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REPORT

ON THE

MEDICAL AND HEALTH SERVICES

FOR THE YEAR 1954

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REPORT ON THE MEDICAL AND HEALTH SERVICES FOR THE YEAR 1954

PART I—GENERAL REVIEW

PREFACE

This year's report is written in a different form. In past years the report has been delayed by the time taken in collecting and checking the statistics that are required, so that by the time they have been published the reports have been stale and out of date. Also, though a large body of statistics was recorded in appendices. this did not prevent the introduction of numerous statistical tables, and repeated isolated figures, and comparisons with figures in previous years, from being incorporated in the body of the reports. Though often valuable as records these interpolations of statistical information have tended to make the report heavy and indigestible, with little or no appeal to many people who might otherwise wish to read an authoritative account of the work of an important Government department.

To try to overcome these difficulties, this year's report is divided into two parts. Part I: this part is a " General Review "; Part II is to be " Statistical Information." It is hoped that the General Review will provide a comparatively brief, but comprehensive and readable account of the year's activities for the general public, while Part II, the Statistical Information, will record more detailed facts and figures for those who require them.

I—ADMINISTRATION AND STAFF

1. 1954 has seen a gradual development of the Department under the political responsibility of the Minister of Health, Agriculture and Forests, who is also the Chief Minister. As in all Governments with ministerial responsibility for departments, the framing of policy has been the concern of the Minister, the Director of Medical Services and his staff being responsible for advising the Minister and executing the Government's policy. This change in administrative and executive structure has had a smooth course, and holds out great hope for the future.

2. There has been also a development of Local Government. Local Government authorities are taking an increased share of responsibility in medical and health services so that the service as a whole is taking a new shape. On the 1st January this year, the District Councils took over the financial responsibilities of dispensaries and Health Centres in the Provinces, and the routine sanitation and maintenance of towns and villages. Non-pensionable staff were transferred and pensionable staff assigned. Supervision and training of staff remain as functions of the Government Medical Department.

3. Bo now has a Town Council which will be responsible for town sanitation, and Freetown is falling into line with these developments in Local Government elsewhere, for during the year it was decided to hand over to the Freetown City Council the administration of routine sanitation in Freetown. Details of the handing over are being worked out.

4. In place of a medical service administered up to the present almost wholly as a Government department, there are now emerging two distinct parts of the whole service. The Government Medical Department continues to administer hospital-services, the control of major endemic diseases, port-sanitation, the control of quarantinable diseases, and medical stores; Local Authorities are taking increased responsibilities in environmental sanitation, dispensary services, and local midwifery services. Outside the larger towns, the Local Authority services are to be based principally upon the new Health Centres, with their staff of Dispenser,

certified Midwife, and Health Inspector; these will for the present, all be members of the Government Medical Department, assigned for duty to local authorities. Certain lower-grade staff such as Health Overseers and the new Village Maternity Assistants mentioned below in paragraph 55, will be recruited and employed direct by the Native Authorities.

5. With ever increasing expansion of activity, the perennial problem of shortage of staff, particularly of Medical Officers, continues to cause concern. Though services have been maintained, and indeed, increased, this has led to a very heavy load of clinical work being placed upon some officers, a load which has been most willingly and loyally accepted. Eight Medical Officers left the Service either through resignation, transfer, or being invalided, and only 6 were recruited. There are at present 27 Medical Officers in a total establishment of 38, with 11 vacancies. Three Government scholars are due to take up appointments next year and a possible 3 private scholars, all Sierra Leoneans; but 3 Medical Officers have already signified their intention to resign early next year. At the end of 1955, therefore, without the recruitment of expatriates, the position may still not be improved, and may become worse owing to the opening of new hospitals and Health Centres which are now being built.

6. In addition to the shortage of Medical Officers, the Department has suffered a heavy loss of senior staff, the Physician Specialist, Dr. P. C. Cosgrove and Senior Pathologist, Dr. J. D. Reid, have left and have not yet been replaced, and the Deputy Director, Dr. A. J. Johnson, has retired. The Director and the Senior Surgical Specialist will be retiring next year. The post of Pathologist which remained vacant for a long period was filled this year, but the officer has now resigned.

7. This serious staff position is occurring at a time when the original development plan for medical services is reaching its completion—at least as regards its building programme. Three new hospitals are already under construction at Kenema, Magburaka and Kono under Colonial Development and Welfare Scheme No. D1994. Magburaka is nearing completion. Building of the remaining hospital under this scheme, at Lungi, is about to start. Construction of another hospital at Kambia under Scheme D 2982 is also expected soon, and extensions to two hospitals at Port Loko and Moyamba will be made in 1955. Reference is made below to increased accommodation for tuberculosis and possible developments in maternity. In addition 8 of the 22 proposed Health Centres have been completed and the remainder should be finished within the next 18 months to 2 years. It is clear that the next 1 to 2 years will be most critical, for without considerable reinforcement, medical staff will be strained beyond capacity. Even with adequate reinforcement the considerable losses of experienced officers over the last few years means that staff will probably be comparatively young and inexperienced.

8. During the year a committee appointed to report on the salaries of Medical Officers holding clinic posts and the question of private practice made its report, which was accepted by Government. The salaries were considered in relation to the Sinker Report made in the previous year for the rest of the Civil Service, and the salaries recommended fall into line with the Sinker recommendations. They are a little less than those at present paid in Nigeria. Private practice is prohibited inside Government medical units, but there are considerable concessions for surgeons and dentists, and for consultant practice. Private practice is allowed outside Government units.

9. Of the whole strength of 34 medical practitioners employed both as temporary and permanent staff within the Department, 19 are Sierra Leoneans; that is more than half the medical strength of the service, including senior and administrative posts. One medical officer obtained the D.T.M. & H. after study leave.

10. Turning to other senior staff in the Department, of an establishment of 3 Senior Nursing Sisters, 2 are Sierra Leoneans, and of a total of 17 Nursing Sisters, 12 are Sierra Leoneans. All 3 Radiographers are from Sierra Leone, and there are 8 Sierra Leoneans out of a total of 14 Health Superintendents. All these appointments were formerly expatriates.

Staff Training

11. Developments of medical and health services with the increasing part taken by Local Authorities, and the building of new hospitals and Health Centres will require a considerable expansion of staff; but staff must be properly trained and most staff in the lower salaried grades must be trained locally. To this end the schemes for training of Dispensers, Health Inspectors, Nurses and Midwives have been reorganised to allow of a regular intake of students into the respective training schools, and to provide a new school for Health Inspectors with schemes of training for sanitary work in both towns and villages. The new schemes come into force in 1955, and it is hoped that by 1958 there will be an adequate number of trained personnel to meet the requirements of the Department.

12. Nurses were trained at the Connaught and Bo hospitals. The lack of Medical Officers at these institutions has not assisted in the raising of the standards of training.

13. Midwives were trained at the Maternity Hospital, Freetown, and are entitled to local registration after successfully sitting the examination. Eight Government candidates and one private took the Midwifery Certificate, and were registered as Midwives. In 1955 midwives will also be trained at Bo.

14. Dispensers are trained at the Connaught Hospital, and a licence is granted after they have successfully passed the examination. Four Government candidates passed the Druggist Examination this year and were awarded the certificate.

15. Health Inspectors have been trained in Freetown during the year and the course extends over a period of three years before the final departmental examination is taken. Every encouragement is given to the Inspectors to sit for the Certificate of the Royal Sanitary Institute (West Africa). The prospect of recruitment appears better now, but to obtain the requisite numbers the educational qualification has had to be lowered, making the majority of entrants ineligible for the Sanitary Inspectors Certificate Examination of the Royal Sanitary Institute. It is proposed to start an intensive training programme next year to provide adequate trained staff for the staffing of Health Centres in the Provinces; in future practical training of the kind required will be given at Bo and in surrounding villages, and not in Freetown.

II—GOVERNMENT MEDICAL SERVICES

Hospital Services

16. Despite staff difficulties, all institutions have worked to full capacity, and there has been some expansion of work. There has been an increase in the numbers of both in-patients and out-patients treated, attributable to the increasing realisation by the public of the great efficiency of new drugs and new methods of treatment, and of more general acceptance of hospital treatment. In-patient admissions to Government hospitals during the past 12 months were approximately 11,600, out-patient and dispensary attendances were well over a million.

17. After years of valuable service, the Church Missionary Society could not continue the management of the Princess Christian Mission Hospital and it was closed in March this year. This closure made a large increase in the maternity and child welfare work done by Government Medical Officers. The hospital has now been taken over by Government, and has been re-opened as an extension

of the Connaught Hospital to accommodate convalescent women. Its full development is dependent upon provision of adequate staff, but proposals are now being considered to re-open the hospital as a maternity and paediatric hospital.

18. With the urgent need to provide better hospital services at the Provincial Headquarters in the South-eastern Province, a temporary hospital was opened at Kenema to serve the area until the new hospital now under construction is completed.

19. Buildings at Lakka formerly used as a hospital for infectious diseases, have been temporarily converted for use as a Tuberculosis Hospital, and were opened for this purpose in June. It has provided improved accommodation for tuberculosis patients, with some relief of congestion at the Connaught Hospital and has reduced the dangers of cross-infection with tuberculosis in Government hospitals. An application for assistance under Colonial Development and Welfare Aid has been made to meet the cost of converting this temporary hospital into a proper sanatorium.

20. The provision of a proper isolation hospital for infectious diseases has not been lost sight of. It is to be built on land in the vicinity of the site for the proposed new sanatorium and it is hoped that the cost will be met from local resources.

Maternity and Child Welfare Services

21. All hospitals have some facilities for maternity work, and these facilities will increase with the new hospitals, and extensions that are being made to old hospitals. There is a separate Maternity Hospital in Freetown, and a separate maternity unit at Bo hospital. There will be separate units in the new hospitals at Magburaka and Koidu which are being built. Other hospitals have beds available for maternity cases. All these units are a part of the Government hospital services.

22. A Domiciliary Midwifery Service was started in Freetown on the 1st July, 1954, providing facilities for ante-natal and post-natal treatment, and for home-confinement for paying patients, in addition to the services already provided at the Maternity Hospital. It is a Government service based on the Maternity Hospital. Of 18 patients who received attention under the scheme up to the end of the year, only 7 were delivered in their own homes. Six were admitted to hospital for delivery, mostly for complications needing hospital treatment, and 4 went to the United Kingdom for delivery. One had received ante-natal attendance but later made her own arrangements for her confinement.

23. Private ante-natal clinics are held for patients booked under the scheme, the deliveries are conducted by a Sister or fully qualified Midwife, with the services of a Medical Officer if they are required. After confinement patients are visited twice daily for three or four days and then once daily until mother and child are well. Charges are scaled according to income or salary. Some women seem to be reluctant to make use of this Domiciliary Service, because they feel that the treatment they receive is the same as the free treatment in the public maternity wards and clinics, though they have to pay more for it. Treatment in both cases is, of course, the best the Department can give; the chief advantage of the Domiciliary Service is to provide privacy for those who desire it, and this cannot be provided without extra expense.

24. There has again been an increase in the amount of work done in the Freetown Maternity Home. Again this increase has only been attained by very early discharges from hospital as was noticed in last year's Report.

25. In Freetown Maternity Hospital there were 1,561 live births during the year, that is about half of the total number of 3,096 live births registered in Freetown.

26. In the Protectorate 481 deliveries were recorded in Government hospitals.

27. Local Authority Maternity Services in the Provinces, and in villages are referred to in paragraph 55 below.

28. The school clinic was maintained as usual in Freetown, a Lady Medical Officer being posted from July to September. Unfortunately illness and sick leave prevented whole time attendance of a Medical Officer at this clinic and in the absence of a posting it has been in the charge of a Health Visitor.

Mental Hospital

29. The hospital still remains very overcrowded with inadequate segregation of violent, criminal, or offensive lunatics from patients under observation, or whose mental condition is relatively mild or amenable to treatment. Plans have been approved for extension of the hospital at Kissy, and Government has approved in principle the construction of a Provincial Mental Hospital and the design has been approved, but it has not yet been possible to start work on either project.

Institutions

30. The Female Infirmary and King George V Memorial Home at Kissy continue to provide a refuge for the aged and infirm.

Prisons

31. The health of prisoners has been satisfactory.

Endemic Diseases Control Unit

32. *Trypanosomiasis.*—Wunde Chiefdom was surveyed in Bo District to complete the survey of chiefdoms south of Blama where so much sleeping sickness was found in 1948 and 1949. Only 7 cases were found in 4,000 people examined. Very few cases were diagnosed at treatment centres and it does not seem that sleeping sickness is now sufficiently prevalent to justify a full scale mobile campaign. Small sampling surveys are still required to watch for a renewal of activity, but with present shortage of staff a Medical Officer cannot be detailed to supervise them. These sampling surveys are not at all reliable without medical supervision.

