Annual report on the medical services / Sierra Leone.

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ANNUAL REPORT

of the Medical and Health Services for the Year 1946

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Annual Report of the Medical and Health Services, 1946

I—ADMINISTRATION

Despite some recruitment of Senior Staff the position has deteriorated still further in the past year and at the end of the year the Department had over 30 per cent of vacancies in Class I posts.

2. Three hospitals in the Protectorate were closed during the year due to shortage of Medical Officers, and other institutions have had to carry on with reduced staff. Both the Sleeping Sickness and Malaria Control Services have had to operate with reduced staffs for a considerable part of the year. One Medical Officer of the former service was seriously ill for a considerable period with Sleeping Sickness but made a satisfactory recovery.

3. The Medical Entomologist was invalided during the year and is not returning to the Colony. One Senior Medical Officer was invalided in the spring and has not yet returned to duty. One African Senior Medical Officer proceeded on leave prior to retirement during the year. His retirement will be a great loss to the Department which he served loyally and efficiently for many years. The Medical Specialist also retired after a long and distinguished career and was replaced by an Officer transferred from the Gold Coast.

4. Three European Medical Officers resigned, one was transferred during the year and one European Senior Medical Officer proceeds on leave prior to retirement early in January, 1947. Three European Nursing Sisters resigned and two have been transferred during the period under review. The Administrative Secretary was transferred to another West African Colony. Two dispensers retired, three resigned, one was invalided from the Service and one died, with the result that four dispensaries in the Protectorate have had to be closed; and in the Colony dispensers have had to pay periodic visits to more than one district.

5. This serious shortage of staff, especially among Medical Officers, European Nursing Sisters and Dispensers, has meant an increase in the work of the remainder with long hours of duty and curtailed leaves. When it is considered that these conditions have now prevailed for some eight years the zeal and loyalty of the staff who have carried on under these adverse conditions must be commended.

6. Thanks are due to the Military Authorities who on several occasions allowed one of the Q.A.I.M.N. Sisters to undertake duty at the Connaught Hospital when the shortage of European Nursing Sisters was very acute. Assistance was also given by allowing the Military Surgeon to undertake emergency work when the Surgeon Specialist was on the sick list.

7. *Finance.*—The approved estimates for the Department for 1946 were as follows:—

Personal Emoluments	£88,154,
Other Charges	£92,493
TOTAL ..	£180,647

8. In addition the following sums were provided under the Colonial Development and Welfare Act:—

Sleeping Sickness and Yaws Campaign (Scheme D.416) ..	£15,785
Malaria Control (Scheme D. 322)	£22,000

9. The ten year development programme under the Colonial Development and Welfare Act submitted during the previous year has not yet been implemented owing to the fact that it has now been decided that each item of the proposed plan must be separately approved instead of the plan being approved *in toto*. This decision has delayed the inception of the schemes detailed in the original programme.

Legislation

10. The following Ordinances and Rules were enacted during the year:—

1. The Protectorate (Exemption from House Tax) Order, 1946—Public Notice No. 5 of 1946.
2. The Impounding Rules, 1946—Public Notice No. 7 of 1946.
3. Proclamation—The Dogs Ordinance, 1924 (Cap. 54)—Public Notice No. 39 of 1946.
4. The Registration Districts (Colony) (Amendment) (No. 2) Order in Council, 1946—Public Notice No. 70 of 1946.
5. Proclamation—The Dogs Ordinance, 1924 (Cap. 54)—Public Notice No. 75 of 1946.
6. The Registration Districts (Colony) (Amendment) (No. 2) Order in Council, 1946—Public Notice No. 152 of 1946
7. An Ordinance to Amend the Public Health Ordinance, 1924—No. 1 of 1946.
8. An Ordinance to Amend the Diseases of Animals Ordinance, 1944—No. 33 of 1946.
9. An Ordinance to Amend the Public Health Ordinance, 1924—No. 36 of 1946.
10. An Ordinance to Amend the Undesirable Advertisements Ordinance, 1945—No. 43 of 1946.

Owing to staff shortage the much needed revised Public Health Ordinance has had to be deferred.

Vital Statistics

11. The system of registration in Freetown and the Colony remains the same.

BIRTHS AND DEATHS—FREETOWN AND COLONY

Births

District	1944			1945			1946		
	M.	F.	Total	M.	F.	Total	M.	F.	Total
Freetown	1,126	1,092	2,218	1,180	1,113	2,293	1,087	1,132	2,219
Rest of the Colony ..	676	615	1,291	757	715	1,472	911	869	1,780

Deaths

District	1944			1945			1946		
	M.	F.	Total	M.	F.	Total	M.	F.	Total
Freetown	949	674	1,623	944	687	1,631	1,067	832	1,899
Rest of the Colony ..	417	554	971	779	601	1,380	875	654	1,529

12. Births and Deaths registered in the Protectorate were:—

	Births	*Deaths*
Male	1,497	1,238
Female	1,533	992

13. *Infant Mortality.*—Out of 2,219 Births in Freetown, 463 deaths of infants under one year were registered giving an infant mortality rate of 208. The figures for the past five years are:—

1941	1942	1943	1944	1945	1946
207	193	167	153	160	208

14. Of the 463 deaths under one year 60 per cent died in the first month of life, and a considerable number of them, and also still births, may be ascribed to malnutrition of the mothers.

