

## **Annual report of the Medical Department / Colony of the Gambia.**

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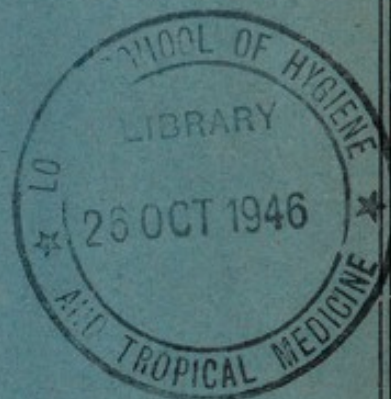


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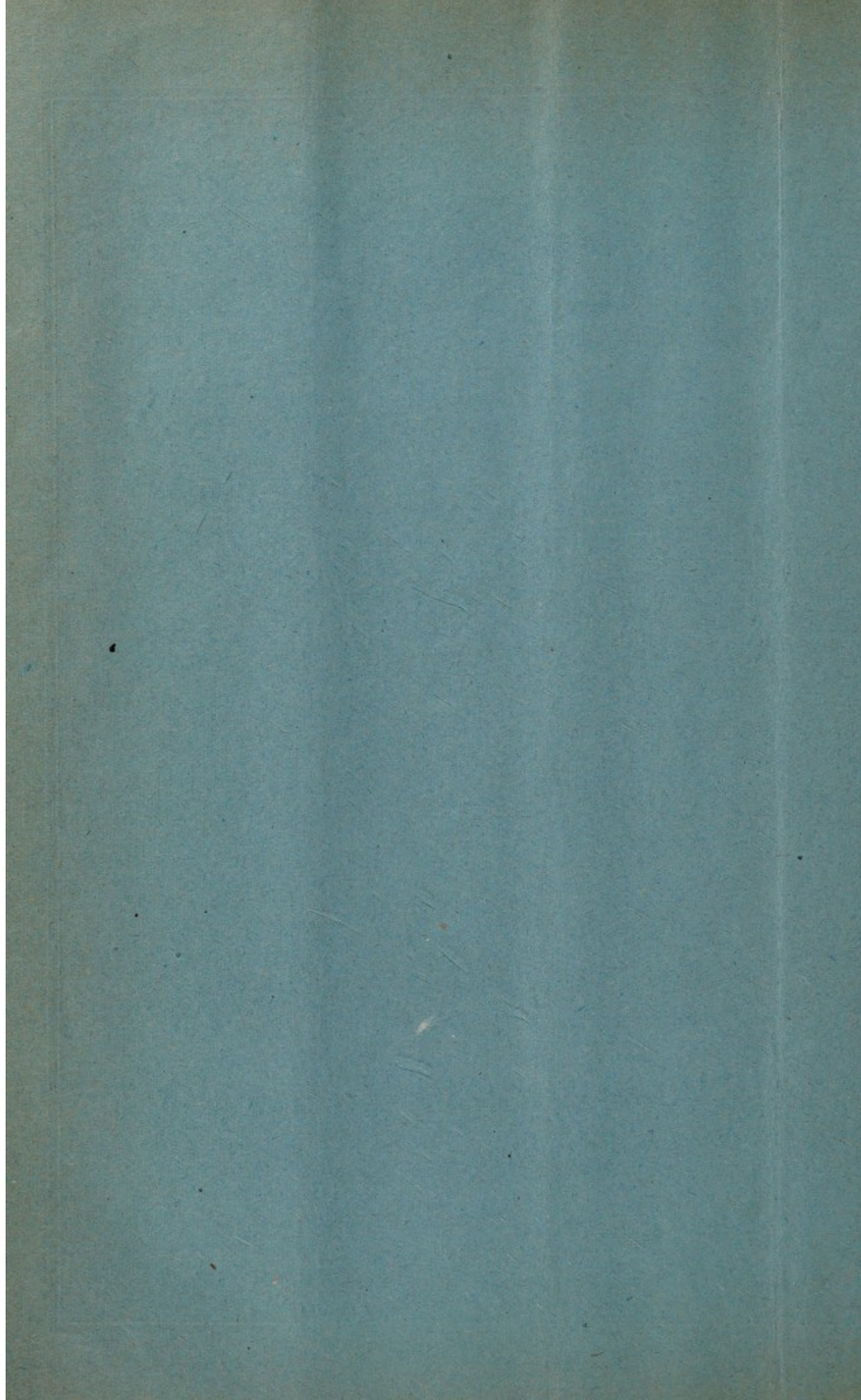
THE GAMBIA.

