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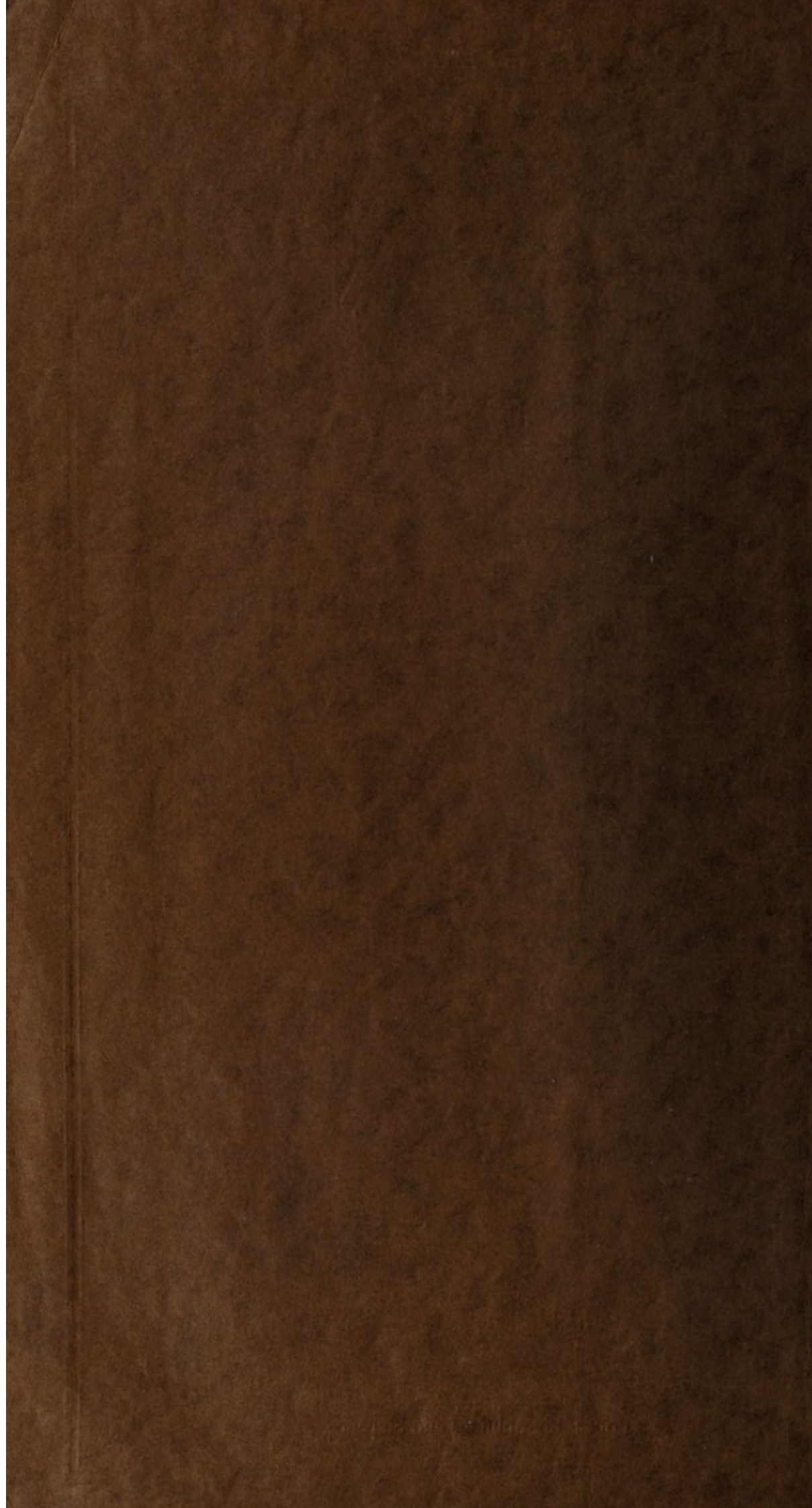


ANNUAL REPORT
ON THE
MEDICAL SERVICES
1935

Printed and Published by the Government Printer, Lagos

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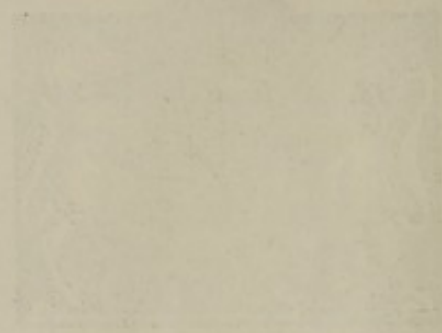
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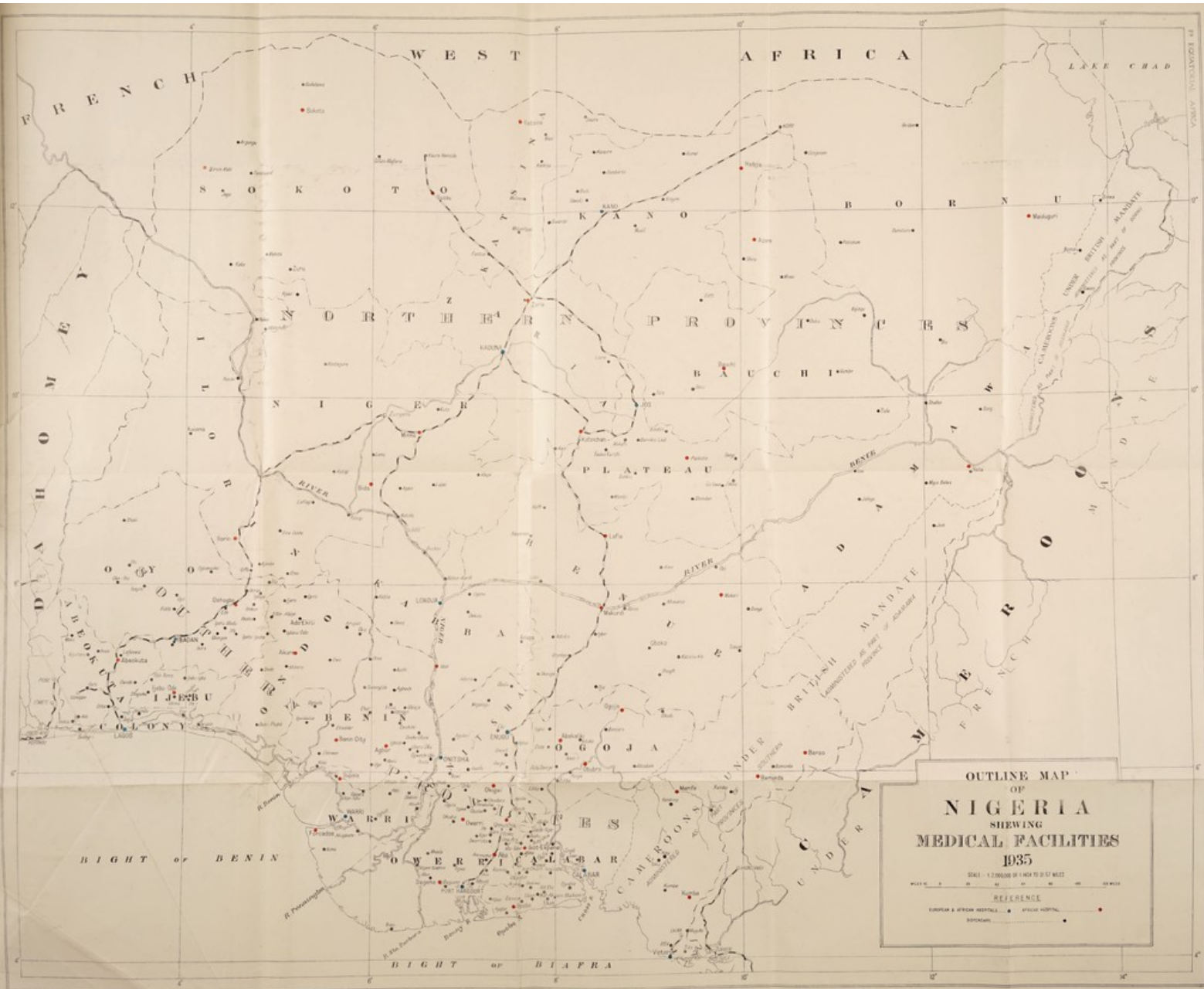
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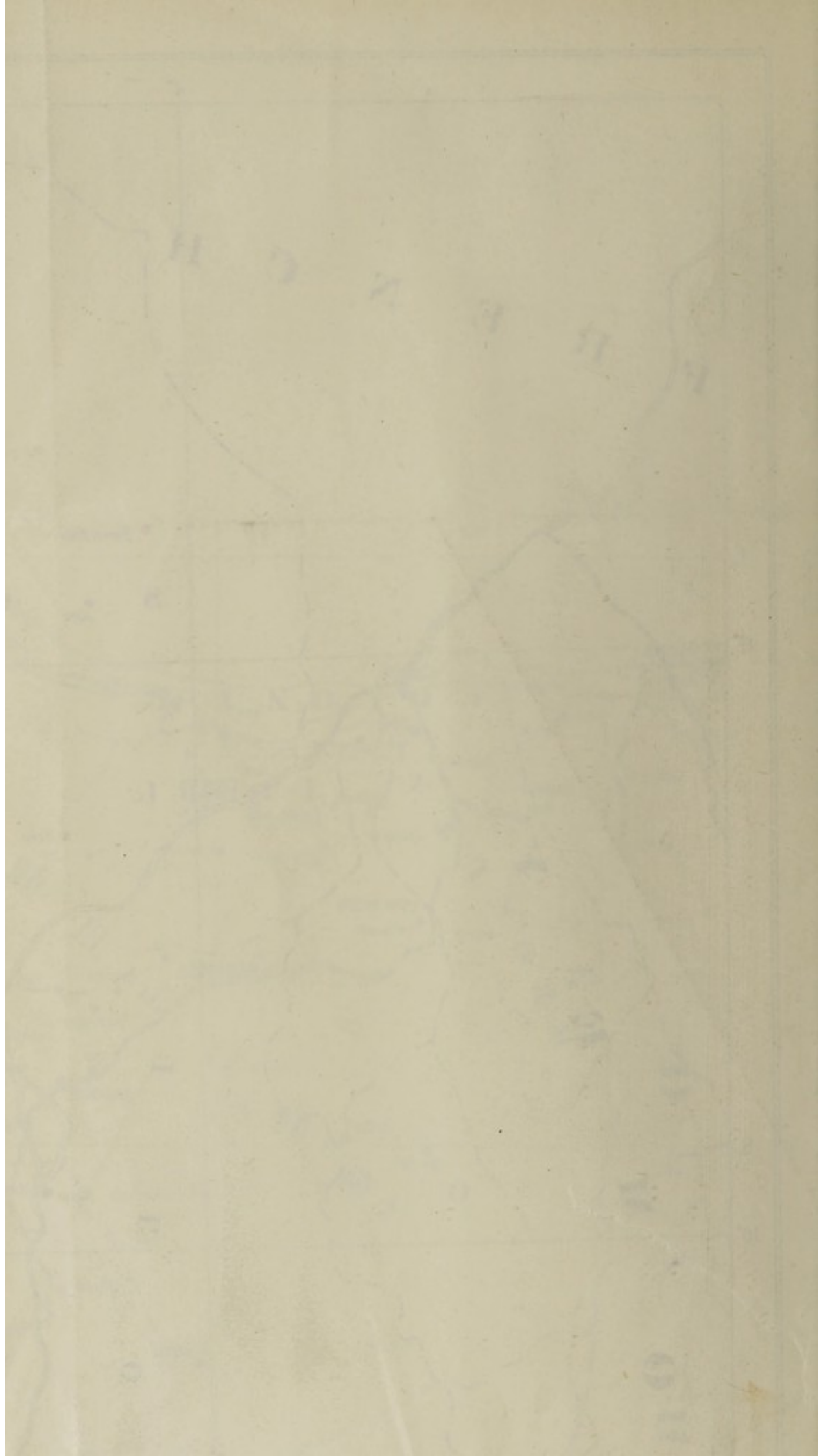
OUTLINE MAP
OF
NIGERIA
SHEWING
MEDICAL FACILITIES
1935

SCALE - 1 INCH TO 100 MILES

REFERENCE

EUROPEAN & AFRICAN HOSPITALS —•—
MEDICAL HOSPITALS —•—
DISPENSARIES —•—

Drawn & Reproduced by Cecil & David Poot, Lagos, Nigeria, June, 1935



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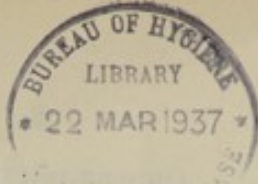
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Report on the Medical Services for the Year 1935.

I.—ADMINISTRATION.

A.—ESTABLISHMENT.

The year 1935 marked the lowest ebb of the financial depression in Nigeria and although prospects brightened considerably during the year the establishment of the medical staff became further depleted owing to vacancies which occurred and which were not filled.

Dr. W. H. Peacock, Deputy Director of Health Service, retired on pension and the vacancy so caused remained unfilled. It is pleasing to record that the order of C.B.E., was graciously bestowed upon him by His Majesty. The service was further honoured by the award of the honour of Knight Bachelor upon the Director of Medical Services.

In December, 1935, medical work in Nigeria suffered an irreparable loss by the death of Dr. A. Blair Aitken, who, in partnership with Dr. G. M. Gray, had for many years been Civil Medical Practitioner in charge of the European hospital at Lagos and Consultant Surgeon to the African hospital at Lagos.

A small increase of the staff of African dispensers, nurses and midwives was permitted as a necessary step to cope with the increasing amount of medical work, particularly that of maternity and child welfare.

B.—LEGISLATION.

LIST OF ORDINANCES, REGULATIONS, ETC., AFFECTING PUBLIC HEALTH ENACTED DURING THE YEAR 1935.

ORDINANCES.

Serial No.	Date.	Short Title and application.
12	1.7.1935	An Ordinance to regulate the importation, exportation, manufacture, sale and use of Opium and other Dangerous Drugs.

REGULATIONS.

Serial No.	Date.	Ordinance made under.	Provisions.
8	25.3.1935	The Hospital fees Ordinance.	Amending fees charged for major and minor operations.

ORDERS-IN-COUNCIL.

Serial No.	Date.	Short Title.	Provisions.
3	21.1.1935	The Vaccination Ordinance.	Ordering the vaccination of all adults and children in the area comprised within a circle having a radius of four miles with the residency at Makurdi as centre who cannot produce satisfactory evidence of successful vaccination or of having been attacked by small pox.
20	4.6.1935	The Births, Deaths and Burials Ordinance.	Amending Order-in-Council No. 23 of 1929 and appropriating burial ground for persons of all nationalities and religions resident in the villages in the district of Abebe, Ebute Metta, the Township of Enugu, the areas of Okigwi and Sokoio.
24	24.6.1935	The Births, Deaths and Burials Ordinance.	Amending Order-in-Council No. 23 of 1929 and appropriating to Africans of the Christian religion a public burial ground at Ilorin.

C.—FINANCIAL.

	£	s.	d.
Revenue	8,489	16	8
Approved Expenditure, 1935-36	386,956	0	0
Actual Expenditure, 1935	368,521	0	5

TABLE I.

FINANCIAL—CALENDAR YEAR, 1935.

I.—EXPENDITURE.

(a) Personal Emoluments	243,670	13	8
(b) Other Charges :—			

(1) MEDICAL.

	£	s.	d.
Medical, Surgical, Dental and X-Ray			
Equipment and Supplies	13,917	8	10
Diets, Provisions and Necessaries	8,325	3	11
	22,242	12	9

(2) LABORATORY.

General Laboratory	158	5	3
---------------------------	-----	---	---

(3) HEALTH.

General Sanitary	20,823	8	2
-------------------------	--------	---	---

(4) GENERAL.

Railway Transport	8,251	1	9
Other items under Other Charges	51,832	7	5
	60,083	9	2
	£346,978	9	0

(c) Special Expenditure :—

Tsetse Fly Investigation	9,861	7	6
Plague Expenses	3,726	1	4
Other items under Special Expenditure	7,955	2	7
	£21,542	11	5

SUMMARY.							£	s.	d.
Personal Emoluments	...	...	...	...	...	...	243,670	13	8
Other Charges	...	...	...	...	...	...	103,307	15	4
Special Expenditure...	...	...	...	...	...	...	21,542	11	5
							£368,521	0	5

REVENUE.							£	s.	d.
Hospital and Medical Receipts	...	...	...	...	...	...	7,251	2	4
Births and Deaths Fees	...	...	...	...	...	...	15	15	0
Fumigation and Deratisation Fees	...	...	...	...	...	...	163	16	4
Sale of Departmental Stores (Medical)	...	...	...	...	...	...	1,059	3	0
Total	...	...	...	...	...	...	£8,489	16	8

TABLE II.

FINANCIAL STATEMENT INCLUDING CHARGES FOR INTER-DEPARTMENTAL SERVICES FOR THE YEAR 1935.

Revenue.				Expenditure.			
	£	s.	d.		£	s.	d.
Hospital and Medical Receipts	7,251	2	4	Marine Services	...	1,631	1 5
Births and Deaths Fees	...	15	15 0	P.W.D. Services :—			
Fumigation and Deratisation Fees	...	163	16 4	(a) Electric Light	...	7,598	3 9
Sale of Departmental Stores (Medical)	...	1,059	3 0	(b) Water	...	3,124	15 8
Medical Charges against the Nigerian Railway, etc.	15,174	0	0	Railway Services	...	9,105	18 9
Excess Expenditure over Revenue	...	381,491	3 4	Personal Emoluments	...	252,735	18 8
Total	...	£405,155	0 0	Other Charges	...	109,416	10 4
				Special Expenditure	...	21,542	11 5
				Total	...	£405,155	0 0

II.—PUBLIC HEALTH.

A.—GENERAL REMARKS.

The economies which have been required during the past few years seriously effected expansion of medical and health work and in framing the budget for 1935-36 it was again necessary to reduce expenditure. Recurrent expenditure was estimated at £363,714 as against £376,715 in 1934-35.

The six Medical Assistants who qualified in January, 1935, have been posted to the larger hospitals during the year and their work has been satisfactory. Four additional Medical Assistants qualified in January, 1936.

The year marked the completion of the Health Schemes financed by a generous grant spread over five years from the Colonial Development Fund. In all a sum of £50,481 was expended upon these schemes of which five-sixth was received as a free grant from the fund, the remainder being expended by the Nigerian Government. Three new maternity hospitals have been erected, three new schools for training Sanitary Inspectors employed by Native Administrations are now in full action, assistance has been given to expand the system of Native Administration dispensaries in those areas where the financial position of the Native Administrations was inadequate to proceed with the scheme, and ten motor ambulances were purchased to link the dispensary system to base hospitals. A large new leper colony was established and useful research upon schistosomiasis and guinea-worm was carried out. A yearly grant

towards health propaganda and school medical work proved particularly useful; model sanitary structures were erected throughout the country and these have had a marked effect in stimulating the interest of the people in sanitation. This propaganda work is being maintained by the use of a travelling propaganda unit by which locally produced cinema films are displayed.

Statistics show that general hospital work amongst the African population has again increased :—

Total cases treated.					1932.	1933.	1934.	1935.
EUROPEANS :—								
In-patients	...	...	...	...	1,010	1,030	1,065	1,002
Out-patients	...	...	...	...	5,912	6,058	6,968	6,876
Total Europeans	...	...	...	...	6,922	7,088	8,033	7,878
AFRICANS AND OTHER NON-EUROPEANS :—								
In-patients	...	...	...	...	41,577	45,233	47,947	52,126
Out-patients	...	...	...	...	541,517	570,607	594,555	667,192
Total Africans	...	...	...	...	583,094	615,840	642,502	719,318

In addition to the above 819,068 patients received treatment at Native Administration dispensaries during 1935 as compared with 628,065 patients in 1934; and 84,000 cases of sleeping sickness were treated by the sleeping sickness survey teams. There are now 266 dispensaries supported by the Native Administrations and the system is now so well established that the original conception of developing these into local health centres is gradually taking place. Thus, infant vaccination is now carried out at these centres, a female health visitor has been added to the staff at several dispensaries and in some areas child welfare centres have been developed. A series of sleeping sickness dispensaries, not included in the above, have been opened in districts which have been surveyed and treated by the sleeping sickness teams; these dispensaries are in charge of Mallams who have been trained in the teams and who are equipped with microscopes and apparatus for giving intravenous injections.

I.—GENERAL DISEASES.

A return of diseases and deaths for 1935 is given in Tables IV and V on pages 41 to 59 of this report. The incidence of disease groups is shown in diagrammatic form overleaf.

Attention was drawn in the 1934 report to the prevalence of neurasthenia or psychasthenia amongst the Europeans serving in Nigeria. During 1935 the condition was diagnosed in eighty-nine European officials and fifteen European non-officials. It was shown as the cause of invaliding in 27.3 per cent and 16.3 per cent of total invalidings of officials and non-officials respectively.

Dietetic deficiencies in native diets.—The great importance of this subject is becoming more and more obvious. During the year steady work was carried out at the dietetics laboratory in Zaria and by Dr. A. Clark, working under a grant made by the Medical Research Council and Colonial Medical Fund. Very significant facts emerged upon the toxic element in cassava (gari) and the coco yam. It is now felt that diffusion of the knowledge already gained, especially amongst schools and by the propaganda unit, is of more vital importance than further intensive research and it is proposed that the Medical Officer of Health in charge of the dietetic laboratory shall devote his time for this purpose on his return from leave, if possible in association with Dr. Fitzgerald Moore who has again shown the seriousness of retro-bulbar neuritis in school children due to defective diets.

II.—COMMUNICABLE DISEASES.

1.—MOSQUITO AND INSECT BORNE.

Malaria.—The following table shows hospitalisation figures for malaria and blackwater fever during the past three years :—

	1933.		1934.		1935.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
EUROPEANS :—						
Malaria	928	...	1,025	2	947	1
Blackwater	12	1	16	5	10 ¹ 5?	5
AFRICANS AND NON-EUROPEANS :—						
Malaria	34,594	36	35,486	52	39,508	48
Blackwater	17	4	20	3	27	7

The case mortality for blackwater fever has again been high.

Trypanosomiasis.—The spread of sleeping sickness in the Northern Provinces has become alarming and is a serious menace to the country. The position is reported under section III of this report and under the Appendix written by the Deputy Director of the Sleeping Sickness Service. A large scheme has been prepared for expansion of sleeping sickness control, including schemes for protective clearings and for concentration of population from farm hamlets into large village units.

2.—INFECTIOUS DISEASES.

These are mainly dealt with under section III.

Venereal diseases and yaws.—Steady advance has been made in the treatment of yaws by N.A.B. and more particularly by bismuth. Although treatment cannot usually be sufficiently prolonged to produce cure there can be no question that the incidence of florid yaws has decreased greatly. Little progress can be said to have been made in the elimination of syphilis which is rampant through, particularly, the northern Emirates of the Northern Provinces. Funds and staff have not permitted an intensive campaign which is much required in Bornu and almost equally in Sokoto. Figures from hospitals and dispensaries during the past five years are as follows :—

	1931.	1932.	1933.	1934.	1935.
Yaws	56,346	80,675	86,748	119,728	123,803
Syphilis	17,396	19,481	16,286	13,439	13,361
Gonorrhœa	13,716	12,975	15,180	16,563	15,514

In addition 64,939 cases of yaws, 26,724 cases of syphilis and 18,682 cases of gonorrhœa were treated at Native Administration dispensaries during the year. These figures do not include the cases of yaws treated by specially trained "Chindas" taken from villages in Bamenda and Bansa areas in the Cameroons. These men return to their villages after training and during the year ninety-one Chindas working in Bamenda district are said to have given 64,266 injections of Sobita, and in the Bansa district some 13,855 injections were given by the Chindas. During an intensive campaign in the Opobo district of the Calabar Province made by Dr Moore and Dr. Hope Gill, roughly 95,000 injections were given during the year. At Mamfe in the Cameroons

Province the Medical Officer, working at way-side clinics treated 10,970 cases of yaws and a further 1,600 injections were given by two travelling dispensary attendants.

Leprosy.—The average leper population of the various leper colonies rose from 4,767 in 1934 to 5,116 in 1935. The new colony at Sumaila near Kano, supported entirely by the Kano Native Administration was opened early in 1935 under the charge of Dr. Howard, Leprosy Medical Officer. In August 5 lay workers supported by Toc H. and British Empire Leprosy Relief Association arrived in Nigeria and were posted, after a period of instruction at the Itu Colony, to Itu, Oji River (Onitsha Province), Katsina, Sumaila (Kano) and Maiduguri. They have proved most useful men. It is hoped that fresh stimulus to the campaign against leprosy will be given by the proposed visit of Dr. Muir, Secretary, British Empire Leprosy Relief Association to Nigeria early in 1936. It is realised that a system of village segregation camps working under supervision from the Provincial Leper Colony is required. Further assistance to the campaign has been rendered by Dr. Helser, working under the American Mission to lepers, who has toured the country extensively and obtained valuable information.

The following table shows the distribution of leper patients in the treatment colonies:—

GOVERNMENT AND NATIVE ADMINISTRATION.

Southern Provinces and Colony.—

			Average Population.
Lagos (Yaba) Asylum	...	...	80
Ossiomo Farm Colony	...	...	280
Uzuakoli Farm Colony	...	...	700
Onitsha Colony	...	...	105
Kumba Colony	...	...	12
Bamenda Colony	...	...	152
Abakaliki Colony	...	...	62
Banso Colony	...	...	16

Northern Provinces.—

Zaria Colony	...	...	158
Gusau Colony	...	...	42
Katsina Farm Colony	...	...	278
Azare Colony	...	...	26
Bauchi Colony	...	...	40
Maiduguri Colony	...	...	282
Sumaila Colony	...	...	90

Medical Missions:

Southern Provinces.—

Itu Farm Colony	...	...	1,500
Qua Iboe Mission Colony	...	...	285
Ogbomosho Colony	...	...	55

Northern Provinces.—

Garkida Farm Colony	...	450
Mkar Farm Colony	...	471
Vom Colony	...	26
Diko Colony	...	6
Total	...	5,116

In addition to the above 2,382 lepers received treatment at Native Administration dispensaries.

B.—VITAL STATISTICS.

(1) GENERAL POPULATION—AFRICAN.

The census made in 1931 gave an estimated non-European population in Nigeria, including the Cameroons under British mandate, of 19,928,171.

Vital statistics for the Lagos area of the Colony are summarised below; compulsory registration is also in force at Port Harcourt, Calabar and Kano Township but the figures are not yet sufficiently reliable for publication :—

	1935.		
	Lagos.	Ebute Metta.	Total.
Estimated population (Lagos and Ebute Metta)	120,000	50,000	170,000
Total births	3,527	943	4,470
Birth rate per 1,000 population	29.4	18.8	26.3
Total deaths	1,932	432	2,364
Death rate per 1,000 population	16.1	8.6	13.9
Deaths—causation of—certified by Medical Practitioners—number	1,932	432	2,364
Deaths—causation of—certified by Medical Practitioners—per cent	100%	100%	100%
Deaths—Infants under one year	491	89	580
Infantile mortality per 1,000 births	139.2	94.37	129.7
Deaths under one year—certified by Medical Practitioners—number	491	89	580
Deaths under one year—certified by Medical Practitioners—per cent	100%	100%	100%
Deaths—Children under five years	790	145	935
Percentage of deaths of children under five years to total deaths	40.8	33.56	39.5
Total stillbirths	116	21	137
Stillbirths—proportion per cent of the total births (normal and stillbirths)	3.1%	2.1%	3.0%
Deaths uncertified by Medical Practitioners—number	—	—	—
Deaths uncertified by Medical Practitioners—per cent	—	—	—

The following summary enables comparison to be made with previous years of births, deaths and infant mortality rates in the Lagos area :—

Year.	Total Births.	Birth Rate.	Total Deaths.	Death Rate.	Infant Mortality.
1919	2,517	30.2	2,256	27.0	296
1927	3,305	28.9	2,312	20.2	174.9
1928	3,330	28.1	2,439	20.5	138.1
1929	3,451	28.2	2,141	17.5	134.1
1930	3,494	28.6	2,016	16.5	129.07
1931	3,451	24.6	1,776	12.6	111.8
1932	3,863	27.5	1,819	12.9	101.7
1933	3,882	24.93	2,156	13.85	137.3
1934	4,463	27.8	2,088	13.05	119.2
1935	4,470	26.3	2,364	13.9	129.7

It is disappointing that there has been a small increase in the infant mortality rate.

(2) GENERAL POPULATION—EUROPEAN.

Table showing estimated European population during the years 1933, 1934 and 1935 :—

1933.				
Remaining on 31/12/33	...	...	...	4,729
Deaths during 1933	...	...	...	30
1934.				
Remaining on 31/12/34	...	...	...	5,021
Deaths during 1934	...	...	...	30
1935.				
Remaining on 31/12/35	...	...	...	5,246
Deaths during 1935	...	...	...	28

(3) EUROPEAN NON-OFFICIALS.

CAUSES OF INVALIDINGS AND DEATHS.

Government returns for the year 1935 show that ninety-two European non-officials were invalided as compared with twenty-three in 1934 :—

Malaria, 8; mitral incompetence, 1; pyelonephritis, 1; debility, 6; appendicitis, 4; asthma, 2; miscarriage, 1; laryngeal paralysis, 1; prostatitis, 2; catarrhal jaundice, 3; bacillary dysentery, 2; mental instability, 1; neurasthenia, 15; anæmia, 4; asthenia, 5; arterio sclerosis, 3; blackwater, 3; valvular heart disease, 1; influenza, 1; cystitis, 1; gastritis, 1; sprue, 1; cellulitis, 1; pulmonary tuberculosis, 1; lumbago, 2; fracture, 2; vesicular mole, 1; injury, 2; acute poliomyelitis, 1; dyspepsia, 2; periostitis, 2; hepatitis, 1; thrombo phlebitis, 1; neurosis, 1; otitis media, 1; myocarditis, 1; typhoid, 2; colitis, 1; hernia, 1; ulcer, 2.

The number of deaths among European non-officials was twelve as compared with fifteen in 1934 :—

Blackwater, 5; arterio sclerosis, 1; typhoid fever, 1; broncho pneumonia, 1; lightning stroke, 1; fracture, 1; toxæmia of pregnancy, 1; burns, 1.

(4) EUROPEAN OFFICIALS.

