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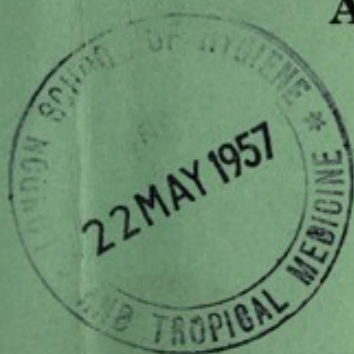
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COLONY OF SEYCHELLES

ANNUAL REPORT



OF THE

**MEDICAL AND HEALTH
DEPARTMENT**

FOR THE YEAR

1955

Printed by the Government Printer
at the Government Printing Office
Victoria, Mahé, Seychelles.



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ANNUAL REPORT OF THE MEDICAL AND HEALTH DEPARTMENT OF THE COLONY OF SEYCHELLES FOR THE YEAR 1955.

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To,

THE HON. SECRETARY TO GOVERNMENT,
SEYCHELLES.

Sir,

I have the honour to submit for the information of His Excellency the Governor and the Legislative Council and for transmission to the Right Honourable the Secretary of State for the Colonies the Annual Report of the Medical and Health Department of Seychelles for the year 1955.

I have the honour to be,

Sir,

Your obedient Servant

P. M. JOSEPH,

Medical Headquarters,

Victoria, Seychelles,

15th June, 1956.

Director of Medical Services.

ANNUAL REPORT OF THE MEDICAL AND HEALTH
DEPARTMENT OF THE COLONY OF SEYCHELLES
FOR THE YEAR 1955

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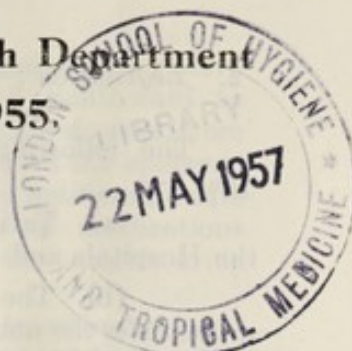
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Annual Report of the Medical and Health Department of Seychelles for the year 1955.

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SECTION I Administration.



Staff : (A) The following changes and staff postings took place during the year 1955 :—

1. Dr. G. F. B. Ritchie-Fallon arrived in the Colony and assumed duty as Medical Officer, South Mahé, on 20.4.55.
2. Dr. P. M. Joseph, M. B. E., Director of Medical Services, left the Colony on vacation leave on 20.6.55.
3. Dr. K. K. Kapadia who returned from leave on the 20.6.55 was appointed Acting Director of Medical Services on 21.6.55.
4. Mr. A. G. Gapper, the Dental Surgeon, left on vacation leave on 16.9.55.
5. Sister William, the Matron of the Seychelles Hospital, left on vacation leave on 16.9.55.
6. Changes in the World Health Organization Staff :—
 - a. Miss B. Hauglund, the Public Health Nurse, arrived in the Colony on 4.1.55.
 - b. Dr. A. J. W. Spitz, Team Leader, arrived in the Colony on 17.7.55.
 - c. Mr. G. V. Jinks, the Sanitarian, left the Colony on transfer on 13.9.55.
 - d. Mr. Luis Arnau, the Laboratory Technologist, arrived in the Colony on 10.11.55.

(B) The establishment of Senior Medical Staff in 1955 was as follows :—

- 1 Director of Medical Services,
- 6 Medical Officers,
- 1 Venereal Disease Medical Officer,
- 2 Dental Surgeons,
- 1 Matron, Seychelles Hospital,
- 3 Sisters,
- 1 Laboratory Technologist,
- 1 Senior Health Inspector.

(C) The establishment was short by one Medical Officer and another was on leave during the whole of the year.

2. *Legislation :—*

The following Bye-laws and Regulations were made during the year :—

(a) Tariff of charges made under the authority of Section 4 of the Hospitals and Dispensaries Ordinance, No. 20 of 1899 ;

(b) The North Mahé Local Board (Washing Limit) Regulations made under the authority of Section 10 of the Boards of Health Ordinance No. 31 of 1900 ;

(c) The South Mahé Local Board (Washing Limit) Regulations made under the authority of Section 10 of the Boards of Health Ordinance No. 31 of 1900.

3. *Financial :—*

The table hereunder shows the Revenue and Expenditure of the Medical Department during 1955. All figures are in Rupees. For the purpose of comparison, figures for 1953 and 1954 are given also :—

	1955	1954	1953
Revenue	105,986	98,447	74,963
Estimated Expenditure	651,509	603,113	601,375
Actual Expenditure	652,689	613,534	568,588
Total Expenditure of Colony	5,354,444	3,725,454	4,613,119
Medical Expenditure per head of population	16.43	15.06	15.01

4. *Stores :—*

Stocks of drugs and medical requisites continued to be held on a basis of six months' supply. But due to the Railway and Dock strikes in the United Kingdom the supply of drugs expected in the third quarter of the year failed to arrive in time. So the stocks of some essential drugs, including streptomycin, were completely exhausted. Steps were hurriedly taken to order them from East Africa in the last quarter of the year. The direct boat, which was expected from the U. K. towards the middle of the year, did not arrive till December 1955.

SECTION II.

Public Health.

1. *General :—*

There were sporadic cases of whooping cough in the early part of 1955, but during the month of October few cases of measles were reported from Cascade, a village only 5 miles from the town of Victoria. Before long, however in spite of all possible precautions and preventive measures, the disease spread both to the North and to the South and developed into an epidemic.

The preventive measures included propaganda, the closing of schools and the prohibiting of children's parties, and house visiting and nursing of patients by the Public Health Nurses. Propaganda consisted of wireless talks, posters and notices informing the public about the methods of preventing its spread.

Yet these measures helped only to delay the spread and to relieve congestion in hospital. The disease gradually spread Southward to Anse aux Pins and also Northward to Victoria where the first cases were noticed during the third week of November. The height of the epidemic was reached towards the end of the year when the daily notification rate rose to about 150 cases. From then on the number of notifications gradually came down. Later, the disease spread to the neighbouring islands of Praslin and La Digue.

The other main diseases during the year included intestinal infestations, venereal diseases, especially gonorrhoea, and tuberculosis. The details of these are given under separate headings.

2. *Venereal Diseases* :—

A. GENERAL.

The Venereal Disease Control Scheme continued as in the previous year with full vigour and during the year more cases of gonorrhoea and chancroid were treated than ever before. This was not due to any spread of the disease but simply to the fact that more contacts were treated whether they were bacteriologically positive or not.

B. SYPHILIS.

As in 1954 not a single case of syphilis in its infectious form was noticed during the year, nor was any case of congenital syphilis found. The cases recorded are simply those giving a positive Kahn reaction without any clinical signs or symptoms and were discovered during routine serum testing.

Kahn reaction performed in the Laboratory :—

<i>Year</i>	<i>Number done</i>	<i>Percentage Positive.</i>
1950	4774	38.07
1951	4911	23.00
1952	5618	20.68
1953	6228	18.10
1954	6240	21.05
1955	3883	11.01

On the whole it is clear that syphilis is well under control and that the V. D. Control Scheme has achieved its aim as far as syphilis is concerned.

C. GONORRHOEA.

This is the most persistent disease and the practice of treating all cases and their contacts irrespective of whether they were proved positive either clinically or bacteriologically was continued during the year.

On the whole the incidence remains static but it can be concluded that the scheme was beneficial in the main to all persons except those of low moral standard who indulge in promiscuity.

D. CHANCROID.

Many more cases of chancroid were detected during the year and the number of contacts including female contacts has increased considerably. This manifold increase, the V. D. Medical Officer contends, is no evidence of an epidemic but only proves a better identification and tracing of cases.

A detailed report of the Venereal Disease Control Scheme by the V. D. Medical Officer is appended in appendix I of this report.

3. *Intestinal Infestations:*

During the year there has been no remarkable change in the rate of infestation with intestinal parasites. The following figures taken from the Seychelles Hospital Laboratory Record of Stool examinations give an idea of the incidence. On the whole, 14,008 stool specimens were examined in 1955: --

Parasites:	% 1955	% 1954	% 1953
<i>E. histolytica</i> ...	7.5	6.4	7.9
<i>Giardia lamblia</i> ...	16.8	11.6	11.1
<i>Balantidium coli</i> ...	2.4	1.3	—
<i>Ankylostoma duodenale</i> ...	15.0	12.9	11.9
<i>Ascaris lumbricoides</i> ...	40.8	40.2	38.3
<i>Trichuris trichiura</i> ...	82.4	58.7	—
<i>Strongyloides stercoralis</i> ...	5.0	6.3	5.0
N. A. D. ...	9.7	21.6	—

Oleum Chenopodium alone or combined with Carbon Tetrachloride are still the most common vermifuges used.

After the arrival of Dr Spitz, the WHO Team Leader, an Intestinal Clinic was established in the Seychelles Hospital. All patients suffering from intestinal infestation were referred to this clinic where Dr. Tavarua of this Department, assigned to the Joint Project, was in attendance. The monthly attendance at this clinic was as follows: —

September 347: October 662: November 595: December 536.

Total attendances — 2140.

The following table shows the number of stool examinations performed for patients attending the intestinal clinic and for in-patients, together with the results of the examinations: —

Total examined — 4704 Out-patients,
394 In-patients.