REPORT ON THE MEDICAL AND  
HEALTH SERVICES FOR  
THE YEAR 1945.



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# REPORT ON THE MEDICAL AND HEALTH SERVICES FOR THE YEAR 1945.

## I. ADMINISTRATION.

### A. STAFF.

Work and development in 1945 has been limited through failure to secure replacements for a Medical Officer of Health, and an African Medical Officer. The former vacancy has now been filled by the transfer of one Medical Officer to the post, thus creating two vacancies on the Medical side in a total cadre of six Medical Officers which should comprise four Europeans and two Africans.

Similar difficulties have arisen in connection with the supply of Nursing Sisters. The enlarged cadre of one Senior Nursing Sister and seven Nursing Sisters approved in 1945 has proved impossible of realisation, although with the assistance of local temporary engagements the Department has not been unduly handicapped.

It has not been possible to augment the Sanitary Superintendent establishment, which remains at one Senior and two Superintendents.

The following staff changes were recorded:—

Dr. J. S. Minett, Medical Officer of Health, was invalided from the service as from 1st October, 1945, and was succeeded in the post by Dr. T. P. Eddy, Medical Officer, as from 28th October, 1945.

Dr. M. Clayton-Mitchell retired from the service as from 17th July, 1945. Dr. B. J. Green proceeded on leave to United Kingdom on 30th January, 1945 and was later transferred to Nigeria.

Dr. D. W. Horn proceeded on leave to United Kingdom on 11th November, 1945 prior to transfer to another Colony.

Drs. Hadden and Garratt assumed duty in the Colony on 21st February, 1945 and 24th October, 1945 respectively, both on transfer from Nigeria. Dr. Hadden acted as Medical Officer of Health from 1st June, 1945 to 27th October, 1945.

Dr. C. W. F. Mackay, Senior Medical Officer, and Dr. S. H. O. Jones, Medical Officer, were on duty throughout the year, and Dr. T. P. Eddy resumed duty from leave on 10th January, 1945.

One European and one African post remain unfilled, out of a total establishment of four European and two African Medical Officers.

Mr. C. W. Cottier, transferred from the Gold Coast, assumed duty as Senior Sanitary Superintendent on 16th February, 1945, and Messers Walton and Archibald, Sanitary Superintendents, remained on the establishment. The vacancy for a third Sanitary Superintendent remains unfilled.

Miss Challenger, Welfare Sister, acted as Senior Nursing Sister in the latter part of the year in the absence of Miss Walker on leave.

Sisters Newman and Wight assumed duty on first appointment on 9th January and 8th May 1945 respectively.

Sister Cruickshank left the Department on leave and possible transfer on 20th September, 1945.

Several vacancies in the establishment of Nursing Sisters remained unfilled and the Department was fortunate in securing the temporary services of Sister-Tutor (Mrs) Archibald and Sister (Mrs) Brough.

2. The termination of hostilities led to the departure of many of His Majesty's Forces from the Colony together with a proportion of their Medical Services. There was accordingly a reduction towards the end of the year of the amount of mosquito control undertaken by the Forces in Bathurst and the Kombo. The valuable co-operation and assistance received from Army Specialists in clinical work continued however, to the end of the year. With their departure, it is fitting to pay tribute to their unfailing help throughout a difficult period, during which many happy personal contacts were made.