PUBLIC HEALTH

GENERAL MEASURES OF SANITATION

15. The general sanitation throughout the country is fair, although conditions in the Protectorate villages are primitive when compared with Freetown. Lack of supervisory staff has prevented much progress, as it is only by frequent inspection and constant attention that any innovation can be made a success and maintained in working order.

16. No major sanitary works were undertaken during 1946, but preliminary investigations concerning the improvement and increase of the storage capacity of the Freetown water supply has been undertaken by a consulting engineer. From the facts already obtained it would appear that an ensured all the year water supply is possible. The introduction of such a scheme would assist in the reduction of the incidence of the typhoid group of fevers and other intestinal infections in the city, and make possible the installation of septic tank latrines on a large scale.

17. Refuse disposal throughout the territory is mainly in the form of controlled tipping. This has led to the reclamation of a large portion of a lagoon in the vicinity of Freetown and the establishment of market gardens on the land so formed. Similar improvements have been effected in low lying swamp areas in the vicinity of other towns and villages throughout the territory.

18. Sub-soil contour drainage and canalization of streams in the neighbourhood of centres of population have been continued, while improved wells have been constructed in various parts of the country.

ENDEMIC DISEASES

19. *Malaria.*—13,066 cases of Malaria were treated at Government hospitals with 26 deaths. The incidence of this disease is higher than the figures indicate, as many people in country districts at some distance from medical help are treated in their homes by native herbalists.

20 The incidence of the disease has been lowered in the city of Freetown by intensive anti-larval measures and drainage carried out by the Malaria Control Unit in and within a five mile radius of the centre of the city. This work is carried out with financial assistance under the Colonial Development and Welfare Act. The following is a brief summary of the work and findings of the Malaria Control Unit:—

21. *A.* Temporary control was maintained by the use of a D.D.T. emulsion as a larvicide and a pyrethrum-kerosene solution for the mass-spraying of houses. Adult mosquitoes in houses were dealt with from June to September in all areas except Brookfields, where spraying was continued throughout the year.

22. *B.* Eleven streets were remade by the Public Works Department and concrete side drains provided. Two additional dams were built across the Alligator stream to aid bed stabilization.

23. The experimental rice swamp at Wellington inside the bunded area was closely observed and larvæ were found on three occasions; it would appear that with proper water control no malaria problem need arise in the area under cultivation.

24. *C.* 33,500 tablets of Mepacrine were issued to school children between five and eight years of age at selected schools. Blood examinations gave the following results. —

Parasite rate in treated schools	12.45 per cent
Parasite rate in untreated schools	16.1 per cent

25. The annual average Freetown room mosquito density was:—

1944	1945	1946
0 .14	0 .05	0 .08

The slight increase in the density rate in 1946 compared with 1945 was due to the lack of supervisory staff required to maintain the standard of efficiency which the Unit had attained in previous years.

26. The following table gives the percentage of infected female *A. Gambiæ* found by dissection during the past three years:—

	1944	1945	1946
Number dissected	1,296	706	528
Percentage infected	5 .1	0 .42	0 .19

27. During 1946, the Pathological Laboratory examined 12,085 blood slides and the Malaria Unit examined 2,805 blood slides. Of 14,890 blood examinations, *P. Falciparum* accounted for most of the infection and in 12.9 per cent of the slides examined parasites were found.

TRYPANOSOMIASIS AND YAWS

28. These diseases are being considered together in this report as the Yaws and Sleeping Sickness Campaign financed under the Colonial Development and Welfare Act provides the most comprehensive information concerning these infections. In addition to cases treated by this unit, however, 94 cases of trypanosomiasis and 19,299 cases of yaws were treated at Government Hospitals, while 13,401 cases of the latter disease attended Government dispensaries.

29. The following summarizes the work of the Yaws and Sleeping Sickness Campaign:—

Sleeping Sickness.

30. More intensive methods of control have been carried out in two areas. In the Kono District, prophylaxis repeated after six months has been given to some 17,000 people in an attempt to control the unusual type of epidemic in existence there. Similar measures were taken in the three Kissi chiefdoms in the Kailahun District. Here, the laborious procedure of repeated mass diagnosis and treatment has been necessary year after year since 1940 to keep the incidence down to about 1 per cent. In 1946 mass diagnosis was repeated, and at the same time additional treatment centres have been or are being built.

