Annual report on the medical services / Sierra Leone.

COLONY OF SIERRA LEONE

ANNUAL REPORT of the Medical and Health Services for the Year 1948

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FREETOWN:

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1949

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G.P.3515/49/300.

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ADMINISTRATION

Dr. W. P. H. Lightbody, C.B.E., proceeded on leave in September, 1948, prior to retirement. His period of office as Director of Medical Services was not an easy one as it included the war years when new and important problems had to be faced, and a depleted staff had to be directed to undertake an increased volume of work. In addition, during the difficult post war years he successfully planned, and inaugurated the departmental development programme.

2. The position regarding Senior staff seriously deteriorated in 1948. One Senior Medical Officer of Health was promoted to the post of Assistant Director of Medical Services, while the other proceeded on leave prior to retiral thus creating two vacancies, one of which has been filled but the officer has not yet assumed duty. Three Medical Officers on agreement, and one temporary Medical Officer resigned. The position was further aggravated when an Assistant Director of Medical Services was invalided to the United Kingdom. At the end of the year there were ten vacancies for Medical Officers. Three Nursing Sisters resigned on marriage, and it is with regret I have to record the death of another. Out of a total establishment of fourteen Nursing Sisters only ten posts were filled—this number includes three African Nursing Sisters. The Medical Storekeeper and Inspecting Pharmacist resigned his appointment, and the post has remained unfilled. A second Radiographer was appointed and assumed duty in April.

3. The acute shortage of staff again necessitated the closure of two Protectorate Hospitals in addition to one which has remained closed for over three years. This has left considerable areas of the territory without Government Medical Officers. These hospitals were, however, staffed by dispensers throughout the period under review. For the greater part of the year the Endemic Diseases Control Unit, formerly known as the Yaws and Sleeping Sickness Campaign, had only one Medical officer to supervise the work of the unit which extends over a very wide area of the territory. With the exception of two all dispensaries in the territory were staffed by qualified dispensers. In addition, a dispenser was posted to Lungi Air-field and it is hoped that as facilities become available, the services of this dispenser will be extended to the neighbouring villages.

4. During the year two Senior Staff nurses were awarded scholarships financed from Government funds to take a course of training in the United Kingdom for the S.R.N. and S.C.M. examinations.

5. Hill Station hospital accommodates Officials of the Senior service of Government, and also admits patients of all nationalities who are prepared to pay the hospital fees laid down by Government.

6. The Department is indebted to the British Council for arranging on several occasions, the display of cinematograph films dealing with medical subjects, and is grateful for the trouble which has been taken by the Council in this matter.

7. Relations with the services have continued to be friendly and, so far as shortage of staff has permitted, mutual assistance has been given when required.

8. *Finance*:—

	£ s. d.
Personal Emoluments	.. 108,394 4 9
Other Charges	95,088 16 7
Total	£203,483 1 4

9. In addition, the following sums were expended under the Colonial Development and Welfare Act:—

		£ s. d.
Bo Hospital Extension	D.274/274A ..	860 5 4
Malaria Control	D. 322/322A ..	16,928 14 0
Yaws and S/S. Campaign	D. 416 (terminated in March)	1,861 2 2
Connaught Hospital Extension	D. 861	4,365 9 6
Extension of Yaws, etc.	D. 890	8,332 10 11
Health Centre	D. 866	1,130 4 7
38/20 Civil Aviation	P.E. £499 7 8 O.C. 694 8 0 ..	1,193 15 8
	Total	£34,672 2 2

POLICY

10. The limited number of senior staff compared with the area to be served necessitated stress being laid on the preventive side of medicine in Sierra Leone. Curative medicine is undertaken at hospitals and dispensaries, but it is felt that a more vigorous health campaign would in the end be of more service to the people. Naturally, a bias in favour of preventive medicine will not be popular, but if this line of action is maintained, the interest and assistance of the people should be forthcoming when the resulting benefits occur.

11. Existing medical facilities will be maintained so far as staff will allow, and it is hoped to increase the curative facilities in time by the erection of new Government hospitals and the extension of existing hospitals in areas where this is considered necessary. Medical Missionary activities are also being encouraged and monetary assistance in the form of capital and recurrent grants will be made for this purpose within available financial limits, and provided the projects are needed.

12. Health centres, comprising dispensary facilities, accommodation for the activities associated with maternity work and an office for Sanitary work are being erected in various parts of the country. These will not be of a standard type but will vary according to the local needs of the people and their proximity to a hospital. Here again prevention is the policy, but as many of these centres will be at some distance from a hospital the incorporation of a dispensary in the building will be necessary not only to supply a need, but also to popularise the simple sanitary and preventive measures it is hoped to introduce.

13. An Endemic Diseases Control Unit is already established in Sierra Leone, and has evolved from the Yaws and Sleeping Sickness Campaign, which was financed under the Colonial Development and Welfare Act. In addition to treating Trypanosomiasis and Yaws, it is hoped, when qualified staff becomes available, to extend the activities of this Unit to other areas than those in which it has operated and to include Schistosomiasis and other endemic diseases within its scope. Supervision of districts already surveyed and treated will have to be maintained especially in those parts where trypanosomiasis has occurred, but it is proposed to organise the unit in such a manner that this can be done and at the same time other sections will operate in new areas.

14. Provision has been made in the departmental development programme for schemes dealing specially with tuberculosis and venereal diseases. Again, preventive measures will receive emphasis in the campaign against those diseases, but their inception must wait until qualified and experienced staff is available.

15. A fundamental necessity in the prosecution of any policy is trained junior staff, and the courses of study and practical training for all grades must be improved as rapidly as possible in order to obtain an efficient service which will allow the implementation of the development programme and also raise the general standard of medical services. It is proposed, therefore, to concentrate on training of subordinate staff and, if a technical college is established in the Colony, to utilise the services which such an institution offers to attain a higher standard.

DEVELOPMENT PROGRAMME

16. Progress in respect of the medical work planned to be undertaken under the Colonial Development and Welfare Act has been very slow owing to the inability of the Public Works Department to cope with the numerous projects requiring attention. A start, however, has been made on one Protectorate Health Centre situated at Lunsar, which will be ready for occupation early in 1949.

17. Quarters for the Nursing Sisters in Freetown have now been completed and occupied, and the old quarters at the Connaught Hospital are undergoing conversion to a wing for Senior Officials and better class paying patients and is expected to be ready for occupation early in 1949.

18. Approval has been obtained from the Secretary of State to embark on a leprosy survey with funds provided under the Colonial Development and Welfare Act. This survey will be preliminary to the construction of a leper settlement which will be staffed by workers provided and paid by the British Empire Leprosy Relief Association and the Evangelical United Brethren Mission. Some considerable difficulty in getting a doctor for this project has been encountered, and it is doubtful if a suitable man will be obtained in 1949.

