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Contributors

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KENYA

MEDICAL DEPT.

ANNUAL REPORT

1940



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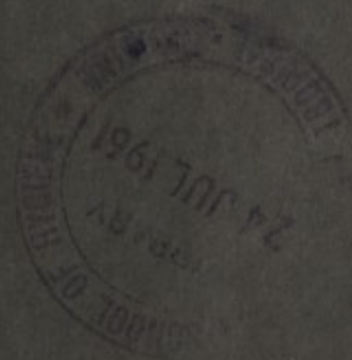
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COLONY AND PROTECTORATE OF KENYA

MEDICAL DEPARTMENT
ANNUAL REPORT
1940
(Abbreviated)



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MEDICAL DEPARTMENT ANNUAL REPORT, 1940

ADMINISTRATION

No change of importance took place during the year.

The chief administrative problems with which the Department was faced during the year were four in number.

Firstly, how to meet the ever-growing demands and needs of the African population for indoor and outdoor medical relief, and especially for the treatment in hospital of heavy and serious medical and surgical cases.

Secondly, how to obtain adequate and timely medical intelligence with regard to unspectacular diseases; for example, intelligence with regard to the epidemicity of malaria in rural districts, intelligence with regard to changes in the incidence of tuberculosis or venereal diseases and intelligence with regard to the nutritional condition of the people.

Thirdly, how to take advantage of the ever-increasing opportunities of spreading the knowledge of hygiene, of improving the domestic environment of the people, and of enabling local authorities to apply in the field the knowledge of the prevention of disease with which we can now provide them.

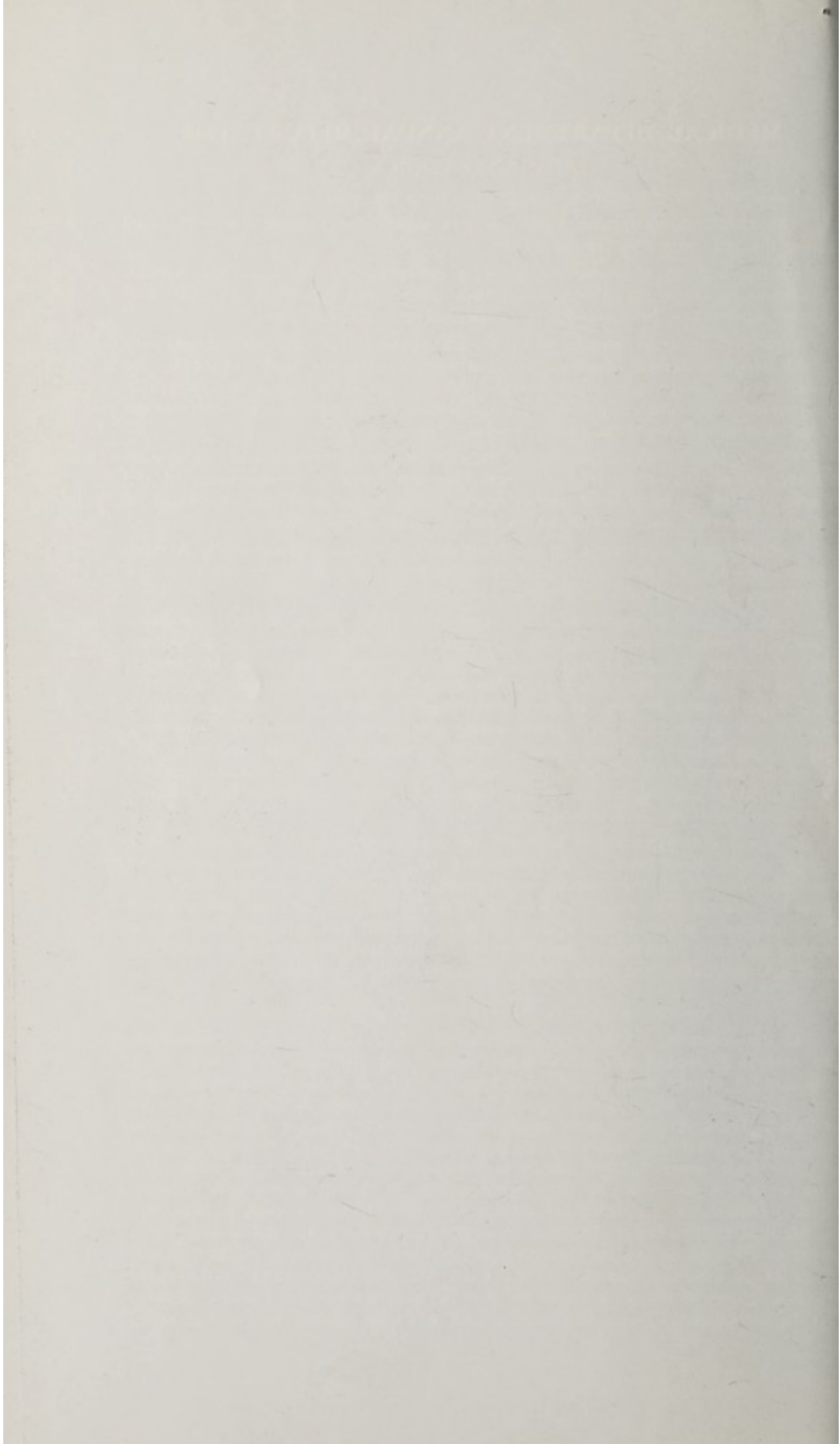
Fourthly, how to arrange for the training of Africans, and especially African women, to play a much larger and more responsible part in the work of the Department than they do at present.