31. The results of mass prophylaxis with pentamidine isethionate have been very promising, and in the Fuero area trypanosomes could be found in blood or gland juice in only 0 .1 per cent of people who had received prophylaxis seven months previously, whereas 5 .1 per cent of untreated people were found infected. In another area the comparative figures after ten months were 0 .12 per cent in the prophylactically treated and 0 .92 per cent in the untreated.

32. Six months later inhabitants of the Fuero area were again examined with the following results. Infection rates are also shown for a group of people in the same area who had not received any prophylaxis.

33. *Results of mass diagnosis 6–11 months after prophylaxis—Kono.*

Group	*Chiefdom*	*No. examd.*	*G.J. +*	*B.F. + S.S.*	*incidence %*
Recd. prophylaxis	.. Soa	7,431	2	6	0.12
7–12 months previously	Gbane Kando	1,838	2	0	0.11
	TOTAL	9,269	4	6	0.11
No prophylaxis ..	.. Soa	2,673	64	22	3.2
	.. Gbane Kando	290	2	1	1.03
	TOTAL ..	2,963	66	23	3.0

34. There was thus nearly 30 times as high an incidence of infection of blood or gland juice among the people who had not received prophylaxis as among those who had. However, among the prophylactically treated group 67 people were found by lumbar puncture to have an abnormal cerebrospinal fluid indicating that they were infected, though no trypanosomes could be found in blood or gland juice. It is at present impossible to say how many of these people had already been infected prior to prophylaxis but went undiagnosed, with the result that the prophylaxis injections produced a suppressive effect on the trypanosomes, or how many actually became infected subsequent to prophylaxis, but failed to reveal peripheral trypanosomes *i.e.* became cryptic cases.

35. In the course of this work it has been shown that a single injection of pentamidine isethionate will protect the great majority of people for at least six months so that prophylaxis with this drug is eminently practicable. More important however than its value in the individual is its potentiality for the protection of a whole community for the reason that it cuts off the source of infection of the tsetse fly.

36. *Yaws.*—One main investigation into yaws has been a study of the late clinical and serological results of different courses of treatment. Clinical re-examinations of previously treated cases have been carried out at Kailahun, and at Tumbodu, north of Sefadu. Sera were collected and tested with the Ide test locally and were then sent to the Government Laboratory, Freetown, for confirmation by the Kahn test. As a result further knowledge concerning the comparative effectiveness of acetylarsan and B.S.P.T. has been obtained. B.S.P.T. has been found practically useless in preventing relapses or producing serological cure and does little more than alleviate symptoms. Combined with an arsenical it seems to have even very little synergic action. A course of six injections of acetylarsan appears to cure about one-third of the cases permanently and to suppress the disease at least for some years in others, so that relapses are few, but it is expensive. Bismuth salicylate in oily suspension is now being tried on a considerable scale. Its immediate results are comparable to those of acetylarsan, and if its long-term results are equally good it will effect a great economy. In 1946 over 10,000 yaws cases were treated at trypanosomiasis dispensaries with bismuth salicylate; and it is hoped that a clinical and serological follow-up will be possible early in 1947 on cases already treated by bismuth salicylate to provide an exact long-term comparison between the two drugs.

37. The methods of control which have been found to be both practicable and successful comprise an attack in three stages. First, mass diagnosis and treatment; second, provision of numerous dispensaries or permanent treatment centres to deal with relapses and new cases as they arise; third, the attachment to each centre of an itinerant attendant who visits the villages of the surrounding chiefdoms or sections to diagnose cases of yaws in their homes and sends them to the centre for treatment.

This last stage may be unnecessary in an area where the incidence is not high, or where sample surveys show that the people do come voluntarily for treatment at an early stage. Undoubtedly, the provision of numerous permanent treatment centres is the most important of the three stages, though it is doubtful whether it would succeed without the preceding mass diagnosis and treatment. The chief function of mass treatment is to prepare the ground by reducing the incidence at a stroke to proportions manageable by a treatment centre, and by educating the people to attend for a full course of treatment instead of the usual one or two injections.

38. *Smallpox.*—Sporadic cases of smallpox, and small isolated outbreaks of the disease, occurred both in the Protectorate and Colony during the year. Altogether 750 cases were notified in the territory with 114 deaths. Of this number 134 cases, including 34 imported cases, were reported from Freetown, and it was found necessary to declare the Port infected for a period.

39. Vaccination in Freetown is compulsory and out of a total of 564,790 persons vaccinated in the territory during the 1946, 160,881 were vaccinated in the city and Colony villages. The policy of vaccinating inhabitants of areas of the Protectorate bordering on neighbouring territories as well as those in districts where cases occurred has been continued.

40. *Tuberculosis.*—171 cases with 28 deaths were treated in hospital. These figures give no idea of the prevalence of this disease in the territory; and with the present general lack of education and low economic level which prevail among the population, little can be done in the way of preventive measures. Treatment in the form of prolonged hospitalisation and various forms of collapse therapy in the case of the presumably tuberculariseed inhabitants of Freetown gives good results, but the lack of hospital accommodation for these cases is a serious handicap. Moreover, the general mode of life and poor nutritional level on return to a domestic environment frequently lead to a recurrence of the disease.