LEGISLATION

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

1. The Dangerous Drugs Order in Council, 1948—Public Notice No. 36 of 1948.

   Placing Amidone and Metopon under control.

2. Proclamation : The Dogs Ordinance, 1924 (Cap. 67)—Public Notice No. 63 of 1948, authorising destruction of dogs in Bo Health area (3 months).

3. Proclamation : The Dogs Ordinance, 1924 (Cap. 67)—Public Notice No. 90 of 1948, authorising destruction of dogs in the Bombali District (3 months).

4. Proclamation : The Dogs Ordinance, 1924 (Cap. 67)—Public Notice No. 94 of 1948, authorising destruction of dogs in the Port Loko District (3 months).

5. Proclamation : The Dogs Ordinance, 1924 (Cap. 67)—Public Notice No. 101 of 1948, authorising destruction of dogs in Bo Health area for a further 3 months.

6. An Ordinance to Amend the Public Health Ordinance, 1924—No. 11 of 1948. (See paragraph 25).

7. An Ordinance to Amend the Births and Deaths Registration Ordinance—No. 13 of 1948, defining " still birth " and providing for the issue of a shortened form of birth certificate.

8. An Ordinance to Provide for the Registration of Births and Deaths in the Protectorate—No. 14 of 1948.

9. An Ordinance to Amend the Public Health (Protectorate) Ordinance—No. 21 of 1948, amending the appointment and composition of Special Health Authorities.

VITAL STATISTICS

20. The Registration in Freetown and the Colony is compulsory and the following table gives comparative statistics :—

BIRTHS AND DEATHS—FREETOWN AND COLONY

BIRTHS

	1946			1947			1948		
District	*M.*	*F.*	*Total*	*M.*	*F.*	*Total*	*M.*	*F.*	*Total*
Freetown	1,087	1,132	2,219	1,127	1,138	2,265	1,302	1,298	2,600
Rest of the Colony ..	911	869	1,780	1,046	880	1,926	1,091	967	2,058
Total	1,998	2,001	3,999	2,173	2,018	4,191	2,393	2,265	4,658

DEATHS

	1946			1947			1948		
District	*M.*	*F.*	*Total*	*M.*	*F.*	*Total*	*M.*	*F.*	*Total*
Freetown	1,067	832	1,899	875	635	1,510	911	631	1,542
Rest of the Colony ..	875	654	1,529	865	654	1,519	914	769	1,683
Total	1,942	1,486	3,428	1,740	1,289	3,029	1,825	1,400	3,225

21. *Infant Mortality*—Out of 2,600 births in Freetown 413 deaths under one year were registered, giving an Infant Mortality rate of 159. The figures for the past five years are:—

1944	1945	1946	1947	1948
153	160	208	182	159

Of the 413 deaths under one year 63 per cent died in the first month of life.

22. Registration in the Protectorate is voluntary although legislation to introduce compulsory registration has been enacted. The following table shows the number of births and deaths registered in the Protectorate in 1948:—

	Births	*Deaths*
Male	1,651	1,238
Female	1,548	1,140

PUBLIC HEALTH

General Measure of Sanitation

23. The general health and standard of sanitation throughout the territory was fairly satisfactory. Apart from an outbreak of Cerebro-Spinal Fever during the first half of the year, no major outbreak of infectious disease occurred.

24. Nutritional diseases have been reported from various parts of the country. These cases mainly attended medical institutions for other ailments and the nutritional defects were discovered during examination.

25. Refuse disposal throughout the territory was mainly in the form of controlled tipping. The efficient working of the tip at King Tom was considerably hampered by the depredations of many searchers for non-ferrous metals during part of the year and, before legislation was enacted, much damage had been done. The tip was eventually brought under control and has since been operating well. Many hundreds of loads of excellent soil dressing were taken from the tip for use in gardens in the neighbourhood of Freetown.

26. Under the Colony Public Health Ordinance 140 persons were prosecuted with 104 convictions, and 34 cases withdrawn. These figures compare with 225 prosecutions, 126 convictions and 22 withdrawals in 1947. Total fines imposed amounted to £36 2s. 6d.

27. Owing to the absence of quarantinable infectious disease in the Colony, Lakka Infectious Diseases Hospital, 10 miles south of Freetown, was not used during the year.

28. Night Soil Disposal—Conservancy and Cesspits continue to be the main methods of night soil disposal. Composting has been introduced in a few rural areas where it can be properly supervised and there has been a small increase in the number of sceptic tanks.

Any major conversion from conservancy to water-borne disposal of sewage will have to await an adequate water supply.

29. *Water Supply*—Recommendations estimated to cost £160,000 have been made for the improvement and extension of water supplies in the Protectorate. The Freetown water supply continues to be inadequate during the dry season and rationing has to be introduced for some four months of the year (February to June). The second and third reports on the Freetown Water by the Consulting Engineers to the Crown Agents were published during the year.

AIRFIELDS

30. Health measures at Lungi Airport were continued and their scope widened as far as development on the Airport would allow. Among the improvements were:—

(i) Institution of a water purification plant and chloramination of the water supply.

(ii) Effective drainage of the catchment area was started by this department, and during the course of the year the Public Works Department were able to follow-up this work with a comprehensive permanent drainage system.

The Catchment area has been enclosed to safeguard the supply.

(iii) Provision of a disinfestation plant.

(iv) Initiation of a control tip for refuse disposal.

31. The condition of the new African Lines (Junior Staff) houses was found to be unsatisfactory at the end of the rains, and their occupation was disallowed until improvements had been made by the Public Works Department. The poor condition of the roofs of these houses is now receiving attention and it is hoped they will prove satisfactory during the next wet season.

32. Mosquito control is efficient; and the erection of the perimeter fence in the near future will materially assist in bringing the Airport to the required standard.

ENDEMIC DISEASES

33. Malaria —The control measures directed against malaria in Freetown and its environs continued with good results. Mass residual spraying was discontinued as this method of attack on the local vector proved expensive and was not satisfactory. Maintenance of drains and bunds were undertaken, but action was mainly concentrated on the larvicidal measures which had been employed in the past and had proved reliable. During the year 29,309 cases of malaria with 29 deaths were treated at Government hospitals and dispensaries throughout the territory. This figure shows a slight increase when compared with 28,865 cases and 14 deaths for 1947. Many of these cases were clinical malaria in which blood examination was either not possible or negative.

34. In the Protectorate anti-malarial measures continue to be confined to swamp drainage, canalisation, etc. in the vicinity of the large towns.