None of these problems was new, and none small. Each, in fact, represents a group of problems in administration, organization, finance, man power, education, and often in local as well as central government. Each was more pressing in 1940 than in any previous year, either as the continuing result of long-established departmental or general development policy, or, not infrequently, as the direct result of conditions and needs arising out of the war, and none was more easy of approach or solution because almost throughout the year, and especially during the second part of the year, considerable numbers of an already depleted staff had to be drafted for varying periods to the larger towns for duty in connexion with civil air raid precautions.

In the event, even larger numbers of patients, especially in-patients, were treated during 1940 than in any preceding year, for medical treatment, being demanded as it is on the hospital or dispensary doorstep, is a service which can never be refused, but where, as was the case during the year, this demand had to be met by a reduced staff such success as resulted was achieved only at the expense of other branches of health work, for the staff being even smaller than usual was inevitably tied more closely than ever to the bedside.

ADMINISTRATION IN RELATION TO WAR CONDITIONS

At the beginning of the year nine medical officers, the medical storekeeper, and several European health inspectors were, and had for some time been, seconded for service with the Military Forces. Early in the year the Department was successful in securing the return of all Government health inspectors to civil duty. These reversions were as important from the military as from the civil point of view, as they insured the maintenance of fair sanitary conditions in, at least, those townships for which Government was directly responsible, and there were few towns where there were no troops. Later in the year, another Medical Officer was seconded for service with the Military Forces, as was also the Medical Entomologist. The last secondment, however, was made only for a period of six months and on the condition that the Entomologist might continue to act in an advisory capacity to the Civil Medical Department. With regard to this question of the secondment of staff for military service, I would observe that the secondment of qualified medical staff was unavoidable, as it was essential



that the Military Medical Department should have at its disposal a certain proportion of medical officers acquainted with tropical medicine, with local conditions, and with the language and customs of the local troops. This was in the best interests not only of the military effort but of the public health. Where, however, as happened in the case of one municipality, sanitary and cleansing staff was seconded to and allowed to remain with the forces, the proceeding was satisfactory from neither point of view, as the sanitary condition of the town, which, in the meantime had become a very important military centre, seriously deteriorated.