33. *Schistosomiasis.*—An extensive survey of Kono District was made by Dr. Gerber, and he also undertook extensive trials in Kenema and Kailahun districts of the molluscicide, sodium pentachlor-phenate, demonstrated in 1952 by Dr. E. G. Berry, including a planned attempt to eliminate *Physopsis* snails from one chiefdom. It is clear that the whole of Kono District is heavily infected. After promising early results with the molluscicide, the conclusion was that re-infestation occurred very quickly through failure to kill the eggs. Higher dosage or more prolonged application would be needed than was possible in this trial, or alternatively intermittent dosage would be needed to kill newly hatched snails. Another factor was the difficulty in tracing pools which are unconnected with the streams in the dry season, and are missed. There are many of these pools, it is very difficult to find all of them, and they can act as hidden nurseries of snails which re-infest the streams in the wet season.

34. This work has now had to stop as no Medical Officer is available to replace Dr. Gerber who has left the Sierra Leone Service.

35. *Yaws.*—Dr. Cruz Ferrieria of the World Health Organisation visited the unit in January at Kenema and noted the very low incidence of yaws—cases seen being plantar crab-yaws a tribute to the work of the Unit in past years in this area.

36. Dr. C. J. Hackett visited and advised about a projected campaign with UNICEF aid to cover the whole Northern Province. He noted a high incidence of yaws in this area, where the Unit has not yet been very active, with many types of yaws, particularly body framboesia in children.

37. It will be extremely difficult to find adequate medical staff for the proposed campaign without relaxing control of other diseases.

38. *Leprosy.*—In the South-eastern Province the number of new cases reporting for treatment has fallen, and it is believed that around treatment centres most obvious cases have been treated. Unfortunately many cases fail to report after about a year's attendance, when obvious signs have disappeared. There is a need for instruction of attendants, and for a follow-up scheme to examine defaulters. On the whole the sulphone treatment of lepers by the Unit started in 1953 has been successful, but it will now need more concentrated development. The number of new cases and of subsequent attendances at a treatment centre appears to be a good index of the ability and enthusiasm of the attendant. Like most diseases much better results would be obtained if a Medical Officer could spend more time visiting the treatment centres. Even so, astonishingly good results have been obtained in some places where patients have been under almost continuous treatment for two years. Some of these old burnt-out cases have been told that treatment could now cease, but the patients have been most anxious to continue taking the pills which apparently make them feel so much better. The Unit cannot achieve much more than it is doing in leprosy control without the full time services of a leprosy Medical Officer.

39. This Unit has during the 14–15 years of its existence done magnificent work for which it rarely receives full credit. Sleeping sickness in the early 1940s attained such a menacing form in the South-east Province. that there was a threat of serious depopulation. This might well have affected the mining enterprises in the Province with direct adverse effects on the country's economy. Now, solely due to the work of the Unit, sleeping sickness has become a negligible disease, and yaws also has been reduced. A start has been made to deal with leprosy, but success will not be achieved without medical staff. The Unit is left with one Medical Officer, with no immediate hope of increasing its strength, and there is a danger that much that has been gained may be lost.

Entomological Laboratory

40. The old Malaria Control Unit has been reorganised and amalgamated with the Health Service on 1st January, 1954. The Freetown Health Department has taken over routine larvicidal activity in the town as a part of general environmental sanitation. Increased reliance is placed upon residual house-spraying in the suburbs around Freetown, with apparently good results, but estimation of results has been handicapped by the lack of Medical Officers to do adequate clinical and pathological investigation. It has not been possible to put great reliance on some records of parasite-rates for this reason.

41. The Entomological Laboratory is now established as a unit of the Health Service, and is responsible for new malaria-control methods, and pilot control-schemes, both in Freetown and the Provinces. Villages around Lungi Airport are controlled by house spraying, to protect the airport from *A. gambiae* and the effect on the villages is being observed. Preliminary surveys of malaria incidence are being made in the rice-growing areas around Rokupr, with a view to malaria control with a residual insecticide.

42. The Medical Entomologist continues to make the full half-yearly reports made by the former Malaria Control Unit for limited distribution.

Pathological Laboratory

43. The laboratory suffered a great loss by the departure on retirement of Dr. J. D. Reid, the Senior Pathologist. A second Pathologist was recruited and joined the Department early in the year, but was invalided at the end of the year and has resigned, the laboratory being left in charge of the Laboratory Superintendent. Over 60,000 examinations of various kinds are done in this laboratory, a great amount of work for the small staff.

Port Health

44. The general sanitation at Lungi Airport has been maintained throughout the year. Considerable economy in labour was effected by the posting of a Chief Health Superintendent to the Airport. This officer supervised the whole malaria-control scheme, and carried out the quarterly B.H.C. spraying of villages in the vicinity of the airport, using the airport sanitary labour only.

45. Large numbers of coconut trees which were causing dangerous potential *Aedes aegypti* breeding places have been removed, and harmless shade trees have been planted to replace potentially dangerous flamboyant trees.

46. The new Queen Elizabeth II Quay opened during the year and is now in full operation. Good sanitary control in co-operation with the Port Management was obtained from the start, and sanitary conditions, including control of vaccination, are incomparably better than at the congested old wharf. Rodent control on and around the quay is by permanent baiting with Warfarin. The Health Office has been moved to premises adjacent to the new quay.

47. The Department now receives the World Health Organisation Radio Epidemiological Bulletin from Geneva. It is received daily by Lungi Radio-station, and sent directly it is received to the Airport Medical Officer at Lungi, copies are also sent over to Freetown for the information of the Freetown Port Health Officer and the Director of Medical Services. The arrangement has worked well, and reception has been regular. The system has replaced very numerous cables formerly sent and received.

48. There was no case of quarantinable disease in the neighbourhood of any port or airport during the year.

Medical Stores

49. Supplies on the whole have been adequate, but there are still complaints from Medical Officers of the inadequacy of supplies of antibiotics, especially penicillin. On the other hand there was some evidence of excessive use or leakage into unauthorised hands of valuable antibiotics from hospital stores. This has been checked.

50. Difficulties have been experienced in the long delays in carriage of supplies between the central stores and the hospitals, and the possibility of more rapid movement of stores is being investigated.

III—LOCAL AUTHORITY HEALTH SERVICES

51. On 1st January, all Health Centres, Dispensaries and sanitary equipment in the Provinces were handed over to the District Councils. £15,126 which would formerly have been included in the Medical Department estimates of annual expenditure were transferred to the District Council's expenditure. This represents the annual cost of labour—mostly sanitary labour—general supplies for dispensaries, etc., and travelling costs for leaves and transfers of assigned staff.

52. Pensionable staff, that is Dispensers, Midwives and Health Inspectors are assigned to duty with the District Councils, but are still paid from the Department vote, and remain Government officers under departmental discipline. The annual expenditure on salaries for these officers amounts to approximately £8,000.

53. Chiefdom Estimates also provided for an expenditure of £26,586 for Medical and Health Services, spent on activities varying from small maternity homes to sanitary labourers and overseers in towns and villages.

54. The Rural Areas Council also has responsibilities as a Sanitary Authority and owns or rents some village dispensaries.

55. Plans for the development of Local Authority Maternity Services in the Provinces and in villages have already been made public and the preliminary work of recruiting suitable women for training has started. These women who will be called Village Maternity Assistants, to distinguish them from fully registered midwives, will be recruited by Native Authorities in the villages, and trained in the practical conduct of normal labour in district hospitals. The curriculum of instruction is to be based on Dr. M. A. S. Margai's Handbook of Midwifery, written in Mende; a translation into Temne is to be made. It is intended that as they become trained they should deliver women in their homes, under the supervision of fully-trained Midwives at the new Health Centres. There is to be a Supervisor who will be a registered Midwife. Success of this experiment will depend on the adequacy of supervisory staff.

56. It is clear that the activity of local health services is already substantial, it represents about a tenth of total recurrent expenditure on health services as a whole. As the new Health Centres and the Village Maternity Assistants come into full action, and other local government bodies such as the Freetown City Council, become fully responsible for local sanitation, this proportion is bound to increase.

57. It is difficult with existing medical staff to give the amount of medical supervision to these activities which is desirable, and there have been difficulties in recruiting Health Inspectors, and in posting supervisory Health Superintendents in the Provinces. The provision of quarters has been one stumbling block. It is hoped that some of these difficulties will be resolved in 1955 and that at least as regards sanitary services there will be more adequate supervision, skilled advice to Local Authorities, and increased staff-in-training.

58. Environmental sanitation in the health areas scheduled in the Public Health (Protectorate) Ordinance inevitably varies with the finances, and development of the particular areas, and upon the energy and ability of the Health Authority. The following extracts from the annual reports of Medical Officer, Pujehun, and Medical Officer, Kabala, are given as typical of many reports made about the smaller towns, which clearly indicate what sort of work is accomplished, and the enormous problem which faces the Local Authorities in environmental sanitation.

i. *On a District Headquarters Town, with a Special Health Authority.*

The town is on the whole clean, but more could be done to improve the state of individual compounds. The streets are in the main narrow, and dust raised by passing vehicles is a constant source of nuisance to the occupants. The piped water supply functions, but inadequately.

ii. *On Towns in Scheduled Health Areas.*

(*a*) The town is situated on high ground, a swamp runs through it, and serves as a very good drain for the town. The town is generally clean, and well kept. Sanitary structures are well maintained. Several visits were made during the year to this town, and the school inspected. The general health of the children was good.

(*b*) This town has improved a little during the year. The houses are well built but the number of latrines is almost negligible. Four Native Administration Sanitary labourers are employed but they are usually left to their own devices as the Sanitary Inspector is only able to pay occasional visits to the town. All the school children were vaccinated during the year along with other people who presented themselves.

The water supply continues to be extremely meagre. This of course results in a lower standard of personal hygiene and a higher incident of scabies and similar skin conditions.

Eleven houses and 9 kitchens were pegged out during the year. The market hall continues to stand unused and will soon be derelict.

(*c*) The four Native Administration labourers continue to keep the town in relatively clean condition. The drains are reasonably good but some culverts could be used to advantage. The market hall is now quite a commercial centre and the town is on the whole reasonably prosperous. Cattle are slaughtered frequently and sold in the market stall in the market.

The new well has now been dug and the water appears satisfactory. The pump has not yet been transferred from the old well due to lack of funds. Seven houses, 3 kitchens and 2 latrines were pegged out during the year.

iii. *On Towns not in Scheduled Health Areas.*

(*a*) Sanitary conditions very poor. There are only two pit latrines in a town of about thirty houses. Water supply is from a swamp that runs dry during the Dry Season. Plans are on foot for the sinking of a deep well.

(*b*) The majority of the houses are now equipped with doors and windows. The number of latrines is still not as high as could be desired but the situation is gradually improving. The town is clean and tidy with a good water supply. The compost fences are now in constant use. No additional houses were pegged out during the year.

(*c*) Several old houses were demolished and forty-seven new houses were built on the cleared sites. The people are quite enthusiastic and this town will soon be ready for inclusion as a Health Area.

IV—THE PUBLIC HEALTH

59. In Freetown, the infantile mortality rate was the lowest ever recorded—110 infant deaths per 1,000 live births. As a high proportion of infant deaths are neonatal deaths occurring in the first month of life, the reduction may well be due to the large numbers of births conducted in the Maternity Home referred to in paragraph 25. Many infant deaths are still attributed to neonatal tetanus, and this disease, above all others, disappears when confinements are conducted by trained midwives. The sustained reduction in malaria infection in Freetown no doubt plays a part also. The recorded rate may be influenced, however, by the registration of all Maternity Home births, wherever the place of residence of the mother may be, as in Freetown. This could reduce the rate to a misleadingly low figure; this is discussed in Part II of this Report.

