulse 86. The urine was dark brown and thick with a cloudy deposit; it contained albumen. The tongue was furred. Spleen not enlarged.

November 3rd.—He passed a restless night, and during this day the patient's appearance remained the same. The temperature rose 104.4° in the evening, pulse 86.

November 4th.—The temperature fell to 101.6° in the morning; pulse 74, still full. The patient now began to vomit, for the first time during the illness—the vomit was brown and watery (he had previously drunk a cup of coffee, so it was not noted particularly). As the day went on, the diagnosis became more clear, as the vomit became darker, and a slight yellow tinge appeared in the conjunctiva. While the temperature rose to 103.4° , the pulse remained at 74.

November 5th.—The clinical picture was now plainly that of Yellow Fever; T. 101.8° —Pulse 66 p.m.—Jaundice was more marked. There was frequent vomiting of black tarry-looking material. The eyes were congested, the tongue had a white fur centrally. The urine was acid, loaded with albumen, with heavy deposit, and contained casts and bile. There was complaint of epigastric pain, though the headache and limb pain were gone.

November 6th.—The patient was now weakening markedly. T. 102° —T. 101.8° . Pulse 66–70, now weak. Great thirst was complained of, sleeplessness and epigastric pain. The face was pinched and shrunken. Jaundice was deeper. Urine (in last 24 hours 31 ounces) loaded with albumen as before. Black vomit was expulsively ejected almost constantly. Towards evening the patient was delirious, rapidly became unconscious and incontinent, and died at 11.40 p.m. Treatment throughout was symptomatic.

2. M. Lesquern, French, aged 25 was an employee of the same firm and a great friend of M. Julien. He was employed in the shop. He was a man of heavier build, but I was informed that he had been frequently sick with attacks of slight fever during his tour. He also had been more than a year in Bathurst since his leave.

First seen by Dr. Allan, on the evening of November 5th, he was complaining of frontal headache and fever. His temperature was 100° , pulse 88, and he had had no vomiting. He had had a rigor. I admitted him to Hospital on the afternoon of the next day. His temperature was 104° , pulse 106. He was extremely drowsy and only a small quantity of urine was obtained. It contained albumen. No parasites were found in the blood. Spleen normal.

Soon after admission he had a very copious vomit of brownish shreddy material, and, shortly after a large loose stool, very black and tarry.

There was now congestion of the eyes, epigastralgia and slight jaundice, and there was no doubt as to the condition. Evening, T. 102.8° , pulse 102–90 R. 32.

Next day (Nov. 7th) it had become evident that the issue would be rapidly fatal. T. 102.4° , P. 100, now much weaker. Jaundice was marked and there was frequent black vomit of the same nature as in the other case. There was hæmorrhage from the nose during the day and the body was covered with a rash consisting of petechial hæmorrhages.

As the day advanced the patient became weaker. Delirium was followed by coma.

Loose jet-black stools were passed incontinently and black vomit was constantly expelled until death took place at 11.45 that evening. There was suppression of urine from midday on day previous to death.

(Sgd.) J. C. CRUICKSHANK,
Medical Officer.

REPORT ON CASE OF YELLOW FEVER IN NATIVE.

November, 1928.

A Jola woman, aged about 26 years, was brought to me on the morning of November 18th.

The woman was said to have been ill for 3 days, and was intensely jaundiced, so she was put for observation under a net in the Female Ward. On admission, the temperature was sub-normal, the pulse was 100 and full, the notable feature was the marked degree of prostration. Examination of the blood showed no parasites. The urine was acid, and contained much bile—no other abnormal constituent was found, though there was a dense cloudy deposit of a dark yellow colour, becoming brown on standing. The liver was normal in size, the spleen slightly enlarged (? due to previous malarial attacks). No abnormality in lungs or heart could be detected. Shortly after admission the patient vomited, and the vomit was found to be dark-brown and shreddy—the typical appearance of a coffee ground vomit. A dark vomit of this nature was ejected three times during the same day. There was some complaint of headache and there was a little epigastric tenderness, but pain was not particularly marked.

The patient was put on a mixture of Sodium Salicylate and fluid diet.

She had a restless night, in spite of 15 grains of trional, and vomited several times.

Next day the bowels were moved by calomel and mist alba—the stool was copious and jet-black. The temperature remained sub-normal, the pulse about 90.

Later in the day the patient lapsed into unconsciousness—there was extreme prostration most of the time, with intervals of restlessness and groaning. Vomiting ceased.

On the third day after admission the temperature rose to 101° ; otherwise the clinical picture remained as on the previous day. A round worm was passed—no more were passed after the exhibition of Santonin followed by mist alba. The urine was of a dark greenish-brown colour, laden with bile and containing now a trace of albumen.

During the next two days the prostration continued and the pulse weakened so much that death appeared imminent. In the occasional restless periods, she groaned and shouted. The urine never showed more than a trace of albumen. The temperature rose to 101° each evening.

On the morning of the sixth day, there was a striking change. The patient was quite conscious and asking for food. The pulse began to slow considerably, the temperature fell to normal, and only the jaundice and prostration remained. There were occasional hallucinations at night. From this point, convalescence was uninterrupted. The patient gained strength rapidly, the urine became gradually clearer and the jaundice faded, being practically gone when the patient was discharged on December 10th, 1928.