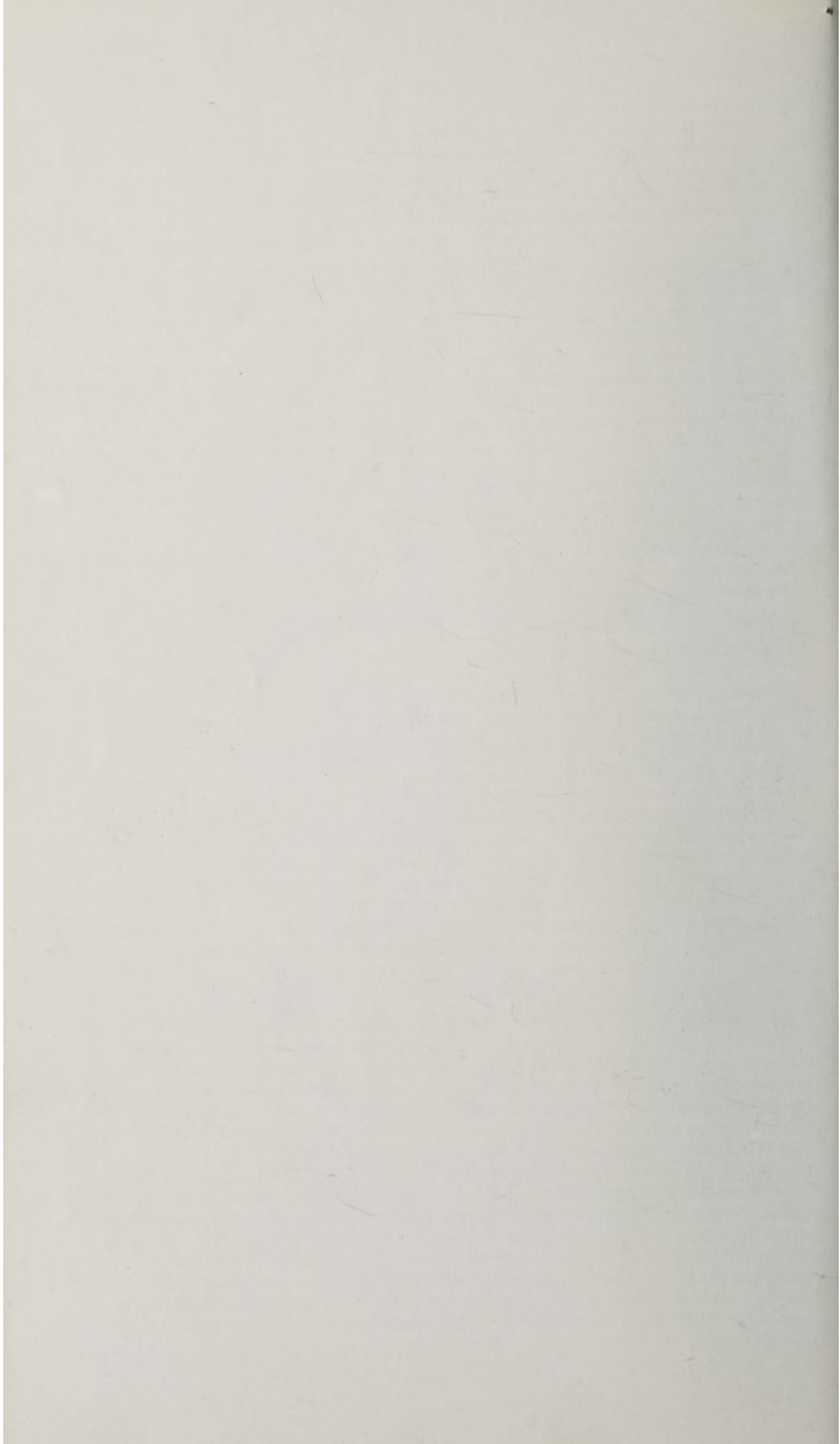
Towards the middle of the year, when Italy entered into the war, a very severe strain was thrown on the Department by the need to draft into the larger towns of Nairobi and Mombasa a medical and nursing staff, both European and African, sufficient to deal with the number of air raid casualties which might have occurred. Emergency hospital accommodation for a total of about 500 beds was provided, staffed, and maintained in Nairobi and Mombasa for most of the latter part of the year, and, though no outstations were entirely closed down, district work was for a time severely handicapped as a result. In the last half of the year a considerable amount of work had also to be undertaken in connexion with the recruitment, medical examination, deworming, and vaccination and inoculation of recruits for the East African Military Labour Service. Fortunately, the time and opportunities for carrying out this work were sufficient to allow of careful selection and the imposition of a high standard of physical fitness, and it is understood that the subsequent health of this labour force has been good.