Parasites:	(Out-patients)		(In-patients)	
	Number	Percentage	Number	Percentage
<i>E. histolytica</i> ...	425	9.0%	26	6.5%
<i>Giardia lamblia</i> ...	753	15.2%	38	9.6%
<i>Balantidium coli</i> ...	96	2.0%	11	2.8%
<i>Ankylostoma duodenale</i> ...	526	11.2%	64	17.5%
<i>Ascaris lumbricoides</i> ...	2,709	57.6%	181	45.9%
<i>Trichuris trichiura</i> ...	4,137	87.9%	310	78.7%
<i>Strongyloides stercoralis</i> ...	188	4.0%	20	5.1%
No parasites seen ...	348	7.4%	67	15.0%

From the above figures it is clear that the infestation rates continue to be high.

The Public Health Nurses, trained under the World Health Organisation Project, are working in close co-operation with the intestinal clinic. They are visiting those people suffering from intestinal infestation in their homes, to educate the household as to the clean way of living, fly-proofing of latrine and inducing them to bring their stool for examination and to continue treatment till completely cured. Altogether, they made 3019 home visits this year to the homes of Amoebic dysentery patients.

With the 1,000 tablets of piperazine adipate tablets "Entacyl", kindly supplied free by the British Drug Houses Ltd., 132 Ascariasis cases were treated. As 24 of them failed to return for further examinations, the results of the treatment are based on the remaining 108 cases. The summary of the results is given below :—

Total number of cases investigated	108 Percentage	
Cured after one course of treatment	62	57.4
Improved though not cured	26	23.1
No improvement noticeable	20	18.5

As the supply of "Entacyl" was limited a second course of treatment could be given to only one case which was cured after the second course. It is presumed that a vast majority of cases can be cured by two courses of Entacyl. It was remarked that the drug could be used safely on even babies under one year of age. However, the high cost of the drug precludes its use in the mass treatment of Ascariasis.

4. Tuberculosis :

This still remains one of the major health problems. The construction of the Sanatorium is nearing completion and applications are being prepared for a grant from the Colonial Development and Welfare Fund for a Tuberculosis Officer and equipment for the Sanatorium.

The following table shows the number of known cases of Tuberculosis in the last three years :—

CASES

Type of Disease.	1953	1954	1955
Pulmonary	128	93	104
Non-pulmonary	17	13	14
Total	145	106	118

DEATHS

Pulmonary	26	34	16
Non-pulmonary	5	4	1
Total	31	38	17

Open Tuberculosis cases were being treated in the verandah of the general wards. This was far from satisfactory. So a detached building which was being used as the Nurses Lecture Room was converted into two isolation wards. These wards can accommodate six male and ten female patients. The open cases of Tuberculosis have been transferred to this isolation building.

5. *Leprosy* :—

Two new cases were discovered during the year as compared with four in 1954. Being infectious and having no facilities for isolation in their homes both of them were admitted into the Curieuse Settlement. Detailed report of the Settlement is given in Section III of this Report.

6. *Other Communicable Diseases* :

(i) <i>Enteric Fevers</i>	1 against nil in 1954 (imported case diagnosed in December 1955. Patient being a Japanese fisherman.
(ii) <i>Diphtheria</i>	2 against 1 in 1954.
(iii) <i>Whooping cough</i>	184 against 372 in 1954.
(iv) <i>Tetanus</i>	5 against 7 in 1954.
(v) <i>Malaria</i>	1 against 2 in 1954 (imported) no anopheles in Seycheles.
(vi) <i>Chickenpox</i>	10 against 9 in 1954
(vii) <i>Measles (Morbilli)</i>	1736 against 2 in 1954
(viii) <i>Influenza</i>	96 against 512 in 1954
(ix) <i>Diarrhoea and Enteritis</i>	725 against 841 in 1954
(x) <i>Amoebic dysentery</i>	1016 against 416 in 1954

7. *Deaths from Communicable Diseases* :—

Recorded deaths from communicable disease in 1955 were as follows :—

	1955	1954	1953
Pulmonary Tuberculosis	16	34	26
Other tuberculosis	1	4	5
Congenital Syphilis	—	2	4
Neural syphilis	—	—	—
Other syphilis	2	4	5
Dysentery all forms	8	8	9
Leprosy	1	4	4
Helminthic diseases	6	2	7
Gastro-enteritis	29	16	20

8. *Vaccinations and Inoculations* :—

The following table shows the total number carried out during the year with comparable figures for the two previous years :—

	1955	1954	1953
Smallpox vaccination	832	2,167	4,617
Yellow Fever Inoculation	342	332	333
TAB Inoculation	8	13	48
Cholera Inoculation	50	63	75
Tetanus Immunization	—	104	3

9. *Housing* :—

There has been only slight improvement in the housing situation. The Government has continued the village settlement scheme and encouraged planters by the award of a housing subsidy to build labourers'

houses. The public showed some interest in housing and they are contemplating the registration of a co-operative housing society. The following further housing accommodation was provided through Government channels during the year :—

Houses built by Government	6
Local Police Flats	4
Quarters Signal Hill	1
Officers Quarters	2
Quarters Sanitary Inspector	1
Sergeants' Quarters	1
Houses Subsidised by Government	44
Extension of Teaching Brothers' Quarters	4 (single rooms)

10. *Extension of Water Supplies :*

The Anse Royale Public Water Supply was extended to Anse Bougainville and towards the Cannelles Road. The Cascade supply was extended to Brilliant on the North and for another $\frac{1}{2}$ mile to Anse aux Pins on the South. The Anse Boileau supply was extended $\frac{1}{2}$ mile to Anse Louis and the Glacis supply extended to the North Point, a distance of $\frac{3}{4}$ mile.

11. *Health Education :*

The programme of Health Education was carried out as part of the Seychelles Government/WHO Joint Project and consisted of :—

- (a) Film shows to the public and school-children in Victoria and the various districts. Forty-two full scale films were shown.
- (b) A course of Health Lectures consisting of 12 lectures was given by the Team Leader to 242 School Teachers.
- (c) A course of 5 lectures was given to a group of 50 women belonging to "Mothers' Mission" and to another of 20 young men of the Youth Fellowship. Further one health lecture was delivered to batches of Legionaries of Mary who totalled 300.
- (d) Lectures on Healthy living were delivered to all Teachers outside Victoria by the Public Health Nurse who also gave lectures to prepare the Girl Guides for the Health Badge. Besides she gave propaganda talks and demonstrations about infant care to bigger school girls in Victoria.
- (e) During the home visit by the Public Health Nurses in training these took the opportunity to instill into the occupants of the houses ideas of simple Hygiene and healthy ways of living.

12. *Hygiene and Sanitation :—*

Two probationer Health Inspectors and three nurses were added to the establishment of the Health Department Staff. The Probationer Health Inspectors joined the training given by the W.H.O. Sanitarian. Early in the year, Miss Hauglund, the Public Health Nurse belonging to W.H.O. team, arrived. The newly-recruited nurses were trained for the duties of Public Health Nurses.

More pit latrines were made fly-proof and more Aqua-privies were constructed. Due to an error in some quarters the buckets ordered for the double-bucket system of excreta collection in Victoria were found on arrival to be not of the required size to fit the latrines and so the plan of enforcing the double-bucket system could not be implemented fully. Also, due to financial difficulty, the District Council of Victoria is now not in a position to predict when it can be brought into operation.

The routine medical inspection of foodhandlers for intestinal parasitic infestations was carried out and those found positive were brought under treatment till cured. Some 544 specimens from foodhandlers were examined, including 40 in Praslin, this year.

The work done by the Health Section of the Medical Department during the year is shown below :—

i. *Inspection of premises :—*

Dwellings	9027
Hotels & Boarding Houses	31
Bakehouses	258
Foodshops	272
Schools	65
Restaurants & Buvettes	219
Butcheries	251
Bottling Establishments	32

Total	10155
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ii. *Latrine Inspections :—*

Latrines inspected	8610
In sanitary condition	2126
In insanitary condition	6484

iii. *Abatement of Nuisances :—*

Nuisance Orders issued :—

(a) Removal of pigs or provision of styres	21
(b) Removal of pigs only	44
(c) Insanitary latrine	1
(d) Repair of latrines	488
(e) Absence of latrines	25
(f) Accumulation of garbage	20
(g) Accumulation of water	19

Total	618
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iv. *Anti-mosquito work :—*

The search for mosquito larvae is included in inspection of premises but in addition to this a special mosquito survey was carried out in August and September, at a time when the colony was experiencing a long drought. The following was result of the survey :—

Number of premises inspected in Victoria	864
" " with mosquito breeding	60
" " with <i>Aedes Aegypti</i>	16
" " with <i>Culex</i>	9
" " with mixed larvae	35

Aedes aegypti Index 6%

Arrangements are being made for an intensive an'i-mosquito drive during 1956.

13. *Food* :—

The table below shows the number of animals slaughtered in Victoria and country slaughter-houses during the year :—

Animal	Victoria	Country	Total
Cattle	229	267	496
Pigs	394	1224	1618
Turtles	178	66	244
Total	801	1557	2358

Of the above the carcase of one cattle was found to be unfit for human consumption and was destroyed together with 654 lbs of pork condemned during the year. In addition 5457 tins of tinned foodstuff were condemned and destroyed as they were found unwholesome for human consumption. Some 272 lbs of fish, including salt fish, were also condemned and destroyed.

