

Report of the Director of Medical Services / British Guiana.

Contributors

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British Guiana.

ANNUAL REPORT

OF THE

**DIRECTOR
OF MEDICAL SERVICES**

FOR THE YEAR

1958.

GEORGETOWN, DEMERARA, BRITISH GUIANA.

1959.

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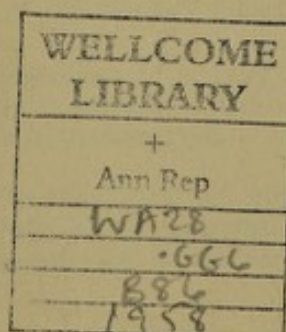


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SYNOPSIS

of the

More Important Items in the Annual Report.

1. Assistance by WHO -

As the result of a request submitted by the Medical Department to WHO, visits by Consultants from WHO were made during the year and have resulted in the following new Schemes:-

- (i) An Environmental Sanitation Scheme, whereby with the assistance of UNICEF, 12,000 pit latrines as well as hygienic school latrines will be erected in rural areas. This Scheme also covers the erection of 20 rural slaughter houses and provides WHO Fellowships for a Public Health Engineer, an Educator and junior staff.
- (ii) A Rural Health Centre Scheme, which provides for the erection of 26 new rural Health Centres, including staff and equipment. It is proposed that the first of the foregoing Schemes should be implemented in 1960, and the second in 1959.

Para. 1

2. Development Plan for Health Services -

The main items in the amended Development Plan are:-

- (i) The possible erection of a less costly Georgetown Hospital, than previously proposed, on a new site. The construction work to be undertaken on a deferred payment loan basis.
- (ii) The erection of three new Cottage Hospitals at Mahaicony, Leguan and Leonora, respectively.
- (iii) The rebuilding of the west wing of the Mental Hospital.
- (iv) Erection of a large Health Centre in Georgetown and 26 rural Health Centres.
- (v) The building of a new Out-Patient Department at the New Amsterdam Hospital.

Paras.
6 & 7.

SYNOPSIS: contd.3. Shortage of Medical Staff -

Out of an approved complement of 43 general duty medical officers only 30 were appointed, and out of an approved number of 6 interns at the Georgetown Hospital, only 3 were available at any time. Ten medical officers, including two specialists, resigned from the service during the year. There is very definite discontent amongst specialist officers and medical staff attached to Institutions as regards their present emoluments.

Paras. 9, 10,
11 & 12.

4. Vital Statistics -

In 1958, the Infant Mortality rate per 1,000 live births was 62.8, and the Crude Death Rate was 10.5 per 1,000 population.

Para. 18.

5. Poliomyelitis -

No cases of this disease were reported, compared with 100 cases in the previous year. It is planned to introduce vaccination of the population at risk against this disease in 1959. The method proposed is the oral attenuated vaccine.

Para. 21.

6. Typhoid -

The number of notifications of this disease was 422. There was a small out-break in the Christianburg-Wismar Area due to polluted water supplies. There is a possibility that with the assistance of the Colonial Medical Research Committee some research work may be undertaken in 1959 in assessing the value of typhoid inoculations in rural areas.

Para. 22

7. Tuberculosis -

Due to the implementation of new proposals, the waiting list for admission to the Best Sanatorium has been reduced from a previous 500 to nil. This has been accomplished by admitting patients to hospital for a short course of intensive treatment to make them non-infectious and to educate them about their disease. These patients on discharge from hospital are treated as ambulatory cases at the out-patient clinics.

A surgeon is at present undergoing training in chest surgery for future work in the Colony.

Paras. 27 &
28.

THE HISTORY OF THE

REIGN OF KING CHARLES THE FIRST

IN WHICH ARE CONTAINED
THE MOST IMPORTANT
EVENTS OF HIS REIGN
FROM HIS MARRIAGE
TO HIS DEATH
BY
JOHN BURNET
BISHOP OF SALISBURY

THE FIRST PART

FROM HIS MARRIAGE
TO THE BEGINNING
OF HIS REIGN

THE SECOND PART

FROM THE BEGINNING
OF HIS REIGN
TO HIS DEATH

THE THIRD PART

FROM HIS DEATH
TO THE RESTORATION
OF KING CHARLES THE SECOND

THE FOURTH PART

FROM THE RESTORATION
OF KING CHARLES THE SECOND
TO HIS DEATH

AND A HISTORY OF THE
REIGN OF KING CHARLES THE SECOND

SYNOPSIS: contd.8. The Mass Miniature X-Ray Unit -

This Unit has been transferred to the Georgetown Hospital and in due course every new case attending the out-patient department of this hospital will have a routine x-ray examination.

Para. 29.

9. Malaria -

A total of 1114 positive malaria slides were seen during the year as compared with 4 positives in 1957. This is a noticeable increase. All these cases came from the Interior.

Proposals for further control measures in the Interior are mentioned in some detail and the possibility of introducing the use of medicated or chloroquinated salt into the Interior is discussed.

Paras.
31 - 33.10. Filariasis -

The anti-filarial campaign continued throughout the year. A microfilarial survey was carried out on 28,219 persons in the Essequibo and 6,000 persons with positive bloods received treatment with Diethylcarbamazine.

Para. 35.

11. Leprosy -

The number of patients registered in the Colony is 1,288. The first step towards implementing a new leprosy programme has been taken by sending a medical officer away for special training under a WHO Fellowship. Other proposals for the future control of leprosy in the Colony are mentioned.

Paras. 36
& 40.12. Mosquito breeding in swamps around Georgetown -

This nuisance, which is not a health problem, is mentioned, and measures for its permanent control including the use of city garbage as fill for swampy areas are discussed.

Para. 43.

13. Nutrition -

- (a) The School Feeding Scheme has continued to perform a very useful service. It is proposed to request UNICEF for assistance to increase the scheme to cover over 30% of school children;

SYNOPSIS: contd.

and other matters dealing with mental health are discussed.

Para 70.

18. Training Schemes -

Details of various training schemes at present being implemented and those planned for the future are mentioned.

Paras. 77-81.

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MEDICAL DEPARTMENT,

Brickdam, Georgetown 11,

P.O. Box 157,

BRITISH GUIANA.

23rd March, 1959.

I. ADMINISTRATION:

As a result of a request submitted late in 1957 by the Medical Department to WHO, visits were paid during the year to the Colony by Dr. A.G. Friend, Public Health Engineering Adviser, and Mr. Scott W. Edmonds, Public Health Educator of WHO, together with Miss I. Ripley, WHO Public Health Nursing Adviser.

Subsequent to these visits plans were drawn up for an Environmental Sanitation Scheme and also for a Rural Health Centre Scheme. The former Scheme provides for the erection of 12,000 pit latrines of an approved sanitary design, including school latrines, in rural areas. The latter Scheme covers the erection of 26 new rural health centres, including staff and equipment in country districts and also the construction of 20 rural slaughter houses. These Schemes cover the training of a Public Health Engineer, a Public Health Educator and other junior public health personnel. In due course requests for assistance for these Schemes will be submitted to WHO and UNICEF, but owing to the unavailability of funds for this purpose from these Organisations during 1959, it will not be possible to obtain final approval to implement these Schemes till 1960.

2. The WHO Nursing Adviser in her report on the nursing service recommended the appointment of:-

- (i) A Public Health Nursing Supervisor.
- (ii) A Public Health Sister Tutor.
- (iii) An extra Sister Tutor for the Georgetown Hospital.
- (iv) Integration of the present specialised Health Visitor groups into a unified body performing general public health nursing duties.
- (v) The modernisation of reports and statistics in the nursing service.

Owing to financial reasons the first and second of these recommendations are not possible at present, but an extra Sister Tutor for the hospital has been approved in the 1959 Estimates. An attempt has already been made to implement the last two proposals with satisfactory results.

3. Assistance from WHO was also obtained through the visit of Mr. R.E. Curran, Adviser on Public Health Legislation. Valuable advice was by this means obtained for the proposed new Leprosy Ordinance and the proposed Food and Drugs Legislation.

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WASHINGTON, D.C.

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WASHINGTON, D.C.

TO THE SECRETARY OF AGRICULTURE
WASHINGTON, D.C.
FROM THE DIRECTOR OF THE BUREAU OF PLANT INDUSTRY
SUBJECT: Report on the progress of the work of the Bureau of Plant Industry during the year 1909.

The Bureau of Plant Industry has during the year 1909, continued its work in the various branches of its organization, and has accomplished many important results. The following is a summary of the work done during the year:

1. *General Administration* - The Bureau has continued its work in the various branches of its organization, and has accomplished many important results. The following is a summary of the work done during the year:

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- (2) *General Administration* - The Bureau has continued its work in the various branches of its organization, and has accomplished many important results. The following is a summary of the work done during the year:
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- (4) *General Administration* - The Bureau has continued its work in the various branches of its organization, and has accomplished many important results. The following is a summary of the work done during the year:
- (5) *General Administration* - The Bureau has continued its work in the various branches of its organization, and has accomplished many important results. The following is a summary of the work done during the year:
- (6) *General Administration* - The Bureau has continued its work in the various branches of its organization, and has accomplished many important results. The following is a summary of the work done during the year:
- (7) *General Administration* - The Bureau has continued its work in the various branches of its organization, and has accomplished many important results. The following is a summary of the work done during the year:
- (8) *General Administration* - The Bureau has continued its work in the various branches of its organization, and has accomplished many important results. The following is a summary of the work done during the year:
- (9) *General Administration* - The Bureau has continued its work in the various branches of its organization, and has accomplished many important results. The following is a summary of the work done during the year:
- (10) *General Administration* - The Bureau has continued its work in the various branches of its organization, and has accomplished many important results. The following is a summary of the work done during the year:

I. ADMINISTRATION: contd.

4. The Dental Adviser of WHO, Dr. M.V. Chaves, visited the Colony in July, and submitted a report on the dental services. The main recommendations in this report are mentioned later (para. 56).

5. The WHO Adviser on Laboratory organisation, Miss Donna Geib, visited the Colony in the latter part of the year. The report and recommendations of this officer on her investigation into the laboratory services of the Colony have not yet been received.

6. The original Development Plan for health services which terminates in 1960, has received further consideration by Government and the Medical Administration during the year. Certain changes in the original plan have been approved.

The former proposal to rebuild completely the Georgetown Hospital, which was estimated to cost about twelve million dollars has been disapproved for financial reasons. The hospital architect is at present working on new proposals to reduce the cost of the structure to under eight million dollars. This will be done by:-

- (a) moving the new hospital to a site on Thomas Lands where it can be built more economically because of the greater space available;
- (b) building the whole hospital in one stage and not in stages over a period as was previously envisaged;
- (c) using cheaper materials in the construction and saving on foundations by reducing on the height of the building;
- (d) utilizing where possible fixtures and equipment at present available in the Georgetown Hospital; and
- (e) possibly reducing the number of beds below the original number of 750, and retaining 250 - 300 beds in the old Georgetown Hospital for obstetrical and gynaecological cases and chronic medical and surgical patients.

Government is in contact with a United Kingdom firm of contractors with the possibility of having the hospital built on a deferred payment loan basis, spread over a period of eight years.

7. Briefly the other main items approved in the Development Plan are:-

- (a) the erection of three cottage hospitals at Mahaicony, Leguan and Leonora, respectively;
- (b) the rebuilding of the west wing of the Mental Hospital;

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I. ADMINISTRATION: contd.

- (c) the erection of a large health centre in Georgetown;
- (d) a new kitchen and out-patient department at New Amsterdam Hospital;
- (e) maternity wards for Suddie and Mabaruma Hospitals;
- (f) the erection of rural mortuaries;
- (g) the erection of 26 rural health centres; and
- (h) a scheme for environmental sanitation for rural areas.

The last two projects have already been mentioned in this Report. It is of the utmost importance that most of these schemes should be completed before the closing date of the Plan in 1960.

8. The Director of Medical Services accompanied by the Assistant Director attended the Caribbean Medical Research Committee Meeting in Jamaica in April, and by himself, the Meeting of the Heads of Medical Services in the British Caribbean in Trinidad, in July. The Director was an alternate delegate at the Pan American Sanitary Conference and the Tenth Meeting of the Regional Committee of WHO during September, in Puerto Rico. It has been decided with the approval of the Minister of Health, that the next Meeting in April, 1959, of the Caribbean Research Committee shall be held in British Guiana.

II. PERSONNEL:

9. Details of the Colony's Medical Establishment are recorded in Appendix I.

It is still necessary, as in previous years, to record a shortage in the staff of general duty officers in the Medical Department. Out of an approved complement of 43 officers of this grade only 30 were appointed, and out of an approved number of 6 internes at the Georgetown Hospital only 3 were available at any time. Ten medical officers resigned from the Service during the year. To relieve the situation 15 temporary or part-time private practitioners were employed. Every effort however was made to permit officers, who were eligible, to proceed on vacation or study leave during the period under review.

10. During the year two specialist officers resigned, one being the Obstetrician and Gynaecologist and the other a very recently appointed Physician Specialist. The loss of this latter officer was a serious blow to the Medical Unit at the Georgetown Hospital as the qualifications and experience of this particular officer were considerably above those usually encountered.

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II. PERSONNEL: contd.

11. Besides the two vacancies mentioned above in the specialist staff, the posts of Physician, Surgeon, Pathologist, Psychiatrist, Leprologist and Senior Medical Officer still remain unfilled.

12. There is very definite discontent amongst all specialist officers as regards their present emoluments and housing allowances. It is hoped that the Salaries Revision Commission, which late in the year investigated official salaries in this Colony, will remove this discontent, which has caused the Medical Administration much concern during the past few years. It might be mentioned that an officer entitled to free quarters does not appreciate receiving instead a house allowance of \$480: per annum in lieu thereof, when it is not possible to rent suitable quarters for less than twice that amount.

13. As in previous years, the wastage in the nursing staff continued. During the year 94 qualified nurses resigned as against 77 in 1957, chiefly to take up appointments in the United States of America at much increased emoluments. Fortunately it was possible to obtain the services of a Male Tutor during the year - this brings the qualified teaching staff up to a total of three, which is still much too limited for the needs of the Department.

14. Following the retirement of Miss I. Premdas, the post of Matron, Georgetown Hospital, has been permanently filled by Miss C.E.A. Eaves, who was formerly Deputy Matron.

15. Mr. H.A. Moonsawmy - Senior County Public Health Inspector, who is now re-employed by Government after retiring because of age, was decorated with the M.B.E. in the Birthday Honours List for outstanding service to the Health Department over a period of many years.

16. There are at present 131 Medical Practitioners practising in the Colony as well as 27 registered practising Dental Surgeons, making a total of 158. Of this total 75 are in Government Service, 4 being dental officers.

III. FINANCE:

17. The following is the actual expenditure during 1958 for the Medical Department:-

	<u>Heads of Expenditure</u>	<u>Amount</u>
26	- Medical (less Personal Emoluments)	- \$ 245,743
26A	- Bacteriological Department (less Personal Emoluments)	- \$ 39,751
26B	- X-Ray Department (less Personal Emoluments)	- \$ 66,835
26C	- Hospitals	- \$3,874,272
31, 32, 33	- Miscellaneous Subventions Municipal and Non-Municipal	- \$ 105,524
26, 26A, 26B	- Personal Emoluments	- \$1,065,418

III. FINANCE: contd.

Comparative Totals of Expenditure for the years 1956 - 1958 are set out below:-

<u>1956</u>	<u>1957</u>	<u>1958</u>
\$4,241,618	\$5,311,462	\$5,397,543

The amount spent on all medical services per person (estimated total population 518,350) per annum was \$10.41.