Towards the end of the year still further interference with routine medical and sanitary work was caused owing to the need to detail some of the district staff for special duty in connexion with the mosquito control measures, which it became urgently necessary to institute, or intensify, as a result of the occurrence of a very serious outbreak of yellow fever in the Southern Sudan.

Despite these many difficulties, remarkable progress was made in at least one district, namely Masai. To one station in Masai there had been posted in 1939 a medical officer and a European nursing sister. In 1940, the Local Native Council of this area provided considerable funds for the extension of the hospital which had become, and has remained, exceedingly popular. In another area another council also provided funds for hospital extensions and for part of the salary of a medical officer, and in this area also there has been notable progress with regard to the provision of medical relief. Among the Masai confidence in western medicine has now, undoubtedly, been established and should provide a basis for much constructive health work in the future.

PUBLIC HEALTH

Judged by the incidence of certain communicable diseases which on occasion, and especially in time of war, may be of major importance, the record of the year was satisfactory. No case of smallpox occurred, and only eleven cases of plague were recorded, while only 115 cases of cerebro-spinal meningitis came to notice as against 300 in the previous year. Only twelve cases of typhus were observed, and there were no noteworthy outbreaks either of the enteric fevers or of dysentery in any part of the Colony, either urban or rural. Having regard to the facts that during the year a very large military force was established in the Colony, partly as the result of the local recruitment of many thousands of Kenya natives, partly as the result of the importation of many thousands of African troops from neighbouring territories, or from as far afield as the west coast, and partly by the importation of many thousands of European troops from the Union of South Africa and elsewhere, that during the year innumerable camps had to be established and serviced, and also that throughout the year there was constant movement of troops by road and rail from one part of the



Colony to another, and from the tropic lowlands to the temperate highlands, this very low incidence of the diseases which I have mentioned, and the complete absence of any major outbreaks of any of these diseases, either among the civil or the military population, was satisfactory to a degree.

The story with regard to some other diseases and conditions affecting the public health is less satisfactory.

Malaria was epidemic during part of the year in most of the highland areas, and in the capital town of Nairobi and in the native reserves of the Central Province it took severe toll of the people. This epidemic, it may be noted, was in no wise the result of war conditions, or in any way whatsoever connected with the movement or importation of troops. Nor did the troops in epidemic areas suffer to any notable degree from the disease, as the use of mosquito nets was made obligatory for all ranks, including Africans, and certain other precautions were instituted with what, under all the circumstances, must be regarded as remarkable success. The epidemic was expected and foretold by the Medical Department. It took a large toll in Nairobi, because the experience of the past had gone unheeded, and the municipal anti-malaria organization was, as it had long been, inadequate. In the native reserves the disease took a very heavy toll indeed, and this for two main reasons. Firstly, the Department has never had sufficient staff to acquire a detailed knowledge of those topographical or entomological factors which govern the incidence of malaria in many of the great reserves, or sufficient to enable us to keep up to date in every area our knowledge of those environmental changes which may favour the spread of malaria or result in its occurrence in epidemic form. Secondly, as I noted under the heading "Administration", the staff is inadequate to provide timely and adequate medical intelligence with regard to the incidence of unspectacular disease. The epidemic was most severe in the large native reserves of the central highlands, where ordinarily the incidence of malaria is low. We were, of course, aware at an early date that an epidemic was occurring, the evidence being provided by the rise in the number of hospital admissions, and arrangements were accordingly made for the distribution of quinine on a considerable scale, but as there was no staff available for outdoor work, and no machinery whereby deaths were automatically recorded, the severity of the epidemic was not fully appreciated at the time. When, ultimately, extra staff became available a count was made in certain areas which showed that among one population of about 350,000 some 6,000 deaths had occurred from malaria alone during the four months of the epidemic.