(Sgd.) J. C. CRUICKSHANK,

Medical Officer.

10th December, 1928.

REPORT ON ILLNESS AND POST-MORTEM FINDINGS IN THE CASE OF BAKARI CAMARA.

Admitted to Hospital at 6 p.m. on 5th December. Died at 10.45 same day. Post-Mortem 9 a.m., 6th December.

He was brought into Hospital on a stretcher—unconscious. There was no jaundice perceptible. The eyes were congested and pupils dilated. His garments were stained by dark stained vomit. Injection of Camphor in oil was given at once. The patient died without recovering consciousness. Twice before death he vomited very dark vomit.

POST-MORTEM FINDINGS.

Stomach.—The lining membrane was covered with hæmorrhages—almost completely covering the cardiac half of the organ. There were also smaller hæmorrhages in the region of the pylorus.

Lungs.—Nil abnormal found.

Heart.—The musculature was pale. No valvular damage apparent.

Liver.—The whole organ was pale and the capsules showed very light areas alongside areas of normal colour.

Kidneys.—Congestion of both kidneys was extreme, especially was this so in the case of the left kidney. Demarcation between medulla and cortex was indistinct in case of left kidney. Capsule stripped easily.

Bladder.—Contained about 6 oz. of pale urine which was loaded with albumen.

Sections of liver, heart and kidneys were removed for examination.

(Sgd.) A. M. W. RAE,

Medical Officer.

10th December, 1928.

GERTRUDE GIBSON, female, age 16, school-girl, unmarried. Address, 34, Stanley Street. Date, 19th November, 1928. Died on admission to Hospital.

HISTORY.—Taken ill on Friday, 16th November, with fever and severe frontal headache and backache.

No vomiting and able to take food up to morning of 19th. Appeared to be very ill and drowsy on Monday afternoon so that relatives became frightened and brought patient to Hospital. Had not been seen by a Doctor previously and had had no treatment. Died before she was seen by a Medical Officer.

Coroner's Inquest and Post-Mortem ordered. It was reported that this girl had visited the two Europeans in Maurel and Prom who had died of Yellow Fever on November 6th and 7th respectively and also that these two Frenchmen had visited this girl at her own house. There is a wine shop in the ground floor of 34, Stanley Street, which the assistants of Maurel and Prom used to visit to check the stock.

POST-MORTEM.—Well nourished strongly built girl. Congestion of conjunctivæ, no jaundice. Yellow staining of palms of hands.

Stomach.—Hæmorrhages in the mucous membrane. No black vomit.

Liver.—Fatty degeneration.

Uterus and Appendages congested.

Bladder contained $1\frac{1}{2}$ ozs. urine full of albumen.

THE SIR ALFRED LEWIS JONES RESEARCH LABORATORY.

REPORT ON MATERIAL FROM THE GAMBIA. TWO CASES OF SUSPECTED YELLOW FEVER.

CASE 1.—Package opened 24th December, 1928; tissues, liver, heart, kidney and spleen, well preserved in formalin.

Macroscopic.—Liver: consistency firm, colour yellow with a few superficial hæmorrhages and pigmented patches. On section areas of yellowish mottling, giving place in some parts to a homogenous yellow colour. Kidney: on section, cortex showed an irregularly dotted appearance, the cortex being small in amount; the medulla showed dark striation. Heart: Sub-pericardial small punctate hæmorrhages. On section minute hæmorrhages in the muscle. Spleen: on section dark with prominent greyish-white Malpighian corpuscles.

Smears.—Scrapings from the surface of the organs, fixed in alcohol and stained by Leishman's stain showed well preserved red cells. No malaria parasites, trypanosomes, or spirochaetes were found.

Microscopis.—Liver: Sections stained with hæmatoxylin or hæmatoxylin and eosin showed the inner portion of the lobules with well stained cells and nuclei; outside this cells showed cloudy swelling, many with the protoplasm finely vacuolated and faintly stained and the nuclei badly stained or absent; the capillaries at the margin of the lobules distended, with some extravasation. Extensive fine vacuolation of the protoplasm of the liver cells; in different areas individual cells and columns of cells affected. In sections treated with osmic acid the nuclei of the liver cells largely obscured by fine granular deposit. In sections stained with Leishman's stain, necrosis of cells in the midlobular region, congestion of the periphery of the lobules with extravasation; red blood cells well preserved. In sections by Levaditis method no spirochaetes were found. Kidney: In sections stained with hæmatoxylin or hæmatoxylin and eosin, small subcapsular hæmorrhages and a few glomerular hæmorrhages. The cells of the convoluted tubules show degeneration; the boundary zone vessels dilated, with extravasation of blood. In the medullary region separation of the tubular epithelium from the basement membrane with hæmorrhages between and into the tubules; occlusion of tubules with cellular and granular casts and also homogenous yellowish material. Heart: Sections stained with hæmatoxylin and eosin showed small subpericardial hæmorrhages and small capillary hæmorrhages; considerable yellowish brown pigment; cloudy swelling present and fine vacuolation of cells. Spleen: Malpighian bodies somewhat enlarged and the pulp moderately congested; trabecular tissues normal in amount pigmented areas present.