Comparative figures for the percentage expenditure on medical services to total expenditure on all services are:-

<u>1956</u>	<u>1957</u>	<u>1958</u>
10.5%	11.7%	11.4%

Figures for 1958 are provisional.

IV. VITAL STATISTICS:

18. The Vital Statistical Rates for the year 1958 are the most satisfactory so far in the history of the Colony. The Infant Mortality Rate of 62.8 is the lowest on record in British Guiana and the falling Crude Death Rate of 10.5 is also a record low.

19. Comparative Vital Statistical data for the past three years are given in Table I. The 1958 statistics are provisional - they exclude Aborigines and include migration.-

TABLE I.

		<u>1956</u>	<u>#1957</u>	<u>♢1958</u>
Population	Males	243,070	250,900	258,910
	Females	<u>244,240</u>	<u>251,770</u>	<u>259,440</u>
	Total	<u>487,310</u>	<u>502,670</u>	<u>518,350</u>
Total Births	Males	10,461	11,075	11,366
	Females	<u>10,272</u>	<u>10,957</u>	<u>10,970</u>
	Total	<u>20,733</u>	<u>23,032</u>	<u>22,336</u>
Crude Birth Rate per 1,000 mean population	Mean	480,490	494,900	510,510
	Rate	43.2	44.5	43.8

1957 - Corrected figures.
♢ 1958 - Provisional figures.

IV. VITAL STATISTICS: contd.TABLE I contd.

		<u>1956</u>	<u>#1957</u>	<u>/1958</u>
Still Births	No. Rate	702 33.8	724 32.9	Not Available
Total Deaths	Males Females Total	2,815 <u>2,564</u> 5,379	2,912 <u>2,814</u> 5,726	2,759 <u>2,604</u> 5,363
Crude Death Rate per 1,000 mean population	Mean Rate	480,490 11.2	494,900 11.6	510,510 10.5
Infant Mortality Rate per 1,000 live Births	Deaths Rate	1,418 68.4	1,489 67.6	1,403 62.8

1957 - Corrected figures

/ 1958 - Provisional figures.

V. COMMUNICABLE DISEASES:

20. During the period under review the health of the population of British Guiana has been satisfactory. No epidemic of quarantinable disease or other disease was encountered.

21. Poliomyelitis - No case of this disease was reported up to date as compared with 100 cases during 1957. Taking into consideration the opinion of Dr. J.L. Melnick, WHO's Regional Consultant in poliomyelitis, who visited the Colony during the outbreak of poliomyelitis in 1957, and also considering the known epidemiology of this disease, there is an expectancy that the Colony may again suffer an epidemic of poliomyelitis in late 1959 or early 1960.

The Medical Administration has therefore strongly recommended that during 1959 the population at risk, which is amongst the age group 0 - 3 consisting of about 50,000 children should be protected by poliomyelitis vaccine. Provision has accordingly been made in the Estimates for 1959 for this purpose.

22. Typhoid - The number of notifications of this disease was 422 during the year as compared with 366 in 1957.

January 1, 1900

NAME	RESIDENCE	EDUCATION	EXPERIENCE	REMARKS
JOHN A. BROWN	ALBANY	B.A. COLLEGE	10 YEARS	
WILLIAM C. DAVIS	ALBANY	B.A. COLLEGE	12 YEARS	
CHARLES E. FORD	ALBANY	B.A. COLLEGE	15 YEARS	
EDWARD G. HARRIS	ALBANY	B.A. COLLEGE	18 YEARS	
FRANK J. KELLER	ALBANY	B.A. COLLEGE	20 YEARS	
GEORGE L. MANN	ALBANY	B.A. COLLEGE	22 YEARS	
HENRY M. NICHOLS	ALBANY	B.A. COLLEGE	25 YEARS	
JAMES O. PETERSON	ALBANY	B.A. COLLEGE	28 YEARS	
JOHN Q. RICHARDS	ALBANY	B.A. COLLEGE	30 YEARS	
WILLIAM R. SMITH	ALBANY	B.A. COLLEGE	32 YEARS	
CHARLES T. TAYLOR	ALBANY	B.A. COLLEGE	35 YEARS	
EDWARD U. WALKER	ALBANY	B.A. COLLEGE	38 YEARS	
FRANK V. YOUNG	ALBANY	B.A. COLLEGE	40 YEARS	

Resolved, That the following be appointed a committee to investigate the condition of the State of New York, and to report thereon to the next session of the Senate:

JOHN A. BROWN, Chairman
WILLIAM C. DAVIS
CHARLES E. FORD
EDWARD G. HARRIS
FRANK J. KELLER
GEORGE L. MANN
HENRY M. NICHOLS
JAMES O. PETERSON
JOHN Q. RICHARDS
WILLIAM R. SMITH
CHARLES T. TAYLOR
EDWARD U. WALKER
FRANK V. YOUNG

Approved by the Senate, January 1, 1900.

Attest: Secretary of the Senate.

JOHN A. BROWN, Chairman

V. COMMUNICABLE DISEASES: contd.

Of this number 257 came from Demerara (17 from Georgetown), 107 from Berbice and 58 from the Essequibo. There was a small outbreak of 71 cases of this disease in the Mackenzie-Wismar area early in the year. Immediate steps were taken by the medical staff of the Demerara Bauxite Company to control the outbreak and all active co-operation possible was given by the Health Department.

This outbreak was considered to have originated from the contaminated river water supply of the Christianburg-Wismar area and to the general poor sanitary condition of the two villages. The extension of the water supply to this area from the newly established water purification plant which is being constructed should eliminate this hazard in future.

With the assistance of the Colonial Medical Research Committee, there is a possibility that some research work may be undertaken in assessing the value of typhoid inoculations in rural areas in 1959. About 100,000 inoculations would be necessary for the study which would be on similar lines to the inconclusive experiment conducted in Yugoslavia in recent times.

The incidence of Typhoid in this Colony is closely linked up with rural water supplies and until a pure water supply is available in the more populous areas the permanent control of this disease will be difficult. The implementation however of the proposed Environmental Sanitation Scheme and the formation of a Public Health Education Unit, mentioned in paragraph 1 of this Report, should have a beneficial effect on the incidence of this disease in due course.

In all a total of 3,908 TAB inoculations were given in areas which required the most protection.

23. Food Poisoning - In July, there was a small outbreak of food poisoning affecting 15 persons at Strathcampbell, Mahaicony. The symptoms were those of acute gastro-enteritis of sudden onset. No deaths were reported. In spite of bacteriological and analytical investigations the cause of this outbreak could not be determined.

24. Diphtheria - 74 cases of this disease were reported during the year, compared with 23 in 1957.

25. Rabies - No human cases of paralytic rabies were reported during the year, but cases amongst cattle were diagnosed close to Georgetown on the West Bank Demerara. The Health Department with the co-operation of the Agricultural Department took the usual precautions to prevent the spread of this disease. A request for assistance from Colonial and Development funds to undertake a "bat survey" of the Colony has been put up by the Agricultural Department.

26. Table II compares the number of notifications recorded in respect of more prevalent infections during the past three years:-

V. COMMUNICABLE DISEASES: contd.TABLE II.Notified Cases of Diseases

Disease	No. of Cases		
	1956	1957	1958
Enteric Fever	♂ 451	366	422
Influenza	580	4,281	1,294
Chicken Pox	♂ 146	197	64
Pulmonary Tuberculosis	190	192	202
Diphtheria	♂ 38	23	74
Poliomyelitis	4	100	nil
♂ Revised figures.			

27. Tuberculosis - The number of new cases notified during 1958 was 202, whilst during the previous year, there were 192 notifications.

28. Following the recommendations of Professor Heaf for improving the tuberculosis service, it is now the policy of the Department to admit most active tuberculosis patients to the Best Sanatorium and discharge them after intensive treatment and education as soon as they are no longer infectious. On the average this course lasts about 3 - 4 months. A total of 157 new cases have been admitted and 207 cases discharged and 15 cases died.

Patients after discharge from hospital are enrolled as ambulatory patients or out-patients at the Chest Clinic and continue their treatment from that centre. By this means the waiting list for admission to the Best Sanatorium has been reduced from 500 to nil, and patients are now discharged after a few months treatment. Thus they are enabled to continue in their former employment, which in the past was usually impossible, and at the same time continue their treatment as ambulatory patients.

Nowadays there are usually a score or more empty beds in the Best Sanatorium, where a year ago there was seldom one empty bed. Amerindian patients however because of their poor resistance to tuberculosis, and the difficulty in providing them with ambulatory treatment in their remote homelands, are kept in hospital until they are considered cured of the disease.

TABLE 12
 Selected Cases of Tuberculosis

Sex	Age			Diagnosis
	Year	Month	Day	
M	1912	1	15	Primary tuberculosis
F	1913	3	10	Secondary tuberculosis
M	1914	5	20	Primary tuberculosis
F	1915	7	5	Secondary tuberculosis
M	1916	9	15	Primary tuberculosis
F	1917	11	25	Secondary tuberculosis
M	1918	1	10	Primary tuberculosis
F	1919	3	20	Secondary tuberculosis
M	1920	5	5	Primary tuberculosis
F	1921	7	15	Secondary tuberculosis

Notes: The cases were selected from the records of the University of Michigan Hospital, 1912-1921. The ages are given in years, months, and days.

The following cases were selected from the records of the University of Michigan Hospital, 1912-1921. The ages are given in years, months, and days. The diagnosis was made by the physician in charge of the case.

1. Primary tuberculosis. This case was diagnosed in 1912. The patient was a male, aged 15 years, 1 month, and 15 days. The diagnosis was made by the physician in charge of the case.

2. Secondary tuberculosis. This case was diagnosed in 1913. The patient was a female, aged 3 years, 3 months, and 10 days. The diagnosis was made by the physician in charge of the case.

3. Primary tuberculosis. This case was diagnosed in 1914. The patient was a male, aged 5 years, 5 months, and 20 days. The diagnosis was made by the physician in charge of the case.

4. Secondary tuberculosis. This case was diagnosed in 1915. The patient was a female, aged 7 years, 7 months, and 5 days. The diagnosis was made by the physician in charge of the case.

5. Primary tuberculosis. This case was diagnosed in 1916. The patient was a male, aged 9 years, 9 months, and 15 days. The diagnosis was made by the physician in charge of the case.

6. Secondary tuberculosis. This case was diagnosed in 1917. The patient was a female, aged 11 years, 11 months, and 25 days. The diagnosis was made by the physician in charge of the case.

7. Primary tuberculosis. This case was diagnosed in 1918. The patient was a male, aged 1 years, 1 month, and 10 days. The diagnosis was made by the physician in charge of the case.

8. Secondary tuberculosis. This case was diagnosed in 1919. The patient was a female, aged 3 years, 3 months, and 20 days. The diagnosis was made by the physician in charge of the case.

9. Primary tuberculosis. This case was diagnosed in 1920. The patient was a male, aged 5 years, 5 months, and 5 days. The diagnosis was made by the physician in charge of the case.

10. Secondary tuberculosis. This case was diagnosed in 1921. The patient was a female, aged 7 years, 7 months, and 15 days. The diagnosis was made by the physician in charge of the case.

The following cases were selected from the records of the University of Michigan Hospital, 1912-1921. The ages are given in years, months, and days. The diagnosis was made by the physician in charge of the case.

11. Primary tuberculosis. This case was diagnosed in 1912. The patient was a male, aged 15 years, 1 month, and 15 days. The diagnosis was made by the physician in charge of the case.

12. Secondary tuberculosis. This case was diagnosed in 1913. The patient was a female, aged 3 years, 3 months, and 10 days. The diagnosis was made by the physician in charge of the case.

13. Primary tuberculosis. This case was diagnosed in 1914. The patient was a male, aged 5 years, 5 months, and 20 days. The diagnosis was made by the physician in charge of the case.

14. Secondary tuberculosis. This case was diagnosed in 1915. The patient was a female, aged 7 years, 7 months, and 5 days. The diagnosis was made by the physician in charge of the case.

15. Primary tuberculosis. This case was diagnosed in 1916. The patient was a male, aged 9 years, 9 months, and 15 days. The diagnosis was made by the physician in charge of the case.

16. Secondary tuberculosis. This case was diagnosed in 1917. The patient was a female, aged 11 years, 11 months, and 25 days. The diagnosis was made by the physician in charge of the case.

17. Primary tuberculosis. This case was diagnosed in 1918. The patient was a male, aged 1 years, 1 month, and 10 days. The diagnosis was made by the physician in charge of the case.

18. Secondary tuberculosis. This case was diagnosed in 1919. The patient was a female, aged 3 years, 3 months, and 20 days. The diagnosis was made by the physician in charge of the case.

19. Primary tuberculosis. This case was diagnosed in 1920. The patient was a male, aged 5 years, 5 months, and 5 days. The diagnosis was made by the physician in charge of the case.

20. Secondary tuberculosis. This case was diagnosed in 1921. The patient was a female, aged 7 years, 7 months, and 15 days. The diagnosis was made by the physician in charge of the case.

V. COMMUNICABLE DISEASES: contd.

The possibility of treating the whole Amerindian population with Isoniazid as a prophylactic measure has been carefully considered. To do this effectively would entail a comparatively large staff considering the scattered distribution of the Aborigine population and the length of treatment necessary. It has therefore not been considered practicable at the present time.

It is proposed to train an Amerindian Ranger in B.C.G. technique as it has been found difficult for the B.C.G. Unit to reach these people in remote areas efficiently.

On the return of one of the Senior Surgeons from special training in chest surgery, it is planned during 1959 to organise a chest surgical unit in Georgetown.

Most of the other recommendations of Professor Heaf which were mentioned in this Report of 1957 have been implemented.

It is considered that the present policy of the Department in the control of tuberculosis is working most satisfactorily.

29. The Mass Miniature X-Ray Unit - A total of 7,931 persons were x-rayed on miniature films and 1,895 on large films. 85 abnormal chest cases (other than chest clinic cases) were diagnosed by this means, and were referred to the chest clinic for further examination.

In September, the Mass Miniature Unit was moved to the out-patient department at the Georgetown Hospital. It is proposed in due course that all new out-patients attending at this department will have a routine x-ray examination.

30. The Follow-up Programme of the B.C.G. Campaign continued its activities. From January to March, 56 schools were visited and 7,759 tuberculin tests given. After the re-opening of schools in April, the B.C.G. nurses concentrated on determining the number of children who had reverted to negative since they were given B.C.G. during the Mass Campaign and on revaccinating such children.

From April to July, the Tuberculin Test was given to 9,374 children attending 63 schools. In September, the B.C.G. Unit moved far afield - in the County of Berbice and the Pomeroon district. In all a total of 34 schools and adult centres were visited and 3,650 persons tuberculin tested.