35. The Malaria Control Unit in Freetown maintained its high standard of work and the following summary outlines the work of the Unit during 1948:—

36. *Control Measures.*—No alteration of the methods found successful in 1946 and 1947 were made, though trials of such new insecticides as were available were instituted.

(*a*) *DDT Mass Spraying*. No use of this method of control was made in 1948, due to the objections discussed in the 1947 report.

(*b*) *Pyrethrum mass Spraying*. With the exception of two small gangs who sprayed houses in various areas as an additional check on the Control House figures, no special measures against adults were used.

(*c*) *DDT Emulsion*. The use of DDT Emulsion as a larvicide has been continued.

(*d*) *Trials of New Larvicides:—*

(i) *Gammexane Emulsion*.—An emulsion containing 0.5 ounces of gamaisomer to replace 1.6 ounces DDT was found to give excellent results as a larvicide. Considerations of cost show no advantage over DDT.

An extended trial at Levuma showed that if price movements made the change advantageous, Gammexane could be adopted at any time as a substitute for DDT.

(ii) *Malariol High Spread*.—The use of this insecticide under local conditions is not recommended. Its main use is limited to large surfaces of water and no suitable areas exist of this nature in the Freetown neighbourhood.

37. *Permanent Works:—*

(*a*) *Aberdeen Bund*.—The bund stood up well to conditions during the wet season. An attempt to protect it from erosion by planting grass was continued, but with indifferent success. Where grass has been able to establish itself its protective value is evident. Further efforts will be made in this direction. In conjunction with the Forest Department an experimental afforestation was tried within the limits of the bund. Results so far have been disappointing as the water-logged nature of the soil was unsuitable for all except one out of twelve species of these. Further attempts will be made in the direction of dry season planting, as it is felt that a permanent solution to the problem of this area may be found in complete afforestation; if trees could once be established their transpiration would keep the whole area much drier.

(*b*) *Wellington Bund*.—The new sluice gate installed by the Public Works Department combined with the deepened and extended drainage system has kept the area much drier than in former years. The borrow pits outside, the bund responsible for Culicine breeding have been opened to sea action and are now harmless. The experimental rice plots planted by the Agricultural Department were checked weekly for larvae and found harmless. An adjacent Native rice area produced A. gambiae from August onwards, and also produced a much heavier crop of rice.

38. The following table shows the monthly room mosquito density indices for Freetown for the years 1943–1948:—

Month	1943	1944	1945	1946	1947	1948
January	0.24	0.20	0.01	0.02	0.02	0.00
February	0.22	0.23	0.01	0.02	0.01	0.003
March	0.63	0.26	0.00	0.03	0.00	0.003
April	0.30	0.04	0.01	0.02	0.00	0.006
May	0.43	0.03	0.06	0.14	0.01	0.035
June	0.46	0.26	0.33	0.68	0.12	0.045
July	0.28	0.45	0.11	0.19	0.14	0.020
August	0.17	0.19	0.04	0.02	0.01	0.001
September ..	0.22	0.05	0.2	0.00	0.00	0.005
October	0.16	0.01	0.00	0.00	0.00	0.005
November ..	0.05	0.00	0.00	0.00	0.00	0.003
December	0.02	0.01	0.01	0.00	0.00	0.003

39. The percentage of school children with positive blood-films for the years 1944–1948 is shown below:—

Area	1944	1945	1946	1947	1948
			Per cent		
Urban	21.3	15.7	11.1	7.6	8.2
Suburban	42.7	18.1	17.2	14.4	17.9
Rural—Kissy and Wellington only ..	47.4	37.6	20.0	27.5	28.0
Controlled Rural	—	—	—	18.0	31.0
Uncontrolled Rural	—	—	—	36.0	36.0

40. The mosquito population as shown by the weekly spraying of Control Houses, has been brought to a record low level in the city area and in Kissy. This has been confirmed by separate checks independent of the Control House routine.

41. In the Western or ex-Army area the figures show no improvement on those of 1947. It is thought that the responsible species is entirely A. melas, except in the "frontier" region of Levuma. No solution of the problem of this species has yet been found. Investigations will continue as malaria rates in the school children in the western villages are still high. The original discovery of A. melas and its role in transmission, followed by bunding its main breeding places has been successful up to a point. Massive breeding almost certainly does not now take place, but scattered light breeding in the large mangrove area of Aberdeen Creek is still present.

42. The figures for malaria parasite rates in different sections of the community show in some cases a reversion to 1946 and even 1945 levels. In view of the low mosquito density it seems unlikely that this reflects a rise in transmission. The smallest rise is shown by the urban school children, and so far it is not correlated with a corresponding rise in the spleen rate. The exact sequence of events in the years following a reduction of transmission in a formerly endemic area cannot be safely predicted. One posibility is a change to seasonal epidemic conditions, but the monthly figures from the various clinics do not suggest this very strongly. Closer investigations, especially among the school children will have to be carried out.

43. *Yaws and Sleeping Sickness.*—The Endemic Diseases Control Unit formerly the Yaws and Sleeping Sickness Campaign, although handicapped by lack of staff continued to do excellent work. In February, one Medical Officer was transferred to assist in limiting the outbreak of Cerebro-Spinal Fever which threatened to assume epidemic proportions in the Protectorate, while in July, another medical officer proceeded on leave and as a result only one medical officer was attached to the Unit.

44. Despite this shortage of staff a sampling survey of the Kissi Chiefdoms was carried out and the position found to be satisfactory. In addition, full scale census and diagnosis teams made surveys in the Koya, Niawa, Langrama, Small Bo and Wunde Chiefdoms for the first time, and the incidence of trypanosomiasis was found to be relatively high in certain of these districts. Trypanosomiasis in this area is of the usual type and, as Treatment Centres have been opened, it is hoped to reduce the incidence of the diseases to reasonable proportions. The discovery of this nidus of infection prevented the prophylactic treatment of the population of the Koardu Kamiendo area in the Kono District as it was considered advisable to start treatment immediately in those Chiefdoms to the south of Blama. The incidence of trypanosomiasis in the Kono area continued to be low, and adequate control appears to have been achieved.

45. At the invitation of Dr. Diallo, Medecin Chef du Secteur Specia Gueckedou (Guinea), the Medical Officer-in-charge of the Endemic Diseases Contro Unit visited the Sleeping Sickness Hospital and Unit at Gueckedou in Decembe 1948. The visit was most helpful and it was particularly interesting to gain know ledge of the campaign against trypanosomisasis in which prophylactic injection of Lomidine (Pentamidine) were given. The campaign is to continue on an increased scale during 1949.