14. *Port Health* :—

In 1955, 85 vessels entered Victoria Harbour plus 2 of Her Majesty's Naval Ships. The ports from which the vessels came (last port of call) and nationalities are given below :—

Mombasa	29
Bombay	10
Marmagoa	3
Mauritius	6
Aden	8
Berbera	1
Diego Suarez	5
Zanzibar	3
Dar-es-salaam	3
Singapore	8
Rangoon	1
Port Swettenham	3
Tokyo	5

Nationality of Commercial Vessels :—

British	40
Dutch	24
French	3
Indian	12
Japanese	5
Norwegian	1

15. *Legal Proceedings* :—

Four persons were prosecuted for infringements of Public Health law. Being first offenders they were warned by the Police Magistrate and asked to pay costs only, which amounted to Re. 1.00 Cts. each.

16. *Vital Statistics : —*

The table below gives figures relevant to the year 1955 : —

Estimated population at Mid Year (30th June, 1955) 39,722

Total Deaths	---	456
Death rate per 1,000	---	11.47
Total Births	---	1338
Birth rate per 1,000	---	33.69
Total Deaths under 1 year	---	99
Infantile mortality rate	---	75.97
Still births	---	35

This table shows birth, death and infant mortality figures for the last ten years :—

<i>Years :</i>	<i>Birth Rate :</i>	<i>Death Rate :</i>	<i>Infant Morality.</i>
1946	28.42	11.32	58.80
1947	27.10	10.20	80.12
1948	28.60	13.70	89.00
1949	29.20	12.10	70.53
1950	29.80	11.70	60.00
1951	28.30	11.60	50.30
1952	28.00	12.10	51.10
1953	31.03	11.06	54.00
1954	31.02	11.08	51.58
1955	33.69	11.47	75.97

It will be noticed that the infantile mortality rate is the highest since 1949. The principal causes of increase in the infantile mortality during the year were acute respiratory diseases and gastro-enteritis which together accounted for 43 of the 99 deaths among infants. The third important cause was prematurity which caused 15 deaths.

Acute respiratory diseases took a greater toll on infant lives when they complicated whooping cough and measles, both of which were prevalent during the year, the latter in an epidemic form.

As for gastro-enteritis it is often due to improper feeding of infants by their ignorant and poor mothers. Through the ante natal, maternity and infant welfare Services, mothers are being taught regarding breast feeding and clean and proper preparation of artificial feeds. The Public Health Nurses are trained to teach and give demonstrations about the care and feeding of babies in the homes particularly of the poor class mothers. The Health Education programme also includes infant feeding.

17. *School Health Service :—*

The Medical inspection of schools started last year was completed by examining the remaining schools early in 1955. During the course of the year all the schools in the district of South Mahe and Praslin were examined. All children requiring medical and Dental aid were asked to report to the Medical Officer at the nearest clinic.

But during the course of the year, with the help of the Public Health Nurses, trained under WHO Project, the Medical Officer assigned to WHO started a School Health Service. Owing to the shortage of staff it was considered desirable to begin with a Pilot Scheme involving two Schools in Victoria, viz : the Plaisance School and St. Paul's Girls' School.

In this service stress is laid on the team work between the School Medical Officer, the School Nurse, the Teacher and the Parents. All the problems, both medical and social, of the individual child are discussed. Not only a complete examination of the child is made but also the full family and personal history of the child are taken. Any defects noted are rectified through reference to the appropriate department. A special school clinic was conducted on an afternoon every week where children requiring treatment were seen by appointment together with their parents and, when needed, further investigations were made and appropriate treatment given. Contacts of Tuberculosis patients had X-Ray of their lungs taken.

Though the numbers involved are small the following table is interesting in that it shows the various conditions seen in both schools. It is hoped that gradually this new school service will be extended to all the Schools in the Colony within a year or two. Under the Scheme the school-children are bound to receive immense benefits.

Result of School Examination (Pilot Scheme) 1955

	Plaisance	St Paul's Girls
Total number interviewed and examined	245	162
Personal history of Asthma ...	45	19
Family contact with Tuberculosis ...	25	4
Family groups involved ...	12	4
State of Nutrition :—		
Good ...	83	79
Fairly good ...	15	20
Fair ...	108	41
Poor ...	39	22
Physical Stature :—		
Sthenic ...	135	115
Asthenic ...	107	45
Pyknic ...	3	2
Pallor of Mucous Membranes :—		
Slight ...	62	70
Severe ...	25	14
State of Dental Health :—		
Good to fairly good ...	50	62
Fair ...	151	84
Poor to bad ...	44	16
Defects of vision and eye complaints ...	3	3
Cardiac murmurs detected ...	8	5
Skin lesions (impetigo, scabies, vitiligo) ...	17	8
Enlarged and infected tonsils ...	12	10
Intestinal Parasites —		
Entamoeba histolytica :—		
Trophozoites ...	1	1
Cysts ...	18	18
Balantidium coli ...	10	4
Giardia lamblia ...	33	36
Ankylostoma duodenale ...	22	11
Ascaris lumbricoides ...	142	81
Strongyloides stercoralis ...	5	1
Trichuris trichura ...	179	114
Nil abnormal in faecal specimen ...	6	6

18. *Dental Service :—*

Both Dental Surgeons, Mr. Harter and Mr. Gapper were available from the beginning of the year till September when the latter left the colony on leave. During this period a weekly dental clinic was held at Anse Royale Hospital.

The summary of work carried out by the Dental Department during 1955 is given below :—

		<i>Victoria</i>	<i>Anse Royale</i>
Number of patients seen			
(adults)	...	4,003	559
(children)	...	2,425	

Total number of patients seen during the year = **6,987.**

Victoria Dental Services :—(i) *Pre-School age group of children :*

<i>Extractions</i>	<i>Dressings</i>	<i>Fillings</i>	<i>Scalings</i>	<i>Other treatments</i>
231	141	37	—	Cavity medications

N. B.  A small number of children was treated under General anaesthesia.

(ii) *School Children :—*

<i>Extractions</i>	<i>Dressings</i>	<i>Fillings</i>	<i>Scalings</i>	<i>and Medications.</i>
1216	287	307	11	—

N. B.  A small number of cases were treated under general anaesthesia.

(iii) *Government Employees :—*

<i>Extractions</i>	<i>Dressings</i>	<i>Fillings</i>	<i>Scalings</i>	<i>Root Treatments.</i>
766	184	329	69	14

(iv) *Paupers :— (Non-paying)*

<i>Extractions</i>	<i>Dressings</i>	<i>Fillings</i>	<i>Scalings</i>
1375	68	33	18

(v) *Paying :—*

<i>Extractions</i>	<i>Dressings</i>	<i>Fillings</i>	<i>Scalings</i>	<i>Root Treatments.</i>
1034	265	539	99	7

N. B.  Most of the extractions under (v) were done for the working class patients on out-patient clinic for a consultation fee of Rs. 2 or Rs. 3, as well as few of the dressings, fillings, scalings etc. Very few extractions and most of the conservative treatment were for 1st class paying patients seen on special appointments.

Anse Royale Dental Services :—(i) *Number of patients seen 559.*

<i>Extractions</i>	<i>Dressings</i>	<i>Fillings</i>	<i>Scalings</i>
840	99	49	10

Special Cases :—

a. Complicated surgical extractions — approximately one out of every dozen extractions.	
b. Surgical operations for removal of impacted wisdom and other teeth.	12
c. Alveolectomy with surgical extractions — Sectional	11
	Total 13
d. Cystectomy — Enucleation of cysts —	3
e. Gingivectomy — — Sectional	3
	Total 1
f. Apisectomy — —	7
g. Abscesses opened and drained —	29
h. Acute ulcerative (Vincen's) Stomatitis and Gingivitis —	8
i. Dental sockets — curettage and dressings	27
j. Acute osteomyelitis of lower jaw	1
k. Cysts of eruption incised	1
l. Epulis (fibroma)	1
m. Special restorations in Acrylic	25
n. Metal-acrylic crowns	3
o. Bridge repair	1
p. Fracture of the jaws and maxillae *	6

* result of road accidents or falling off trees.

Prosthetics :—

Total number of denture patients	...	111
Total number of dentures	...	147

SECTION III

HOSPITALS AND DISPENSARIES1. *General*

The principal hospital of the Colony is the Seychelles Hospital, situated in Victoria. The majority of the sick are treated in this hospital. Small hospitals exist at Anse Royale, Bay Ste. Anne, Praslin, and La Digue. Serious cases from the Districts who required further investigation and special treatment are referred to Seychelles Hospital. Besides, there is a 2-bed Maternity Ward in Beoliere Clinic.

Out-patients clinics are held in all the hospitals and in addition at Grand'Anse Praslin and at Takamaka. From April, when a Medical Officer was permanently stationed in South Mahe, the weekly clinic at Takamaka was conducted by him.