Table showing sick, invaliding and death rates of European officials for 1933, 1934 and 1935 :—

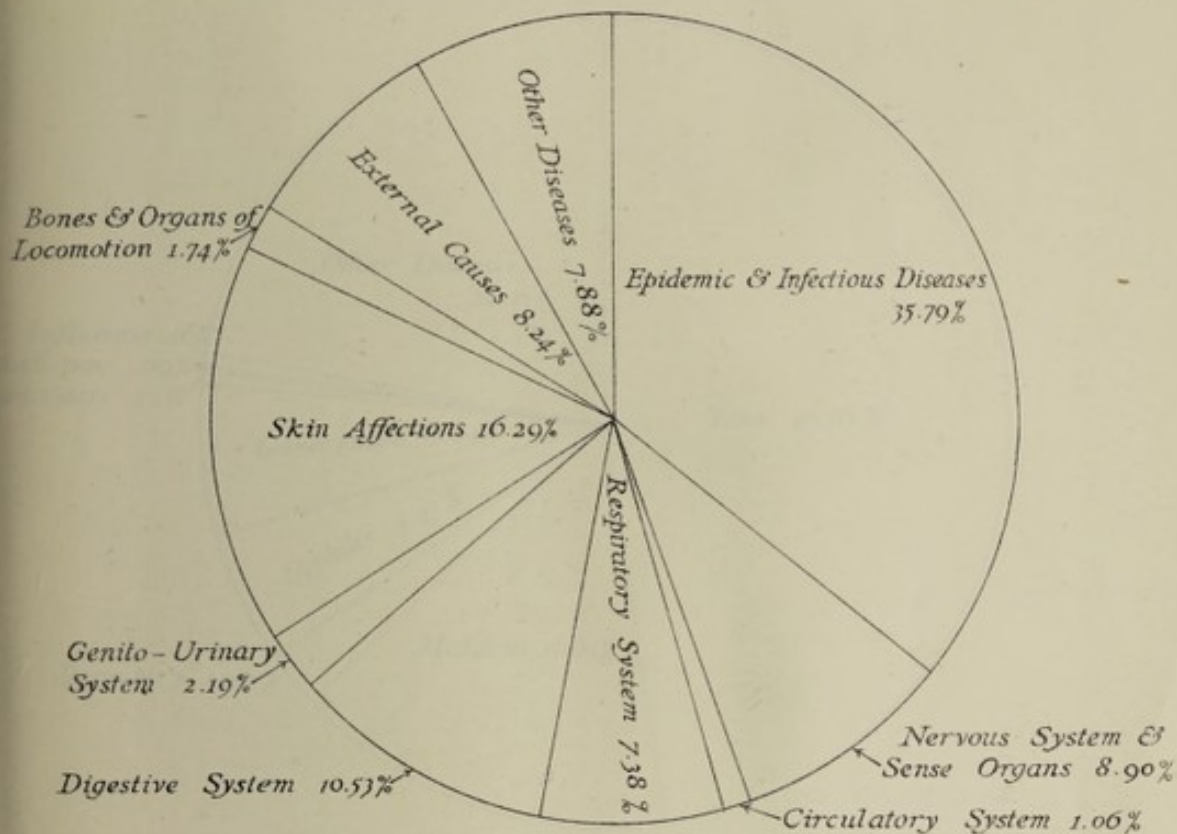
	1933.	1934.	1935.
Total number resident ...	2,095	2,107	2,053
Average number resident ...	1,586	1,508	1,473
Total number on sick list ...	1,117	996	887
Total number of days on sick list ...	8,984	10,039	9,204
Average daily sick ...	24·6	27·5	25·2
Percentage of daily sick to average number resident ...	1·5	1·8	1·7
Average number of days on sick list to each patient ...	8·04	10·07	10·3
Average sick time to each resident ...	4·2	4·7	4·4
Total number invalided ...	100	100	95
Percentage of invalided to number resident ...	4·7	4·7	4·6
Percentage of invalided to average number resident ...	6·3	6·6	6·4
Total deaths ...	5	8	7
Percentage of deaths to number resident ...	0·23	·37	·34
Percentage of deaths to average number resident ...	0·31	·53	·47

GENERAL SYSTEMIC & PREVENTABLE DISEASES

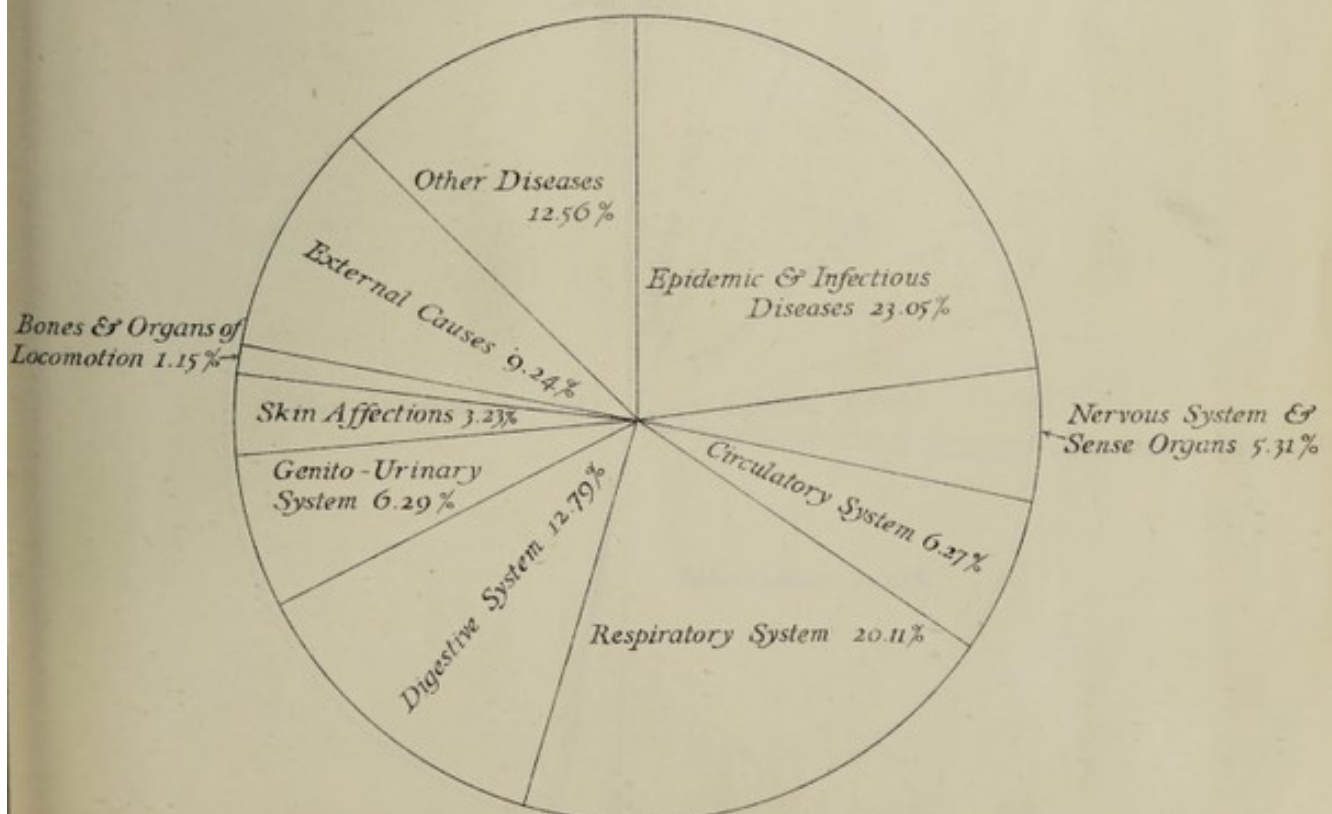
TREATED IN GOVERNMENT INSTITUTIONS

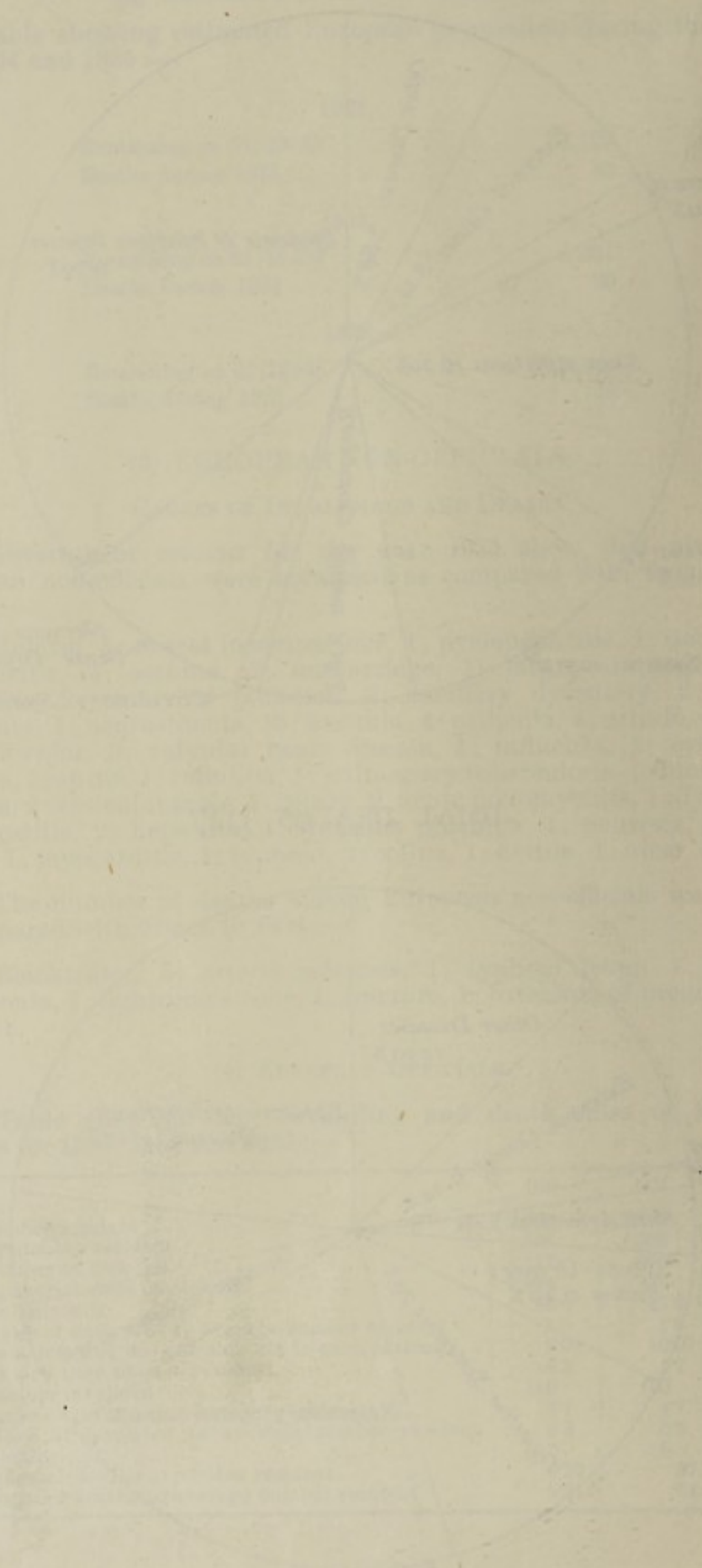
TOTAL CASES 727,188

1935



TOTAL DEATHS 3,127

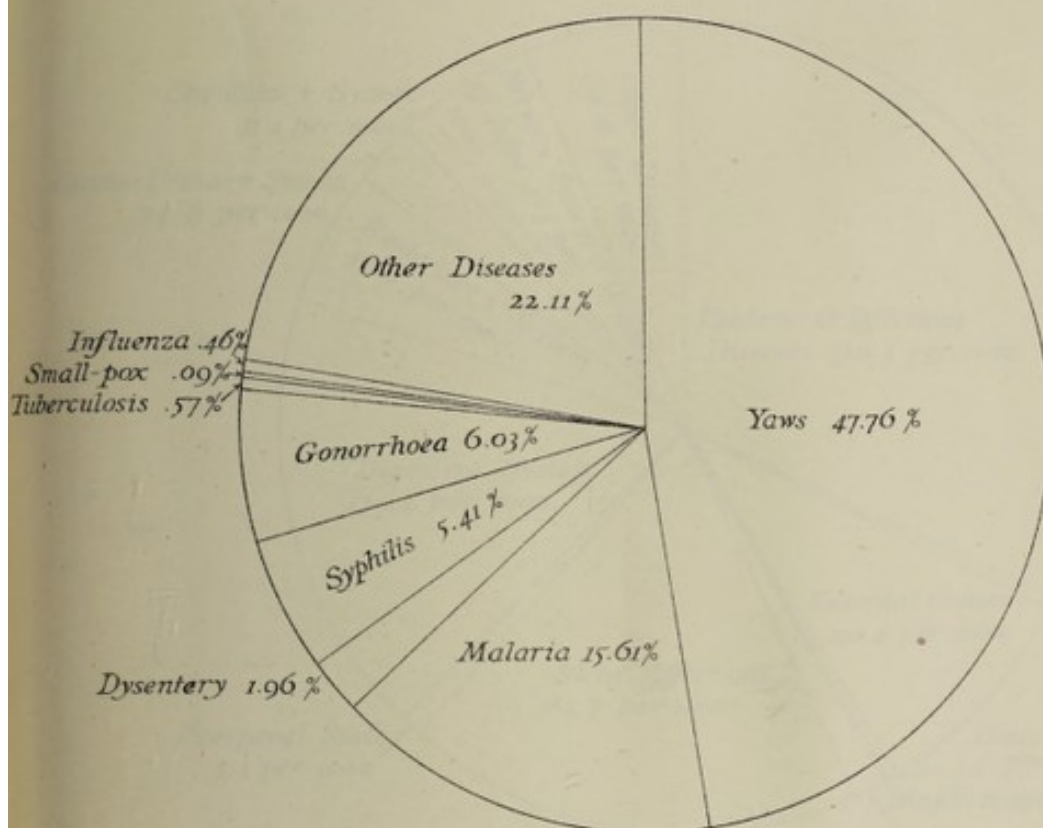




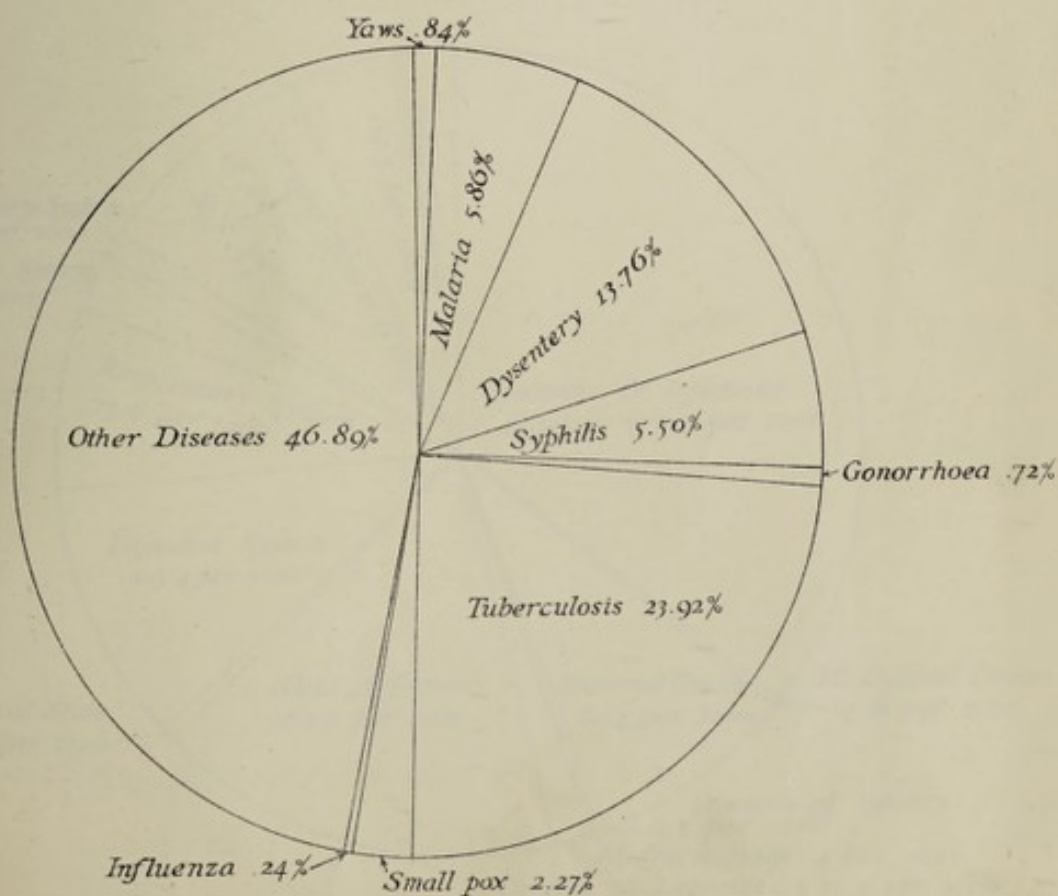
EPIDEMIC. ENDEMIC & INFECTIVE DISEASES
TREATED IN GOVERNMENT INSTITUTIONS

TOTAL CASES 259,196

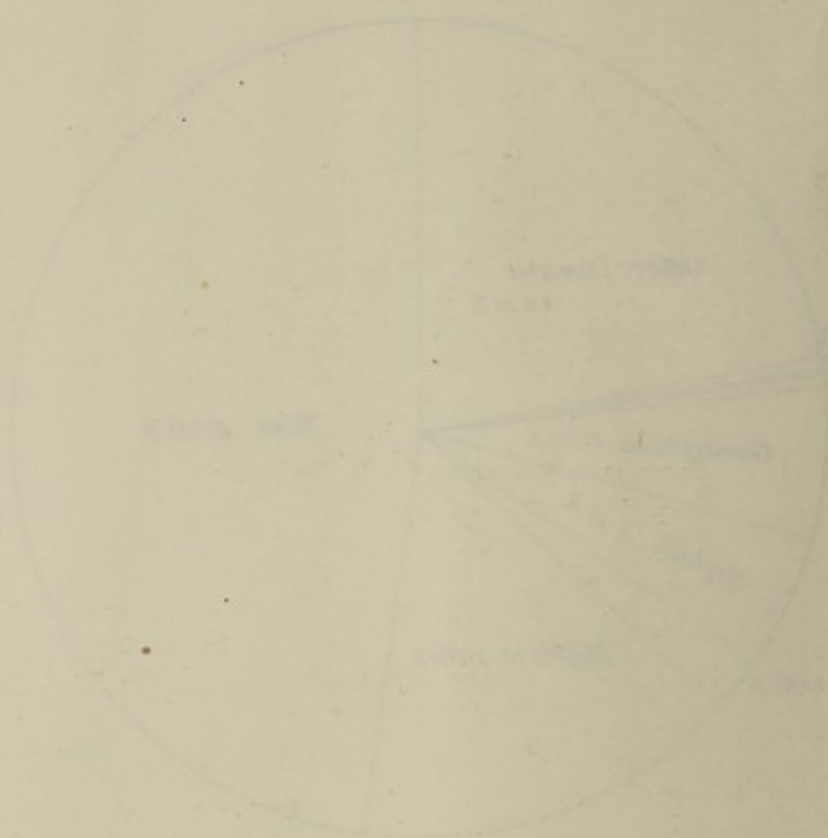
1935



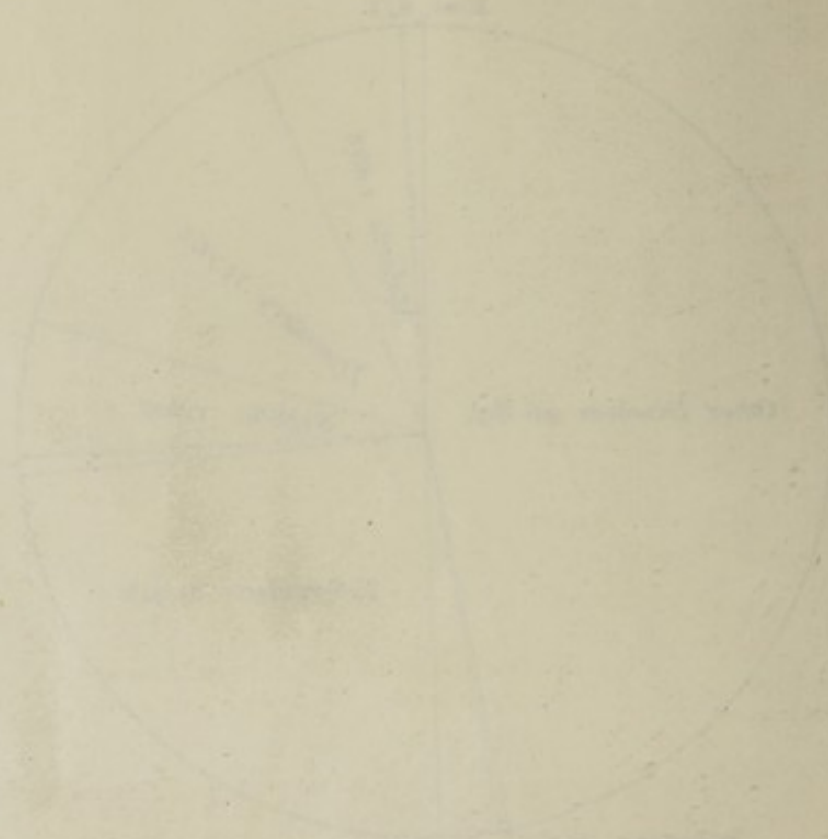
TOTAL DEATHS 836



THESE FIGURES ARE SUBJECT TO CHANGE
 BASED ON CURRENT INFORMATION
 TOTAL CASES 151,000
 1917

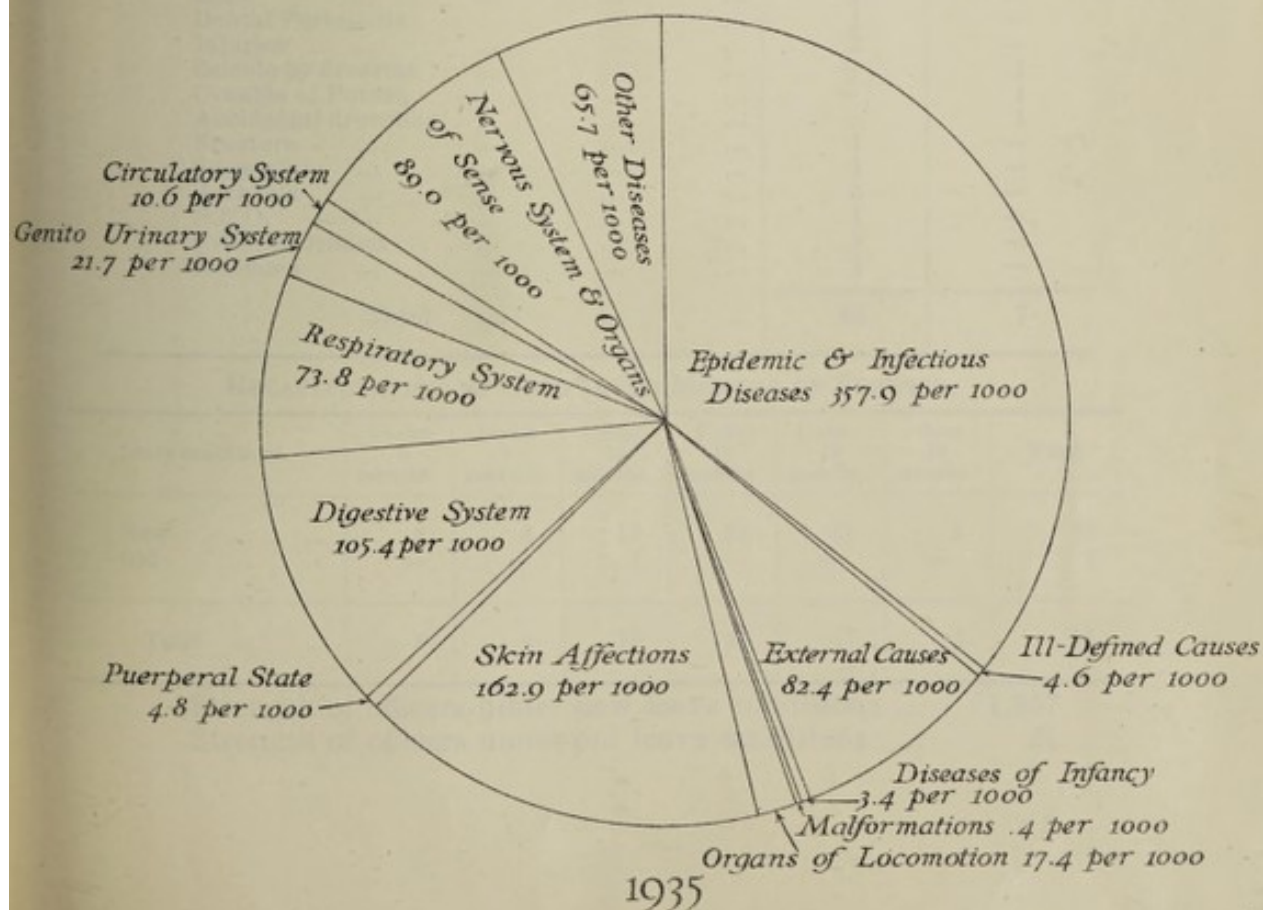
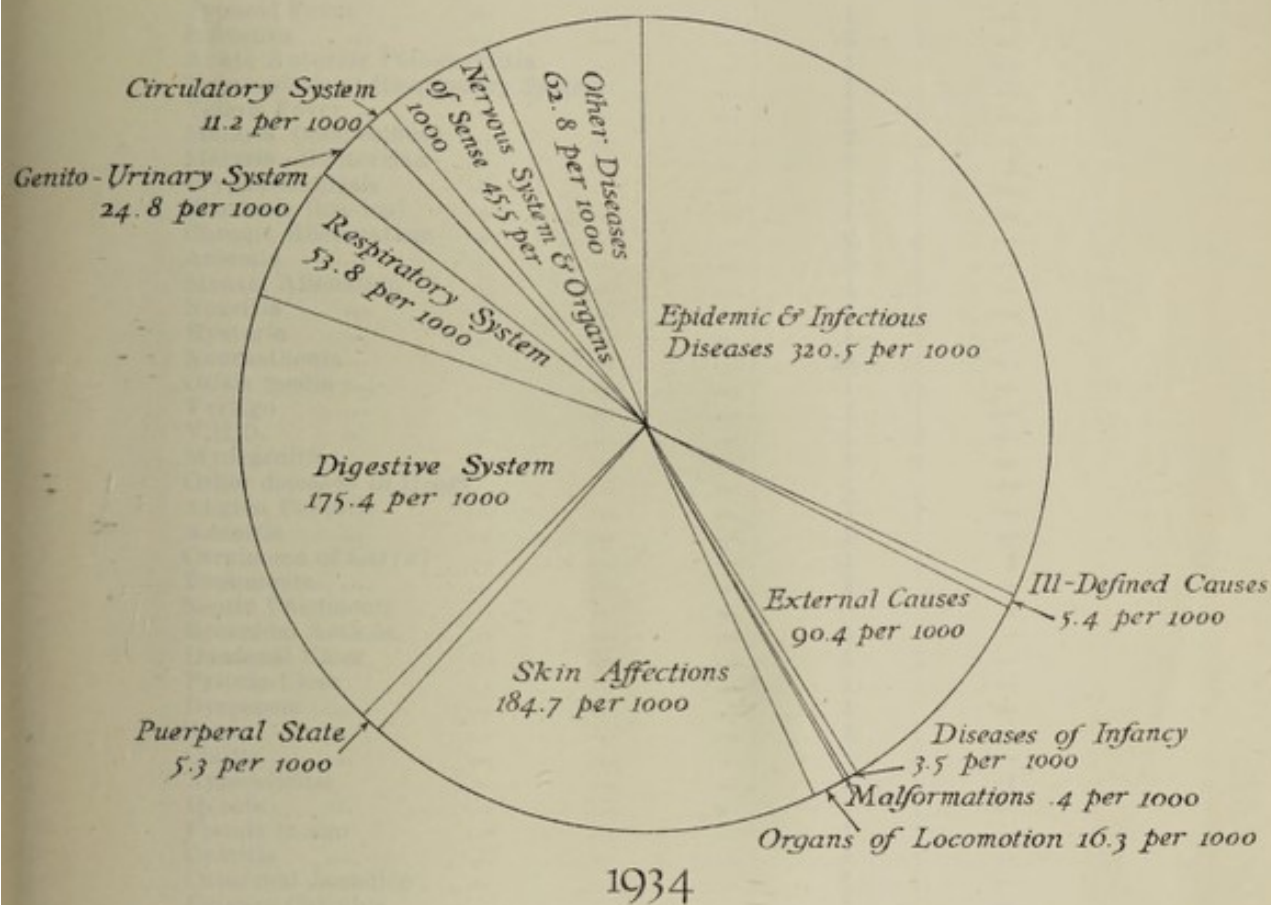


TOTAL DEATHS 250



COMPARATIVE DIAGRAMS OF DISEASE GROUPS
TREATED IN GOVERNMENT INSTITUTIONS

1934 & 1935



INVALIDINGS AND DEATHS—EUROPEAN OFFICIALS.

Disease.				Invalids.	Deaths.
Typhoid Fever	...	...	...	1	—
Influenza	...	...	...	3	—
Acute Anterior Poliomyelitis	...	...	...	1	—
Tuberculosis of Respiratory System	...	...	...	1	—
Yellow Fever	...	...	...	1	—
Malaria (unspecified)	...	...	...	2	—
Malaria—Subtertian	...	...	...	1	1
Trypanosomiasis	...	...	...	1	—
Filariasis (loa-loa)	...	...	...	1	—
Chronic Rheumatism	...	...	...	2	—
Anæmia	...	...	...	5	—
Mental Alienation	...	...	...	1	—
Neuritis	...	...	...	1	—
Hysteria	...	...	...	1	—
Neurasthenia...	...	...	...	26	—
Otitis media	...	...	...	1	—
Vertigo	...	...	...	1	—
V.H.D.	...	...	...	1	—
Myocarditis	...	...	...	1	—
Other diseases of Heart	...	...	...	1	—
Angina Pectoris	...	...	...	1	—
Adenitis	...	...	...	1	—
Carcinoma of Larynx	...	...	...	1	1
Pneumonia	...	...	...	1	—
Septic Pneumonia	...	...	...	—	1
Bronchial Asthma	...	...	...	1	—
Duodenal Ulcer	...	...	...	1	—
Pyloric Ulcer	...	...	...	1	—
Dyspepsia	...	...	...	1	—
Sprue	...	...	...	1	—
Colitis	...	...	...	1	—
Appendicitis	...	...	...	2	1
Hernia	...	...	...	1	—
Fistula in ano	...	...	...	1	—
Cystitis	...	...	...	1	—
Catarrhal Jaundice	...	...	...	1	—
Urinary Calculus	...	...	...	1	—
Perineal Abscess	...	...	...	1	—
Prostatitis	...	...	...	1	—
Abscess	...	...	...	1	—
Acute Abscess	...	...	...	1	—
Boils	...	...	...	1	—
Dental Periostitis	...	...	...	1	—
Injuries	...	...	...	2	—
Suicide by firearms	...	...	...	—	1
Cyanide of Potash	...	...	...	—	1
Accidental drowning	...	...	...	—	1
Fracture	...	...	...	1	—
Spondylitis	...	...	...	1	—
Asthenia	...	...	...	5	—
P.U.O.	...	...	...	1	—
General Debility	...	...	...	8	—
Insomnia	...	...	...	1	—
Total	...	...	...	95	7

RECAPITULATION BY COMPLETED MONTHS OF SERVICE.