60. A factor of increasing importance in the public health of areas away from hospitals is the uncontrolled "injection practice" conducted by unqualified people without medical supervision. The Department of Commerce and Industry, the Customs and the local agents of reputable pharmaceutical manufacturers give the fullest co-operation in controlling the importation and sale of antibiotics, scheduled poisons, and proprietary medicines. But it is well known that penicillin of doubtful origin, and numerous other drugs for injection, including arsenic preparations, are on free sale or are freely available in places all over the country. It has been reported that in some shops ampoules of distilled water for injection are openly on sale, and are bought by the credulous at a high price. One dispensary attendant was found in possession of acetylarsan, but it was not possible to take proceedings against him for illegal possession of a Schedule I poison in the present state of the law, and the police could not prosecute for theft on the evidence available. Departmental experience has shown clearly in the past that acetylarsan is not well tolerated by the local population for some reason

unknown, and deaths have occurred after unexpectedly small dosage. It is still used, often in unauthorised uncontrolled practice, though penicillin is a far more effective, and infinitely safer treatment for the treponemal diseases in which arsenicals such as acetylarsan are used. The projected yaws campaign with penicillin would be a sound first step towards rectifying this state of affairs, together with increased supplies to hospitals.

61. Deaths have also been suspected from the misuse of certain patent medicines, in one case it would appear by gross overdosage with a comparatively harmless preparation. Certain "Worm" preparations of which there are a number of different types on free sale have been reported as probably having caused the death of children to whom they were administered. One brand of "worm cake" or "worm tablet" has been found to contain calomel with an anthelmintic, and the dangers of this are now well recognised; particularly as in local conditions overdosage, or long repeated dosage, is very likely to occur among ignorant and illiterate parents.

Communicable Diseases

(*See* also paragraphs 32–42)

62. *Yellow Fever.*—Four cases of suspected yellow fever, two of which proved fatal, were reported by the Medical Superintendent of the Nixon Memorial Hospital at Segbwema. Blood from the two survivors taken nine to ten days after onset gave positive mouse protection tests. One of these was a Lebanese, and it is not known whether he was vaccinated. Liver from the last fatal suspect proved that this was not a case of yellow fever. The two survivors were said to be working in Sando Chiefdom probably on illicit diamond diggings. They were reticent about their movements before their illness, and enquiries around the digging areas in Sando were difficult to make. Conditions such as this, with uncontrolled labour of doubtful vaccination or immunity state, can only be viewed with apprehension, as they might form a good starting point for an epidemic disease.

63. *Smallpox.*—There has been no serious outbreak of smallpox. There were five notifications all near to the eastern borders of the country. One notification was made by a non-Government Medical Officer of a suspected smallpox in a European who had been in a West African mail ship at the presumed date of infection. The case, and a contact later diagnosed, were eventually shown not to be smallpox in spite of apparently typical clinical appearances.

64. *Rabies.*—There were serious outbreaks of canine rabies, particularly in the Freetown District, where about 3,000 dogs have been destroyed in the year. There has been difficulty in securing the application of dog-licensing legislation. Vaccination with Fleury vaccine has been offered at cost, and about 152 dogs have been vaccinated at the request of their owners. There was one known death from human rabies in Freetown. An attempt is to be made to introduce compulsory vaccination of dogs where dog licensing is enforceable.

65. *Tuberculosis.*—A few Heaf tuberculin tests were done, with some outside Freetown. It is still not clear to what extent non-specific reactions give false positives, but judging from these tests infection appears to be widespread, and as common in some provincial towns as in Freetown.

66. *Other Diseases.*—Other infectious diseases remained as common as before, and there is the usual picture in the records of large numbers of cases treated of intestinal infections, including dysenteries and typhoid fevers; respiratory infections; yaws; and diseases of the bones and organs of locomotion.

67. *Goitre.*—Dr. D. C. Wilson of Oxford University made a survey of goitre, and showed that as elsewhere in Africa, goitre is found in granite-country, and in Sierra Leone is associated with a very low iodine-content of natural waters. As imported salt is increasingly used, the restriction of imports to iodised salt could abolish goitre in the endemic north-eastern highlands of the country.

V—GENERAL

ACCIDENTS

68. *Motor-Vehicle Accidents.*—Since 1952 the number of patients treated for accidents has been shown separately in the statistical returns of patients treated at Government hospitals. There has been a decided increase in the records of numbers of persons treated for motor-car accidents but this may be due to more accurate recording. A thousand patients are reported as having been treated for motor-vehicle accidents during 1954, and about 5,000 for other transport accidents; many of the latter may be in fact, attributable to motor vehicles. Most motor-vehicle accident cases were recorded in Freetown, Moyamba, Makeni, Kabala and Bo in that order.

69. *Firearms.*—Well over a hundred injuries from firearms are recorded, all in provincial hospitals. These are generally due to the use of unsafe guns. The small hospitals of the Northern Province treated more of these cases than the whole of the rest of the country.

70. *Important Visitors.*—The following distinguished visitors gave valuable advice during their stay in Sierra Leone:—

1. Dr. F. Cruz-Ferreira of World Health Organisation, c/o United Nations Centre, Monrovia, Liberia.
2. Dr. J. C. Hackett, M.D., F.R.C.P., Headquarters Staff, World Health Organisation.
3. Mr. Karl Borch, PH.D., Deputy Chief Representative, U.N.I.C.E.F.
4. Lieutenant-Colonel J. Walters, Secretary, West African Council for Medical Research.
5. Sir Eric Pridie, K.C.M.G., O.B.E., D.S.O., Chief Medical Officer to the Secretary of State.
6. Dr. F. E. Byron, Food Technologist, Applied Nutrition Unit, London School of Hygiene and Tropical Medicine (University of London).
7. Mr. G. A. Aitkinson, Secretary of State's Adviser on Housing.
8. Dr. J. A. M. Karefa-Smart, M.D., Public Health Officer, World Health Organisation.
9. Dr. D. C. Wilson, M.R.C.P., Human Nutrition Laboratory, Oxford University.

71. The Acting Deputy Director of Medical Services, Dr. T. P. Eddy, attended the World Health Organisation Africa Area Committee at Leopoldville in September.

72. The Deputy Director of Medical Services, Dr. A. J. Johnson, attended the preliminary meeting of the West African Council for Medical Research and the fifth Conference of Directors of Medical Services in West Africa at Lagos in February.

73. *Legislation.*—The following were enacted during the year:—

Public Notice No. 15/1954—The Dogs Ordinance—Cap. 67

Public Notice No. 19/1954—The Public Health (Protectorate) Ordinance—Cap. 191

Public Notice No. 20/1954—The Public Health (Protectorate) Ordinance—Cap. 191

Public Notice No. 75/1954—The Public Health Ordinance—Cap. 190

Public Notice No. 96/1954—The Dogs Ordinance—Cap. 67

Public Notice No. 97/1954—The Dogs Ordinance—Cap. 67

Ordinance No. 13/1954—An Ordinance to Amend the Births and Deaths (Protectorate) Registration Ordinance, 1948

Ordinance No. 21/1954—An Ordinance to Amend the Lunacy Regulation Ordinance

T. P. EDDY,

Acting Director of Medical Services.

PART II

CONTENTS

PART II·

STATISTICAL INFORMATION

ADMINISTRATION AND STAFF

ESTABLISHMENT

Administration

1 Director
1 Deputy Director
1 Assistant Director
1 Administrative Secretary
1 Stock Verifier
1 Assistant Stock Verifier
2 Hospital Secretaries
1 Chief Clerk
3 First Grade Clerks
38 Second and Third Grade Clerks

General

2 Senior Specialists
1 Senior Medical Officer (Health)
1 Senior Medical Officer
1 Specialist
2 Medical Officers (Health)
31 Medical Officers (including Lady Medical Officers)
3 Medical Officers—Endemic Diseases Control Unit

Nursing

3 Senior Nursing Sisters	1 Senior Surgical Assistant
13 Nursing Sisters	1 Surgical Assistant
4 Health Sisters	30 Probationer Infectious Diseases Nurses
4 Senior Staff Nurses	1 Linen Store Supervisor
8 Staff Nurses Grade I	1 Laundry Supervisor
10 Staff Nurses Grade II	1 Health Visitor Grade I
164 Nurses and Midwives	2 Health Visortors Grade II
120 Student Nurses and Student Midwives	8 Health Visitors Grade III

Laboratory

1 Senior Pathologist	1 Laboratory Assistant Grade I
1 Pathologist	1 Laboratory Assistant Grade II
1 Laboratory Superintendent	6 Laboratory Assistant Grade III
	5 Laboratory Assistants-in-training

Pharmaceutical

1 Chief Dispenser	7 Dispensers Grade I
2 Senior Dispensers	47 Dispensers Grade II and III

Radiological

4 Radiographers	1 X-ray Attendant

Dental

4 Dental Officers	2 Dental Mechanics

Mental

1 Keeper	40 Senior Attendants and Attendants
1 Matron	

Health

3 Chief Health Superintendents	7 Health Inspectors Grade I
1 Entomologist	10 Health Inspectors Grade II
11 Health Superintendents	41 Health Inspectors Grade III
1 Registrar of Births and Deaths	18 Health Inspectors-in-training
2 Entomologist Assistants	1 Malaria Inspector

Medical Stores

1 Storekeeper and Inspecting Pharmacist	3 Store Assistants Grade I
3 Assistant Medical Storekeepers and Inspecting Pharmacists (including one supernumerary)	6 Store Assistants Grade II
	3 Store Assistants Grade III
	10 Store Issuers

Endemic Diseases Control Unit

2 Senior Attendants Class I	31 Attendants and Learners
15 Senior Attendants Class II	

Transport

1 Transport Foreman	3 Senior Drivers
1 Motor Mechanic	28 Drivers

Miscellaneous

Stokers, Cooks, Porters, Ward Attendants, Messengers, Packers, Telephone Operators, Sewing Maids, Mosquito Spotters, Court Messengers, etc.

2—FINANCE

Expenditure during past 3 years

	1952	1953	1954		
	£	£	£	*s.*	*d.*
Personal Emoluments	140,534	196,286	228,062	4	6
Other Charges	195,419	198,358	208,355	15	11
Total..	335,953	394,644	436,418	0	5

In addition there was the following expenditure on Medical Schemes under the Colonial Development and Welfare Act.

	Total Cost of Scheme	*Expenditure to 31st December, 1954*		
	£	£	*s.*	*d.*
Protectorate Health Centre	83,583	9,823	2	0
Health Centres—Colony	41,740	4,559	10	10
New hospital, Kenema	35,700	12,492	0	8
New hospital, Koidu	49,000	9,367	9	11
New hospital, Magburaka	83,200	29,381	15	3
Lungi Hospital	35,700	4,662	19	11
New hospitals, Kambia and Port Loko	40,700	nil		

II—GOVERNMENT MEDIC AL SERVICES—HOSPITAL SERVICES

Government Hospital Beds

Name and Location of Hospital	*NUMBER AND CATEGORY OF BEDS*					
	General	*Obstetrical*	*Tuberculosis*	*Infectious*	*Mental*	*Remarks*
A. COLONY						
Connaught	132	—	18	4	—	+ 23 Cots
Connaught Annexe ..	20	—	—	—	—	+ 2 ,,
Hill Station	30	—	—	2	1	+ 2 ,,
Maternity	—	49	—	—	—	+ 39 ,,
Murray Town	60	—	—	—	—	
Lakka Tuberculosis ..	—	—	72	—	—	
Kissy Mental	—	—	—	—	112	
King George V Memorial Home	64	—	—	10*	—)	For the aged and indigent
Female Infirmary ..	30	—	—	—	—)	
Princess Christian Mission	16	—	—	—	—	
B. PROTECTORATE						
Bo	70	10	4	8	—	+ 8 Cots
Bo Annexe	4	—	—	—	—	
Bonthe	32	6	—	2	—	+ 2 ,,
Moyamba	16	2	—	—	—	+ 1 Cot
Pujehun	12	1	5	4	—	+ 2 Cots
Kailahun	23	—	—	3	—	+ 1 Cot
Makeni	23	3	—	—	—	+ 2 Cots
Port Loko	18	—	—	—	—	+ 2 ,,
Kabala	30	—	—	—	—	
Lungi	12†	—	—	—	—	
Kenema	10	—	—	—	—	
Total	602	71	99	33	113	+ 84 ,,

* For Leprosy

† The twelve beds in this Institution are reserved for emergency and in the event of an accident to Aircraft.

