

## **Annual medical & sanitary report for the year ended.**

### **Contributors**

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NYASALAND PROTECTORATE



ANNUAL  
MEDICAL & SANITARY  
REPORT

For the year ending 31st December, 1940.

1941 :

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ZOMBA, NYASALAND.





## I. PUBLIC HEALTH.

### A. GENERAL REMARKS.

1. In 1939 three of our Medical Officers and a number of our African staff had been transferred to the Army. In June, 1940, when Italy came in on the side of Germany a further five Medical Officers were released for Military service and sent North without delay; our establishment of Medical Officers is normally 18. The Church of Scotland Mission, Blantyre, also released a doctor for service with the Army.

2. To release further African personnel in any number and maintain local services was not found possible, but individuals were released as circumstances permitted to meet army needs, and a small number of Dressers for the Army were recruited locally from Africans with experience in hospital work gained in South African and Rhodesian hospitals.

3. Two Medical Officers were seconded to work in co-operation with officers engaged in recruiting for the Army. These officers were posted, one to the Northern Province, and the other to the Southern Province, and besides carrying out the medical examination of recruits, advised on the laying out of new military camps, eventually assuming responsibility for the medical care of the military units. The Army towards the end of the year sent to this Territory three Army doctors to take over medical care of regimental units and the main depot at Zomba, but even at the close of the year a civil medical officer was still almost wholly employed on military work. Local Medical Headquarters throughout the year has directed and supervised the medical and public health requirements of the Military Forces in the Protectorate.

4. The Department provided all African subordinate staff required for the medical and sanitary care of the Army units in the country. Two special hospitals had to be erected to serve Military camps, and these were staffed and are still staffed by African personnel seconded from the Civil Establishment.

5. The European civil hospitals have catered for all European military sick, and all African civil hospitals have accommodated the Africans in the Army requiring hospital attention. Increased accommodation had to be provided at the Zomba African Hospital. Two wards each of 20 beds were erected and put into use. The Military provided part of the building costs.

6. Nyasaland being so distant from the East African Army Medical Store, the local Government through civil medical stores has provided and has undertaken to provide for the Military units in the country all medical stores required at cost price.

7. In order that the Military Authorities might be provided with reinforcements of trained Dressers, this Government through its Medical Department undertook to train Dressers for the Army as rapidly as possible, and to find the necessary recruits. When the scheme was first mooted, a class of 25 was visualised, each training course being of six months duration.

8. The local African showed so much enthusiasm to enlist as Military Dressers that when the 1st class started we found that 48 had been signed on. This number has now been reduced to 32 by weeding out those unsuitable. The first class of trained recruits should be ready to go North by May or June, 1941.

9. The Department is grateful for assistance given for the maintenance of local services to the Church of Scotland Mission, Livingstonia, and the Dutch Reformed Church Mission. The former seconded to us a doctor who has since June acted as District Medical Officer of the district of North Nyasa, and the latter seconded to us a lady doctor temporarily when our available medical officer staff was reduced by sickness.

10. The maintenance of local services to pre-war standards was only made possible by European Officers remaining with the Department undertaking added responsibilities and working regularly for longer hours each day. The Pathologist, for example, on several occasions, undertook in addition to his laboratory duties, the medical care of the European population of Zomba and the duties of Medical Officer of Health of that town. The Medical Officer, Mlanje, took over supervisory charge of the Cholo district and the Medical Officer, Kota Kota, supervisory charge of Dowa district.

11. While the main credit remains with our European staff, it is but right that acknowledgment be made of the large part played by our African Hospital Assistants. On the best of them had to be placed considerably increased responsibilities. The opportunities given to these Hospital Assistants have been the means of proving to doubters that our Africans of the right type, if properly trained, are capable of excellent work with little supervision. Hospital Assistants have been in charge of the following district stations for the whole or part of the year—Chiradzulu, Chikwawa, Upper Shire, Ncheu, Dedza, Dowa, Kasungu, and West Nyasa.

12. One Hospital Assistant who had been given some training in surgery while employed at the Zomba African Hospital is now proving a competent and successful surgeon. Although his reputation amongst the local native population of the district he works in is now high, it is to his credit that he fully appreciates his limitations, and transfers to Zomba all cases that come to him that are beyond his powers.

