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NORTHERN RHODESIA.

MEDICAL REPORT

ON

Health and Sanitary Conditions

for the years 1925 and 1926.

PUBLISHED BY
THE CROWN AGENTS FOR THE COLONIES,
4, MILLBANK, LONDON, S.W.1.

1928.

NORTHERN RHODESIA.

MEDICAL REPORT
ON HEALTH AND SANITARY CONDITIONS
for the Years 1925 and 1926.

SECTION I.—ADMINISTRATIVE.

(a) Staff (as at 31-12-26).

EUROPEAN.

Principal Medical Officer.
12 Medical Officers.
1 Medical Officer (temporary relief).
2 ,, ,, (subsidised).
1 Secretary to Principal Medical Officer.
1 Dispenser and Clerk.
1 Lady Clerk.
3 Matrons.
3 Nursing Sisters in Charge.
12 Nurses.

AFRICAN.

2 Native Clerks at Head Quarters.
1 ,, ,, and Store Assistant, Head Quarters.
1 Laboratory Assistant, Head Quarters.
1 Native Clerk at Broken Hill.
1 ,, ,, at Lusaka.
31 Orderlies.
75 Ward Attendants and General Servants.
14 Messengers.
36 Labourers.

The above natives are employed on stations where Medical Officers are resident. In addition, varying numbers of vaccinators are employed in the districts. There are also four Sleeping Sickness area patrols and eight medical orderlies on stations on which there are no Medical Officers.

APPOINTMENTS, CHANGES, ETC., IN STAFF.

Dr. H. A. Gilkes, M.C., was appointed Medical Officer, 30–7–25.
Dr. A. Brown was appointed Medical Officer, 8–10–25.
Dr. F. C. Sutherland was appointed temporary Medical Officer, 1–10–25.
Mr. E. McPhee was appointed Dispenser and Clerk, 30–8–25.
Miss M. P. White was appointed Nurse, 2–12–25.
Miss S. K. Hanna was appointed Nurse, 21–8–25.
Dr. J. A. McGregor, D.F.C., was appointed Medical Officer, 24–4–26.
Dr. P. B. Robinson was appointed Medical Officer, 9–7–26.
Dr. C. F. Giddy was appointed temporary Medical Officer, 17–11–26.
Miss M. Cookson was appointed Lady Clerk, 9–6–26.
Miss A. B. A. Buck was appointed Nurse, 13–6–26.
Miss R. Allender was appointed Nurse, 13–9–26.
Miss O. M. Newbold was appointed Nurse, 7–10–26.
Miss S. A. L. Davies was appointed Nurse, 7–10–26.
Miss A. H. Gittens was appointed Nurse, 7–10–26.

OBITUARY.

Dr. J. M. Harold, Medical Officer, Fort Jameson, died in Cape Town on November 6th, 1925, whilst on sick leave.

RETIREMENTS.

Mr. T. H. Mahoney was retired on grounds of ill-health as from the expiration of his leave, 25–11–25.
Miss C. E. Brent resigned as from the expiration of her leave, 10–10–25.
Miss J. D. Macdonald left the service on transfer to Tanganyika Territory, 9–7–25.
Miss E. M. Logie retired as from expiration of leave, 30–12–26.
Miss A. J. Brodie retired as from expiration of leave, 13–12–25.
Miss B. A. D. Acton was transferred to Tanganyika as from 13–9–26.
Dr. A. Brown retired as from 31–12–26.

LEAVE.

Dr. P. H. Ward from 1–1–25 to 15–3–25.
Dr. H. Leach from 27–5–25 to 27–11–25.
Dr. A. F. Wallace, M.C., from 12–10–25 to 13–6–26.
Mr. T. H. Mahoney from 25–5–25 until retirement, 25–11–25.
Miss E. M. Coates from 12–6–25 to 9–12–25.
Mrs. E. M. Cronin from 1–1–25 to 1–2–25.
Miss I. A. Hardman from 1–1–25 until 10–5–25.
Miss A. J. Brodie from 16–6–25 until retirement, 13–12–25.
Miss B. A. D. Acton from 11–11–25 until 9–5–26.
Miss E. Bradfield from 21–4–25 until 17–10–25.
Miss K. T. Hoste from 9–12–25 until 9–6–26.
Miss I. A. Hardman from 15–11–26 until 31–12–26.
Mr. A. Douglas from 5–7–26 until 31–12–26.
Dr. A. W. May, C.M.G., from 25–1–26 until 23–7–26.
Dr. R. R. Murray from 29–1–26 until 4–9–26.
Dr. G. M. C. Powell from 25–6–26 until 31–12–26.
Miss R. E. Alcock from 17–12–26 until 31–12–26.
Miss S. Adair from 10–5–26 until 5–11–26.
Dr. J. A. Acheson from 2–8–26 until 31–12–26.
Miss M. A. Goodyear from 12–11–26 until 31–12–26.
Dr. A. Kinghorn from 3–12–26 until 31–12–26.
Miss Logie from 30–6–26 until retirement, 30–12–26.
Mrs. M. C. Lewis from 19–4–26 until 1–10–26.
Miss J. D. Macdonald from 1–1–25 until 9–7–25.