Attendances at Government Hospitals

Name of Institution	*In-patients*	*OUT-PATIENTS*		
		New Cases	*Subsequent Attendances*	*Total Attendances*
A. COLONY:				
Connaught	2,695	50,831	148,713	199,544
Hill Station	389	873	1,057	1,930
Maternity	2,384	—	—	—
Cline Town	—	18,407	47,729	66,136
TOTAL	5,468	70,111	197,499	267,610
B. PROTECTORATE				
Bo	2,263	19,059	61,785	80,844
Njala	—	6,609	5,316	11,925
Bonthe	604	6,749	23,210	29,959
Moyamba	492	14,350	17,608	31,958
Makeni	604	13,495	34,637	48,132
Pujehun	487	10,977	24,445	35,422
Port Loko	457	11,047	31,527	42,574
Kailahun	340	4,610	13,311	17,921
Kabala	702	*9,364	*39,900	*49,264
Lungi	—	4,655	6,098	10,753
Kenema (opened in February, 1954) ..	217	7,048	17,026	24,074
Total	6,166	107,963	274,863	382,826
COLONY HOSPITALS	5,468	70,111	197,499	267,610
PROTECTORATE HOSPITALS	6,166	107,963	274,863	382,826
GRAND TOTAL ..	11,634	178,074	472,362	650,436

*Including Musaia

MATERNITY AND CHILD WELFARE SERVICES

Attendances and bed space are included in tables under Hospital Services above.

Freetown Maternity Home.

In Freetown, out of a total of 1,648 deliveries there were 1,222 normal cases. Of the 426 abnormalities, a perineal tear or episiotomy accounted for 149; there were 101 operations under general anaesthesia and 176 other abnormalities.

Forty-six of the total 1,648 deliveries were twin deliveries. 1,694 babies were born, of these 184 were described as premature including 30 sets of premature twins.

Eighty-one still births and 28 post-natal deaths occurred in the 1,510 full-term infants.

Fifty-two still births and 36 post-natal deaths occurred in the 184 premature infants.

Twenty-nine deaths occurred in 91 babies born before admission to the Maternity Hospital; of these 17 died of tetanus neonatorum.

There were 27 maternal deaths.

Domiciliary Midwifery Service.

18 patients were booked.
7 were delivered at home.
5 were admitted to the Maternity Home for complications.
6 made other arrangements for delivery.

In the Provincial hospitals 440 women were admitted for normal deliveries, with 224 admissions for complications of pregnancy, childbirth, or the puerperium.

Four hundred and eighty-one total deliveries were reported. Of these 264 deliveries took place at Bo Hospital of which 221 were normal deliveries and 43 were complications.

Maternity and Welfare Clinics.

ATTENDANCES AT FREETOWN CLINICS

	New Cases	*Subsequent Attendances*
Ante-natal and Post Natal Clinics	6,268	16,626
Gaenycological V.D. Clinic	272	3,281
Infant Welfare Clinic	4,220	11,710
Home Visits by Freetown Health Visitors		
Ante-Natal Visits	2,104	2,984
Post-Natal and Infant Welfare Visits	3,594	19,590

ATTENDANCES AT BO ANTE-NATAL CLINIC

	Year		
	1952	1953	1954
New Cases	559	669	831
Subsequent Attendances	1,198	2,842	2,563

ATTENDANCES AT BO INFANT WELFARE CLINIC

	Year		
	1952	1953	1954
New Cases	456	513	778
Subsequent Attendances	1,266	2,050	3,530

School Medical Services

	First Attendances	*Subsequent Attendances*	*Total Attendances*
Freetown School Clinic	12,933	11,507	24,440
Saint Joseph's Convent	8,644	6,989	15,633

MENTAL HOSPITAL

Numbers of Patients admitted to Kissy Mental Hospital during the year:

	Males	*Females*	*Total*
Remaining in hospital 31st Dec., 1953 ..	137	47	184
Admissions	40	17	57
Discharges	21	1	22
Absconded	—	—	—
Deaths	18	8	26
Remaining in hospital 31st Dec., 1954 ..	138	55	193

Causes of death were reported to have fallen into three main groups

(i) Diseases of old age
(ii) Syphilis
(iii) Intestinal parasites and infections.

INSTITUTIONS

Admissions and discharges at the Kissy Female Infirmaries and the King George V Memorial Home were:

	Males	*Females*	*Total*
Remaining in hospital 31st Dec., 1953 ..	74	29	103
Admissions	31	9	40
Discharges	5	1	6
Deaths	27	7	34
Absconded	3	—	3
Remaining in hospital 31st Dec., 1954 ..	70	30	100

ENDEMIC DISEASES CONTROL UNIT

Sleeping Sickness Surveys:—

	Total Examined	*Total Cases Sleeping Sickness*	*Incidence*
Wunde Chiefdom	4,000	7	0.2 per cent

Treatment Centre Returns

	Sleeping Sickness	*Yaws*	*Bilharzia*	*Dysentery Amoebic*	*Leprosy*	*Total New Cases*	*Subsequent Attendances.*
South-Eastern Province ..	52	1,866	2,657	1,378	200	57,574	108,591
Northern Province	—	1,400	19	47	168	5,583	11,742

There are 22 treatment centres in the South-eastern Province and 3 treatment centres in the Northern Province. Four new centres were opened during the year.

ENTOMOLOGICAL LABORATORY

Full statistics are given in the Laboratory's half-yearly reports.

PATHOLOGICAL LABORATORY

Examinations performed in the Freetown Laboratory

BLOOD FILMS 16,499

	Total Attendance	*P. Falciparum*	*P. Malariae*	*Gamet*
Africans	16,331	1,831	1	—
Europeans	168	4	—	—

FAECES 4,221

Africans	3,944
Europeans ..	277

	Africans	*Europeans*
Taenia	18	—
Ascaris	185	5
Ankylostomes	188	—
Strongyloides	162	—
Trichuris	91	2
Ent. Histolytica	88	—
Ent. Histolytica (Cysts)	13	—
Giardia (Cysts)	8	1
Iodamoeba Cysts	1	—
Trichomonas	49	—

Remarks

One leaflet is missing—pages 61 and 62 containing 58 specimen entries.

	Africans	*Europeans*	
Sch. Mansoni	—	—	
Blood	327	14	
Pus	505	19	
Balantidium Coli	1	—	
Ent. Coli (Vegetative) ..	2	—	
Oxyuris	6	1	
URINE	..	.. ..	4,374
	4,090	284	
Albumen	2,290	188	
Sugar	255	11	
Acetone	100	1	
Casts	129	5	
Trichomonas	75	1	
S. haematobium	54	—	
Pus	1,427	81	
Blood	205	6	
Oxyhaemoglobin	—	—	
Strongyloides	1	—	

SPUTUM

	Africans	*Positive*	*Europeans*	*Positive*	*Asiatics*	*Positive*	
Tubercle bacilli	1,455	220	17	2	15	Nil	
VENEREAL DISEASES	406		47	..	..	..	453
Urethral Smear	140		29				
Gonococci	35 (25%)		8				
Vaginal Smear	192		8				
Gonococci	7 (3.64%)		—				
Trichomonas	12 (6.25%)		2				
Eye Smear	49		1				
Gonococci	3 (6.1 %)		—				
D.G.I.	25		9				
T. Pallidum	—		—				
SEROLOGICAL	..	..	..	..	..	..	10,269
KHAN TESTS	10,202		67				
Strong Positive	1,018		—				
Positive	1,657		1				
Doubtful	527		1				
LAUGHLEN TESTS	..	..	..	..	..	..	10,444
WIDAL REACTION	..	..	..	..	..	..	369

	Africans	*Europeans*	
AGGLUTINUTION over 1:25 ..	342	27	
S. typhi H	82	9	
S. typhi O	41	—	
S. paratyphi A	13	5	
S. paratyphi B	15	8	
S. paratyphi C	—	—	
S. Enteritidis	8	1	
S. Group	5	3	
B. Proteus X19	4	2	
B. Proteus X2	6	—	
S. typhi V1	5	—	
BLOOD SEDIMENTATION RATE	..	.. .. ..	1,156
B.S.R.	1,084	72	
HAEMATOLOGY	..	.. ..	5,37
Red cell Count	1,230	142	= 1,372
Haemoglobin	3,254	202	= 3,456
Cell Volume	3,120	190	= 3,310
White Cell Count	1,332	190	= 1,522

HAEMOGLOBIN

	Over 12*gm.*	10–12*gm.*	7–10 *gm.*	*Under* 7
African Male	395	375	230	90
,, Female	366	340	200	47
Maternity	146	481	565	99
European Male	91	8	3	—
,, Female ..	58	29	2	—

BACTERIOLOGY			1,840
FAECES			717
Salm. typhi	2		
„ typhi murium	2		
Sh. Flexneri W	9		
„ „ 103	1		
„ „ Z	19		
„ „ VZ	4		
„ „ V	2		
„ „ Shigae	1		
„ „ Sonnei	15		
„ „ Schimitzi	3		
URINE			368
Salm. typhi		2	
B. Coli		136	
B. Proteus		5	
Strep. faecalis		5	
Staph. aureus		3	
B. pyocyaneus		5	
BLOOD			173
Salm. typhi		14	
Staph. aureus		1	
C. S. F.			39
Pneumococci		2	
N. Influenza		1	
PUS			22
Staph. Pyogenes		2	
Pneumococci		1	
EYE SWAB			42
Staph. Pyogenes		6	
N. gonococci		1	
Faecalis Alkaligenes		1	
THROAT SWAB			53
Haemolytic Strep.	5		
NASAL SWAB			2
CERVICAL SWAB			57
SPUTUM			39
STERILITY TESTS			85
P. M. SWABS			3
VAGINAL SWABS			196
BLOOD CLOTS			1
PLEURAL FLUID			12
TONGUE SWAB			1
SKIN LESION			2
PERITONEAL FLUID			2
ASCITIC FLUID			8
FLUID FROM KNEE			1
VOMIT			3
SINUS SWAB			2
ULCER SWAB			2
URETHRAL SWAB			1
ABDOMINAL FLUID			1
VARIOUS			8
HISTOLOGY			227
Autopsy Material		59	
Biopsy		112	
Dog Brain		53	
Cat Brain		3	
Dog Brain—Positive		25	
Negative		28	
Cat Brain—Positive		Nil	
Negative		3	
VETERINARY			
Rats			3,737
Fleas—109 X. Cheopis 79 X. Braziliensis		30	109
MEDICO-LEGAL			80

	Total	Blood	Sperma.	Gonococci
Clothes	15	9	—	—
Smears	38	—	1	6
Weapons	11	5	—	—
Blood Alcohol	16	—	—	—

C. S. F. (Kahn) 17

	Africans	Europeans
Positive:	15 1	2 Nil

C. S. F. General (Organisms, etc.) 41

Africans	39
Europeans	2

WATER EXAMINATION 340

	Total
Freetown	72
Hill Station	192
Kissy Reservoir	20
Lungi	42
Others	13

MISCELLANEOUS 295

Nasal Smear and Skin Scraping:

Africans	55
Europeans	4
Blood Group	73
Gland Puncture	6
Spermatozoa	28
Non-Specific General	129

POST-MORTEMS 198

BIOCHEMISTRY 488

	Africans	Europeans
Blood Urea	110	1
Urea Clearance	3	—
Urea Concentration	7	—
Paul Bunnell	3	5
Blood Sugar	170	2
Glucose Tolerance	11	—
Gastric Analysis	8	5
Urine	5	—
Blood Calcium	6	—
Liver Function Test	58	16
Acid Phosphatase	1	—
Alkaline Phosphatase	7	—
C. S. F.	38	3
Blood Cholesterol	1	—
Various	17	1
Plasma Proteins	9	1
	454	34

YELLOW FEVER INOCULATIONS 2,829

SUMMARY OF THE VARIOUS TESTS UNDERTAKEN IN THE FREETOWN LABORATORY DURING THE YEAR, 1954

	Totals
Blood Films	16,499
Faeces	4,221
Urine	4,374
Sputum	1,487
Venereal Diseases	453
Kahn Tests	10,269
Laughlen Tests	10,444
Widal Reaction over 1 : 25	369
Haematology	5,377
Carried Forward	53,493

Brought Forward	53,493
Blood Sedimentation Rate	1,156
Bacteriology	1,840
Histology	227
Medico-Legal	80
C. S. F. (Kahn)	17
C. S. F. General (Organisms, etc.)	41
Water Examination	340
Miscellaneous	295
Post-Mortems	198
Biochemistry	488
Veterinary (Rats) Examined	3,737
Fleas	109
Yellow Fever Inoculations	2,829
GRAND TOTAL ..	64,850

EXAMINATIONS PERFORMED AT BO LABORATORY

BLOOD FILMS			2,024
Positive P. falciparum	865		
Positive P. P. Malariae	26		
Positive Gametocytes	10		
FAECES			1,035
Taenia	10		
Ascaris	247		
Ankylostoma	174		
Trichuris	49		
Strongyloides	83		
Ent. Histolytica	62		
Histolytica Cysts.	101		
Ent. Coli	47		
Iod. Butschilii	18		
Trichomonas	16		
Giardia	13		
Bilharzia	11		
KAHN TESTS			1,086
Strong Positive	128		
Positive	85		
Doubtful Positive	63		
HAEMATOLOGY			619
AGGLUTINATION TESTS			38
BLOOD SEDIMENTATION RATE			173
SKIN SCRAPING			23
Positive B. Leprae	6		
URINE			996
Positive Sugar	10		
VENEREAL DISEASES			147
Positive Gonococci	54		
SPUTUM			204
Positive Acid Fast Bacilli	75		
Total			6,345

PORT HEALTH

FREETOWN PORT

Nine hundred and sixty-two ships were boarded. 229 ships received radio pratique. 302 passengers (mostly deck passengers) were vaccinated against smallpox, and 514 members of crews were vaccinated. No ship was subjected to quarantine measures.