The following table indicates the number of patients treated in the various institutions during the year 1955 :—

<i>Hospital or clinics</i>	<i>Beds</i>	<i>In-patients</i>	<i>Out-patient</i>
Seychelles Hospital, Victoria	116	3734	37,925
Bay Ste. Anne Cottage Hospital	26	440	2,044
La Digue Logan Hospital	8	71	1,444
Anse Royale Cottage Hospital	16	331	13,798
Beoliere Clinic	2	39	3,393
Grand'Anse Clinic — Praslin	—	—	841
Takamaka Clinic	—	—	502

Total = 178	4615	59,946
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Total (1954) = 154	4292	52,551
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2. *Surgical :*

During 1955, in the Seychelles Hospital, a total of 1281 surgical operations were performed of which 313 were major and 968 were minor. Of the major operations 154 were emergency and the remaining 159 were elective or "cold" cases.

Major operations :—

A. GENERAL SURGERY

Procedure	Elective	Emergency	Total
Appendicectomy	36	65	101
Abdominal wounds	3	—	3
Ectopic gestation	—	11	11
Intussusception	—	6	6
Hydrocele	7	—	7
Inguinal Hernia	24	21	45
Femoral „	—	1	1
Umbilical „	1	—	1
Hæmorrhoids	9	—	9
Intestinal obstructions	—	3	3
Suprapubic cystotomy	1	11	12
Rupture Urethra repair	—	1	1
Carcinoma penis	1	—	1
Tumour bladder	1	—	1
Fissure in ano	2	—	2
Trendelenberg operation	5	—	5

B. OPHTHALMIC SURGERY

Cataract operation	11	—	11
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C. GYNAECOLOGICAL

Sub-total Hysterectomy	26	1	27
Total	1	—	1
Ovarian cysts	4	7	11
Uterine myomectomy and salpingectomy	1	—	1
Wertheims operation	1	—	1

D. OBSTETRIC

Caesarian Section	3	21	24
Caesarian for ruptured uterus	—	1	1

E. ORTHOPAEDIC

Compound fractures	—	4	4
Open reduction of fracture	2	—	2
Bilateral fracture of femur	—	1	1
Amputation of leg	1	—	1
Amputation of thigh	6	—	6
Decompression of Skull	—	1	1

Miscellaneous :

Thyroidectomy	1	—	1
Local mastectomy	2	—	2
Empyema chest	1	—	1
Tonsillectomy	2	—	2
Harelip	1	—	1
<i>Other Miscellaneous :</i>	9	—	9

Minor operation :— These numbered 968 and included such procedures as :—

Dilation and curettage ; simple fractures, extra ocular eye operations, removal of simple tumours, closing of wounds and removal of foreign bodies and other simple procedures.

3. *Ophthalmological* :—

The ophthalmic surgeon was in attendance in the eye clinic on two days in the week till 20.6.55 when he left the colony on leave. Thereafter no special clinics were held.

The following are the conditions diagnosed and treated in the clinic till his departure :—

A. ANOMALIES OF REFRACTION

Presbyopia	40
Hypermetropia	2
Myopia	7
Hypermetropic astigmatism	4
Myopic astigmatism	16
Mixed astigmatism	2
Aphakia	6
Hypermetropia and Hypermetropic astigmatism	19
Myopia and Myopic astigmatism	16
Heterophoria	5
Squint-concomitant	4
Squint-paralytic	1

B. CONGENITAL ANOMALIES

Coloboma Iris	1
Persistent Pupillary Membrane	1

C. INJURIES

Subconjunctival haemorrhage	3
Wound conjunctiva	1
Wound cornea	1
Injury eye ball	1
Traumatic cataract	1

D. INFLAMMATION

Blepharitis	3
Stye	4
Chalazion	4
Simple conjunctivitis	9
Purulent	2
Angular	1
Chronic simple	4
Granular	13
Chronic dacryocystitis	3
Abscess lid	1
Phlyctenular Keratitis	4
Interstitial	2
Disciform	1
Corneal ulcer	4
Acute Iritis	5
Chronic Iritis	9
Iridocyclitis	1
Choroiditis	12

E. DEGENERATIVE

Pinguecula	4
Pterygium	4
Cataract	14
Corneal pannus	2
Corneal dystrophy	3
Detachment of the Retina	1

G. OTHERS

Amblyopia	1
Corneal opacity	7
Herpes ophthalmicus	1
Ptosis	1
Hypertensive retinopathy	1
Chronic Glaucoma	1
Staphyloma	1
Fitting Artificial Eye	1
Allergic Eye conditions	3
Hysterical diplopia	1
General Diseases with eye symptoms	10
Tests for acuity of vision	10

4. X-Ray Department :—

The figures below show the number of pictures taken during the year :—

Chest	552
Lower limb	93
Upper limb	42
Ribs, Clavicle & Shoulder	31
Vertebrae & Pelvis	105
Arms and hand	1.1
Skull and jaw	27
Dental	29
Sinuses	13
Visceral	6
Pregnancy	32

5. Mental Hospital :—

The old Mental Hospital was vacated on 30th March, 1955, when the patients moved into the New Hospital on the Cannelles Road. The opening was a landmark in the history of mental patients in the colony. The rooms are more spacious and well ventilated. Within the walls there is plenty of free space for walking and gardening. Both vegetables and flowers are planted ; and this provides patients with the much needed occupational therapy.

The patients are more comfortable in this Hospital.

The following table shows the number of patients who received treatment during the year :—

	Male	Female	Total
No. of cases resident on 1.1.55	16	16	32
No. of cases out on trial on 1.1.55	1	7	8
Total number of patients on Register	17	23	40
No. of admissions in 1955	2	3	5
Deaths during 1955	nil	nil	nil
No. of cases resident at 31.12.55	16	16	32
No. of cases out on trial 31.12.55	3	10	13
Total number on Register at 31.12.55	19	26	45

6. Curieuse Leprosy Settlement :—

The work in the settlement continued as before and the patients made good progress under the established routine of treatment. The following table indicate the number of cases in residence and other details :—

	Male	Female	Total
Cases resident at 1.1.55	24	18	42
Admissions 1955	1	2	3
Discharges 1955	1	3	4
Deaths 1955	1	—	1
Cases resident at 31.12.55	23	17	40

During the year two new cases were discovered and both of them, being infectious cases, were admitted into the settlement. Of the 45 patients who were treated during the year, only 16 remained persistently positive. The majority are burnt out cases.

7. New Constructions 1955 :—

The Nurses Home at Anse Royale was occupied during the year, thus giving to the patients the two rooms in the hospital hitherto occupied by nurses.

The work on the Tuberculosis Sanatorium is continuing and is expected to be completed during 1956. Meanwhile, the Nurses lecture rooms which were a bit detached from the hospital were converted into 2 wards for the accommodation of tuberculosis patients who were till now treated on the verandahs of the general wards.

A new labour ward and sanitary installations have been started for the Cottage Hospital, Anse Royale.

A two-room second class ward providing accommodation for six patients was constructed adjoining the Bay Ste Anne Cottage Hospital. At the close of the year only sanitary fittings remained to be completed before these rooms could be occupied.

SECTION IV.

Maternity, Ante- Natal and Infant Welfare Services

1. Maternity:

There was a farther increase in the number of deliveries in the Seychelles Hospital; many more than usual were also delivered in Anse Royale Hospital because of the presence of a Government M. O. in that Station from April till the end of the year. On the whole, 755 deliveries were conducted in the Seychelles Hospital compared with 598 in 1954.

Dr. Tavaria was in charge of the Maternity department throughout the year.

2. Ante Natal Clinic:

As before, ante-natal clinics were held twice a week, on Tuesdays and Wednesdays. The clinics were conducted in the rooms attached to the new ophthalmic clinic and proved a distinct improvement on the old practice of holding the clinic on the verandah of the Maternity block.

Each patient at her first visit has blood taken for a Kahn test and her haemoglobin is estimated in the laboratory. Heights are recorded at the first visit and weights at each visit. Anaemia, that is, a haemoglobin percentage of under 75 per cent., is treated with iron, the more severe

cases receiving ferrous gluconate tablets, of which a limited supply has been made available. It is hoped that more of this very useful drug will be made available for future use, as it has been abundantly proved that of all oral iron preparations, ferrous gluconate not only is the best tolerated by pregnant women but it is also the most effective in raising haemoglobin levels. Urine and blood pressure are checked at each visit routinely and all doubtful cases are admitted for observation.

A certain number of cases were referred for X-Ray examinations and others were asked to report to the Maternity Department for pelvic assessment clinically.

Ante natal clinic — Victoria

First attendances	814
Repeat attendances	3,018
	3,832

3. Infant Welfare Clinic:—

This clinic was conducted by the trained Public Health Nurses once a week under the supervision of the WHO Public Health Nurse. The mothers were advised as to infants' feeding and the babies themselves were weighed and their progress checked. The attendances of the clinic improved during the year as a result of a new scheme whereby all mothers, on discharge from the Maternity Department, were given cards with an invitation to the clinic.

Infant Welfare Clinic — Victoria:

First Attendances	183
Repeat attendances	558
Total	741

4. Details of work carried out in the Maternity Department are given below:—

A. Summary of Work:—

Number of admissions	865
Number of deliveries	755
Primipara	211
Multipara	544
False labours	63
Babies born	764
Male	403
Female	361
Premature babies	50
Still births	28
Miscarriages	6
Neonatal deaths	11
Maternal deaths	6

Venereal Diseases:—

Latent syphilis (KR positive)	67
Gonorrhoea	13
Ophthalmia neonatorum	11

B. *Ante-partum complications* :—

Toxaemias of pregnancy	18
Ante-partum haemorrhage	14
Pyelitis of pregnancy	1
Asthma and bronchitis	3
Bartholin's cyst	1
Traumatic vulval haematoma	1
Hyperemesis gravidarum	1
Severe pyosalpinx	1
Total	40

C. *Analysis of 755 deliveries* :—

Normal deliveries	665	88%
Babies born before arrival	23	3.04%
Miscarriages	6	.8%
Multiple deliveries	13*	
Twins	12	1.6%
Triplets	1	.13%
Breech deliveries	15* *	1.98%
Caesarean sections	25*	3.3%
Forceps deliveries	8	1.06%
Internal version	1	.13%

* One pair of twins was delivered by Caesarean section, performed for grade III placenta praevia.

