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# Sessional Paper No. 10/1944.

# COLONY OF THE GAMBIA.

# ANNUAL MEDICAL AND SANITARY REPORT FOR THE YEAR ENDED 31ST DECEMBER, 1943.

### 1. ADMINISTRATION.

### A. STAFF.

1. Dr. L. H. Thomas, Dr. J. D. Bright-Richards and Dr. S. H. O. Jones were here throughout the year.

Dr. M. Clayton-Mitchell returned from leave on the 6th April.

Dr. T. P. Eddy, who was transferred from Nigeria, arrived here on the 13th June.

Dr. B. J. Green arrived here from leave on the 14th August.

The Health staff was very short at the beginning of the year. Mr. Snell was alone in the office until Dr. Eddy took over as Medical Officer of Health on the 14th June.

Mr. R. Walton and Mr. H. Archibald returned from leave on the 13th June and 21st July respectively.

#### B. FINANCIAL.

2. Medical and Health Services.

	Estimated.	Actual.		d. Actual. Increase.			Decrease.		a.
Revenue Expenditure	£ 5,160 52,415	£ 7,555 54,179	s. 86	d. 8 6	£ s. 2,395 8 1,764 6	 £	s,	d.	

#### Miscellaneous Services.

	Estimated.	Actual,	Increase.	Decrease,
	£	£	£	£
Contributions to Medical Associations and Schools	180	130	-	50

		Estimated.	Actual.
	 	2	£ s. d
Total Revenue	 	246,500	475,910 2 0 2
Total Expenditure	 	314,917	425,939 19 10

3. The actual expenditure on Medical and Health Services was 12.7% of the total expenditure of the Colony.

### 11. PUBLIC HEALTH.

### A. GENERAL REMARKS.

4. The book, Development and Welfare in the Gambia, was published in July, giving the general picture of the Gambia and the proposals for Post War Development. One chapter was devoted to Medical and Health Services and gives a general review as well as an outline of future proposals. As conditions develop the outline will be filled in and concrete proposals developed. A start is to be made in 1944 with reorganisation of the training of the African Staff.

Shortage of staff has been the main difficulty in 1943. It has not been possible to find suitable candidates to fill African vacancies.

5. The work of Kaiaff and Ballingho Dispensaries has been combined. One dispenser is in charge of both and spends part time at each.

6. The work of the hospitals is summarised as follows :---

		194	2.	19	43.
		Cases.	Deaths.	Cases.	Deaths.
In-Patients Out-Patients	 	1,815 42,411	185	$1,560 \\ 55,480$	140

7. The work at the dispensaries again shows an increase :---

	-	1942.	1943.
Out-Patients		-26,643	35,186

8. A table showing causes of morbidity is given in paragraph 14.

 $\mathbf{2}$ 

Colony.

- 9. Two new experiments were initiated with considerable success :--
  - (a) A midwife has been appointed to Basse where the first Health Centre with Dispenser, Midwife and Sanitary Inspector congregated in a single unit, has been started.
  - (b) As in paragraph 10.

### B. COMMUNICABLE DISEASES.

10. *Trypanosomiasis*—Arising out of Captain MacGowan's report, published as an appendix to the Annual Report of 1942, the Bwiam Circuit was designed to diagnose and to give treatment to that area of the South Bank Province between Bwiam and Gunjur. Treatment has been continued at all Hospitals and four new Dispensaries. A total of seventy-four cases were treated in the last three months of the year.

The high attendances confirm the need for further extension of medical treatment in the villages of the Protectorate.

A Conference of Heads of Medical Departments of the British West African Colonies, with representatives of French and Belgian Colonies, was held in Lagos. Recommendations for co-operation which were made at the Conference are being put into practice.

11. Malaria.—The year showed a decline compared with the previous two years. The total number of cases treated was 2,576.

12. Veneral Disease .- Total number of cases 144.

Clinics were opened at Bakau and Brikama during the year.

C. VITAL STATISTICS.

I. General African Population.

13. These figures are fo	or Bathu	urst onl	ly :	
Estimated Population			14,900 aj	pproximately
Births (live)			539	
Total Deaths			533	
Total Still Births	•		70	
Deaths under one year			95	
Birth Rate	•		36.17	per 1,000 of popula- tion
Death Rate		/	35.77	7 ,, ,, ,, ,, ,,
Infantile Mortality Ra	te		176.2	25 ,, ,, live births
Still Birth Rate			114.9	., ., total births.

Owing to local conditions complete accuracy of Vital Statistics cannot yet be assured.

14. The main causes of death in Bathurst	were :-	-		
Diseases of the respiratory system				142
Infectious and parasitic diseases excluding	g malar	ia		118
Malaria				50
Diseases of the digestive system				68
Venereal diseases				Nil
Non-venereal diseases of the genito-urin			and	
adnexa				30
Diseases of the nervous system and sense				17
Affections due to violence				13
Rheumatism, disease of nutrition and end				
				30 -
other general diseases				13
Other diseases				52
Diseases of the circulatory system				0.2

Total ...

533

#### D. TRAINING OF PERSONNEL.

15. Training of staff has been carried out as well as possible considering grave shortage of staff. It is hoped that the newly appointed Sister Tutor will start work early in the New Year. The Nurses' Hostel referred to in the Development plan is nearing completion and the re-organisation contemplated in methods of training should take place early in 1944.