FREETOWN AIRPORT—LUNGI

Four hundred and nineteen aircraft visited and were sprayed with insecticides. All passengers' health documents were checked. No passenger or

plane was subjected to quarantine measures, other than disinsectisation of aircraft. All Airport workers were revaccinated against smallpox, and 787 persons were vaccinated against Yellow Fever.

Dental Service

The figures for treatments given in Freetown are:

	Patients	*Fillings*	*Extractions*	*Other Treatment*
1949	10,088	1,822	6,957	781
1950	8,421	1,085	7,743	341
1951	9,399	1,548	7,865	140
1952	10,909	2,372	8,377	1,066
1953	7,789	1,192	6,120	389
1954	6,134	702	5,878	731

The figures for treatments given at Bo are:

Patients	*Fillings*	*Extractions*	*Other Treatment*
1,541	223	1,077	862

III—LOCAL AUTHORITY HEALTH SERVICES

All Dispensaries and Health Centres not attached to a hospital are listed here, though in the Colony there has not yet been a complete handover in some places.

LIST OF DISPENSARIES AND HEALTH CENTRES

Area	*Place*	*Type of Unit*
Colony	Regent	Dispensary
,, ...	Kent	,,
,, ...	York	,,
,, ...	Waterloo	,,
,, ...	Songo	Lock-up
,, ...	Hastings	Dispensary
,, ...	Newton	Lock-up
,, ...	Kissy	Dispensary
,, ...	Wellington	Lock-up
,, ...	Bananas	,,
,, ...	Hamilton	,,
,, ...	Goderich	,,
,, ...	Russell	,,

Area	*Place*	*Type of Unit*
South-western Province ..	Bauya	Dispensary
,, ,, ..	Mabang	,,
,, ,, ..	Mano	Health Centre
,, ,, ..	Koribundu	,, ,,
,, ,, ..	Sembehun	,, ,,
,, ,, ..	Sulima	Dispensary
,, ,, ..	Sumbuya	Health Centre
,, ,, ..	Gbap	Dispensary
,, ,, ..	York Island	,, ,,
South-eastern Province ..	Blama	Dispensary
,, ,, ..	Kenema (Jan. 1954)	,,
,, ,, ..	Pendembu	Health Centre
,, ,, ..	Daru	,, ,,
,, ,, ..	Koidu	Dispensary
Northern Province ..	Magburaka	" "
,, ,, ..	Yonnibana	Health Centre
,, ,, ..	Kambia	,, ,,
,, ,, ..	Batkanu	Dispensary
,, ,, ..	Lunsar	Health Centre

ATTENDANCES AT DISPENSARIES AND HEALTH CENTRES

Area	*New Cases*	*Subsequent Attendances*	*Total Attendances*
Colony	35,615	75,507	111,122
South-western Province ..	38,827	97,437	136,264
South-eastern Province ..	18,094	33,649	51,743
Northern Province ..	23,889	32,295	56,184
GRAND TOTAL ..	116,425	238,888	355,313

IV—THE PUBLIC HEALTH

VITAL STATISTICS

Report of Chief Registrar of Births and Deaths, Freetown and Colony

The registration of births and deaths in Freetown and in the Colony is compulsory. Registration in Freetown is believed to be fairly complete. In the absence of a recent accurate census, it is not possible to give informative statistics of birth rates or death rates. In the Colony outside Freetown, registration is less complete and statistics are less reliable.

BIRTHS AND DEATHS REGISTERED IN FREETOWN AND THE COLONY, 1954

	LIVE BIRTHS		
	Male	*Female*	*Total*
Freetown	1,558	1,538	3,096
Rural Areas	940	883	1,823
Bonthe (Sherbro Judicial District)	34	40	74
Total ..	2,532	2,461	4,993

	DEATHS		
	Male	*Female*	*Total*
Freetown	847	744	1,591
Rural Areas	688	595	1,283
Bonthe (Sherbro Judicial District)	72	47	119
Total ..	1,607	1,386	2,993

BIRTHS, STILL BIRTHS AND INFANT MORTALITY IN FREETOWN

	Male	*Female*	*Total*
Live births	1,558	1,538	3,096
Still births	106	74	180
Deaths under one year of age	—	—	340

INFANT MORTALITY RATE

(Deaths under one year per 1,000 live births)	109.8
Still birth rate, Still births per 1,000 total births	54.9

As 133 of the 180 total registered still births occurred in the Maternity Home among about half of the total registered births and still births, it is likely that outside the Home there has been either under registration of still births, or mistaken registration of still births as infant deaths.

Of the 340 deaths under one year of age, 213 died in the first month of life, a rate of 68 per 1,000 live births.

FREETOWN INFANT MORTALITY RATES FOR THE PAST NINE YEARS HAVE BEEN

1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
160	208	182	159	158	148	119	143	116	110

The comparatively low infant mortality rate (high as it is by European standards) cannot be accepted uncritically.

About half the births registered in Freetown occur in the Maternity Home, and a number of women come from outside the Freetown registration district to have their children in the Home. Many come into the Home from villages around the suburbs of Freetown, but all births occurring in the Home are registered as Freetown births.

It is likely that some of these children would die during their first year after returning home and they return home very soon after birth. This might reduce the Freetown rate, and would tend to cause a marked increase in the recorded village rates. There are indications that this does occur. 145 registrations of births in the Maternity Home were of women who gave their home address as outside the Freetown registration area, of these 89 gave their addresses as suburban villages, close to Freetown. Infant mortality rates in the suburban villages as recorded, are high, and in the four nearest to Freetown—Wilberforce, Kissy, Murray Town and Aberdeen—the numbers of births known to have occured in the Maternity Home to residents in them is nearly a quarter of the births registered in the villages.

The births and infant deaths registered in these suburban villages were 382 and 89 respectively. A more comprehensive infant mortality rate for Freetown and its suburbs would therefore be:

	Live births	*Deaths under 1 year*
Freetown Registration Area	3,096	340
Suburban Villages ..	382	89
Total	3,478	429

Infant Mortality Rate for Freetown and suburban villages. } 123 infant deaths per 1,000 live births

Analysis of the Freetown registrations shows that Creoles appear to have a lower infant mortality than children born of women belonging to tribes indigenous in the Sierra Leone Provinces.

LIVE BIRTHS, INFANT DEATHS, PER 1,000 LIVE BIRTHS OF RACIAL GROUPS, REGISTERED IN FREETOWN

Race or Group	1954 *Live births*	1954 *Deaths under 1 year*	1954 *Infant Mortality Rate*	1953 *Live births*	1953 *Deaths under 1 year*	1953 *Infant Mortality Rate*
Creoles	1,031	74	72	976	89	91
Sierra Leone Tribal Group	1,901	259	136	1,939	263	136
Syrians, Lebanese and Indians	104	2	—	78	2	—
Europeans and Americans	28	3	—	30	—	—
Other Africans & West Indians (Nigerians, etc.) ..	32	2	—	30	1	—
Total	3,096	340	110	3,053	355	116

The main tribal groups registered are Temnes, Mendes, Limbas and Kroos. This lower rate for Creoles is shown consistenly each year.

It is possible that this lower rate may be due to errors in registration, such as a more incomplete registration of births by the tribal group, but it is noticeable in the Maternity Home records that all but one or two of the babies that were

" born before arrival " at the Home were from the tribal group, and that many of these came to the Home through some complication of child birth. Also none of the cases of tetanus neonatorum which were reported from the Home in babies admitted after birth had occurred outside, occurred in Creoles; they all occurred in babies from the tribal group. This does suggest that the Creole infant mortality may indeed be lower than that of the tribal group.

Rural Areas—Colony.

In the Rural Areas of the Colony the recorded registrations of births and infant deaths are:

	Male	*Female*	*Total*
Live Births	940	883	1,823
Deaths under 12 months	137	108	245

The records from some registrars, however, are very irregular particularly from some of the smaller villages, and infant deaths are obviously less recorded than births. In two of the remoter places Tassoh and Songo, 196 births with 2 infant deaths and 385 births with 9 infant deaths were recorded.

Many people even in the remoter villages now appreciate the advantages of birth registration, for a birth certificate is often required when children enter school, or young people apply for employment; death registration, particularly the death of chidren may not appear so important, and the control of burials is defective in many villages.

In the following table infant mortality rates in different Rural Area villages are shown. A correction has been made by adding births occuring in Freetown Maternity Home registered in Freetown of mothers resident in the villages.

The large villages in which registrations appear to be regular are shown:

Village	*Registered live births*	*Registered deaths under 1 year*	*Infant Mortality Rate per 1,000 live births*	*Live births at Maternity Home Registered in Freetown*	*Corrected Infant Mortality Rate*
Wilberforce	155	50	323	40	256
Murray Town	101	13	129	24	105
Kissy	126	26	206	25	172
Regent	56	10	179	3	173
Hastings	94	11	117	5	111
Wellington	107	25	234	6	221
Waterloo	88	18	205	3	198
York	20	4	200	2	184
Newton	112	20	179	3	174
Goderich	36	9	250	8	205
Russell	111	16	144	—	—

With vital statistics of such doubtful validity, it would be unwise to draw any conclusion.

Sherbro Judicial District—Colony.

In the Sherbro Judicial District, the recorded registrations of births and infant deaths are:

	Male	*Female*	*Total*
Live births	34	40	74
Deaths under 12 months ..	16	13	29
Infant Mortality Rate ..	392		

The registrations mostly come from the compact area of Bonthe town, where registration is of long standing. The high recorded rate may be a reflection of the state of infant health in this swampy malarious town.

Protectorate.

In the Protectorate, registration was conducted throughout the year under the old Ordinance—the Births and Deaths Registration Ordinance. The new Births and Deaths Registration (Protectorate) Ordinance (No. 14 of 1948), is to be used from 1st January, 1955.

There are still five chiefdoms in which registration is compulsory. In only two does registration appear to be at all regular.

REGISTERED NUMBERS OF LIVE BIRTHS AND DEATHS, UNDER 12 MONTHS OF AGE IN SIX CHIEFDOMS WITH COMPULSORY REGISTRATION

Chiefdom	*Town*	*Live Births*			*Total Deaths*			*Deaths under 12 Months of age*		
		M.	*F.*	*T.*	*M.*	*F.*	*T.*	*M.*	*F.*	*T.*
Nongowa ..	Kenema ..	349	377	726	308	314	622	122	119	241
Kaiyamba ..	Moyamba ..	73	61	134	11	5	16	—	—	—
Nimikoro ..	Jaiama ..	27	23	50	17	2	19	—	—	—
Jawi ..	Daru ..	16	7	23	18	23	41	2	3	5
Magbema ..	Kambia ..	30	41	71	5	1	6	—	—	—
Jong ..	Mattru	67	62	129	84	45	129	23	13	36

A rough estimates of populations from tax counts of the two chiefdoms where there appears to be some attempt at regular registration is Nongowa 30,570, Jong 16,300. For Nongowa this gives a birth rate of 24 per 1,000 a death rate of 20 per thousand. The registrations are only made in the chief town Kenema, and these figures may be approaching a fairly complete registration, but the sex distribution of births seems to be wrong. The corresponding rates for Jong are absurdly low, but the figures may be fairly complete for the town of Mattru. The figures tend to show a tendency to register births rather than deaths in some chiefdoms.

Though as vital satistics most of the records shown here are of very limited value, it has appeared desirable to expand and classify such records as there are, if only to demonstrate defects and difficulties which need to be overcome.

A good deal more use could be made of such records as exist particularly in Freetown and the Colony, by more detailed classification of deaths by age and sex, and possibly by detailed enquiry and follow-up of a group, or sample, of birth registrations over a period of years.