Tuberculosis is another disease with regard to the incidence of which our information is meagre and unsatisfactory, and for the treatment of which facilities are particularly inadequate. As has been usual for many years past, there was again an increase in the number of hospital admissions, 1,778 cases being treated as against 1,443 in the previous year.

Pneumonia.—5,072 cases of lobar and broncho-pneumonia were treated as against 5,621 in the preceding year. The hospital mortality rate was 9.4 per cent.

Trypanosomiasis.—Seventy cases came to notice.


Helminthic Diseases.—63,596 cases were treated as against 69,434 in the preceding year.

Venereal Diseases.—10,304 cases of syphilis were treated as against 10,048 in the preceding year, while the figures for gonorrhoea in 1940 and 1939 were 5,513 and 4,911, respectively. There is therefore no evidence as yet of any very notable or general increase in the incidence of these diseases as the result of war conditions, such increase may, nevertheless, be occurring.

VITAL STATISTICS

The 1940 estimated population was as follows:—

Europeans, 22,808; Africans, 3,413,371; Indians, 45,195; Goans, 3,702; Arabs and others, 17,276.



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Owing to the absence of any general system of notification of births and deaths, no figures are available with regard to the total births and birth rates, total deaths and death rates, the infantile mortality rate, or the main causes of deaths under the different heads.

HYGIENE AND SANITATION

So far as possible, work was carried on as usual in the native reserves, and in certain areas there was progress. Notable progress will not, however, be achieved till there is not only a much larger sanitary staff available but a much larger agricultural staff, or until the systems of land use and occupation have been so developed as to make a much higher standard of living a possibility. In the smaller townships a fair standard of sanitation was maintained, but in Nairobi and Mombasa conditions are in many respects unsatisfactory. In Nairobi, owing partly to the fact that certain members of the sanitary inspectorate and of the cleansing staff were seconded to the army, house to house inspection was not carried out to an adequate extent, and the cleansing services were inadequately performed. In Mombasa, the cleansing services have not recently kept pace with the development of the town, and radical improvements are now required. In both towns much of the Asian and African housing is highly unsatisfactory, and the provision inadequate in amount. In both towns schemes of a major character for the provision of new and better housing are very urgently required.

School Hygiene.—No medical staff is maintained specially for school work, and the amount of time which can be devoted to school medical inspection by district medical officers is inadequate.

Food in relation to Health and Disease.—Early in the year a medical officer with special experience was posted to one of the larger native reserves in the Central Province, where it was intended that, in conjunction with the Agricultural and Veterinary Officers, he should carry out an investigation into food supplies, and the nutritional state of the people. Unfortunately, owing to the necessity to draft medical staff to the towns in connexion with air raid precautionary measures, this officer had to be withdrawn before any progress had been made with the investigations.

PORT HEALTH AND ADMINISTRATION

Sea Ports.—The number of vessels which entered Mombasa and Kilindini Harbours during the year was as follows:—