41. Owing to difficulties outside the control of the Medical Department it was impossible to complete the erection of the pavilion for tuberculous cases in the compound of Bo Hospital, but considerable progress has been made and the building should be ready for occupation during the first half of 1947.

42. *Plague.*—No cases occurred during the year. 4,143 rats were destroyed in Freetown alone, and of this number 3,280 were examined bacteriologically for *P. pestis* and found to be negative. From the rats examined 582 fleas of the species Xenopsylla cheopis and 704 Xenopsylla braziliensis were obtained.

43. *Typhus* (*Murine*).—Nine cases of murine typhus were treated in Hospitals in 1946 with no deaths, and all the twelve cases notified occurred in Freetown. No doubt the disease has been present in Sierra Leone for many years and the increase in the number of cases reported is due to better facilities for laboratory investigation, improved serological aids to diagnosis and awareness of the presence of the disease by clinicians.

44. *Rabies.*—Two cases of hydrophobia died in hospital. 2,337 dogs were impounded in Freetown during the year, and of this number 1,890 were destroyed. Seven dog brains were examined in the laboratory and showed Negri bodies.

45. *Gonorrhœa* is widespread throughout the territory. 3,908 cases with two deaths were reported.

46. *Dysentery* in all forms is common, and during the period under review 1,115 cases were treated at Hospitals with sixteen deaths.

47. *Enteric Fever.*—Ninety-five cases and eighteen deaths were reported.

MATERNITY AND CHILD WELFARE

48. One thousand nine hundred and forty-eight pregnant women were admitted to hospitals throughout the country and of this number 1,625 were admitted to the Maternity and Ante-natal wards of the Maternity Hospital, Freetown, where 1,018 deliveries took place.

49. The main centre for training midwives is at the Maternity Hospital, Freetown where twelve were successful at the final examination during the year. Village midwives of a lower professional standard were trained at Bonthe and Pujehun Government Hospitals and at Segbwema Mission Hospital, but unfortunately the small maternity ward and midwives' quarters at Pujehun collapsed owing to faulty construction.

50. A new village maternity centre was opened in October 1946 at Mobai, while the Nyeama centre, which has been established sometime, has been re-housed in a building of permanent construction.

51. The following indicates the work done at the various clinics associated with the Maternity Hospital, Freetown, during the year:—

Ante Natal Clinic

	1945	1946
New Cases	2,812	2,532
Subsequent Attendances	10,343	10,882
Home Visits	2,569	3,170

Post Natal Clinic

New Cases	914	804
Subsequent Attendances	720	725

Infant Welfare Clinic

New Cases	3,429	2,369
Subsequent Attendances	14,439	15,548
Home Visits	14,747	16,626

SCHOOL HYGIENE

52. The School Medical Officer was on leave for five months during 1946 and, owing to the shortage of staff, the work was continued on a maintenance basis under the supervision of the school nurse. Routine visits to schools and clinics were undertaken and vaccination of school children was done. The School Clinic at St. Joseph's Convent, Freetown, continued to be very popular and helped to reduce the number of out-patient attendences at the Connaught Hospital.

53. Avitaminosis is fairly common among the school children of Freetown but appears to have a lower incidence in children of a corresponding age in the Protectorate, and it is doubtful if much improvement with regard to nutrition can be expected before the establishment of health centres in the city. In addition to the basic social and economic factors—influencing the prevalence of malnutrition, the ultra-conservative attitude of the African towards food habits has to be overcome. In August, September and October a survey was done by the Lady Medical Officer, Schools, to investigate the amount of avitaminosis present among the school children with the following results:—

Total number of children examined	1,626
Total number found to be suffering from marked avitaminosis ..	435
Percentage among the Primary Schools	29 .4 per cent
Percentage among the Secondary Schools	17 .9 per cent

54. The following table indicates in statistical form the amount of work undertaken by the School Medical Officers:—

Total number of children examined	15,905
Total number of children referred to the School Clinic	2,012
Total number of children referred for in-patient treatment to the Connaught Hospital	27
Total number of children vaccinated by School Nurse	901

VENEREAL DISEASES CLINIC

55. The Seamen's Clinic was closed during the year as the amount of shipping did not justify its continuance. Adequate arrangements, however, were made for treatment.

The following shows the attendances at the clinics in Freetown:—

Venereal Diseases Clinics:—	1945	1946
(1) Seamen's Clinic:		
Total Attendances	474	74
(2) General Clinic:		
New Cases	1,883	877
Subsequent Attendances	6,685	2,554

LABOUR CONDITIONS

56. Foresight on the part of Government has assisted to keep unemployment, due to demobilisation, within reasonable limits. Unfortunately, a large force of unskilled labour was required in and around Freetown during the war years and there is a tendency for these men to remain in the city, where there is insufficient work to keep them all in employment, instead of returning to the Protectorate or neighbouring territories. The ex-servicemen continued to receive preference with regard to employment, as it is obligatory to employ them provided their qualifications and attainments are suitable.