46. During the year, the staff of this Unit dealt with 1,866 cases of Sleeping Sickness and 17,188 cases of Yaws compared with 1,812 cases of Sleeping Sickness and 21,276 cases of Yaws in 1947. In addition, 58 cases of Sleeping Sickness with 2 deaths, and 12,198 cases of Yaws were treated in Government Hospitals, while 13,490 cases of the latter disease received treatment in Government dispensaries throughout the territory. In comparison 50 cases of Sleeping Sickness and 13,220 cases of Yaws were treated in Government Hospitals while 14,477 cases of Yaws received treatment in Dispensaries in 1947.

47. *Tuberculosis.*—Tuberculosis of all forms accounted for 195 cases with 30 deaths. This by no means indicates the true incidence of this disease which is causing anxiety to the Medical Department.

48. The disease is of great importance to the community as it most frequently attacks children and young adults and so deprives the country of future and present citizens on whom its development depends. The disease is not a medical problem *Per se* and no real advance in its prevention can be accomplished without concomitant advances in the social and economic spheres.

49. Dr. F. R. G. Heaf, F.R.C.P., Consulting Physician to the London County Council in Tuberculosis, visited Sierra Leone in August, 1948, and his report and recommendations regarding the Tuberculosis problem are awaited with interest.

50. *Small pox.*—The incidence of small-pox was greatly reduced as the result of vaccination against this disease. The vaccination Campaign against Smallpox on the northern and eastern frontiers of the Protectorate did very good work in difficult terrain, where communications are none too easy. 118,192 vaccinations were performed by this Unit compared with 81,483 in 1947. During 1948, 200 cases of small-pox with 30 deaths were reported compared with 465 cases and 82 deaths in 1947.

51. *Cerebro-Spinal Meningitis.*—Until recently, this country has been particularly fortunate in regard to the incidence of this disease. Other West African territories have had extensive epidemics during the cold, dry seasons of the year, and for some unknown reason, Sierra Leone has been spared. During 1947 only 20 cases with three deaths from this disease were reported, while 246 cases and 83 deaths occurred in 1948. Most of these cases were recorded in one area of the country during the early part of the year.

52. *Venereal Diseases.*—Venereal Diseases are prevalent throughout the territory. Gonorrhoea accounts for 78.4 per cent of all cases of Venereal Diseases treated in hospitals and dispensaries; 9,357 cases were dealt with and 1,161 cases of Syphillis received treatment. Other Venereal Diseases accounted for 1,410 cases.

53. *Dysentery.*—663 cases of all forms of dysentery were treated in Government Hospitals; 163 and 37 were proved by laboratory examination to be Amoebic and Bacillary dysenteries respectively.

54. *Typhoid Fever.*—42 cases of typhoid fever with five deaths were reported

55. *Diseases of the Respiratory System.*—The total number of cases treated at Government Hospitals and Dispensaries excluding cases of pulmonary tuberculosis was 34,781 with 130 deaths.

56. *Rheumatic Conditions.*—A total number of 13,200 cases with one death was treated at Government Hospitals and Dispensaries during the year. Many cases included in this category are probably framboesial in origin.

57. *Typhus (Murine).*—Nine cases of murine typhus with no deaths were reported.

58. *Rabies.*—Two fatal cases of rabies were treated in Government Hospitals. 2,475 dogs were impounded in Freetown and of this number 2,241 were destroyed 40 dog brains and three cat brains were examined histologically and Negri bodies were found in seventeen.

59. *Plague.*—No case of plague was reported during the year. 3,784 rats of which 2,097 were Rattus rattus, were examined for P.pestis with negative results 556 fleas of the species Xenopsylla cheopis and 145 Xenopsylla braziliensis were identified from 311 live rats.

MATERNITY AND CHILD WELFARE

60. Facilities exist at all hospitals for dealing with maternity cases. During the year there were 2,079 admissions with 1,423 deliveries. Of this number, 1,728 were admitted to the Maternity Hospital, Freetown, where 1,188 were delivered. 434 of these deliveries were abnormal. 1,230 infants were born and of these 1,058 were discharged alive.

61. All the clinics show a substantial increase in attendances, and the following table compares the work done at the Maternirty Hospital, Freetown, and the associated clinics during the years 1946, 1947 and 1948 :—

	1946	1947	1948
ANTE-NATAL CLINIC			
New cases	2,532	2,863	3,146
Subsequent attendances ..	10,882	6,577	8,411
Home Visits	3,170	3,701	3,453
POST-NATAL CLINIC			
New cases	804	721	947
Subsequent attendances .	725	583	743
INFANT WELFARE CLINIC			
New cases	2,369	3,196	3,680
Subsequent attandances ..	15,548	9,987	12,358
Home visits	16,626	17,471	23,291

SCHOOL MEDICAL SERVICES

62. Owing to the great amount of work associated with Ante-Natal, Post-Natal and Infant Welfare Clinics, it was necessary to obtain the help of the School Medical Officer to cope with the increased numbers attending. This, unfortunately entailed a decrease in the degree of medical inspection and attention given to schools and prevented the inspection of educational establishments in the Protectorate by this Officer. The position was further aggravated when, in order to save closing a fourth hospital, the School Medical Officer was posted for a short period to the Protectorate. Despite this, the School Medical Officer carried out a routine examination of some of the principal primary and infant schools in the Colony and a total of 1,280 children were examined.

63. A low grade of polyavitaminosis and malnutrition is common among the school children ; the vitamin deficiency being mainly due to lack of the B2 complex. Only the more advanced cases were treated medically and the main drive was directed to advising parents and teachers concerning dietary matters.

64. The School Medical Officer also attended the schools with members of the Malaria Control Unit to undertake spleen examinations. Children showing malarial parasites in the blood were given paludrine.

65. During the year the Headmaster of one of the primary schools died of Tuberculosis, and all the children attending this school were subjected to examination.

LABOUR CONDITIONS AND HOUSING

66. Housing conditions continued to receive the attention of the Department, and inspection of Labour Camps was made at intervals. The housing shortage in Freetown and Bo was acute and the cost of living remains high.

67. Overcrowding in Freetown continues, especially in the Kroo Bay and Susan's Bay areas and this matter received the attention of the Town and Country Planning Board.

68. Housing for Government Officials and the public continues to be difficult. A Housing Scheme has been instituted in Freetown and a pilot housing estate will be completed early in 1949.

PORT HEALTH WORK

69. Port Health work was carried out by a Sanitary Inspector under the general supervision of a Senior Medical Officer of Health, and anti-malaria propaganda was carried out by a lay Malaria Officer appointed and paid by the Ministry of Transport.