## B. LEGISLATION.

List of Ordinances, Regulations, etc., affecting Public Health  
enacting during the year 1945.

Serial No.	Date.	Short Title.	Provisions.
ORDINANCES			
8	13.11.45	The Registration of Medical Practitioners and Dentists (Amendment) Ordinance, 1945.	Amendment of Section 3 of the Principal Ordinance and addition and replacement of new sections.
REGULATIONS			
5	27.2.45	The Treatment of Diseases Regulations, 1945.	Notices, reports of consultations and Forms by Medical Officers or Practitioners Orders and Forms by Magistrate.
RULES			
1	18.1.45	The Protectorate Markets (Amendment) Rules, 1945.	Revocation and Replacement of the schedule to the Principal Rules.
2	17.2.45	The Treatment of Diseases (Application of Ordinance) Order, 1945.	Application of Ordinance.
4	27.1.45	The Midwives Rules, 1945.	Revocation Vol. III Laws Page 277.
5	10.8.45	The Protectorate Markets (Amendment No. 2) Rules, 1945.	Addition of new section to the Principal Rules.
6	14.12.45	The Protectorate Markets (Amendment No. 3) Rules, 1945. Orders in Council	Revocation and replacement of Rules 19 of the Principal Rules.

## C. FINANCE.

## Medical and Health Services.

	Estimated. £	Actual. £ s. d.	Increase. £ s. d.	Decrease. £ s. d.
Revenue ...	5,200	4,505 6 3	—	694 13 9
Expenditure ...	56,287	54,760 13 9	—	1,526 6 3

## Miscellaneous Services.

	Estimated. £	Actual. £ s. d.	Increase. £ s. d.	Decrease. £ s. d.
Contribution to Medical Associations and Schools	185	226 13 10	41 13 10	—

## Colony.

		Estimated.	Actual.	
Total Revenue	...	£415,660	£587,003	19 2
Total Expenditure	...	451,649	430,728	18 2

## II. PUBLIC HEALTH.

## A. GENERAL REMARKS.

3. *Hospitals and Dispensaries.* Both Hospital and Dispensary out-patient cases show an increase compared to 1944. The fall in numbers recorded in 1944 has been more than made good in 1945. It has not yet proved possible to open new dispensaries but a start has been made to remedy the inadequate Hospital and Dispensary provision in the Protectorate, noted in the 1944 report, by the organisation of small lock-up or sub-dispensaries which are worked in conjunction with existing dispensaries. The following list summarises the present position:—

Division.	Dispensary or Health Centre.	Sub-dispensary (Lock-ups).
Kombo	Bakau	—
	Sukuta	—
South Bank	Kaiaff	Bureng
North Bank	Kaur	Dankunku
	Ballingho	Farafeni
	Kerewan	—
MacCarthy Island	Kuntaur	Brikama-ba
	Georgetown	Kudang
Upper River	Basse	Diabugu Town
	—	Badja Kunda

4. Hospital in-patient admissions again show an increase, in spite of the fact that there was no increase in ward accommodation until temporary accommodation became available at Victoria Hospital at the end of the year. It has only been possible to accommodate the increased number of admissions by curtailing as far as possible the length of stay in hospital of chronic or incurable patients, in order to make room for more acute and urgent cases that are amenable to treatment.

5. The figures for the past two years are as follows:—

	1944.		1945.	
	Cases.	Deaths.	Cases.	Deaths.
Hospital In-patients	1,995	178	2,371	179
Hospital Out-patients	37,342	2	57,918	—
Dispensary Out-patients (including Bwiam Circuit)	33,642	—	36,345	—
Hospital Major Operations	435	12	807	13
Hospital Minor Operations	526	—	374	—

Appendix A shows the groups of diseases treated in Government Hospitals.