DISTRIBUTION OF EUROPEAN STAFF.

LIVINGSTONE.

Principal Medical Officer.
2 Medical Officers.
1 Secretary to Principal Medical Officer.
1 Dispenser and Clerk.
1 Lady Clerk.
1 Matron.
4 Nurses.

LUSAKA.

1 Medical Officer, 1 Matron, 2 Nurses.

BROKEN HILL.

1 Medical Officer, 1 Matron, 4 Nurses.

MONGU.

1 Medical Officer, 1 Nurse.

KASAMA.

1 Medical Officer, 1 Nurse.

FORT JAMESON.

1 Medical Officer, 1 Nurse.

MAZABUKA.

1 Medical Officer.

FORT ROSEBERY.

1 Medical Officer.

SOLWEZI.

1 Medical Officer.

NDOLA.

1 Medical Officer (part time subsidised).

SAKANIA.

1 Medical Officer (part time subsidised).

LUNDAZI.

1 Medical Officer employed on Sleeping Sickness investigations, January to April, 1925, and subsequently employed on relieving duty.

STAFF POSTINGS (MEDICAL OFFICERS) DURING THE YEARS 1925 AND 1926.

The Principal Medical Officer was absent from Livingstone whilst on tour in North Eastern Rhodesia from September to December, 1925, and during the period on leave.

Dr. P. H. Ward was at Livingstone from the date of his return from leave until the end of 1926 excepting for short absences on the railway line.

Dr. H. Leach was at Fort Rosebery until his departure on leave. Was detained at Livingstone and Lusaka for relief work and finally proceeded on leave 27–5–25 returning 25–11–25. He arrived at Fort Rosebery 15–12–25 after return from leave, and remained there until end of 1926.

Dr. A. F. Wallace, M.C., was at Broken Hill until his departure on leave, 12–10–25. Arrived at Broken Hill 16–6–26 on return from leave, and stationed there until the end of 1926.

Dr. A. Kinghorn was stationed in the Luangwa Valley until his departure for Fort Rosebery, where he arrived 10–5–25, for relief of Dr. Leach. On return of Dr. Leach, proceeded to Kasama for relief of Dr. Murray. On return of Dr. Murray from leave, proceeded to Abercorn and remained there until departure for leave, which dated from 3–12–26.

Dr. R. R. Murray was stationed at Kasama till end of 1926, except for the period spent on leave and the time taken in travelling.

Dr. J. M. Harold was stationed at Fort Jameson until departure on sick leave, 29–9–26. (*See* Obituary.)

Dr. W. J. Sheehan was stationed at Mongu during 1925 and 1926.

Dr. J. D. Harmer was stationed at Lusaka during 1925 and 1926.

Dr. G. M. C. Powell was at Mazabuka until 2–10–25, then transferred to Broken Hill for relief of Dr. A. F. Wallace. On return of Dr. Wallace, proceeded on leave.

Dr. J. A. Acheson was at Livingstone until departure for Fort Rosebery, 22–3–25 ; then at Fort Rosebery from 3–4–25 until 13–5–25, on which date he departed for Solwezi. Arrived Solwezi 26–5–25 and remained there until departure for leave, 29–7–26.

Dr. H. A. Gilkes, M.C., was at Mazabuka for one week after his appointment, and then transferred to Fort Jameson, where he remained until the end of 1926.

Dr. A. Brown was at Livingstone from 6–11–25 until 25–5–26, except for three weeks relieving duty at Lusaka. Afterwards stationed at Mazabuka until retirement, 31–12–26.

Dr. J. A. McGregor, D.F.C., was at Livingstone from 23–5–26 until the end of 1926.

Dr. P. B. Robinson was at Livingstone from 9–7–26 until 23–7–26, and then transferred to Solwezi.

SECTION I. (b).

LIST OF ORDINANCES AFFECTING PUBLIC HEALTH ENACTED DURING THE YEAR 1926.

Government Notice 158, published 13th December, 1926 : " Regulations affecting the Opium and Habit-forming Drugs Regulation Ordinance, 1926."

Government Notice 159, published 13th December, 1926, dealing with exemptions from " Opium and Habit-forming Drugs Regulation Ordinance, 1926."

Ordinance No. 17 of 1926, published 20th October, 1926, entitled :

" The Opium and Habit-forming Drugs Regulation Ordinance, 1926," repealing " The Northern Rhodesia Opium and Habit-forming Drugs Regulation Proclamation, 1923."