57. The cost of living for all sections of the community continues at a high level when compared with the conditions prevailing pre-war.

HOUSING AND TOWN PLANNING

58. Little or no progress has been made in regard to the housing of the general population during the past year, although town planning is envisaged under the territory's development programme.

59. During the year, legislation was introduced to ensure that the Sierra Leone Development Company would, within a stated period, provide housing accommodation for a certain proportion of its labour force in accordance with standards approved by the Director of Medical Services.

PORT HEALTH WORK

60. The Port Health Officer resigned during 1946, and owing to the lack of staff it was impossible to replace him by another Medical Officer. The purely public health side of this work was very ably performed by a Sanitary Inspector working under the direction of the Senior Medical Officer (Health), Freetown.

61. The Port was declared infected during December 1945 and continued to be so for smallpox until June, 1946.

62. One ship out of the 612 which entered the Port had had smallpox on board during the voyage. All precautions were taken with the result that no case of the disease arose which could be traced to this source.

63. The health work and sanitation of the airport was taken over from the Services by the Department during 1946. This work is under the immediate supervision of a Sanitary Inspector who is responsible to the Senior Medical Officer (Health) Freetown. This method of control has been found satisfactory so far as the health side of the work is concerned, but the fact that the nearest qualified medical assistance is some 25 miles distant gives rise to concern.

HOSPITALS AND DISPENSARIES

64. As mentioned previously three hospitals and four dispensaries were temporarily closed during 1946 owing to staff shortage.

65. A tuberculosis pavilion for Africans and a small annexe for accommodating senior officers suffering from general diseases are being constructed at Bo in the hospital compound, and should be ready for occupation early in 1947.

66. The wards for convalescent cases at Murray Town Rehabilitation Centre continued in use and were of great assistance in releasing beds in the Connaught Hospital for acute cases.

67. The statistical returns for 1946 for general hospitals and dispensaries are summarized below together with the figures for 1945:—

1.—*Colony*

(*a*) Connaught Hospital

	1945	1946
In-patients	3,212	3,345
Out-patients (exclusive of Europeans):		
New cases	36,326	35,360
Subsequent Attendances	114,870	120,421

(*b*) Hill Station Hospital

In-patients	431	334
Out-patients:		
New cases	382	519
Subsequent attendances	918	1,051

(*c*) Colony Dispensaries

New cases	33,998	38,886
Subsequent attendances	122,375	105,692

2.—*Protectorate.*

(*a*) Bo Hospital

In-patients	908	1,269
Out-patients:		
New cases	8,689	11,019
Subsequent attendances	65,674	38,671

(*b*) Other Hospitals

In-patients	2,976	2,229
Out-patients:		
New cases	57,245	66,955
Subsequent attendances	145,732	175,581

(*c*) DISPENSARIES

New cases	81,555	91,962
Subsequent attendances	189,308	209,159

KISSY LUNATIC ASYLUM

68. The certified insane population again showed an increase. New admissions numbered 78, and on 31st December, 1946, the number of inmates had increased to 136. It is gratifying to note that the discharge rate had increased approximately fivefold, and that despite the increase of the number of patients, deaths were less than in 1945.

69. The following table gives a statistical comparison with 1945:—

	1945	1946
Admission	52	78
Discharges	11	53
Deaths	18	16
Number of inmates on 31st December	127	136

PRISONS

70. A serious state of overcrowding has existed in the Freetown Prison for sometime now and is getting steadily worse. The Prison which was built to accommodate 250 had an average daily population of 522 during the year. A considerable rise took place in the latter part pf the year and the average daily figures for the last three months of the year were 769,754 and 760. The danger of this is obvious, but fortunately there was no serious incidence of infectious or contagious disease among the Prison population during the year under review.

71. Three hundred and seventy-four prisoners were admitted to the Prison Hospital and 25 of these were transferred to the Connaught Hospital. There were seven deaths. An " out-patient " department is run in conjunction with the Prison Hospital and dealt with 6,316 attendances for minor ailments.

DENTAL CLINIC

72. The Clinic was only open for about ten months of the year owing to the absence of the Government Dentist on leave. A few visits to the larger towns in the Protectorate were made.

73. The following table briefly indicates the amount of work done in 1945 and 1946:—

	Patients.	*Fillings.*	*Extractions.*	*Scalings, etc.*	*Local Anæsthetics.*	*Other Treatment.*
1945	4,002	534	5,519	75	3,219	2 Fractures
1946	4,294	630	5,971	255	3,622	4 ,,

PATHOLOGICAL LABORATORY

74. The number of specimens examined during the year was 32,804. This amount of routine work allows the Pathologists little or no time to undertake research.