13. While the ability displayed by our African staff promises well for the future of this Territory, it will be some years before our local African can be given a more extensive training owing to the lack of general educational facilities in the country. The highest general education the African has been able so far to obtain in this country takes him only to the sixth standard. A junior secondary school has just been opened which aims to take students to the seventh standard.

14. In the years immediately preceding the outbreak of war, much time and thought had been expended in planning a programme for the ordered development of the medical and sanitary services of this country. In our programme the training of African personnel to staff existing hospitals and dispensaries was placed first as being the most important. We appreciated that to provide hospitals and dispensaries was waste of effort if competent staff to serve in them were not available.

15. In preparing the programme mentioned above, it had been visualised that financial assistance would be forthcoming from the British Government. With the outbreak of war, it soon became evident that financial assistance could neither be asked for nor expected from outside the Territory, and if any programme with the future in view was to be attempted, it had to be done by local effort.

16. The Native Welfare Committee recommended to Government that even though it might find it necessary to reduce activities and make retrenchments, every endeavour should be made to proceed with the programme of medical training of African personnel. Government accepted the recommendation.

17. In spite, therefore, of our reduced European and other personnel, our medical training school which had only just begun to function at the Zomba African Hospital has been carried on and even expanded, and has had its staff maintained unaffected by our needs elsewhere.

18. The Blantyre Mission Hospital has also over the year continued its medical school, even though its European personnel was reduced by one of its two Medical Officers joining the Army.

19. The number of trained personnel so far produced by these two training institutions is small, but there are now prospects that the number turned out each year will steadily grow larger. To ensure that students enlisting for training continue until qualified, Government has approved the signing of apprenticeship agreements by students prior to admission to the classes.

20. The Education Department again this year conducted the entrance examinations for the medical courses. The number of persons sitting for these examinations was large, but the number attaining the standard desired was so small that to get the numbers required for our classes we were forced to accept some of a lower standard.

21. At the close of 1939 the Nutrition Survey Party under Dr. B. S. Platt completed its programme, Dr. Platt returning to England. When the Survey Party disbanded it was hoped that with funds from the Colonial Development Fund, it would be possible to maintain a complete team to continue investigations and instigate and guide development on lines recommended by the Survey Party.

22. Although owing to the war the original programme could not be proceeded with in full, Government made it possible for a team working under the District Commissioner, Kota-Kota, to continue on a smaller scale. The services of Miss Barker, Nutritional Investigator with the original survey were retained. She was, however, out of the country for the greater part of the year being given overseas leave. Mr. Borley, an Assistant District Officer, who had worked with the Fishery Survey Party was posted to the district with instructions that while performing his ordinary duties, he should continue his observations on fish and instigate improvements in fishing, fish curing etc., and be a member of the Unit. To make all this possible, a European clerk was posted to the District Headquarters to relieve him of office routine. The Medical Department gave an assurance that the Medical Officer originally selected to be a member of the Unit would if possible be retained on this work. The Unit was to have an Agriculturalist but during the greater part of the year this officer was not available. An Agricultural Supervisor is, however, at the time of writing joining the team.

23. Below is outlined what the various members of the Unit have attempted and achieved. The list is not a long one, but progress has been made in spite of early administration difficulties, and of the innate conservatism of the African who is suspicious of anything new and especially of new methods which alter his traditional practices. Luckily, the Unit is made up of enthusiasts who fully appreciate that if they are to achieve anything, lack of response must not deter but stimulate them to further effort and to the trial of new methods of approach.

24. The Medical Officer to the Unit, Dr. W. Berry, has during the year continued his observations on the incidence of tropical ulcers and a condition known locally as "chiseye". "Chiseye" he describes as a disease of children, those affected having bleeding gums which become infected with *fusiform bacilli* and *spirochaetes*. The more advanced stages of the disease are complicated by loss of primary or secondary teeth, necrosis of parts of the jaw, or by cancrum oris and death. He has found that at least 40 per cent. of children between 2 and 15 years of age are affected at any one time and that nearly all show signs that they have been affected at some time in their development. While believing that this condition is caused by some deficiency in diet, he is not prepared to state yet what is the responsible factor. He is continuing observations.

25. In his investigations on tropical ulcers, Dr. Berry is keeping under regular observation a large number of children, in two widely separated areas where conditions are dissimilar.