70. Pratique was granted to 687 vessels compared with 589 in 1947, and no case of quarantinable disease occurred during the year.

71. From the 1st of August, 1948, the system of granting pratique to ships by radio whilst still at sea was started and the majority of ships calling at the port are taking advantage of these facilities.

72. Vaccinations performed on deck passengers, locally recruited crews, and persons employed at the port and foreshore totalled 6,036 compared with 3,758 in 1947.

HOSPITALS AND DISPENSARIES

73. As mentioned previously three hospitals and two dispensaries were temporarily closed during 1948 owing to shortage of staff.

74. It was not found possible to open the Connaught Hospital Extension during the year as was envisaged in the 1947 Report. It is hoped, however, that the building will be ready for occupation early in 1949.

75. The following statistics show the number of cases treated at the various Government institutions during the year, and compare favourably with those of 1947:—

	1947	1948
Colony		
(*a*) CONNAUGHT HOSPITAL		
In patients	3,141	1,945
Out-patients (exclusive of Europeans):		
New cases	38,686	41,084
Subsequent attendances	107,376	90,602
(*b*) HILL STATION HOSPITAL		
In-patients	400	387
Out-patients:		
New cases	418	458
Subsequent attendances	757	802
(*c*) COLONY DISPENSARIES		
New cases	47,967	44,098
Subsequent attendances	124,655	180,161
2.—*Protectorate*		
(*a*) BO HOSPITAL		
In-patients	1,160	1,400
Out-patients:		
New cases	12,451	15,974
Subsequent attendances	54.819	19,478
(*b*) OTHER HOSPITALS		
In-patients	2,095	2,504
Out-patients:		
New cases	52,032	54,551
Subsequent attendances	178,070	167,517
(*c*) DISPENSARIES		
New cases	93,107	98,887
Subsequent attendances	172,177	197,098

KISSY MENTAL HOSPITAL

76. The general health of the patients has been fair, intestinal complaints being the most prevalent, especially amœbiasis and worm infestations.

77. Occupational therapy was undertaken (such as gardening, basket-making tailoring, mattress and pillow making and minor repairs to bedsteads). Facilities were provided for recreation, and loudspeakers from the Freetown rediffusion system were installed.

78. The number of patients increases year by year, and the increase in 1948 (24) was the largest recorded, and on the 31st of December, 1948, there were 176 patients in a hospital designed to accommodate 112.

79. The following table gives a statistical comparison with 1947:—

	1947	1948
Admissions	66	93
Discharges	33	56
Deaths	17	13
Number of inmates on 31st December	152	176

TRAINING OF JUNIOR SERVICE STAFF

80. *Nurses* (three years course).

Training of male and female student nurses has continued at the Connaught (Freetown) and Bo Hospitals. Out of 97 who took the qualifying examination during the year 69 were successful. This is an encouraging result and is due to the high standard of education now demanded for trainees.

81. *Midwives* (eighteen months course or fifteen for trained nurses).

Two Government hospitals, one in Freetown and one in the Protectorate have provided for the training of midwives, and six candidates sat for the qualifying examination four of these were successful and were admitted to the local register for midwives. In addition, the mission hospitals at Segbwema and Rotifunk have continued the training of a lower grade of domiciliary midwife to be attached to health centres in the Protectorate.

82. *Sanitary Inspectors* (three years course).

Seven Inspectors-in-training completed the course and sat for the departmental qualifying examination. Of these six were successful at the first attempt and the seventh at the second attempt. A special four months course for the certificate of the R.S.I. (W.A.) was held during the year. Out of seven who took this examination three were successful.

83. *Sanitary Overseers* (one year course).

Twelve candidates attended the usual one year course at Bo for Native Administration Sanitary Overseers and nine were successful in the examination held at the end of the year.

84. *Druggist's Certificate.*—

Eleven Government and three private candidates sat this examination which is held in January and July at Freetown. Four of the Medical Department candidates were successful and were granted certificates (Schedule C—The Medical Practitioners, Dentists, and Druggists Ordinance). No private candidates were successful.

HIS MAJESTY'S PRISONS, FREETOWN

85. The general health of the prisoners, including the remand and female sections was fairly good. Serious overcrowding however, continues to cause anxiety both to the Prison Authorities and the Medical Department.

86. The Statistical returns for 1947 and 1948 are shown below:—

	1947	1948
Daily average number of prisoners ..	620	665
Admitted to Hospital	285	226
Deaths	5	6
Out-patients—New cases	7,417	8,059
Subsequent Attendances	49,970	44,560

DENTAL CLINIC

87. Two Dental Surgeons are now employed together with one locally trained dental mechanic. Owing to the incidence of leave, however, only one Dental Surgeon was on duty for a considerable portion of the year.

88. The school dental service was continued, so far as was possible owing to the absence of one Government Dentist which limited the number of inspections which could be undertaken. During the period when visits could not be paid to schools, however, the school Medical Officer advised parents of children with defective teeth to send the children for attention to the dental clinic; the response was good and in time an improvement in adult dentition should result.

89. Several extended visits were made by the Dental Surgeons to most of the larger centres of the Protectorate where, in addition to treatment, inspection of school children was carried out.

90. The following table briefly indicates the amount of work done in the past three years:—

Date	*Patients*	*Fillings*	*Extractions*	*Other Treatment Scalings, etc.*	*Local Anaesthetics*	*General Anaesthetics*
1946 ..	4,294	630	5,971	255	3,622	4
1947 ..	7,221	1,296	7,583	1,005	5,892	4
1948 ..	9,866	1,240	9,391	751	7,556	18

PATHOLOGICAL LABORATORY

91. 38,723 specimens were examined during the year compared with 33,672 in 1947. In addition to the examinations summarised in the appendix, 192 autopsies were performed and 514 inoculations against Yellow Fever were given.

92. The routine work undertaken has fully occupied the time of the Laboratory staff and has precluded any systematic research being undertaken. Training was also given to two laboratory Assistants to be employed at Mission Hospitals and to an Assistant who was engaged for work with the Veterinary Department.