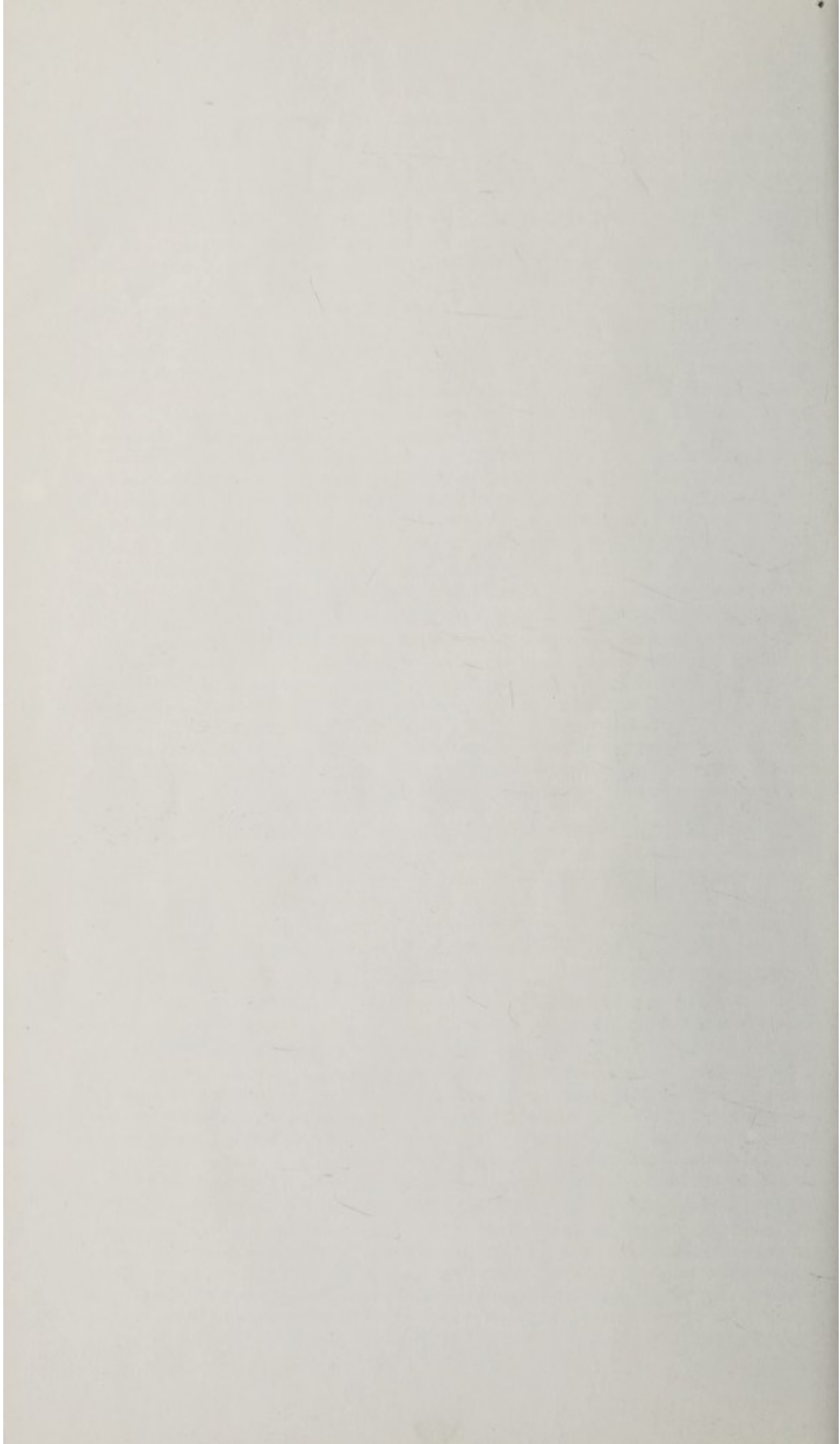
<i>Steamships—</i>		<i>Tonnage</i>	<i>Sailing Ships—</i>	
Overseas	.. 505	.. 2,176,820	Foreign Dhows	.. 287
Coastal	.. 138	.. 62,036	Coastal Dhows	.. 1,529

Only one vessel arrived in port infected.

Sanitary Conditions of the Port.—The Port area which is under the control of the Railways and Harbours Administration was maintained in excellent condition throughout the year.

Mosquito-breeding at Ports.—The amount of mosquito-breeding in the Port of Mombasa is very small. For some years past special control measures have been in operation at Mombasa in respect of *Aedes aegypti*, and in November, when notification of the epidemic of yellow fever in the Sudan was received, these measures were intensified. The *Aedes* index for Mombasa at the end of the year was 1.5 per cent. During the forthcoming year arrangements will be made to institute *Aedes* control measures at all ports on the Kenya coast.

Air Ports.—At Kisumu the spraying of aircraft on arrival and departure is carried out by a European overseer and the air port and aerodrome are free of *Aedes* mosquitoes. The air port at Mombasa is free of mosquitoes, and steps are being taken to eliminate *Aedes* breeding in the neighbourhood of the land aerodrome. There is very little *Aedes* breeding in the neighbourhood of the aerodrome at Nairobi, and it is hoped that such as there is will soon be eliminated.