26. The Nutritional Investigator is continuing to make observations in selected areas on the development of children and has also started the keeping of records of babies born in that area. The babies are being seen regularly in their homes and full information is being obtained and recorded of various events in their developmental history.

27. While the records being kept by the Nutritional Investigator will in themselves be of value, she is taking advantage of the contacts made with the mothers, to endeavour to interest them in new foodstuffs, new methods of cooking, etc.

28. The Assistant District Officer has during the year continued his observations on fishing methods and has collected valuable information. He has experimented with sun-hemp for the making of nets and has endeavoured to interest the local fisherman in new labour saving methods of spinning rope and twine. Other experimental work he has done is covered by the following:

- (a) The making of plank-built boats.
- (b) Smoke and salt curing of fish.
- (c) The preparation of fish-meal.
- (d) Improvements in fishing methods.
- (e) Net and rope preservation.

## B. GENERAL DISEASES.

29. During the year 378 patients were admitted into Government European Hospitals and 15,214 into Government African Hospitals. The figures for 1939 were 302 and 11,102 respectively.

30. 1,404 Europeans and 153,334 Africans were treated as out-patients at Government Hospitals. The corresponding figures for 1939 were 1,519 and 136,310.

31. 405,805 persons were treated at Rural Dispensaries during the year. The figure in 1939 was 395,222. The standard of treatment given at dispensaries is not high, but the rising figures at least indicate appreciation of the medical facilities provided.

32. Mission Hospitals report having treated 3,958 Africans as in-patients and 85,427 as out-patients. The Seventh Day Adventist Mission Hospital for Europeans at Malamulo admitted 67 patients during the year.

33. Amongst Europeans, the commonest causes of admission to hospital were Malaria, Dysentery and Child Birth.

34. Amongst Africans, Injuries, Ulcers, Hookworm, Malaria and Venereal Diseases, especially Syphilis, were the chief causes for hospitalisation, while Injuries, Ulcers, Scabies, Bronchitis, Dyspepsia, Diarrhoea, Constipation, Headache, Dental Caries, Conjunctivitis, Malaria, Hookworm and Bilharzia were the commonest causes for visits to outpatient departments including dispensaries.

### *Deficiency Diseases.*

35. The report of the Nutrition Survey has not yet been published. In all interim reports issued by Dr. Platt, his observations indicated that the local African in his native surroundings was far from fit and lived for the greater part of each year on a diet which could only be expected to keep him very near the margin beyond which active signs of diet deficiency might be expected to occur.

36. The examination of recruits for the Army has brought confirmatory evidence of Dr. Platt's findings for the percentage rejected on medical grounds from all areas is high, but highest in those areas where the standard of living might be expected to be lowest. Full details are not yet available.

37. The percentage of recruits passed as fit improved after August, when the Military Authorities agreed to permit recruits to spend a month under not too strenuous training conditions. The arrangement permitted recruits being kept under medical supervision and being treated for helminthic infestations or other debilitating conditions, while having their bodies built up with full rations and graduated exercises. This habituation period proved a great success for the majority of soldiers classified as of doubtful fitness at the beginning of the month were at the end of the period reported to be not only physically fit for full training but more mentally alert.

38. The number of persons examined and passed at the Zomba Depot during the course of the year is as follows:—

	No. Examined	No. Passed.	per cent. Rejected.
January to August	2,852	1,203	48.8%
September to December	2,293	1,793	21.8%

39. The number of cases of deficiency diseases actually recorded during the year at hospitals is as follows:—Scurvy 4, Beri-Beri 1, Rickets 2, Pellagra 15, Avitaminosis 2.

40. The table at the end of the report gives details of cases treated, and deaths recorded at Government Hospitals.

### C. COMMUNICABLE DISEASES.

#### *Smallpox.*

41. Small epidemics of this disease occurred in the Zomba and South Nyasa districts and sporadic cases in the Chiradzulu and Upper Shire Districts. The total number of cases recorded was 74:40 in the South Nyasa, and 30 in the Zomba District. Two cases were reported in each of the other districts mentioned.

The disease was mild in type and only three cases ended fatally. Although the areas affected are contiguous, the infection is believed to have entered South Nyasa and Zomba districts separately from across our land frontiers.

The appearance of the infection unfortunately coincided with our most active period of army recruiting, and for a time it was feared it might be necessary to stop recruiting in the areas affected. Active and strenuous vaccination campaigns soon brought the infection under control; recruiting was not interfered with, and there was no spread of the infection to military camps.