93. Appendix I shows details of the work done at the Laboratory during 1948.

APPENDIX I

		Examined
BLOOD FILMS		12,415
P. falciparum	1,837	
P. Malariae	7	
P. ovale	1	
Gametocytes	4	
T. Gambiense	1	
PLACENTA		1,110
FAECES		2,916
Taenia	20	
Ascaris	493	
Ankylostome	325	
Oxyuris	1	
Strongyloides	91	
Trichuris	179	
Ent. Histolytics	68	
Ent. Coli	92	
Iodamoeba	10	
Giardia	3	
Sch. Mansoni	4	
Blood	338	
Pus	726	
URINE		5,222
Albumen	1,245	
Sugar	206	
Acetone	55	
Bile	38	
Blood	369	
Pus	867	
Casts	161	
Sch. Haematobium	53	
Trichonomas	94	
Sulphonamide Crystals	46	
Calcium Oxolate	47	
SPUTUM		930
M.Tuberculosis	213	
VENEREAL DISEASE: URETHRAL SMEAR		493
Gonococci	189	
VAGINAL SMEAR		198
Gonococci	14	
Trichonomas	3	
D.G.I.		39
T. Pallidum	1	
SEROLOGICAL–KAHN BLOOD		4,297
Strong positive	414	
Positive	934	
Doubtful	685	
C.S.F.		9
Positive	1	
I.D.E.		190
Positive	37	

APPENDIX I—*continued*

					Examined
WIDAL AND WEIL FELIX					277
Widal positive excluding T.A.B. vaccine				50	
Weil Felix				11	
HAEMATOLOGY					2,474
Normocytic orthochromic anaemia				317	
„ hypochromic				71	
Macrocytic hypochromic				71	
„ hyperchromic				17	
Myelogenous leukaemia				4	
Leukocytosis				218	
Eosinophilia				165	
ERYTHROCYTE SEDIMENTATION RATE					220
BLOOD GROUP					21
A 3, B 6, O 12.					
COAGULATION TIME					3
BIOCHEMISTRY					223
	Total	*Increase*			
Blood Urea	110	67			
„ Sugar	16	10			
„ Protein	4				
„ N.P.N.	1				
Urea Clearance	32				
Glucose Tolerance	4				
Gastic Test Meal	14				
Hippuric Acid Test	2				
Van den Bergh	29				
Icterus Index	3				
Paul Bunnell	6				
Y. F. Test	1				
Urine Lead	1				
C.S.F.					40
Pneumococci	2				
Meningococci	1				
H. Influenza	5				
VETERINARY: RATS					3,784
	Dead	*Live*			
Rattus Rattus	1,904	193			
FLEAS					701
X Cheopis				556	
X Braziliensis				145	
DOGS					40
Rabies				17	
CATS					3
COWS					14
Blood films				13	
Anthrax	1				
Lung		1			
Pluero pneumonia		1			

APPENDIX I—*continued*

						Examined
MISCELLANEOUS:						
Skin Smear						5
Nose "						9
B. leprae					2	
Eye Smears						44
Gonococci					23	
Seminal Fluids						7
Pus "						26
Others						32
WATER:						
Bacteriological						233
Chemical						40
BACTERIOLOGY (*see Table*)						2,237
Faeces					630	
Blood					139	
Throat Swab					305	
Nasal "					15	
Urine					964	
Pus					51	
Fluids					13	
C.S.F.					28	
Eye					24	
Sputum					18	
Miscellaneous					48	
MEDICO LEGAL						79
			Blood	*Sperm*	*G.C.*	
Vaginal smears		5	—	—	2	
Urethral "		4	—	—	1	
Stains clothes etc.		39	12	6	—	
Weapons		7	4	—	—	
Blood Group		7				
Fluids		7				
Plants		3	—Cannabis	2		
Syringe		1)				
Stomach contents		1)	Morphine			
Blood		1)				
Noxious substance		2				
Cigarette		1				
Skin		1				
HISTOLOGY						200
Carcinoma				15		
Squamus Cancer					7	
Leg				3		
Cervix				1		
Mouth				1		
Scrotum				1		
Vagina				1		
Carcinoma Bladder				1		
Adeno Cancer duodenum				1		
Primary Cancer Liver				1		
Undifferentiated Cancer				2		
Cancer ovary				1		
2nd in Gland				1		
2nd in Skin				1		

APPENDIX I—*continued*

			Examined
SARCOMA		6	
Lymphocarcoma Liver	1		
Sarcoma skin	1		
„ Eye	1		
Melanotis Sarcoma	3		
Eye	1		
Foot	1		
Arm	1		
LYMPHADENOMA		1	
BENIGN	15		
Squamus lepithoma	2		
Cyst Oedema face	3		
Lifoma	1		
Fibroma	2		
Ovarian cyst	3		
Pseudomucinous	1		
Unilocular	2		
Cystic Hyroma	1		
Giant Cell Tumour Bone	1		
Adenoma Thyroid	1		
Cyst Eyelid	1		
ENDOMETRIAL BIOPSIES		8	
AUTOPSIES			192
Coroner	93		
M.O.H.	9		
Permission	90		
CAUSE DEATH— UNNATURAL		29	
Road Accidents	10		
Falls	9		
Poison	3		
Asphyxia	2		
Drowning	2		
Gun shot	1		
Shark Bite	1		
Heat Exhaustion	1		
TUBERCULOSIS		14	
Pulmonary	11		
Miliary	2		
Spinal	1		
RESPIRATORY		24	
Lobar pneumonia	8		
Brocho	9		
Empyema	1		
Bronchiectasis	1		
Thrombosis	1		
Gangrene	2		
Abscess	1		
Acute Bronchitis	1		
CARDIO VASCULAR		25	
Aneurysm (Ruptured 5)	7		
Aortitis	8		
Myocardial Failure	4		
Pericarditis	2		
Bact. Endocarditis	2		
Gumma	1		
Congenital	1		

APPENDIX I—*continued*

		Examined
ALIMENTARY		27
Amoebic dysentery ..	5	
Dysentery	3	
Cirrhosis of Liver ..	4	
Necrosis Liver ..	1	
Strangulated Hernia ..	3	
Acute Obstruction (bands)	2	
Pyloric Stenosis ..	1	
Intussussception ..	1	
PERITONITIS		6
Gangrenous Appendix ..	2	
Perforated duodenal Ulcer	2	
Subphrenic Abscess	1	
Perforated Dysenteric Ulcer	1	
ENTERITIS		1
NERVOUS SYSTEM		20
Meningitis		8
Pneumococcal ..	4	
Meningococcal ..	1	
Influenzal	2	
Purulent	1	
Encephalitis ..		5
Cerebral Thrombosis ..		1
,, Haemorrhage		2
Cavernous Sinus Thrombosis		2
Cyst Brain		1
Cerebral Abscess ..		1
MATERNAL ACCIDENTS ..		4
Ruptured Uterus ..	2	
Obstructed labour ..	1	
Anaesthesia	1	
NEOPLASM		9
Cancer Liver ..	4	
Cancer ovary ..	1	
Lymphosarcoma ..	1	
Sarcoma eye	1	
Retroperitoneal Sarcoma	1	
Lymphadenoma ..	1	
RABIES..		1
RENAL FAILURE ..		5
PYAEMIA		3
OSTEOMYELITIS ..		1
TETANUS.		1
TYPHOID (includes 2 perforated)		3
MALARIA		3
MEASLES		1
LEUKAEMIA		1
ANAEMIA		3
MANIA AND EXHAUSTION		2
CONVULSION		2
MALNUTRITION ..		8
UNKNOWN		4