#### B. STAFF ORGANISATION AND TRAINING.

6. The new training scheme instituted by the present Senior Medical Officer has been in intensive operation throughout the year, and arrangements are in hand to create a subsidiary Medical Training Centre in Bansang Hospital. The systematic training of sanitary staff, also commenced in 1945, is undertaken in Bathurst meantime, but plans are being formulated to divide the full course into two parts, (a) urban sanitation in Bathurst, and (b) rural sanitation in a training school in the Kombo.

7. Although the new medical training scheme now in operation has fortunately anticipated the Rushcliffe Committee recommendations in many important features, certain adjustments are required to secure greater conformity, and these will be introduced as early as local conditions permit.

#### C. LUNACY.

8. The administration of the small lunatic asylum has now been entirely taken over from the Prisons Department by the Medical Department, and quarters have been erected for the male and female attendants to the asylum. The male attendant will combine the duties of this post with that of Prison Dresser.

## III. VITAL STATISTICS.

9. The births and deaths of non-natives are compulsorily registrable in the whole of the Gambia, but compulsory registration of the total population is applied to the Island of St. Mary and MacCarthy Island only. Endeavour is also made to introduce non-compulsory registration at certain larger centres in the Protectorate. In Bathurst compulsory registration has been in force since 1845.

The 1944 and 1945 data are compared:—

Vital Statistics for Bathurst	1944.	1945.
Population ... ..	21,152 (census 1944)	21,297 (estimated)
Births (live) ... ..	592	546
Total Still-Births ... ..	73	75
Deaths under 1 year ... ..	77	84
Birth rate per 1,000 population ... ..	27.987	25.81
Death rate per 1,000 population ... ..	19.99	18.95
Infantile Mortality rate per 1,000 live births	130.06	153.84
Still Birth rate per 1,000 total births	123.3	137.5

10. The Infantile Mortality Rate remains high, having risen from 130 in 1944 to 153 in 1945. Out of a total number of less than 600 births *per annum* however, fluctuations of this order from year to year in the Infantile Mortality rate are of no particular significance. What must be hoped for is a substantial and sustained reduction over a period of years.

11. Examination of deaths of infants in Bathurst, as shown in death certificates, reveals, that out of a total of 84 deaths in the first year of life, 17 infants died in the first week of life, and 32 in the first month. The chief causes of death recorded in the first week are:—Prematurity (8), *Atalectasis* (3), and *Asphyxia neonatorum* (3). Deaths after one week and under one year are principally due to:—*Broncho-pneumonia* (25), *Diarrhoea* and *dysentery* (12), *Marasmus* (7), *Septic skin conditions*, and *ulcers* (7), and *Malaria* (5).

12. Prematurity is recorded as the cause of 13 deaths, 12 of which occurred in the first month of life, or one seventh of the total number of infant deaths. The high mortality in the early days of life together with the very high still-birth rate (137 per 1,000 live births), suggests that undiagnosed maternal malaria may be a potent factor in maintaining the excessive loss of child-life in the town. During 1947, it is hoped to carry out an investigation into the cause of still-births.

13. It was noted in the report for 1944 that whereas the registration of deaths in Bathurst is efficient, and the number of deaths registered is probably sufficiently accurate, there is a probability that the number of births registered is too low. This inaccuracy if it exists, would of course, tend to raise the Infantile Mortality Rate above its true value.

#### IV. HYGIENE AND SANITATION.

14. The Health Department has suffered during the year from short staff in the higher appointments due to casualties. Three officers have acted as Medical Officer of Health during the year, and the newly appointed Entomologist, who arrived early in the year, had to be invalided following an accident after only a few days duty. He returned to the Colony for duty on the last day of the year. A Senior Sanitary Superintendent has been appointed and arrived in the Colony on 16th February, 1945. He became due for leave on 9th June, 1945, and spent most of the year out of the Colony. These numerous staff changes have hindered continuity and progressive work.

##### A. PREVENTIVE MEASURES.

###### (i) Mosquito and other Insect-borne Diseases.

###### (a) Malaria.

15. Malaria remains the chief medical problem of the Gambia. Bathurst still has its annual wet-season epidemic in spite of fair control within the boundaries of the town. There appears to be little doubt that the chief source of *Anopheles* infestation lies in the surrounding mangrove swamps which are as yet untouched, apart from reclamation by filling around the perimeter of the town.