The districts affected by smallpox are the home of the Yao, a people with great military traditions and fine army records.

237,048 persons are reported to have been vaccinated or revaccinated during the year. Over half of this number was done during our special smallpox control campaigns.

#### *Cerebro-spinal Meningitis.*

42. 247 cases with 77 deaths were reported during the year. The disease appeared in districts in the Northern Province not affected in recent years, and in Kasungu and Ncheu districts small epidemics occurred. In the last mentioned district there were as many as 65 cases. Fewer cases than last year were reported in the Southern Province, and especially from European estates. Few deaths occurred amongst cases brought to hospitals early.

#### *Tuberculosis.*

43. 204 cases of tuberculosis, three being amongst Europeans, were reported during the year. Medical Officers continue to stress the increasing incidence of the pulmonary form of the disease, and the fact that many of the persons found affected have recently returned from working outside our boundaries. The number of Nyasaland natives working outside this Protectorate at any time is large and few male adult natives can be found who have not at some time in their lives worked outside the country. The recent report issued by the Tanganyika Government on the incidence of tuberculosis in their Territory is disquieting for it is possible that the disease is equally common in this Protectorate. As soon as conditions permit, a comprehensive survey should be made in Nyasaland.

#### *Leprosy.*

44. At the close of the year, there were 755 inmates, 505 males and 250 females, at the various leper colonies in the country. In addition, 127 lepers were attending at these institutions as out-patients. Government hospitals and dispensaries had 311 persons affected with leprosy under their care—the majority as out-patients. All leper colonies are still maintained by Mission Authorities, and while a number are doing good work, some are still mainly homes for crippled lepers. One colony closed down its leper colony this year. Satisfactory arrangements were made for the inmates.

### *Venereal Diseases.*

45. The number of persons seeking medical relief at the hospitals with syphilis and gonorrhoea is steadily rising. 2,144 cases of syphilis were seen and treated, and 815 cases of gonorrhoea. Although these figures would indicate that syphilis is the commoner disease, this is not believed to be true, for Africans affected with gonorrhoea do not seek hospital treatment, but are satisfied with local native medicines. Information available does not show that African medicine-men have any satisfactory treatment for this infection.

## INSECT-BORNE DISEASES.

### *Malaria.*

46. Out of a total of 378 European in-patients treated at Government European Hospitals, 74 or 19.5% were suffering from malaria.

Out of a total of 15,214 African in-patients treated at hospitals 1,299 or 8.4% were diagnosed as suffering from malaria.

### *Trypanosomiasis.*

47. 7 cases were reported during the year. Four of these cases were discovered at Mzimba, two at Kota Kota, and one at Fort Johnston.

### *Plague.*

48. No human cases were reported and no evidence was forthcoming of infection amongst the field rodents although through District Officers, Native Authorities were specially asked to report any unusual mortality amongst rodents discovered. In many areas, field rats are hunted or dug out of burrows as food.

## HELMINTHIC INFECTIONS.

### *Ankylostomiasis.*

49. 1,608 persons with signs of ill-health attributed to an infestation with ankylostomes were admitted into our African hospitals. A very much larger number of patients were found by routine stools examinations to harbour the worm, and were given the requisite treatment.

### *Schistosomiasis.*

50. 448 persons were admitted with clinical signs of this disease. Both *Schistosoma haematobium* and *Schistosoma mansoni* are common infections amongst our Africans, but few complain of early symptoms.

## D. VITAL STATISTICS.

### *General African Population.*

51. General registration of Births and Deaths amongst Africans is not yet attempted, but in three limited areas which are widely separated, enumerators employed by the Medical Department attempt to keep records collecting data from Village headmen.

Area and District	Estimated Population under observation.	Birth Rates per 1,000 of population.	Death Rate per 1,000 of population.
Fort Manning District	34,070	52.9	31.3
N. A. Tengani's Area (Lower Shire District)	19,000	61.2	38.5
5 miles around Karonga Town (N. Nyasa District)	6,350	34.9	19.4

### *Europeans and Asiatics.*

52. No estimates for 1940 of the European and Asiatic populations are yet available. The estimated populations in 1939 were 1,953 and 1,656 respectively.

Among Europeans there were 41 Births registered and 8 Deaths.