W. P. H. LIGHTBODY,
Director of Medical Services.

MEDICAL DEPARTMENT,
FREETOWN,
1*st May*, 1947.

RETURN OF DISEASES AND DEATHS FOR THE YEAR 1946
(HOSPITALS ONLY)

EUROPEANS

No.	*Diseases*	*In-Patients*		*Deaths*		*Out-Patients*	
		M	*F*	*M*	*F*	*M*	*F*
1.	(*a*) Typhoid fever	—	1	—	—	—	—
	(*b*) Paratyphoid fever	—	—	—	—	—	—
2.	Typhus (murine)	—	1	—	—	—	—
3.	Relapsing fever	—	—	—	—	—	—
4.	Undulant fever	—	—	—	—	—	—
5.	Smallpox	—	—	—	—	—	—
6.	Measles	1	—	—	—	1	—
7.	Scarlet fever	—	—	—	—	—	—
8.	Whooping cough	—	—	—	—	—	—
9.	Diphtheria	2	—	—	—	—	—
10.	Influenza:—						
	(*a*) With respiratory complications	—	—	—	—	—	—
	(*b*) Without respiratory complications	—	—	—	—	—	—
11.	Cholera	—	—	—	—	—	—
12.	Dysentery:—						
	(*a*) Amœbic	5	4	—	—	—	2
	(*b*) Bacillary	1	—	—	—	2	2
	(*c*) Unclassified	1	1	—	—	1	1
13.	Plague:—						
	(*a*) Bubonic	—	—	—	—	—	—
	(*b*) Pneumonic	—	—	—	—	—	—
	(*c*) Septicæmic	—	—	—	—	—	—
14.	Acute Poliomyelitis	1	—	—	—	—	—
15.	Encephalitis lethargica	—	—	—	—	—	—
16.	Cerebro-spinal fever	—	—	—	—	—	—
17.	Rabies	—	—	—	—	—	—
18.	Tetanus	—	—	—	—	—	—
19.	Tuberculosis of the respiratory system	2	—	—	—	—	2
20.	Other tuberculous diseases ..	—	—	—	—	—	—
21.	Leprosy	—	—	—	—	—	—
22.	Venereal Diseases:—						
	(*a*) Syphilis	6	—	—	—	4	—
	(*b*) Gonorrhœa	10	—	—	—	2	—
	(*c*) Other venereal diseases ..	7	—	—	—	3	—
23.	Yellow fever	—	—	—	—	—	—
	Carried forward	36	7	—	—	13	7

EUROPEANS—*continued*

No.	*Diseases*	*In-Patients*		*Deaths*		*Out-Patients*	
		M.	*F.*	*M.*	*F.*	*M.*	*F.*
	Brought forward	36	7	—	—	13	7
24.	Malaria:—						
	(*a*) Benign	—	—	—	—	3	—
	(*b*) Subtertian	20	5	—	—	18	10
	(*c*) Quartan	—	—	—	—	—	—
	(*d*) Unclassified	27	5	—	—	45	8
25.	Blackwater fever	—	—	—	—	—	—
26.	Kala-azar	—	—	—	—	—	—
27.	Trypanosomiasis	1	—	—	—	—	—
28.	Yaws	—	—	—	—	—	—
29.	Other protozoal diseases	—	—	—	—	—	—
30.	Ankylostomiasis	2	—	—	—	—	—
31.	Schistosomiasis	—	—	—	—	—	—
32.	Other Helminthic diseases ..	2	—	—	—	1	—
33.	Other infectious or parasitic diseases	2	—	—	—	5	5
34.	Cancer and other tumours:—						
	(*a*) Malignant	1	—	—	—	—	—
	(*b*) Non-Malignant	4	1	—	—	5	1
	(*c*) Undetermined	—	—	—	—	—	—
35.	Rheumatic conditions	3	—	—	—	2	6
36.	Diabetes	—	—	—	—	—	—
37.	Scurvy	—	—	—	—	—	—
38.	Beriberi	—	—	—	—	—	—
39.	Pellagra	—	—	—	—	—	—
40.	Other diseases:—						
	(*a*) Nutritional	—	—	—	—	—	—
	(*b*) Endocrine glands and general ..	—	1	—	—	—	1
41.	Diseases of the blood and blood-forming organs	3	—	—	—	2	8
42.	Acute and chronic poisoning ..	2	—	—	—	—	—
43.	Cerebral hæmorrhage	—	—	—	—	—	—
44.	Other diseases of the nervous system	7	2	—	—	20	7
45.	Trachoma	—	—	—	—	—	—
46.	Other diseases of the eye and adnexa	7	—	—	—	19	2
47.	Diseases of the ear and mastoid sinus	1	—	—	—	45	7
48.	Diseases of the Circulatory system:—						
	(*a*) Heart	4	—	—	—	1	1
	(*b*) Other circulatory diseases ..	—	1	—	—	1	2
49.	Bronchitis	3	1	—	—	14	2
	Carried forward	125	23	—	—	194	67