By the end of the year, a total of 199 schools and centres in the various parts of the Colony had been visited and 29,233 persons tuberculin tested.

The British Guiana Society for the Prevention and Treatment of Tuberculosis and its After-Care Branch continued the usual good work during the year. Owing to the large number of discharges from the Best Sanatorium recently and the necessity

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V. COMMUNICABLE DISEASES: contd.

of assisting these patients materially during their out-patient stage of treatment the financial resources of the Society were sorely strained. Government however realising the position came to the financial assistance of the Society.

31. Malaria - The routine activities of the Mosquito Control Service, which is limited nowadays to the entomological check surveys of the coastlands and spraying operations with D.D.T. to certain strategic areas, were carried out according to plan. In this way 15,294 houses were sprayed with a 5 per cent D.D.T. solution based on the policy of a 12-month cycle for the Interior and Riverain Settlements and on an 18-month cycle for certain areas on the Coast.

The results of the routine check surveys were as follows:-

<u>Hand Captures</u>		<u>Flit Captures</u>	
<u>No. of Houses</u>	<u>Total Mosquitoes</u>	<u>No. of Houses</u>	<u>Total Mosquitoes</u>
8,767	91,844	4,504	162,748

As usual C. fatigans predominated to the extent of about 99.6 per cent. There was no trace of either A. darlingi or Ae aegypti.

32. A total of 114 positive malaria slides was seen during the year. This is a noticeable increase on the previous year, when only 4 or 0.52 per cent were found positive. Out of this total 44 came from the North West, 39 from the Mazaruni and 10 from the Rupununi.

The following Table compares the incidence of Malaria over a period:-

TABLE III.

<u>Year</u>	<u>No. of Cases</u>	<u>No. of Deaths</u>
1947	15,490	280
1951	1,008	31
1955	82	6
1956	42	3
1957	4	1
1958	114	No figures available

In any area where cases of malaria are notified, the Health Department takes immediate measures to deal with the problem. This immediate action in the control of malaria is essential and it has been noticed recently that there has been an unnecessary delay in reports of cases reaching the Mosquito Control Headquarters. Certain medical officers and Dispensers in remote areas have been slow in notifying cases or in sending blood slides to the Mosquito Control Laboratory for examination. Besides this delay, it has been discovered recently that certain results submitted by the Mosquito Control

THE UNITED STATES OF AMERICA
DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

On the 1st of March, 1911, the following plants were received from the Bureau of Plant Industry, United States Department of Agriculture, for the purpose of being distributed to the various State and National Horticultural Societies and to the various State and National Agricultural Societies.

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List of Plants		List of Plants	
1. Apple	2. Pear	3. Peach	4. Plum
5. Cherry	6. Apricot	7. Nectarine	8. Almond
9. Quince	10. Loquat	11. Persimmon	12. Fig
13. Olive	14. Citrus	15. Grape	16. Strawberry
17. Raspberry	18. Blackberry	19. Elderberry	20. Mulberry
21. Currant	22. Gooseberry	23. Elder	24. Hawthorn
25. Dogwood	26. Magnolia	27. Camellia	28. Azalea
29. Rhododendron	30. Hydrangea	31. Lilac	32. Forsythia
33. Weigela	34. Viburnum	35. Spirea	36. Nandina
37. Pieris	38. Camellia	39. Azalea	40. Rhododendron
41. Hydrangea	42. Lilac	43. Forsythia	44. Weigela
45. Viburnum	46. Spirea	47. Nandina	48. Pieris
49. Camellia	50. Azalea	51. Rhododendron	52. Hydrangea
53. Lilac	54. Forsythia	55. Weigela	56. Viburnum
57. Spirea	58. Nandina	59. Pieris	60. Camellia
61. Azalea	62. Rhododendron	63. Hydrangea	64. Lilac
65. Forsythia	66. Weigela	67. Viburnum	68. Spirea
69. Nandina	70. Pieris	71. Camellia	72. Azalea
73. Rhododendron	74. Hydrangea	75. Lilac	76. Forsythia
77. Weigela	78. Viburnum	79. Spirea	80. Nandina
81. Pieris	82. Camellia	83. Azalea	84. Rhododendron
85. Hydrangea	86. Lilac	87. Forsythia	88. Weigela
89. Viburnum	90. Spirea	91. Nandina	92. Pieris
93. Camellia	94. Azalea	95. Rhododendron	96. Hydrangea
97. Lilac	98. Forsythia	99. Weigela	100. Viburnum

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V. COMMUNICABLE DISEASES: contd.

Laboratory have been inaccurate. This is possibly due, to some extent, to the fact that positive slides have been encountered very rarely in recent years, and the former skill in detecting positive slides in the laboratory has accordingly declined.

To tighten up on malaria control in the Interior, it has been decided to implement the following measures:-

- (a) all medical officers and dispensers in remote areas shall in future submit a monthly report whether or not they encounter any cases of malaria in their district;
- (b) that a blood sample of all cases of fever in remote areas shall be sent to the Laboratory; and
- (c) that all blood slides examined in the Laboratory shall be kept for future reference and a fixed percentage of these will be cross checked in the Sugar Producers Laboratory, under the supervision of the Honorary Government Malariologist.

33. Complete and permanent eradication of malaria from the whole Interior is most desirable and it is hoped that this eventually will be possible. It is however useless to accomplish eradication in this country if on the otherside of our borders in Brazil no measures are instituted to tackle the problem. Early in 1959, Brazil has agreed to tackle her malaria problem on the Brazilian border - this will prevent in due course infection entering British Guiana from that source. In the North, the Republic of Venezuela has already completed her eradication campaign.

Full consideration is also being given by the Medical Administration to the possibility of introducing medicated or chloroquinated common salt for use in the Interior for a period of four years. A visit by Dr. Coatney of WHO has been arranged for February, 1959, to discuss the possibility of implementing this scheme at an early date and there is every likelihood that WHO and UNICEF will give assistance to this project to totally eradicate malaria from this Colony.

34. Yellow Fever - No clinical case of yellow fever has been reported in the Colony since 1948. The Aedes Index for Georgetown and the coastlands was 0.0 per cent. A total of 512,681 water deposits was inspected on both the coast and in the city with negative results.

A total of 11,591 yellow fever vaccinations was given at the three approved centres.

35. Filariasis - The Anti-Filarial Pilot Scheme greatly increased its scope of action during the year, even though funds and staff available for this work were limited.

- (i) Micro-Filarial Blood Survey - During the

ARTICLE IV - GENERAL PROVISIONS

Section 1. The purpose of this Act is to provide for the establishment of a system of public health services in the State of New York.

Section 2. The Board of Health is hereby created, composed of the following members:

(a) The Governor, who shall be the ex-officio President of the Board.

(b) The Lieutenant Governor, who shall be the ex-officio Vice President of the Board.

(c) The Mayor of New York City, who shall be the ex-officio Secretary of the Board.

Section 3. The Board of Health shall have the honor and privilege of the Senate and Assembly, and shall have the right to call and receive before it any person who may be called upon to give testimony in relation to the public health of the State.

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V. COMMUNICABLE DISEASES: contd.

first six months of the year, the Anti-Filarial Scheme operated on a regional basis in pursuance of the policy mentioned in last year's report to control bancroftian filariasis throughout the Colony. The County of Essequibo was chosen because of its relative isolation. A microfilarial blood survey (3 blood smears of approximately 20 mm from a single puncture) was carried out on these population groups:-

Essequibo Coast	...	...	16,920
Leguan	...	...	6,387
Wakenaam	...	...	<u>4,912</u>
<u>TOTAL</u>	...	...	<u>28,219</u>

The microfilarial incidence was found to range from less than 1% to 22%. Low incidence is associated with a thinning and spreading out of the population with the houses and pit-latrines consequently far apart, for example at Dartmouth and Bounty Hall on the Essequibo Coast. The microfilarial rate mounts in areas which are more densely populated like Queenstown and Henrietta in the Essequibo, where the vector can find ready breeding places in the multiple drains and pit-latrines.

As a single blood test does not always correspond with the "microfilarial tide" of a person, blood examinations were repeated on two or more occasions at varying intervals of 24 hourly, 48 hourly periods etc., on a large number of individuals from selected areas. In this way 10,909 blood examinations were repeated. This proved a time-consuming procedure as most people had to be persuaded why further "finger pricks" were necessary. The analysis of the data so accumulated will provide useful guidelines in assessing the microfilarial incidence in random sampling of any given population group.

- (ii) Treatment: Diethylcarbamazine ("Banocide" 50 mg. tablet - Burroughs Wellcome) was used. Treatment was offered to every infected person and where the raised incidence warranted it, mass chemoprophylaxis was instituted. This mass treatment was done between Queenstown and Walton Hall in the Essequibo, where the population actually treated numbered nearly 6,000.

To achieve maximum results, treatment was given on a house-to-house basis on an adult dosage regime of two tablets twice daily for the first two days, followed by an interval of two days without treatment. Then 4 tablets twice daily for 3 days and if no untoward reaction, 6 tablets for a further 2 days.

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V. COMMUNICABLE DISEASES: contd.

The first of the two daily doses was always taken in the presence of a member of the Filaria Team. The drug-free interval had two effects in first reducing side-effects and allergic reactions to a minimum and secondly in expelling round worms, the passage of which boosted the Campaign beyond words. The tablet-basis of treatment dispensed with the scale and thus saved time. A small post-treatment recheck proved the immediate microfilaricidal efficacy of this dosage regime. A total of 38,000 blood films was examined and 8,000 persons were treated.

- (iii) Health Education: To facilitate the anti-filarial work, a proper health education approach was needed and this was done with all available facilities. Emphasis was on a personal approach through all cadres of public health personnel. But a mass campaign such as this did much to emphasise the importance of the social concept of the people. At its beginning every care had to be taken that no one was missed in the blood survey during the Hindu Festivals of "Laggan" and "Pagwah" and later, during treatment, the Mohammedan Fast and rice-planting, so important to the economic existence of the people after the failure of one or possibly two previous crops, had to be considered. The team had to be in the area from about 6 a.m. to meet the farmers who had to be assured that the drug would not interfere with their work.
- (iv) Follow-up Work: A detailed account of the treatment at Queenstown and Cane Grove (on the East Coast of Demerara) was given in last year's annual report. A follow-up blood survey was done one year after on nearly everyone in these two villages, and it was gratifying to note that less than 2 per cent of the original positives still showed microfilariae on blood re-examination. Even these resistant cases had their microfilarial density so reduced as to be below the infective level for the mosquito vector. This must in time be reflected in the health improvement and greater economic production in hyperendemic areas like Queenstown where indigenous elephantiasis is so evident.
- (v) Further Work: A single blood survey was done in Albouystown, a suburb of Georgetown, with a population of 10,521, and half of the "positives" were given treatment, the other half being used as an untreated control. A thorough resurvey of the whole District is contemplated.

A five-day treatment was administered to infected cases at Blygezigt, a growing suburban area, where some studies on the eosinophilic relationship to filariasis were done. Of 135 cases so examined, the highest eosinophilic count was 22%, but this was exceptional.

CHAPTER I

The first part of the book is devoted to a general survey of the history of the world, from the beginning of time to the present day. It is divided into three main periods: the prehistoric period, the classical period, and the modern period. The prehistoric period is the longest, and is divided into the Stone Age, the Bronze Age, and the Iron Age. The classical period is the shortest, and is divided into the Greek and Roman periods. The modern period is the longest, and is divided into the Middle Ages, the Renaissance, and the modern era.

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V. COMMUNICABLE DISEASES: contd.

With the assistance of WHO, a visit is planned early in 1959 by a Medical Expert in Filariasis and provision has been made in the 1959 Estimates to continue the Anti-Filarial Campaign on a larger scale than previously. It can truly be stated that filariasis is a leading medical problem in British Guiana and every effort must be made to eradicate this disease. The Campaign is estimated to last 4 - 5 years; so far its results have been most encouraging.

36. Social Diseases: 6,362 patients attended for diagnosis and treatment during the year. Of this number 892 were patients under active treatment at the end of the previous year. There were 5,470 new applicants. Of the new applicants 2,852 were found to be suffering from Venereal Diseases, comprising 2,095 males and 757 females; whilst 2,824 were found to be free of Venereal Diseases.

Of the total number of new cases 378 or 6.91% were found to be positive to Syphilis, whilst the number of cases of Early Syphilis was 225 as compared to 267 in 1957. The total number of new cases of Gonorrhoea was 2,269.

Field Activities: This branch carried on as usual during the year. This work is divided into two sections - (a) Follow-up Service and (b) Contact Tracing.

Under Section (a) 2,429 patients were followed up with the result that 961 returned to the Clinic.

Under Section (b) 919 contacts were named of whom 392 reported.

201 Ante-natal cases were referred for investigation and of this number 90 were found to be suffering from Venereal Disease.

TABLE IV
Comparison of Types of Venereal
Disease Cases Treated.

Type of Case	1956	1957	1958
Primary Syphilis	47	9	4
Secondary Syphilis	13	8	4
Early Latent Syphilis	250	250	217
Late Latent Syphilis	89	1	nil
Late Syphilis	163	141	142
Hereditary Syphilis	36	7	4
Acute Gonorrhoea	2,890	1,600	1,829
Chronic Gonorrhoea	705	414	467
Chancroid	96	91	120
Granuloma Venereum	32	83	132
Lymphogranuloma Inguinale	1	30	39
TOTAL NEW CASES	5,664	2,634	5,572
TOTAL ATTENDANCES	28,969	24,567	23,810

V. COMMUNICABLE DISEASES: contd.

Early in 1959, a visit by the Venereal Diseases Adviser of WHO has been arranged. It is hoped after this visit it will be possible to re-organise and intensify venereal disease control in the Colony. At present very little work is done in education and propaganda in dealing with this disease.

37. Yaws - Very few cases of yaws were reported during the year.

38. Leprosy - The number of patients registered in the Colony is 1,288 giving a rate per thousand of 2.7.

During 1958, a total of 76 new cases, including 48 children, was diagnosed. Of these children 2 were lepromatous, 27 tuberculoid and 19 indeterminate.

The following Table lists the lepromatous/tuberculoid ratios over the past six years and would appear to indicate a trend towards a higher general immunity.

TABLE V
Lepromatous/Tuberculoid Ratios

<u>Year</u>	<u>T.</u>	<u>L.</u>	<u>Ratio</u>
1953	63	14	4½ : 1
1954	55	9	6 : 1
1955	61	15	4 : 1
1956	104	8	13 : 1
1957	107	14	8 : 1
1958	52	24	2 : 1

The routine school leprosy survey detected 27 children with tuberculoid leprosy.

39. The results of Leprosy Surveys among school children are shown in Table VI:-

TABLE VI
Results of Leprosy Surveys among
School Children - 1954-1958.