16. The drainage conditions within the town remain unsatisfactory, and heavy breeding in the rains is still liable to occur in badly graded shallow earth-drains. This is controlled at considerable expense by oiling. It is now hoped that it will soon be possible to proceed with a sound drainage scheme for Bathurst, and preliminary surveys have been made.

17. During the war, mosquito control in Bathurst and the Kombo has been shared as a joint responsibility by the Civil Medical Department and the Services. With the departure of the Royal Air Force from Bathurst, they relinquished all mosquito control in Bathurst, and a long period of close co-operation between the two services came to an end. The army also reduced their control measures in the Kombo.

18. With the arrival of the Entomologist the Department looks forward to the production of a comprehensive scheme for malaria control in Bathurst and the Kombo.

*(b) Yellow Fever.*

19. No cases were reported. In Bathurst the Aedes Index for the year was 0.018. Adult Aedes are rarely seen or caught.

20. 10,941 people in Bathurst were inoculated against Yellow Fever during the year. During the course of the campaign 19,120 people were inoculated between 1942 and 1945.

This means that practically the whole population of Bathurst has been inoculated against Yellow Fever.

*(c) Trypanosomiasis.*

21. Visits were paid during the year by Professor Davey, advising on the institution of a West Africa Research Station, and of Dr. Nash the Tsetse Fact Finding Officer for West Africa.

*(d) Plague.*

22. No cases have been reported, but the proximity of a port so susceptible to an outbreak of plague as Bathurst to an endemic area in the Senegal, is still the cause of apprehension.

*(ii) Epidemic Diseases.**(a) Small pox.*

23. Eighty-two cases were reported, a few occurring in Bathurst. As usual most cases occurred between March and May at the end of the dry season.

*Number of Cases.*

Bathurst	...	...	...	...	...	...	...	...	37
South Bank	...	...	...	...	...	...	...	...	44
North Bank	...	...	...	...	...	...	...	...	1

3,303 vaccinations were given in Bathurst during the year and 4,302 in the Protectorate.

*(b) Cerebro-spinal fever.*

24. There was a considerable outbreak in the early part of the year. Forty-five cases were reported in Bathurst, 379 cases in the Protectorate mostly in MacCarthy Island and Upper River Division. Treatment at the Infectious Diseases Hospital at Bathurst made it clear that if the cases were reported and treated with sulphonamides within the first two days of illness, the prognosis was extremely good, but prognosis became rapidly worse after that time.

*(iii) Other Diseases.**(a) Tetanus.*

25. This is still a common infection in Bathurst, twenty-one cases with six deaths being reported. There is often no clear history of an infected wound, minor cuts and abrasions which pass unnoticed often appearing to be sufficient to lead to infection.

*(b)* Helminthic Infections.

26. A survey of schistosomiasis was made by Major Thomas and Major Jones, R.A.M.C. Their report, which is of great value to the Colony, reveals a high incidence among children, particularly in the Upper River Division. The incidence tends to increase proportionately to distance from the mouth of the River, probably due to the effect of salinity upon the snail vectors.

## B. GENERAL MEASURES.

## Refuse and Nightsoil Disposal.

27. Composting of nightsoil in Bathurst has had to be stopped owing to lack of demand for the compost. Nightsoil is at present disposed of by dumping at the bottom of areas being reclaimed, and covering with refuse and sand. This has proved satisfactory and free from nuisance.

28. The pail system of conservancy continues to be employed in Bathurst, though the use of septic-tank installations in private houses is increasing, and two Gold Coast-type Static-Tank Latrines have been installed in schools.

29. In the Protectorate, disposal is for the most part by pit-latrines, with a few septic-tank latrines. Composting is encouraged, but when carried on without supervision leads to heavy fly-breeding.