Infectious Disease Notifications.—The following infectious diseases were notified during the year, 1954:—

	Cases	*Deaths*
Cholera	—	—
Plague	—	—
Smallpox	5	—
Typhus Fever (Murine)	2	—
Yellow Fever	4*	2
Cerebro-Spinal Meningitis	13	4
Dysentery	3,020	4
Influenza	14	—
Pneumonia	732	9
Poliomyelitis	4	—
Relapsing Fever	—	—
Sleeping Sickness	58	—
Enteric Fever	105	2
Chicken pox	312	—

*Suspected cases

Vaccinations.—The following vaccinations were performed during the year:—

	Total
Smallpox	62,209
Yellow Fever	2,829

Corrigendum—

ANNUAL REPORT—1953.

Paragraphs 54 last sentence.—Figures of 247 to be ammended to 24.

APPENDIX V

MISSION AND MINING HOSPITALS AND DISPENSARIES BED STRENGTH

Name of Mission	*Place*	*NUMBER AND CATEGORY OF BEDS*					*Remarks*
		General	*Obstetrical*	*Tuberculosis*	*Infectious*	*Mental*	
		MISSION HOSPITALS					
American Wesleyan ..	Kamakwie	26	—	—	4	—	
Evangelical United Brethren in Christ	Rotifunk	24	8	—	—	—	plus 7 cots
	Tiama	—	11	—	—	—	
Methodist	Segbwema	36	20	—	—	—	plus 16 cots
	MISSION DISPENSARIES (NOT UNDER THE CARE OF A RESIDENT MEDICAL OFFICER)						
American Wesleyan ..	Kukuna *via* Rokupr	1	2	—	—	—	
	Bendembu *via* Makeni ..	—	1	—	—	—	
	Massumbo *via* Makeni	—	—	—	—	—	
	Kamabai *via* Makeni	—	—	—	—	—	
	Bafodia *via* Kabala	—	—	—	—	—	
United Brethren American	Mattru Jong	4	6	—	—	—	
	Gbangbaia (visited monthly) ..	—	—	—	—	—	
Missionary Church Association	Yifin (Niemi Chiefdom) ..	—	—	—	—	—	
	Magburaka	—	2	—	—	—	
	Sambaia Bendugu	—	—	—	—	—	
Methodist	Bunumbu	4	—	—	—	—	
	Jojoima	2	—	—	—	—	
Roman Catholic	Serabu	19	3	—	1	—	plus 6 cots
Evangelical United Brethren in Christ	Jaiama	2	3	—	—	—	
	MINING HOSPITALS						
Sierra Leone Selection Trust	Yengema	36	4	—	20	—	
Sierra Leone Development Company	Marampa	22	3	—	—	—	plus 4 cots
	MINING DISPENSARY (NOT UNDER THE CARE OF A RESIDENT MEDICAL OFFICER)						
Sierra Leone Development Company	Pepel	4	—	—	—	—	
Total		180	63	—	25	—	plus 33 cots

APPENDIX VI

RETURN OF PATIENTS TREATED AT GOVERNMENT HOSPITALS (EXCLUDING PATIENTS REMAINING IN HOSPITAL AT THE END OF 1953)

Intermediate List No.	Detailed List No.	DISEASES — Cause Groups	EXPATRIATES						NON-EXPATRIATES					
			In-Patients		Deaths		Out-Patients		In-Patients		Deaths		Out-Patients	
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A 1	001–008	Tuberculosis of respiratory system	3	—	—	—	1	—	64	32	15	4	138	85
A 2	010	Tuberculosis of meninges and central nervous system	—	—	—	—	—	—	7	5	3	2	7	5
A 3	011	Tuberculosis of intestines, peritoneum and mesenteric glands	—	—	—	—	—	—	3	—	1	—	6	1
A 4	012, 013	Tuberculosis of bones and joints	—	—	—	—	—	—	5	4	1	—	9	7
A 5	014–019	Tuberculosis, all other forms	—	—	—	—	—	—	3	5	1	1	9	7
A 6	020	Congenital syphilis	—	1	—	—	—	—	—	1	—	—	8	2
A 7	021	Early syphilis	1	—	—	—	—	—	2	—	—	—	21	2
A 8	024	Tabes dorsalis	—	—	—	—	—	—	—	—	—	—	—	—
A 9	025	General paralysis of insane	—	—	—	—	—	—	—	—	—	—	—	—
A 10	022, 023, 026–029	All other syphilis	—	—	—	—	1	—	20	12	1	—	710	179
A 11	030–035	Gonococcal infections	—	—	—	—	6	—	75	32	1	—	5,973	1,227
A 12	040	Typhoid fever	4	—	—	—	3	—	52	21	5	2	51	21
A 13	041, 042	Paratyphoid fever and other salmonella infections	—	1	—	—	—	—	—	—	—	—	—	1
A 14	043	Cholera	—	—	—	—	—	—	—	—	—	—	—	—
A 15	044	Brucellosis (Undulant fever)	—	—	—	—	—	—	—	—	—	—	1	—
A 16(*a*)	045	Bacillary dysentery	3	1	—	—	6	2	26	10	6	3	82	64
(*b*)	046	Amœbiasis	6	1	—	—	7	2	121	50	7	3	240	129
(*c*)	047, 048	Other unspecified forms of dysentery	1	—	—	—	3	1	26	18	4	5	610	502
A 17	050	Scarlet fever	—	—	—	—	—	—	—	—	—	—	—	—
A 18	051	Streptococcal sore throat	2	1	—	—	6	8	4	2	—	—	94	49
A 19	052	Erysipelas	—	—	—	—	—	—	1	—	—	—	1	—
A 20	053	Septicæmia and pyæmia	—	1	—	—	—	—	7	3	2	—	7	3
A 21	055	Diphtheria	—	—	—	—	1	—	—	—	—	—	—	—
A 22	056	Whooping cough	—	—	—	—	—	—	2	1	—	—	25	23
A 23	057	Meningococcal infections	1	—	1	—	1	—	4	6	3	3	4	6
		Carried forward	21	6	1	—	35	13	422	202	50	23	7,996	2,313

APPENDIX VI—*continued*

RETURN OF PATIENTS TREATED AT GOVERNMENT HOSPITALS (EXCLUDING PATIENTS REMAINING IN HOSPITAL AT THE END OF 1953)

Intermediate List No.	*Detailed List No.*	*DISEASES* — CAUSE GROUPS	*EXPATRIATES*						*NON-EXPATRIATES*					
			In-Patients		*Deaths*		*Out-Patients*		*In-Patients*		*Deaths*		*Out-Patients*	
			M.	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*
		Brought forward	21	6	1	—	35	13	422	202	50	23	7,996	2,313
A	24 058	Plague	—	—	—	—	—	—	—	—	—	—	—	—
A	25 060	Leprosy	—	—	—	—	—	—	6	—	1	—	220	121
A	26 061	Tetanus	—	—	—	—	—	—	40	42	16	16	42	34
A	27 062	Anthrax	—	—	—	—	—	—	—	—	—	—	—	—
A	28 080	Acute poliomyelitis	1	—	—	—	—	—	1	—	—	—	6	1
A	29 082	Acute infectious encephalitis	—	—	—	—	—	—	—	—	—	—	—	—
A	30 081, 083	Late effects of acute poliomyelitis and acute infectious encephalitis	—	—	—	—	—	—	—	—	—	—	—	—
A	31 084	Smallpox	—	—	—	—	—	—	—	—	—	—	2	—
A	32 085	Measles	—	—	—	—	—	—	5	2	—	—	76	74
A	33 091	Yellow fever	—	—	—	—	—	—	—	—	—	—	—	—
A	34 092	Infectious hepatitis	1	—	—	—	2	—	14	8	—	—	22	9
A	35 094	Rabies	—	—	—	—	—	—	1	—	1	—	1	—
A	36(*a*) 100	Louse-borne epidemic typhus	—	—	—	—	—	—	—	—	—	—	—	—
	(*b*) 101	Flea-borne endemic typhus (murine)	—	—	—	—	—	—	1	—	—	—	1	—
	(*c*) 104	Tick-borne epidemic typhus	—	—	—	—	—	—	—	—	—	—	—	—
	(*d*) 105	Mite-borne typhus	—	—	—	—	—	—	—	—	—	—	—	—
	(*e*) 102, 103, 106–108	Other and unspecified typhus	1	—	—	—	1	—	39	19	1	1	554	346
A	37(*a*) 110	Vivax malaria (benign tertian)	—	1	—	—	—	1	—	—	—	—	—	—
	(*b*) 111	Malariæ malaria (quartan)	—	—	—	—	—	—	—	—	—	—	—	—
	(*c*) 112	Falciparum malaria (malignant tertian) ..	19	5	1	—	54	10	128	89	2	2	623	338
	(*d*) 115	Blackwater fever	—	—	—	—	—	—	2	2	—	—	2	3
	(*e*) 113, 114, 116, 117	Other and unspecified forms of malaria ..	28	8	—	—	48	23	479	223	14	14	12,278	6,837
A	38(*a*) 123.0	Schistosomiasis vesical (S. hæmatobium) ..	—	—	—	—	—	—	1	—	—	—	7	1
	(*b*) 123.1	Schistosomiasis intestinal (S. mansoni) ..	—	—	—	—	—	—	1	—	—	—	1	—
		Carried forward	71	20	2	—	140	47	1,140	587	85	56	21,831	10,077

RETURN OF PATIENTS TREATED AT GOVERNMENT HOSPITALS (EXCLUDING PATIENTS REMAINING IN HOSPITAL AT THE END OF 1953)

Intermediate List No.	*Detailed List No.*	*DISEASES*	*EXPATRIATES*						*NON-EXPATRIATES*					
			In-Patients		*Deaths*		*Out-Patients*		*In-Patients*		*Deaths*		*Out-Patients*	
			M.	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*
		CAUSE GROUPS												
		Brought forward	71	20	2	—	140	47	1,140	587	85	56	21,831	10,077
A 38	(*c*) 123.2	Schistosomiasis pulmonary (S. japonicum) ..	—	—	—	—	—	—	—	—	—	—	—	—
	(*d*) 123.3	Other and unspecified schistosomiasis ..	—	—	—	—	—	—	8	10	—	—	205	128
A 39	125	Hydatid disease	—	—	—	—	—	—	—	—	—	—	—	—
A 40	(*a*) 127	Onchocerciasis	—	—	—	—	—	—	1	1	—	—	4	1
	(*b*)	Loiasis	—	—	—	—	—	—	—	—	—	—	—	—
	(*c*)	Filariasis (bancrofti)	—	—	—	—	—	—	10	1	—	—	41	10
	(*d*)	Other filariasis	—	—	—	—	—	—	10	2	—	—	61	23
A 41	129	Ankylostomiasis	—	—	—	—	1	—	11	10	1	1	32	17
A 42	(*a*) 126	Tapeworm (infestation) and other cestode infestations	7	—	—	—	5	—	20	13	—	—	112	60
	(*b*) 130.0	Ascariasis	—	—	—	—	7	2	13	16	—	—	2,338	2,074
	(*c*) 130.3	Guinea worm (dracunculosis)	—	—	—	—	—	—	1	—	—	—	5	4
	(*d*) 124, 128, 130.1, 130.2	Other diseases due to helminths	—	1	—	—	3	7	8	3	—	—	434	404
A 43	(*a*) 037	Lymphogranuloma venereum	—	—	—	—	—	—	3	2	—	—	305	103
	(*b*) 038	Granuloma inguinale, venereal	—	—	—	—	1	—	8	2	—	—	353	139
	(*c*) 039	Other and unspecified venereal diseases ..	—	—	—	—	—	—	12	5	1	—	281	198
	(*d*) 049	Food poisoning infection and intoxication ..	—	—	—	—	—	—	3	—	1	—	5	1
	(*e*) 071	Relapsing fever	—	—	—	—	—	—	—	—	—	—	—	—
	(*f*) 072	Leptospirosis icterohæmorrhagica (Weil's disease)	—	—	—	—	—	—	—	—	—	—	—	—
	(*g*) 073	Yaws	—	—	—	—	—	—	14	9	—	—	5,579	3,816
	(*h*) 087	Chickenpox	2	1	—	—	2	1	7	1	—	—	105	33
	(*i*) 090	Dengue	—	—	—	—	—	—	—	—	—	—	—	—
	(*j*) 095	Trachoma	—	—	—	—	—	1	—	—	—	—	56	39
	(*k*) 096.7	Sandfly fever	—	—	—	—	1	1	—	—	—	—	—	—
	(*l*) 120	Leishmaniasis	—	—	—	—	—	—	—	—	—	—	—	—
		Carried forward	80	22	2	—	160	59	1,269	662	88	57	31,747	17,127

APPENDIX VI—*continued*

RETURN OF PATIENTS TREATED AT GOVERNMENT HOSPITALS (EXCLUDING PATIENTS REMAINING IN HOSPITAL AT THE END OF 1953)