The appearances of the organs and sections in this case are in accord with a diagnosis of yellow fever.

CASE 2.—Package opened 24th December, 1928; tissues, liver, kidney and heart preserved in formalin. The tissues in this case did not present the same degree of preservation as was seen in Case 1. The liver especially was damaged by the proliferation of a gas-forming organism; this alteration may have been due to the period intervening between the death of the case and the preservation of the tissues or it may have been due to very rapid post-mortem changes.

Macroscopic.—Liver: Partly decomposed with gas formation; there was a cavity with a honeycombed appearance about 5 by 2 inches in size in the portion received. On section the unaffected portion was of a homogenous dull yellow colour, the tissue being friable. Kidney: No hæmorrhages visible. On section cortex and medulla indistinct, the whole organ being dark in colour, no mottling in the cortex nor striation of the medulla noted. Heart: Nothing noted.

Smears.—Scrapings treated as above showed no red blood cells; in that from the liver amorphous pigment was seen and in that from the kidney dark granular masses. In the heart smear streaks of golden pigment were present. The blood cells appeared to have been hæmolyzed. In scrapings from the walls of the cavity in the liver numerous types of bacteria were present, the predominant form being a spore bearing organism of drum-stick appearance.

Microscopic.—Liver: Hæmatoxylin stained sections showed some infiltration with round cells, and increase fibrous tissues; endothelial cell proliferation present; pigment of dark brown colour in and between liver cells; bacteria in and outside the capillaries. Arterial walls thickened. Liver cells regularly stained, in most cases. Sections stained with Leishman's and Giemsa's stains showed no red blood cells; no characteristic necrosis of the lobules although degeneration was present in some groups of cells. In sections stained by Levaditis method no spirochaetes were found. Kidney: In sections stained with hæmatoxylin or hæmatoxylin and eosin only faint outlines of red blood cells were made out in few portions. Fibrous tissue increase noted with reduction of glandular tissue; arterial walls thickened and smaller vessels frequently occluded. Many glomeruli have a thick fibrous capsule round them; some show necrotic changes and others have fibrosed. The tubular epithelium degenerated; the cells isolated or forming casts. Infiltration of round cells both perivascular and general present, and endothelial cell proliferation. Heart: Hæmatoxylin stained sections showed moderate perivascular and general infiltration, endothelial cell proliferation, no red blood cells seen. In Leishman's stained sections fine vacuolation of cell protoplasm was noted; the vessels contained granular debris and red-shaped crystals but no normal red cells.

The appearance of the organs and sections in this case suggests that a generalized toxic process had been in existence for some time; it is possible that in a case of this kind, with the nephritic condition and concomitant effects in the other organs, an attack of yellow fever might result in death before producing very typical lesions.

APPENDIX X.

12, CLARKSON STREET,
BATHURST, GAMBIA.

4th May, 1928.

THE HON.
THE SENIOR MEDICAL OFFICER,
BATHURST.

SIR,

I have the honour most respectfully to submit my report to you: The number of patients inspected and treated are as follows:—

Number of School Children inspected and treated				210
Number of Government Officials and Clerks				49
	School Children.	Government Officials.		Total.
Fillings	138	89		227
Root	3	5		8
Extractions	102	85		187
Scalings	24	12		36
Dressings	3	8		11

Observations.—The parents appear to be responsible for the majority of the children who have refused treatment; left to themselves, the children for the most part were quite willing to have attendance. The parents have the impression that every tooth must necessarily be extracted and that extraction is dangerous. In time, they would of course, be educated to the great necessity of getting their children's teeth regularly attended to.

I paid particular attention to the permanent teeth in cases where I find out they were not anxious to have the deciduous teeth filled as they were not causing them any pain. The African patients as a rule cannot yet see the necessity of having their teeth attended to unless they are suffering greatly. This reason seems to account for the small number of Government Clerks who actually came for treatment; although on the other hand it appears there are still a number who, not knowing the period of my visit, have missed their chances.

I may mention that the majority of the children treated made quite good patients and after a few had been treated there was a marked decrease in the number of those refusing treatment, consequently I expect a greater attendance next year and have instructed all those treated to present themselves yearly for inspection. I would be pleased if the teachers would assist in impressing on the children the necessity of keeping their teeth clean. As far as possible I tried to educate them up to it but they would certainly require to be constantly reminded.

A detailed report of work done is made in the register and cards which I am forwarding herewith for your inspection.

I have the honour to be,

Sir,

Your obedient Servant,

(Sgd.) UEL. M. JOHN,

Dental Surgeon.

GAMBIA



Geographical Institute, Berlin, 1887.

References

Boundary Lines	Red
Political Divisions	Black
Rivers	Blue
Roads	Red
Telegraph Lines	Black
Boundaries of Districts	Black
Boundaries of Provinces	Black

Scale: 1:100,000

Notes: The map is based on the latest available information. The names of places are given in German and English. The map is published by the Geographical Institute, Berlin.