<u>No. of Children examined</u>				<u>No. of Cases found</u>		
<u>Year</u>	<u>Boys</u>	<u>Girls</u>	<u>Total</u>	<u>Boys</u>	<u>Girls</u>	<u>Total</u>
1954	33,782	32,120	65,902	13	9	22
1955	35,508	33,266	67,774	31	29	60
1956	34,071	33,036	67,107	43	45	88
1957	27,501	27,661	55,162	52	43	95
1958	26,313	25,136	51,449	16	30	46
TOTAL	157,175	151,219	307,394	155	156	311

V. COMMUNICABLE DISEASES: contd.

40. The problem of leprosy in the Colony still has to be solved and the Medical Department is most anxious to accomplish this as soon as it is possible, and proposes the following:-

- (a) The first step towards implementing a new leprosy programme has been taken by sending a specially selected medical officer away for training. This training is partly sponsored by WHO, and includes a tour of several countries in Central and South America where leprosy work is being undertaken;
- (b) It is planned that this officer on his return to the Colony should devote most of his time at first to a colony-wide leprosy survey. To permit this it will be necessary for some re-organisation of the administrative arrangements at the leprosarium. A leprosy survey is a very important step to find out the true incidence of leprosy in the Colony.
- (c) The addition of two or three junior staff will also be required to staff the survey team.
- (d) The present out-patient leprosy diagnostic and treatment outposts in Berbice, Georgetown and Suddie are most unsatisfactory and steps will have to be taken in due course to provide better accommodation for this work.
- (e) Improved laboratory facilities for leprosy diagnosis are also required. It is planned to commence the proposed leprosy survey early in 1960.

A visit was paid during the year by Dr. Souza Lima, WHO Leprosy Adviser, who gave useful advice on leprosy in the Colony.

The proposed new Leprosy Ordinance and Regulations have been submitted to Government for consideration.

The Rehabilitation Scheme at Mahaica whereby ex-patients will be provided with land and financial assistance to build their own homes on the self help principle has been approved by Government and it is hoped will be implemented in due course.

VI. PUBLIC HEALTH MEASURES:

41. 11 Meetings of the Central Board of Health were held during the year. The Select Committee which deals with routine matters met on 10 occasions.

42. During the year, a total of 747 Small Pox vaccinations was performed at clinics on the age group of 3 months to 5 years. It is the intention of the Department to

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VI. PUBLIC HEALTH MEASURES: contd.

increase greatly the number of these vaccinations during 1959, and a request for free vaccine has been submitted accordingly to UNICEF in order to permit 20,000 vaccinations to be administered during the year. The necessary nursing staff has been trained to do this work.

43. Insect breeding in swamps around Georgetown - The mosquito and sandfly nuisance at certain seasons of the year in and around Georgetown was mentioned fully in last year's report. Though this nuisance was not so severe in 1958 as in the preceding year, owing to the year under review being an exceptionally dry one, it was still encountered as previously.

The eradication of the courida bush, from the foreshore the main breeding area of mosquitoes and sandflies was continued by the Health Department, though this measure is comparatively expensive and of little temporary and no permanent value. Aerial spraying of the foreshore or house spraying in the city with insecticide is of little practical value when dealing with Aedes taeniorrhynchus, the main mosquito found breeding in this area. The only permanent solution in the city to this insect nuisance, which is not a health problem as no diseases are carried by this type of mosquito, is:-

- (a) the reclamation of the swampy foreshore and other swampy areas adjacent to Georgetown by using city refuse as fill;
- (b) the gradual substitution of earthen drains in the city and its surroundings, e.g. in the Botanical Gardens with properly graded concrete inverted drains. The latter is comparatively expensive, but the cost could be spread over a period of years; the former is not expensive and has been approved in principle by the Public Health Engineering Consultant from WHO, who visited the Colony during the year. This reclamation of the foreshore and D'Urban Park would provide the city with valuable sites for sports grounds or other development.

44. Housing - A total of 2,455 dwelling houses was erected in the rural areas of British Guiana during the year under review. Of this total 1,493 houses were built in Demerara, 726 in Berbice and 236 in Essequibo. During the same period additions were made to 939 other dwellings throughout the Colony.

The sewage disposal system of the new houses built in greater Georgetown is the individual septic tank method; unfortunately, owing to the flat nature of the building sites and poor drainage, it has been found difficult to dispose of the effluent from these tanks satisfactorily and a nuisance in some areas has resulted. Eventually some action will have to be taken to improve this condition in the new building areas.

45. The activities of the Central Board of Health continued as in previous years, the principal categories being that shown in Table VII.

The first of these is the fact that the
University of Chicago is a private institution
and is not subject to the same regulations
as public institutions. The second is the fact
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The twelfth is the fact that the University
of Chicago is a non-profit institution and
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for-profit institutions.

VI. PUBLIC HEALTH MEASURES: contd.TABLE VII

1. Domiciliary Inspections	..	..	108,005
2. Inspection of special type premises - provision shops, bakeries, cowpens, etc.		..	7,212
3. Re-certification of Rice Factories	..	..	192
4. Approval of new Coconut Oil Factories	..	..	11
5. Approval of Building Applications #	..	..	3,325
6. Approval of Plans for the layout of land -			
(a) For building purposes	..		184
(b) Other than building purposes			23
7. Issue of certificates in relation to the completion of the prescribed works in connection with 6.	..		152
8. Samples of foodstuffs examined (principally from the milk industry)	..	..	113
# Includes 196 under the Board's Relaxation Policy.			

46. School Medical Service - During the early months of the year, no School Medical Officer was available, but in June it was possible to fill the vacant post. Most of the activities of the service have been concentrated on the elementary schools of Georgetown and the surrounding rural areas.

In Georgetown, 12,976 school children were screened by school nurses and of these 855 were referred to the School Medical Officer. The main diseases found were scabies, pediculosis capitis, ringworm, active ulcers and malnutrition.

In Rural Areas - 5,612 children were screened by nurses and 578 referred for medical attention. On the Corentyne Coast, nurses screened 10,703 children and referred 1,288 to the doctor. On the Essequibo, 1,810 school children were screened.

A child clinic is held daily at the Medical Department. The purpose of this clinic is to see children with their parents, who were found at screening examination to have some defect, which needs further examination than can be carried out in school.

VI. PUBLIC HEALTH MEASURES: contd.47. Nutrition:-

- (a) School Feeding Scheme - This scheme as in previous years continued to do very useful work. Over 20% of school children received a free snack meal throughout the Colony. The general nutritional standard of school children, though it may be far from perfect has improved very noticeably since this feeding scheme was introduced about five years ago. The nutritional standard of the children of this Colony compares not unfavourably with that found in other Caribbean or Central American Territories.

A request for assistance to increase the scope of this School Feeding Scheme has been put up by the Education Department to UNICEF. The new proposal is to raise the number of children benefiting to over 30%.

- (b) A request for assistance from UNICEF has also been submitted by the Medical Department with the object of providing pre-school children and nursing mothers in rural areas with supplies of skimmed milk. This milk will be distributed through the new Health Centres.
- (c) The Local Red Cross Feeding Scheme continued to distribute regular gift supplies of milk foods from the American Red Cross Society to the toddler age group in Georgetown and New Amsterdam. This service also proved of great value and steps are being taken during 1959 to enlarge the scheme to cover certain remote areas.
- (d) The Infant Welfare Milk Scheme for the sale of subsidised milk such as Lactogen and Ostermilk to expectant and nursing mothers and for infants, was continued and has been a boon to mothers. Skimmed milk powder is also available for toddlers and mothers under this Scheme.

Milk and vitamin preparations were distributed free of charge to needy cases attending Infant Welfare Clinics.

48. Maternity and Infant Welfare - The work of the Infant Welfare and Maternity League continued satisfactorily during the year. In recent years the activities of this League have increased appreciably. There are at present 119 clinic centres in the rural areas, as compared with 103 centres in 1957. At these clinics infants, toddlers and expectant mothers receive medical care and advice. A Lady Medical Officer of Health is responsible for the administration of the service and for health education of mothers in the care of their children.

VI. PUBLIC HEALTH MEASURES: contd.

An additional Inspector of Midwives for the County of Essequibo was appointed this year so that every County now has its own Inspector.

There are 23 fully qualified Health Visitors and 50 subsidised midwives in the Service. It is regretted that owing to the shortage of midwives it was not possible to station any in remote areas, but it is hoped that when the midwives now in training have qualified, it will be possible to staff such areas as the Mahaica and Mahaicony Creeks and Islands in the Essequibo River and in the Demerara Area.

49. It is most gratifying to record that the Astor Shield was awarded to British Guiana by the National Baby Welfare Council of Great Britain in recognition of the progress made in the field of maternity and child welfare. This Shield is awarded for the 3-year period 1958 - 1960, and it is only the second occasion it has been awarded to any country or city outside the United Kingdom.

50. Statistics - The following Table gives the statistics of the number of clinics, attendances of children and mothers, and the number of live births, still births, infant and maternal deaths recorded during the past three years:-

TABLE VIII.

Maternal and Infant Welfare Statistics.

Year	No. of Clinics	Child Attendances	Mother Attendances	
1956	2,002	61,660	31,048	
1957	2,081	49,868	28,683	
1958	2,226	47,930	31,707	
Year	Live Births	Still Births	Infant Deaths	Maternal Deaths
1956	5,020	107	76	11
1957	5,098	111	54	1
1958	6,078	107	59	7

The Infant Mortality Rate within the League's Service was 9.7 per 1,000 live births, whilst the Maternal Rate was 1.1 per 1,000, as compared with 10.8 and 0.2 respectively in 1957.

51. Port Health - During the period under review 1,840 vessels were inspected for nuisances, which were abated on verbal instructions. No cases were quarantined and no travellers from infected ports were placed under surveillance.

In Government compounds and at the Port, rat destruction was carried on as in previous years. 1,956 rats and

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REPORT OF THE
 RESEARCH OF THE
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 DEPARTMENT OF CHEMISTRY
 FOR THE YEAR 1921

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1921	1920	1919	1918	1917
1921	1920	1919	1918	1917
1921	1920	1919	1918	1917
1921	1920	1919	1918	1917
1921	1920	1919	1918	1917
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1921	1920	1919	1918	1917
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VI. PUBLIC HEALTH MEASURES: contd.

mice were destroyed by poison of which 577 were *R. norvegicus*; 1,164 *R. rattus* and 215 *M. musculus*.

9 ships were fumigated against rats and vermin and 25 deratisation exemption certificates were issued.

718 Aircraft arrived in the Colony leaving 8,016 passengers. It must again be recorded, as it has been in previous years in this Report, that there is no Quarantine Station in the Colony.

52. Comparative statistics for the total vessels boarded during the past three years are given in Table IX:-

TABLE IX

	<u>1956</u>	<u>1957</u>	<u>1958</u>
Vessels of all Types	1,188	1,182	1,840
Ocean-going Steamers	695	768	592

VII. CENTRAL MEDICAL AND BRANCH LABORATORIES:

53. The Medical Laboratory service carried out during the year 145,022 examinations as compared with 130,850 in the previous year. A total of 1,475 samples of water from the water supply of the city of Georgetown and elsewhere was examined. The results of the city supply have been satisfactory.

The Laboratory produced 5,150 ml. of T.A.B. Vaccine for distribution in the Colony. None was distributed to neighbouring territories.

346 Post-mortem examinations were performed.

The Central Medical Laboratory is much too small for the amount of work it is expected to perform.

The work performed by all laboratories in the Colony is shown in Table X:-

TABLE X

	<u>1957</u>	<u>1958</u>
Central Medical Laboratory	93,428	98,679
Laboratory, Georgetown Hospital	9,824	12,647
Laboratory, Best Sanatorium	6,832	8,807
Laboratory, Berbice Hospital	14,355	16,499
Laboratory, Suddie Hospital	1,183	1,652
Laboratory, Leprosarium	4,372	3,896
Laboratory, Bartica Hospital	856	2,842
TOTAL	130,850	145,022

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VII. CENTRAL MEDICAL AND BRANCH LABORATORIES: contd.

54. Blood Transfusion Service - The number of patients who received one pint of blood was 908, whilst the number who received more than one pint was 237.

The accommodation now available for this Blood Bank Service is cramped and unsuitable. It is hoped that it will be possible during 1959 to provide better accommodation for this work.

The Local Red Cross Society also runs a blood transfusion service but recently encountered great difficulty in obtaining a sufficient supply of free blood donors.

VIII. DENTAL HEALTH:

55. During the year, the dental health of the Colony received careful consideration. Early in the year a visit was paid to the Colony by Dr. M. Chaves, WHO Dental Consultant. A report and recommendations on the dental condition of the population and on the Government Dental Services have been submitted by Dr. Chaves.

It is pleasing to record Dr. Chaves' findings that the DMF (Decayed, Missing, Filled) rate in the children of East Berbice was less than 3 as compared with other much more advanced countries where the DMF rate was much higher, e.g. over 11 in Brazil and 5 - 9 in the United States of America. Dr. Chaves states "that this is a good indication that certain areas of British Guiana are in a better than average position regarding dental caries when compared with other countries." The foregoing however does not necessarily mean, as Dr. Chaves says, that the adult population is freer of dental caries than other populations, nor does it imply that there is not a great deal of dental health work to be done throughout the Colony with our very limited personnel and finances.

An interesting point brought to light by the Consultant is that the teeth of the children of the over seven year group in Georgetown showed considerably more caries than children elsewhere in the Colony. This is due in Dr. Chaves' opinion to the fact that it is only in recent years that all drinking water in Georgetown was not rain water. Nowadays the supply to the city and to rural areas is surface water or artesian well water, which contains a suitable amount of necessary minerals.

56. In his Report the Consultant recommends that -

- (a) the water supplies in British Guiana do not require fluoridation;
- (b) more information on the dental needs of different population groups should be accumulated by the use of uniform methods and records;
- (c) no undue emphasis should be placed on the

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VIII. DENTAL HEALTH: contd.

number of fillings provided by the Mobile Dental Units and that priority should be given to the extractions of unsavable teeth for the largest possible number of children;

- (d) dental health education should be introduced to a much greater degree than is possible at present;
- (e) Government dental service requires more dental officers on its staff;
- (f) attention should be given to the utilization of auxiliary personnel to perform certain minor dental work under the supervision of the dentist and within the framework of Government service. It is suggested that a grade of "Dental Aide" be introduced into the service. Such a person, preferably a qualified nurse, would be given a six-months training in dental extractions and on the coastlands would carry out dental extractions under the supervision of a dental surgeon.

The most valuable recommendation is the proposal to create a Dental Aide Cadre. It is proposed to implement these recommendations early in 1959.

57. Institutional Dental Service - In the Dental Department at the Georgetown Hospital, 10,966 patients were treated. Amongst this number were 14,940 extractions and 39 fractures. Official visits were paid by the Dental Surgeon to "The Palms", Prisons, Best Sanatorium and the Mahaica Hospital.

58. Mobile Dental Service - The three dental officers attached to this Unit were fully occupied during the year. The dental care of the Essequibo Coast and West Coast Demerara, has now been included in the service and next year another dental officer will be added to the service so that the North West District and the Interior can also be taken care of.