* * These do not include breech deliveries of twins.

D. *Analysis of Caesarean Sections* :—

Elderly primipara, cervical dystocia, but no disproportion	2
Primipara, pelvic contraction, trial of labour, no progress	2
Mostly primiparae, deflection of head, arrest at brim or in cavity, vaginal delivery dangerous	4
Repeat section for contraction of pelvis — all elective	3
Ante-partum haemorrhage	7
Placenta praevia	2
Accidental haemorrhage	2
Combination of these	3
Rupture of old Classical section scar	1
Threatened rupture of uterus	1
Ovarian cyst, causing obstruction, ante- partum diagnosis-elective	1
Severe recto-vaginal fistula, complete absence of pelvic floor, previous traumatic vaginal delivery	1
Unresolved mento-posterior presentation	1
Prolapsed hand	1
Toxaemia of pregnancy, following failure of medical and surgical induction	1

E. *Complications during the third stage of labour :—*

Retention of placenta, with or without haemorrhage, manual removal	6
Post-partum haemorrhage, following normal delivery and completed third stage —	23
Mild	10
Severe	11
Secondary	2

F. *Analysis of 28 cases of pyrexia in puerperium :—*

Engorgement of breasts	14
Urinary infections	3
Proven puerperal infection	1
Generalised infections	10

G. *Analysis of the state of infants :—*

(a) Total babies born at full term	713
Discharged Alive	692
Stillborn	17
Neonatal deaths	4
(b) Total babies born prematurely	50
Discharged Alive	32
Stillborn	11
Neonatal deaths	7
(c) Total foetal loss at all stages	39
Percentage of total birth	5.37%
Stillbirths	3.67%
Neonatal deaths	1.44%
Survival rate of premature babies born alive	82.04%

H. *Causes of Infant Mortality :—**Stillbirths :—*

Prematurity	11
At term —	
Accidental haemorrhage	5
Prolonged labour	5
Internal Version	1
Eclampsia	1
Cord twice round neck	1
Cause unknown	4
	28

Neonatal Deaths :—

Prematurity	7
At term —	
Prolonged labour	1
Following examination under anaesthesia	1
Congenital Heart Disease	1
Bronche pneumonia	1
	11

I. *Causes of Maternal Mortality* :—*Obstetric* :

Accidental haemorrhage	1
Intra-partum eclampsia	1
Amniotic embolism	1

Non-obstetric :—

Septicaemia (ante-partum)	1
Cerebral haemorrhage (6th day of normal puerperium)	1
Meningococcal Meningitis	1

J. *Maternity other Hospitals* :—

	<i>Bay Ste. Anne</i>	<i>La Digue</i>	<i>Anse Royale</i>	<i>Beoliere</i>
Live Births	116	48	164	33
Stillbirths	1	2	2	—
Premature Births	3	—	2	—
Complicated Labour	2	—	2	1
Abortions	1	5	—	1

K. *Ante-natal clinics — other Hospitals* :—

<i>Hospitals or clinics</i>	<i>1st attendance</i>	<i>Repeat attendance</i>	<i>Total.</i>
Bay Ste. Anne	59	165	225
La Digue	57	177	234
Anse Royale	234	853	1087
Beolière	66	226	292
Grand'Anse (Praslin)	64	108	172
(Total)	480	1529	2009

SECTION V.

1. *Laboratory* :—

Mr. R. O. Lunn continued to be in charge of the Laboratory. Mr. J. Rault, who returned after a successful practical training in Dar-es-Salaam, was promoted during the year to special grade. Mr. C. de Comarmond, the Laboratory clerk, left for a two year course in Laboratory Technology in Dar-es-Salaam and was not replaced. With the arrival of Mr. Luis Arnau, the WHO Technologist, in November, Mr. Rault was assigned to the Joint WHO project.

There was a marked increase in the total number of specimen examined. The increase was 6,500 more than in 1954 and this was mainly due to stool examination. There was, however, considerable increase in the number of slides examined for G. C. and T. B. but, the number of K. Rs performed was less than 1954.

The table below shows in detail the different types of laboratory examinations performed during 1955 :—

A. *Microscopic* :—

	Total — 19,269.
Skin (? <i>B. leprae</i>)	18
Faeces	14,008
Urines	298
Sputa	881
Pus	19
Cerebrospinal fluids	23
Pleural fluids	6
Throat swabs	20
Eye swabs	20
Urethral smears	1820
Cervical smears	1921
Dark Ground examinations	56
Trichomonas	48
<i>B. Ducrey</i>	87
Synovial fluids	5
Conjunctival smears	39

B. *Bacteriology* :—

	Total — 173.
Vaccine cultures	20
Faeces	5
Urines ? <i>B. coli</i>	38
Urines ? <i>T. B.</i>	3
Sputa ? organisms	2
Cerebrospinal fluids ? organisms	10
Cerebrospinal fluids ? <i>T. B.</i>	11
Pleural fluids ? <i>T. B.</i>	22
Throat swabs	29
Cervical swabs	5
Eye swabs	16
Blood	7
Synovial fluids	5
Coagulase tests	20

C. *Haematology* :—

	Total — 2,874.
Haemoglobins	1263
Red Cell counts	296
Bleeding time	2
Coagulation rate	3
Reticulocyte counts	3
Sedimentation rate	478
Blood grouping	60
Rh grouping	25
White Cell counts	305
White Cell Differentials	254
Malaria slides	11
Filaria slides	3
Fragility tests	4
Platelets	6
Sickle Cell trait	50
Target Cells	50
Blood Films	50
Eosinophil counts	10

D. *Quantitative Biochemistry :—**Blood :—*

	Total — 292.
Serum cell	1
Sugar	171
Urea	13
Calcium	1
Van-den-berg	4
Cholesterol	2
Serum Albumin	50
Serum Total Protein	50

Cerebrospinal Fluids :—

	Total — 88.
Protein	22
Chlorides	22
Glucose	1
Globulin	22
Cell counts	21

Gastric Contents :—

	Total — 1020.
Mucus	170
Bile	170
Starch	170
Blood	170
Free HCL	170
Total HCL	170

E. *Chemical Examinations :—**Urines :—*

	Total — 958.
Albumin (percentage)	5
Albumin	397
Sugar	405
Sugar (percentage)	99
Acetone	17
Bile	33
Blood	2

Faeces :—

	Total — 5.
Occult Blood tests	5

F. *Medico-Legal :—*

	Total — 33.
Post Mortems	23
Blood stains	10

G. *Histology* :—

Total — 41.

Thyroid	1
Growth	1
Breast	2
Epithelioma of arm	1
Ulcers	2
Vaginal Scrapings	3
Uterus	2
Biopsy of cervix	2
Cysts	2
Museum	25

H. *Serology* :—

Total — 3911

Blood :—

Kahn tests 3883

Widals :—

B. Typhosum O.	5
B. Typhosum H.	5
B. Paratyphosum B. O.	5
B. Paratyphosum B. H.	5
Br. Abortus	5

Cerebrospinal fluids :—

Kahn tests 3

I. *Veterinary Work* :—

Total — 13

Smears 13

J. *General* :—

All inoculations for Cholera
 All inoculations for Diptheria. A. P. T.
 All inoculations for Yellow Fever
 All inoculations for Anti-typhoid. T. A. B.
 Maintenance and preparation of all sterile water, saline, glucose
 Emetine etc and of blood transfusion apparatus was also carried out
 in this department.

SECTION VI.

Training of Local Personnel

The training of Nurses and midwives continued during the year but was handicapped due to the repeated change of Sister Tutors. Mrs. D. Michel left in May. Mrs. Penrose who took over in July, herself left in August and was replaced later by Miss Colville. The following officers of the Department helped in the lectures :—

Director of Medical Service	—	Disease of the eye
Dr Penrose	—	Surgery
Dr Tavaria	—	Medicine and Midwifery
Dr Price	—	Anatomy
Sister Tutor	—	General Nursing
Miss Hauglund	—	Public Health

(a) *Nurses* :—

The final examinations were held in July and December and, in both sittings, 10 candidates including 3 resits appeared of whom 9 passed.

The preliminary examinations were also held in July and December. Of the nine pupils who appeared for the examination seven passed. The entrance examination was held after 3 months' training; but of the fifteen pupils examined only 13 passed and they were taken on as Probationer Nurses.

(b) *Midwives* :—

Six appeared in the July examination and five passed. Two of the latter resigned shortly after to take up work in East Africa. The failed one resat for the examination in December and passed.

The number of Nurses on the Register on 31.12.55 was 51

The number of Midwives on the Register on 31.12.55 was 64

The number of Male Nurses on the Registrar on 31.12.55 was 2

(c) *Health Inspectors* :—

The second training of the Health Inspectors was started by Mr. Jinks, the WHO Sanitarian, and on his departure in September the training was continued by Dr Tavaría, the M.O. assigned to the WHO Project by the Government. Five Health Inspectors were in training.