Intermediate List No.	*Detailed List No.*	*DISEASES*	*EXPATRIATES*						*NON-EXPATRIATES*					
			In-Patients		*Deaths*		*Out-Patients*		*In-Patients*		*Deaths*		*Out-Patients*	
			M.	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*
		CAUSE GROUPS												
		Brought forward	80	22	2	—	160	59	1,269	662	88	57	31,747	17,127
A	43 (*m*) 121 (*a*)	Trypanosomiasis gambiensis	—	—	—	—	—	—	2	1	—	1	3	5
	(*b*)	Trypanosomiasis rhodesiensis	—	—	—	—	—	—	—	—	—	—	—	—
	(*c*)	Other and unspecified trypanosomiasis ..	—	—	—	—	—	—	—	—	—	—	—	—
	(*n*) 131	Dermatophytosis	4	1	—	—	31	11	—	1	—	—	504	374
	(*o*) 135	Scabies	—	—	—	—	2	—	1	—	—	—	2,490	1,575
	(*p*) 036, 054, 059, 063, 064, 070, 074, 086, 088, 089, 093,, 096.1–096.6 096.8, 096.9, 122, 132–134, 136–138	All other diseases classified as infective and parasitic	1	—	—	—	4	2	4	2	—	—	167	122
A	44 140–148	Malignant neoplasm of buccal cavity and pharynx	—	—	—	—	—	—	—	—	1*	—	—	—
A	45 150	Malignant neoplasm of œsophagus	1	—	—	—	—	—	—	—	—	—	—	—
A	46 151	Malignant neoplasm of stomach	—	—	—	—	—	—	3	1	1	—	3	1
A	47 152, 153	Malignant neoplasm of intestine, except rectum	—	—	—	—	—	—	1	1	1	—	1	1
A	48 154	Malignant neoplasm of rectum	—	—	—	—	—	—	2	—	—	—	2	—
A	49 161	Malignant neoplasm of larynx	—	—	—	—	—	—	—	—	—	—	—	—
A	50 162, 163	Malignant neoplasm of trachea, and of bronchus and lung	—	—	—	—	—	—	1	1	—	—	1	1
A	51 170	Malignant neoplasm of breast	—	—	—	—	—	—	—	3	—	1	—	6
A	52 171	Malignant neoplasm of cervix uteri	—	—	—	—	—	—	—	5	—	—	—	5
A	53 172–174	Malignant neoplasm of other and unspecified parts of uterus	—	—	—	—	—	—	—	6	—	—	—	8
		Carried forward ..	86	23	2	—	197	72	1,283	683	91	59	34,918	19,225

* Case from previous year.

APPENDIX VI—*continued*

RETURN OF PATIENTS TREATED AT GOVERNMENT HOSPITALS (EXCLUDING PATIENTS REMAINING IN HOSPITAL AT THE END OF 1953)

Inter-mediate List No.	*Detailed List No.*	*DISEASES* / CAUSE GROUPS	*EXPATRIATES*						*NON-EXPATRIATES*					
			In-Patients		*Deaths*		*Out-Patients*		*In-Patients*		*Deaths*		*Out-Patients*	
			M.	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*
		Brought forward	86	23	2	—	197	72	1,283	683	91	59	34,918	19,225
A 54	177	Malignant neoplasm of prostate	—	—	—	—	—	—	1	—	—	—	1	—
A 55	190, 191	Malignant neoplasm of skin	—	—	—	—	—	—	—	—		—	—	—
A 56	196, 197	Malignant neoplasm of bone and connective tissue	—	—	—	—	—	—	3	—	—	—	4	—
A 57	155–160, 164, 165, 175, 176, 178–181, 192–195, 198, 199	Malignant neoplasm of all other and unspecified sites	—	—	—	—	—	—	22	19	7	4	29	19
A 58	204	Leukæmia and aleukæmia	—	—	—	—	—	—	—	3	—	—	—	3
A 59	200–203	Lymphosarcoma and other neoplasms of lymphatic and hæmatopoietic system ..	—	—	—	—	—	—	—	—	—	—	—	—
A 60	210–239	Benign neoplasms and neoplasms of unspecified nature	2	3	—	—	4	5	19	74	4	2	33	70
A 61	250, 251	Nontoxic goitre	—	—	—	—	—	—	1	9	—	1	3	14
A 62	252	Thyrotoxicosis with or without goitre ..	—	1	—	—	—	1	2	2	—	—	6	4
A 63	260	Diabetes mellitus	1	—	—	—	1	—	13	11	1	—	19	15
A 64 (*a*)	280	Beriberi	—	—	—	—	—	—	1	2	—	—	4	1
(*b*)	281	Pellagra	—	—	—	—	—	—	—	—	—	—	—	—
(*c*)	282	Scurvy	—	—	—	—	—	—	—	—	—	—	8	1
(*d*)	283–286	Other deficiency states	2	—	—	—	8	11	90	73	18	19	546	434
A 65 (*a*)	290	Pernicious and other hyperchromic anæmias ..	—	—	—	—	—	—	2	2	—	2	2	2
(*b*)	291	Iron deficiency anæmias (hypochromic) ..	—	—	—	—	1	12	2	24	—	—	9	8
(*c*)	292, 293	Other specified and unspecified anæmias ..	1	1	—	—	3	2	61	91	14	6	921	1,131
A 66 (*a*)	241	Asthma	2	—	—	—	4	5	10	7	1	—	151	73
(*b*)	240, 242–245, 253, 254, 270–277, 287–289, 294–299	All other allergic disorders, endocrine, metabolic and blood diseases	2	3	—	—	10	2	3	3	2	—	143	133
		Carried forward	96	31	2	—	228	110	1,513	1,003	138	93	36,797	21,133

APPENDIX VI—*continued*

RETURN OF PATIENTS TREATED AT GOVERNMENT HOSPITALS (EXCLUDING PATIENTS REMAINING IN HOSPITAL AT THE END OF 1953)

Intermediate List No.	*Detailed List No.*	*DISEASES*	*EXPATRIATES*						*NON-EXPATRIATES*					
			In-Patients		*Deaths*		*Out-Patients*		*In-Patients*		*Deaths*		*Out-Patients*	
			M.	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*
		CAUSE GROUPS												
		Brought forward	96	31	2	—	228	110	1,513	1,003	138	93	36,797	21,133
A 67	300–309	Psychoses	4	—	—	—	2	—	6	3	2	—	10	6
A 68	310–324, 326	Psychoneurosis and disorders of personality ..	3	1	—	—	4	1	3	2	—	—	12	5
A 69	325	Mental deficiency	—	—	—	—	—	—	6	4	1	—	9	4
A 70	330–334	Vascular lesions affecting central nervous system	—	—	—	—	—	—	19	7	6	5	21	8
A 71	340	Non-meningococcal meningitis	1	—	—	—	—	—	7	6	4	3	7	7
A 72	345	Multiple sclerosis	—	—	—	—	—	—	—	1	—	—	—	1
A 73	353	Epilepsy	—	—	—	—	—	—	19	9	1	—	51	22
A 74	370–379	Inflammatory diseases of eye	—	1	—	—	27	11	43	10	—	—	623	303
A 75	385	Cataract	—	—	—	—	—	—	8	1	—	—	79	65
A 76	387	Glaucoma	—	—	—	—	—	—	—	—	—	—	3	1
A 77	(*a*) 390	Otitis externa	7	1	—	—	55	19	1	1	—	—	213	167
	(*b*) 391–393	Otitis media and mastoiditis	1	1	—	—	8	3	1	8	—	1	232	177
	(*c*) 394	Other inflammatory diseases of ear	—	—	—	—	3	3	2	—	—	—	402	260
A 78	(*a*) 380–384, 386, 388, 389	All other diseases and conditions of eye ..	2	—	—	—	11	3	22	14	—	—	595	334
	(*b*) 341, 344, 350–352, 354–357, 360–369, 395–398	All other diseases of the nervous system and sense organs	6	1	—	—	5	5	54	17	5	1	948	593
A 79	400–402	Rheumatic fever	—	—	—	—	—	—	4	1	1	—	41	22
A 80	410–416	Chronic rheumatic heart disease	—	—	—	—	—	—	1	—	1	—	2	—
A 81	420–422	Arteriosclerotic and degenerative heart disease	2	1	—	—	1	1	8	8	—	2	18	10
A 82	430–434	Other diseases of heart	4	—	—	—	2	—	109	61	32	14	329	241
A 83	440–443	Hypertension with heart disease	—	—	—	—	1	—	5	6	3	1	11	11
		Carried forward	126	37	2	—	347	156	1,831	1,162	194	120	40,403	23,370

APPENDIX VI—*continued*

RETURN OF PATIENTS TREATED AT GOVERNMENT HOSPITALS (EXCLUDING PATIENTS REMAINING IN HOSPITAL AT THE END OF 1953)

Intermediate List No.	*Detailed List No.*	*DISEASES*	*EXPATRIATES*						*NON-EXPATRIATES*					
			In-Patients		*Deaths*		*Out-Patients*		*In-Patients*		*Deaths*		*Out-Patients*	
			M.	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*
		CAUSE GROUPS												
		Brought forward	126	37	2	—	347	156	1,831	1,162	194	120	40,403	23,370
A 84	444–447	Hypertension without mention of heart ..	1	1	—	—	7	3	14	13	—	1	20	15
A 85	450–456	Diseases of arteries	1	—	—	—	—	—	8	2	1	—	12	2
A 86	460–468	Other diseases of circulatory system ..	7	—	—	—	5	4	59	18	11	4	679	261
A 87	470–475	Acute upper respiratory infections	6	3	—	—	47	30	8	4	1	—	2,031	1,159
A 88	480–483	Influenza	1	—	—	—	4	—	3	2	—	1	6	6
A 89	490	Lobar Pneumonia	—	—	—	—	—	—	154	46	9	2	192	63
A 90	491	Bronchopneumonia	—	1	—	1	—	1	102	81	13	15	180	135
A 91	492, 493	Primary atypical, other and unspecified pneumonia	—	—	—	—	—	—	28	16	4	1	35	16
A 92	500	Acute bronchitis	3	4	—	—	4	8	41	40	—	2	818	422
A 93	501, 502	Bronchitis, chronic and unqualified	—	1	—	—	5	2	59	27	5	1	2,636	1,586
A 94	510	Hypertrophy of tonsils and adenoids	—	—	—	—	1	2	—	—	—	—	17	6
A 95	518, 521	Empyema and abscess of lung	—	—	—	—	—	—	1	1	—	1	1	1
A 96	519	Pleurisy	—	—	—	—	—	—	23	3	2	—	29	4
A 97 (*a*)	523	Pneumoconiosis	—	—	—	—	—	—	—	—	—	—	—	—
(*b*)	511–517, 520–522, 524–527	All other respiratory diseases	3	—	—	—	6	5	24	12	4	1	2,914	1,593
A 98 (*a*)	530	Dental caries	1	—	—	—	6	3	4	1	—	—	1,314	622
(*b*)	531–535	All other diseases of teeth and supporting structures	3	1	—	—	11	3	6	4	1	—	258	160
A 99	540	Ulcer of stomach	6	—	1	—	1	—	3	3	—	—	26	10
A 100	541	Ulcer of duodenum	1	—	—	—	1	—	13	1	3	—	124	54
A 101	543	Gastritis and duodenitis	10	5	—	—	20	6	15	2	1	—	100	40
A 102	550–553	Appendicitis	12	10	—	—	7	8	21	23	1	4	28	28
A 103	560, 561, 570	Intestinal obstruction and hernia	2	1	—	—	2	—	740	36	32	4	1,571	78
		Carried forward	183	64	3	1	474	231	3,157	1,497	282	157	53,394	29,631

APPENDIX VI—*continued*

RETURN OF PATIENTS TREATED AT GOVERNMENT HOSPITALS (EXCLUDING PATIENTS REMAINING IN HOSPITAL AT THE END OF 1953)