## C. SCHOOL HYGIENE.

30. 123 scholars were examined during the year.

## D. FOOD IN RELATION TO HEALTH AND DISEASE.

31. The Nutrition Officer seconded from the Colonial Office has been very active during the year.

Her main task has been a careful and intensive survey of the average Protectorate diet, to be followed later by a similar survey in respect of Bathurst. Coincidentally, in conjunction with the Nutrition Committee, consideration is being given to the needs of special groups of the population e.g., institutional diets, the nutrition of children in various age-groups, and of certain classes of adult labour. These systematic investigations commenced early in 1945 after a visit from Dr. Platt of the Human Nutrition Research Unit, and are correlated as far as possible with Colonial work generally in the Nutrition field.

32. The free meals at the Mohammedan School were supplied throughout the year, and a system of supplementary snack meals to supply probable deficiencies in diet may be started as a large scale experiment in 1946.

## E. PORT HEALTH WORK AND ADMINISTRATION.

33. The Royal Air Force ceased to exercise health control at Half Die airbase during the year, and this was taken over by the Civil Health Department. All seaplanes arriving at and leaving the harbour were boarded and disinfected. Yundum remains under Royal Air Force control.

All ships entering the port were boarded.

Number of rats and mice caught in Bathurst:— 640

## F. MATERNITY AND CHILD WELFARE CLINICS.

*Bathurst Maternity Hospital.*

34. The Maternity Hospital in Lemna Street was housed in old, insanitary, and generally unsatisfactory buildings. Nissen Hut accommodation on the Marina adjacent to the Victoria Hospital, has been converted into a temporary Maternity Home. The old Lemna Street Clinic was transferred to the new accommodation in June 1945, and the change has been extremely successful. It is yet another reflection on the inadequacy of the old Victoria Hospital, that these temporary Nissen Hut buildings are regarded by those who work in them as the most satisfactory medical unit in Bathurst.

Total Admissions	...	...	...	...	...	...	324
Confinement and Puerperium	...	...	...	...	...	...	202
Ante-natal patients	...	...	...	...	...	...	62
Post-natal	...	...	...	...	...	...	26
Abortions	...	...	...	...	...	...	18
Orphan babies	...	...	...	...	...	...	11
Caesarean Section	...	...	...	...	...	...	2

## Deaths:—

Maternal	...	...	...	...	...	5
Infant	...	...	...	...	...	15
Still-births	...	...	...	...	...	26

*New Street and Anglesea Street Clinics.*

35. The New Street Clinic continues to be popular, but suffers from the disadvantage of having no resident midwife, for which the buildings are too small. As a temporary measure a ground-level flat has been rented in Anglesea Street in the centre of the town, as an additional Ante-natal and Child Welfare Clinic with a resident Midwife.

*Outside Clinics.*

36. Bakau and Sukuta Clinics continue to flourish, and a clinic has opened at Brikama, the divisional headquarters of South Bank Division. All are supervised by the Welfare Sister and African Staff.

37. Figures of attendances at the Maternity Home and Clinics are:—

*(a) Bathurst.*

	1944.	1945.
Infant Welfare Attendances ... ..	5,857	6,509
Ante-natal Attendances ... ..	2,231	1,930
District Deliveries ... ..	—	167
Total Deliveries ... ..	236	369

*(b) Bakau, Sukuta and Brikama.*

Infant Welfare Attendances ... ..	9,205	8,740
Ante-natal Attendances ... ..	837	1,407
Deliveries ... ..	110	175

*(c) Basse Health Centre.*

Infant Welfare Attendances ... ..	2,462	2,538
Ante-natal Attendances ... ..	355	591
Deliveries ... ..	68	50

38. The high number of still births at the Maternity Home is attributable to the evil custom of calling for medical aid as a last resort. Many cases of complicated labour are sent in after hours of delay, having received no attention from a certified midwife. Many cases are also sent in from outside Bathurst after unavoidable, but hopeless delay.