(d) *Public Health Nurses* :—

The first course of Public Health Nursing was started for three Nurses/Midwives on 15.2.55. The theoretical part of the training was carried out by a Government Medical Officer, WHO Sanitarian and the Public Health Nurse. Concurrently with the teaching of theory, they were given training in relative field work in homes, schools maternity and child welfare clinics under the close supervision of the WHO Public Health Nurse. The trainees were also given facilities to participate in the Control of Tuberculosis, Venereal Disease and of Intestinal Diseases. In the examination conducted in December 1955 all three Nurses passed.

Activities of the Public Health Nurses :—

They visited houses of patients referred to them by Medical Officers, carrying out simple treatment at home. Follow-up visits for intestinal cases, tuberculosis cases. Of the visits 78% were for intestinal diseases and were accompanied by a health talk to the occupants of the houses.

(e) *Dispensers* :—

A start was made to train two young men as dispensers locally by Doctors Price and Kopel. But due to their departure at the end of the year the training was interrupted.

Conclusions :—

1. The year 1955 shows an overall increase in the demand for the Medical Services of all kinds. The epidemic of measles, no doubt, contributed to this increase. Other reasons are the investigations regarding the intestinal infestations and the search for patients suffering from Pulmonary Tuberculosis and Venereal Diseases.

2. The good results of the Venereal Disease Control Scheme, as far as syphilis is concerned, reported last year, continued and no case of early and infectious syphilis or any case of congenital syphilis was notified during the year. But incidence of gonorrhoea showed an increase. But it must be remarked that the same patient returned several times with fresh infection. However, complications of gonorrhoea have showed a marked decline.

3. The increased demand in the maternity branch continued and plans are being prepared to extend the Maternity Wards so as to increase the accommodation.

4. The fight against tuberculosis has taken a further step forward in providing a temporary isolation ward for 16 open cases of pulmonary tuberculosis. The Sanatorium will be completed in the course of next year.

5. Attached to this report are 3 appendices. Appendix I is the report of the Venereal Disease Control Scheme by the V. D. Medical Officer. The Appendices II & III are the tables showing respectively the number of cases of principal diseases seen and treated during the year and of deaths due to various causes classified according to the international Classification.

6. Finally, the writer has great pleasure to record his appreciation and thanks for the willing co-operation and assistance of the staff of this Department without which the work recorded in this report would not have been possible.

P. M. JOSEPH,
Director of Medical Services.

APPENDIX I.

Report of the Venereal Disease Control Scheme for 1955

by

D. KOPEL, M.D. (Basle)

Staff

The writer, as physician-in-charge, Messrs R. O. Lunn, A.I.M.L.T. laboratory technician, and H. Soleil, laboratory assistant, and Mrs. N. Pillieron, clerk, continued throughout the year.

There was, however, an abnormal amount of leave taken during the period, as follows:

Mesdames N. Mathiot, health visitor, and D. Belle, nurse, each took 3 months maternity leave. Both took sick leave also, the former 26 days and the latter 35 days.

S/N H. Albest, health visitor, took 28 days accumulated vacation leave and 32 days sick leave.

Mr. P. Lalanne, driver and unofficial health visitor, took 28 days accumulated vacation leave.

There was one change in personnel: Mrs. D. Hoareau resigned on the 1st February, 1955, and in her place Mrs. M. Soleil was appointed as health visitor on the 1st March, 1955.

Working Arrangement

The previous year's arrangement was continued.

In the Seychelles Hospital, Victoria, the treatment of venereal and skin diseases was given in the one clinic under the writer. Each week six daily clinics, during the normal out-patient hours, and two special afternoon clinics were held.

In South Mahe, one V.D. clinic a week was held by the writer until the 20th April, 1955, when the work was taken over by Dr. G. F. B. Ritchie-Fallon, M.B., Ch.B. (Cape Town).

In Praslin and La Digue, the V.D. work was carried out by P. B. W. Price, M.B., B.S. (Calcutta) until the 30th June, 1955, when Dr. R. S. Francis, M.B., B.S. (Andhra) took over.

Work Done

The appended tables summarise the work done in 1955.

During 1955, in a total estimated population of 39,722 in the Seychelles, the total number of cases treated for V. D. (figures adjusted to 12 months) was 2678, comprising 1238 males and 1440 females, made up as follows :

- (a) Syphilis, 172 comprising 52 males and 120 females ;
- (b) Gonorrhoea, 2320, comprising 1082 males and 1238 females (including 17 children), and
- (c) Chancroid, 186, comprising 104 males 82 females. (See Table I).

Of the total cases, the South Mahe proportion was approx. 9.6% and the Praslin and La Digue proportion approx. 5%. The population figures for these districts are not known to the writer.

The contact-patient ratios for Gonorrhoea were 1.3 females to 1 male and 1.9 male to 1 female ; for Chancroid the ratios were 0.8 females to 1 male and 1.9 males to 1 female.

Tracing of Syphilis contacts was not done as there were no infectious cases.

The impetus which the anti-venereal work had steadily gained during 1954 slackened during 1955 largely because of the following factors :

- (a) lack of transport for contact tracing which, except for a few short periods, lasted until the middle of the third quarter. This deficiency was due to the repeated break-downs of the only vehicle ;
- (b) periods when, because of shipping strikes in the U. K., no drugs were available ; and
- (c) absence of effective legislation providing sanctions for non-attendance at, or absconding from, hospital.

Syphilis

In 1955, 172 Kahn reaction (KR) positive but otherwise asymptomatic cases, comprising 52 males and 120 females, principally pregnant women and labourers proceeding to outlying islands, were discovered by routine serum testing and classed as late latent Syphilis.

Treatment consisted of courses of 6,000,000 units Distaquaine (procaine benzylpenicillin in aqueous suspension) administered over a period of 10 days.

Comparison of the 1955 figures with those for the previous two years (that is a total of 400 cases, comprising 161 males and 110 females, in 1953) show that whilst in 1954 there was an increase of 47.6% on the 1953 total the year 1955 saw a decrease of 57% as compared with 1954 and a decrease of 36% as compared with 1953.

Since the figures for 1954 and 1955 relate to identical working conditions, it would appear that the decrease in 1955 is significant.

As in 1954, not a single case of infections, primary or secondary Syphilis was seen by the writer during the year under review.

Gonorrhoea

During 1955, a total of 2,320 cases, comprising 1,082 males and 1,238 females (including 17 children) were treated for Gonorrhoea. Of these cases, 1,378, comprising 291 males and 1,087 females, were contacts (see Tables IV, V, and VI). The figures include 30 (1.2%) cases of gonorrhoea complications : 8 cases (0.3%) of epididymo-orchitis, 2 males cases (0.1%) of arthritis, 11 cases (0.4%) of salpingitis, 2 cases (0.1%) of Bartholinitis, 4 cases (0.17%) vulvovaginitis and 3 cases (0.12%) of ophthalmia.

The contact-patient ratios female to male and vice versa were 1.3 to 1 and 1.9 to 1 respectively.

The 1955 total for Gonorrhoea is only 13% higher than that for 1954 but, as a result of a more efficient contact tracing, 2.3 times that for 1953. Records of contacts are not available for the latter year.

Simple acute cases of Gonorrhoea were treated as follows: males with one-shot dose of 600,000 units and females with the same dose of Distaquaine penicillin daily for 3 days. Patients with gonorrhoeal complications (of which 23 or 1% of the total cases of Gonorrhoea were admitted to hospital) were given 1,200,000 units Distaquaine penicillin daily for 3 to 14 days.

The incidence of Gonorrhoea seems to have remained static in the last two years, which is a not inconsiderable feat in view of the difficulties mentioned above under "Work Done".

Chancroid

In 1955, the number of cases treated for Chancroid totalled 186, comprising 105 males, of which 76 were patients and 29 contacts, and 81 females, of which 16 were patients and 65 contacts, as compared with a total of 40, comprising 19 males, all patients, and 21 females, all contacts, in 1954, (see Tables I and VII).

The contacts-patient ratios female to male and vice versa were for 1955, 0.8 to 1 and 1.8 to 1 respectively, as compared with 1.1 to 1 and 0 in 1954.

Hospital admissions of Chancroid were 19.3% (36 cases), of the total cases, comprising 25% (27 cases) of the males and 11.1% (9 cases) of the females.

Thus, for Chancroid — which disease was still unrecorded in 1952 — there was a considerable increase during 1955 on the figures recorded for 1954, namely, an increase of 365% in the total, made up of 384% more patients and 347% more contacts.

Chancroid usually healed after two courses of sulfadiazine, 4.0g. by mouth daily, with permanganate of potash soaks and local application of sulfadiazine powder, for 5 days. In addition, in cases of bubos (of which there were 9 male cases or 8.5% of the total number of chancroid) and of soft sore, which, exceptionally, were severe, streptomycin, 1.0 g. daily for 5 to 14 days was administered successfully.

The increase in the Chancroid figures between 1952 and 1955 does not indicate an epidemic rise; it is only the result of better identification and tracing of cases of what appears to be an active and quite widespread disease.