Leave conditions.			Under 6 months.	Under 9 months.	Under 12 months.	Under 15 months.	Under 18 months.	Over 18 months.	Total.
New	...	...	8	4	14	23	41	3	93
Old	...	...	—	—	2	—	—	—	2
Total	...	...	8	4	16	23	41	3	95

Strength of officers under new leave conditions ... 1,957
 Strength of officers under old leave conditions ... 71

SUMMARY OF THE CAUSES OF INVALIDINGS AND DEATHS OF AFRICAN
OFFICIALS, 1935.

	Invalidings.	Deaths.
Small-pox	—	1
Influenza	—	1
Pulmonary Tuberculosis	7	2
Chronic Fibroid Phthisis	1	—
Gonorrhœa	1	—
Gonorrhœal Ophthalmia	1	—
Septicæmia	—	2
Carcinoma of Rectum	1	—
Carcinoma of Liver	—	2
Diabetic gangrene of Toe	—	1
Diabetis Mellitus	1	—
Cerebral Hæmorrhage	—	1
Paraplegia and Paralysis	—	1
Hallucinatory Insanity	2	—
Dementia	1	—
Other forms of Mental Alienation	2	1
Neurasthenia	2	—
Cataract	1	—
Glaucoma	1	—
Defected Vision	1	—
Optic Atrophy	2	—
Other affections of the eye	1	—
Endocarditis	1	1
Myocarditis	—	2
Aortic Stenosis	1	—
Arterio-Sclerosis	6	—
Dilated Heart & Heart Failure	1	1
Lobar Pneumonia	—	10
Strangulated Hernia	—	1
Chronic Nephritis	1	1
Pyelonephritis	—	1
Ulcer	1	—
Arthritis	1	—
Injury	—	1
Hyperpyrexia	—	1
Senility	1	—
Asthenia	1	—
Total	39	31

SOLDIERS—NIGERIA REGIMENT—R.W.A.F.F.

Average daily strength	3,025
Total number on sick list	6,415
Total number of days on sick list	41,774
Average daily sick	173 114.0
Total number of deaths	22
Death rate per thousand	7.20
Number invalided during the year	40

During 1934 the number invalided during the year was fifty; the number of deaths was twenty-four and the death rate per thousand was 7.75.

POLICE FORCE—NIGERIA.

Average daily strength	3,546.315
Total number on sick list	3,695
Total number of days on sick list	25,922
Average daily sick	71.010 70.8
Total number of deaths	35
Death rate per thousand	9.8
Total number invalided	24

During 1934 the number invalided during the year was thirty-three; the number of deaths was thirty-two and the death rate per thousand was 9.01.

III.—HYGIENE AND SANITATION.

A.—GENERAL REVIEW OF WORK DONE AND PROGRESS MADE.

I.—PREVENTIVE MEASURES.

(i) *Mosquito and Insect-Borne Diseases.*

Malaria.—The usual anti-malarial measures, in so far as staff and funds have permitted, were carried out throughout the country, these measures consisting of ditching, drainage works, reclamation canalisation of streams, use of Paris green and larvicidal oils and stocking of wells etc. with fish.

No major works have been carried out with the exception of reclamation of that part of Apapa which will be used as an airport. This work is being carried out by the Marine Department and consists of the pumping of spoil dredged from the lagoon.

The work of re-afforestation and reclamation commenced by the Medical Officer of Health, Lagos, during 1934, at Ikoyi, Ebute Metta and Apapa was continued during the year and steady, if slow, progress has been made.

Trypanosomiasis.—Details of the work done by the sleeping sickness teams will be found in the report of the Director of Tsetse Investigation.

Yellow Fever.—One case of yellow fever occurred during the year at Onitsha. The case was that of a European Missionary from the Onitsha area who had been admitted to hospital at Port Harcourt. He was not diagnosed as yellow fever, but sometime after being invalided to the United Kingdom his blood was examined and showed protection against yellow fever.

The usual anti-ædes measures were carried out throughout Nigeria in all the larger centres and elsewhere when staff and funds permitted.

Relapsing Fever.—No outbreaks of this disease were reported.

(ii) *Epidemic Diseases.*

Plague.—No cases of human or rodent plague were reported, but towards the end of the year a suspicious case of rodent plague was reported in Lagos and as a result anti-plague operations were intensified in the area concerned. The case, however was proved negative after culture and animal inoculation.

Anti-plague measures continued in Lagos during the year and skeleton plague staffs operated in the Ijebu and Abeokuta Provinces as before.

The systematic examination of rodents was carried out at Lagos, Port Harcourt and in the Ijebu and Abeokuta Provinces.

Smallpox and Vaccination.

(a) *Northern Provinces.*—A total of 5,061 cases of smallpox were reported during the year, mostly in the form of small scattered outbreaks and 247,897 vaccinations were performed, the majority in children. The infant vaccination scheme operated fairly successfully in most large centres and it is proposed to enlarge the order made under the Native

Administration Ordinance to include all children under ten years of age and all persons in areas specified by the Native Administration as occasion arises.

(b) *Southern Provinces*.—It is pleasing to record that no severe epidemic occurred during the year, the total cases recorded being 411. Vaccinations performed totalled 508,870.

In Lagos, thirteen cases with one death were notified and a total of 29,307 vaccinations performed.

The production of local vaccine lymph continued to be satisfactory but local supplies had still to be supplemented by supplies from the United Kingdom.

It is proposed, during 1936, to establish a vaccination laboratory at Jos and it is hoped that this new laboratory will be capable of supplying the total requirements of Nigeria.

Cerebro-Spinal Fever.—No outbreaks of cerebro-spinal fever were recorded during the year.

Diphtheria.—No cases were reported.

Tuberculosis.—As in previous years little information is available, except in Lagos, due to lack of reliable statistics.

In Lagos, during 1935, a total of 242 deaths from tuberculosis (all forms) were recorded giving a percentage of 10.2 of total deaths from all causes.

DEATHS IN LAGOS CERTIFIED AS DUE TO TUBERCULOSIS, 1926-35.

			Pulmonary tuberculosis.	Tuberculosis of other organs.	Disseminated tuberculosis.	Total.	Percentage to total deaths.
1926	...	...	82	15	4	101	3.3
1927	...	...	99	13	27	139	5.9
1928	...	...	128	20	16	164	7.1
1929	...	...	136	16	7	159	7.4
1930	...	...	133	11	6	150	7.4
1931	...	...	131	18	28	177	9.8
1932	...	...	131	29	19	179	9.7
1933	...	...	124	11	14	149	6.8
1934	...	...	141	21	23	185	8.8
1935	...	...	178	30	34	242	10.2

An investigation of the strains responsible for the disease in Lagos and of the source of infection was commenced during the year but no results are as yet available.

Rabies.—Three African cases of human rabies were notified during 1935, all being fatal.

Canine rabies continues to occur throughout the country and 106 Europeans and non-Europeans received prophylactic treatment. Nineteen dogs were proved to be suffering from rabies.

The local production of anti-rabic vaccine has proved a great success and it is proposed to extend the manufacture of this vaccine in order to supply other British West African Colonies.

Enteric Fever.—Sporadic cases of this diseases were reported from time to time during the year but no epidemic occurred.

It is proposed to advise all Europeans, through the medium of the *Nigeria Government Gazette*, to be protected against the enteric group, either in the United Kingdom or in Nigeria.

Pneumonia.—Pneumonic infections are exceedingly common and account for a very large percentage of deaths. In Lagos, there were 404 deaths during 1935, a percentage of 17 of total deaths from all causes.

(iii) *Helminthic Diseases.*

As in previous years, helminthic diseases of all types continue to flourish throughout the country, but it is hoped that, with the steady increase of educational and propaganda work and the training and posting of Native Administration Sanitary Inspectors to rural areas, these diseases will gradually be eliminated.

Great progress has undoubtedly been made along these lines during the past few years.

II.—GENERAL MEASURES OF SANITATION.

(a) *Sewage Disposal.*—Generally speaking, it has been possible during the year only to maintain existing standards and no new works have been undertaken except in Lagos where progress continued to be made with the Lagos Sanitation Scheme instituted by the Director of Public Works in 1932.

By the end of the year, there were in operation sixteen public latrines of the ' tank ' type and seven of the ' non-tank ' type, only two latrines of the dry bucket type remaining in use on Lagos Island.

(b) *Scavenging and Refuse Disposal.*—The numbers of incinerators erected have increased and what is of greater importance they are being used regularly, particularly in Native Administration areas.

It has been found necessary to discourage the practice of filling in with refuse swampy areas and borrow pits except in places where adequate supervision is available.

(c) *Drainage.*—No major drainage schemes were undertaken during the year but improvements to existing drainage works were undertaken in a few of the larger centres and progress in new construction in Lagos and Ebute Metta has been continued.

Unfortunately the Aba drainage scheme, mentioned in last year's Annual Report, was delayed and not commenced during the year.

(d) *Water Supplies.*—The Director of Public Works and the Director of Geological Survey have kindly supplied the following information regarding water supplies:—

Abeokuta.—During the year electrical pumping plant was installed and the old steam plant which had been in use since the inception of the works was dismantled. Except for the erection of the additional street fountains and a settling tank the scheme is practically completed. The old existing mains were examined and found to be considerably reduced in diameter due to corrosion. It is therefore proposed to lift, clean and relay these mains to improve the supply to the higher parts of the town which in the past suffered from lack of pressure.

Benin City.—When first brought into commission the new well did not yield the desired quantity of water. Various methods have been tried to effect an improvement and by the end of 1935 the yield had greatly increased. Further improvement is expected in 1936. In the meantime a trial bore hole is being put down to investigate the water bearing strata below the level of the new well. The old pumps, which are to be kept as standbys are being overhauled.

Calabar.—The improvements and extensions to this supply are nearing completion. Serious slips have however occurred on the slopes surrounding the catchment pond which was filled in. The supply to the town was little affected and remedial measures to stabilise the slope by under and collecting drains are being undertaken.

Okene.—During excavations various irregularities in the rock formation have been found which necessitated a modification to the original design. The Geological Survey Department have been consulted on all matters affecting the foundation of the dam.

Work is however progressing favourably.

Ilorin.—A small supply to the Government station, commercial area and Native Administration institutions has been approved and final details are now being prepared; the estimated cost is £2,886.

Projected Schemes.

Jos.—A sessional paper has been drafted and submitted for approval for this scheme estimated to cost £28,000.

Port Harcourt.—Discussions with the Railway have taken place and a price has been agreed on at which the Railway will take a supply of water from the Public Works Department. Revised details of capital and annual costs have been submitted for consideration. Pending approval being given to carry out the improvements proposed, electrically driven pumps have been indented for to replace the existing steam plant.

Zaria.—As in the case of Port Harcourt a price has been agreed on at which the Railway will take a supply of water from the Public Works Department. Revised details of capital and annual costs have been submitted for consideration.

Ibadan.—A reduced estimate of £115,000 has been submitted for this scheme but as it is considered that this figure is still too high, the estimates are being examined with a view to the possibility of a further reduction being made.

Yola.—In view of the decision not to move the headquarters of Adamawa Province from Yola to Song, a scheme has been submitted for the improvement of the existing Government station at Yola. Included in the scheme, is a water supply the source of which will be the sandbed of the River Benue. Drive tube wells will be used. The estimated cost is £6,700.

Ogbomosho.—This scheme estimated to cost £8,000 has been approved for construction, the funds being provided by the Native Administration. A final report is being prepared.

Drilling Schemes.—On arrival of the drilling rig which has been ordered by the Geological Survey Department and before it proceeds to the north a trial bore hole will be put down at Otta in Abeokuta Province. If this bore is successful in reaching a plentiful supply of reasonably pure water, a scheme will be submitted for the supplying of Otta from this bore hole.

On completion of work at Otta the rig will proceed to Iperu and Shagamu and investigate the possibility of supplying these two towns with water from bore holes instead of pumping water from open streams as originally proposed.

Existing Supplies.

Lagos.—Estimated population supplied :—126,250. The average daily consumption of water during the past eight years was as follows :—

1928	...	...	1,835,000	gallons.
1929	...	...	1,892,000	"
1930	...	...	2,073,600	"
1931	...	...	2,215,900	"
1932	...	...	2,449,700	"
1933	...	...	2,387,178	"
1934	...	...	2,563,260	"
1935	...	...	2,855,200	"

which shows an average increase of 127,525 gallons per year.

New connections made during 1935 :—

Government buildings	...	...	2
Private premises	...	...	55
Street fountains	...	...	6
Public latrines	...	...	7
			—
Total	...	...	70

Continued efforts were made to cut down waste from street fountains; 307 being in use at the end of the year. The distribution system was extended by 1,527 yards, bringing the total length of distribution mains up to eighty-three and a quarter miles. Gauging of the two streams, the Adeyan and Iju Rivers, which are the sources of the supply, gave an available supply of 8,965,373 gallons per day average over the year, the maximum flow on any one day being 30,650,000 gallons and the minimum being 6,087,000 gallons.

The high standard of purity of previous years was maintained by the water delivered from the treatment works at Iju.

During 1935 the activities of the Geological Survey Department, in so far as water supplies are concerned, have been confined to the Northern Provinces. The approved programmes have proceeded smoothly in Sokoto, Katsina, Kano and Bornu Provinces while the scope of work has been extended to include the Argungu Emirate of Sokoto Province and Katagum Division of Bauchi Province. In addition to these a small programme was carried out at Kaiama in Ilorin Province with the object both of augmenting the existing supply and combating the waterborne diseases with which that town is rife. The main source of supply, the Kura Imi pool, was cleaned and deepened to below the level of the aquifer and a reinforced concrete tank with a capacity of 60,000 gallons constructed. This has been enclosed and the water is drawn by means of two pumps situated 175 feet away. Other wells were cleaned and several new ones constructed, all of which have been fitted with raised concrete copings to prevent contamination by the back flow of spillage.

The year's work resulted in 160 new shafts being constructed for a total footage of 20,795 feet sunk. Pressure rises have been obtained in a fair proportion of these wells in practically every area. The biggest rise yet recorded is 119 feet but several others are in excess of 100 feet.

(e) *Sanitary Inspections*.—Extensive inspections were carried out in the Northern and Southern Provinces by the Senior Health Officers in charge and in addition the Director of Medical Services made inspections in the Northern Provinces and in the Cameroons.

The Deputy Director of Health Service carried out inspections in the Northern Provinces. The usual routine inspections of all townships were made and Medical Officers of Health and Sanitary Superintendents inspected their districts regularly.

III.—SCHOOL HYGIENE.

In Lagos, owing to shortage of staff, it was not possible to provide a medical officer for the whole of the year. Nevertheless, the school clinic functioned throughout the year and 2,980 new cases were registered, the attendances totalling 25,183.

In the Southern Provinces, medical officers have been unable to spare the requisite time for systematic examination of school children but in most stations, they have inspected wherever possible, school buildings and sanitary arrangements and advised teachers and parents to send children requiring treatment to the nearest hospital.

The Medical Officer of Health, Calabar, who was on duty there for the first four months of the year only, completed his investigations regarding avitaminosis in school children in the Calabar district. The first part of the investigations, recorded in last year's report, concerned 1,000 day pupils and the second part concerned 227 boarders. Of these boarders he found that 2.6 per cent were suffering from avitaminosis with impaired vision and forty-two per cent gave a recent history of sore tongue and pruritis.

The Medical Officer of Health in charge of the Training Centre at Umudike also undertook a similar investigation in his area but his findings do not call for any special comment.

At Port Harcourt 563 school children were examined but the results did not vary very much from those obtained last year.

In the Northern Provinces, medical officers inspected school buildings and sanitary arrangements during the course of routine inspection and the medical inspection of children in the middle schools continued as in previous years.

IV.—LABOUR CONDITIONS.

Labour conditions remained much the same, as described in the 1934 Annual Report.

Inspection of the plantations in the Cameroons Province revealed a satisfactory state of affairs in most centres and progress had been made in housing conditions and general sanitation.

In the Northern Provinces, there was little, if any, unemployment and in some areas there appeared to be a shortage of labour. The general sanitary condition of the mining areas on the Bauchi Plateau continued to be satisfactory and progress was made in the gold mining areas in spite of the difficulties arising through inaccessibility of the camps during the rains.

V.—HOUSING AND TOWN PLANNING.

In the Southern Provinces, the improvement of congested areas is proceeding, if somewhat slowly, by the enforcement, with discretion, of the relative sections of the Public Health and Township Ordinances but work has been hampered by lack of funds for compensation.

The standard of private dwellings of permanent construction showed still further improvement and it is now the exception rather than the rule to see plans which do not provide satisfactory space and ventilation.

In the Northern Provinces, the framing of suitable building regulations for townships has been a matter of some difficulty, the rules adopted by townships in the Southern Provinces being, it is thought, of too high a standard for the Northern Provinces to achieve owing to lack of finance. However, it is hoped to frame suitable rules for adoption next year.

The Chairman of the Lagos Executive Development Board has kindly furnished the following report on town planning and slum clearance in Lagos :—

Yaba continues to maintain its popularity as a residential area. During the year, sixty-eight new houses have been erected bringing the total number of houses completed to date, to 305. 123 building plans have been passed during the year.

Important engineering work, connected with the drainage of the estate has also been carried out during 1935.

In Lagos, acquisitions have been carried out in the area known as scheme No. 4. This comprises seven and a half acres of congested and low-lying property in the district of Idunsagbe. By the end of the year, between sixty and seventy properties had been acquired at a cost of £3,522, for land, and £4,594, for buildings. Good headway has been made in demolishing the insanitary buildings and preparing for the engineering works and the new layout. Scheme No. 4 should be completed early in 1936, and the new layout ready for occupation by about the middle of the year.

In connection with scheme No. 6 Isalegangan, engineering works have been undertaken which consist of the construction of 1,180 linear yards of new roads, and 2,790 linear yards of drains. In addition, sixteen new culverts have been erected. Many enquiries have been received, regarding the new plots, and already, an appreciable number of plots have been reserved.

In scheme No. 2, Idumagbo and scheme No. 7 Oko Awo, plots have been taken up with enthusiasm, and at the end of 1935 the position was as follows:—

Scheme No. 2 27 plots leased 13 plots sold.

,, „ 7 43 „ „ 19 „ „

Another important feature of the development work in 1935 was the sanction obtained from Government to reclaim the whole of the Idumagbo lagoon. This will mean the eventual elimination of a most unhealthy and insanitary area of swamp and stagnant water.

In Docemo Street, Idumagbo Avenue, and Reclamation Road, the Board had limited the buildings to be constructed to two storied dwellings. This was done to enable the owners of property to secure a good economic return on their outlay, on these expensive plots. However, the Engineer to the Board complained that these large buildings were sinking more than is usual, and causing damage to the drains. The area concerned is all reclaimed swamp and lagoon.

The Board has decided to carry out an underground survey of the area, to discover, if possible, the actual bearing capacity of the ground. Until this survey is completed, all building in the area affected, has been suspended.

During 1935, the Board has undertaken certain work in the Lagos suburban areas, viz., at Suru Lere, and Ebute Metta.

Considerable investigations were carried out at Suru Lere to draw up a scheme for the redistribution of holdings with a view of ensuring an orderly layout of plots and buildings in conformity with the town planning design for the area, to obviate the growth of the very slum conditions there which the Board is trying to reduce at Lagos. An area of roughly ten acres near the level crossing at Yaba was selected for first treatment, a scheme of blocks and plots in accordance with the main road proposals drawn up on paper and the boundaries of the roads demarcated on the ground. Work on this has had to be temporarily suspended owing to problems connected with drainage, arising.

Layout plans were prepared for Ebute Metta East and Ebute Metta West, and approved by the Board. These plans have been designed to produce as little disturbance as possible while at the same time, preserving the amenities of the neighbourhood and guarding against the growth of slum conditions. It is intended that as far as possible the new planning shall be carried out by redistribution of holdings, and with this in view, some 300 claims were dealt with, recorded, and plotted.

VI.—FOOD IN RELATION TO HEALTH AND DISEASE.

The new abattoir and lairages at Apapa were opened and put into use during the year, a great improvement on the old insanitary slaughter house.

The Medical Officer of Health, Lagos, outlines the advantages as follows:—

The new abattoir and lairages at Apapa, open and put into use from May 23rd, are a great improvement on the old system. Thus,

(a) The cruel practice of killing animals on a floor covered with blood and with carcasses in all stages of cutting has been abolished.

(b) The washing of tripe and other meat in dirty lagoon water within a few yards of a dejection jetty has been replaced by clean washing in proper troughs filled from the public water supply.

(c) Organs, joints and other parts of a carcass are now inspected as they are dressed and evidence of disease in a piece of meat can now be traced to the carcass from which that meat was cut; this was practically impossible at the Ebute Metta slaughter house.

(d) The meat is now hung on clean hooks between slaughtering and transport instead of being heaped up on dirty laterite saturated with the soilings of many years.

(e) The excellent drainage and washing arrangements make the enforcement of all round cleanliness a practical proposition.

(f) The slaughtering is now done in the shelter of a good roof in all kinds of weather, and lighting is adequate. In the old slaughter-house half the number of beasts had to be slaughtered in the open air often in the light of primitive native oil lamps.

(g) Cattle can now go straight to rest when they arrive tired from the long train journey from the north. Formerly the much tired cattle had to be walked down several miles to Suru Lere after detraining at Oshodi.

(h) Sick or suspected animals can now be completely dealt with in specially built sheds at the lairages, thus minimising the danger of bringing infection into the abattoir itself.

(i) The frequent movement of cattle over Suru Lere, Yaba and Ebute Metta with much damage to property, public and private, danger to pedestrian and vehicle traffic and causation of other nuisances has become unnecessary.

(j) Most of the meat is now carried hanging in specially constructed closed vans, instead of being packed in a heap on an open truck.

A steady improvement in markets generally has taken place both in the Southern and Northern Provinces but in Lagos progress is still slow and conditions are much the same as recorded in 1934.

Bakehouses, aerated water factories, etc., still continue to receive adequate supervision and much progress has been made towards improving the type of building used for such trades.

Cases of tuberculosis in cattle continued to be reported from Calabar and Victoria, which suggests that the disease is common in the Cameroons. The matter has been taken up by the Veterinary Department.

In Lagos, six cases were notified during the year.

The Medical Officer of Health in charge Dietetics Research reports as follows for the year 1935:—

No further meetings of the Animal Health or the Dietetics Committees have been held and I gather from conversations with members that there is no desire for the committees to continue. It is said that once contacts have been made the committees are unnecessary. A very great deal of propaganda work is necessary to convince people that the subject of nutrition is of practical importance. The general idea seems to be, that if the people live and manage to maintain their numbers, that all is well.

Diets in Institutions.

(a) A preliminary inquiry into hospital diets in the north indicates that investigation is necessary. The figures for two hospitals are interesting. These figures were obtained as the mean of five days weighings of each food item.

	Protein.	Fat.	Carbohydrate.	Calories.
A.	112	93	427	2,982
B.	54	12	282	1,450

The Medical Officer in hospital B. stated that many of his cases reacted poorly to treatment. In most cases the money allowed for diets is adequate but the marketing is often in the hands of a cook contractor whose profits are large. Dietary scales are essential and should be based on the approved prison diets. All food brought to the hospital should be weighed. Food costs should be found for each area and to overcome the large fluctuation in prices some storage is necessary and especially in the Northern Provinces where foodstuffs keep well under the condition of low humidity. The European nursing staff should receive some training in local domestic economy.

A recent examination of hospital diets in the Southern Provinces indicates that many of them are defective in quality and quantity.

(b) *Prisons.*—In spite of the work done by Dr. McCulloch it is found that there are still many unsatisfactory features in prison diets e.g., grain only is stored and in some prisons where grinding mills have been installed they have been allowed to fall into disuse. There is no storage of beans or groundnuts and in one case it was found that when the price rose no further issue was made. In another case no green leaves had been given for about one year and the kuka ration was cut down as the price rose. A common cause of shortage lies in the fact that no allowance is made for the doussa removed from the grain in the preparation of flour.

(c) *Schools.*—In the schools examined the diet appeared to be adequate except for a lack of green food. The school gardens which I have seen so far are not very satisfactory and some of them appear to be play-things. They should not be regarded as a method of teaching agriculture as the boys' parents are very probably much more competent in this respect. The use of gardens should be confined to Dr. McCulloch's original intention *i.e.*, a place where the boys can grow the necessary green food which they so urgently require, especially during the dry season.

(d) Some experimental work was done on rats fed on diets provided by Yorubas and Efiks but the result were unsatisfactory chiefly because of the dishonesty of the people providing the food. The diets showed little variation and the superior growth shown by the Efik diet was probably personal.

(e) It is very difficult to obtain reliable data on food consumption in native homes. Several examinations in the homes of mallami indicated a diet adequate in most respects but lacking in green food and with the consequent poor mineral balance.

Analyses.—The collection of analytical data on local foods has been continued. The fat content of meat and animal organs shows little change over the wet season data. It is invariably low. No further work has been done on vegetable milk as it is considered that the proposition is not economically sound. The use of goat milk for children and nursing mothers offers better prospects but this is largely an agricultural problem.

Biochemical Examination.—A series of 100 blood examinations was made for calcium, inorganic phosphorus, and for blood phosphatase. The blood calcium and inorganic phosphorus showed a normal range. The phosphatase averaged about 6.3 Kay's new units or .126 Kay's old unit. A few examinations for blood magnesium showed values a little below normal.

Vegetable Gardens and Fruit Propagation.—A considerable interest has been shown lately in the north by the administration in the institution of fruit and vegetable gardens. These are being developed by the Native Administrations with the advice of Forestry and Agricultural Officers wherever available. I cannot do better than describe the proposals for the Zaria garden some of which are already carried out. The garden is under the control of the Native Administration and the work is done by the Native Administration prisoners. The garden will produce green food in local use for Native Administration institutions (*e.g.*, tomatoes, spinach, sorrel, karkashi, peppers, ochro, etc.) and mixed vegetables for sale to Europeans. Following the Kaduna practice it is proposed to rent a stall in the market for the sale of produce. During the dry season when the need is greatest a supply of green food can be maintained. There is a native demand for fruit and especially for the sweet fruits such as mango, orange and guava. It is proposed to plant about 700 fruit trees including all the known varieties of orange, tangerine, grape-fruit and other citrus fruits, and also mangoes, pawpaw and avocado pears. The fruit is partly for sale and partly for use in the propagation of good quality trees. In addition the garden will serve as a nursery and will distribute mango and citrus fruit seedlings over the province. A start has already been made in planting roadsides and market places with mango trees. Arrangements have been made to maintain the seedlings. Roads and markets have been chosen because of the ease in control and because the experiment in Katsina showed that issue to private individuals resulted in failure. The nursery gardens elsewhere are less ambitious but in Kano and in Katsina about fifteen miles of roads will be planted this year. If the Zaria garden proves to be an economic success it is proposed to extend the work to other areas such as Kano, Sokoto, Maiduguri and Jos where the need of fresh fruit is great.

Dr. Alfred Clark of the Medical Research Council travelled throughout Nigeria during the year investigating the question of toxins in foodstuffs. This invaluable investigation was made possible by grants from the Medical Research Council and the Colonial Medical Fund. His report is awaited with great interest.

B.—MEASURES TAKEN TO SPREAD THE KNOWLEDGE OF HYGIENE AND SANITATION.

The subjects of hygiene and sanitation were given their usual place in the curriculum prepared for Government and assisted schools.

One of the most important measures introduced during the year was the arrangement of vacation courses in hygiene and sanitation at Umudike College for teachers and others. Two courses were held, each lasting two weeks.

The library of health propaganda films was added to during the year and these films were shown on numerous occasions to all sections of the public, notably during the Health Weeks at Ibadan and Lagos.

The Ibadan Health Week was most successful, the training centre for sanitary inspectors being utilised for indoor exhibits and the grounds of the centre for outdoor and trade exhibits.

The Lagos Health Week was equally successful and it is pleasing to record that the efforts of the Committee which organised the Health and Baby Week gained for Lagos first prize in the Imperial Baby Week Challenge Shield Competition.

In addition, second place was gained in the Bostock Hill Memorial Shield Competition for the best celebration of Health Week held outside the British Isles during 1935.

C.—TRAINING OF SANITARY PERSONNEL.

All four training centres, at Lagos, Ibadan, Umudike and Kano, continued to do excellent work, Lagos training both Government and Town Council pupils, Kano both Government and Native Administration pupils and Ibadan and Umudike Native Administration pupils only.

At the Lagos centre, a three months course in hygiene and public health was given by the Medical Officer of Health and Assistant Medical Officer of Health during the second quarter of the year to Medical Assistants. This course included practical demonstrations as well as lectures.

D.—RECOMMENDATIONS FOR FUTURE WORK.

(1) The improvement of water supplies in smaller townships and villages.

(2) The training of additional sanitary inspectors for Native Administration areas.

(3) The installation of water-borne sewage systems in institutions where water supplies are available.

IV.—PORT HEALTH WORK AND ADMINISTRATION.

A.—LAGOS. Following the trade recovery at the end of 1934 the shipping entering the port of Lagos during 1935 showed a large increase. This increase was especially noticeable during the last two quarters of the year. The usual medical examination of incoming and outgoing passengers, vaccination, disinfection and disinfestation were continued during the year and no case of imported or exported infectious disease was recorded.

One case of smallpox occurred in the port area.

The seamen's clinic for venereal diseases at Apapa continued to be freely used and forty-one cases were treated, 1,171 persons making use of the early treatment facilities.

As usual all vessels not in possession of a valid deratisation or deratisation exemption certificate were subjected to a rodent survey. Four deratisation and seven deratisation exemption certificates were issued. Trapping and surveying of vessels have been carried out continuously and all rodents caught examined for plague. No infected rodent was found.

During the year 6,532 inspections of permanent harbour craft for mosquito breeding were carried out, the larval index being 0.06 per cent.

B.—PORT HARCOURT. At Port Harcourt 315 vessels entered and 313 left the port during the year and 4,135 deck passengers were examined.

