Report of the Medical Officer of Health / Municipality of Colombo.

Contributors

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MUNICIPALITY OF COLOMBO. THE ROYAL SOCIETY

APPENDIX C.

THE ROYAL SOCIET)
for the Promotion
OF HEALTH

REPORT OF THE CHIEF MEDICAL OFFICER
FOR THE YEAR 1946.

THE writing of the annual report for the year under review has devolved on me as Acting Chief Medical Officer of Health, Dr. C. H. Gunasekara, the Chief Medical Officer of Health, having gone on retirement as from February 1, 1947, and Dr. F. N. Jayawardena, the Deputy Chief Medical Officer of Health, having taken long leave as from March 1 this year.

STATISTICAL SUMMARY, 1946.

Area within M	. C. limits (exclusive of lake)	8,317 acres
Population at (355,374	
Estimated mea	356,870	
Number of live	19,699	
	1,000 population	55.2
Birth rate corr	37'8	
Number of inf	2,314	
Infant mortalit	117	
Number of stil		776
	per 1,000 births, live and still	37.9
Number of dea		9,288
	te per 1,000 population	26.0
	ected for non-residents	15.9
	(Number of deaths	766*
Pneumonia	"Death rate per 1,000 population	2.1
D	(Number of deaths	763*
Phthisis	"Death rate per 1,000 population	2.1
	(Number of deaths	325*
Enteric Fever	Death rate per 1,000 population	0.9
Diarrhœa and	(Number of deaths	873*
Enteritis	Death rate per 1,000 population	2.3
	(Number of deaths	- 170°
Dysentery	"Death rate per 1,000 population	0.2

POPULATION.

The population of Colombo Town (exclusive of the Military and Shipping) as revealed by the Census held on March 19, 1946, was 355,374.

BIRTHS.

The number of live births registered in Colombo during the year was 19,699 as against 14,485 for the previous year, giving a birth rate of 55'2 per 1,000 population as against 41'0 in the previous year. It will be noticed that there were 5,214 more births registered in Colombo this year than in 1945.

DEATHS.

9,288 deaths were registered during the year as against 9,330 in the previous year, giving crude and corrected death rates of 26'0 and 15'9 per 1,000 population respectively as against 26'4 and 17'6 for the previous year.

INFANT MORTALITY.

With the exception of the infant mortality rate for the year 1942 when it was 116 per 1,000 births, due chiefly to the mass evacuation of the City's population as a result of the then prevailing war conditions, the rate for 1946 is the lowest on record being 117 per 1,000 births. The rate for the previous year was 148.

^{*} Includes deaths of non-residents in hospitals.

MAJOR INFECTIOUS DISEASES.

There were 68 cases of smallpox registered during the year. The epidemic which commenced in December, 1945, continued until March this year, when 65 cases occurred from January to March. There was another minor outbreak in July with 3 cases. Seventeen cases proved fatal.

No cases of plague or cholera occurred.

INFECTIOUS DISEASES (GENERAL).

Excepting phthisis, puerperal pyrexia, pneumonia and whooping cough, there was no increase in any of the other cases of notifiable infectious diseases reported during the year when compared with the previous year. The number of Colombo Town cases of notifiable infectious diseases reported in 1946 was 3,389 as against 4,362 in 1945.

MUNICIPAL FREE DISPENSARIES.

The number of patients treated at the dispensaries in 1946 was 118,822 as against 112,446 during the previous year. The total number of visits paid by patients was 251,217 as against 250,537 for the previous year, giving a daily average attendance of 808, the same as for 1945.

MATERNITY HOMES.

Admissions of Expectant Mothers.

	1946.	Previous Year
St. Paul's	 371	 368
New Bazaar	 365	 306
Modera	 314	 245

The following table shows the birth, death and infant mortality rates and the incidence of enteric fever for the last ten years:—

Year. B		Birth Rate.		ate. Crude Death Rate.		Corrected Death Rate.	Infant Mortality Rate.		No. of Cases of Enteric Fever.	
1937		38.6		28.3		19.4		161		315
1938		38.6		25.8		17.8		151		344
1939		40.6		25.9		17.7		155		575
1940		44.7		25.8		16.6		142		405
1941		45'3		24.5		15'4		135		414
1942		28.5		16.1		10.2		116		168
1943		46.2		21.2		14.3		123		265
1944		43.8		25.6		17.6		145		373
1945		41.0		26.4		17.6		148	***	472
1946		55.2		26.0		15.9		117		, 382

VACCINATION AND IMMUNIZATION.