The very high percentage of asymptomatic female contacts, namely 78%, suggests the great epidemiological importance of female carriers. It is the writer's impression that untreated they are infectious for a long, perhaps indefinite time, and the main factor in the propagation of the disease.

Laboratory Investigations

Syphilis

An inter-laboratory check of the qualitative Kahn reaction (KR) — the only serological test for Syphilis performed here — of 65 samples of sera was carried out by courtesy of the Medical Research Laboratory, Nairobi, with the following results: 77.2% confirmation of our 22 negative tests and confirmation of 89.2% of our 37 positive tests. The 22.8% disagreement with our negative tests was due to 4.6% (1 serum) one-plus positive and 18.2% (4 sera) doubtful in the corresponding Nairobi tests. The 10.8% disagreement with our positive tests were due to 4 doubtful Nairobi tests. The positive Nairobi tests as a whole gave 8% lower readings. There was a 66.7% confirmation of our 6 doubtful tests. The 33.3% disagreeing tests were 2 negative Nairobi tests.

Gonorrhoea

80.5% of the males examined for Gonorrhoea give positive urethral smears. 30.4% of the females were positive; 20.2% in both cervical and urethral smears, 4.8% in cervical smear only and 5.4% in urethral smear only.

Mixed organisms only were found in smears of 15.5% of males and in 40.2% of females examined for Gonorrhoea. In the latter 19.2% were found in both cervical and urethral smears, 5.3% in cervical smears only and 5.7% in urethral smears only.

Chancroid

In Gram-stained smears from Chancroid, *H. Ducrey-Unna* was identified in 9.2% of the males and 9% of the females. Only mixed organisms and/or pus cells were found in the remaining smears.

Legislation

The V. D. Ordinance, 1952, requires a person to attend for examination and treatment but provides no sanctions for non-attendance. The police magistrate to whom notifications of non-attendance were made, decided that no action could be taken.

The following amendments were therefore proposed :

(i) Section 9 (c) of the Ordinance to give power to the judge or the magistrate to impose fines and/or to pass sentence of imprisonment ;

(ii) The time-limit of 7 days for the judicial or magisterial order under section 9 (c), as well as that of the notice given by the medical officer on V. D. Form 1 Schedule A, under section 9 (a) of the Ordinance, to be amended to 2 days ;

In addition, legislation on the following points was suggested :

(iii) Obligatory routine examination and treatment of prostitutes ;

(iv) Obligatory disclosure of information regarding the source and spread of infection by persons infected ;

(v) Detention and isolation in hospital of persons refusing co-operation ;

(vi) Police assistance (the writer suggested the formation of a police des mœurs) in rounding up of defaulters, absconders and other persons trying to avoid control and supervision ;

(vii) Detention for questioning of persons loitering and suspected of soliciting in the streets and public places ;

(viii) Arrest and prosecution of persons exercising the business of procurers, "souteneurs", keepers of brothels, rooms, bars and cafés in which prostitutes operate, and of other aiders and abettors of prostitution;

(ix) Police supervision of all premises licensed to sell spirits, and closure of suspected establishments on the advice of the police ;

(x) Obligatory pre-marital certification for freedom from V. D.

TABLE I—Total Numbers of V. D. Cases by Sex and Year.

	T = both sexes	M = males	F = females	
	Syphilis			
	Gonorrhoea			
	Chancroid			
	T	M	F	Grand Totals
1955 (Figures adjusted to 12 mths.)	172*	52	120	2678
1954	400**	161	220	2488
1953	271	161	110	1279
1952	534			1461

†† All asymptomatic sero-positive cases.

With the exception of one case of Cardiovascular Syphilis discovered in Victoria, one case of Gumma and one of Neurosyphilis reported from Pruslin, the figure consists entirely of cases presenting no signs or symptoms of the disease apart from a positive quantitative Kahn Reaction discovered by routine serological screening, and classified as Late Latent Syphilis.

Plus 19 children.

[†] Including 17 children.

‡ Including 21 children.

"Including 17 children,

— The figure consists entirely of contacts.

TABLE II — Numbers of Treated Positive Kahn Reaction Cases by Sex, Locality and Month During 1955.

Months	T = both sexes			M = males			F = females			C = Children			
	Victoria Central & North Mahé			South Mahé			Praslin & La Digue			Grand Total			
	T	M	F	T	M	F	T	M	F	T	M	F	C
January	17	10	7	2	1	1	—	—	—	19	11	8	—
February	17	9	8	—	—	—	—	—	—	17	9	8	—
March	5	2	3	—	—	—	3	2	1	8	4	4	—
April	—	—	—	—	—	—	1	—	1	1	—	1	—
May	7	2	5	—	—	—	2	—	2	9	2	7	—
June	7	2	5	—	—	—	1	—	1	8	2	6	—
July	8	3	5	2	2	—	1	—	1	11	5	6	—
August	4	4	—	1	1	—	1	—	1	6	5	1	—
September	3	2	1	—	—	—	3	—	3	6	2	4	—
October	3	3	—	2	1	1	—	—	—	5	4	1	—
November	3	3	—	3	1	2	—	—	—	6	4	2	—
Totals	74	40	34	10	6	4	12	2	10	159*	48	111*	—

* 63 positive Kahan Reaction cases from the Antenatal Clinic added.

TABLE — III Number of Kahn Reactions Performed and Numbers and Percentages of Positive Tests at the Victoria Clinic During 11 Months of 1955.

T = both sexes M = males F = females

	Pregnant Women			Labourer Proceeding to Outlying Islands			General Public			Grand Total		
	T	M	F	T	M	F	T	M	F	T	M	F
Numbers of Persons Subjected to Kahn Reaction (KR)	545	474	328	146	214	108	106	1233	436	797		
Numbers of KR's found positive	76	168	125	43	103	51	52	346	176	171		
KR%—Positive	13.9	35.4	38.1	29.4	48.1	47.2	49	28.1	40.3	21.4		

TABLE IV—Total Numbers of Gonorrhoea Patients and Contacts by Sex and Locality during 1955.

	T = both sexes		M = males		F = females		+ = smear-positive		— = smear-negative																			
	Victoria, Central & North Mahé				South Mahé		Praslin and La Digue				Grand Total																	
	T	M	+	—	T	M	+	—	T	M	+	—	T	M	+	—												
Patients	726	653	607	46	73	62	11	125	86	69	14	39	25	12	90	52	47	5	38	28	9	941	791	723	65	150	115	32
Contacts	1224	237	128	96	986	187	786	121	46	26	8	75	47	17	34	8	5	—	26	18	4	1379	291	159	104	1087	252	807
Totals	1950	890	735	142	1059	249	797	246	132	95	22	114	72	29	124	60	52	5	64	46	13	2320	1082	982	169	1237	367	839

TABLE V — Numbers of Gonorrhoea Patients by Sex, Locality and Month During 1955.

	T = both sexes				M = males				F = females																			
	Plus = smear-positive				— = smear-negative																							
Months	Victoria Central & North Mahé								South Mahé								Praslin & La Digue								Grand Total			
	T	M	plus	—	F	plus	—	T	M	plus	—	F	plus	—	T	M	plus	—	F	plus	—	T	M	plus	—	F	plus	—
January	62	60	59	1	2	2	—	8	6	4	2	2	2	—	6	4	3	1	2	2	—	76	70	66	4	6	6	—
February	46	43	40	3	3	3	—	8	6	5	1	2	2	—	6	4	4	—	2	2	—	60	53	49	4	7	7	—
March	76	58	51	7	18	18	—	12	7	5	1	5	4	1	15	6	6	—	9	9	—	103	71	62	8	32	31	1
April	66	61	53	8	5	3	2	7	4	4	—	3	2	1	10	6	6	—	4	1	3	83	71	63	8	12	6	6
May	46	42	40	2	4	2	2	15	14	11	2	1	1	—	5	2	2	—	3	3	—	66	58	53	4	8	6	2
June	72	69	61	8	3	3	—	8	7	5	2	1	1	—	9	7	7	—	2	2	—	89	82	73	10	6	6	—
July	50	46	42	4	4	2	2	10	6	4	2	4	4	—	10	4	4	—	6	2	4	70	56	50	6	14	8	6
August	50	47	45	2	3	3	—	8	6	4	1	2	—	1	7	5	5	—	2	2	—	65	58	54	3	7	5	1
September	70	60	56	4	10	8	2	16	7	7	—	9	3	6	7	5	3	2	2	1	1	93	72	66	6	21	12	9
October	58	48	47	1	10	9	1	10	7	5	2	3	1	1	7	5	3	2	2	2	—	75	60	55	5	15	12	2
November	65	60	58	2	5	4	1	13	9	9	—	4	3	1	1	—	—	—	1	—	—	79	69	67	2	10	7	2
Totals	661	594	552*	42	67	57**	10	115	79	63	13	36	23	11	83	48	43	5	35	26	8	859	791	658	60	138	106	29

* Including 7 children.

*** Including 10 children.

TABLE VI—Numbers of Gonorrhoea Contacts by Sex, Locality and Month during 1955.