C.—CALABAR. 212 vessels entered and left the port and 2,073 deck passengers were examined.

J. M. MACKAY,

Acting Deputy Director of Health Service.

V.—MATERNITY AND CHILD WELFARE.

Training of Midwives.—During the year seventeen certificates as Grade I Midwives and seventeen certificates as Grade II Midwives were granted. In addition to the Government and Native Administration training centres at Lagos, Aba, Ijebu Ode, Akure, Kano and Ilorin there were six Mission hospitals by the end of the year recognised by the Midwives Board as training centres.

The maternity hospital at Massey Street, Lagos, has been working to its utmost capacity and has in fact become too cramped to deal adequately with the work. 1,184 in-patients were admitted during the year and there were 29,682 out-patients attendances.

The new maternity hospital at Aba has immediately proved to be popular and both maternity and ante-natal work is increasing. The infant welfare centre flourishes and there were 1,031 new cases during the year. The maternity hospital at Ebu Owerri which forms the base for the Travelling Lady Medical Officer in Ibo country was extended by the Church Missionary Society and several other small maternity centres were opened in the district. The Lady Medical Officer visits the centres and the Native Administration dispensaries and the nucleus of an extensive maternity service in that crowded rural district has been formed. A maternity home has also been opened by the Church Missionary Society in Benin and at Ife in Owerri Province.

At Ijebu Ode, the centre of the province, the maternity and infant welfare work, started in 1932, has progressed steadily and the centre has been approved for training Grade II Midwives who are supported by the Native Administration for work in the province after training.

In Ondo Province the training centre for Grade II Midwives at Akure has been able to train girls sent in by the Missions who return to work at the Missions, and the maternity and welfare centres which were opened as sub-stations at Ondo and Owo have done good work.

At Abeokuta Miss McCotter, M.B.E., still obtains huge attendances at the infant welfare clinics supported by the Egba Native Administration and her staff of visiting midwives have done good work in the town.

The mission hospitals at Iyi Enu (Onitsha), Ilesha, Ogbomosho, Amachara (Owerri Province), Abeokuta (Sacred Heart Hospital) and Zaria have done excellent maternity work. A new maternity hospital has been opened by the Roman Catholic Mission near Owerri, and five nuns have started a maternity home at Bansa in the Cameroons.

In the Northern Provinces the maternity hospital at Ilorin has become very popular and is now reserved exclusively for maternity and infant welfare cases. Training of midwives has progressed and an excellent start has been made with health visiting not only in Ilorin town but also in the surrounding district, working from Native Administration dispensaries as bases. Miss Earl's work in charge of this centre has been very valuable.

The women's section of the Native Administration City hospital at Kano has had to be extended to deal with the increase of work and it is hoped to add a second sister here to assist Miss Storrier, funds being provided by the Native Administration. An infant welfare centre has been opened at Sabon Gari, Kano. A maternity ward has been built at the Native Administration hospital at Maiduguri.

An experiment made by the Medical Officer at Bida of opening an infant welfare centre in Bida Town proved an immediate success, an interesting feature being that assistance was provided by boys at the Middle School. Sub-centres have been started also at Katcha and Kontagora.

Infant welfare and health visiting work in Lagos is reported upon by the Medical Officer of Health in the report issued by the Lagos Town Council. The following is a summary of the work carried out in 1935 :—

INFANT WELFARE CLINICS, 1934—1935—*continued*.

	1934.			1935.		
	Lagos.	Ebute Metta.	Com-bined.	Lagos.	Ebute Metta.	Com-bined.
Number of food demonstrations given at the Clinics (Health Week) ...	1	2	3	...	1	1
" " attendances at food demonstrations	156	193	349	...	80	80
" " baby bathing demonstrations given at the clinics ...	2	2	4	5	6	11
" " attendances at bathing demonstrations	74	69	143	207	249	456
" " cases referred for circumcision ...	...	...	...	8	3	11

Abnormal conditions recorded most commonly in babies attending the infant welfare clinics included cough (174), thrush (149), scabies (93), chafing (72), fever (58), constipation (53), rashes other than sweat rash (44), marasmus (30), anæmia (30), sweat rash (26), ophthalmia neonatorum (19), mastitis (15), boils (12), diarrhoea (11), vomiting (11), dermatitis (10).

Infant Deaths.—The most prevalent causes given of infant deaths recorded were broncho-pneumonia (140), congenital debility (111), convulsions (73), malaria (57), prematurity (40), bronchitis (28) and diarrhoea (21). As many of the babies however, are not seen before death, the cause of death given has to be based on the statements of the persons notifying the death.

Fathers' Meetings.—It has unfortunately been found impossible to hold any fathers' meetings during 1935.

Maternal Mortality.—Thirty-four women died during 1935 from causes directly connected with pregnancy and childbirth. As there were 4,482 births registered in the township, the maternal mortality for the year works out at 7.5 per thousand births as compared with 8.9 per thousand in 1934.

Health Week at Lagos.—It is gratifying to report that the health week and baby show organised in Lagos in 1935 gained first place and won the Shield in the Imperial Baby Week Challenge Shield Competition, and also the second place in the Bostock Hill Memorial Shield Competition for the best observation of health week outside the British Isles. Special credit falls upon Mr. N. W. J. Turnbull, M.B.E., Chief Sanitary Superintendent and Miss Skerritt, Nursing Sister, for this fine result.

VI.—HOSPITALS AND DISPENSARIES.

A.—HOSPITALS AND HOSPITAL STATISTICS.

Little expansion of hospital buildings has been possible from central Government funds but a considerable amount of building has been done by Native Administrations.

In the Southern Provinces a new ward of twenty-four beds was opened at Degema and at Bamenda, the latter being a fine building of stone and cement. A semi-permanent hospital with out-patient rooms and a ward of twenty-four beds was constructed at Umuahia in Owerri Province, and an out-patient waiting room was constructed for this hospital from funds raised locally by voluntary subscriptions. Electric light and power was installed in the hospital at Abeokuta.

In the Northern Provinces a screened European sick rest house was built at Maiduguri; a new ward of thirty-four beds was opened at Katsina; two large new wards are under construction at Jos; and a new ward of twenty-four beds was added at Sokoto, making this a fine hospital now of eighty beds. Electric light was installed at Sokoto hospital also. The new hospital at Hadejia was opened early in the year which contains thirty-six beds in permanent buildings besides other temporary accommodation. At Gusau a permanent building to take eighteen beds replaced an old temporary ward.

The following tables show the types of the hospitals which have been maintained and the facilities which exist:—

NIGERIA.

EUROPEAN HOSPITAL STATISTICS, 1935.

No.	Name of Hospital.	C. G. or N. A.*	No. of Beds.	No. of Cots.	Remaining end 1934	IN-PATIENTS ADMISSIONS.			Remaining end 1935.	OUT-PATIENTS TREATED.			NUMBER OF OPERATIONS.			NURSING STAFF.		
						Male.	Female.	Total.		Male.	Female.	Total.	Major.	Minor.	Total.	European Sisters.	Male.	Female.
1	Calabar	...	8	—	—	24	6	30	—	297	60	357	—	—	—	1	1	—
2	Enugu	...	12	—	3	84	21	105	1	326	89	415	—	31	31	1½	4	—
3	Ibadan	...	14	—	1	55	16	71	—	252	45	297	—	—	—	½	4	—
4	Jos	...	18	—	6	72	30	102	3	400	149	549	7	55	62	2	4	—
5	Kaduna	...	16	—	2	125	26	151	5	195	66	261	13	11	24	2	7	1
6	Kano	...	11	—	2	65	15	80	4	317	38	355	3	9	12	2	5	2
7	Lagos	...	30	2	10	247	89	336	6	982	162	1,144	26	9	35	3	7	3
7a	Lagos, Ebute Metta European Dispensary	...	—	—	—	—	—	—	—	249	7	256	—	—	—	—	—	—
8	Lokoja	...	4	—	—	3	1	4	—	52	11	63	—	—	—	½	1	—
9	Onitsha	...	4	—	3	17	5	22	—	81	31	112	—	—	—	½	—	—
10	Port Harcourt	...	13	2	2	48	24	72	3	383	75	458	—	—	—	2	3	1
11	Victoria	...	4	—	—	15	5	20	—	72	15	87	—	—	—	½	—	—
12	Warri	...	8	—	4	38	9	47	3	140	41	181	—	—	—	½	3	—
			142	4				1040				4535						

* C.G. = Central Government.

N.A. = Native Administration.

X

X

X

X

AFRICAN HOSPITAL STATISTICS, 1935.
NORTHERN PROVINCES.

No.	Type of Hospital.	Name of Hospital.	* C.G. or N.A.	No. of Beds.	No. of Cots.	Remaining end 1934.	IN-PATIENTS ADMISSIONS.			Remaining end 1935.	OUT-PATIENTS TREATED.			Total Patients treated.	OPERATIONS.			Nursing Sisters Average No.	AFRICAN NURSING STAFF.		
							Male.	Female.	Total.		Male.	Female.	Total.		Major.	Minor.	Total.		Male.	Female.	Total.
1	C	Azare ...	N.A.	39	—	1	30	8	38	1	1,831	300	2,131	2,169	60	170	230	—	2	—	2
2	C	Bauchi ...	C.G.	44	1	115	657	158	815	64	5,579	1,408	6,987	7,802	244	101	345	—	3	3	6
3	C	Bida ...	N.A.	37	—	52	1,007	150	1,157	51	3,192	439	3,631	4,788	109	148	257	—	2	—	2
4	C	Gadau (Dispensary)	C.G.	5	—	7	83	25	108	3	1,310	578	1,888	1,996	—	—	—	—	1	—	1
5	D	Gusau ...	N.A.	16	—	24	206	11	217	8	2,362	629	2,991	3,208	—	51	51	—	2	—	2
6	D	Hadejia ...	N.A.	36	—	—	283	124	407	78	2,978	1,522	4,500	4,907	44	15	59	—	2	—	2
7	D	Idah ...	C.G.	15	—	5	119	34	153	12	1,916	1,183	3,099	3,252	88	56	144	—	1	—	1
8	B	Ilorin ...	N.A.	21	2	33	529	321	850	38	4,339	2,131	6,470	7,320	239	212	451	—	2	—	2
9	B	Jos ...	C.G. & N.A.	98	4	129	1,400	353	1,753	164	7,675	2,433	10,108	11,861	373	198	571	1	9	2	11
10	B	Kaduna ...	C.G.	85	2	63	1,225	192	1,417	68	9,648	1,688	11,336	12,753	437	319	756	1	12	2	14
11	D	Kafanchan ...	C.G.	36	—	32	417	135	552	50	3,665	1,727	5,392	5,944	54	143	197	—	3	—	3
12	B	Kano Fagge	C.G.	21	3	21	221	55	276	—	2,669	752	3,421	3,697	15	75	90	—	5½	1	6½
13	B	Kano City	N.A.	190	12	176	2,209	1,109	3,318	236	6,222	2,335	8,557	11,855	495	414	909	1	—	2	2
14	B	Katsina ...	N.A.	158	—	120	1,381	712	2,093	170	7,073	1,915	8,988	11,081	369	213	592	1	1	1	2
15	D	Lafia ...	C.G.	19	—	23	105	35	140	12	2,430	1,388	3,818	3,958	6	18	24	—	1	—	1
16	B	Lokoja ...	C.G.	43	—	—	374	84	458	44	3,027	1,019	4,046	4,504	170	133	303	½	4	1	5
17	C	Maiduguri	N.A.	83	2	54	1,386	167	1,553	99	7,671	1,677	9,348	10,901	459	195	654	—	2	—	2
18	C	Makurdi	C.G. & N.A.	81	—	66	430	107	537	34	4,318	1,629	5,947	6,484	155	75	230	—	9	—	9
19	C	Minna ...	C.G.	24	—	20	684	20	704	28	3,382	685	4,067	4,771	164	63	227	—	5	—	5
20	C	Pankshin	N.A.	50	—	56	541	90	631	47	1,730	822	2,552	3,183	164	173	337	—	1	—	1
21	C	Sokoto ...	N.A.	80	6	46	710	201	911	60	1,179	315	1,494	2,405	252	64	316	—	3	—	3
22	D	Wukari ...	N.A.	36	—	36	284	104	388	2	3,020	1,301	4,321	4,709	252	159	411	—	3	—	3
23	D	Yola ...	C.G.	48	—	34	979	93	1,072	46	4,650	990	5,640	6,712	120	131	251	—	3	—	3
24	B	Zaria ...	C.G.	110	3	60	1,243	176	1,419	96	6,825	1,039	7,864	9,283	263	346	609	1	8	1	9
				1375	35	0.73			12,591				128,996								

In column four "C.G." and "N.A." mean hospitals built and equipped by the Central Government or Native Administration respectively.
Types of Hospital:—B. Modern Hospitals to which European Nursing Sisters are posted for duty and where the training of junior African Nurse is carried out.
C. Modern Hospitals to which no European Nursing Sister is posted.

D. "Bush" Hospitals.

AFRICAN HOSPITAL STATISTICS, 1935.
SOUTHERN PROVINCES.

No.	Type of Hospital.	Name of Hospital.	C.G. or N.A.	No. of Beds.	No. of Cots.	Remaining end 1934.	IN-PATIENTS ADMISSIONS.			Remaining end 1935.	OUT-PATIENTS TREATED.			Total Patients treated.	OPERATIONS.			Nursing Sisters Average No.	AFRICAN NURSING STAFF.		
							Male.	Female.	Total.		Male.	Female.	Total.		Major.	Minor.	Total.		Male.	Female.	Total.
1	B	Aba	C.G.	94	16	88	1,026	526	1,552	73	12,268	7,332	19,600	21,152	278	317	595	1	6	5	11
2	C	Abakaliki	C.G.	16	—	7	168	39	207	10	3,477	4,332	4,332	4,332	32	5	37	—	2	—	2
3	B	Abokuta	C.G.	100	4	61	622	268	890	41	5,688	2,007	7,695	8,585	277	196	473	1	6	1	7
4	D	Abkpo	C.G.	—	—	—	—	—	—	—	5,078	1,371	6,449	6,449	—	—	—	—	—	—	—
5	C	Agbor	C.G.	26	—	22	224	92	316	22	4,070	3,227	7,297	7,613	43	53	96	—	5	—	5
6	C	Akure	C.G.	42	—	33	230	97	327	19	3,187	2,023	5,210	5,537	263	53	316	—	8	1	9
7	C	Bamenda	N.A.	70	—	74	953	370	1,323	63	4,657	1,764	6,421	8,744	291	214	505	—	5	—	5
8	D	Banso	C.G.	27	—	23	344	141	485	44	2,616	1,174	3,790	4,275	454	36	490	—	2	—	2
9	C	Benin City	C.G.	25	—	26	238	94	332	13	11,386	6,037	20,423	20,785	47	193	240	—	4	—	4
10	B	Calabar	C.G.	106	10	80	1,157	455	1,612	94	13,697	4,404	18,011	19,623	655	395	1,050	1	15	5	20
11	C	Degema	C.G. & N.A.	39	—	11	248	108	356	11	5,316	2,950	8,266	8,522	62	143	205	—	3	—	3
12	B	Enugu	C.G.	72	14	103	1,260	250	1,510	82	18,267	4,289	22,556	24,166	733	51	784	14	10	2	12
13	C	Forcados	C.G.	12	—	7	137	38	175	2	7,166	1,664	8,830	9,005	57	84	141	—	2	—	2
14	B	Ibadan, Adeoyo	N.A.	81	3	68	701	422	1,123	69	9,069	7,991	17,060	18,213	707	312	1,019	1	10	7	17
15	C	Ibadan, African	C.G.	34	—	19	461	55	516	22	4,799	919	5,718	6,234	85	199	254	—	7	—	7
16	C	Ikeja-Ode	C.G.	67	12	31	679	632	1,311	43	3,887	2,125	6,012	7,823	177	158	335	—	7	—	7
17	C	Ikeja-Ekpeye	C.G. & N.A.	74	—	55	590	173	763	64	12,804	7,563	20,367	21,130	253	150	403	—	4	—	4
18	C	Kumbi	C.G.	58	—	59	576	182	758	36	2,587	1,581	4,168	4,926	225	147	372	—	3	—	3
19	B	Lagos, African	C.G.	186	16	150	2,611	541	3,152	144	20,415	12,862	33,277	36,429	949	226	1,175	4	54	16	70
20	B	Lagos, Massey Street	C.G.	21	23	13	47	1,153	1,200	22	2,339	6,159	8,498	9,698	155	74	229	1	—	5	5
20a	C	Lagos, I.D.H. (Yaba)	C.G.	112	—	1	158	44	202	8	1,525	757	2,282	2,302	—	—	—	—	1	1	2
21	C	Lagos, Yaba Asylum	C.G.	3	—	181	176	74	250	214	1,525	757	2,282	2,302	—	—	—	—	14	9	23
22	C	Lagos, Ebute Metta	C.G.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
23	C	African Dispensary	C.G.	43	—	51	585	150	735	41	15,785	3,456	19,241	19,241	—	—	173	—	2	—	2
24	C	Mamfe	C.G.	16	—	22	179	31	210	—	6,954	3,360	10,314	11,059	363	207	570	—	3	—	3
25	C	Ogbura	C.G.	18	—	18	245	51	296	51	10,109	5,354	15,473	15,683	37	225	262	—	1	—	1
26	C	Ojoja	N.A.	65	—	59	937	245	1,182	58	5,261	2,754	8,015	8,311	70	176	246	—	2	—	2
27	C	Okigwi	C.G.	65	14	147	488	163	651	136	11,828	4,164	15,992	17,174	497	219	716	—	5	—	5
28	B	Onitsha	C.G. & N.A.	58	5	147	488	163	651	136	15,058	9,859	24,917	25,568	151	285	436	4	9	4	13
29	D	Opobo	C.G. & N.A.	30	—	5	207	37	244	10	43,363	49,401	92,764	93,008	39	55	94	—	2	—	2
30	C	Oshogbo	C.G.	25	—	7	228	108	336	26	2,909	1,513	4,422	4,758	86	116	202	—	3	2	5
31	C	Owerri	C.G.	76	—	55	836	347	1,183	38	7,127	4,336	11,493	12,676	307	209	516	—	4	—	4
32	B	Port Harcourt	C.G.	126	30	90	1,840	595	2,435	136	19,986	6,568	26,554	28,989	1,339	704	2,043	1	16	2	18
33	C	Sapele	C.G.	24	—	14	243	68	311	15	4,292	1,550	5,842	6,153	28	23	51	—	4	—	4
34	C	Umuahia	C.G.	34	—	18	442	134	576	26	11,940	5,105	21,681	21,681	559	474	1,033	—	3	—	3
35	B	Victoria	C.G.	83	2	73	680	225	905	60	8,803	3,536	12,139	13,044	269	125	394	1	9	3	12
36	B	Warri	C.G.	30	2	15	384	103	487	15	4,922	1,926	6,848	7,335	119	45	164	—	4	—	4

51771

2651

1666

151

1903

X

X

X

X

X

X

X

X

B.—NATIVE ADMINISTRATION DISPENSARY SYSTEM.

There are now 266 dispensaries open; 106 situated in the Northern Provinces and 160 in the Southern Provinces.

The following table shows the numbers of dispensaries in operation in the various provinces :—

Northern Provinces.—Adamawa, 8; Bauchi, 9; Benue, 17; Bornu, 9; Ilorin, 8; Kabba, 8; Kano, 8; Katsina, 6; Niger, 9; Plateau, 9; Sokoto, 12; Zaria, 3.

Southern Provinces.—Abeokuta, 9; Benin, 20; Calabar, 24; Cameroons, 9; Ijebu, 8; Ogoja, 11; Ondo, 11; Onitsha, 9; Owerri, 26; Oyo, 20; Warri, 9; Colony, 4.

The following table indicates the main diseases treated at the Native Administration dispensaries during 1935 :—

Diseases.	Northern Provinces.	Southern Provinces.	Total.
Malaria	9,931	46,999	56,930
Smallpox	558	81	639
Chicken-pox	246	478	724
Influenza	252	610	862
Trypanosomiasis	769	384	1,153
Cerebro spinal meningitis	62	80	142
Dysentery	3,040	5,933	8,973
Leprosy	1,705	677	2,382
Yaws	31,176	23,763	64,939
Syphilis	21,337	5,387	26,724
Conjunctivitis	5,289	9,736	15,025
Other eye diseases	5,009	4,115	9,124
Otitis Media	2,577	8,676	11,253
Other diseases of ear	1,347	5,196	6,543
Cough	15,220	30,777	45,997
Pneumonia	1,433	1,179	2,612
Tuberculosis of Lungs	576	373	949
Diseases of teeth and gums	3,529	10,112	13,641
Dyspepsia	5,399	15,611	21,010
Diarrhoea (infants)	1,233	4,663	5,896
Diarrhoea (adults)	1,740	4,577	6,317
Constipation	22,747	50,316	73,063
Haemorrhoids	365	934	1,299
Jaundice	1,208	2,100	3,308
Dropsy, Ascitis	152	551	703
Hernia, inguinal	166	300	466
Hernia, umbilical	83	104	187
Taenia	13,623	3,616	17,239
Ascaris	1,697	40,767	42,464
Guinea Worm	4,631	2,698	7,329
Arthritis	3,679	5,089	8,768
Chronic Rheumatism	18,050	43,468	61,518
Gonorrhoea	8,073	10,609	18,682
Orchitis & Epididymitis	799	243	1,042
Hydrocele	89	60	149
Leucorrhoea	57	684	741
Abortion	23	105	128
Boil	4,154	4,780	8,934
Abscess	3,648	6,940	10,588
Ulcer	28,465	62,690	91,155
Scabies, Craw crawl	17,650	43,315	60,965
Other skin diseases	7,393	15,528	22,921
Lymphadenitis, Bubo	1,313	2,152	3,465
Elephantiasis	92	195	287
Chigoes	451	493	944
Snake bite	196	363	559
Carried forward	249,132	487,517	738,739

Diseases.				Northern Provinces.	Southern Provinces.	Total.
Brought forward ...				249,132	487,517	738,739
Scorpion sting	...	...	...	267	218	485
Burns	...	...	...	1,882	2,866	4,748
Wounds and Injuries	...	...	...	15,932	31,852	47,784
Fractures	...	...	...	175	789	964
Tumours	...	...	...	147	518	665
Paralysis	...	...	...	40	164	204
Mania	...	...	...	8	64	72
Poisoning, native medicines	...	...	...	3	51	54
Poisoning, Juju obsessions	...	...	...	18	23	41
Fits, Epilepsy	...	...	...	84	236	320
Tetanus	...	...	...	34	94	128
Schistosomiasis	...	...	...	356	9	365
Sore throat	...	...	...	1,219	135	1,354
Ankylostomiasis	...	...	...	1,900	37	1,937
Pleurodynia	...	...	...	918	111	1,029
Lumbago	...	...	...	7,949	152	8,101
Headache	...	...	...	6,813	325	7,138
Debility	...	...	...	47	3,752	3,799
Mumps	...	...	...	10	4	14
Vaccinations	...	...	...	...	...	...
Circumcisions	...	...	...	25	30	55
Other diseases	...	...	...	30	1,042	1,072
Total ...				289,089	529,979	819,068

C.—MEDICAL WORK OF RELIGIOUS MISSIONS.

The following table has been compiled from information kindly supplied by Mission Superintendent:—

Mission.	No. of Stations performing Medical work.	No. of Doctors.	No. holding Missionary Permits.	NATURE OF WORK.				Cases Treated.	Total Attendances.
				Hospitals.	Dispensaries.	Leprosy.	Maternity and Infant Welfare.		
NORTHERN PROVINCES.									
Sudan Interior Mission ...	33	1	61	1	33	5	8	14,993	153,882
Sudan United Mission ...	26	1	57	1	22	1	6	26,190	159,036
Dutch Reformed Church Mission	7	2	11	2	4	1	56	10,720	125,365
Christian Mission in Many Lands	4	...	4	...	5	1	...	22,386	29,848
Church of the Brethren Mission	2	2	4	2	3	2	14	4,127	51,822
								72	78,416
SOUTHERN PROVINCES.									
American Baptist Mission, Ogbomosho	3	1	1	1	3	2	2	3,428	33,508
Methodist Missionary Society	3	3	...	1	4	1	3	8,088	41,108
Church of Scotland	4	3	4	2	6	2	1	17,872	56,422
Qua Iboe Mission	8	1	13	6	8	1	...	3,527	12,407
Basel Mission	4	...	19	...	4	...	4	5,374	25,500
Church Missionary Society ...	1	3	1	1	...	...	1	2,127	45,582
Amachara Medical Mission ...	...	...	1	1	1	...	37	6,409	14,922
Methodist Missionary Society, Port Harcourt	9	2	5	6	8	1	7	25,579	39,415
Wesley Guild Hospital, Ilesha	3	2	...	1	2	1	...	6,707	27,859
								79,111	

38

107

78,416
157,527

D.—DENTAL REPORT.

Of the two Dental Surgeons one, Mr. Pearson, was on duty throughout the year. Mr. Cunningham was on duty in the Northern Provinces for the first six months of the year before proceeding on leave. Both officers toured extensively during the year.

Summary of work done :—

1. LAGOS.

Table of work during the year 1935.

European officials attendances	...	...	...	...	...	...	410
Fillings	...	...	...	...	...	...	306
Dressings	...	...	...	...	...	...	286
Extractions	...	...	...	...	...	...	101
Scalings	...	...	...	...	...	...	250
Root treatments	...	...	...	...	...	...	15
General anæsthetics	...	...	...	...	...	...	3
Local	...	...	...	...	...	...	110

African officials :

Wives and children attendances	...	...	...	...	...	...	203
Fillings	...	...	...	...	...	...	97
Extractions	...	...	...	...	...	...	114
Scalings	...	...	...	...	...	...	57
African patients from the hospital	...	...	...	...	...	...	328
African school children from the school clinic	...	...	...	...	...	...	152

With reference to the African patients from the hospital most of them required only extractions.

It is regretted that African school childrens' carious teeth were so advanced that very few could be saved and filled.

The Dental Surgeon notes with appreciation the work of the X-ray department in dental surgery.

2. Northern Provinces (six months).

KADUNA.

	Fillings.	Dressings.	Extractions.	Scalings.	Root Treatments.	Partial Dentures.	Full Dentures.	Repairs to Dentures.	General Anaesthetics.		Attendances for treatment.
									Evipan-sodium.	Chloro-form.	
European Officials ...	253	69	85	65	14	1	2	8	7	...	302
European Non-Officials ...	25	6	60	4	3	...	7	1	2	...	59
African Officials, wives and children and African Non-Officials ...	6	3	46	2	...	8	2	...	...	...	73
Total ...	284	78	191	71	17	9	11	9	9	...	434

KANO.

	Fillings.	Dressings.	Extractions.	Scalings.	Root Treatments.	Partial Dentures.	Full Dentures.	Repairs to Dentures.	General Anaesthetics.		Attendances for treatment
									Evipan-sodium.	Chloro-form.	
European Officials ...	53	16	7	16	3	...	...	5	...	...	78
European Non-Officials ...	52	10	18	12	2	2	...	2	...	...	64
African Officials, wives and children and African Non-Officials ...	8	2	17	4	...	6	...	...	...	...	60
Total ...	113	28	42	32	5	8	...	7	...	...	202

JOS.

	Fillings.	Dressings.	Extractions.	Scalings.	Root Treatments.	Partial Dentures.	Full Dentures.	Repairs to Dentures.	General Anaesthetics.		Attendances for treatment
									Evipan-sodium.	Chloro-form.	
European Officials ...	43	5	4	18	...	...	...	...	...	...	59
European Non-Officials ...	13	5	11	7	...	1	...	2	1	...	46
African Officials, wives and children and African Non-Officials ...	3	...	17	2	...	4	...	...	...	...	24
Total ...	59	10	32	27	...	5	...	2	1	...	129

The Dental Surgeon notes the continued successful use of Evipan-Sodium as a general anaesthetic for dental work.

Both Dental Surgeons report cases of unusual dental interest occurring amongst African patients.

E. SURGICAL OPERATIONS—1935.

MAJOR OPERATIONS.

Operation.						Number performed.	Deaths.
A. TUMOURS AND CYSTS.							
Excision, benign tumours and cysts	...	...	...	...	...	737	7
„ malignant tumours	..	...	...	...	...	63	1
Amputation of breast for malignant tumours	...	...	...	...	...	7	1
Exploratory laparotomy for malignant tumours	...	...	...	...	...	19	1
Other operations for malignant tumours	...	...	...	...	...	17	1
B. DISEASES OF DUCTLESS GLANDS.							
Thyroidectomy	...	...	...	...	...	30	2
Splenectomy	...	...	...	...	...	2	...
Other operations	...	...	...	...	...	...	...
C. DISEASES OF ORGANS OF VISION.							
For entropion or ectropion	...	...	...	...	...	28	...
Iridectomy	...	...	...	...	...	2	...
For Cataract :—							
(a) Needling	...	...	...	...	...	18	...
(b) Extraction	...	...	...	...	...	102	1
Enucleation of globe	...	...	...	...	...	26	...
Other operations	...	...	...	...	...	116	...
D. DISEASES OF THE AUDITORY SYSTEM.							
Mastoid operations	...	...	...	...	...	14	1
Other operations	...	...	...	...	...	8	...
E. DISEASES OF CIRCULATORY SYSTEM.							
For Aneurysm	...	...	...	...	...	3	...
For haemorrhoids	...	...	...	...	...	102	1
For varicose veins	...	...	...	...	...	11	...
For varicocele	...	...	...	...	...	4	...
For gangrene	...	...	...	...	...	23	5
Other operations	...	...	...	...	...	2	1
F. DISEASES OF LYMPHATIC SYSTEM.							
Excision of glands	...	...	...	...	...	401	2
Curettage or drainage	...	...	...	...	...	217	1
For elephantiasis :—							
(a) Amputation of Scrotum	...	..	...	...	...	316	10
(b) Amputation of other parts	...	...	...	...	...	52	1
(c) Kondoleon or similar operations	...	...	...	...	...	17	...
G. DISEASES OF NASAL PASSAGES.							
Turbineotomy	...	...	...	...	...	2	...
Removal of polyp	...	...	...	...	...	23	...
Antrotomy	...	...	...	...	...	4	...
Other operations	...	...	...	...	...	10	...
H. DISEASES OF ORGANS OF RESPIRATION.							
Tracheotomy	...	...	...	...	...	6	2
For empyema	...	...	...	...	...	35	3
I. DISEASES OF DIGESTIVE TRACT.							
Curettage for adenoids	...	...	...	...	...	5	—
Tonsilectomy	...	...	...	...	...	23	—
Carried forward	...	...	...	...	...	2,445	41

Operation.						Number performed.	Deaths.
Brought forward						2,445	41
I. DISEASES OF DIGESTIVE TRACT—contd.							
For gastric or duodenal ulcer :—							
(a) Suture for perforation						10	1
(b) Gastro-enterostomy						68	3
(c) Partial gastrectomy						2	—
Appendicectomy						90	3
Appendix abscess, drainage						12	2
Caecostomy						2	—
Enterostomy or colostomy						6	3
Enterectomy						10	1
Radical cure of hernia						2,472	41
For strangulated hernia						142	35
For fistula in ano						83	2
For ischio-rectal abscess						28	—
Exploratory laparotomy						97	21
Other operations						87	10
J. DISEASES OF LIVER AND BILIARY PASSAGES.							
For abscess of liver :—							
(a) Aspiration						24	—
(b) Drainage						24	2
Cholecystotomy or cholecystostomy						4	—
Other operations						16	2
K. DISEASES OF MALE GENITO-URINARY SYSTEM.							
For Vesical or ureteral calculus						10	2
Cystostomy						80	9
Prostatectomy						36	1
Dilatation of stricture of urethra						822	5
Urethrotomy						83	5
Circumcision						1,763	—
Orchidectomy						29	1
For undescended testis						9	—
Radical cure of hydrocele						689	6
Other operations						98	3
L. DISEASES OF FEMALE GENITO-URINARY SYSTEM.							
Hysterectomy						40	8
Enucleation of uterine fibroids						13	1
Hysteropexy						40	2
Curettage for endometritis						216	—
For recto-vesical or recto-Vaginal fistulae						62	4
Perineorrhaphy						95	—
M. OBSTETRICAL OPERATIONS.							
For abortion						75	1
For ectopic gestation						13	2
Forceps extraction						76	6
Podalic version						21	2
Craniotomy						18	6
Caesarian section						18	7
For retained placenta						78	10
Other operations						67	6
N. AFFECTION OF SKIN AND SUBCUTANEOUS TISSUES.							
Carbuncle						35	1
For ulcer :—							
(a) Curettage						954	2
(b) Excision						223	1
(c) Skin grafting						349	—
(d) Amputations						43	1
O. DISEASES OF BONES AND JOINTS							
Sequestrotomy						242	1
Osteotomy						54	—
Carried forward						11,973	260

MINOR OPERATIONS.