EUROPEANS

No.	Diseases	In-Patients		Deaths		Out-Patients	
		M.	F.	M.	F.	M.	F.
1.	(a) Typhoid fever	—	—	—	—	—	—
	(b) Paratyphoid fever	—	—	—	—	—	—
2.	Typhus	1	1	—	—	—	—
3.	Relapsing fever	—	—	—	—	—	—
4.	Undulant fever	—	—	—	—	—	—
5.	Small Pox	—	—	—	—	—	—
6.	Measles	1	2	—	—	1	—
7.	Scarlet fever	—	—	—	—	—	—
8.	Whooping Cough	—	—	—	—	—	1
9.	Diphtheria	—	1	—	—	—	—
10.	Influenza :—						
	(a) With respiratory complications	—	—	—	—	—	—
	(b) Without respiratory complications	—	—	—	—	—	—
11.	Cholera	—	—	—	—	—	—
12.	Dysentery :—						
	(a) Amoebic	6	1	—	—	4	—
	(b) Bacillary	1	2	—	—	—	—
	(c) Unclassified	—	—	—	—	—	—
13.	Plague :—						
	(a) Bubonic	—	—	—	—	—	—
	(b) Pneumonic	—	—	—	—	—	—
	(c) Septicaemic	—	—	—	—	—	—
14.	Acute poliomyelitis	—	—	—	—	—	—
15.	Encephalitis lethargica	—	—	—	—	—	—
16.	Cerebro-spinal fever	—	—	—	—	—	—
17.	Rabies	—	—	—	—	—	—
18.	Tetanus	—	—	—	—	—	—
19.	Tuberculosis of the respiratory system	2	—	—	—	—	—
20.	Other tuberculous diseases ...	—	—	—	—	—	—
21.	Leprosy	—	—	—	—	—	—
22.	Venereal Diseases :—						
	(a) Syphilis	2	—	—	—	—	—
	(b) Gonorrhoea	10	1	—	—	8	1
	(c) Other venereal diseases ...	4	—	—	—	5	—
23.	Yellow fever	—	—	—	—	—	—
24.	Malaria :—						
	(a) Benign	—	—	—	—	—	—
	(b) Subtertian	27	9	—	—	19	3
	(c) Quartan	—	—	—	—	—	—
	(d) Unclassified	34	12	—	—	38	17
25.	Blackwater fever	—	—	—	—	—	—
26.	Kala-azar	—	—	—	—	—	—
27.	Trypanosomiasis	—	—	—	—	—	—
28.	Yaws	—	—	—	—	—	—
29.	Other protozoal diseases	—	—	—	—	—	—

EUROPEANS—*continued*

No.	Diseases	In-Patients		Deaths		Out-Patients	
		M.	F.	M.	F.	M.	F.
30.	Ankylostomiasis	1	1	—	—	—	—
31.	Schistosomiasis	—	—	—	—	—	—
32.	Other Helminthic diseases ...	2	1	—	—	3	2
33.	Other infectious or parasitic diseases	2	1	—	—	7	7
34.	Cancer and other tumours :—						
	(*a*) Malignant	—	2	—	—	—	—
	(*b*) Non-Malignant	1	1	—	—	—	3
	(*c*) Undetermined	—	—	—	—	—	—
35.	Rheumatic conditions	2	—	—	—	5	—
36.	Diabetes	1	—	—	—	—	—
37.	Scurvy	—	—	—	—	—	—
38.	Beriberi	—	—	—	—	—	—
39.	Pellagra	—	—	—	—	—	—
40.	Other diseases :—						
	(*a*) Nutritional	—	—	—	—	—	—
	(*b*) Endocrine glands and general ...	—	—	—	—	—	1
41.	Diseases of the blood and blood-forming organs	1	1	—	—	—	3
42.	Acute and chronic poisoning ...	1	—	—	—	—	—
43.	Cerebral haemorrhage	—	—	—	—	—	—
44.	Other diseases of the nervous system	11	4	1	—	4	12
45.	Trachoma	—	—	—	—	—	—
46.	Other diseases of the eye and annexa	2	1	—	—	8	5
47.	Diseases of the ear and mastoid sinus	5	1	—	—	38	11
48.	Diseases of the Circulatory system :—						
	(*a*) Heart	3	—	—	—	1	—
	(*b*) Other circulatory diseases ...	2	1	—	—	5	3
49.	Bronchitis	10	4	—	—	7	6
50.	Pneumonia :—						
	(*a*) Broncho-pneumonia	—	—	—	—	—	—
	(*b*) Lobar-pneumonia	—	—	—	—	—	—
	(*c*) Otherwise defined	2	—	—	—	—	—
51.	Other diseases of the respiratory system	11	7	—	—	35	14
52.	Diarrhoea and enteritis :—						
	(*a*) Under two years of age ...	2	—	—	—	5	1
	(*b*) Over two years of age	16	10	—	—	21	7
53.	Appendicitis	8	1	—	—	—	1
54.	Hernia, intestinal obstruction ...	—	—	—	—	1	—
55.	Cirrhosis of the liver	—	—	—	—	—	—
56.	Other diseases of the liver and biliary passages	6	—	—	—	1	—
57.	Other diseases of the digestive system	16	8	—	—	25	7
58.	Nephritis :—						
	(*a*) Acute	1	—	—	—	—	—
	(*b*) Chronic	1	—	—	—	—	—

EUROPEANS—*continued*

No.	Diseases	In-Patients		Deaths		Out-Patients	
		M.	F.	M.	F.	M.	F.
59.	Other non-venereal diseases of the genito-urinary system	10	9	—	—	3	12
60.	Diseases of pregnancy, childbirth, and the puerperal state :—						
	(*a*) Abortion	—	4	—	—	—	—
	(*b*) Ectopic gestation	—	—	—	—	—	—
	(*c*) Toxaemias of pregnancy ...	—	1	—	—	—	—
	(*d*) Other conditions of the puerperal state	—	1	—	—	—	—
61.	Diseases of the skin, cellular tissue, bones and organs of locomotion ...	76	13	1	—	148	87
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 ...	—	—	—	—	4	—
65.	Ill-defined	31	7	—	—	41	30
	Total	312	108	2	—	437	234