EUROPEANS—*continued*

No.	*Diseases*	*In-Patients*		*Deaths*		*Out-Patients*	
		M.	*F.*	*M.*	*F.*	*M.*	*F.*
	Brought forward	125	23	—	—	194	67
50.	Pneumonia:—						
	(*a*) Broncho-pneumonia	—	1	—	—	—	—
	(*b*) Lobar-pneumonia	—	—	—	—	—	—
	(*c*) Otherwise defined	—	—	—	—	—	—
51.	Other diseases of the respiratory system	12	3	—	—	45	19
52.	Diarrhœa and enteritis:—						
	(*a*) Under two years of age ..	—	—	—	—	2	—
	(*b*) Over two years of age ..	12	5	—	—	24	15
53.	Appendicitis	3	—	—	—	—	—
54.	Hernia, intestinal obstruction ..	1	—	—	—	—	—
55.	Cirrhosis of the liver	1	—	—	—	—	—
56.	Other diseases of the liver and biliary passages	2	1	—	—	3	—
57.	Other diseases of the digestive system	14	2	—	—	49	16
58.	Nephritis:—						
	(*a*) Acute	1	—	—	—	2	—
	(*b*) Chronic	1	—	—	—	—	—
59.	Other non-venereal diseases of the Genito-urinary system	5	5	—	—	9	6
60.	Diseases of pregnancy, childbirth, and the puerperal state:—						
	(*a*) Abortion	—	4	—	—	—	—
	(*b*) Ectopic gestation	—	—	—	—	—	—
	(*c*) Toxæmias of pregnancy ..	—	—	—	—	—	—
	(*d*) Other conditions of the puerperal state	—	1	—	—	—	—
61.	Diseases of the skin, cellular-tissue, bones and organs of locomotion ..	74	9	—	—	195	68
62.	Congenital malformation and diseases of early infancy:—						
	(*a*) Congenital debility	—	—	—	—	—	—
	(*b*) Premature birth	—	—	—	—	—	—
	(*c*) Injury at birth	—	—	—	—	—	—
63.	Senility	—	—	—	—	—	—
64.	External causes:—						
	(*a*) Suicide	—	—	—	—	—	—
	(*b*) Other forms of violence ..	—	1	—	—	10	2
65.	Ill-defined	22	8	—	—	47	29
	Total ..	273	63	—	—	580	222

AFRICANS

No.	Diseases	In-Patients		Deaths		Out-Patients	
		M	*F*	*M*	*F*	*M*	*F*
1.	(*a*) Typhoid fever	61	26	13	2	5	—
	(*b*) Paratyphoid fever	2	—	—	—	—	—
2.	Typhus (murine)	6	2	—	—	—	—
3.	Relapsing fever	—	—	—	—	—	—
4.	Undulant fever	—	—	—	—	—	—
5.	Smallpox	4	—	—	—	10	3
6.	Measles	18	18	—	1	18	25
7.	Scarlet fever	—	—	—	—	—	1
8.	Whooping cough	3	2	—	—	13	19
9.	Diphtheria	6	3	4	1	1	1
10.	Influenza:—						
	(*a*) With respiratory complications	—	—	—	—	—	—
	(*b*) Without respiratory complications	—	—	—	—	—	—
11.	Cholera	—	—	—	—	—	—
12.	Dysentery:—						
	(*a*) Amœbic	44	32	3	5	238	150
	(*b*) Bacillary	27	18	5	1	37	16
	(*c*) Unclassified	18	4	2	—	311	200
13.	Plague:—						
	(*a*) Bubonic	—	—	—	—	—	—
	(*b*) Pneumonic	—	—	—	—	—	—
	(*c*) Septicæmic	—	—	—	—	—	—
14.	Acute Poliomyelitis	—	1	—	—	1	3
15.	Encephalitis lethargica	—	—	—	—	—	—
16.	Cerebro-spinal fever	8	4	4	2	—	—
17.	Rabies	2	—	2	—	—	—
18.	Tetanus	41	21	23	14	12	1
19.	Tuberculosis of the respiratory system	64	27	21	7	54	22
20.	Other Tuberculous diseases	9	11	—	3	5	3
21.	Leprosy	2	2	—	—	88	54
22.	Venereal diseases:—						
	(*a*) Syphilis	66	13	5	1	165	72
	(*b*) Gonorrhœa	99	16	2	—	3,238	543
	(*c*) Other venereal diseases	68	16	5	—	486	349
23.	Yellow fever	—	—	—	—	—	—
	Carried forward	548	216	89	37	4,682	1,462