Operation.	Number performed.	Deaths.
Incision of Abscess	4,856	7
Removal of Superficial Tumours	154	—
Extraction of teeth	2,021	—
Repair of minor injuries	1,102	4
Other minor operations	1,494	6
Total minor Operations ...	9,527	17

Errata.

ANNUAL MEDICAL AND SANITARY REPORT, 1935.

Page 10.—Soldiers, Nigeria Regiment—R.W.A.F.F. Average daily sick—for 17·5 *read* 114.

Police Force—Nigeria. Average daily sick—for 71,019 *read* 70·8.

Page 34.—For Gaemacomozea *read* Gynecomazia.

Page 35.—For Mraselection *read* Uroselectan.

12

LETTERS

LETTER FROM THE AMERICAN BOARD OF COMMISSIONERS FOR FOREIGN MISSIONS

TO THE PRESIDENT OF THE UNITED STATES

WASHINGTON, D.C.

DEAR SIR:

I have the honor to acknowledge the receipt of your letter of the 10th inst.

and in reply to inform you that the same has been forwarded to the proper authorities.

F.—X-RAY DEPARTMENTS.

At Lagos 1,019 patients were x-rayed, as compared with 843 in 1934 and there has been an increase in the examination of kidneys by ~~irradiation~~ ~~irradiation~~ and of gall bladders by Shadowcol; forty-eight Barium meals were given. More interest has been shown in the examination of teeth by the small dental films. 334 electrical treatments were carried out.

At Kaduna 129 patients were x-rayed of whom sixty-one were Europeans. Sixteen Barium meals were given.

At Port Harcourt lack of skilled staff caused the apparatus to remain idle most of the year but this will be remedied in 1936 by an additional appointment.

X-ray plants are also in use at Calabar, Ibadan (Native Administration hospital) and Kano (Native Administration hospital).

VII.—PRISONS AND ASYLUMS.

The following figures show the general health and the death rate of prisoners in Government gaols during the year, contrasted with figures for the previous two years:—

	Northern Provinces.			Southern Provinces.		
	1933.	1934.	1935.	1933.	1934.	1935.
Average daily number in Prison ...	452	193	566	6,686	7031.51	6,366
Total number on sick list ...	142	187	350	25,346	27,268	24,100
Total number of days on sick list ...	2,076	2,073	3,120	72,982	47,970	38,059
Average daily sick ...	5.69	5.68	8.55	70.61	75.25	66.02
Total number of deaths	10	6	11	101	110	88
Death rate per thousand ...	22.1	12.1	19.4	15.1	15.6	13.8

The following table shows the causes of deaths among prisoners:—

Northern Provinces.		Southern Provinces.	
Heart Failure ...	2	Heart Failure ...	12
Asthma ...	1	Tuberculosis of the Spine and Intestines ...	1
Embolism ...	1	Chronic Dysentery ...	2
Endocarditis ...	1	Tuberculosis of the Lungs ...	6
Septic Kidneys ...	1	Miliary Tuberculosis ...	1
Encephalitis and Paraplegia ...	1	Diabetic Coma ...	1
Enteritis ...	1	Exhaustion ...	3
Lobar pneumonia ...	2		
Perforated gastric ulcer ...	1		
Total ...	11		
		Brought forward ...	26
		Hemiplegia ...	1
		Non compos mentis ...	4
		Acute Mania ...	4
		Myocarditis ...	1
		Aortic Valvular Disease ...	1
		Acute Pericarditis ...	1
		Lobar Pneumonia ...	26
		Acute Diarrhoea ...	6
		Strangulated Hernia ...	1
		General Peritonitis ...	1
		Shock ...	2
		Acute Cystitis ...	2
		Nephritis ...	2
		Abscess ...	1
		Senility ...	1
		Lightning Stroke ...	2
		Uræmia ...	1
		Septicæmia ...	3
		Syncope ...	1
		Natural causes ...	1
		Total ...	88
		Carried forward ...	26

No improvement in the position with respect to civil and criminal lunatics has been possible during 1935 except that a small asylum was built upon farm land near Bida. It is hoped to review the whole position in 1936 following the visit of an expert alienist from England.

VIII.—METEOROLOGY.

COMPARATIVE MONTHLY RAINFALL—LAGOS, 1925-1935.

Month.	YEAR.											
	1925.	1926.	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	
January	1.50	...	2.49	1.77	.02	1.38	0.94	0.02	4.93	0.20	...	
February	0.40	3.00	2.35	2.22	1.46	2.21	1.47	0.44	2.05	...	1.24	
March	6.61	2.74	2.78	8.20	1.73	3.27	5.89	2.61	4.67	4.75	8.36	
April	7.00	12.76	3.37	6.96	7.04	5.01	7.16	3.80	3.95	5.73	6.27	
May	12.16	13.69	8.19	15.33	11.34	8.61	8.87	11.34	6.61	5.38	13.99	
June... ..	20.40	13.06	7.08	21.05	24.79	13.28	17.73	14.10	14.86	15.68	21.18	
July	15.22	10.07	8.57	2.53	19.93	18.40	17.81	0.86	19.49	14.49	16.09	
August	1.28	0.26	0.25	2.05	.81	.66	2.10	3.02	1.51	7.91	0.42	
September	5.98	11.05	3.04	5.60	3.11	2.67	12.54	4.11	5.49	4.32	2.32	
October	2.98	3.79	13.33	12.67	6.03	12.46	5.87	5.16	6.01	13.45	6.08	
November	2.87	5.47	2.38	.54	4.10	1.88	2.24	2.63	5.31	1.17	2.33	
December	...	0.07	1.17	.13	6.02	1.69	0.93	...	0.97	4.72	0.43	
Total	76.40	75.97	55.00	79.05	86.38	71.52	83.55	48.09	75.85	77.80	78.71	

TABLE III.

METEOROLOGICAL RETURNS FOR 1935.

STATION.	Absolute Shade Max.	Absolute Shade Min.	Average Max.	Average Min.	Relative Humidity.	Rainfall inches.
Ilorin	100	43	94·2	57·6	80·1	44·43
Kaduna	104	48	95·5	59·5	68·6	61·34
Maiduguri	111	45	102·9	59	56·1	21·19
Kano	107	50	99·7	60·8	48·4	36·92
Lokoja	96	60	93·5	66·1	74·8	39·35
Yola	107	59	99·1	65·2	59·5	39·32
Lagos	93	67	89·08	71·08	86·5	78·71
Ibadan	97	56	90·4	66·08	92·3	52·90
Calabar	94	55	90·5	62·1	91·5	139·64
Enugu	99	62	93·2	65·9	79·3	62·28

IX.—SCIENTIFIC.

The following abridged reports appear as appendices :—

A.—Report upon Laboratory Service.

B.—Report upon Tsetse Investigation and Sleeping Sickness work.

C.—Report upon Medical School.

W. B. JOHNSON,
Director of Medical Services.

TABLE III
SILICOTIC INDEX FOR 1925

STATION	1925	1924	1923	1922	1921	1920
1st	100	100	100	100	100	100
2nd	100	100	100	100	100	100
3rd	100	100	100	100	100	100
4th	100	100	100	100	100	100
5th	100	100	100	100	100	100
6th	100	100	100	100	100	100
7th	100	100	100	100	100	100
8th	100	100	100	100	100	100
9th	100	100	100	100	100	100
10th	100	100	100	100	100	100
11th	100	100	100	100	100	100
12th	100	100	100	100	100	100
13th	100	100	100	100	100	100
14th	100	100	100	100	100	100
15th	100	100	100	100	100	100
16th	100	100	100	100	100	100
17th	100	100	100	100	100	100
18th	100	100	100	100	100	100
19th	100	100	100	100	100	100
20th	100	100	100	100	100	100

IX—SILICOTIC INDEX

The following additional report is appended to the report upon the investigation and clearing of the
 A—Report upon the investigation and clearing of the
 B—Report upon the investigation and clearing of the
 C—Report upon the investigation and clearing of the
 D—Report upon the investigation and clearing of the
 E—Report upon the investigation and clearing of the
 F—Report upon the investigation and clearing of the
 G—Report upon the investigation and clearing of the
 H—Report upon the investigation and clearing of the
 I—Report upon the investigation and clearing of the
 J—Report upon the investigation and clearing of the
 K—Report upon the investigation and clearing of the
 L—Report upon the investigation and clearing of the
 M—Report upon the investigation and clearing of the
 N—Report upon the investigation and clearing of the
 O—Report upon the investigation and clearing of the
 P—Report upon the investigation and clearing of the
 Q—Report upon the investigation and clearing of the
 R—Report upon the investigation and clearing of the
 S—Report upon the investigation and clearing of the
 T—Report upon the investigation and clearing of the
 U—Report upon the investigation and clearing of the
 V—Report upon the investigation and clearing of the
 W—Report upon the investigation and clearing of the
 X—Report upon the investigation and clearing of the
 Y—Report upon the investigation and clearing of the
 Z—Report upon the investigation and clearing of the

RETURNS.

RETURNS.

TABLE IV.
RETURN OF DISEASES AND DEATHS (EUROPEAN)
FOR THE YEAR 1935.

Diseases.	IN-PATIENTS.						OUT-PATIENTS.			
	Remaining in Hospital at end of 1934.	TOTAL.			Total cases treated.	Remaining in Hospital at end of 1935.	Male.	Female.	Deaths.	
		Admissions.		Deaths.						
		Male.	Female.							
I.—Infectious and Parasitic Diseases.										
1a. Typhoid fever ...	...	2	...	1	2	...	1	...	...	
2a. Paratyphoid A. ...	...	...	...	...	...	...	...	...	...	
2b. Paratyphoid B. ...	...	...	...	...	...	...	...	...	...	
2c. Enteric fever, type not defined	...	...	...	...	...	...	...	...	...	
3. Typhus fever ...	...	1	...	...	1	...	...	...	...	
4. Relapsing fever ...	...	...	...	...	...	...	...	...	...	
5. Undulant fever ...	...	...	...	...	...	...	...	...	...	
Smallpox—										
6a. Variola major ...	...	...	...	...	...	...	...	...	...	
6b. Variola minor ...	...	...	...	...	...	...	1	...	...	
7. Measles ...	...	...	...	...	...	...	4	1	...	
8. Scarlet fever ...	...	...	...	...	...	...	...	...	...	
9. Whooping cough ...	...	...	...	...	...	...	...	...	...	
10. Diphtheria ...	1	1	...	...	2	...	...	...	...	
11. Influenza ...	2	18	3	...	23	...	86	13	...	
12. Cholera ...	...	...	...	...	...	...	...	...	...	
13a. Amœbic dysentery ...	...	8	2	...	10	...	38	6	...	
13b. Bacillary dysentery ...	...	7	2	...	9	...	2	1	...	
13c. Dysentery—type unspecified...	1	4	2	...	7	...	8	3	...	
14a. Bubonic plague ...	...	...	...	...	...	...	...	...	...	
14b. Pneumonic plague ...	...	...	...	...	...	...	...	...	...	
14c. Septicaemic plague ...	...	...	...	...	...	...	...	...	...	
15. Erysipelas ...	...	1	...	...	1	...	...	...	...	
16. Acute poliomyelitis ...	1	...	...	...	1	...	...	...	...	
17. Encephalitis lethargica ...	...	...	...	...	...	...	...	...	...	
18. Cerebro-spinal fever ...	...	...	...	...	...	...	...	...	...	
19. Glanders ...	...	...	...	...	...	...	...	...	...	
20. Anthrax ...	...	...	...	...	...	...	...	...	...	
21. Rabies ...	...	...	...	...	...	...	...	...	...	
22. Tetanus ...	...	...	...	...	...	...	...	...	...	
Tuberculosis of—										
23. Respiratory system ...	...	2	...	...	2	...	2	...	...	
24. Central nervous system ...	...	...	...	...	...	...	...	...	...	
25. Intestines and peritoneum ...	...	...	...	...	...	...	...	...	...	
26. Vertebral column ...	...	...	...	...	...	...	...	...	...	
27. Other bones and joints ...	...	...	...	...	...	...	...	...	...	
28. Skin and subcutaneous tissues	...	...	...	...	...	...	...	...	...	
29. Lymphatic system ...	...	...	...	...	...	...	...	...	...	
30. Genito-urinary system ...	...	...	...	...	...	...	...	...	...	
31. Other organs ...	...	...	...	...	...	...	...	...	...	
32. Disseminated tuberculosis	...	...	...	...	...	...	...	...	...	
33. Leprosy ...	...	...	...	...	...	...	...	...	...	
34a. Primary syphilis ...	...	1	...	...	1	...	24	...	...	
34b. Secondary syphilis ...	...	2	...	...	2	...	11	...	...	
34c. Tertiary syphilis ...	...	...	...	...	...	...	8	...	...	
34d. Congenital syphilis ...	...	...	...	...	...	...	1	...	...	
35a. Gonorrhœa ...	...	7	...	...	7	...	111	1	...	
35b. Gonorrhœa with complications	...	4	...	...	4	...	6	...	...	
35c. Gonorrhœal arthritis ...	...	1	...	...	1	...	7	...	...	
35d. Gonorrhœal ophthalmia ...	...	...	...	...	...	...	...	...	...	
35f. Soft chancre ...	...	3	...	...	3	...	16	...	...	
35g. Venereal bubo ...	...	2	...	...	2	...	...	...	...	
Carried forward ...	5	64	9	1	78	...	326	25	...	

TABLE IV.—RETURN OF DISEASES AND DEATHS (EUROPEAN)
FOR THE YEAR 1935—continued.

Diseases.	IN-PATIENTS.					Remaining in Hospital at end of 1935.	OUT-PATIENTS.		
	Remaining in Hospital at end of 1934.	TOTAL.		Deaths.	Total cases treated.		Male.	Female.	Deaths.
		Admissions.							
		Male.	Female.						
Brought forward ...	5	64	9	1	78	...	326	25	...
I.—Infectious and Parasitic Diseases—contd.									
35h. Other venereal diseases ...	...	...	...	...	...	...	3	...	...
36a. Septicæmia	...	1	...	1	1	...	...	2	...
36b. Pyæmia	...	...	...	...	...	...	...	...	...
36c. Gas gangrene	...	...	...	...	...	...	...	...	...
37. Yellow fever	...	...	...	...	...	...	...	...	...
38a. Tertian malaria (<i>P. vivax</i>) ...	...	...	...	...	...	...	5	...	...
38b. Quartan malaria (<i>P. malariae</i>) ...	...	1	...	...	1	...	...	...	...
38c. Subtertian malaria (<i>P. falciparum</i>)	3	159	48	...	210	3	434	88	...
38d. Malaria—type unspecified ...	...	34	12	1	46	3	137	26	...
38e. Blackwater fever	...	3	2	4	5	...	3	2	1
39a. Leishmaniasis	...	...	...	...	...	...	...	...	...
39b. Spirochaetosis ictero-hæmorrhagica	...	...	...	...	...	...	...	...	...
39c. Trypanosomiasis	...	3	...	...	3	...	...	...	...
39d. Yaws	...	...	...	...	...	...	...	...	...
39e. Other protozoal diseases ...	...	1	...	...	1	...	1	...	...
40. Ankylostomiasis	...	1	...	...	1	...	2	...	...
41. Hydatid cysts	...	...	...	...	...	...	...	...	...
42a. Ascariasis	...	...	...	...	...	...	8	1	...
42b. Dracontiasis (guinea-worm) ...	...	...	...	...	...	...	...	1	...
42c1. Filariasis (<i>bancrofti</i>)	...	1	...	...	1	...	4	2	...
42c2. Filariasis (<i>loa-loa</i>)	...	1	...	...	1	...	28	4	...
42c3. Onchocerciasis	...	...	...	...	...	...	...	...	...
42d. Schistosomiasis (<i>hematobium</i>) ...	...	...	...	...	...	...	1	...	...
42e. Schistosomiasis (<i>mansoni</i>) ...	...	...	...	...	...	...	3	...	...
42f. Tæniasis (tape-worm)	...	2	1	...	3	...	13	...	...
42g. Other helminthiasis (<i>oxyuris</i> , &c.)	...	...	...	...	...	...	3	2	...
43a. Actinomycosis	...	...	...	...	...	...	...	...	...
43b. Other mycoses (madura-foot, &c.)	...	...	...	...	...	...	...	...	...
44a. Sequelæ of vaccination	...	...	...	...	...	...	4	1	...
44b. German measles	...	2	...	...	2	...	9	7	...
44c. Chicken-pox	2	2	...	...	4	...	...	...	...
44d. Mumps	...	...	...	...	...	...	...	1	...
44e. Dengue	1	4	1	...	6	...	11	5	...
44f. Glandular fever	...	...	...	...	...	...	...	...	...
44g. Other infectious and parasitic diseases... ..	...	1	...	...	1	...	...	1	...
II.—Cancer and other Tumours.									
Cancer of:—									
45. Buccal cavity and pharynx ...	...	...	...	...	...	...	...	...	...
46a. Oesophagus	...	...	...	...	...	...	...	...	...
46b. Stomach and duodenum	...	...	...	...	...	...	...	...	...
46c. Rectum	...	...	...	...	...	...	...	...	...
46d. Liver	...	...	...	...	...	...	...	...	...
46e. Pancreas	...	...	...	...	...	...	...	...	...
46f. Other digestive organs	...	...	...	...	...	...	...	...	...
47. Respiratory organs	...	...	...	...	...	...	...	...	...
48. Uterus	...	...	...	...	...	...	...	...	...
49. Other female genitalorgans ...	...	...	...	...	...	...	...	...	...
Carried forward ...	11	280	73	7	364	6	995	168	1

TABLE IV.—RETURN OF DISEASES AND DEATHS (EUROPEAN)
FOR THE YEAR 1935—*continued*.

Diseases.	IN-PATIENTS.							OUT-PATIENTS.		
	Remaining in Hospital at end of 1934.	TOTAL.			Total cases treated.	Remaining in Hospital at end of 1935.	Male.	Female.	Deaths.	
		Admissions.		Deaths.						
		Male.	Female.							
Brought forward	11	280	73	7	364	6	995	168	1	
II.— <i>Cancer and other Tumours</i> —contd.										
Cancer of :—										
50. Breast	...	...	...	...	...	...	...	...	...	
51. Male genito-urinary organs...	...	...	...	...	...	...	...	...	...	
52. Skin	...	...	...	...	...	...	...	...	...	
53. Other organs	...	...	...	...	...	...	...	...	...	
54a. Dermoid cyst	...	...	...	...	...	...	4	...	...	
54b. Fibroid, uterine	...	...	1	...	1	...	...	...	...	
54c. Lipoma	...	...	...	...	...	...	2	...	...	
54d. Other non-malignant tumours	...	1	1	...	2	...	31	4	...	
55. Tumours of undetermined nature	...	...	...	...	...	...	4	2	...	
III.— <i>Rheumatism Diseases, of Nutri- tion and of Endocrine Glands and other General Diseases.</i>										
56. Rheumatic fever	...	...	...	...	...	...	...	...	...	
57a. Chronic rheumatism	1	6	...	...	7	...	95	21	...	
57b. Rheumatoid arthritis, Osteo- arthritis, &c.	...	1	...	...	1	...	10	2	...	
58. Gout	...	...	...	...	...	...	4	...	...	
59. Diabetes mellitus	...	2	...	...	2	...	4	...	...	
60a. Scurvy (<i>hypovitaminosis C</i>) ...	...	...	...	...	...	...	...	...	...	
60b. Hypovitaminosis A	...	...	...	...	...	...	...	...	...	
61a. Beri-beri (<i>hypovitaminosis B₁</i>)	...	...	...	...	...	...	...	...	...	
61b. Epidemic dropsy (toxaemic) ...	...	...	...	...	...	...	...	...	...	
62. Pellagra (<i>hypovitaminosis B₃</i>)	...	...	...	...	...	...	...	...	...	
63. Rickets (<i>hypovitaminosis D</i>) ...	...	...	...	...	...	...	...	...	...	
65. Diseases of the pituitary gland	...	...	...	...	...	...	...	...	...	
66a. Simple goitre	...	...	...	...	...	...	2	2	...	
66b. Exophthalmic goitre	...	...	...	...	...	...	...	...	...	
66c. Other diseases of thyroid and parathyroids	...	...	...	...	...	...	2	...	...	
67. Diseases of the thymus	...	...	...	...	...	...	...	...	...	
68. Diseases of the adrenals	...	...	...	...	...	...	...	...	...	
69. Other general diseases... ..	...	...	...	...	...	...	2	1	...	
IV.— <i>Diseases of the Blood and Blood Forming Organs.</i>										
70a. Purpura	...	...	...	...	...	...	...	...	...	
70b. Haemophilia	...	...	...	...	...	...	...	...	...	
71a. Pernicious anæmia	...	...	...	...	...	...	1	...	...	
71b. Anæmia—other types	...	2	3	...	5	1	82	41	...	
72a. Leukæmia	1	...	...	...	1	...	...	...	...	
72b. Lymphadenoma	...	...	...	...	...	...	...	...	...	
73. Diseases of the spleen (splenomegaly, &c.)	...	...	...	...	...	...	...	...	...	
74. Other diseases of the blood and blood forming organs	...	...	...	...	...	...	...	...	...	
Carried forward	13	292	78	7	383	7	1,238	241	1	

TABLE IV.—RETURN OF DISEASES AND DEATHS (EUROPEAN)
FOR THE YEAR 1935—continued.

Diseases.	IN-PATIENTS.						OUT-PATIENTS.		
	Remaining in Hospital at end of 1934.	TOTAL.			Total cases treated.	Remaining in Hospital at end of 1935.	Male.	Female.	Deaths.
		Admissions.		Deaths.					
		Male.	Female.						
Brought forward	13	292	78	7	383	7	1,238	241	1
V.—Chronic Poisoning.									
75. Alcoholism (acute or chronic)	...	2	...	...	2	...	1	...	...
76. Chronic poisoning by other organic substances (cocaine, morphine, &c.)	...	...	...	...	...	...	...	...	...
77. Chronic poisoning by mineral substances	...	...	...	...	...	...	...	...	...
VI.—Diseases of the Nervous System and Sense Organs.									
78. Encephalitis, cerebral abscess, etc. (not including encephali- tis lethargica; see 17) ...	...	...	...	...	...	...	...	...	...
79. Meningitis (not including tubercular or cerebro-spinal meningitis; see 18) ...	...	...	...	...	...	...	...	...	...
80. Tabes dorsalis (Locomotor ataxy)	...	...	...	...	...	...	...	...	...
81. Other diseases of spinal cord (not including acute polio- myelitis; see 16) ...	...	...	...	...	...	...	...	...	...
82a Cerebral hæmorrhage. Apople- xy	...	...	...	...	...	...	...	...	...
82b Cerebral embolism	...	...	...	...	...	...	...	...	...
82c Cerebral thrombosis	...	...	...	...	...	...	...	...	...
82d Hemiplegia and other paralysis of unstated origin	...	...	...	...	...	...	...	...	...
83. General paralysis of the insane	...	...	...	...	...	...	...	...	...
84a. Dementia præcox	...	...	...	...	...	...	...	...	...
84b. Paranoia	...	...	...	...	...	...	...	...	...
84c. Other forms of insanity ...	...	...	...	...	...	...	2	...	...
85. Epilepsy	...	...	...	...	...	...	...	...	...
86. Infantile convulsions (under five years of age)	...	...	...	...	...	...	...	...	...
87a. Chorea	...	...	...	...	...	...	...	...	...
87b. Neuritis. Neuralgia	...	5	...	...	5	...	61	20	...
87c. Disseminated sclerosis ...	...	...	...	...	...	...	...	...	...
87d. Amentia	...	...	...	...	...	...	...	...	...
87e. Hysteria	...	...	1	...	1	...	1	4	...
87f. Psychasthenia. Neurasthenia	...	8	4	...	12	...	57	20	...
87g. Other diseases of the nervous system	...	3	...	...	3	...	17	2	...
88a. Cataract	...	...	...	...	...	...	...	...	...
88b. Conjunctivitis	...	...	...	...	...	...	71	12	...
88c. Ectropion. Entropion	...	...	...	...	...	...	...	...	...
88d. Errors of refraction	...	...	...	...	...	...	7	2	...
88e. Glaucoma	...	1	...	...	1	...	1	...	...
88f. Iritis	...	6	3	...	9	...	...	1	...
88g. Keratitis	...	1	...	...	1	...	3	...	...
88h. Pterygium	...	...	...	...	...	...	...	...	...
88i. Trachoma	...	...	...	...	...	...	...	1	...
88j. Ulcer of cornea. Staphyloma. Leukoma	...	...	...	...	...	...	2	...	...
88k. Other diseases of the eye and annexa	1	...	...	...	1	...	42	12	...
Carried forward	14	318	86	7	418	7	1,503	315	1

TABLE IV.—RETURN OF DISEASES AND DEATHS (EUROPEAN)
FOR THE YEAR 1935—*continued*.

Diseases.	IN-PATIENTS.						OUT-PATIENTS.		
	Remaining in Hospital at end of 1934.	TOTAL.			Total cases treated.	Remaining in Hospital at end of 1935.	Male.	Female.	Deaths.
		Admissions.		Deaths.					
		Male.	Female.						
Brought forward ...	14	318	86	7	418	7	1,503	315	1
VI.— <i>Diseases of the Nervous System and Sense Organs—contd.</i>									
89a. Otitis ...	...	8	1	...	9	1	194	35	...
89b. Mastoiditis ...	...	...	...	...	...	...	1	...	...
89c. Other diseases of the ear ...	...	3	...	...	3	...	53	6	...
89d. Wax in ear ...	...	...	...	...	...	...	190	29	...
VII.— <i>Disease of the Circulatory System.</i>									
90. Pericarditis ...	...	...	...	...	...	...	...	...	...
91. Acute endocarditis ...	...	...	...	...	...	...	1	...	...
92. Chronic endocarditis. Valvular heart disease ...	...	3	...	...	3	...	5	1	...
93. Myocardial degeneration. Chronic myocarditis ...	...	3	1	1	4	...	5	1	...
94. Diseases of the coronary arteries. Angina pectoris. Coronary thrombosis, &c. ...	...	...	...	...	...	...	1	...	...
95a. Disordered action of the heart ...	...	4	1	...	5	...	10	3	...
95b. Other diseases of the heart ...	...	2	...	...	2	...	6	1	...
96. Aneurysm ...	...	...	...	...	...	...	1	...	...
97. Arterio-sclerosis ...	...	3	...	1	3	...	2	...	...
98. Gangrene ...	...	...	...	...	...	...	...	...	...
99. Other diseases of the arteries ...	...	...	...	...	...	...	...	...	...
100a. Hæmorrhoids ...	...	4	2	...	6	...	62	8	...
100b. Varix. Varicose veins. Varicocele ...	...	...	...	...	...	...	8	1	...
100c. Phlebitis ...	...	2	...	...	2	...	7	...	...
100d. Other diseases of veins ...	...	...	...	...	...	...	...	...	...
101a. Bubo (non-specific) ...	1	4	...	...	5	...	10	...	...
101b. Adenitis and other diseases of the lymphatic system ...	...	5	...	...	5	...	24	2	...
102. Abnormalities of blood pressure, hyperpiesia, &c. ...	...	...	...	...	...	...	2	...	...
103a. Epistaxis ...	...	2	...	...	2	...	3	...	...
103b. Other diseases of the circulatory system ...	...	1	...	...	1	...	2	...	...
VIII.— <i>Diseases of the Respiratory System.</i>									
104a. Rhinitis. Coryza ...	...	5	2	...	7	...	220	23	...
104b. Other diseases of the nose ...	...	...	...	...	...	...	1	...	...
104c. Diseases of the accessory nasal sinuses ...	...	1	...	...	1	...	3	...	...
104d. Nasal polypus ...	...	...	...	...	...	...	1	...	...
104e. Gangosa ...	...	...	...	...	...	...	...	...	...
105a. Laryngitis ...	...	...	1	...	1	...	20	10	...
105b. Other diseases of the larynx ...	...	5	1	...	6	...	17	3	...
106a. Acute bronchitis ...	1	8	5	...	14	...	128	13	...
106b. Chronic bronchitis ...	...	...	...	...	...	...	24	2	...
106c. Bronchiectasis ...	...	...	...	...	...	...	...	...	...
107. Broncho-pneumonia ...	...	2	...	...	2	...	4	...	1
108. Lobar pneumonia ...	...	5	...	...	5	1	2	...	...
110a. Pleurisy ...	...	1	...	...	1	...	8	3	...
110b. Empyema ...	...	...	...	...	...	...	...	...	...
Carried forward ...	16	389	100	9	505	9	2,518	456	2

TABLE IV.—RETURN OF DISEASES AND DEATHS (EUROPEAN)
FOR THE YEAR 1935—continued.