Among Asiatics there were 95 Births registered and 23 Deaths.



## II. HYGIENE AND SANITATION.

### *Township Sanitation.*

53. Health Inspectors have been maintained in charge of the routine sanitary and public health services in the Townships of Zomba and Blantyre. The Officer in charge of the latter also supervised activities at Limbe. Elsewhere Officers in medical charge of districts have worked in co-operation with District Officers in ensuring the maintenance of routine sanitary services.

### *Rural Sanitation.*

54. A special effort has been made during the year to interest Native Authorities and Village Headmen in improved housing conditions. Special attention has been given to the provision of ventilation openings in huts, kitchens separated from living quarters, and family pit latrines.

Considerable progress is reported in some districts while even from the most backward, the report is that at least one Native Authority is showing interest.

### *Town Planning.*

55. The Limbe District Council on the recommendation of the Medical Department is considering the extension of its township boundaries to include developed areas adjacent to the town so as to provide routine sanitary services over the extended area.

The Lilongwe Sanitary Board has reviewed its boundaries and made recommendations for extension. Government has expressed its approval of the projected changes.

### *Schools.*

56. European children attending schools in Blantyre and Limbe were medically examined and parents advised where conditions found required attention. Systematic medical examination of pupils at African schools has not been attempted yet but in every district scholars at individual schools were examined, and in some cases arrangements made for the treatment of debilitating conditions such as infestation with hookworm.

It is reported that more attention is now given at schools to the provision and maintenance of latrines.

### *Labour Conditions.*

57. The number of Nyasaland natives working outside the Territory at the end of the year is estimated to be 101,800, nearly 14,000 less than in 1939. 67,000 of the number were in S. Rhodesia, 31,000 in South Africa, 3,000 in N. Rhodesia, and 800 in Tanganyika. The Witwatersrand Native Labour Association stopped recruiting at the end of April, but by that time had recruited as many as 3,533. Of the number offering for recruitment to the W. N. L. A. 30% had been rejected on medical grounds. 207 of the 3,533 passed as fit locally, were returned from the Rand as unfit for service for various reasons.

58. It is estimated that 35,100 Nyasaland natives left the country during the year to seek work of their own choice. 19,000 are presumed to have gone to S. Rhodesia, 14,000 to S. Africa, 1,600 to N. Rhodesia, and 500 to Tanganyika. It is believed likely that a number of the natives reported to be going to S. Rhodesia found their way eventually into S. Africa.

59. There has been no shortage of labourers engaging for work on local estates and other commercial undertakings. It is satisfactory to be able to record an increased interest by local employers, especially in the Southern Province, in the housing of labourers. Much headway has to be made up, but what has been attempted is in most cases good.

## III. SPECIAL SERVICES.

### A. PORT HEALTH WORK AND CONTROL OF AIR SERVICES.

60. Nyasaland has no direct access to the sea. Trans-African Air Services do not call regularly at its aerodromes. Contact by air with the rest of the world is made by a Feeder Service, with Headquarters at Salisbury, Southern Rhodesia, which makes regular calls at our Aerodromes at Chileka for Blantyre and Lilongwe. These Aerodromes are kept under regular supervision.

### B. MATERNITY AND CHILD WELFARE.

61. Progress in this important work has been steadily maintained especially in and around the more important Mission Stations. Some of the Mission Stations have Doctors, but at the larger number, the work is done under the direction of Nursing Sisters. Two new centres were opened during the year, one by the Dutch Reformed Church at Malingunde and the other by the White Fathers at Ntakataka. At the former 242 women were admitted for confinement, and at the latter 67.

62. Government Hospitals do very little midwifery and child welfare work yet, for it has not been found possible to provide Nursing Sisters for our African Hospitals except at Zomba and Lilongwe. Maternity and Child Welfare work at those stations is making considerable progress. A Maternity centre is maintained at the Jeanes School, where the two European ladies employed in the education of the wives of students, are trained nurses.

63. Not all Mission Centres engaged in Maternity and Child Welfare work submit returns to Government, but records available show that at least 1,200 African women during the year had skilled care in institutions during labour and at least 850 had semi-skilled attention in their homes.

64. 87,000 infant attendances at Welfare Centres are recorded. On 6,690 occasions women sought assistance for ante-natal and post-natal conditions.