90,959 vaccinations, including 3,428 primary vaccinations, were done by the Public Health Department staff during the year when there were outbreaks of smallpox in the City.

The number of inoculations done against typhoid during the year was 1,550.

HOUSING.

There has been in general a marked deterioration in our housing difficulties. Demand inevitably breeds supply, and the widespread demand from all classes of the population for houses of low rental has resulted in the dividing up of existing buildings, high class bungalow as well as slum tenement, into smaller units for separate occupation.

During 1946, the services of a City Analyst not being available, only samples of foodstuffs, &c., seized by the Food Inspector were sent to the City Microbiologist and the Government Analyst for analysis and report. The number of such samples examined was 19 by the City Microbiologist and eight by the Government Analyst.

The reports of the City Microbiologist, the Special Officer Chest Diseases and the Medical Officer, Maternity and Child Welfare, are attached.

H. RATNARAJAH, Acting Chief Medical Officer of Health.



Annexure A.

REPORT OF THE CITY MICROBIOLOGIST FOR 1946.

1. LABORATORY.

THE activities of the laboratory during the year 1946 were on about the same level as during the year 1945. The shortage of supplies from abroad made itself increasingly felt as long overdue consignments of important materials suffered further delay. As regards these laboratory supplies, the situation has definitely worsened and more than ever we have to rely on local sources which, of course, are inadequate as regards finer glassware, instruments, and special chemicals.

The bacteriological control of water during 1946 gave a less satisfactory picture than experienced generally, the reason being that owing to the abnormal weather condition river water had to be added from January 9 to April 13, and July 23 to August 31; furthermore, a shortage of chlorine was experienced in September. Warnings had to be issued to the public to boil the water before use as the bacteriological standard of purity was not reliably maintained during these critical periods. During the height of chlorine shortage, however, the water situation was such as to allow water to be drawn from the fully protected Labugama catchment area only. During this period, the contamination, with one exception, was due to the presence of B. lactis aerogenes which is generally considered as not being indicative of recent faecal pollution. Repeated tests for pathogenic germs undertaken at a time when the purity of the water proved to be impaired never revealed any such germs, and the lack of an outbreak of a typical waterborne epidemic in the town shows that no such threat materialised although it can be taken for granted that only a small percentage of the inhabitants of Colombo followed the advice to boil the water. I am certain that everybody connected with the water supply for Colombo is looking forward to the time when the supply will be plentiful even under adverse weather conditions. It is to be hoped that the long delayed Kalatuwawa scheme will be taken up without further delay; its completion will safeguard the Colombo water supply in all emergencies.

Typhoid vaccine was less in demand than in the year before, 3562 cc. being issued to the department and practitioners. As regards its preparation, special care was taken to use selected strains with known immunising properties especially as regards the presence of the Vi factor which is considered to be of importance. A few instances were brought to my notice where vaccinated persons acquired the disease at a later date which does not seem surprising as it is known that antibacterial vaccinations of this nature do not guarantee 100 per cent. protection.

There was a small demand for plague and cholera vaccine. As Ceylon has been free from plague for a considerable time, we need not be concerned about plague vaccination just now. In any case vaccination with killed bacilli is more or less obsolete and should be replaced by vaccination with avirulent live bacilli. It may be useful to procure such strain for an emergency, which, we hope, will never arise.

The modern vaccination against tuberculosis is another example for the use of a mitigated live organism for the production of protection against the real disease. This mitigated tubercle bacillus is known under the name of Bacillus Calmette-Guerin, or in short B. C. G. At our laboratory we have been taking an interest in the development of the B. C. G. vaccination for a considerable time, and shortly before the outbreak of the war the suggestion was made to introduce the method into Ceylon. The war interrupted our attempts in this direction; during the intervening period still more experience on the subject was gathered in many countries and the situation presents itself as most encouraging for its introduction into Ceylon. It seems as if most of the experts who were still doubtful in 1938 are agreed upon its usefulness and harmlessness if produced and applied under careful supervision. Objections that were raised against

the exaggerated reactions that were seen in a small percentage of vaccinated persons as slowly healing abscess formation on the place of infection seem to have been overcome by a change of technique from the intracutaneous to percutaneous (multiple puncture) application. This in its most elegant form requires a specially designed instrument, which, in my opinion, should be procured before an attempt is made to do B. C. G. vaccination in Colombo.