Inter-mediate List No.	*Detailed List No.*	*DISEASES*	*EXPATRIATES*						*NON-EXPATRIATES*					
			In-Patients		*Deaths*		*Out-Patients*		*In-Patients*		*Deaths*		*Out-Patients*	
			M.	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*
		CAUSE GROUPS												
		Brought forward	183	64	3	1	474	231	3,157	1,497	282	157	53,394	29,631
A 104	(*a*) 571.0	Gastro-enteritis and colitis between 4 weeks and 2 years	1	2	—	—	15	10	9	8	5	1	266	232
	(*b*) 571.1	Gastro-enteritis and colitis, ages 2 years and over	17	6	—	—	34	26	58	28	10	6	1,523	1,074
	(*c*) 572	Chronic enteritis and ulcerative colitis ..	—	—	—	—	—	—	2	6	1	1	17	16
A 105	581	Cirrhosis of liver	—	—	—	—	—	—	44	7	14	—	52	17
A 106	584, 585	Cholelithiasis and cholecystitis	1	—	—	—	—	—	2	3	—	—	2	4
A 107	536–539, 542, 544, 545, 573–580, 582, 583, 586, 587	Other diseases of digestive system	15	5	—	—	41	10	144	102	13	8	5,443	3,847
A 108	590	Acute nephritis	—	—	—	—	—	—	3	4	1	—	4	7
A 109	591–594	Chronic, other and unspecified nephritis ..	1	—	—	—	1	—	14	10	6	5	38	21
A 110	600	Infections of kidney	3	8	—	—	5	5	5	44	—	4	28	45
A 111	602, 604	Calculi of urinary system	1	—	—	—	2	—	2	—	1	—	2	—
A 112	610	Hyperplasia of prostate	—	—	—	—	—	—	9	—	6	—	9	—
A 113	620, 621	Diseases of breast	—	—	—	—	—	2	—	30	—	—	—	189
A 114	(*a*) 613	Hydrocele	—	—	—	—	—	—	86	1	1	—	603	1
	(*b*) 634	Disorders of menstruation	—	4	—	—	—	16	—	51	—	—	—	2,993
	(*c*) 601, 603, 605–609, 611, 612, 614–617, 622–633, 635–637	All other diseases of the genito-urinary system	13	14	1	—	14	11	181	175	15	4	1,670	2,060
A 115	640, 641, 681, 682, 684	Sepsis of pregnancy, childbirth and the puerperium	—	—	—	—	—	—	—	11	—	—	—	13
A 116	642, 652 685, 686	Toxæmias of pregnancy and the puerperium ..	—	—	—	—	—	—	—	139	—	9	—	8
		Carried forward	235	103	4	1	586	311	3,716	2,116	355	195	63,051	40,158

APPENDIX VI—*continued*

RETURN OF PATIENTS TREATED AT GOVERNMENT HOSPITALS (EXCLUDING PATIENTS REMAINING IN HOSPITAL AT THE END OF 1953)

Intermediate List No.	*Detailed List No*	*DISEASES* CAUSE GROUPS	*EXPATRIATES*						*NON-EXPATRIATES*					
			In-Patients		*Deaths*		*Out-Patients*		*In-Patients*		*Deaths*		*Out-Patients*	
			M.	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*
		Brought forward	235	103	4	1	586	311	3,716	2,116	355	195	63,051	40,158
A 117	643, 644, 670–672	Hæmorrhage of pregnancy and childbirth ..	—	—	—	—	—	—	—	29	—	1	—	16
A 118	650	Abortion without mention of sepsis or toxæmia	—	6	—	—	—	2	—	137	—	—	—	298
A 119	651	Abortion with sepsis	—	4	—	—	—	1	—	22	—	1	—	34
A 120(*a*)	645–649, 673–680, 683,687–689	Other complications of pregnancy, childbirth and the puerperium	—	5	—	—	—	2	—	549	—	23	—	521
			—	1	—	—	—	1	—	1,662	—	—	—	465
A 120(*b*)	660	Delivery without complications ..	15	11	—	—	95	39	178	196	2	2	2,293	1,222
A 121	690–698	Infections of skin and subcutaneous tissue ..	5	1	—	—	3	—	83	16	—	—	1,983	928
A 122	720–725	Arthritis and spondylitis	7	—	—	—	33	8	65	15	—	—	4,357	1,931
A 123	726, 727	Muscular rheumatism and rheumatism unspecified	—	—	—	—	—	—	38	13	—	—	95	42
A 124	730	Osteomyelitis and periostitis	—	—	—	—	—	—	6	3	—	—	9	3
A 125	737, 745–749	Ankylosis and acquired musculoskeletal deformities	4	—	—	—	13	5	146	121	1	1	5,697	3,344
A 126(*a*)	715	Chronic ulcer of skin (including tropical ulcer) ..	9	3	—	—	41	16	88	20	1	—	3,449	2,013
(*b*)	700–714, 716	All other diseases of skin	1	1	—	—	2	1	21	8	1	—	100	52
(*c*)	731–736, 738–744	All other diseases of musculoskeletal system ..	—	—	—	—	—	—	1	2	1	—	1	—
A 127	751	Spina bifida and meningocele	—	—	—	—	—	—	—	1	—	—	—	—
A 128	754	Congenital malformations of circulatory system	—	—	—	—	—	—	3	—	—	—	3	—
A 129	750, 752, 753, 755–759	All other congenital malformations	—	—	—	—	—	—	—	5	—	—	—	4
A 130	760, 761	Birth injuries	—	—	—	—	—	—	—	—	—	—	1	—
A 131	762	Post-natal asphyxia and atelectasis	—	—	—	—	—	—	—	—	—	—	—	—
A 132(*a*)	764	Diarrhoea of newborn (under 4 weeks) ..	—	—	—	—	—	—	5	4	—	—	7	6
(*b*)	765	Ophthalmia neonatorum	—	—	—	—	—	—	—	—	—	—	2	1
(*c*)	763, 766–768	Other infections of newborn	—	—	—	—	—	—	—	—	—	—	—	—
A 133	770	Hæmolytic disease of newborn	—	—	—	—	—	—	9	15	5	1	28	18
A 134	769, 771, 772	All other defined diseases of early infancy ..	—	—	—	—	—	—						
		Carried forward	276	135	4	1	773	386	4,359	4,934	366	224	81,076	51,056

APPENDIX VI—*continued*

RETURN OF PATIENTS TREATED AT GOVERNMENT HOSPITALS (EXCLUDING PATIENTS REMAINING IN HOSPITAL AT THE END OF 1953)

Intermediate List No.	*Detailed List No.*	*DISEASES* Cause Groups	*EXPATRIATES* In-Patients M.	In-Patients F.	Deaths M.	Deaths F.	Out-Patients M.	Out-Patients F.	*NON-EXPATRIATES* In-Patients M.	In-Patients F.	Deaths M.	Deaths F.	Out-Patients M.	Out-Patients F.
		Brought forward ..	276	135	4	1	773	386	4,359	4,934	366	224	81,076	51,056
A 135	773, 776	Ill-defined diseases peculiar to early infancy and immaturity, unqualified	—	—	—	—	—	—	3	24	—	1	37	32
A 136	794	Senility without mention of psychosis ..	—	—	—	—	—	—	2	3	1	—	4	8
A 137(*a*)	788.8	Pyrexia of unknown origin	2	—	—	—	5	2	16	16	—	1	294	111
(*b*)	793	Observation, without need for further medical care	8	15	—	—	4	3	24	62	—	—	75	137
(*c*)	780–787, 788.1–788.7, 788.9, 789–792, 795	All other ill-defined causes of morbidity ..	5	2	—	—	23	4	100	179	9	3	2,307	1,443
		'E" CODE.—ALTERNATIVE CLASSIFICATION OF ACCIDENTS, POISONINGS AND VIOLENCE (EXTERNAL CAUSE)												
AE 138	E810–E835	Motor-vehicle accidents	8	3	—	—	4	1	72	19	9	—	752	245
AE 139	E800–E802, E840–E866	Other tranport accidents	1	—	—	—	—	—	33	8	2	—	355	118
AE 140	E870–E895	Accidental poisoning	—	—	—	—	—	—	3	3	—	—	16	26
AE 141	E900–E904	Accidental falls	9	2	—	—	37	18	216	46	16	—	3,654	1,047
AE 142	E912	Accident caused by machinery	3	—	—	—	5	1	54	2	1	—	395	20
AE 143	E916	Accident caused by fire and explosion of combustible material	—	—	—	—	—	—	16	9	1	2	133	75
AE 144	E917, E918	Accident caused by hot substance, corrosive liquid, steam and radiation	2	—	—	—	4	—	33	17	3	—	198	94
AE 145	E919	Accident caused by firearm	—	—	—	—	—	—	62	5	—	—	117	9
		Carried forward	314	157	4	1	855	415	4,993	5,327	408	231	89,413	54,421

APPENDIX VI—*continued*

RETURN OF PATIENTS TREATED AT GOVERNMENT HOSPITALS (EXCLUDING PATIENTS REMAINING IN HOSPITAL AT THE END OF 1953)

"E" CODE—*contd.*—ALTERNATIVE CLASSIFICATION OF ACCIDENTS, POISONINGS AND VIOLENCE (EXTERNAL CAUSE)—*continued.*

Intermediate List No.	*Detailed List No.*	*DISEASES* Cause Groups	*EXPATRIATES*						*NON-EXPATRIATES*					
			In-Patients		*Deaths*		*Out-Patients*		*In-Patients*		*Deaths*		*Out-Patients*	
			M.	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*
		Brought forward	314	157	4	1	855	415	4,993	5,327	408	231	89,413	54,421
AE 146	E929	Accidental drowning and submersion ..	—	—	—	—	—	—	—	—	—	—	—	—
AE 147(*a*)	E920	Foreign body entering eye and adnexa ..	—	1	—	—	3	1	4	—	—	—	194	56
(*b*)	E923	Foreign body entering other orifice	—	—	—	—	—	—	9	4	—	—	127	64
(*c*)	E927	Accidents caused by bites and stings of venemous animals and insects	—	—	—	—	4	1	16	4	—	—	236	118
(*d*)	E928	Other accidents caused by animals	—	—	—	—	2	—	12	1	—	—	445	289
(*e*)	E910, E911, E913–E915, E921, E922, E924–E926 E930–E965	All other accidental causes	22	—	—	—	26	5	171	50	3	—	4,478	1,278
AE 148	E970–E979	Suicide and self-inflicted injury	—	—	—	—	—	—	2	—	—	—	3	—
AE 149	E980–E985	Homicide and injury purposely inflicted by other persons (not in war)	—	—	—	—	—	—	3	1	1	—	62	58
AE 150	E990–E999	Injury resulting from operations of war ..	—	—	—	—	—	—	—	—	—	—	—	—
		Total	336	158	4	1	890	422	5,210	5,387	412	231	94,958	56,284

APPENDIX VI—*continued*

RETURN OF PATIENTS TREATED AT GOVERNMENT HOSPITALS (EXCLUDING PATIENTS REMAINING IN HOSPITAL AT THE END OF 1953)

"N" CODE—ALTERNATIVE CLASSIFICATION OF ACCIDENTS, POISONINGS AND VIOLENCE (NATURE OF INJURY)

DISEASES			*EXPATRIATES*						*NON-EXPATRIATES*					
Intermediate. List No	*Detailed List No.*	CAUSE GROUPS	*In-Patients*		*Deaths*		*Out-Patients*		*In-Patients*		*Deaths*		*Out-Patients*	
			M.	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*
AN 138	N800–N804	Fracture of skull	—	1	—	—	—	1	21	4	6	—	20	5
AN 139	N805–N809	Fracture of spine and trunk	1	—	—	—	—	—	35	4	4	—	39	5
AN 140	N810–N829	Fracture of limbs	6	1	—	—	4	—	171	33	6	—	365	68
AN 141	N830–N839	Dislocation without fracture	2	—	—	—	3	—	16	1	—	—	303	86
AN 142	N840–N848	Sprains and strains of joints and adjacent muscles	2	—	—	—	7	6	20	4	—	—	1,617	508
AN 143	N850–N856	Head injury (excluding fracture)	3	1	—	—	1	2	44	3	8	—	49	6
AN 144	N860–N869	Internal injury of chest, abdomen and pelvis ..	—	—	—	—	—	—	14	1	2	—	16	1
AN 145	N870–N908	Laceration and open wounds	6	2	—	—	15	9	177	40	4	—	3,688	1,052
AN 146	N910–N929	Superficial injury, contusion and crushing with intact skin surface	4	1	—	—	21	7	40	11	1	—	2,591	681
AN 147	N930–N936	Effects of foreign body entering through orifice	—	—	—	—	6	—	8	4	—	—	306	140
AN 148	N940–N949	Burns	1	—	—	—	5	1	47	27	4	2	246	131
AN 149	N960–N979	Effects of poisons	—	—	—	—	3	1	7	6	—	—	47	43
AN 150	N950–N959 N980–N999	All other and unspecified effects of external causes	20	—	—	—	20	—	106	31	1	—	1,878	771
		Total	45	6	—	—	85	27	706	169	36	2	11,165	3,497