### C. HOSPITALS, DISPENSARIES, LABORATORIES, ETC.

65. Government maintains 3 hospitals for Europeans, and for Africans 18 hospitals and 91 dispensaries. The work done at these institutions has already been set out.

66. Special clinics for venereal diseases are held at Zomba and Blantyre. As better trained dressers become available for posting to dispensaries, these units will develop as useful centres for the treatment of venereal diseases among the rural population.

67. The Central Pathological laboratory is situated in Zomba but every Government hospital in the country is provided with an African trained to undertake the routine microscopical examination of blood, faeces and urine.

Trained African microscopists have also been seconded from the department to all large military camps within the country.

68. At the Central laboratory 11,709 routine and special bacteriological, pathological and clinical examinations of material were made during the year.

In addition the Pathologist undertook the chemical analysis of 15 specimens of water submitted to him.

69. The medico-legal work undertaken by the laboratory included the examination and reporting on of 46 specimens of various nature submitted by the Police and the performance of 11 complete post-mortems.

70. The Pathologist has assumed throughout the year increased responsibilities at the medical school, spending 11 hours a week in lectures and demonstrations to students.

### D. TRAINING OF LOCAL MEDICAL AND HEALTH PERSONNEL.

71. Our efforts to maintain and improve the classes for training Africans for service with the Department met with unexpected difficulties during the year. Many students who came from the Northern end of the Territory to enter the classes found themselves attracted to other forms of employment, more immediately remunerative, and resigned from the School. New students had to be found to replace these. To combat the difficulties arising from students leaving for reasons other than health and unsuitability for the work, arrangements are being made with Government's approval to get students joining Training Classes to enter into an agreement of apprenticeship for a stated period.

72. The Training Classes at the Church of Scotland Mission at Blantyre were continued during the year in spite of difficulties in respect of European Staff.

73. While the local training of African personnel for medical work in the country can now be said to be fairly well established, the position with regard to the training of sanitary personnel remains unsatisfactory and will have to be organised and developed as soon as the war is over.

74. Examinations for Hospital Assistants and Midwives under local Ordinances were held twice during the year by the Local Medical Council.

15 students passed the 1st part of the Hospital Assistant's Examination. 2 completed the whole of Part II and are now in Government employment, 4 others passed all subjects except midwifery.

10 out of 13 candidates for the Midwives Certificate were approved. 5 of these came from the Church of Scotland Mission Training Centre at Blantyre, 3 from that of the Dutch Reformed Church Mission, and 2 from the Zomba Government Hospital. Only those trained by Government have entered Government service.

## IV. FINANCE.

75. The Medical Department expended £54,987 during the year of which £1,665 was voted to Township Councils and Sanitary Boards for the maintenance of routine sanitary services.

H. S. DE BOER,  
Director of Medical Services.

Diseases	European. Inpatients at Government Hospitals		African Inpatients at Government Hospitals		African Outpatients at Govt. Hospitals, and Dispensaries Cases
	Cases	Deaths	Cases	Deaths	
I. Infectious and Parasitic Diseases ...	133	1	6,646	99	73,345
II. Cancer and other Tumours	2	—	150	4	294
III. Rheumatism, Diseases of Nutrition and of Endocrine Glands and other General Diseases ...	5	—	141	4	6,086
IV. Diseases of the blood, and blood forming organs ...	1	1	72	6	501
V. Chronic Poisoning ...	1	—	4	—	2
VI. Diseases of Nervous System and Sense Organs ...	10	1	751	9	53,146
VII. Diseases of the Circulatory System ...	7	1	180	10	473
VIII. Diseases of the Respiratory System ...	11	—	802	37	91,723
IX. Diseases of the Digestive System ...	85	1	594	24	89,291
X. Non Venereal Diseases of the Genito-Urinary System ...	26	2	335	4	826
XI. Diseases of Pregnancy, Childbirth and the Puerperal State ...	37	—	310	18	393
XII. Diseases of Skin and Cellular Tissues	25	—	3,178	8	127,236
XIII. Diseases of Bones and organs of Locomotion					
XIV. Congenital Malformations	1	—	12	2	24
XV. Diseases of Early Infancy					
XVI. Old Age ...	—	—	8	2	7
XVII. Violence and External Cases	23	—	1,708	47	98,896
XVIII. Ill defined diseases ...	7	—	373	10	16,844
TOTAL ...	378	7	15,214	284	559,139