The work performed by the Mobile Service during 1958 is shown in the following Table:-

TABLE XI

	County of Demerara	County of Berbice	County of Essequibo
Children examined	2,833	6,968	3,068
Total Extractions	2,284	7,855	6,275
Total Fillings	316	718	Nil
Clinic Mothers treated	261	244	602
Pauper and aged persons treated	142	415	12

Report of the
Commissioner of Plant Industry
for the year 1917

(1) The Commission of Plant Industry was organized in 1902, and since that time has been engaged in a study of the various problems connected with the production and distribution of plant products. The Commission has been particularly interested in the study of the various diseases and insects which attack the plants, and in the study of the various methods of controlling these pests. The Commission has also been interested in the study of the various methods of improving the quality of the plant products, and in the study of the various methods of increasing the production of the plant products. The Commission has been particularly interested in the study of the various diseases and insects which attack the plants, and in the study of the various methods of controlling these pests. The Commission has also been interested in the study of the various methods of improving the quality of the plant products, and in the study of the various methods of increasing the production of the plant products.

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(7) The Commission has been particularly interested in the study of the various diseases and insects which attack the plants, and in the study of the various methods of controlling these pests. The Commission has also been interested in the study of the various methods of improving the quality of the plant products, and in the study of the various methods of increasing the production of the plant products.

(8) The Commission has been particularly interested in the study of the various diseases and insects which attack the plants, and in the study of the various methods of controlling these pests. The Commission has also been interested in the study of the various methods of improving the quality of the plant products, and in the study of the various methods of increasing the production of the plant products.

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(10) The Commission has been particularly interested in the study of the various diseases and insects which attack the plants, and in the study of the various methods of controlling these pests. The Commission has also been interested in the study of the various methods of improving the quality of the plant products, and in the study of the various methods of increasing the production of the plant products.

Year	Value of Plant Products	Value of Plant Products	Value of Plant Products
1917	1,200,000,000	1,200,000,000	1,200,000,000
1916	1,100,000,000	1,100,000,000	1,100,000,000
1915	1,000,000,000	1,000,000,000	1,000,000,000
1914	900,000,000	900,000,000	900,000,000
1913	800,000,000	800,000,000	800,000,000
1912	700,000,000	700,000,000	700,000,000
1911	600,000,000	600,000,000	600,000,000
1910	500,000,000	500,000,000	500,000,000
1909	400,000,000	400,000,000	400,000,000
1908	300,000,000	300,000,000	300,000,000
1907	200,000,000	200,000,000	200,000,000
1906	100,000,000	100,000,000	100,000,000
1905	50,000,000	50,000,000	50,000,000
1904	25,000,000	25,000,000	25,000,000
1903	12,500,000	12,500,000	12,500,000
1902	6,250,000	6,250,000	6,250,000

IX. HOSPITALS, DISPENSARIES AND DISTRICT MEDICAL SERVICES:

59. There is a total of 2,681 beds in Government Hospitals and Institutions in the Colony. Besides this number there are 288 beds in Private Hospitals and Nursing Homes as well as 276 beds in Sugar Estate Hospitals. This is a total hospital bed-strength of 3,245 or 6 beds per 1,000 of the population.

60. Georgetown Hospital - The grim old wooden building, which was condemned in the Clark Report of 1954, is still being used as the main hospital of the Colony. Though the Georgetown Hospital has been considerably improved during the past six years with very little expenditure, it will never be possible to run such a hospital as efficiently and satisfactorily as the Medical Administration wishes. In the middle of the year, for financial reasons, it was decided by Government that the former proposal to rebuild the Georgetown Hospital, costing approximately \$12,000,000 could not be approved. It was then decided to spend just over \$1,000,000 in building a new operating theatre block and modernising and improving several sections of the Hospital, and plans to implement this proposal were prepared. In December, an offer was made by a United Kingdom commercial firm to build the new hospital on deferred payment terms. Government is at present considering this offer. The Hospital Architect has also been requested to redesign the plans of the proposed building and bring its cost down to \$8,000,000 at the most. This is being done.

If a new hospital is eventually constructed in Georgetown, it will be a matter of 2½ - 3 years before it is ready for use. It is felt by the Medical Administration that with the ever growing needs of the population and the improved professional services now offered at the Hospital, some immediate, temporary and in-expensive construction work must be done at the Georgetown Hospital. For example, the provision of an extra temporary operating theatre is essential. At present the only theatre in the Hospital has to supply the needs of the four senior surgeons and in future will not be available for other work when time-consuming chest surgery or orthopaedic surgery is being undertaken. The provision of temporary offices for the oto-rhino-laryngologist and work rooms for the Physiotherapists are also essential and can be provided at little cost.

61. The long awaited new Central Medical Store, now renamed the "Government Pharmacy" was completed during the year and put into use immediately; so the great fire hazard under the surgical wards of this hospital has at last been removed. The new Government Pharmacy is a large modern building near the mouth of the Demerara River. It houses besides stores, a school of pharmacy and a manufacturing drugs section. It is considered the largest and most modern Government Pharmacy in the British Caribbean.

62. The present Georgetown Hospital now provides accommodation for 768 in-patients and is the largest hospital in the British Caribbean.

At the beginning of the year, there were 548 in-patients. A total of 21,721 patients were admitted for treatment. Of this number 20,485 were discharged; 5,746 cured; 14,475 were relieved and 1,155 died. The daily average stay in

IX. HOSPITALS, DISPENSARIES AND DISTRICT MEDICAL SERVICES: contd.

hospital was 11 days and the daily average number of patients in hospital was 663 as against 683 in the previous year.

There was a total of 209,406 patients attending the various sections of the Out-Patients' Department of the Georgetown Hospital. 229,338 prescriptions were dispensed in that department.

4,516 surgical operations were performed of which 2,369 were major. Enteric fever cases numbered 157 with 8 deaths or a fatality rate of 5%.

The number of patients attending the Casualty Department was 71,248 as compared with 71,637 in 1957. As was stated last year many of these cases attending the Casualty Department are not casualty cases; this causes considerable inconvenience to the staff in charge of this department.

In the X-Ray Department, 17,994 patients were examined; this department now consists of a Diagnostic and Therapeutic section. A new diagnostic x-ray machine was installed during the year and various other improvements were made to the department.

In the Physiotherapy Section - a total of 9,219 treatments were given in this most unsatisfactory building. Treatment at Mahaica Leprosarium was also undertaken by the staff of this department.

Ophthalmic Department - 13,478 out-patients and 675 in-patients were seen in this department and 1,098 operations were performed. This department is now staffed by two specialist officers.

Ear, Nose and Throat Department - 10,103 out-patients and 348 in-patients were treated and 314 operations carried out during the year.

63. New Amsterdam Hospital, Berbice (204 beds) - The total number of in-patients admitted was 6,546, with a daily average of 175 and an average stay in hospital of 10 days. The number of deaths was 294. The number of out-patients treated was 35,871.

Construction work on the new kitchen proceeded during the year. It was decided by Government not to implement the proposal for a new mortuary, but instead to repair and modernise the old building used for this purpose.

Under the Development Plan for health services, provision has been made for the erection of a new modern Out-Patients' Department. For financial reasons, it is proposed to build this department in two stages and it is hoped that construction work will commence in 1959.

64. Suddie Hospital -(96 beds). The number of in-patients treated was 3,304 with a daily average of 90 in-patients, whose average stay in hospital was 6 days. 5,003 out-patients were seen. There were 404 deliveries.

IX. HOSPITALS, DISPENSARIES AND DISTRICT MEDICAL SERVICES: contd.

As has been recorded previously, the main requirement at this hospital is for a new modern maternity department. The present stoves in the main kitchen and nurses' kitchen are most unsatisfactory.

65. Bartica Hospital (40 beds) - 767 in-patients were treated with a daily average of 23 in-patients, and an average stay of 9 days. There were 7,774 out-patients. The number of deaths was 28.

Major repairs and reconstruction work undertaken during the year to this hospital have converted it into a much improved institution. A new mortuary and delivery room have been provided. Further work on the kitchen and dispensary are planned for 1959.

66. Mabaruma Hospital (30 beds) - 956 in-patients received treatment with a daily average of 19 in-patients. There were 11,758 out-patients.

The provision at this hospital of an isolation ward for advanced cases of tuberculosis amongst Amerindians is still in the planning stage.

67. Port Mourant Hospital (42 beds) - This new pleasantly designed hospital was opened in the middle of the year. This hospital is not intended to provide the specialist services of a general hospital, for example, it has no x-ray or laboratory service, but it provides much needed hospital facilities for the thickly populated Corentyne Coast. 477 in-patients received treatment and there were 2,757 out-patients.

68. Table XII shows the number of beds, in-patients, out-patients and deaths at the six main hospitals during the year:-

TABLE XII.

Hospital	No. of Beds	In-patients	Out-patients	Deaths
Georgetown	768	21,721	209,406	1,155
New Amsterdam	204	6,546	35,871	294
Suddie	96	3,304	5,003	113
Bartica	40	767	7,774	28
Mabaruma	30	956	11,758	19
Port Mourant	42	477	2,757	35
TOTAL	1,180	33,771	272,569	1,644

69. It is proposed to erect cottage hospitals of 8 - 12 beds at Mahacory, Leguan and Leonora during 1959.

Besides the main hospitals mentioned above, there are small cottage hospitals at Wakenaam (8 beds);

Year	1900	1901	1902	1903	1904
Population	1,000,000	1,050,000	1,100,000	1,150,000	1,200,000
Area (sq. miles)	10,000	10,000	10,000	10,000	10,000
Population per sq. mile	100	105	110	115	120
Area (sq. miles)	10,000	10,000	10,000	10,000	10,000
Population per sq. mile	100	105	110	115	120

IX. HOSPITALS, DISPENSARIES AND DISTRICT MEDICAL

SERVICES: contd.

Lethem (7 beds); Charity (6 beds); Ida Sabina (8 beds); Enachu (6 beds); Potaro (8 beds); Kamarang Mouth (8 beds); and at Acquero (2 beds) making a total of 53 beds in remote areas. These hospitals are each staffed with a dispenser and in most cases a midwife as well. Reference paragraph 72 later in this Report.

70. Special Hospitals - There are three special hospitals in the Colony:-

(i) Best Tuberculosis Hospital (262 beds) - Repairs and reconstruction work on this hospital continued during the year. This hospital is now in very good condition, except that new stoves are urgently needed in the kitchens.

In paragraph 27 of this Report, information is given about the work carried on in this institution.

(ii) Mahaica Leprosarium (405 beds) - The work undertaken in this institution has been recorded under Leprosy in this report.

The new kitchen and mess hall were completed during the year. It was not possible however to commence structural work on the proposed new occupational therapy workshop to accommodate tailors, cobblers and carpenters. The small printing department continued to do useful work.

(iii) Mental Hospital (834 beds) - The year began with 730 patients in hospital; 240 were admitted; 170 discharged and 47 died.

The chief forms of mental diseases admitted were Schizophrenia, Paranoid state, Manic Depressive and Toxic Psychosis. The principal methods of treatment employed were Electro-convulsion Therapy, Continued Narcosis, Sedation and Occupational Therapy.

Unfortunately it has been impossible to fill the long vacant post of Psychiatrist even though Government has approved that this post should receive increased emoluments on a contract basis. It is considered that were the services of an experienced Psychiatrist available, it would be possible to reduce the present large number of patients at the Mental Hospital considerably.

As has been stated in this Report for the past three years, this dilapidated and depressing Mental Institution should be completely rebuilt as soon as it is financially possible. The worst section of the hospital is the West Block which houses criminal mental patients. The rebuilding of this Block should be given priority. Urgent improvements are also required to the water supply, the sewerage system, the kitchens, workshops and the laundry. Baking of bread for all institutions in Berbice in the kitchens should be discontinued.

During the year, it was possible to obtain the temporary services of a Dietician to examine and report on the dietary at this hospital. On the strength of this report, the diet has been altered and made more nutritious without any extra cost. Other recommendations such as the appointment of a permanent Dietician or Caterer and more trained kitchen staff and the decentralisation of kitchens will be introduced in due course, it is hoped.

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IX. HOSPITALS, DISPENSARIES AND DISTRICT MEDICALSERVICES: contd.

71. Dispensary Service - The Mobile Dispensary River service with its nine motor launches carried on its useful work on the rivers as in previous years. The new dispensary and dispenser's quarters at Supenaam were brought into service during the year.

72. The following Table shows the work performed by the Mobile Dispensary Service and the other Dispensaries:-

TABLE XIII

Dispensary	No. of Beds	No. of In-Patients	No. of Out-Patients	Births	Deaths
Charity	6	79	6,705	50	-
Enaolu	6	20	1,560	1	1
Schepmoed	-	-	3,803	-	-
Supenaam	-	-	3,662	-	-
Kamarang Mouth	8	76	1,702	10	-
Christianburg	-	-	5,601	-	-
Lower Demerara River	-	-	5,581	-	-
Morawhanna	-	-	3,619	-	-
Ida Sabina	8	80	3,112	52	3
Parika	-	-	4,695	-	-
Anna Regina	-	-	5,911	-	-
Potaro (Mahdia)	8	-	1,384	-	-
Polder Canal No. 1	-	-	3,520	-	-
Polder Canal No. 2	-	-	4,375	-	-
Lethem	7	312	5,836	9	-
Orealla	-	-	392	-	-
Wakenaam	8	118	4,493	-	3
Acquero	2	50	4,666	50	-

Of the above Dispensaries, the first 9 are provided with dispensary launches.

73. At No. 1 Dispensary in Georgetown, 8,918 new cases were seen and there was a total attendance of 14,276. The chief complaints diagnosed at the dispensary were respiratory diseases, arthritis and debility.

As was stated last year, this Dispensary is

Year	Month	Day	Time	Location	Remarks
1910	Jan	1	10:00	St. Paul	Arrived
1910	Jan	2	10:00	St. Paul	Left
1910	Jan	3	10:00	St. Paul	Arrived
1910	Jan	4	10:00	St. Paul	Left
1910	Jan	5	10:00	St. Paul	Arrived
1910	Jan	6	10:00	St. Paul	Left
1910	Jan	7	10:00	St. Paul	Arrived
1910	Jan	8	10:00	St. Paul	Left
1910	Jan	9	10:00	St. Paul	Arrived
1910	Jan	10	10:00	St. Paul	Left
1910	Jan	11	10:00	St. Paul	Arrived
1910	Jan	12	10:00	St. Paul	Left
1910	Jan	13	10:00	St. Paul	Arrived
1910	Jan	14	10:00	St. Paul	Left
1910	Jan	15	10:00	St. Paul	Arrived
1910	Jan	16	10:00	St. Paul	Left
1910	Jan	17	10:00	St. Paul	Arrived
1910	Jan	18	10:00	St. Paul	Left
1910	Jan	19	10:00	St. Paul	Arrived
1910	Jan	20	10:00	St. Paul	Left
1910	Jan	21	10:00	St. Paul	Arrived
1910	Jan	22	10:00	St. Paul	Left
1910	Jan	23	10:00	St. Paul	Arrived
1910	Jan	24	10:00	St. Paul	Left
1910	Jan	25	10:00	St. Paul	Arrived
1910	Jan	26	10:00	St. Paul	Left
1910	Jan	27	10:00	St. Paul	Arrived
1910	Jan	28	10:00	St. Paul	Left
1910	Jan	29	10:00	St. Paul	Arrived
1910	Jan	30	10:00	St. Paul	Left
1910	Jan	31	10:00	St. Paul	Arrived

IX. HOSPITALS, DISPENSARIES AND DISTRICT MEDICAL SERVICES: contd.

held in a ground floor flat, rented by Government at a rental of £650 per annum. A financial saving should result and more suitable environment be provided for the dispensary work when the proposed Health Centre in Georgetown is erected. It is hoped that this scheme will be implemented in 1959.