MATERNITY AND CHILD WELFARE

The comparative figures of maternity cases for the past two years are as follows:—

	1939	1940
At centres established in connexion with Government Hospitals with the help of Local Native Council funds and at Government Hospitals	3,899	3,102
At the Lady Grigg Maternity Centres, Nairobi and Mombasa	1,148	1,031
At Mission Hospitals	1,195	1,181
TOTAL ..	6,242	5,314

The decrease in the number of cases is due partly to the closure of one centre for a number of months, and partly to the fact that for a time very large numbers of African women left the towns after the entry of Italy into the war.

WORK DONE AT HOSPITALS, DISPENSARIES, OUT-DISPENSARIES VENEREAL CLINICS, THE MENTAL HOSPITAL, MEDICAL WORK CARRIED OUT BY MISSIONARY SOCIETIES, ETC.

	European In-patients	European Out-patients	Asiatic and African In-patients	Asiatic and African Out-patients
1939 ..	2,197	5,855	58,634	482,199
1940 ..	2,511	5,492	72,520	500,832

In addition, 749,928 first attendances and 475,100 re-attendances were recorded at out-dispensaries.

SURGERY

The smaller numbers of operations performed during 1940 was doubtless due to the partial closure of certain hospitals.

The table of operations performed throughout the Colony for the past two years, including both major and minor operations, is as follows:—

	1939	1940
On Europeans	946	745
On Asians	796	846
On Africans	18,558	16,287
TOTALS ..	20,300	17,878