As regards the staff, a few changes took place owing to the retirement of one of the attendants who was replaced by the office peon. The post of office peon was temporarily filled pending the appointment of a permanent peon by the Local Government Service Commission. Unfortunately, an unusual amount of illness prevailed among the staff during 1946 and continuity of work was slightly impaired by repeated absences for reasons of health. The second clerk met with an accident and was absent for about two months.

2. Analysis of Routine Work.

(a) General Distribution of Routine Specimens examined during 1946.

Clinical specimens	5,217
Town water	608
Rodents for plague	
Port Commission	252
Public Health Department	12,272
	18,349

(b) Distribution of Clinical Specimens-1946.

(b) Distr	ibution of Clinical Specimens	Number examined.	Number positive.
	(Enteric	1,135	 544
	Human plague	0	 0
	Tuberculosis	312	 35
Diagnostic souries for	Dysentery	441	 36
Diagnostic service for	⟨Diphtheria	504	 78
practitioners	Ova	184	 59
	Malaria { Parasites	. 53	 11
	Serological test	47	 22
	Various	267	 35
Additional to the second		00000	
	(Enteric	202	 3
	Human plague	. 0	 0
	Tuberculosis		 30
	Dysentery		 0
Public Health Department	⟨Diphtheria	1,622	 28
	Ova	. 35	 17
	Malaria Parasites	. 4	 0
	(Serological test	0	 0
The publishment of the con-	Various	. 168	 6
		5,217	904

E. K. WOLFF, City Microbiologist.

Annexure B.

TUBERCULOSIS SERVICE.

REPORT OF WORK DONE DURING THE YEAR 1946.

1.	Total number of patients seen at the Chest Clinics		976
	New cases $416 \begin{cases} (a) \text{ Diagnosed as Pulmonary Tuberculosis} \\ (b) \text{ Diagnosed as Non-tuberculor} \\ (c) \text{ Under observation} \end{cases}$		119 191 106
	Subsequent } 514		100
	Total 930		
2.	Contacts examined by health visitors 1905 {(a) Negative (b) Positive		1,654 251
	(a) Sputum		401
3.	Diagnostic aid used (a) Sputum (b) Blood (c) Fæces (d) X'Rays (read and interpreted by Special Officer, Chest	,	3 14
	by Special Officer, Chest		
	Diseases)	•••	388
4.	Cases hospitalised $96 \begin{cases} (a) \text{ Males} \\ (b) \text{ Females} \end{cases}$		66 30
5.	Discharged patients 63 (a) Traced (by Health Visitors) (b) Untraced or gone outstation		58
			5
	(a) Number of visits to families by Health Visitors (b) Number of visits to families by		13,189
6.	Health Visitors (b) Number of visits to families by Special Officer, Chest Diseases (c) Number of families recommended for relief from Tuber-		364
	culosis Vote		59
7.	Number of patients isolated under domiciliary supervision		257
8.	Health, Education and Propaganda:-		

- (a) Advice given to patients and their friends.
- (b) Leaflets distributed among patients and the public.

In submitting the above report of work done on the Tuberculosis Service for 1946, I regret to observe that both patients and practitioners are gradually ignoring the existence of the Municipal Chest Clinics, due to reasons entirely beyond my control. For instance, patients and doctors have found that the Municipal Dispensaries are ill-equipped for proper diagnostic purposes and are lacking in administrative arrangements and the provision of necessary facilities that ensure prompt attention and disposal of cases that call for hospitalization or outdoor treatment. There would appear to be no excuse for city patients to attend the Municipal Chest Clinics, when, for X'ray examination and admission to hospitals, they have to be referred to the A. T. I.; whereas, by going to the A. T. I. direct, these patients can obtain their X'ray examinations and admission to hospital or out-door treatment much more expeditiously and with less inconvenience than by going through the Municipal Chest Clinic.

CONTACTS.

Of a total of 1.905 contacts of the age groups between three and 15 years, 1,654 proved negative to the tuberculin test. This implies that more than 85 per cent. of those tested were susceptible to grave tubercular infection and indicated the danger to which the young people in the City are exposed.