Diseases.	IN-PATIENTS.						OUT-PATIENTS.		
	Remaining in Hospital at end of 1934.	TOTAL.			Total cases treated.	Remaining in Hospital at end of 1935.	Male.	Female.	Deaths.
		Admissions.		Deaths.					
		Male.	Female.						
Brought forward	16	389	100	9	505	9	2,518	456	2
VIII.—Diseases of the Respiratory System—contd.									
111a. Hypostatic congestion of lungs	...	...	1	...	1	...	...	...	...
111b. Embolism of lung	...	...	...	...	...	...	...	...	...
112a. Asthma	...	1	1	...	2	...	17	2	...
112b. Hay fever	...	...	...	...	...	...	...	...	...
113. Pulmonary emphysema ...	...	...	...	...	...	...	1	...	...
114a. Gangrene or abscess of lung ...	...	...	...	...	...	...	1	...	...
114b. Other diseases of the respiratory system	...	...	...	...	...	...	1	...	...
IX.—Diseases of the Digestive System.									
115a. Dental caries. Alveolar abscess	...	5	5	...	10	...	151	36	...
115b. Pyorrhœa	...	...	...	...	...	...	33	10	...
115c. Stomatitis	...	...	...	...	...	...	23	2	...
115d. Tonsillitis. Pharyngitis. Quinsy	1	20	7	...	28	1	186	58	...
115e. Adenoids	...	...	...	...	...	...	21	8	...
115f. Other diseases of the buccal cavity, pharynx, etc.	...	...	1	...	1	...	5	5	...
116. Diseases of the œsophagus ...	...	...	...	...	...	...	2	...	...
117a. Ulcer of the stomach	...	1	...	...	1	...	...	1	...
117b. Ulcer of the duodenum	...	2	...	1	2	...	13	...	...
118a. Gastritis	...	15	2	...	17	...	77	9	...
118b. Dyspepsia	...	5	5	...	10	...	238	58	...
118c. Other diseases of the stomach	...	...	...	...	...	...	2	...	...
119. Infantile diarrhoea (under two years of age)	...	...	...	...	...	...	...	...	...
120a. Sprue	...	...	...	...	...	...	...	...	...
120b. Colitis	...	...	...	...	...	...	...	...	...
120c. Gastro-enteritis	...	...	...	...	...	...	...	...	...
120d. Diarrhœa	...	37	6	...	43	1	270	83	1
121. Appendicitis	1	18	13	1	32	...	17	3	...
122a. Hernia	...	1	...	...	1	...	11	...	...
122b. Strangulated hernia	...	...	...	...	...	...	...	...	...
122c. Intestinal obstruction	...	...	...	...	...	...	...	...	...
123a. Constipation	...	1	4	...	5	...	44	17	...
123b. Diverticulitis	...	...	...	...	...	...	1	...	...
123c. Fistula in ano	...	1	...	...	1	...	3	...	...
123d. Ischio-rectal abscess	...	2	...	...	2	...	2	...	...
123e. Other diseases of the intestines	...	2	1	...	3	...	5	3	...
124. Cirrhosis of the liver	...	...	...	...	...	...	...	...	...
125a. Acute yellow atrophy of the liver	...	...	...	...	...	...	...	...	...
125b. Hepatitis	...	3	2	...	5	...	7	...	...
125c. Abscess of the liver	...	...	...	...	...	...	...	...	...
125d. Other diseases of the liver ...	...	...	...	...	...	...	1	...	...
126. Biliary calculi	...	1	2	...	3	...	5	4	...
127a. Cholecystitis	...	...	4	...	4	...	5	2	...
127b. Catarrhal jaundice	...	13	3	...	16	...	12	2	...
127c. Other diseases of the gall bladder and ducts	...	...	...	...	...	...	1	1	...
128. Diseases of the pancreas ...	...	...	...	...	...	...	1	...	...
129. Peritonitis	...	...	1	...	1	...	...	...	...
Carried forward	18	517	158	11	693	11	3,674	60	3

TABLE IV.—RETURN OF DISEASES AND DEATHS (EUROPEAN)
FOR THE YEAR 1935—*continued*.

Diseases.	IN-PATIENTS.						OUT-PATIENTS.		
	Remaining in Hospital at end of 1934.	TOTAL.			Total cases treated.	Remaining in Hospital at end of 1935.	Male.	Female.	Deaths.
		Admissions.		Deaths.					
		Male.	Female.						
Brought forward	18	517	158	11	693	11	3,674	760	3
X.—Non-Venereal Diseases of the Genito-Urinary System and Annexa.									
130. Acute nephritis	...	1	...	...	1	...	3	...	...
131. Chronic nephritis	...	1	...	...	1	...	4	2	...
133a. Pyelitis	1	4	...	...	5	...	2	...	...
133b. Other diseases of the kidney and annexa	...	1	...	...	1	...	5	...	...
134a. Calculi of the kidney and ureter	...	7	...	...	7	...	4	1	...
134b. Calculi of the bladder	...	1	...	...	1	...	1	...	...
135a. Cystitis	...	6	8	...	14	...	32	11	...
135b. Other diseases of the bladder	...	...	...	...	...	...	3	...	...
136a. Stricture of the urethra	...	1	...	...	1	...	3	...	...
136b. Urethral fistula	...	...	...	...	...	...	...	...	...
136c. Perineal abscess	...	2	...	...	2	...	...	...	...
136d. Other diseases of the urethra	1	1	...	...	2	...	53	...	...
137a. Hypertrophy of the prostate	...	...	...	...	...	...	1	...	...
137b. Prostatitis	...	3	...	...	3	...	23	...	...
137c. Other diseases of the prostate	...	...	...	...	...	...	...	...	...
138a. Phimosis	...	...	...	...	...	...	2	...	...
138b. Epididymitis. Orchitis	...	5	...	...	5	...	17	...	...
138c. Hydrocele	...	3	...	...	3	...	4	...	...
138d. Other non-venereal diseases of the male genital organs	...	...	...	...	...	...	3	...	...
138e. Granuloma venereum	...	...	...	...	...	...	...	...	...
139a. Diseases of the ovary	...	...	2	...	2	...	...	2	...
139b. Salpingitis and other diseases of the Fallopian tube	...	...	...	...	...	...	...	3	...
139c. Pelvic cellulitis, abscess, etc.	...	...	1	...	1	...	...	...	...
139d. Displacement of uterus	...	...	1	...	1	...	...	2	...
139e. Dysmenorrhœa	...	...	...	...	...	...	...	32	...
139f. Endometritis. Cervicitis	...	...	3	...	3	...	...	11	...
139g. Menorrhagia	...	...	2	...	2	...	...	15	...
139h. Mastitis. Abscess and other diseases of the breast	...	...	...	...	...	...	2	...	...
139i. Other diseases of the female genital organs	...	...	1	...	1	...	...	14	...
XI.—Diseases of Pregnancy, Child Birth and the Puerperal State.									
140. Post-abortive sepsis	...	...	1	...	1	...	...	...	...
141a. Abortion	...	...	5	...	5	...	...	7	...
141b. Ante-partum hæmorrhage	...	...	...	...	...	...	...	...	...
142. Ectopic gestation	...	...	...	...	...	...	...	1	...
143. Hydatid mole and other accidents of pregnancy	...	...	3	...	3	...	...	5	...
144a. Placenta prævia	...	...	...	...	...	...	...	...	...
144b. Other puerperal hæmorrhage	...	...	...	...	...	...	...	...	...
145. Puerperal sepsis	...	...	...	...	...	...	...	...	...
146. Puerperal albuminuria. Eclampsia	...	...	...	...	...	...	...	1	...
147. Other toxæmias of pregnancy	...	...	3	...	3	...	...	5	1
148a. Puerperal phlegmasia alba dolens	...	...	...	...	...	...	...	...	...
Carried forward	20	553	188	11	761	11	3,836	872	4

TABLE IV.—RETURN OF DISEASES AND DEATHS (EUROPEAN)
FOR THE YEAR 1935—continued.

Diseases.	IN-PATIENTS.						OUT-PATIENTS.		
	Remaining in Hospital at end of 1934.	TOTAL.			Total cases treated.	Remaining in Hospital at end of 1935.	Male.	Female.	Deaths.
		Admissions.		Deaths.					
		Male.	Female.						
Brought forward	20	553	188	11	761	11	3,836	872	4
XI.— <i>Diseases of Pregnancy, Child Birth and the Puerperal State</i> —contd.									
148b. Puerperal embolism	...	...	...	...	...	...	...	...	...
149a. Difficult labour	...	...	...	...	...	...	...	...	...
149b. Retained placenta	...	...	...	...	...	...	...	...	...
149c. Other accidents of child birth	...	...	3	...	3	...	...	...	...
150a. Puerperal insanity	...	...	...	...	...	...	...	...	...
150b. Puerperal diseases of the breast	...	...	...	...	...	...	...	...	...
150c. Normal labour	...	...	13	...	13	1	...	5	...
XII.— <i>Diseases of the Skin and Cellular Tissue.</i>									
151. Carbuncle. Boil	...	16	3	...	19	1	212	20	...
152a. Cellulitis	...	22	2	...	24	...	71	10	...
152b. Acute abscess	2	20	2	...	24	2	61	3	...
152c. Whitlow	1	7	1	...	9	...	35	7	...
153a. Ainhum	...	...	...	...	...	...	...	...	...
153b. Chigoes	...	...	...	...	...	...	12	6	...
153c. Eczema. Dermatitis	...	8	3	...	11	1	233	46	...
153d. Elephantiasis	...	...	...	...	...	...	...	...	...
153e. Herpes	...	2	...	...	2	...	14	1	...
153f. Impetigo	...	1	...	...	1	...	10	3	...
153g. Keloid	...	...	...	...	...	...	1	1	...
153h. Myiasis	...	...	1	...	1	...	7	3	...
153i. Pediculosis	...	...	...	...	...	...	5	...	...
153j. Psoriasis	...	...	...	...	...	...	12	6	...
153k. Scabies	...	1	...	...	1	...	14	2	...
153l. Tinea	...	3	1	...	4	...	129	19	...
153m. Ulcer	1	5	...	...	6	...	47	4	...
153n. Urticaria	...	4	1	...	5	...	37	18	...
153o. Other diseases of the skin and its annexa	...	3	1	...	4	...	61	9	...
XIII.— <i>Diseases of the Bones and Organs of Locomotion.</i>									
154a. Osteomyelitis	1	3	...	...	4	1	2	...	...
154b. Periostitis	...	2	...	...	2	...	4	...	...
155. Other diseases of the bones	...	1	...	...	1	...	13	1	...
156a. Arthritis	...	4	...	...	4	...	14	3	...
156b. Synovitis	...	3	...	...	3	...	34	1	...
156c. Other diseases of joints—loose cartilage, ankylosis, &c.	...	...	...	...	...	...	2	1	...
156d. Abscess of muscle	...	3	...	...	3	1	4	...	...
156e. Ganglion	...	...	...	...	...	...	3	...	...
156f. Lumbago	...	4	...	...	4	...	39	5	...
156g. Other diseases of other organs of locomotion	...	...	...	...	...	...	13	1	...
XIV.— <i>Congenital Malformations.</i>									
157a. Hydrocephalus	...	...	...	...	...	...	...	...	...
157b. Spina bifida. Meningocele	...	...	...	...	...	...	...	...	...
Carried forward	25	665	219	11	909	18	4,925	1,047	4

TABLE IV.—RETURN OF DISEASES AND DEATHS (EUROPEAN)
FOR THE YEAR 1935—continued.

Diseases.	IN-PATIENTS.						OUT-PATIENTS.		
	Remaining in Hospital at end of 1934.	TOTAL.			Total cases treated.	Remaining in Hospital at end of 1935.	Male.	Female.	Deaths.
		Admissions.		Deaths.					
		Male.	Female.						
Brought forward	25	665	219	11	909	18	4,925	1,047	4
XIV.— <i>Congenital Malformations</i> — contd.									
157c. Malformations of the heart	...	...	...	...	...	...	...	...	...
157d. Monstrosities	...	...	...	...	...	...	...	...	...
157e. Cleft palate. Harelip	...	...	...	...	...	...	...	...	...
157f. Imperforate anus	...	...	...	...	...	...	...	...	...
157g. Other congenital malformations	...	...	...	...	...	...	...	...	...
157h. Hematocolpos	...	...	...	...	...	...	...	...	...
XV.— <i>Diseases of Early Infancy.</i>									
158. Congenital debility	...	...	...	...	...	...	...	...	...
159. Premature birth	...	...	...	...	...	...	...	...	...
160. Injury at birth	...	...	...	...	...	...	...	...	...
161a. Icterus neonatorum	...	...	...	...	...	...	...	...	...
161b. Pemphigus neonatorum	...	...	...	...	...	...	...	...	...
161c. Other diseases peculiar to early infancy	...	...	1	...	1	...	...	...	...
XVI.— <i>Old Age.</i>									
162a. Senile dementia	...	...	...	...	...	...	...	...	...
162b. Other forms of senile decay	...	...	...	...	...	...	..	...	...
XVII.— <i>Affections due to Violence.</i>									
165a. Suicide	...	...	...	...	...	...	1	...	1
165b. Attempted suicide	...	...	...	...	...	...	...	...	...
172. Infanticide	...	...	...	...	...	...	...	...	...
173. Homicide	...	...	...	...	...	...	...	...	...
176a. Snake bite	...	...	...	...	...	...	6	...	...
176b. Insect bite or sting	...	1	...	...	1	...	36	6	...
177. Food poisoning	...	1	1	...	2	...	9	3	...
178. Accidental gas poisoning	...	...	...	...	...	...	...	...	...
179. Other acute accidental poisoning	...	...	...	...	...	...	...	...	...
181a. Burns by fire	...	2	1	1	3	...	15	3	...
181b. Other burns or scalds	...	1	...	...	1	...	5	3	...
182. Accidental mechanical suffocation	...	...	...	...	...	...	...	...	...
183. Accidental drowning	...	...	...	...	...	...	...	...	...
184. Accidental injury by firearms	...	...	...	...	...	...	...	...	...
Injuries :—									
185. By cutting or piercing instru- ments	...	...	...	...	...	...	11	3	...
186a. Due to falls, crushing, machinery, railways, &c.	...	6	2	...	8	...	79	6	...
186b. Due to motor accidents	...	4	1	...	5	...	9	1	...
188. By non-venomous animals... ..	...	...	...	...	...	...	16	2	...
Carried forward	25	680	225	12	930	18	5,112	1,074	5

TABLE IV.—RETURN OF DISEASES AND DEATHS (EUROPEAN)
FOR THE YEAR 1935—continued.

Diseases.	IN-PATIENTS.						OUT-PATIENTS.		
	Remaining in Hospital at end of 1934.	TOTAL.			Total cases treated.	Remaining in Hospital at end of 1935.	Male.	Female.	Deaths.
		Admissions.		Deaths.					
		Male.	Female.						
Brought forward ...	25	680	225	12	930	18	5,112	1,074	5
XVII.—Affections due to Violence —contd.									
189. Hunger or thirst (starvation, privation) ...	...	...	...	...	...	...	...	...	...
191a. Heat stroke ...	...	...	...	...	...	...	1	1	...
191b. Sunstroke ...	...	...	...	...	...	...	2	2	...
192. Injuries by lightning ...	...	...	...	...	...	...	...	1	1
193. Injuries by electricity ...	...	...	...	...	...	...	...	...	...
194a. Dislocation ...	...	2	...	...	2	...	7	...	...
194b. Sprain ...	...	3	...	...	3	...	116	14	...
194c. Fracture ...	...	9	2	...	11	...	45	8	1
194d. Wounds and other external injuries ...	1	21	3	..	25	...	212	18	...
196. Wounds of war ...	...	...	...	...	...	...	...	...	...
198. Execution ...	...	...	...	...	...	...	...	...	...
XVIII.—Ill-Defined Diseases.									
200a. Asthenia ...	...	23	1	...	24	...	179	38	...
200b. Goundou ...	...	...	...	...	...	...	...	...	...
200c. Malingering ...	...	...	...	...	...	...	1	...	...
200d. Pyrexia of uncertain origin ...	...	1	2	...	3	...	3	4	...
200e. Shock ...	...	2	...	...	2	...	...	...	...
200f. Hyperpyrexia ...	...	...	...	...	...	...	...	...	...
Diseases not included above.									
201. Anti-rabic prophylaxis ...	...	1	1	...	2	...	25	13	...
210. Transferred cases already diagnosed by Medical Officer on other station ...	...	...	...	...	...	...	...	...	...
Total cases of Diseases treated ...	26	742	234	12	1,002	18	5,703	1,173	7

TABLE V.

RETURN OF DISEASES AND DEATHS (NON-EUROPEAN)
FOR THE YEAR 1935.

Diseases.	IN-PATIENTS.						OUT-PATIENTS.		
	Remaining in Hospital at end of 1934.	TOTAL.		Deaths.	Total cases treated.	Remaining in Hospital at end of 1935.	Male.	Female.	Deaths.
		Admissions.							
		Male.	Female.						
I.—Infectious and Parasitic Diseases.									
1a. Typhoid fever	1	15	4	4	20	...	...	...	...
2a. Paratyphoid A.	...	6	...	2	6	...	...	...	...
2b. Paratyphoid B.	...	...	...	...	...	...	...	...	...
2c. Enteric fever, type not defined ...	...	...	...	...	...	...	...	...	...
3. Typhus fever	...	...	...	...	...	...	...	...	...
4. Relapsing fever	...	...	...	...	...	...	...	...	...
5. Undulant fever	...	...	...	...	...	...	1	...	...
Small pox:—	...	...	...	...	...	...	...	...	...
6a. Variola major	2	66	35	19	103	...	13	1	...
6b. Variola minor	...	71	7	...	78	...	27	1	...
7. Measles	...	46	20	1	66	2	142	111	...
8. Scarlet Fever	...	...	...	...	...	...	1	...	...
9. Whooping Cough	1	7	15	...	23	...	208	253	...
10. Diphtheria	...	...	...	...	...	...	7	...	...
11. Influenza	1	134	14	2	149	1	733	196	...
12. Cholera	...	...	...	...	...	...	...	...	...
13a. Amoebic dysentery... ..	31	653	192	63	876	13	1,360	603	2
13b. Bacillary dysentery	...	123	60	27	183	1	69	31	...
13c. Dysentery—type unspecified ...	5	136	41	23	182	1	1,136	557	...
14a. Bubonic plague	...	...	...	...	...	...	...	...	...
14b. Pneumonic plague	...	...	...	...	...	...	...	...	...
14c. Septicæmic plague	...	...	...	...	...	...	...	...	...
15. Erysipelas	...	5	3	1	8	...	...	4	...
16. Acute poliomyelitis	1	4	2	1	7	...	5	21	...
17. Encephalitis lethargica	...	1	...	1	1	...	2	1	...
18. Cerebro-spinal fever	...	3	1	4	4	...	2	...	...
19. Glanders	...	2	...	...	2	...	1	1	...
20. Anthrax	...	...	...	...	...	...	...	...	...
21. Rabies	...	3	...	3	3	...	...	...	...
22. Tetanus	3	83	17	63	103	5	19	12	2
Tuberculosis of:—									
23. Respiratory system	...	381	77	161	458	34	372	97	3
24. Central nervous system	...	1	1	...	2	...	2	1	...
25. Intestines and peritoneum	...	17	7	13	24	1	3	3	...
26. Vertebral column	8	46	19	5	73	11	48	26	1
27. Other bones and joints	1	34	12	1	47	5	27	8	...
28. Skin and subcutaneous tissues ...	...	4	2	1	6	3	12	9	...
29. Lymphatic system	1	45	15	4	61	3	61	46	...
30. Genito-urinary system	...	3	...	...	3	...	2	...	...
31. Other organs	1	18	3	8	22	1	13	5	1
32. Disseminated tuberculosis	22	3	1	2	26	1	18	6	...
33. Leprosy	180	399	80	12	659	142	1,408	570	4
34a. Primary syphilis	57	757	253	3	1,067	77	3,553	1,544	...
34b. Secondary syphilis	52	800	499	15	1,351	82	2,049	815	...
34c. Tertiary syphilis	27	265	114	17	406	42	1,349	1,037	...
34d. Congenital syphilis... ..	3	28	20	10	51	2	68	71	1
35a. Gonorrhœa	...	889	163	6	1,052	77	12,272	2,190	...
35b. Gonorrhœa with complications ...	47	166	39	6	252	9	562	111	...
35c. Gonorrhœal arthritis	10	193	33	3	236	13	487	60	...
35d. Gonorrhœal ophthalmia	1	81	24	...	106	5	208	82	...
35f. Soft chancre... ..	12	284	4	1	300	41	1,701	102	...
35g. Venereal bubo	...	168	42	1	210	11	531	51	...
35h. Other venereal diseases	...	5	1	...	6	1	439	78	...
36a. Septicæmia	...	28	14	26	42	1	14	2	2
36b. Pyæmia	...	9	1	4	10	...	...	...	...
36c. Gas gangrene	...	1	...	1	1	...	...	...	...
Carried forward	467	5,983	1,835	514	8,285	585	28,925	8,706	16

TABLE V.—RETURN OF DISEASES AND DEATHS (NON-EUROPEAN)
FOR THE YEAR 1935—continued.

Diseases.	IN-PATIENTS.						OUT-PATIENTS.		
	Remaining in Hospital at end of 1934.	TOTAL.			Total cases treated.	Remaining in Hospital at end of 1935.	Male.	Female.	Deaths.
		Admissions.		Deaths.					
		Male.	Female.						
Brought forward	467	5,983	1,835	514	8,285	585	28,925	8,706	16
I.—Infectious and Parasitic Diseases — contd.									
37. Yellow fever... ..	...	...	...	...	...	...	...	...	...
38a. Tertian malaria (<i>P. vivax</i>) ...	...	75	4	1	79	...	235	65	...
38b. Quartan malaria (<i>P. malariae</i>) ...	...	42	6	2	48	1	602	209	...
38c. Subtertian malaria (<i>P. falciparum</i>)	31	1,115	427	26	1,573	34	13,562	6,639	...
38d. Malaria—type unspecified ...	...	414	79	14	493	8	10,671	5,332	5
38e. Blackwater fever	1	18	4	7	23	1	3	1	...
39a. Leishmaniasis	...	...	...	...	...	...	...	...	...
39b. Spirochaetosis icterohæmorrhagica	...	...	...	...	...	...	...	...	...
39c. Trypanosomiasis	201	1,170	420	94	1,791	195	2,103	1,127	...
39d. Yaws	28	238	130	7	396	26	59,977	63,430	...
39e. Other protozoal diseases	...	12	5	2	17	1	9	5	...
40. Ankylostomiasis	18	547	176	12	741	19	1,068	601	...
41. Hydatid cysts	...	...	1	...	1	...	...	...	...
42a. Ascariasis	6	174	86	2	266	4	12,566	10,797	1
42b. Dracontiasis (guinea-worm) ...	5	488	50	2	543	15	1,750	207	...
42c1. Filariasis (<i>bancrofti</i>)	...	6	...	...	6	...	89	28	...
42c2. Filariasis (<i>loa-loa</i>)	...	11	2	...	13	...	222	91	...
42c3. Onchocerciasis	...	...	...	...	...	...	4	...	...
42d. Schistosomiasis (<i>hæmatobium</i>) ...	...	162	14	2	176	4	426	45	...
42e. Schistosomiasis (<i>mansoni</i>)... ..	11	57	10	1	78	5	124	8	...
42f. Taeniasis (tape-worm)	...	103	23	...	126	6	5,770	1,443	...
42g. Other helminthiasis (<i>oxyuris</i> , &c.)	...	51	7	...	58	3	151	79	...
43a. Actinomycosis	...	3	...	1	3	...	4	1	...
43b. Other mycoses (<i>madura-foot</i> , &c.)	...	14	2	...	16	1	17	12	...
44a. Sequelæ of vaccination	...	5	...	...	5	1	2,877	1,058	...
44b. German measles	...	11	3	1	14	...	25	13	...
44c. Chicken-pox... ..	10	1,119	138	2	1,267	53	968	94	...
44d. Mumps	...	10	3	...	13	2	169	80	...
44e. Dengue	...	...	...	...	...	...	3	3	...
44f. Glandular fever	...	...	...	...	...	...	...	...	...
44g. Other infectious and parastic diseases	1	...	...	...	1	...	21	302	...
II.—Cancer and other Tumours.									
Cancer of—									
45. Buccal cavity and pharynx ...	1	4	5	1	10	...	2	2	...
46a. Oesophagus	...	1	...	...	1	...	...	...	...
46b. Stomach and duodenum	...	5	6	2	11	...	1	...	...
46c. Rectum	...	2	1	1	3	...	3	1	...
46d. Liver	...	16	2	7	18	...	4	3	...
46e. Pancreas	...	1	...	...	1	...	...	...	...
46f. Other digestive organs	...	7	2	4	9	...	1	...	...
47. Respiratory organs	...	2	1	...	3	...	1	1	...
48. Uterus	...	...	5	...	5	...	...	6	...
49. Other female genital organs ...	...	...	15	3	15	2	...	12	...
50. Breast	...	...	9	1	9	...	1	14	...
51. Male genito-urinary organs ...	...	8	...	2	8	...	2	...	...
52. Skin	4	15	6	2	25	3	10	5	...
53. Other organs	1	33	3	6	37	1	12	5	1
54a. Dermoid cyst	...	27	9	1	36	6	38	14	...
54b. Fibroid, uterine	...	...	55	7	55	1	...	103	1
54c. Lipoma	...	127	54	1	181	13	203	119	...
54d. Other non-malignant tumours ..	28	159	88	14	275	10	530	210	...
55. Tumours of undermined nature ...	...	30	20	6	50	3	66	47	...
Carried forward	813	12,265	3,706	748	16,784	1,003	143,215	100,918	24

TABLE V.—RETURN OF DISEASES AND DEATHS (NON-EUROPEAN)
FOR THE YEAR 1935—continued.

Diseases.	IN-PATIENTS.						OUT-PATIENTS.		
	Remaining in Hospital at end of 1934.	TOTAL.			Total cases treated.	Remaining in Hospital at end of 1935.	Male.	Female.	Deaths.
		Admissions.		Deaths.					
		Male.	Female.						
Brought forward	813	12,265	3,706	748	16,784	1,003	143,215	100,918	24
III.— <i>Rheumatism, Diseases of Nutrition and of Endocrine Glands and other General Diseases.</i>									
56. Rheumatic fever	2	52	14	3	68	3	...	...	...
57a. Chronic rheumatism	19	493	120	9	632	39	23,071	10,960	...
57b. Rheumatoid arthritis, osteo- arthritis, &c.	...	52	13	1	65	3	1,157	821	...
58. Gout	...	...	...	...	...	...	4	...	...
59. Diabetes mellitus	2	32	11	8	45	3	37	18	...
60a. Scurvy (<i>hypovitaminosis C</i>)	...	...	...	...	...	...	3	4	...
60b. Hypovitaminosis A	...	12	2	...	14	1	242	99	...
61a. Beri-beri (<i>hypovitaminosis B₁</i>)	...	4	3	1	7	2	12	5	...
61b. Epidemic dropsy (<i>toxæmic</i>)	...	...	...	...	...	...	...	...	...
62. Pellagra (<i>hypovitaminosis B₃</i>)	...	4	1	...	5	...	39	8	...
63. Rickets (<i>hypovitaminosis D</i>)	...	3	...	1	3	...	32	31	...
65. Diseases of the pituitary gland	...	...	...	...	...	...	1	2	...
66a. Simple goitre	...	17	31	...	48	3	104	174	...
66b. Exophthalmic goitre	...	3	4	...	7	1	6	10	...
66c. Other diseases of thyroid and parathyroids	4	3	9	...	16	...	11	6	...
67. Diseases of the thymus	...	1	...	...	1	...	...	...	...
68. Diseases of the adrenals	...	4	5	1	9	...	1	...	...
69. Other general diseases	...	11	1	1	12	2	14	15	...
IV.— <i>Diseases of the Blood and Blood Forming Organs.</i>									
70a. Purpura	...	...	1	...	1	...	...	1	...
70b. Hæmophilia	...	1	...	...	1	...	...	...	...
71a. Pernicious anæmia	1	1	2	1	4	...	10	9	...
71b. Anæmia—other types	11	162	132	15	305	19	1,450	1,576	2
72a. Leukæmia	1	2	2	...	5	...	...	1	...
72b. Lymphadenoma	...	10	5	...	15	1	20	1	...
73. Diseases of the spleen (<i>splenome- galy, &c.</i>)	9	85	79	9	173	9	1,943	1,712	2
74. Other diseases of the blood and blood forming organs	...	2	...	...	2	...	6	5	...
V.— <i>Chronic Poisoning.</i>									
75. Alcoholism (acute or chronic)	1	2	...	...	3	...	1	...	...
76. Chronic poisoning by other organic substances (cocaine, morphine, &c.)	...	2	2	1	4	...	...	1	...
77. Chronic poisoning by mineral substances	...	2	...	...	2	...	2	...	...
VI.— <i>Diseases of the Nervous System and Sense Organs.</i>									
78. Encephalitis, cerebral abscess, &c. (not including encephalitis lethargica; see 17)	...	8	2	6	10	...	2	1	...
79. Meningitis (not including tubercu- lar or cerebro-spinal meningitis; see 18)	1	27	13	22	41	...	34	19	...
80. Tabes dorsalis (Locomotor ataxy)	...	4	2	1	6	...	6	...	...
Carried forward	864	13,264	4,160	828	18,288	1,089	171,423	116,397	28

TABLE V.—RETURN OF DISEASES AND DEATHS (NON-EUROPEAN)
FOR THE YEAR 1935—continued.