### III. HYGIENE AND SANITATION.

### A. PREVENTIVE MEASURES.

16. Anti-Malarial Measures.—In co-operation with the Anti-malarial squad of the R.A.F. at Bathurst, an anti-malarial team has been organised under the supervision of Mr. Archibald. Much useful information concerning mosquito breeding in Bathurst and seasonal variations has been obtained. Apart from occasional domestic breeding, it has been shown that most anopheline breeding takes place in the town's open drains, in swampy areas in the low lying middle belt of the town, and in crab holes, particularly in swamps to the North East of the town. No more effective control than has been obtained at present can be expected until the drainage problem of the town has been solved. The drains are so defective, badly graded and filled with pot-holes, that it is difficult to ensure that oiling will be effective.

#### B. GENERAL MEASURES.

17. Sewage and Refuse Disposal.—General sanitation, particularly refuse disposal, caused a lot of anxiety in the first three months of the year owing to breakdown and shortage of lorry transport. Fairly adequate transport has now been obtained and conditions are fairly good. Successful experiments were completed for local adaptation of the Indore System of disposal of night-soil. A series of concrete tanks has been built and the resultant compost is of excellent quality. It is hoped that early in 1944 the change over from the dumping of crude night-soil into the creek to the new system will be completed.

18. The rainfall in Bathurst was 54.16 inches during the year.

### C. SCHOOL HYGIENE.

19. School Inspections.—Samples of two schools were medically inspected during the year and the examining Medical Officer reported evidence of nutritional imbalance. During the year kitchens were built to serve all the Bathurst schools and school meals are being served to the children at a small charge. A diet scale for the school meals has been drawn up and it is intended that it shall supplement meals given at home and supply those factors in the diet which are considered to be deficient in the normal home diet.

A report was made on trachoma in Bathurst children by an ophthalmic specialist of the R.A.M.C.

## D. HOUSING.

20. Overcrowding in Bathurst remains a serious problem. Development at Churchill Town remained at a stand-still mainly owing to lack of material and transport.

The conditions in Bathurst remain much the same but some general improvement was maintained during the year.

21. In the Protectorate, important steps were taken to improve housing conditions. Protectorate Building Regulations were passed at the beginning of the year and were applied to the Kombo St. Mary Province-Steps are being taken to prepare plans for the important towns and villages elsewhere in the Protectorate. A booklet 'Notes on Village Planning and Building in the Protectorate ' was published as a Sessional Paper. Three model villages have been built as a result of anti-amaryl measures. These, with model type native construction houses and a regular lay-out, have proved very popular and will be very useful propaganda in further improvements in other villages.

22. The removal, for anti-malarial reasons, of three villages-Latrikunda, Jeshwang and Yundum, was completed during the year. The inhabitants were removed to new villages erected by the A.M.D.W. The villages were built on model lines as set out in the Sessional Paper 'Village Planning and Building in the Protectorate' referred to in paragraph 21.

# E. NUTRITION.

23. School meals for children were started during the year as outlined in paragraph 19. Improvements to Prison diet have been made and a new scale brought into force.

The Nutrition Committee advised concerning the use of imported foodstuffs as well as the development of locally produced foods. Efforts have been made to introduce a more varied diet for the population as a whole, and advice has been given concerning the preparation of foodstuffs hitherto unknown to the Colony.

# IV. PORT HEALTH WORK AND ADMINISTRATION AND AEROPLANE TRAFFIC.

24. For security reasons the number of ships and aeroplanes boarded . during the year is not given.

25. The number of rats destroyed was 6,703. Of these 307 were examined but no cases of plague were found.

26. Vaccination .--- 550 persons were vaccinated during the year.

27. 2,000 yellow fever inoculations were performed during the year.

## V. MATERNITY AND CHILD WELFARE.

28. The Maternity Hospital and Welfare Clinics continue to give good service.

Bathurst:					
Infant Welfare A	ttendanc	es	 ·		 9,110
Ante-Natal Attend	dances		 		 2,356
Live Births		,	 		 346
Still Births			 		 26
/ Miscarriages			 		 20
Maternal Deaths			 		 • 6
Bakau and Sukuta (	linics :			-	
Infant Welfare A	ttendanc	es	 		 10,151
Ante-Natal Attend	lances		 		 635
Deliveries			 		 50
Bakau and Sukuta (	linics :	-			
Infant Welfare A	ttendanc	es	 		 2,280
Ante-Natal Attend	lances		 		 243
Deliveries			 		 Nil

# APPENDIX.

# TABLE SHOWING DISEASE GROUPS TREATED IN GOVERNMENT HOSPITALS AND DISPENSARIES, 1943 IN-PATIENTS.

	Total	cases	treated.
Total			1,560
Diseases of digestive system			287
Diseases of the skin and cellular tissues			293
Non-Venereal diseases of the genito-urinary s	ystem	and	
adnexa			87
Diseases of the respiratory system			139
Venereal diseases			35
Malaria			226
Infectious and parasitic diseases (Excludin		ereal	
diseases and malaria)			223
Diseases of the circulatory system		/	123
Diseases of the nervous system and sense orga			12
Diseases of the bones and organs of locomotic			15
Other diseases			100
Cancer and other tumours			4
Rheumatism, diseases of nutrition and endoor			
and other general diseases			4
Diseases of pregnancy, child birth, and puerp			3
Ill-defined diseases			9

### OUT-PATIENTS.

Total cases	s treated.
Total	90,666
Diseases of the digestive system	24,280
Diseases of the respiratory system	8,122
Diseases of the skin and cellular tissues	7,244
Infectious and parasitic diseases (excluding venereal	
diseases and malaria)	8,925
Rheumatism, diseases of nutrition and endocrine glands	
and other general diseases	8,114
Affections due to violence	13,126
Malaria	2,350
Diseases of the nervous system and sense organs	2,617
Non-Venereal diseases of the genito-urinary system and	
adnexa	1,445
Venereal diseases	1,522
Diseases of the bones and organs of locomotion	1,620
Other diseases	1,490

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