X'RAYS.

The absence of an X'ray plant has proved an insurmountable obstacle to the progress of the Municipal Tuberculosis Service.

HOSPITALIZED AND DISCHARGED CASES.

The procedure at present adopted by the Government is not in conformity with the arrangements mutually agreed upon between it and the Council. Many cases from the City go direct to Chest Hospitals without any reference to the Chief Medical Officer of Health, and it is not always that discharged cases are reported to us for purposes of follow-up and after-care. These lapses on the part of the Government point to a deplorable lack of co-operation with this Council in its effort to bring tuberculosis in the City under proper and effective control and only help to nullify the preventive work attempted by us.

HEALTH EDUCATION AND PROPAGANDA.

For this specific purpose an officer was appointed as a result of representations made by me but, unfortunately, his services have not yet been made available for the urgent work of health education and propaganda in the Municipal Tuberculosis Service.

March 25, 1947.

MILANIUS DE ALMEIDA, Special Officer, Chest Diseases.

Annexure C.

REPORT OF THE MEDICAL OFFICER, MATERNITY AND CHILD WELFARE, FOR THE YEAR 1946.

DURING the first three months of the year under report we were still handicapped without the assistance of our field nurses who were still away on special smallpox duty. Since then we have made appreciable advance in our attempt to get back to normal conditions and to establish our service as firmly as before.

Our Maternity Wards continue to be of great service to the poor. This movement has now completed ten years of existence. Up to the end of last year 7,924 cases have been delivered. During 1946 deliveries at the Maternity Homes at St. Paul's and New Bazaar have far exceeded the number we are able to accommodate normally, whilst at Modera there was an increase of 28 per cent. as compared with 1945.

It has to be mentioned that there are mothers who have visited our wards for the sixth and seventh time for their confinements and in several cases all their babies have been delivered in our Homes. This is the greatest tribute they have paid to this service.

The tables annexed show the attendance at our ante-natal clinics and the number of deliveries conducted by our midwives in the district and Maternity Homes. We are glad to record an increase in the numbers in both these departments.

The incidence of dental disease among our clinic mothers is appallingly high. The damage this disease causes both in the mother and in the child in utero need hardly be stressed. The establishment of a dental clinic for our Welfare Centres at an early date is now clearly indicated.

J. E. D. MENDIS, Medical Officer, Maternity & Child Welfare.

Attendance at the Ante-Natal, Baby and Post-Natal Clinics during the Year 1946. (Primary and Revisits.)

Child Welfare Centre.	100000	e-Natal Attendance rimary & Revisits.)	chance at Baby Clinics. mary & Revisits.)	 Natal Attendance. nary & Revisits.)
St. Paul's		3560	 494	 196
New Bazaar		3040	 448	 127
Modera		2472	 541	 148
Maradana		2453	 155	 42
Slave Island		1851	 407	 102
Wellawatta		1687	 339	 71
Total		15,063	2,384 .	686

Number of Cases conducted by the Municipal Midwives during the Year 1946.

	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
Child Welfare Centre, St. Paul's Child Welfare Centre, New	-	160/10	163		199								
Bazaar Child Welfare Centre, Modera Child Welfare Centre, Maradana	19	15	17	19	16	22	13	12	15	18	14	16	196
Child Welfare Centre, Slave Island	55			100		Para .	1000	1000					
Child Welfare Centre, Wellawatta	26		24		11	24							
Maternity Home, St. Paul's Maternity Home, New Bazaar		25	23	25	36	37	26	38	31	31	31	28	363
Maternity Home, Modera	22	22	29	10	-00	20	29	22	10	29	59	31	314
TOTAL	333	292	304	262	306	332	305	323	312	316	352	338	3,778

Number of Children to whom Free Milk was issued during the Year 1946.

Centre	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL .
St. Paul's New Bazaar Modera Maradana Slave Island Wellawatta	 15 16 21 23 42 13	17 17 14 21 33 13	20 16 17 22 10 14	12 14 17 22 29 13	17 14 17 18 30 19	19 14 17 20 28 21	18 14 19 18 37 21	20 17 25 19 38 21	17 17 23 24 41 23	16 16 31 22 44 24	21 23 29 27 47 26	25 26 27 28 51 28	204 257 264 430
TOTAL	 130	115	99	107	115	119	127	140	145	153	173	185	1,608

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