39. The organisation for supervision of the work of Midwives has been tightened up by revision of the Midwives Rules. Notification of births and still-births to the Medical Officer of Health is now insisted upon, and Midwives are compelled to keep a Case History Book, giving records of each confinement attended. These records have been satisfactory during the latter part of the year.

T. P. EDDY,  
*Acting Senior Medical Officer.*



## GOVERNMENT HOSPITALS' STATISTICS.

## EUROPEANS.

## AFRICANS.

Diseases by Sections.	In-patients treated during the year, 1945.	Deaths in In-patients.	Out-patients treated during the year, 1945.	Deaths in Out-patients.	In-patients treated during the year, 1945.	Deaths in In-patients.	Out-patients treated during the year, 1945.	Deaths in Out-patients.
i. Infectious and Parasitic Diseases ...	59	—	49	—	691	70	14,084	—
ii. Cancer and other Tumours ...	1	—	1	—	29	4	34	—
iii. Rheumatism, Diseases of Nutrition and Endocrine Glands ...	1	—	4	—	34	1	8,327	—
iv. Diseases of the Blood and Blood forming Organs ...	—	—	7	—	25	2	295	—
v. Chronic Poisoning (including Acute Alcoholism) ...	—	—	—	—	13	1	—	—
vi. Diseases of the Nervous System ...	10	—	34	—	64	6	2,051	—
vii. Diseases of the Circulatory System ...	2	—	16	—	54	8	214	—
viii. Diseases of the Respiratory System ...	3	—	23	—	226	26	7,884	—
ix. Diseases of the Digestive System ...	17	—	42	—	392	19	9,256	—
x. Non-Veneral diseases of the Genito-urinary System and Annexa ...	5	—	5	—	167	9	1,008	—
xi. Diseases of Pregnancy, childbirth, and the Puerperal State ...	2	—	—	—	34	3	145	—
xii. Diseases of the Skin and Cellular tissues ...	10	—	60	—	227	6	7,651	—
xiii. Diseases of the Bones and Organs of Locomotion ...	4	—	12	—	37	1	359	—
xiv. Congenital Malformations	—	—	—	—	4	2	5	—
xv. Diseases of Early Infancy	—	—	—	—	3	2	47	—
xvi. Old Age ...	—	—	—	—	—	—	4	—
xvii. Affections due to Violence	6	—	16	—	209	11	6,214	—
xviii. Ill-defined Diseases ...	1	—	2	—	41	8	59	—
Total ...	121	—	271	—	2,250	179	57,647	—

## APPENDIX B.

Return of Laboratory examinations:—

## (a) Parasitology:—

i.	Blood films	...	...	...	...	...	3,288
ii.	Faeces	...	...	...	...	...	1,985
iii.	Urine	...	...	...	...	...	84

## (b) Serology:—

i.	Kahn test on sera	...	...	...	...	...	1,036
ii.	Kahn test on C.S.F.	...	...	...	...	...	5
iii.	Blood grouping	...	...	...	...	...	12

## (c) Bacteriology:—

i.	Sputum for <i>M. tuberculosis</i>	...	...	...	...	...	381
ii.	Cerebro-spinal fluid	...	...	...	...	...	52
iii.	Nasal smear for B. Leprae	...	...	...	...	...	10
iv.	Urine	...	...	...	...	...	76
v.	Skin scrapings for B. Leprae	...	...	...	...	...	10
vi.	Smears (Urethral and Vaginal)	...	...	...	...	...	1,396

## (d) Clinical Pathology:—

i.	Blood films for differential count	...	...	...	...	...	70
ii.	Cerebro-spinal fluid	...	...	...	...	...	10
iii.	Urine	...	...	...	...	...	2,536
iv.	Faeces	...	...	...	...	...	510

Miscellaneous ... .. 71

(e)	Gland Juice	...	...	...	...	...	342
(f)	Gastric contents	...	...	...	...	...	1
(g)	Autopsies	...	...	...	...	...	44

Total Examinations ... .. 11,191