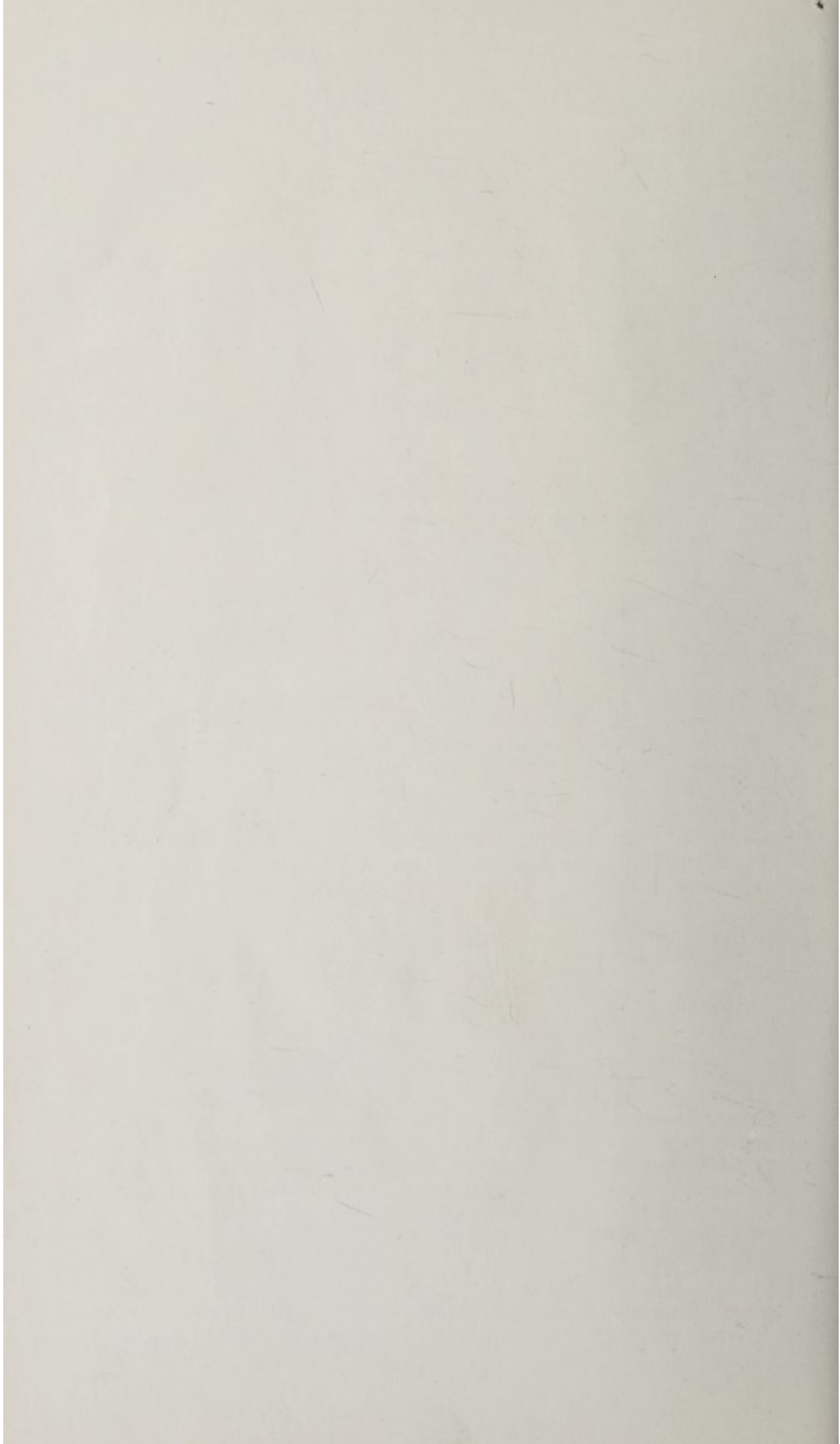
MATHARI MENTAL HOSPITAL

It is of interest to note that of 150 Africans admitted during the year only 17 were re-admissions, and that of 227 Africans discharged during the last two years only 19 have been re-admitted.

During 1940, eight Europeans, one Asian and nine African military patients were admitted. These numbers, having regard to the numbers of troops stationed in the Colony, are remarkably small.

LABORATORIES

Throughout the year all special laboratory examinations, as well as large numbers of routine examinations required by the military hospitals, were carried out at the Medical Research Laboratory at Nairobi, in addition to the ordinary civil work.



The numbers of examinations of specimens of various kinds carried out at the Nairobi and Mombasa Laboratories during the past two years were as follows:—

1939—74,720

1940—107,622

TRAINING OF LOCAL MEDICAL AND HEALTH PERSONNEL

The training of African Hospital Assistants and Compounders was carried out as usual.

It had been hoped that a beginning might be made in the systematic training of African women as general nurses, but this was not possible as the African ward block of the new Group Hospital, on the occupation of which the provision of such training depended, had to be placed at the disposal of the military authorities for the accommodation of European casualties.

FINANCE

The sanctioned estimates of expenditure for the Medical Department for the years 1939 and 1940 were as follows:—

	Ordinary	Extra-ordinary
	£	£
1939.. .. .	223,752	8,310
1940.. .. .	233,421	645

TABLE SHOWING THE MAIN CAUSES OF MORBIDITY IN RELATION TO IN-PATIENTS AND OUT-PATIENTS AT HOSPITALS AND DISPENSARIES

	1939	1940
	<i>Per cent</i>	<i>Per cent</i>
TOTAL INCIDENCE.. .. .	548,885	581,395
Epidemics, etc.	16.4	23.4
Diarrhoea and Enteritis	1.7	1.7
Caries and Pyorrhoea	1.6	1.8
Ankylostomiasis	0.5	0.5
Other Diseases of Digestive System	21.7	19.8
Pneumonia	1.0	0.9
Bronchitis	11.1	9.2
Other Diseases of Respiratory System	4.9	4.9
Organs of Vision	3.8	3.6
Ear and Mastoid	1.4	1.4
Other Diseases, Nervous System	1.0	1.3
Circulatory System	0.3	0.3
Genito Urinary System	0.9	0.8
Ulcers	6.8	5.8
Scabies	2.0	1.8
Other Diseases, Skin and Cellular Tissues	4.1	3.6
Bones and Organs of Locomotion	3.4	3.7
External Causes	12.2	11.3
General Diseases	3.0	2.2
Ill-defined and other Diseases	2.2	2.0