Months	Victoria, Central & North Mahé			South Mahé			Praslin & La Digue			Grand Total															
	T	M	F	T	M	F	T	M	F	T	M	F													
January	117	15	8	6	102	9	83	11	6	4	2	5	2	1	—	130	21	12	8	109	12	84			
February	110	26	5	10	84	26	58	22	12	4	—	10	6	4	2	1	134	38	9	10	96	33	63		
March	127	38	8	30	89	25	64	10	4	2	2	6	4	—	7	2	1	—	5	3	2	100	32	66	
April	85	18	18	—	67	19	48	3	1	1	—	2	2	—	4	1	1	—	3	3	—	72	24	48	
May	99	17	15	2	82	18	64	9	1	—	—	8	6	1	1	—	109	18	15	2	91	25	65		
June	120	22	22	—	98	20	78	11	1	1	—	10	4	5	2	—	133	23	23	—	110	26	83		
July	85	20	10	10	65	16	49	8	4	4	—	4	4	—	4	—	97	24	14	10	73	22	49		
August	82	8	5	3	74	7	67	4	2	2	—	2	1	1	3	2	89	12	9	3	77	9	68		
September	103	20	10	10	83	7	76	15	7	3	2	8	5	3	2	—	120	27	13	12	93	14	79		
October	100	20	11	9	80	15	65	9	2	2	—	7	6	1	3	1	112	23	14	9	89	22	67		
November	94	14	6	8	80	10	70	9	2	1	1	7	3	—	1	1	104	17	7	9	87	13	70		
Totals	1122	218	118	88	904	172	722	111	42	24	7	69	43	16	31	7	5	4	1264	267	147	95	997	232	742

TABLE VII — Numbers for Chancroid by Sex, Locality and Month During 1955.

Months	T = both sexes				M = males				F = females				Grand Total								
	plus = clinically positive & smear-positive				— = clinically negative & smear-negative				— = clinically negative & smear-negative												
	Victoria Central & North Mahé				South Mahé				Praslin & La Digue												
	T	M	plus	—	F	plus	—	T	M	plus	—	F	plus	—	T	M	plus	—	F	plus	—
January	11	4	2	2	7	—	7								11	4	2	2	7	—	7
February	9	4	1	3	5	1	4								9	4	1	3	5	1	4
March	10	5	3	2	5	3	2								10	5	3	2	5	3	2
April	13	5	4	1	8	4	4								13	5	4	1	8	4	4
May	16	10	8	2	6	3	3								16	10	8	2	6	3	3
June	15	9	9	—	6	2	4								15	9	9	—	6	2	4
July	18	12	10	2	6	1	5								18	12	10	2	6	1	5
August	29	16	14	2	13	3	10	1	1	1					30	17	15	2	13	3	10
September	23	14	14	—	9	4	5								23	14	14	—	9	4	5
October	16	10	10	—	6	3	3								16	10	10	—	6	3	3
November	10	6	4	2	4	4	—	1	1	1					11	7	5	2	4	4	—
Totals	170	95	79	16	75	28	47	1	1	1	1	1	1	1	172*	97**	81†	16‡	75	28§	47"

* 85 patients

87 contacts

** 70 patients

27 contacts

† 70 patients; 63 clinically positive, 7 smear-positive

11 contacts; 9 clinically positive, 2 smear-positive

‡ 16 contacts clinically negative and smear-negative

|| 15 patients

60 contacts

§ 15 patients; 13 clinically positive, 2 smear-positive

13 contacts; 10 clinically positive, 3 smear-positive

" 47 contacts clinically negative and smear-negative

**Number of cases of individual diseases diagnosed
and treated (1955)**

<i>Diseases :</i>	<i>Number :</i>
Typhoid fever (imported)	1
Cerebrospinal meningitis	2
Scarlet fever	1
Whooping cough	184
Diphtheria	1
Tetanus	5
Tuberculosis (pulmonary)	104
(others)	14
Leprosy	2
Dysentery (bacillary)	1
(amoebic)	1016
(others)	132
(unspecified)	568
Diarrhoea & Enteritis	725
Malaria B. T. (imported)	1
Other protozoal diseases	125
Syphilis (tertiary)	107
Gonorrhoea (acute)	1117
(chronic)	28
Chancroid	99
Influenza (complicated)	43
(uncomplicated)	51
Measles	1736
Chickenpox	24
Ankylostomiasis	856
Other helminthic diseases	3484
Filariasis	2
Other infective or parasitic diseases	42
Abscess of the liver	10
Other diseases of the liver	102
Malignant tumours	37
Non-malignant tumours	40
Unspecified tumours	17
Rheumatic conditions	104
Diabetes	24
Diseases of the endocrine glands	57
Vitamin Deficiency diseases	141
Diseases of blood and blood forming organs	206
Poisoning — Alcoholic (acute)	4
(Other)	5
Mental diseases	20
Diseases of the eye	284
Diseases of the ear and mastoid sinus	103
Diseases of the nervous system	145
Heart diseases	250
Other diseases of the circulatory system	136
Bronchitis (acute)	1485
(chronic)	489
Pneumonia (broncho)	140
(lobar)	84
(unspecified)	36

APPENDIX 'II' (Contd.)

<i>Diseases</i>	<i>Number :</i>
Other diseases of the respiratory system	1238
Nephritis (acute)	9
(chronic)	3
Other non-venereal diseases of the Genito-urinary system	403
Abortions	103
Toxaemias of pregnancy	18
Other conditions of the puerperium	10
Ulcers (unspecified)	87
Skin diseases	315
Diseases of the bones	83
Congenital malformations	4
Congenital debility	2
Injury at birth	2
Other conditions	30
Senility	136
External causes :— Homicide	1
Suicide (attempted)	1
Other causes	347
Ill defined causes	154
Other causes	3299
Other diseases of the digestive system	220
Gout	1
Pyelitis	2
Asthma	183
Miscarriage	2
Kwashiorkor	6
Amoebic hepatitis	117
Peptic ulcer	5
Gastritis	11
Adenitis	6
Bronchiolitis	5
Stomatitis	182
Bronchiectasis	1

CAUSES OF DEATH 1955.

Cause Groups		Detailed List Numbers	
A	1	Tuberculosis of the Respiratory system	001—008 16
A	5	Tuberculosis, all other forms	014—019 1
A	10	All others syphilis	022, 023, 026—029 2
A	16	Dysentery, all forms	045—048 8
A	20	Septicaemia and pyaemia	053 2
A	22	Whooping cough	056 3
A	23	Meningococcal infection	057 1
A	25	Leprosy	060 1
A	26	Tentanus	061 2
A	41	Ankylostomiasis	129 4
A	42	Other diseases due to helminths	124, 126, 128, 130 2
A	47	Malignant Neoplasm of Intestine except rectum	152, 153 1
A	50	Malignant Neoplasm of Trachea and of Bronchus and lung not specified as secondary	162, 163 1
A	51	Malignant Neoplasm of breast	170 2
A	52	Malignant Neoplasm of cervix uteri	171 8
A	57	Malignant Neoplasm of all other and unspecified sites	155—160, 164, 165, 175, 176, 178, 181, 192—195, 198, 199 10
A	58	Leukaemia and leukaemia	204 3
A	60	Benign neoplasm and neoplasms of unspecified nature	210—239 3
A	63	Diabetes Mellitus	260 2
A	64	Avitaminosis and other deficiency states	280—286 12
A	66	Allergic disorders; all other endocrine, metabolic and blood diseases	240—245, 253, 254, 270—277, 287—289, 291—299 15
A	69	Mental Deficiency	325 2
A	70	Vascular lesions affecting central nervous system	330—334 24
A	78	All other diseases of the nervous system and sense organs	341—344, 350—352, 354—369, 380—384, 386, 388—390 12
			394—398

APPENDIX III. (Contd.)

Cause Groups

Detailed list numbers

A	81	Arteriosclerotic and degenerative heart disease	420 — 422	12
A	82	Other diseases of the heart	430 — 434	65
A	83	Hypertension with heart disease	440 — 443	12
A	89	Lobar pneumonia	490	5
A	90	Broncho-pneumonia	491	29
A	92	Acute bronchitis	500	4
A	97	All other respiratory diseases	511 — 517, 520, 522 — 527	8
A	103	Intestinal obstruction and hernia	560, 561, 570	1
A	104	Gastro-enteritis and colitis, except diarrhoea of the new born	571, 572	29
A	105	Cirrhosis of liver	581	3
A	107	Other diseases of digestive system	536 — 539, 542, 544, 545, 573 — 580, 582, 583, 586, 587	10
A	109	Chronic, other and unspecified nephritis	591 — 594	3
A	114	Other diseases of genito-urinary system	601, 603, 605 — 609, 611 — 617, 622 — 637	10
A	126	All other diseases of skin and musculoskeletal system	700 — 716, 731 — 736, 738 — 744	2
A	128	Congenital malformations of circulatory system	754	3
A	129	All other congenital malformations	750, 752, 753, 755 — 759	1
A	130	Birth injuries	760, 761	2
A	131	Post-natal asphyxia and atelectasis	762	7
A	132	Infections of the newborn	763 — 768	2
A	133	Haemolytic disease of newborn	770	1
A	135	Ill defined diseases peculiar to early infancy, and senility w/o mention of immaturity unqualified	773 — 776	20
A	136	Ill-defined and unknown causes of morbidity and mortality	794	58
A	137	All other accidental causes	780 — 793, 795	9
AN	147	Head injury (excluding fracture)	E910, E911, E913 — E915, E920 — E928, E930 — E965	9
AN	143	All other and unspecified effects of external causes	N850 — N856	5
AN	150		N950 — N959, N980 — N999	9

Total 456