AFRICANS

1.	(*a*) Typhoid fever	19	6	3	1	4	—
	(*b*) Paratyphoid fever	1	1	—	—	—	—
2.	Typhus	5	—	—	—	—	—
3.	Relapsing fever	—	—	—	—	—	—
4.	Undulant fever	—	—	—	—	—	—
5.	Small Pox	—	—	—	—	—	—
6.	Measles	6	14	—	—	30	47
7.	Scarlet fever	—	—	—	—	—	—
8.	Whooping Cough	4	5	—	—	132	184
9.	Diphtheria	4	6	1	1	1	—
10.	Influenza :—						
	(*a*) With respiratory complications	—	—	—	—	1	—
	(*b*) Without respiratory complications	—	—	—	—	—	—
11.	Cholera	—	—	—	—	—	—
12.	Dysentery :—						
	(*a*) Amoebic	55	40	5	1	32	25
	(*b*) Bacillary	6	3	2	—	18	7
	(*c*) Unclassified	27	13	4	1	246	177
13.	Plague :—						
	(*a*) Bubonic	—	—	—	—	—	—
	(*b*) Pneumonic	—	—	—	—	—	—
	(*c*) Septicaemic	—	—	—	—	—	—

AFRICANS—*continued*

No.	Diseases	In-Patients		Deaths		Out-Patients	
		M.	F.	M.	F.	M.	F.
14.	Acute Poliomyelitis	—	—	—	—	—	—
15.	Encephalitis Lethargica	—	—	—	—	—	—
16.	Cerebro-Spinal Fever	36	33	9	9	1	4
17.	Rabies	2	—	2	—	—	—
18.	Tetanus	40	29	21	13	9	11
19.	Tuberculosis of the respiratory system	46	25	16	11	72	24
20.	Other Tuberculous Diseases	5	16	2	1	4	1
21.	Leprosy	—	—	—	—	62	49
22.	Venereal Diseases :—						
	(*a*) Syphilis	62	12	9	1	506	235
	(*g*) Gonorrhoea	123	61	2	—	3,948	736
	(*c*) Other Venereal Diseases	43	23	2	—	453	198
23.	Yellow Fever	—	—	—	—	—	—
24.	Malaria :—						
	(*a*) Benign	12	2	—	—	—	—
	(*b*) Subtertian	162	112	4	3	734	293
	(*c*) Quartan	—	—	—	—	17	—
	(*d*) Unclassified	201	218	7	15	7,670	4,518
25.	Blackwater Fever	3	1	1	1	3	—
26.	Kala-azar	—	—	—	—	—	—
27.	Trypanosomiasis	14	11	1	1	16	17
28.	Yaws	24	16	1	—	7,220	4,938
29.	Other protozoal diseases	4	—	—	—	9	4
30.	Ankylostomiasis	25	21	—	3	172	74
31.	Schistosomiasis	6	6	—	—	154	54
32.	Other Helminthic diseases	10	18	—	1	2,683	2,289
33.	Other Infectious or parasitic diseases	66	23	2	1	328	211
34.	Cancer and other tumours :—						
	(*a*) Malignant	38	15	5	2	15	1
	(*g*) Non Malignant	9	11	1	1	22	13
	(*c*) Undetermined	22	11	—	—	67	29
35.	Rheumatic Conditions	46	22	1	—	4,344	2,320
36.	Diabetes	8	5	2	2	1	—
37.	Scurvy	—	—	—	—	—	—
38.	Beriberi	—	—	—	—	—	—
39.	Pellagra	—	—	—	—	—	—
40.	Other Diseases :—						
	(*a*) Nutritional	77	101	16	9	1,518	814
	(*b*) Endocrine glands and general	4	—	—	—	98	39
41.	Diseases of the blood and blood-forming organs	30	16	6	—	372	619
42.	Acute and Chronic poisoning	—	—	—	—	—	—
43.	Cerebral Haemorrhage	7	5	6	3	—	—
44.	Other diseases of the nervous system	58	30	9	10	956	514
45.	Trachoma	1	—	—	—	7	3
46.	Other diseases of the eye and annexa	42	21	—	—	1,101	641
47.	Diseases of the ear and mastoid sinus	8	2	—	—	588	445
48.	Diseases of the Circulatory System :—						
	(*a*) Heart	68	27	27	9	98	43
	(*b*) Other circulatory diseases	25	19	—	1	94	50
49.	Bronchitis	72	43	3	1	3,794	1,898

AFRICANS—*continued*

No.	*Diseases*	*In-Patients*		*Death*		*Out-Patients*	
		M.	*F.*	*M.*	*F.*	*M.*	*F.*
50.	Pneumonia :—						
	(*a*) Broncho-Pneumonia	95	77	17	21	24	17
	(*b*) Lobar „	107	50	14	7	36	34
	(*c*) Otherwise defined	47	17	6	9	152	147
51.	Other diseases of the respiratory system	114	77	31	21	3,991	2,162
52.	Diarrhoea and Enteritis :—						
	(*a*) Under two years of age	7	4	—	—	138	150
	(*b*) Over two years of age	47	23	4	2	1,575	847
53.	Appendicitis	4	1	1	—	1	1
54.	Hernia, Intestinal Obstruction	286	12	15	1	798	28
55.	Cirrhosis of the Liver	28	10	7	1	3	2
56.	Other diseases of the Liver and Biliary passages	104	28	8	4	109	32
57.	Other diseases of the digestive system	111	69	11	4	5,096	2,671
58.	Nephritis :—						
	(*a*) Acute	12	5	4	3	9	10
	(*b*) Chronic	23	10	5	1	74	37
59.	Other non-venereal diseases of the genito-urinary system	111	130	7	5	1,334	1,812
60.	Diseases of Pregnancy, Childbirth and the Puerperal State :—						
	(*a*) Abortion	—	131	—	—	—	52
	(*b*) Ectopic Gestation	—	3	—	1	—	—
	(*c*) Toxaemias of Pregnancy	—	112	—	8	—	22
	(*d*) Other conditions of the Puerperal State	—	1,707	—	14	—	882
61.	Diseases of the kin, cellular tissue, bones and organs of locomotion	811	320	26	4	15,714	7,256
62.	Congenital Malformation and Diseases of Early Infancy :—						
	(*a*) Congenital Debility	—	2	—	1	—	—
	(*b*) Premature birth	—	—	—	—	1	—
	(*c*) Injury at Birth	—	—	—	—	—	—
63.	Senility	4	2	1	1	10	10
64.	External Causes :—						
	(*a*) Suicide	—	—	—	—	—	—
	(*b*) Other forms of violence	176	40	3	—	3,682	1,361
65.	Ill-defined	55	48	11	1	1,274	717
	Total	3,668	3,921	341	211	71,621	39,775