74. Medical Service - Amerindians - From the middle of the year it was impossible to supply this service with a whole-time medical officer. The five Rangers stationed respectively at Sand Creek, Lethem, Karasabai, Kurikabaru and Kamarang carried out their duties amongst the Amerindian population as usual. These duties consist mainly of treating minor ailments, deworming the children, spraying the dwellings with DDT and sending more serious cases for medical aid at the main hospitals. There are also five nurse-midwives stationed respectively at Aishelton, Lethem, Acquero, Bacasa and Kamarang.

The general health of the Amerindians was satisfactory during the year; the diseases most commonly diagnosed being Round and Hookworm Infestations, Anaemia, Common Cold, Bacillary Dysentery, Conjunctivitis and Pulmonary Tuberculosis. More cases of fever, most probably of malarial origin, were reported in 1958 than had been encountered over the past two years.

The physical condition of the Amerindian children was mainly good during the year. These children partake of the School Feeding Programme which has proved very beneficial.

As was stated in last year's Report, the present Lethem Hospital requires enlarging and the addition of more staff, including the appointment to the Rupumuni district of a whole-time resident medical officer.

During the year 312 patients were admitted to the Lethem "Sick Bay" and there were 3,677 out-patients. There were 9 deliveries.

The work performed in the four cottage hospitals in the Interior at Lethem, Kamarang, Enachu and Mahdia is shown in Table XIII, paragraph 72 of this Report.

X. PHARMACY AND POISONS BOARD:

75. There were 13 meetings during the year of the Pharmacy and Poisons Board.

Examinations for the First Professional and Final Examinations for Chemists and Druggists were held during January and August.

The new annual Register of Pharmacists was opened in November and at the end of the year 100 chemists and druggists were duly registered.

XI. MEDICAL BOARD:

76. Two meetings of the Medical Board were held during 1958. The names of twenty five persons were added to the Medical Practitioners Register. Of these twenty one were registered in accordance with Section 25(b) of the Colonial Medical Service Ordinance; two under the Temporary Registration Ordinance and two under the Medical Practitioners Ordinance, Chapter 136.

Six persons were accorded provisional registration as Medical Practitioners. There was one addition to the Register of Dentists and one to the Register of Optometrists. There were eight additions to the Register of Sick-nurses and Dispensers.

XII. TRAINING SCHEMES:

77. During the year, the Deputy Director of Medical Services was awarded a Fellowship course in administration held in Jamaica. A Government Medical Officer went to the United Kingdom on 2½ years study leave to take the Diploma in Psychiatric medicine. Two senior surgeons went on study leave in Britain - one to take the Fellowship in Orthopaedics, which he in due course obtained, and the other undertook a course in chest surgery. One medical officer commenced the D.P.H. course and has been awarded on completion of this course a Fellowship by WHO for special training in leprosy.

78. A Senior Departmental Sister was on study leave during the year to take a course for the Sister Tutor qualification. A senior school nurse was granted study leave to acquire the diploma in health education. A Junior Departmental Sister was granted a study course in the United Kingdom in Ophthalmic nursing. A NAPT Fellowship was awarded to a nurse for training in tuberculosis health visiting. A Senior Public Health Inspector was given a Fellowship under the Caribbean programme in health education in Puerto Rico. A senior Laboratory Technician underwent a six-months course of study in advanced haematology and blood transfusion work in the United Kingdom. Under a Government scheme one candidate completed successfully his course in Radiography, whilst two others are still in training. Two Guianese were sent to Britain to be trained for the Diploma in Dietetics and two for training in physiotherapy.

79. A request was put up for the approval of WHO for Fellowships to cover the special training of four Public Health Inspectors in Environmental Hygiene, two laboratory technicians in malaria work and two nurses in mental nursing.

80. The services of a male tutor were obtained during the year to strengthen the teaching staff of the Georgetown Hospital.

The 12 midwives destined for rural work and now on a new eighteen months training course will take their final examination early in 1959 and another similar batch will shortly be selected for training. As was stated in this Report of last year, these midwives will be of great value in rural and remote areas where their services are urgently required.

The University of Chicago Library
has acquired the following books
from the collection of the late
Professor [Name] of the University of Chicago
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The following books were
received from the collection of the late
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RECEIVED FROM THE COLLECTION OF THE LATE
PROFESSOR [Name] OF THE UNIVERSITY OF CHICAGO
LIBRARY.

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Professor [Name] of the University of Chicago
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Professor [Name] of the University of Chicago
Library.

XII. TRAINING SCHEMES: contd.

A course of training for the examination of the Royal Society for the Promotion of Health started during the year. 15 candidates enrolled for the Inspectors course and 18 for the Health Visitors diploma. The course for the Health Visitors has been shortened to one year, but has been greatly intensified and modernised.

Several local girls as in previous years applied to undertake nurse training under their own aegis in British Hospitals.

81. The following Table indicates the numbers in the various categories who completed training courses in Government Institutions during the year and were successful at the relevant examinations:-

TABLE XIV

	Georgetown Hospital		New Amsterdam Hospital		Total	
	1957	1958	1957	1958	1957	1958
Nurses	37	50	8	27	45	77
Sicknurses and Dispensers	5	6	2	1	7	7
Midwives	27	13	5	7	32	20
Chemists and Druggists	6	2	-	-	6	2

XIII. LEGISLATION:

82. The following Ordinances dealing with medical matters were enacted -

- (i) Accidents and Occupational Diseases (Notification) (Amendment) Ordinance 1958. (No. 11).
- (ii) Nurses Retiring Allowances (Preservation of Rights) Ordinance 1958. (No. 27).

The Regulation passed was -

Accidents and Occupational Diseases (Notification) (Amendment) Regulation No. 10 of 1958.

XIV. SCIENTIFIC PUBLICATIONS:

83. The following articles and reports were published or submitted by officers of the Medical Department during 1958:-

XIV. SCIENTIFIC PUBLICATIONS: contd.

- | | |
|--|--|
| Dr. C.C. Nicholson,
Assistant Director of
Medical Services | "Medical Survey of
Nutrition in British
Guiana." |
| Dr. B.B.G. Nehaul,
Senior Government
Bacteriologist and
Pathologist | "Plasma Protein Level
of a group of East
Indians in a Hospital." |

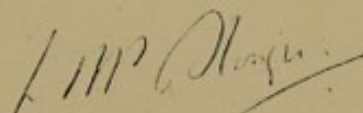
XV. VISITORS:

84. Visits were paid to the Colony by:-

- (a) Dr. R. Lewthwaite, C.M.G., O.B.E., Director of Colonial Medical Research.
- (b) Professor A.C. Frazer, Professor of Pharmacology, Birmingham University.
- (c) Mr. E. Davis, Consultant Hospital Architect.
- (d) Dr. Q.M. Geiman, Ph. D., Professor of Preventive Medicine, Stanford University, California.
- (e) Dr. C. Belfield Clarke, Member, Colonial Advisory Medical Committee.
- (f) Miss Wilma Becknell, I.C.A. Health Education Adviser.
- (g) Miss P. Blom, I.C.A. Health Education Trainee.
- (h) Mr. J. Maes, I.C.A. Health Education Trainee.

UNICEF:- The following visitors were sponsored by WHO and

- (a) Dr. P.F. de Caires, Zone Officer, WHO.
- (b) Mr. A. Robinson, Chief of Area Office for Northern South America, UNICEF.
- (c) Dr. A.G. Friend, Public Health Engineering Consultant, WHO.
- (d) Mr. Scott Edmonds, Public Health Educator Consultant, WHO.
- (e) Miss I. Ripley, Public Health Nursing Consultant, WHO.
- (f) Mr. R.E. Curran, Public Health Legal Consultant, WHO.
- (g) Dr. Mario Chaves, Regional Adviser in Dental Health, WHO.
- (h) Dr. Souza Lima, Consultant in Leprosy Control, WHO.
- (i) Miss Donna Geib, Laboratory Consultant, WHO.



L.A.P. Slinger
Director of Medical Services.

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY
JANUARY 1954
MEMORANDUM FOR THE RECORD
SUBJECT: [Illegible]
[The following text is extremely faint and largely illegible due to the quality of the scan. It appears to be a series of numbered points or a list of items, possibly related to a chemical analysis or experimental results.]

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APPENDIX I.

(1) MEDICAL ESTABLISHMENT:

The authorised Medical Establishment is as follows:-

1	Director of Medical Services
1	Deputy Director of Medical Services
1	Assistant Director of Medical Services
1	Senior Medical Officer
4	Surgeons
3	Physicians
2	Ophthalmologists
3	Pathologists
2	Radiologists
1	Obstetrician and Gynaecologist
1	Laryngologist
1	Venereal Diseases Officer and Dermatologist
1	Anaesthetist
1	Psychiatrist
1	Leprologist
2	Tuberculosis Officers
4	Medical Officers of Health
1	School Medical Officer
39	Medical Officers
4	Supernumerary Medical Officers
3	Registrars
6	Internes
2	Casualty Officers
4	Dental Surgeons.

(ii) VACANCIES:

1	Senior Medical Officer
1	Surgeon
1	Physician
1	Psychiatrist
1	Pathologist
1	Leprologist
2	Registrars
9	Medical Officers
4	Internes.
1	Obstetrician and Gynaecologist.

APPENDIX I

RESEARCH INVESTIGATIONS (2)

The following are the results of the research investigations:

1	Investigation of the effect of the amount of light on the growth of the plant.
2	Investigation of the effect of the amount of water on the growth of the plant.
3	Investigation of the effect of the amount of fertilizer on the growth of the plant.
4	Investigation of the effect of the amount of carbon dioxide on the growth of the plant.
5	Investigation of the effect of the amount of oxygen on the growth of the plant.
6	Investigation of the effect of the amount of nitrogen on the growth of the plant.
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20	Investigation of the effect of the amount of vanadium on the growth of the plant.
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79	Investigation of the effect of the amount of berkelium on the growth of the plant.
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81	Investigation of the effect of the amount of einsteinium on the growth of the plant.
82	Investigation of the effect of the amount of fermium on the growth of the plant.
83	Investigation of the effect of the amount of mendelevium on the growth of the plant.
84	Investigation of the effect of the amount of nobelium on the growth of the plant.
85	Investigation of the effect of the amount of lawrencium on the growth of the plant.
86	Investigation of the effect of the amount of rutherfordium on the growth of the plant.
87	Investigation of the effect of the amount of dubnium on the growth of the plant.
88	Investigation of the effect of the amount of seaborgium on the growth of the plant.
89	Investigation of the effect of the amount of bohrium on the growth of the plant.
90	Investigation of the effect of the amount of hassium on the growth of the plant.
91	Investigation of the effect of the amount of meitnerium on the growth of the plant.
92	Investigation of the effect of the amount of darmstadtium on the growth of the plant.
93	Investigation of the effect of the amount of roentgenium on the growth of the plant.
94	Investigation of the effect of the amount of copernicium on the growth of the plant.
95	Investigation of the effect of the amount of nihonium on the growth of the plant.
96	Investigation of the effect of the amount of flerovium on the growth of the plant.
97	Investigation of the effect of the amount of livermorium on the growth of the plant.
98	Investigation of the effect of the amount of tennessine on the growth of the plant.
99	Investigation of the effect of the amount of oganesson on the growth of the plant.
100	Investigation of the effect of the amount of ununennium on the growth of the plant.

APPENDIX II

Return of Diseases Notified -

From all Sources

1957 - 1958

Disease	Reported 1957	Reported 1958
Acute Poliomyelitis	100	Nil
Cerebral Spinal Fever	1	1
Chicken Pox	197	64
Diphtheria	23	74
Erysipelas	2	1
Measles	6	1,641
Ophthalmia Neonatorum	43	26
Puerperal Fever	3	10
Tuberculosis	192	202
Enteric Fever	366	422
Amoebic Dysentery	294	229
Bacillary Dysentery	75	-
Influenza	4,281	1,294
Pneumonia	360	220
Malaria	4	114
Revised Figures.		

STATE OF NEW YORK

IN SENATE

January 1, 1881.

REPORT OF THE	COMMISSIONERS OF THE	LAND OFFICE
1880	1881	1882
1883	1884	1885
1886	1887	1888
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2165	2166	2167
2168	2169	2170
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2177	2178	2179
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2240	2241	2242
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2246	2247	2248
2249	2250	2251
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2255	2256	2257
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2495	2496	2497
2498	2499	2500

APPENDIX IIIIn-patient cases treated at GovernmentHospitals during 1958.

Group	Diseases	George- town	Ber- bice	Suddie	Bartica	Mab- aruma	TOTAL
I.	INFECTIVE AND PARASITIC DISEASES (100 - 138)	<u>13,678</u>	<u>527</u>	<u>199</u>	<u>1,265</u>	<u>101</u>	<u>15,770</u>
	Tuberculosis of the res- piratory system	89	28	9	7	15	148
	Tuberculosis (other forms)	-	3	-	7	4	14
	Syphilis and its sequelae	813	3	9	-	-	825
	Yaws	3	1	-	1	-	5
	Gonococcal Infections	1,896	8	-	54	-	1,958
	Typhoid and paratyphoid	264	144	19	28	-	455
	Dysentery all forms	1,072	62	13	176	39	1,361
	Streptococcal infections	-	-	-	25	-	25
	Diphtheria	43	6	3	-	2	54
	Whooping Cough	655	-	-	25	-	680
	Leprosy	5	-	-	3	-	8
	Tetanus	57	9	2	-	-	68
	Acute Polio- myelitis	2	-	-	-	-	2
	Small Pox	-	-	-	-	-	-
	Measles	1,934	1	-	67	13	2,015
	Yellow Fever	-	-	-	-	-	-
	Infectious hepatitis	43	27	12	14	-	96
	Rabies	-	-	-	-	-	-
	Typhus	-	-	-	-	-	-

REPORT OF THE COMMISSIONER OF THE BUREAU OF LAND MANAGEMENT

FOR THE YEAR 1904

IN THE STATE OF ARIZONA

Section	Sub-section	Acres	Value	Remarks
1	1	100	100	
2	2	200	200	
3	3	300	300	
4	4	400	400	
5	5	500	500	
6	6	600	600	
7	7	700	700	
8	8	800	800	
9	9	900	900	
10	10	1000	1000	
11	11	1100	1100	
12	12	1200	1200	
13	13	1300	1300	
14	14	1400	1400	
15	15	1500	1500	
16	16	1600	1600	
17	17	1700	1700	
18	18	1800	1800	
19	19	1900	1900	
20	20	2000	2000	
21	21	2100	2100	
22	22	2200	2200	
23	23	2300	2300	
24	24	2400	2400	
25	25	2500	2500	
26	26	2600	2600	
27	27	2700	2700	
28	28	2800	2800	
29	29	2900	2900	
30	30	3000	3000	
31	31	3100	3100	
32	32	3200	3200	
33	33	3300	3300	
34	34	3400	3400	
35	35	3500	3500	
36	36	3600	3600	
37	37	3700	3700	
38	38	3800	3800	
39	39	3900	3900	
40	40	4000	4000	
41	41	4100	4100	
42	42	4200	4200	
43	43	4300	4300	
44	44	4400	4400	
45	45	4500	4500	
46	46	4600	4600	
47	47	4700	4700	
48	48	4800	4800	
49	49	4900	4900	
50	50	5000	5000	

APPENDIX III contd.