Diseases.	IN-PATIENTS.							OUT-PATIENTS.		
	Remaining in Hospital at end of 1934.	TOTAL.			Total Cases treated.	Remaining in Hospital at end of 1935.	Male.	Female.	Deaths.	
		Admissions.		Deaths.						
		Male.	Female.							
Brought forward	864	13,264	4,160	828	18,288	1,089	171,423	116,397	28	
VI.—Diseases of the Nervous System and Sense Organs.										
81. Other diseases of spinal cord (not including acute poliomyelitis; see 16)	...	20	8	6	28	1	8	9	...	
82a. Cerebral hæmorrhage. Apoplexy	...	32	6	22	38	1	7	1	1	
82b. Cerebral embolism	...	3	3	5	6	...	...	...	...	
82c. Cerebral thrombosis	...	7	...	3	7	...	2	1	...	
82d. Hemiplegia and other paralysis of unstated origin	15	174	28	22	217	39	201	88	...	
83. General paralysis of the insane	...	5	...	3	5	...	...	2	...	
84a. Dementia præcox	...	7	1	1	8	...	2	...	...	
84b. Paranoia	...	2	...	...	2	...	2	...	...	
84c. Other forms of insanity	3	178	96	36	277	164	47	23	...	
85. Epilepsy	8	135	37	9	180	9	345	151	2	
86. Infantile convulsions (under five years of age)	3	26	14	20	43	...	84	64	...	
87a. Chorea	...	2	2	...	4	...	2	2	...	
87b. Neuritis. Neuralgia	...	48	18	...	66	4	1,683	634	...	
87c. Disseminated sclerosis	...	1	1	...	2	1	5	5	...	
87d. Amentia	...	2	1	...	3	...	3	2	...	
87e. Hysteria	1	16	14	...	31	1	38	21	...	
87f. Psychasthenia. Neurasthenia	...	24	8	...	32	1	204	100	...	
87g. Other diseases of the nervous system	1	11	4	1	16	...	185	48	...	
88a. Cataract	11	93	23	...	127	3	209	105	...	
88b. Conjunctivitis	10	268	116	...	394	20	6,473	3,469	...	
88c. Ectropion. Entropion	...	9	10	...	19	1	23	24	...	
88d. Errors of refraction	...	3	...	...	3	...	245	84	...	
88e. Glaucoma	...	12	4	...	16	2	27	6	...	
88f. Iritis	...	32	4	...	36	1	135	49	...	
88g. Keratitis	...	38	5	2	43	2	133	46	...	
88h. Pterygium	...	13	...	...	13	...	109	38	...	
88i. Trachoma	...	4	7	...	11	1	120	97	...	
88j. Ulcer of cornea. Staphyloma. Leukoma	...	43	16	...	59	4	276	112	...	
88k. Other diseases of the eye and annexa	17	118	34	1	169	5	1,319	436	...	
89a. Otitis	...	64	16	...	80	3	38,930	2,656	1	
89b. Mastoiditis	3	9	2	1	14	1	106	67	...	
89c. Other diseases of the ear	...	15	7	1	22	1	968	496	...	
89d. Wax in ear	...	2	...	...	2	...	684	301	...	
VII.—Diseases of the Circulatory System.										
90. Pericarditis	...	11	1	4	12	...	32	6	1	
91. Acute endocarditis	...	13	4	6	17	...	36	13	...	
92. Chronic endocarditis. Valvular heart disease	1	143	58	57	202	11	300	160	5	
93. Myocardial degeneration. Chronic myocarditis	4	167	40	62	211	11	238	104	1	
94. Diseases of the coronary arteries. Angina pectoris. Coronary thrombosis, &c.	...	3	...	1	3	...	3	1	...	
95a. Disordered action of the heart	...	29	16	4	45	...	141	78	...	
95b. Other diseases of the heart	5	65	19	20	89	5	111	65	...	
96. Aneurysm	...	13	...	2	13	2	16	4	...	
97. Arterio-sclerosis	...	14	1	2	15	...	19	4	3	
98. Gangrene	...	45	14	17	59	3	42	22	1	
99. Other diseases of the arteries	...	1	1	1	2	...	...	...	...	
100a. Hæmorrhoids	12	138	50	2	200	7	783	285	...	
Carried forward	958	15,322	4,849	1,139	21,129	1,393	225,719	126,276	43	

TABLE V.—RETURN OF DISEASES AND DEATHS (NON-EUROPEAN) FOR
THE YEAR 1935—continued.

Diseases.	IN-PATIENTS.						OUT-PATIENTS.		
	Remaining in Hospital at end of 1934.	TOTAL.			Total cases treated.	Remaining in Hospital at end of 1935.	Male.	Female.	Deaths.
		Admissions.		Deaths.					
		Male.	Female.						
Brought forward	958	15,322	4,849	1,139	21,129	1,393	225,719	126,276	43
VII.—Diseases of the Circulatory System—contd.									
100b. Varix. Varicose veins. Varicocele	...	23	1	...	24	3	44	13	...
100c. Phlebitis	...	14	3	2	17	...	8	6	...
100d. Other diseases of veins	...	2	1	...	3	1	9	7	...
101a. Bubo (non-specific)	30	233	30	...	293	22	856	115	...
101b. Adenitis and other diseases of the lymphatic system	...	322	57	1	379	22	1,753	504	...
102. Abnormalities of blood pressure, hyperpiesia, &c.	...	4	...	1	4	...	35	9	...
103a. Epistaxis	...	12	2	...	14	...	28	15	...
103b. Other diseases of the circulatory system	...	9	1	1	10	1	14	4	...
VIII.—Diseases of the Respiratory System.									
104a. Rhinitis. Coryza	...	72	11	...	83	...	4,840	2,945	...
104b. Other diseases of the nose	...	3	1	1	4	...	93	42	...
104c. Diseases of the accessory nasal sinuses	...	4	1	1	5	...	15	6	...
104d. Nasal polypus	...	5	11	...	16	...	20	23	...
104e. Gangosa	...	9	10	...	19	...	36	55	...
105a. Laryngitis	...	13	7	4	20	...	304	117	...
105b. Other diseases of the larynx	...	15	5	2	20	1	16	16	...
106a. Acute bronchitis	27	840	219	43	1,086	24	18,338	8,310	10
106b. Chronic bronchitis	12	248	34	12	294	7	8,029	3,855	1
106c. Bronchiectasis	...	3	...	...	3	1	1	3	...
107. Broncho-pneumonia	13	487	144	212	644	18	274	137	4
108. Lobar pneumonia	23	1,088	174	311	1,285	63	277	54	...
110a. Pleurisy	...	157	20	10	177	4	531	111	...
110b. Empyema	4	15	2	6	21	...	3	...	...
111a. Hypostatic congestion of lungs...	...	8	1	...	9	...	5	2	...
111b. Embolism of lung	...	3	...	3	3	...	...	...	...
112a. Asthma	6	64	15	4	85	2	172	76	...
112b. Hay fever	...	...	...	...	...	...	...	...	...
113. Pulmonary emphysema	...	2	...	...	2	...	2	1	...
114a. Gangrene or abscess of lung	51	3	...	2	54	...	3	...	...
114b. Other diseases of the respiratory system	6	13	3	2	22	...	444	128	...
IX.—Diseases of the Digestive System.									
115a. Dental caries. Alveolar abscess	...	40	11	3	51	2	3,269	1,283	...
115b. Pyorrhœa	1	11	4	...	16	...	1,141	551	...
115c. Stomatitis	2	102	47	10	151	3	2,320	1,325	...
115d. Tonsillitis. Pharyngitis. Quinsy	2	129	41	3	172	7	1,878	837	...
115e. Adenoids	1	3	2	...	6	...	49	33	...
115f. Other diseases of the buccal cavity, pharynx, etc.	...	16	12	4	28	1	426	199	...
116. Diseases of the œsophagus	...	2	...	...	2	...	5	...	1
117a. Ulcer of the stomach	...	16	4	2	20	1	14	2	...
117b. Ulcer of the duodenum	2	48	3	5	53	1	77	12	...
118a. Gastritis	4	120	45	3	169	3	687	624	...
118b. Dyspepsia	3	175	43	...	221	10	4,522	369	20
118c. Other diseases of the stomach	...	24	10	3	34	1	185	79	...
119. Infantile diarrhœa (under two years of age)	13	36	48	29	97	...	1,254	1,086	3
Carried forward	1,158	19,715	5,872	1,819	26,745	1,591	277,696	149,230	82

TABLE V.—RETURN OF DISEASES AND DEATHS (NON-EUROPEAN) FOR
THE YEAR 1935—continued.

Diseases.	IN-PATIENTS.						OUT-PATIENTS.		
	Remaining in Hospital at end of 1934.	TOTAL.		Deaths.	Total cases treated.	Remaining in Hospital at end of 1935.	Male.	Female.	Deaths.
		Admissions.							
		Male.	Female.						
Brought forward ...	1,158	19,715	5,872	1,819	26,745	1,591	277,696	149,230	82
IX.—Diseases of the Digestive System—contd.									
120a. Sprue... ..	...	...	...	...	...	...	...	...	...
120b. Colitis	3	88	30	10	121	1	873	401	2
120c. Gastro-enteritis	...	90	47	24	137	2	452	254	...
120d. Diarrhoea	...	487	81	49	568	9	4,674	1,980	...
121. Appendicitis	...	79	12	4	91	4	29	14	...
122a. Hernia	123	2,594	119	55	2,836	138	2,171	169	...
122b. Strangulated hernia	...	119	7	40	126	3	12	2	...
122c. Intestinal obstruction	...	35	11	25	46	...	55	27	...
123a. Constipation	2	152	109	...	263	3	25,833	8,388	...
123b. Diverticulitis	...	1	1	...	2	...	2	2	...
123c. Fistula in ano	6	73	21	2	100	8	109	42	...
123d. Ischio-rectal abscess	...	19	2	1	21	...	20	1	...
123e. Other diseases of the intestines	1	43	22	6	66	9	115	61	...
124. Cirrhosis of the liver	23	115	41	41	179	7	70	32	...
125a. Acute yellow atrophy of the liver	...	15	2	3	17	2	...	...	...
125b. Hepatitis	9	130	26	9	165	3	229	86	1
125c. Abscess of the liver	3	44	6	10	53	4	19	3	...
125d. Other diseases of the liver	2	12	3	4	17	...	22	16	...
126. Biliary calculi	...	...	...	...	...	...	...	...	...
127a. Cholecystitis	2	5	3	1	10	...	22	11	...
127b. Catarrhal jaundice	4	115	17	4	136	4	318	70	...
127c. Other diseases of the gall bladder and ducts	...	1	1	...	2	...	14	9	...
128. Diseases of pancreas	...	1	...	...	1	...	...	...	...
129. Peritonitis	1	30	22	19	53	...	12	28	1
X.—No -Venereal Diseases of the Genito-Urinary System and Annexa.									
130. Acute nephritis	8	106	48	26	162	6	167	87	...
131. Chronic nephritis	12	217	69	71	298	17	180	68	2
133a. Pyelitis	2	11	12	2	25	...	14	24	...
133b. Other diseases of the kidney and annexa	1	22	4	7	27	...	60	50	...
134a. Calculi of the kidney and ureter	2	3	...	...	5	...	2	...	...
134b. Calculi of the bladder	...	12	2	1	14	...	2	3	...
135a. Cystitis	14	96	41	8	151	6	546	251	...
135b. Other diseases of the bladder	8	39	3	10	50	2	44	17	...
136a. Stricture of the urethra	17	431	12	17	460	39	560	23	...
136b. Urethral fistula	...	69	...	4	69	7	62	...	...
136c. Perineal abscess	...	28	2	2	30	...	28	1	...
136d. Other diseases of the urethra	...	57	4	4	61	1	421	27	1
137a. Hypertrophy of the prostate	...	4	...	...	4	...	...	...	...
137b. Prostatitis	...	13	...	1	13	2	20	...	...
137c. Other diseases of the prostate	...	10	...	...	10	...	...	...	...
138a. Phimosis	3	594	...	1	597	31	1,673	...	...
138b. Epididymitis. Orchitis	4	353	...	4	357	12	667	...	...
138c. Hydrocele	28	706	...	12	734	52	507	...	...
138d. Other non-venereal diseases of the male genital organs	18	75	...	2	93	5	270	...	...
138e. Granuloma venereum	1	26	14	4	41	3	57	22	...
139a. Diseases of the ovary	2	...	48	5	50	2	...	106	...
139b. Salpingitis and other diseases of the Fallopian tube	3	...	117	1	120	4	...	431	...
139c. Pelvic cellulitis, abscess, etc.	...	2	36	1	38	3	2	87	1
139d. Displacement of uterus	7	...	72	1	79	3	...	186	...
Carried forward	1,467	26,837	6,939	2,310	35,243	1,983	318,029	162,209	90

TABLE V.—RETURN OF DISEASES AND DEATHS (NON-EUROPEAN) FOR
THE YEAR 1935—*continued*.

Diseases.	IN-PATIENTS.							OUT-PATIENTS.		
	Remaining in Hospital at end of 1934.	TOTAL.			Total cases treated.	Remaining in Hospital at end of 1935.	Male.	Female.	Deaths.	
		Admissions.		Deaths.						
		Male.	Female.							
Brought forward	1,467	26,837	6,939	2,310	35,243	1,983	318,029	162,209	90	
X.—Non-Venereal Diseases of the Genito-Urinary System and Annexa—contd.										
139c. Dysmenorrhœa	1	...	83	...	84	1	...	2,158	...	
139f. Endometritis. Cervicitis ...	...	...	174	2	174	6	...	625	...	
139g. Menorrhagia	...	...	25	...	25	...	...	355	...	
139h. Mastitis. Abscess and other diseases of the breast	4	6	85	1	95	7	16	676	...	
139i. Other diseases of the female genital organs	4	...	170	6	174	10	...	1,056	...	
XI.—Diseases of Pregnancy, Child Birth and the Puerperal State.										
140. Post-abortive sepsis	...	...	7	...	7	1	...	14	3	
141a. Abortion	3	...	225	6	228	8	...	330	1	
141b. Ante-partum hæmorrhage ...	...	...	33	1	33	...	...	23	...	
142. Ectopic gestation	...	...	15	3	15	...	...	4	...	
143. Hydatid mole and other accidents of pregnancy	4	...	63	3	67	1	...	390	...	
144a. Placenta prævia	...	...	9	1	9	...	...	...	...	
144b. Other puerperal hæmorrhage ...	...	...	19	3	19	...	...	8	...	
145. Puerperal sepsis	2	...	52	21	54	1	...	38	...	
146. Puerperal albuminuria. Eclampsia	...	...	56	7	56	1	...	21	...	
147. Other toxæmias of pregnancy ...	...	...	103	2	103	3	...	185	...	
148a. Puerperal phlegmasia alba dolens	...	...	1	...	1	...	...	...	...	
148b. Puerperal embolism	...	...	1	1	1	...	...	...	...	
149a. Difficult labour	...	...	164	27	164	1	...	7	...	
149b. Retained placenta	...	...	73	12	73	...	...	5	...	
149c. Other accidents of child birth ...	7	...	49	4	56	1	...	108	...	
150a. Puerperal insanity	...	...	4	1	4	...	...	1	...	
150b. Puerperal diseases of the breast	...	...	5	...	5	...	...	32	...	
150c. Normal labour	15	...	1,280	3	1,295	27	...	121	...	
XII.—Diseases of the Skin and Cellular Tissue.										
151. Carbuncle. Boil	1	97	12	...	110	2	2,714	675	...	
152a. Cellulitis	26	648	110	26	784	34	3,183	908	...	
152b. Acute abscess	...	865	149	17	1,014	46	3,734	1,058	...	
152c. Whitlow	8	126	24	1	158	9	1,887	746	...	
153a. Ainhum	...	43	6	...	49	2	193	44	...	
153b. Chigoes	1	5	3	...	9	...	197	88	...	
153c. Eczema. Dermatitis	2	117	30	...	149	10	3,594	1,770	...	
153d. Elephantiasis	37	401	53	13	491	43	355	68	...	
153e. Herpes	1	12	4	...	17	1	238	82	...	
153f. Impetigo	...	15	6	...	21	2	415	213	...	
153g. Keloid	...	13	8	...	21	1	73	37	...	
153h. Myiasis	...	1	...	...	1	...	6	4	...	
153i. Pediculosis	...	1	1	...	2	...	33	729	...	
153j. Psoriasis	...	4	1	...	5	...	344	349	...	
153k. Scabies	5	182	48	...	235	8	17,626	5,912	...	
153l. Tinea	6	98	30	...	134	7	7,821	2,127	...	
153m. Ulcer	294	2,507	1,243	42	4,044	421	36,090	14,124	...	
153n. Urticaria	...	7	6	...	13	...	895	381	...	
153o. Other diseases of the skin and its annexa	...	33	16	2	49	2	879	355	...	
Carried forward	1,888	32,018	11,385	2,515	45,291	2,639	398,322	198,036	94	

TABLE V.—RETURN OF DISEASES AND DEATHS (NON-EUROPEAN) FOR
THE YEAR 1935—continued.

Diseases.	IN-PATIENTS.						OUT-PATIENTS.		
	Remaining in Hospital at end of 1934.	TOTAL.			Total cases treated.	Remaining in Hospital at end of 1935.	Male.	Female.	Deaths
		Admissions.		Deaths.					
		Male.	Female.						
Brought forward	1,888	32,018	11,385	2,515	45,291	2,639	398,322	198,036	94
XIII.—Diseases of the Bones and Organs of Locomotion.									
154a. Osteomyelitis	26	170	85	12	281	34	225	991	...
154b. Periostitis	...	38	11	1	49	4	577	260	...
155. Other diseases of the bones	...	52	19	1	71	10	334	108	...
156a. Arthritis	11	257	43	6	311	12	2,479	888	...
156b. Synovitis	7	140	15	...	162	6	1,063	254	...
156c. Other diseases of joints—loose cartilage, ankylosis, etc.	2	32	13	2	47	4	118	38	...
156d. Abscess of muscle	...	286	46	12	332	21	643	159	...
156e. Ganglion	...	30	9	...	39	...	697	156	...
156f. Lumbago	...	30	4	2	34	...	1,301	283	...
156g. Other diseases of other organs of locomotion	1	27	3	...	31	2	455	85	...
XIV.—Congenital Malformations.									
157a. Hydrocephalus	...	3	...	1	3	...	4	8	...
157b. Spina bifida. Meningocele	2	3	1	1	6	...	3	3	1
157c. Malformations of the heart	...	...	...	...	...	...	2	...	...
157d. Monstrosities	...	...	...	...	...	...	...	...	...
157e. Cleft palate. Harelip	...	1	...	...	1	...	3	...	...
157f. Imperforate anus	...	1	2	2	3	...	1	1	...
157g. Other congenital malformations	4	27	22	8	53	14	127	44	...
157h. Hematocolpos	...	...	2	...	2	...	...	1	...
XV.—Diseases of Early Infancy.									
158. Congenital debility	15	112	94	70	221	21	196	206	...
159. Premature birth	...	12	11	5	23	...	10	13	1
160. Injury at birth	...	9	5	1	14	2	4	6	...
161a. Icterus neonatorum	...	...	...	...	...	...	...	1	...
161b. Pemphigus neonatorum	...	...	1	...	1	...	2	4	...
161c. Other diseases peculiar to early infancy	12	61	69	24	142	2	722	938	3
XVI.—Old Age.									
162a. Senile dementia	1	6	2	4	9	...	30	23	...
162b. Other forms of senile decay	...	26	5	8	31	...	45	15	...
XVII.—Affections due to Violence.									
165a. Suicide	...	2	...	2	2	...	6	...	6
165b. Attempted suicide	...	21	1	6	22	...	4	...	...
172. Infanticide	...	...	...	...	...	...	...	...	...
173. Homicide	...	1	1	2	2	...	10	8	18
176a. Snake bite	...	63	10	7	73	...	108	28	...
176b. Insect bite or sting	...	18	...	...	18	1	488	119	...
177. Food poisoning	...	12	2	1	14	1	10	6	...
178. Accidental poisoning	...	1	...	1	1	...	...	...	...
179. Other acute accidental poisoning	...	35	40	19	75	1	1,517	706	8
181a. Burns by fire	16	190	98	36	304	29	1,517	706	8
181b. Other burns or scalds	3	37	22	10	62	7	525	248	...
182. Accidental mechanical suffoca- tion	...	...	...	...	...	...	...	...	...
Carried forward	1,988	33,721	12,021	2,759	47,730	2,810	411,548	204,342	139

TABLE V.—RETURN OF DISEASES AND DEATHS (NON-EUROPEAN)
FOR THE YEAR 1935—continued.

Diseases.	IN-PATIENTS.						OUT-PATIENTS.		
	Remaining in Hospital at end of 1934	TOTAL.			Total cases treated.	Remaining in Hospital at end of 1935.	Male.	Female.	Deaths.
		Admissions.		Deaths.					
		Male.	Female.						
Brought forward	1,988	33,721	12,021	2,759	47,730	2,810	411,548	204,342	139
XVII.—Affections due to Violence— contd.									
183. Accidental drowning	...	...	2	2	2	...	...	...	...
184. Accidental injury by firearms ...	...	91	14	8	105	20	54	6	2
Injuries:—									
185. By cutting or piercing instru- ments	...	742	109	20	851	37	6,688	1,198	...
186a. Due to falls, crushing, machinery, railways, &c. ...	...	367	76	26	443	25	5,913	904	...
186b. Due to motor accidents ...	...	132	37	19	169	28	442	100	...
188. By non-venomous animals ...	...	45	18	1	63	6	330	131	...
189. Hunger or thirst (starvation, privation)	...	32	6	13	38	2	23	8	...
191a. Heat stroke	...	6	...	2	6	...	...	...	...
191b. Sunstroke	...	...	...	...	...	...	...	...	...
192. Injuries by lightning	...	4	3	...	7	...	...	4	...
193. Injuries by electricity	...	4	...	...	4	...	3	...	...
194a. Dislocation	5	53	13	...	71	2	228	37	...
194b. Sprain	8	125	5	5	138	2	2,988	371	...
194c. Fracture	47	547	119	51	713	74	461	121	...
194d. Wounds and other external injuries	118	1,147	194	11	1,459	55	24,791	3,787	1
196. Wounds of war	5	...	...	...	5	...	...	...	...
198. Execution	...	...	...	...	...	...	...	...	...
XVIII.—Ill-Defined Diseases.									
200a. Asthenia	8	127	54	41	189	4	1,233	1,062	...
200b. Goundou	...	5	1	...	6	...	7	5	...
200c. Malingering	...	35	1	...	36	1	241	18	...
200d. Pyrexia of uncertain origin ...	...	10	5	3	15	1	5	9	...
200e. Shock	...	13	2	4	15	...	2	1	...
200f. Hyperpyrexia	...	3	3	...	6	1	13	3	...
Diseases not included above.									
201. Anti-rabic prophylaxis	...	18	9	...	27	1	55	29	...
202. Foreign body in system	...	...	...	...	...	...	12	19	...
203. Observation	...	8	20	1	28	...	...	...	...
210. Transferred cases already diag- nosed by Medical Officer on other station... ..	...	...	...	...	...	...	...	...	...
Total cases of Diseases treated	2,179	37,235	12,712	2,966	52,126	3,069	455,037	212,155	142

APPENDICES.

APPENDIX A.

Report of the Laboratory Service.

I.—PATHOLOGICAL UNIT.

(Consisting of the Laboratory of the African Hospital, Lagos, and a Research Laboratory at Yaba).

The following routine work has been performed in the Laboratory, African Hospital, Lagos.

Rabies.—During the year forty-two brains were received for examination as compared with ninety-four in 1934. Thirty-nine of the specimens were from dogs. Of the remaining three, one was from a monkey, one from a cat and one from a human. Twenty-one of these were positive (twenty canine and one human). Two of the specimens (one human and one canine) were negative on histological examination but positive when inoculated into animals. The distribution of the positive specimens is as follows:—

Bamenda, 1; Benin City, 1; Calabar, 1; Ibadan, 1; Kaduna, 6 (1 human); Lagos, 5; Obubra, 1; Victoria, 2; Zaria, 2. One was sent for examination by Professor Gordon of Freetown.

Tumours.—Ninety-nine specimens of tumours, as compared with 118 the previous year, were examined during 1935. Thirty were benign and sixty-nine malignant. Of the malignant neoplasms, forty-five were carcinomata, two were solid teratoma of the ovary and twenty-two were sarcomata.

The original distribution of the malignant tumours was as follows:—

	<i>Carcinoma.</i>	<i>Sarcoma.</i>
Alimentary tract	11	—
Bladder	1	—
Bones and Joints	4 (Adamantinoma)	5
Breast	3	—
Genitals (Female)	5 (and 2 solid Ovarianteratoma)	—
Genitals (Male)	—	1
Heart	1 (Secondary)	—
Kidney	—	1
Liver	7 (6 primary)	—
Lymph nodes	2 (Secondary)	3
Muscle	—	1
Omentum	2 (Secondary)	—
Orbit	—	4
Skin and subcutaneous tissues	7	7
Thyroid	1	—

Miscellaneous Histological Examinations.—Three hundred and sixty-five specimens were examined and reported upon.

Post-mortems.—During the year 341 autopsies were performed by the staff of the Pathological Unit, as compared with 298 in 1934. 116 of these were Coroner's, ninety-two were Health cases and the remainder were hospital cases. The Health Officers have kindly continued their assistance with the Coroner's and Health cases.

The following is a summary of the post-mortems performed :—

Accidents	15	(Drowning 7; fractured skull 4; ruptured spleen 2; lacerated liver 1; fractured cervical vertebra 1).
Abscess	4	(2 Brain; 2 lungs (fusospirochaetal)).
Atheroma	7	(5 Syphilitic; 2 simple).
Aneurysm	4	
Amoebic dysentery	5	
Ankylostomiasis	1	
Amyloid disease	1	
Broncho-pneumonia	91	(8 Haemorrhagic; 2 with abdominal syndrome).
Bronchitis	1	
Bacillary dysentery	9	
Brain softening	2	
Cerebral haemorrhage	3	
Cirrhosis of the liver	5	(3 Portal; 2 biliary).
Delayed chloroform poison	1	
Duodenal ulcer	3	
Exposure and starvation	3	
Fatty degeneration of the heart	9	
Gastro-enteritis	3	
Lobar pneumonia	20	
Malignant disease	12	(1 Sarcoma jaw; 1 cancer lung; 1 cancer bladder; 1 endothelioma meninges; 4 carcinoma stomach; 3 carcinoma liver; 1 carcinoma colon).
Malaria	19	
Meningitis	2	
Nephritis	13	(3 Suppurative).
Peritonitis	7	
Pleurisy	3	
Pericarditis	3	
Portal pyæmia	1	
Post-partum hæmorrhage	1	
Puerperal sepsis	2	
Sasswood poisoning	1	
Schistosome infection	1	(Large gut. <i>B. mansoni</i>).
Strangulated hernia	1	
Tetanus	1	
Toxæmia	5	
Tuberculosis	63	(Pulmonary 34; abdominal 8; generalised 19; meningeal 2).
Typhoid	3	
Unknown	8	(5 Decomposed).
Valvular disease of the heart	4	
Yellow atrophy	5	

The examinations of blood, stools, urines, sputum and pus smears are given in tabular form. In addition 145 miscellaneous bacteriological examinations were made including fifteen for mycobacterium lepræ (two positive).

Biological Tests.—The Ascheim Zondek test for pregnancy was performed in three instances (two positive). These results were later confirmed clinically. At the Research Laboratory, Yaba, the method of growing vaccinia virus in the chorio-allantoic membrane of chick embryos was investigated and experiments are being continued in this direction. The work on tropical ulcer has been continued and it has been found that hedgehogs are susceptible to infections.

Biochemical Tests.—The following tests were carried out during the year :—

Fractional gastric analysis	80
Blood urea estimation	7
Urea concentration test	4
Van den Bergh reaction (qualitative) ...	2

II.—BACTERIOLOGICAL UNIT.

Medical Research Institute, Yaba, 1935.

Owing to the absence on leave of the Pathologist in charge of the above unit the report for 1934 was not included in the Annual Medical Report for that year. The work described below was continuous with, but does not include, the work carried out in 1934.

Kahn Tests.—2,303 tests were carried out during the year, the results being shown below :—

Positive	1,006
Doubtful	254
Negative	1,031

Twelve sera were discarded as unsuitable for the test.

In view of the difficulty reported last year over the interpretation of abnormal types of readings, the use of numerical values was retained for reference only in the laboratory. The readings supplied to the clinical staff were those recommended by the League of Nations Health Committee, viz. positive, doubtful or negative.

To exclude the possibility of the abnormal readings being due to antigen imperfectly prepared in the laboratory, supplies of standard antigen were obtained from home and tested in parallel with the locally prepared antigen. The results in each case were almost identical.

As yaws is prevalent in the Benin area, a request was sent to Dr. McAleer, the Medical Officer in charge of the area. Thanks are due to this officer for his kindness in collecting and forwarding a number of sera from typical cases of yaws, primary, secondary and tertiary. All of these sera gave abnormal readings with standard antigen as well as with locally prepared antigen. Both types of abnormal readings were seen, inverse readings and readings which were muddy and nearly equal over the three tubes.

Widal Tests.—Twenty-six tests were performed at the request of clinicians of which two were reported positive for bacteriological typhosum.

At the request of the Medical Officer of Health eighteen sera were examined for evidence of latent infection in employees engaged in the manufacture of soda water. No positives were found.

Blood Cultures.—Thirteen blood cultures were made, two being positive for bacteriological typhosum and a strain of one for streptococcus of the viridans type.

Bacillary Dysentery.—Thirty-six strains of Flexner organisms were isolated. These were typed as under :—

V type. Four, one of which showed slight Z.

W type. Nineteen, two of which showed slight Z and one slight V.

X type. Two.

Z type. Five.

Untyped. Six, probably belonging to the special types isolated in Lagos and placed in separate groups by Sartorius.

No Sonne, Schmitz or Shiga strains were isolated during the year.

Thanks have once more to be expressed to Dr. W. M. Scott, Pathologist, Ministry of Health, for his assistance in confirming or correcting the types of a number of the strains.

During the year type specific sera were prepared in the laboratory for the more common types found in Lagos and these have proved of great

value in the rapid typing of cases. The type of a case can be given within twenty-four hours, a point of no great importance in the treatment of a Flexner case but one of considerable value in prognosis since the most severe cases appear to be caused by infection with V, W or the special Lagos types of strains.

Vaccines.—Seven homologous vaccines were prepared of which five were staphylococcal, one streptococcal and one coliform.

Broncho-pneumonia.—A number of the hæmolytic organisms mentioned in last year's report were isolated from the lungs and Peyer's patches with a view to grouping them serologically. The first anti-serum made showed that the organism from which it was prepared had only a small degree of affinity to the rest. The second was more promising. No heterologous strains agglutinated to full titre but a number agglutinated to half titre. Further serological work had to be postponed owing to the pressure of other work.

Tuberculosis.—The study of this disease was continued further. Forty-three strains were isolated and the primary cultures on Dorset's egg medium were minutely studied. There appeared to be two distinct types of growth responsible for the acute and chronic types of disease respectively. Single colonies from the two different types of growth were studied in detail both culturally and by means of Koch's phenomenon tests and the results suggest that the readiness with which a strain tends to dissociate has a considerable bearing on the type of disease set up in the native.

A study of sections prepared from the suprarenal glands from the extensive series of guinea-pigs used in the work reported in the 1934 report elicited a very interesting fact. The survival periods of the guinea-pigs were closely correlated with the condition of the glomerular zones of the cortex.