AFRICANS—*continued*

No.	*Diseases*	*In-Patients*		*Deaths*		*Out-Patients*	
		M	*F*	*M*	*F*	*M*	*F*
	Brought forward	548	216	89	37	4,682	1,462
24.	Malaria:—						
	(*a*) Benign	4	2	—	1	—	—
	(*b*) Subtertian	160	148	3	4	2,187	1,439
	(*c*) Quartan	1	—	—	—	—	—
	(*d*) Unclassified	218	126	11	7	5,644	2,996
25.	Blackwater fever	2	1	—	—	—	—
26.	Kala-azar	—	—	—	—	—	—
27.	Trypanosomiasis	11	—	—	—	53	29
28.	Yaws	37	16	—	—	10,634	8,612
29.	Other protozoal diseases	1	2	—	—	—	—
30.	Ankylostomiasis	33	23	2	—	453	353
31.	Schistosomiasis	13	17	1	—	47	47
32.	Other Helminthic diseases ..	33	33	—	1	2,503	2,205
33.	Other infectious or parasitic diseases	59	5	4	—	267	137
34.	Cancer and other tumours:—						
	(*a*) Malignant	18	5	10	1	5	6
	(*b*) Non-Malignant	13	66	—	2	6	40
	(*c*) Undetermined	44	21	6	3	67	8
35.	Rheumatic conditions	52	28	—	2	3,680	2,489
36.	Diabetes	7	1	1	—	1	1
37.	Scurvy	—	—	—	—	—	—
38.	Beriberi	1	2	—	—	1	—
39.	Pellagra	—	—	—	—	—	—
40.	Other diseases:—						
	(*a*) Nutritional	62	60	21	14	1,865	1,128
	(*b*) Endocrine glands and general ..	4	2	—	1	14	6
41.	Diseases of the blood and blood-forming organs	67	46	6	7	244	361
42.	Acute and chronic poisoning ..	12	1	—	—	7	1
43.	Cerebral hæmorrhage	36	11	8	5	4	2
44.	Other diseases of the nervous system	68	32	9	7	1,082	502
45.	Trachoma	10	9	—	—	40	54
46.	Other diseases of the eye and ad nexa	70	44	—	—	1,257	799
47.	Diseases of the ear and mastoid sinus	8	20	2	1	740	523
48.	Diseases of the Circulatory system:—						
	(*a*) Heart	86	43	30	9	180	113
	(*b*) Other circulatory diseases ..	23	21	7	—	268	51
49.	Bronchitis	85	69	4	3	4,466	2,698
	Carried forward	1,786	1,070	214	105	40,397	26,062

AFRICANS—*continued*

No.	*Diseases*	*In-Patients*		*Deaths*		*Out-Patients*	
		M.	*F.*	*M.*	*F.*	*M.*	*F.*
	Brought forward	1,786	1,070	214	105	40,397	26,062
50.	Pneumonia:—						
	(*a*) Broncho-pneumonia	81	63	21	17	26	17
	(*b*) Lobar-pneumonia	274	75	16	7	88	25
	(*c*) Otherwise defined	75	33	8	4	60	35
51.	Other diseases of the respiratory system	135	44	6	2	2,369	1,155
52.	Diarrhœa and enteritis:—						
	(*a*) Under two years of age ..	4	6	1	2	286	286
	(*b*) Over two years of age ..	131	55	30	7	1,333	719
53.	Appendicitis	5	4	1	—	146	147
54.	Hernia, intestinal obstruction ..	501	19	13	5	817	34
55.	Cirrhosis of the liver	3	2	1	1	8	3
56.	Other diseases of the liver and biliary passages	78	17	9	2	79	33
57.	Other diseases of the digestive system	87	210	2	6	4,702	3,154
58.	Nephritis:—						
	(*a*) Acute	7	10	—	1	56	30
	(*b*) Chronic	12	7	7	3	19	12
59.	Other non-venereal diseases of the Genito-urinary system ..	171	141	15	3	564	1,875
60.	Diseases of pregnancy, childbirth, and the puerperal state:—						
	(*a*) Abortion	—	174	—	4	—	342
	(*b*) Ectopic gestation	—	6	—	—	—	2
	(*c*) Toxæmias of pregnancy ..	—	75	—	2	—	5
	(*d*) Other conditions of the puerperal state	—	152	—	2	—	72
61.	Diseases of the skin, cellular-tissue, bones and organs of locomotion ..	649	262	15	8	11,395	5,939
62.	Congenital malformation and diseases of early infancy:—						
	(*a*) Congenital debility	—	—	—	—	—	—
	(*b*) Premature birth	—	27	—	—	—	—
	(*c*) Injury at birth	—	—	—	—	—	—
63.	Senility	1	—	—	—	2	2
64.	External causes:—						
	(*a*) Suicide	—	—	—	—	—	—
	(*b*) Other forms of violence ..	488	95	24	7	4,857	1,517
65.	Ill-defined	233	135	11	5	3,078	1,586
	Total	4,721	2,682	394	193	70,282	43,052