Group	Diseases	George- town	Ber- bice	Suddie	Bartica	Mab- aruma	TOTAL
I. contd.							
	Malaria	4	-	-	13	20	37
	Ankylostomiasis	864	30	11	30	-	935
	Filariasis	997	26	22	8	-	1,053
	Other Diseases of the Group	4,938	179	99	807	8	6,031
II.	NEOPLASMS (140 - 239)	406	172	25	52	-	655
	Malignant neo- plasms includ- ing neoplasms of lymphatic and haemato- peptic tissues	57	26	-	-	-	83
	Benign and unsuspected neoplasms	-	142	-	43	-	185
	Other Diseases of the Group	349	4	25	9	-	387
III.	ALLERGIC, ENDOCRINE SYSTEM METABOLIC & NUTRITIONAL DISEASES (240 - 289)	<u>13,697</u>	<u>173</u>	<u>144</u>	<u>493</u>	<u>15</u>	<u>14,522</u>
	Toxic and non-toxic goiter	8	3	-	5	-	16
	Diabetes mellitus	2,773	62	74	22	15	2,946
	Beri Beri	916	-	-	35	-	951
	Pellagra	2,305	-	-	-	-	2,305
	Scurvy	-	-	-	-	-	-
	Other Diseases of the Group	7,695	108	70	431	-	8,304

General Information					
No.	Date	Particulars	Debit	Credit	Balance
1	1890	Balance			
2	1890	Balance			
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100	1890	Balance			

APPENDIX III contd.

Group	George- town	Ber- bice	Suddie	Bartica	Mab- aruma	TOTAL
IV. DISEASES OF THE BLOOD & BLOOD FORMING ORGANS (290 - 299)	<u>5,765</u>	<u>62</u>	<u>383</u>	<u>296</u>	<u>501</u>	<u>7,007</u>
Pernicious and other hyperchronic anaemias	468	3	-	6	-	477
Iron deficien- cy anaemias (Hyperchronic)	844	1	-	52	-	897
Other specified and unspecified anaemias	1,205	23	321	127	293	1,969
All other allergic dis- orders, endo- crine, meta- bolic and blood diseases	3,248	35	62	111	208	3,664
V. MENTAL PSYCHO- NEUTRITIC & PERSONALITY DISORDERS (300 - 326)	229	44	3	38	-	314
VI. DISEASES OF THE NERVOUS SYSTEM AND SENSORY ORGANS (330 - 398)	<u>20,445</u>	<u>138</u>	<u>89</u>	<u>510</u>	<u>106</u>	<u>21,288</u>
Epilepsy	72	15	4	8	8	107
Diseases of the Eye	14,161	7	23	167	81	14,439
Diseases of the Ear	4,534	16	8	171	-	4,729
Other Diseases of the Group	1,678	100	54	164	17	2,013
VII. DISEASES OF CIR- CULATORY SYSTEM (400 - 468)	<u>7,501</u>	<u>198</u>	<u>134</u>	<u>351</u>	<u>64</u>	<u>8,248</u>

RECORD OF THE
SCHOOL OF THE
MILITARY ENGINEERS

NAME	AGE	DATE OF BIRTH	DATE OF ENTRY	DATE OF LEAVING	REMARKS
1. JAMES H. BROWN	21	1880-01-15	1898-01-15	1898-01-15	Entered school
2. JOHN A. WHITE	22	1879-02-20	1898-01-15	1898-01-15	Entered school
3. WILLIAM C. GREEN	23	1878-03-10	1898-01-15	1898-01-15	Entered school
4. ROBERT E. BLACK	24	1877-04-05	1898-01-15	1898-01-15	Entered school
5. HENRY D. GRAY	25	1876-05-12	1898-01-15	1898-01-15	Entered school
6. THOMAS F. KING	26	1875-06-18	1898-01-15	1898-01-15	Entered school
7. CHARLES G. LEE	27	1874-07-25	1898-01-15	1898-01-15	Entered school
8. FRANK J. HARRIS	28	1873-08-30	1898-01-15	1898-01-15	Entered school
9. EDWARD K. JONES	29	1872-09-10	1898-01-15	1898-01-15	Entered school
10. GEORGE L. SMITH	30	1871-10-15	1898-01-15	1898-01-15	Entered school
11. ALFRED M. WILSON	31	1870-11-20	1898-01-15	1898-01-15	Entered school
12. HERBERT N. EVANS	32	1869-12-25	1898-01-15	1898-01-15	Entered school
13. ARTHUR O. ROBERTS	33	1868-01-10	1898-01-15	1898-01-15	Entered school
14. JACOB P. COOPER	34	1867-02-15	1898-01-15	1898-01-15	Entered school
15. BENJAMIN Q. BAILEY	35	1866-03-20	1898-01-15	1898-01-15	Entered school
16. SAMUEL R. RICHARDS	36	1865-04-25	1898-01-15	1898-01-15	Entered school
17. DAVID S. CRAWFORD	37	1864-05-30	1898-01-15	1898-01-15	Entered school
18. JONAS T. HENDRICKS	38	1863-06-10	1898-01-15	1898-01-15	Entered school
19. ABRAHAM U. KELLEY	39	1862-07-15	1898-01-15	1898-01-15	Entered school
20. ELIAS V. LYNN	40	1861-08-20	1898-01-15	1898-01-15	Entered school
21. ISAAC W. PERKINS	41	1860-09-25	1898-01-15	1898-01-15	Entered school
22. NATHAN X. POWELL	42	1859-10-30	1898-01-15	1898-01-15	Entered school
23. OSCAR Y. REED	43	1858-11-10	1898-01-15	1898-01-15	Entered school
24. SAMUEL Z. STONE	44	1857-12-15	1898-01-15	1898-01-15	Entered school
25. JEREMY A. TAYLOR	45	1856-01-20	1898-01-15	1898-01-15	Entered school
26. ELMER B. THOMAS	46	1855-02-25	1898-01-15	1898-01-15	Entered school
27. ALVA C. WATSON	47	1854-03-30	1898-01-15	1898-01-15	Entered school
28. HIRSH D. WOOD	48	1853-04-10	1898-01-15	1898-01-15	Entered school
29. ESTHER E. YOUNG	49	1852-05-15	1898-01-15	1898-01-15	Entered school
30. EDWARD F. ZIMMERMAN	50	1851-06-20	1898-01-15	1898-01-15	Entered school

APPENDIX III contd.

Group	George- town	Ber- bice	Suddie	Bartica	Mad- aruma	TOTAL
VII. contd.						
Rheumatic fever	251	4	-	8	4	267
Diseases of the heart	3,979	111	105	211	6	4,412
Diseases of arteries	386	6	1	-	-	393
Other diseases of the Group	2,885	77	28	132	54	3,176
VIII. DISEASES OF THE RESPIRATORY SYSTEM (470 - 527)	<u>7,912</u>	<u>279</u>	<u>219</u>	<u>780</u>	<u>279</u>	<u>9,469</u>
Acute upper respiratory infections	1,165	2	8	175	-	1,350
Lobar pneumonia	69	11	5	4	1	90
Broncho-pneumonia	372	22	23	35	-	452
Bronchitis, acute, chronic and unspecified	2,162	154	112	331	59	2,818
Adenoids and Tonsillitis	1,234	11	7	40	-	1,292
Other diseases of the Group	2,910	79	64	195	219	3,467
IX. DISEASES OF THE DIGESTIVE SYSTEM (530 - 587)	<u>8,181</u>	<u>605</u>	<u>221</u>	<u>977</u>	<u>1,015</u>	<u>10,999</u>
Diseases of the teeth and supporting structures	404	22	4	118	-	548
Appendicitis	1,370	150	13	8	7	1,548
Intestinal obstruction and hernia	893	85	37	17	-	1,032
Gastro-enteritis and colitis	1,451	86	41	70	96	1,744

DATE	DESCRIPTION	AMOUNT	BALANCE
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APPENDIX III contd.

Group	George- town	Ber- bice	Suddie	Bartica	Mab- aruma	TOTAL
IX. contd.						
Other diseases of the Group	4,063	262	126	764	912	6,127
X. DISEASES OF THE GENITO- URINARY SYSTEM (590-637)	<u>6,071</u>	<u>621</u>	<u>413</u>	<u>178</u>	<u>30</u>	<u>7,313</u>
Nephritis, acute, chronic and un- specified	905	45	43	29	28	1,050
Calculi of urinary system	238	1	2	-	-	241
Hyperplasia of prostate	12	40	-	7	-	59
Other diseases of the Group	4,916	535	368	142	2	5,963
XI. DELIVERIES, COMPLICATION OF PREGNANCY AND THE PUERPERIUM (640 - 689)	<u>8,093</u>	<u>1,914</u>	<u>430</u>	<u>272</u>	<u>112</u>	<u>10,821</u>
Toxaemias of pregnancy	352	41	1	13	-	407
Haemorrhage of pregnancy and child- birth	80	39	-	-	-	119
Abortion	821	324	25	22	11	1,203
Delivery without com- plications	4,030	1,073	386	237	99	5,825
Other diseases of the Group	2,810	437	18	-	2	3,267
XII DISEASES OF THE SKIN AND CELLULAR TISSUES (690-716)	<u>2,261</u>	<u>389</u>	<u>99</u>	<u>745</u>	<u>6</u>	<u>3,500</u>

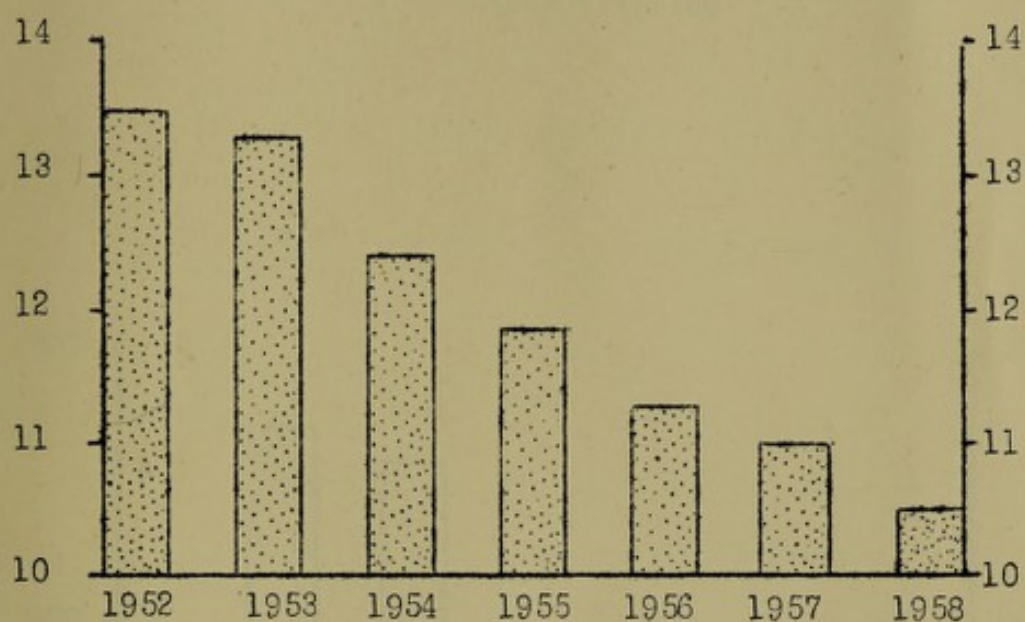
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1890	1891	1892	1893	1894	1895	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	

APPENDIX III: contd.

Group	George- town	Ber- bice	Suddie	Bartica	Mab- aruma	TOTAL
XIII DISEASES OF THE BONES AND ORGANS OF MOVEMENT (720-749)	<u>2,356</u>	<u>185</u>	<u>110</u>	<u>209</u>	<u>7</u>	<u>2,867</u>
XIV CONGENITAL MALFORMATION (750 - 759)	<u>33</u>	<u>13</u>	-	<u>15</u>	-	<u>61</u>
XV CERTAIN DISEASES OF EARLY IN- FANCY (760-776)	<u>3,346</u>	<u>106</u>	<u>35</u>	<u>61</u>	-	<u>3,548</u>
XVI SENILITY AND ILL- DEFINED CONDITIONS (780-795)	<u>23,325</u>	<u>381</u>	<u>308</u>	<u>850</u>	<u>8,745</u>	<u>33,609</u>
Senility	1,553	39	7	107	1	1,707
Ill-defined conditions	1,947	63	134	55	1,543	3,742
Other diseases of the Group	19,825	279	167	688	7,201	28,160
XVII ACCIDENTS, POISONING AND VIO- LENCE (800-999)	<u>77,037</u>	<u>1,830</u>	<u>572</u>	<u>1,326</u>	<u>542</u>	<u>81,307</u>
Number of in-patients treated at other hos- pitals	-	-	-	-	-	-
GRAND TOTAL	200,336	7,637	3,384	8,418	11,523	231,298

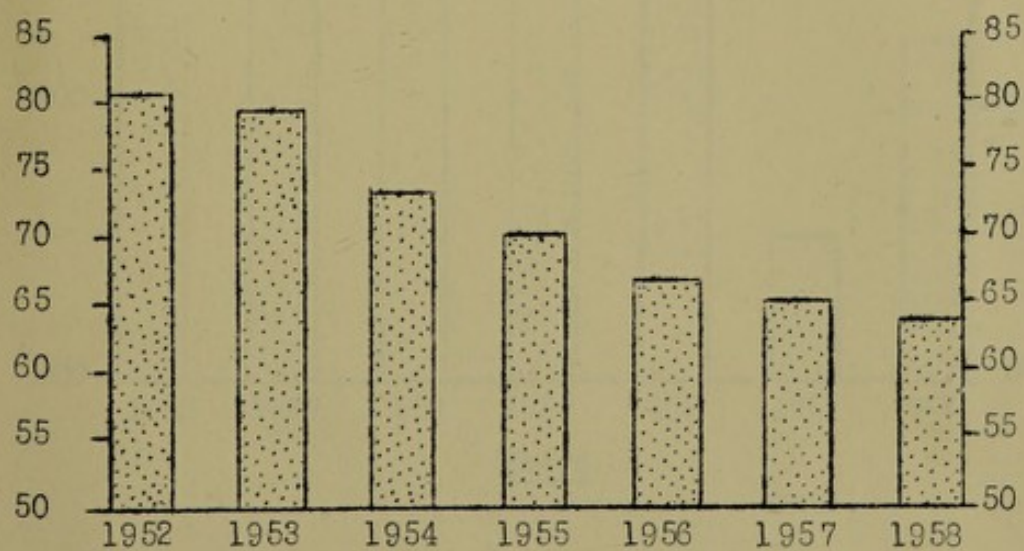
CRUDE DEATH RATES.