Anti-rabic Vaccine.—No trouble was found in preserving the virus and emergency demands were met throughout the year. The consumption of vaccine was more than doubled but with locally prepared vaccine to hand it was not found necessary to increase the supplies from England. The experimental stage is now over and while it does not seem likely that sufficient rabbits can be bred locally, it will be possible to maintain a stock sufficient to prepare emergency demands for vaccine and for the regular supply it would appear to be advisable to depend upon supplies of rabbits imported at regular intervals.

6,270 ccs. were prepared during the year as compared with 1,700 ccs. last year.

III.—CLINICAL LABORATORY AT PORT HARCOURT.

A substantial addition was made to the building. The number of specimens received from out-stations has steadily increased. From May to September there was an outbreak of bacillary dysentery in the town. The stool of about 100 patients who were not complaining of dysentery was plated in order to see if any were 'carriers', but none was found.

IV.—CLINICAL LABORATORY AT KADUNA.

It is interesting to note the high incidence of malignancy encountered among the specimens sent in for examination, namely thirty-one out of 163.

The following cases of rather unusual interest were met with during the year:

1. One case of sickle cell anæmia in an African boy of about seven years of age.
2. One case of rhinoscleroma, and one case which was not so definite histologically; in both these cases a pure culture of a member of the Friedlander Group was obtained, presumably *B. Rhinoscleromatis*.
3. A cyst from the mesentery containing adult *œsophagostomum apiostrum*.

4. A case of malignant disease of the leg with deposits (metastatic) in the heart and lung.

5. A case of ruptured aneurysm of the aorta in a child of ten months of age.

Special work this year has been carried out in connection with schistosomiasis of the appendix vermiformis. Thirty-six appendices have been examined and twenty found to harbour ova of *S. Hæmotobium*. (Infection rate fifty-five per cent). The pathology has been studied, recorded, and photographed.

V. ROUTINE WORK AT CLINICAL LABORATORIES

(LAGOS, PORT HARCOURT AND KADUNA.)

Blood Examinations.	No. of Examinations.	Subtertian.	Crescents.	Quartan.	Benign tertian.	Trypanosomes.	Microfilarie.	Spirochaeta.	Total R.B.C.	Total W.B.C.	Differential W.B.C.
European male ...	602	109	5	3	...	1	13	...	6	20	47
„ female...	163	23	...	...	...	...	...	...	1	2	7
Total ...	765	132	5	3	...	1	13	...	7	22	54
African male ...	6,842	1,530	67	91	6	22	368	...	62	74	65
„ female ...	2,513	665	25	49	1	14	45	...	48	51	57
Total ...	9,355	2,195	92	140	7	36	413	...	110	125	122
Total ...	10,120	2,327	97	143	7	37	426	...	117	147	176

REMARKS:—The Benign Tertian parasites were reported from Port Harcourt (for the first time) and all were found within a period of five weeks 1,200 of the above blood examinations were done at Port Harcourt on school children between the ages of four and fifteen.

Stool Examinations.	No. of Examinations.	T. saginata.	Ascaris.	Ancylostome.	T. trichinra.	Strongyloides.	Flagellates.	E. histolytica.		E. coli.		S. mansoni.	Blood.	Mucus.	Cellular exudate.	Other protozoa.
								Free.	Encysted.	Free.	Encysted.					
European male ...	343	2	4	2	10	1	2	3	1	2	9	1	70	39	56	15
„ female	85	1	2	...	4	...	...	2	...	1	1	...	11	5	12	2
Total ...	428	3	6	2	14	1	2	5	1	3	10	1	81	44	68	17
African male ...	5,682	71	2,450	2,171	1,852	223	316	33	67	134	311	52	478	389	528	22
„ female...	1,774	11	659	529	485	47	108	11	13	18	62	4	127	122	140	5
Total ...	7,456	82	3,109	2,700	2,337	270	424	44	80	152	373	56	605	511	668	27
Total ...	7,884	85	3,115	2,702	2,351	271	426	49	81	155	383	57	686	555	736	44

REMARKS:—Included under other protozoa are five cases of *Balantidium coli* infection and one of *Endolimax nana*.

Urine Examinations.	No. of Examinations.	Albumen.	Sugar.	Phosphates.	Casts.	Pus.	Blood.	S. haemoglobin.	Bile salts.	Bile pigments.	Acetone.	Di-acetic acid.
European male ...	288	136	3	53	58	160	76	2	6	7	2	...
„ female ...	76	32	1	11	5	38	14	...	...	3	1	...
Total ...	364	168	4	64	63	198	90	2	6	10	3	...
African male ...	5,430	2,904	66	1,105	242	2,803	514	194	27	18	1	...
„ female ...	1,579	1,025	126	225	90	942	215	48	13	4	...	...
Total ...	7,009	3,929	192	1,330	332	3,745	729	242	40	22	1	...
Total ...	7,373	4,097	196	1,394	395	3,943	819	244	46	32	4	...

REMARKS:—The large number of female patients with glycosuria is to be explained by the fact that the urine of two cases was examined daily for about two months.

Kahn Tests.*	No. of Examinations.	Positive.	Negative.	Doubtful.	Agglutination Tests.	No. of Examinations.	Positive.	Negative.
European ...	151	30	121	...	European ...	36	7	29
African ...	4,134	1,774	2,334	26	African ...	16	1	15
Total ...	4,285	1,804	2,455	26	Total ...	52	8	44

REMARKS:—Kahn tests were performed on 1,055 school children with a positive reaction in 277, a negative reaction in 770 and a doubtful reaction in 8.

2 Flexner examinations, 4 Melitensis examinations, 4 Weil-Felix examinations—all negative except one Weil-Felix in a European which was positive 1 : 50.

Sputum Examinations.	No. of Examinations.	Tubercle bacilli.	P. pestis.	Spironemata.	Remarks.
European male ...	14	...	...	...	
„ female ...	7	2	...	...	
African male ...	863	149	...	47	
„ female ...	131	29	...	1	

* At Port Harcourt and Kaduna ; for Lagos see Section 2.

POST-MORTEM EXAMINATIONS—PORT HARCOURT AND KADUNA.

CAUSES OF DEATH.

Port Harcourt.

Drowning.
 Abscess of brain.
 Acute nephritis.
 Chronic nephritis.
 Lobar pneumonia (3).
 Cerebral concussion.
 Syphilitic aortitis.
 Ruptured aortic aneurysm.
 Rupture of spleen.
 Peritonitis (criminal abortion).
 Acute intestinal obstruction by band.
 Intussusception.
 Acute gastro-enteritis.
 Acute œdema of lungs (3).
 Pericarditis.
 Carcinoma of larynx.
 Multiple injuries (homicidal).
 Strangulation (suicidal).
 Poisoning by sassy bark (*Erythrophlœm guineensis*) (2).
 Poisoning by cyanide (Improperly prepared cassava).
 Unknown (3).
 Total post-mortem examinations (27).

Kaduna.

Perforated pyloric ulcer.
 Burns.
 General peritonitis (2).
 Wounds by firearm.
 Cirrhosis of liver.
 Acute œdema glottidis.
 Encephalitis (2).
 Pericarditis.
 Pyonephrosis.
 Lobar pneumonia.
 Syphilitic aortitis.
 Bacillary dysentery.
 Marasmus.
 Pulmonary tuberculosis.
 Hæmopericardium.
 Total post-mortem examinations (17).

MISCELLANEOUS :

Port Harcourt :—

*Morbid Histology.**Simple Tumours.*

Hæmangioma	...	...	...	capillary of forehead, cavernous of face.
Fibroma	...	...	...	of back, face, elbow (J.A.N.).
Fibro-myoma	...	...	...	of uterus.
Fibro-lymphoma	...	...	...	of forehead.
Fibro-neuroma	...	...	...	of neck, multiple (V. Recklinghausen).
Papillary adenoma	...	...	...	of submaxillary gland.
Cystic adenoma	...	...	...	of thyroid (2), ovary (2).
Chondroma	...	...	...	of neck.
Adamantinoma	...	...	...	of jaw (3).
Dermoid cyst	...	...	...	of neck (3), sacrum.
Lipoma	...	...	...	3.
Lymphadenoma	...	...	...	4.
Total	...	...	...	29.

Malignant Tumours.

Adeno-carcinoma	...	...	...	of gall bladder, pancreas, breast (2), liver primary (2), glands secondary (3).
Squamous cell carcinoma	...	...	...	of inguinal region (2), scrotum pudenda, leg (2), larynx, cervix, elbow, knee, glands secondary.
Basal cell carcinoma	...	...	...	of face, inner canthus.
Embryonal carcinoma	...	...	...	of testis.
Melanoma	...	...	...	of foot (2), choroid (2).
Round cell sarcoma	...	...	...	of back, tibia.
Spindle cell sarcoma	...	...	...	of tibia, metacarpal.
Telangiectatic osteogenic	...	...	...	sarcoma of fibula.
Chondro-sarcoma	...	...	...	of neck.
Total	...	...	...	33.

- 19 Dog's brain with negri bodies present in sixteen.
 28 Glands from cattle of which twenty-five were tuberculous.
 17 Tuberculous adenitis in hospital patients.
 157 Other histological examinations.

BACTERIOLOGICAL EXAMINATIONS:

53	Water samples	...	...	Califorms present in twenty-three.
193	Fæces samples	...	...	<i>B. dysenteriae</i> Flexner 'W' in 28.
				" " " 'X' " 2.
				" " " 'Y' " 13.
				" " Unclassed " 1.
				" " Shiga " 1.
5	Blood samples	...	...	" " Flexner 'W' " 1.
7	Other samples			
258	Total.			

MISCELLANEOUS EXAMINATIONS:

- 149 Genito-urinary smears with gonococci found in forty-nine.
 102 Other examinations.

251 Total.

Kaduna:—

Morbid Histology.

Simple Tumours.—Adamantinoma, 2; molluscum fibrosum, 1; adenoma of thyroid, 3; of breast, 1; of ovary, 2; fibronyoma, 1; hydatidiform mole, 1; fibrous epulis, 2.

Sarcomata.—Spindle cell, 4; mixed cell, 1; round cell, 6; chondro, 1; angio, 1; lympho, 2; mixofibro, 1.

Carcinomata.—Squamous, 8; basal cell, 3; spindle cell (epidermoid), 2; spindle cell (bile duct), 2.

BACTERIOLOGICAL EXAMINATIONS.

Cultures from stools	...	52	<i>B. Dys.</i> Flexner, 3; shiga, 1.
" " blood	...	18	Strept., 4; staphyl., 2.
" " pus. etc.	...	21	Strept., 2; staphyl., 12; streptathrix, 1.
" " urine	...	23	Staphyl., 10; <i>B. coli</i> , 6; <i>B. Fæc. Alk.</i> , 1.
Autogenous vaccines	...	11	

APPENDIX B.

Report of the Tsetse Investigation and Sleeping Sickness Service.

By H. M. O. LESTER, Ph.D., B.Sc., M.R.C.S.,
Director, Tsetse Investigation.

In spite of a shortage of medical staff there has been a continued expansion of the activities of the sleeping sickness service. The research programme has had to be still further curtailed as through exigencies of leave and shortage of staff there was rarely more than one European officer available for work at Gadau.

In 1935 more than 96,000 cases of sleeping sickness were treated in Nigeria. It is clear that, in spite of intensive campaigns of mass treatment and the establishment of sleeping sickness dispensaries the disease is not yet under control. There is evidence to show that new areas are becoming infected and that the type of disease in some of the older epidemics is becoming worse. In many areas an attempt has been made to organise protective measures, but in the absence of European supervisory staff it has proved impossible to see that the recommendations for protective clearing, etc. are properly carried out. On 27th November a conference of representatives of the departments concerned with His Honour the Chief Commissioner as Chairman was held at Kaduna to discuss the position with regard to the spread of sleeping sickness and the need for supplementing the present campaign by a series of properly organised protective measures carried out under the supervision of a trained European staff. A scheme for expansion of sleeping sickness control was drawn up and the representatives of the Agricultural, Forestry and Geological Survey Departments promised their assistance in so far as the strength of their staffs permitted.

The scheme was drawn up as a five years plan to be reviewed towards the end of that period. It provides for (a) improved organisation of the sleeping sickness teams to include the appointment of a number of R.A.M.C. British Non-Commissioned officers to supervise the teams in the field and relieve the strain of the medical staff (b) staff to advise upon protective clearings and to supervise such work (c) staff and funds to organise and carry out concentration of population in certain districts.

The Emir of Zaria was consulted with regard to the question of the movement and concentration of population. He considered that no hardship would be felt provided that people were allowed to move their farms in the manner to which they are accustomed. The ordinary procedure is for a farmer to clear his new farm after he has harvested the crop on the old one. He then plants the new farm with root crops or cotton and during the next season farms both plots. After the harvest he moves to the new farm which by that time will be ready for planting with the ordinary food crops.

It was decided that if possible the opportunity should be taken for laying out the new villages properly, attending to drainage and general sanitation, markets and water supplies, etc. Provision for these items would be required.

RESEARCH WORK.

(1) THE TESTING OF NEW CHEMICAL COMPOUNDS.

The investigation of the action of Surfen C on trypanosomiasis of cattle was not continued at Gadau. Supplies of the drug were sent to the Veterinary Department and this work is now being done at Vom

Preparation 6210, 6558, 5547 and 6690 supplied to us by Messrs. Bayer Meister Lucius were tested against *T. vivax* in sheep. None of these preparations proved to be as effective as was Surfen C.

The following compounds have been tested in man, S. 107 the British product sent for test by the Chemotherapy Committee of the Medical Research Council, Sdt. 386B and two new antimony compounds Sdt. 411 and Sdt. 471 sent to us by Messrs. Bayer and Dn. 18 (Tristibine) an antimony preparation supplied by the Union Chimique Belge. As controls numbers of patients were treated with (a) antrypol (b) tryparsamide (c) three grammes antrypol followed by ten grammes tryparsamide the standard treatment used in the field (d) subtherapeutic doses of Bayer 205 and tryparsamide administered together.

(2) THE EFFECT OF EXPOSING "PREMUNISED" ANIMALS TO FRESH INFECTIONS.

Experiments started in 1934 and described in the report for that year were continued. It was shown that although their previous infections had given cattle some degree of resistance to fresh trypanosome infection, as shown by the rareness of trypanosomes in the peripheral blood, this was not sufficient to influence the mortality when the cattle men were exposed to *G. submorsitans* in the bush. It was, however, shown that animals which had recovered either naturally or as the result of treatment from *T. vivax* infection were but little affected by doses of a fresh *T. vivax* infection given by the syringe.

(3) ENTOMOLOGICAL WORK.

The Entomologist, Dr. T. A. M. Nash was on leave during the first quarter of the year. His report follows:—

Nearly two months have been spent in the Anchau District of Zaria Division investigating the possibilities of concentrating the population, which at present is scattered in small hamlets many of which are situated on the outskirts of the district, in places where sleeping sickness is rife and clearing impracticable, owing to the number of streams and the scantiness of the population. In all some 120 square miles have been surveyed and mapped, and an area of seventy-five square miles has been selected as the best area for the concentration of the population. Problems have also been investigated in Shendam Division of Plateau Province.

A paper has been published entitled "The Part Played by Microclimates in enabling *G. submorsitans* and *G. tachinoides* to withstand the high temperatures of a West African Dry Season".

A paper dealing with the basic laws governing the distribution, reproduction and general activities of *G. submorsitans* and *G. tachinoides* is being prepared for publication. A thorough knowledge of the laws governing the tsetse's behaviour, should prove of great use in the planning of intelligent methods for coping with the field problems. The completion of this work in the near future will end the first part of the Entomologist's investigation, the second part will deal with the practical application of the knowledge thus gained.

SLEEPING SICKNESS SERVICE.

During the year 407,203 people were examined at the surveys in the field and 84,364 were found to be infected with sleeping sickness. Altogether 87,369 cases were treated by the teams; this number included some 4,000 patients who were diagnosed at the end of 1934. As no resurveys were carried out during the year practically all these patients were new cases. A further 4,358 patients were treated at field dispensaries, and 4,825 patients at general medical stations, making a grand total of 96,552 cases of sleeping sickness treated during the year.

THERAPEUTIC MEASURES.

For the greater part of the period owing to shortage of staff only five teams could be kept in the field. Early in the year the sixth team carried out a small survey in the Tiko area of the Cameroons but later had to be disbanded and the subordinate staff split up amongst the other five teams. The Native Administrations of the Northern Provinces have again contributed towards the cost of this service. Kano Native Administration paid the full cost of its own team while other Native Administrations subscribed £2,100 between them towards the cost of drugs. In addition various Native Administrations have been very helpful in building sleeping sickness dispensaries and have assisted in paying for their upkeep.

Almost all field cases have been given the standard form of treatment, three one-gramme doses of Antrypol or Bayer 205 followed by five two-gramme doses of tryparsamide. From the point of view of amelioration of symptoms this form of treatment appears as good as the longer course of tryparsamide. It is more effective in that both Bayer 205 and Antrypol have a greater trypanocidal action than tryparsamide and so relapses are less likely to occur. As well it is very much more popular as it is much shorter and interferes less with the every day life of the community.

Considerable care has to be taken in giving Antrypol or Bayer 205. If the dose is injected too quickly the patient will vomit, but this rarely occurs if it is given slowly. Occasionally the first injection causes transient œdema and rashes. A mild peripheral neuritis is a fairly common after effect but this is never severe and soon passes off. Unfortunately a small number of alarming cases of collapse have occurred both after Antrypol and after Bayer 205. A few minutes after receiving their first injection patients have become unconscious with almost imperceptible pulse. The majority of them recovered after being given injections of adrenalin or strychnine. However there were three deaths two of which were undoubtedly due to the injection, the other one being rather more doubtful. In one case, a comparatively healthy looking boy collapsed with imperceptible pulse immediately after the injection. Later after treatment he recovered consciousness and his pulse was very much stronger. Two hours afterwards he died when he attempted to sit up. The other case, a man of thirty of fair development, died a few minutes after receiving his initial one gramme dose of Antrypol.

Cases of collapse have occurred only after the first injection. Subsequent injections have never caused a repetition of these ill-effects. Fortunately they are rare. About 90,000 patients have been treated by this method, and there have been perhaps fifteen to twenty cases altogether. One would imagine that, when dealing with such numbers, patients might be found with an idiosyncrasy to any drug given by the intravenous route. The reason for these occurrences is not altogether clear. As collapses have only occurred in two or three districts it has been suggested that certain batches of drugs might have been at fault. It is difficult to believe that this was so as the same batch of a drug caused cases of collapse in one district and yet was used successfully in another to treat some thousands of patients without any mishap. The writer holds the view that the cause of the trouble is in the patient rather than in the drug. It is well known that many sleeping sickness patients have some degree of myocardial involvement. In an investigation carried out some years ago by Dr. C. W. Hope-Gill, twenty-seven out of fifty-two patients treated at Gwaram, Kano Emirate, were found to show some sign or other of disorder of the heart. In other areas cardiac involvement may be less common. The first dose of Antrypol or Bayer

205 causes a certain amount of shock. It seems probable that the collapse and circulatory failure which occur from time to time may be due to the action of the drug on a heart already affected by sleeping sickness.

As it has not been possible to detect by casual examination in the field the odd patient likely to suffer ill-effects from his first dose of Antrypol or Bayer 205, a small dose not exceeding 0.3 grammes for an adult, is to be given at the time of diagnosis. This should suffice to detect the occasional intolerance without causing too severe a reaction. Fortunately it is very difficult to produce an artificial resistance to the drugs and so there should be no risk of the small preliminary dose interfering with subsequent treatment.

Although collapses after Antrypol have been commoner than after Bayer 205 there seems little difference between the two drugs in this respect, when due allowance is made for the fact that more patients have been treated with Antrypol than with Bayer 205. Up to the present we have not been able to find any significant difference in the clinical action of the two drugs.

WORK OF SLEEPING SICKNESS TEAMS.

Unit.	Locality.	No. examined.	No. of cases.	Infection rate.	No. treated.	Percentage completing treatment
TEAM I.	ZARIA EMIRATE (I)			%		%
	Kudaru District ...	23,870	9,219	38.62	9,100	99.2
	Kagarko " ...	23,928	8,502	35.53	8,389	99.3
	Giwa District ...	29,081	9,307	32	9,257	99.5
	Zaria Home District...	13,119	2,602	20.23	2,488	99.4
	Zaria Middle School Pupils ...	92	23	25.00	23	100.0
	Middle School Staff ...	15	—	—	—	—
	Zaria Elementary School Pupils ...	132	13	9.83	13	100
	Elementary Schl. Staff	5	—	—	—	—
	Zaria Prisons ..	116	25	21.55	25	10
TEAM II.	NIGER PROVINCE (I)					
	Lapai Emirate ...	18,583	3,915	21.04	5,531	99.6
	Southern Abuja ...	11,318	2,375	20.8	2,373	99.9
	Agaie Emirate ...	22,154	8,039	36.28	7,949	98.7
	Katcha District ...	14,309	3,517	24.5	3,513	99.8
	Bida Emirate ...	—	—	—	—	—
TEAM III.	KANO EMIRATE.					
	Gwaram District ...	23,237	2,753	11.85	4,335	92.5
	Sumaila " ...	90,377	5,956	6.59	5,933	99.5
TEAM IV.	ZARIA EMIRATE (II)					
	Lere District ...	19,375	2,363	12.5	3,101	99.1
	Kachia District ...	22,458	2,428	10.81	2,424	98.9
	Zongon Aya District	23,865	3,807	15.95	3,746	—
	Igabi and Gamagira District ...	13,786	3,327	23.4	3,316	99.7
TEAM V.	NIGER PROVINCE (II)					
	Kuta Division.					
	Kuta District ...	18,724	4,564	24.37	4,511	99.9
	Paiko " ...	19,516	6,959	35.6	6,935	99.8
TEAM VI.	Bosso " ...	9,355	3,520	37.6	3,508	99.6
	CAMEROONS.					
	Tiko Area ...	8,758	1,150	13.13	919	89.2
	Totals ...	407,203	84,364	—	87,369	—

DISPENSARIES.

Considerable progress has been made in the establishment of sleeping sickness dispensaries. Numbers of new dispensaries have been built and staff has been trained to do sleeping sickness work at some of the existing Native Administration dispensaries. In most cases the new dispensaries are temporary mud buildings with concrete floors, etc. Later if desirable they could be replaced with by buildings of a more permanent nature. During the year 4,358 cases of sleeping sickness have been treated at these dispensaries. The great majority of them attended voluntarily. In all, sleeping sickness work has been carried out at twenty dispensaries, sixteen of these being special sleeping sickness dispensaries the remainder being Native Administration dispensaries with a specially trained attendants. On an average sleeping sickness work has only been done for six months in the year at each dispensary. Partly owing to the fact that some were not opened until later in the year and partly owing to the temporary closing of four of the others during the period of the rains. It is noteworthy that the dispensaries which have been established in pagan areas have been particularly popular, patients coming in from many miles round to ask for treatment. Those in muslim areas so far have not done so well; the Hausa seem much more conservative and it takes longer to win their confidence. As much general medical work as possible is being done at all these dispensaries.

Six new sleeping sickness dispensaries are being opened early in 1936 and plans have been made to build another six. In addition staff is being trained to allow of sleeping sickness work being done at seven more of the existing Native Administration dispensaries.

TREATMENT OF MINES LABOUR.

The system of control of labour working on the tin mines in the Wamba area of Southern Division of Plateau Province has been in operation since April. Two examination posts have been placed at mines headquarters. All labourers are examined before being taken on and they are only engaged on the condition that they will present themselves for examination at the end of six weeks. Any of them found to be infected are treated at Wamba Dispensary. The part time services of a Sanitary Superintendent have been available for supervision of this work. The mining companies have been very helpful and have done all they could to make the scheme a success. Results have been satisfactory. At previous surveys the infection rate amongst the permanent labourers was about forty-six per cent. In spite of the mass treatment which was done, which must have had some effect in reducing the amount of infection carried by the tsetse fly in the area, the average infection rate among all mines labour was found in April to be eight per cent. Now after working six weeks about three per cent of the labour contract sleeping sickness. Since the start 4,212 examinations have been made and 139 labourers have been found to have acquired the infection. It is clear that the incidence of sleeping sickness among the labourers has been greatly reduced and as those that do contract the disease are treated the employment of labour in this minesfield can no longer play any part in spreading the disease.

Labourers employed on the numerous gold mines in Niger and Sokoto Provinces are similarly exposed to infection. In many districts their work makes them spend the greater part of the day exposed to the attack of tsetse fly. As the gold mining camps are scattered about the countryside these labourers are a floating population moving from camp to camp and thence to their homes. Many of the mines are situated in localities where the general infection rate of the population is in the neighbourhood of thirty per cent. Conditions are such that strains of sleeping sickness are being carried far and near and render the labourers a source of danger to the rest of the community.

The Health Department is fully aware of the position and as in the Wamba tin area is working in complete co-operation with the sleeping sickness service. The area involved is much too big for any system of rigid control of labour to be possible at present. However arrangements are being made for small sub-teams to be attached to the Sanitary Superintendents who inspect the gold mining camps. These Sanitary Superintendents would then supervise the examination of the labourers and the treatment of the cases found.

PROTECTIVE MEASURES.

A new Sleeping Sickness Ordinance has been drafted in consultation with the Crown Counsel, Kaduna, and is being submitted to Government.

Regulations 23 of 1935 have been made under the Forced Labour Ordinance, 1933 (No. 22 of 1933). These permit of the exaction of unpaid labour for carrying out protective clearings and they give the conditions under which such labour can be called out and the amounts of clearing permissible.

A comprehensive scheme of protective clearing in the Illo, Kaoge and Kwange districts south of the River Niger in Sokoto Province was drawn up by the Sokoto Administration. Particular attention is being paid to fords and watering places though some miles of one bank of the Niger are to be cleared. The exaction of forced labour is proceeding quite smoothly. On the whole the people are quite willing to undertake the work. At the completion of this programme which is being carried out under the supervision of an Administrative Officer the main trade routes and watering places in the three districts should be free from tsetse fly.

Protective clearing in Zaria Emirate has been a more difficult problem, as the shortage of administrative staff has prevented any continuous European supervision. A considerable amount of clearing has been done but this has been effective only to the degree that intelligent supervision has been possible. The local administration are fully aware of the importance of this work and are giving all the help possible. A special sub-department of the Native Administration is being created to work under the technical supervision of the sleeping sickness service. Arrangements have been made to give the newly appointed clearing overseers, etc. a training at Gadau.

If the scheme for the expansion of sleeping sickness control is approved an intensive protective campaign will be started in Zaria Emirate. Some of the preliminary work is being done already. In districts which contain small widely scattered population concentration would be necessary. In the more densely populated areas an attempt would be made to protect towns and larger villages by clearing the streams in their vicinity and making barrier clearings at all river crossings on the main trade routes and important paths. If staff and funds are available work will be started in Anchau, Kudara and Ikara districts. Later contiguous districts would be tackled as it would appear more effective to try and link up a number of safe districts with fly free trade routes than to safeguard a series of small isolated areas.

APPENDIX C.

Report upon Medical Schools.

This report extracted from a report submitted by Dr. Gordon Taylor, Superintendent of Medical Schools, deals with the following institutions:—

(A) Medical School, Yaba and Lagos.

(B) School of Pharmacy, Yaba.

(C) School of Pharmacy, Zaria.

A.—MEDICAL SCHOOL.

1. *Staff*.—The full staff and their respective duties are shown in the prospectus of the School of Medicine published by the Government Printer in 1935. The school suffered a great loss in the death, in December, 1935, of Dr. A. Blair Aitken, Consultant Surgeon to the African Hospital and Medical School and member of the Board of Medical Examiners.

2. *Students*.—The new session opened with twenty-nine students on the roll. Of these two were in their third year, thirteen in their fourth year and fourteen in their fifth or final year of study for the Medical Assistants' Certificate.

3. *Examinations*.—The examinations under the Medical Practitioners and Dentists Ordinance, 1934, were conducted in January. Examiners consisted of the teaching staff, Government Medical Officers and private Medical Practitioners and were appointed by the Board of Medical Examiners. The details were as follows:—

	No. of Entrants.	Successful.	Referred.	Advised not to continue study.
First Professional Examination: Sections I & II ...	12	10	1 (in Section II only)	1
Final Professional Examination: Section I	14	12	2	...
" II	10	6	2	2

4. *Publications*.—(a) The Prospectus of the School of Medicine, in which are embodied the sessions for 1935 and 1936.

(b) A revised standard list of drugs and hospital formulæ.

(c) A revised list of spirituous medicinal preparations exempted from duties under Item 16 of the Second Schedule of the Customs Tariff Ordinance, together with a list of poisons and dangerous drugs.

B.—SCHOOL OF PHARMACY, YABA.

1. *Premises*.—Structural alterations were made to facilitate the manufacture of the ethyl esters of hydnocarpus oil for treatment of leprosy. The laboratory is now able to give an output of thirty to forty pints of esters per month.

A museum containing objects of pharmaceutical interest has been built up.

2. *Staff*.—The staff and their duties were as described in the report for 1934.

3. *Students*.—The new session opened with twenty-two students on the roll. Of these seven were studying for Part I of the Dispensers' Qualifying Examination, seven were studying for the Dispensers' Qualifying Examination and eight were revising for the latter examination after one or more unsuccessful attempts.

The students are not resident at the school and on the whole their standard was rather disappointing. It has been arranged that in future students will only be admitted to the school from the Higher College and will be resident at that college during the course of three years' study for the Dispensers' Qualifying Examination.

4. *Examinations*.—Examinations were conducted as follows by examiners appointed by the Board established under the Poisons and Pharmacy Ordinance :—

	No. of Entrants.	Successful.	Referred.	Advised not to continue study.
Dispensers' Qualifying Examination :—				
January	18	3	10	5
June	8	4	4	—
December	11	3	5	3
Chemists and Druggists' Examination :—				
January	1	1	—	—

C.—SCHOOL OF PHARMACY, ZARIA.

The proposed closure of this school, to which reference was made in the report for 1934, entailed a steady reduction of students and at the end of the year only three remained, who are being transferred to the Yaba school.

Examination results were good :—

	No. of Entrants.	Successful.	Referred.	Advised not to continue study.
Dispensers' Qualifying Examination :—				
January	2	1	1	—
June	1	1	—	—
December	9	6	3	—
Chemists and Druggists' Examination :—				
December	1	1	—	—

Miscellaneous Work.—Assays were made of the alkaloidal content of *Datura stramonium* and *Atropa belladonna* grown at the school. An examination of the poisonous constituents of cassava (manioc) was made in conjunction with Dr. A. Clark.