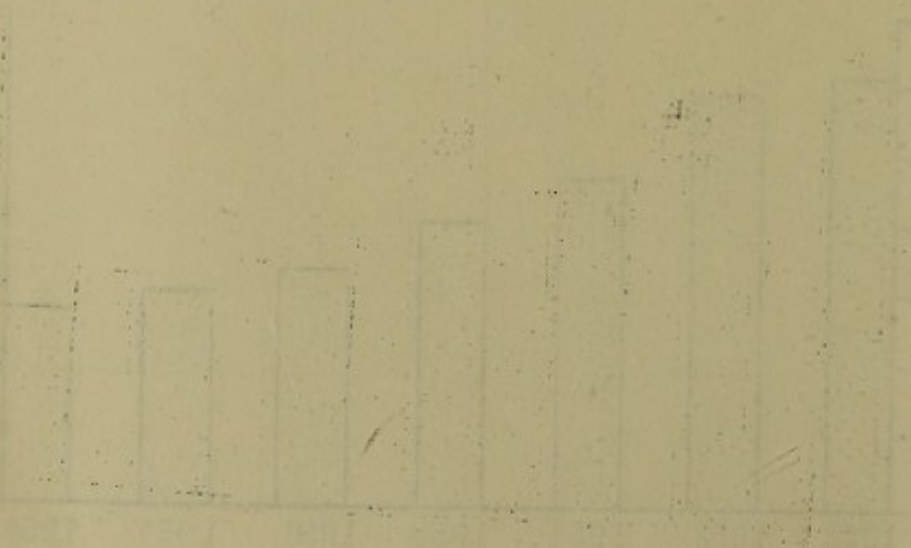
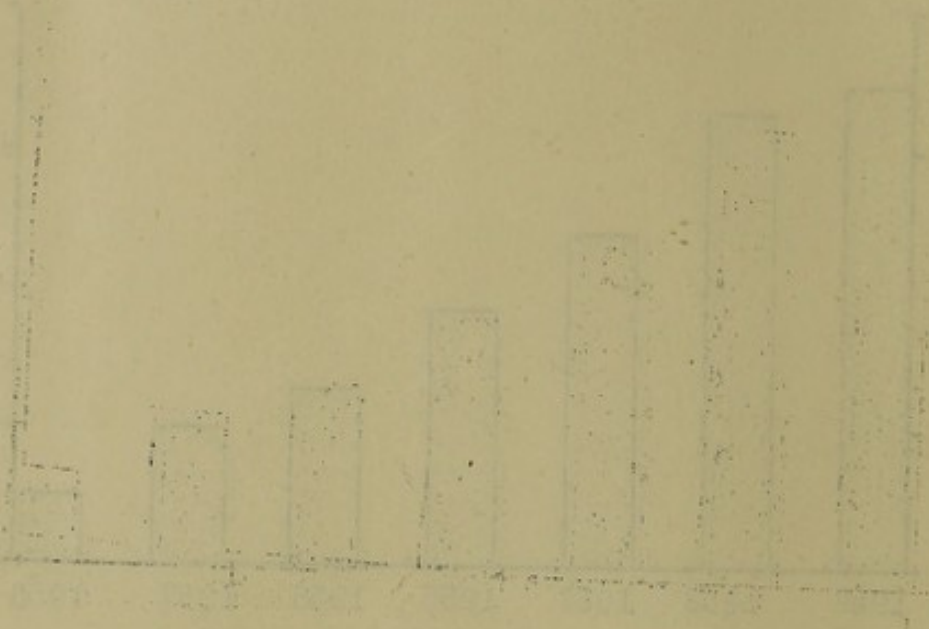
1952 - 1958.



INFANT MORTALITY RATES.

1952 - 1958.

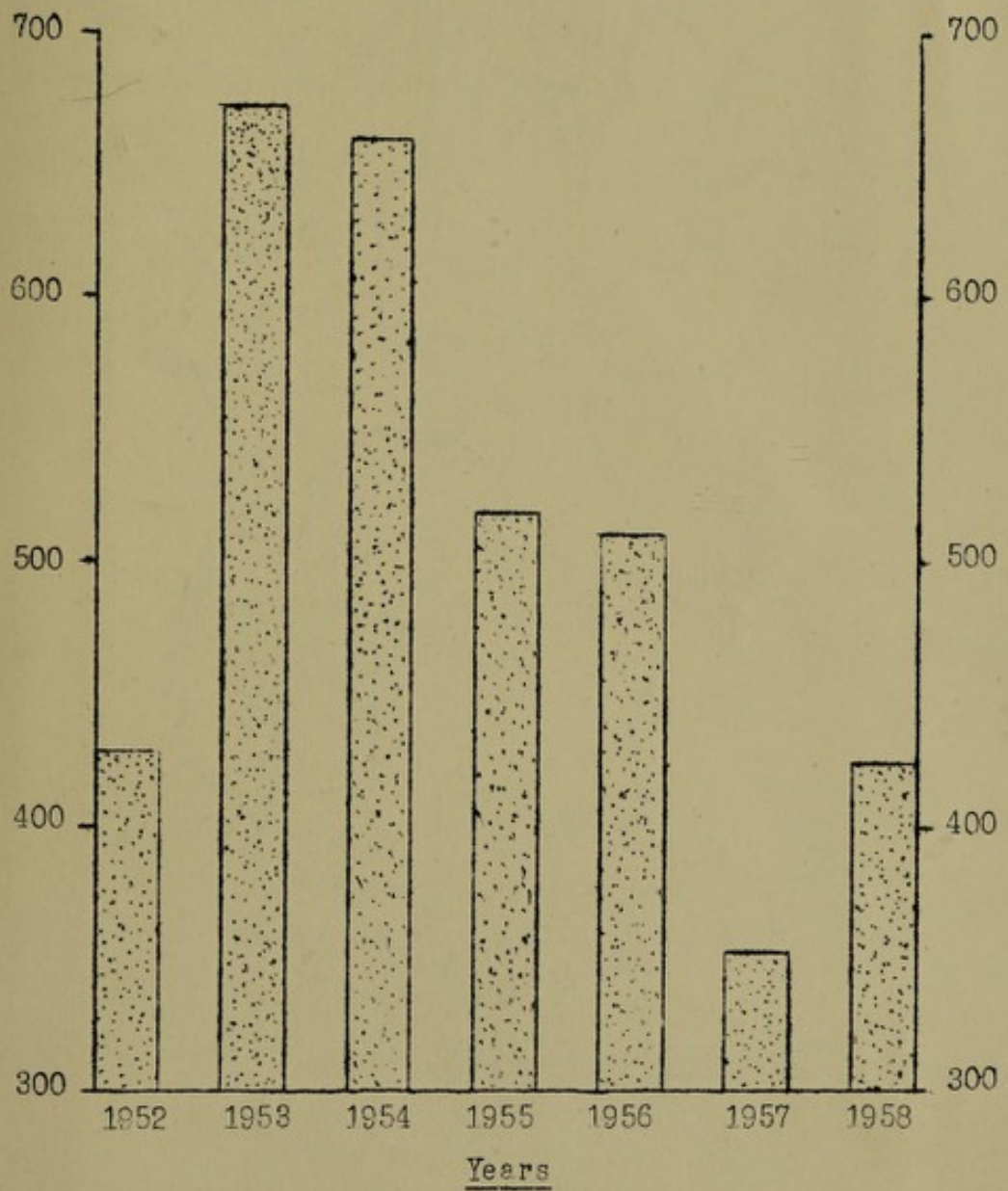




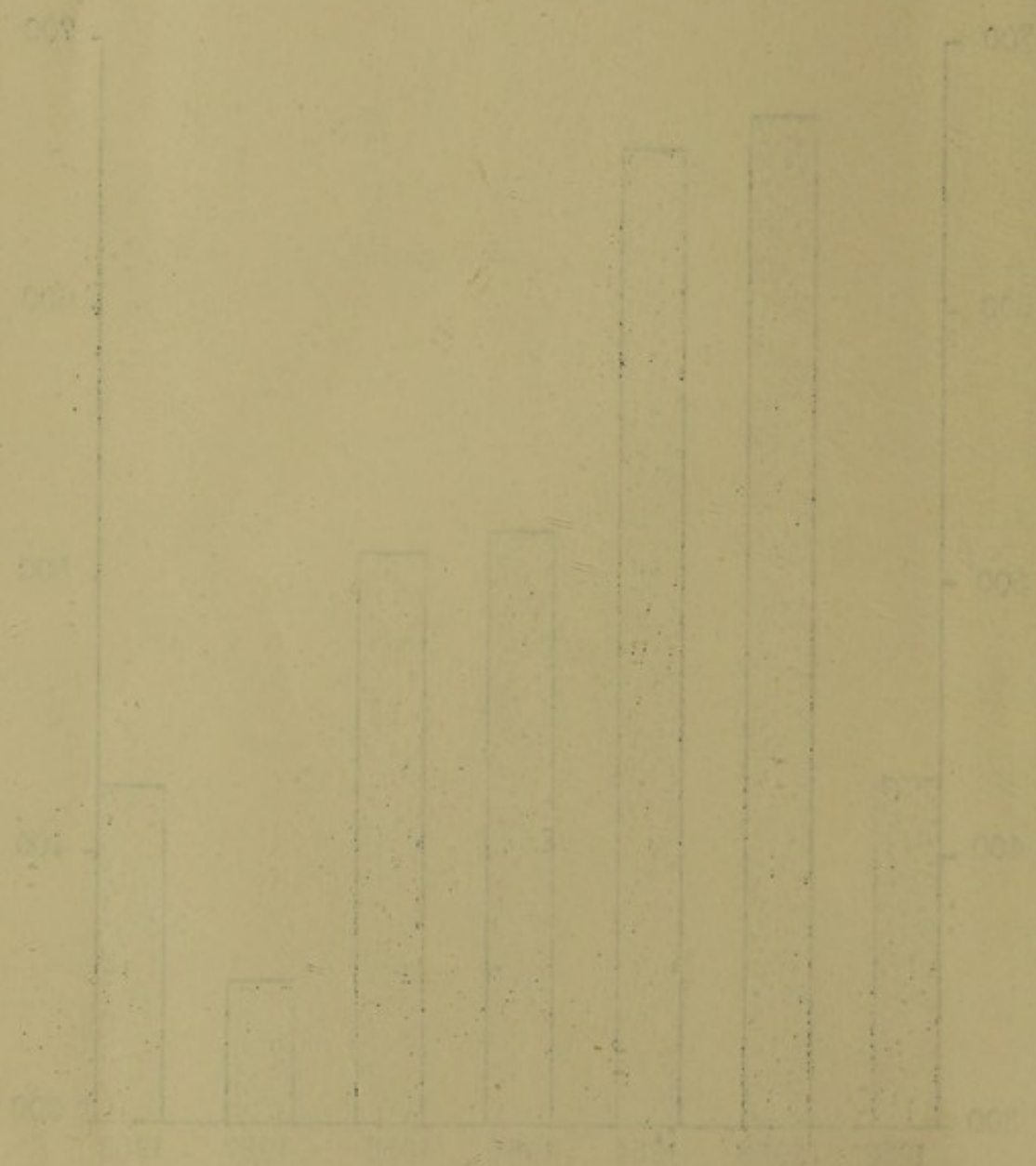
ENTERIC FEVER

1952 - 1958

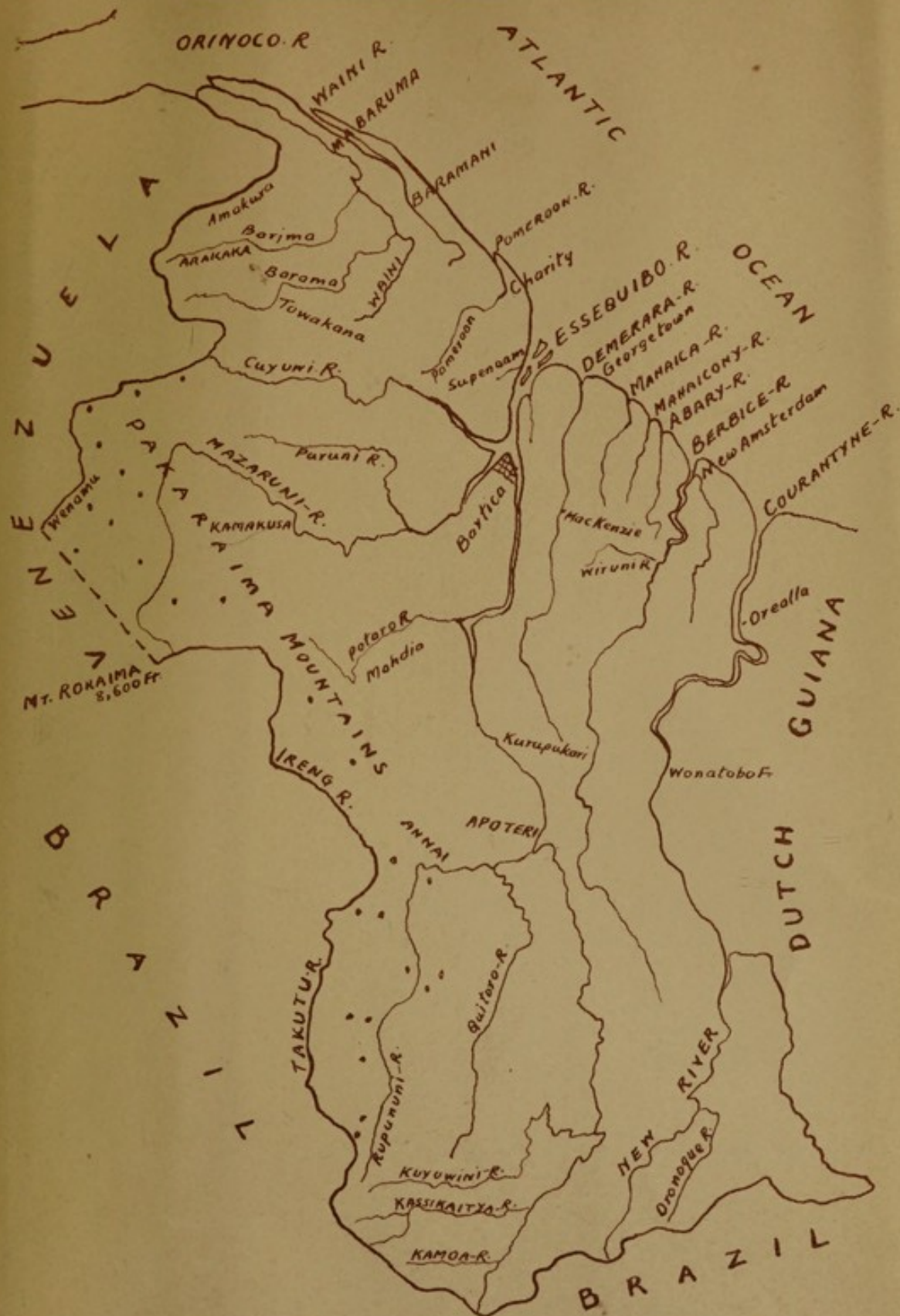
Cases Notified



1900 1901 1902



BRITISH GUIANA



25 0 25 50 75 100
STATUTE MILES