Ordinance No. 9 of 1926, published 5th October, 1926, amending :

" The Northern Rhodesia Medical Practitioners and Dentists Proclamation for the purpose of enabling missionaries to carry on medical work amongst natives."

SECTION I. (c).

FINANCIAL.

(NOTE : FINANCIAL YEAR 1925–26.)

	£	s.	d.
Total Revenue of Colony	371,046	0	0

HEALTH VOTE REVENUE.

Hospital fees, all sources	5,080	0	0
Medical subsidies	3,375	0	0
Sale of drugs	363	0	0
TOTAL	£8,818	0	0

EXPENDITURE.

Personal emoluments	19,304	0	0
Other charges	15,383	0	0
TOTAL	£34,687	0	0

Health Vote Expenditure = 9·3% of Total Revenue.

FINANCIAL YEAR 1926–27.

(*Figures approximate and subject to adjustment.*)

	£	s.	d.
Total Revenue of Colony	420,160	0	0

HEALTH VOTE REVENUE.

Hospital fees, all sources	6,668	0	0
Medical subsidies	4,066	0	0
Sale of drugs	267	0	0
TOTAL	£11,001	0	0

EXPENDITURE.

Personal emoluments	21,644	0	0
Other charges	17,390	0	0
TOTAL	£39,034	0	0

Health Vote Expenditure = 9·2% of Total Revenue.

SECTION II.—PUBLIC HEALTH.

A.—GENERAL REMARKS.

The following table shows the number of cases treated in hospitals during the years 1925 and 1926.

Complete returns of out-patients are not available for either European or native population; native out-patients number about 50,000 per annum, but as a very large proportion of these are for trivial complaints such as headaches, constipation, or small abrasions, etc., for which the natives concerned seldom pay more than one visit to the dispensary, they are hardly worth special mention.

	1925		1926	
	In-patients	*Deaths*	*In-patients*	*Deaths*
Europeans	697	27	778	28
Natives	5,610	309	6,434	326
	6,307	336	7,212	354

Only a few statistics are available as to European out-patients, and these are included in the returns. Very little actual out-patient

treatment of Europeans is performed at hospitals, the majority undergoing treatment either as in-patients or being treated as private cases in their own homes.

The general case mortality rates are :—

Europeans ..	1925 = 3·8%	..	1926 = 3·6%
Natives ..	1925 = 5·5%	..	1926 = 5%

(I.) GENERAL DISEASES.

Pellagra.

1925.—Twenty-one cases were treated, all native prisoners, viz., Nineteen in the Livingstone and two in the Broken Hill Gaol.

Livingstone Gaol.—Thirteen cases were carried over from 1924. Six new cases came under treatment during 1925, two died and ten were discharged. From the beginning of September to the end of December no pellagrin reported sick, and at the latter date no signs of the disease was found in any of these prisoners.

Broken Hill Gaol.—One case remained at the end of 1924, one new case was diagnosed during 1925. There were no deaths.

1926.—No further cases reported.

(II.) COMMUNICABLE DISEASES.

(*a*) INSECT BORNE.

Sleeping Sickness.

Mweru-Luapula and Tanganyika Areas (Gl. Palpalis).—As previously reported, the native population is now resettled in the banks of the Luapula and on the shores of Lakes Mweru and Tanganyika. No cases of the disease have been reported during the period under review.

Luangwa Valley Area (Gl. Morsitans).—The position prior to March, 1925, was fully reported on by Dr. Kinghorn as an Appendix to the 1924 Annual Report, the results of his investigations were that the incidence of the disease was not more than 5 per 1,000 in a semi-epidemic area, and less than that elsewhere. No further work has been done in this area since that date.

Mwangazi River Area.—A localised outbreak of disease in several villages on the Mwangazi River, south of Fort Jameson and near the Portuguese border, was investigated at the end of 1926. Twelve cases

of trypanosomiasis were found and transferred to the Fort Jameson Hospital for treatment, and the villages were moved from the fly area (Gl. Morsitans) to a fly-free area in the neighbourhood of the Nsadzu Mission. No further cases have been reported amongst these people since the depopulation of the area.

Dr. H. A. Gilkes, the Medical Officer, Fort Jameson, summarises his report on this outbreak as follows :—

"(1) The number of cases was not nearly so great as was at first reported.

(2) The majority of cases were women, i.e. 9 out of 12.

(3) None of the cases had any enlarged glands either in the posterior triangle of the neck or in any other part of the body.

(4) The trypanosomes were very numerous in all the cases without exception and were very easy to find.

(5) Except in cases which had been ill for a long time and in the cases complicated by heavy oedema, the Bayer 205 seemed to sterilize the blood at once, to alleviate the symptoms, and to effect an apparent cure in about three weeks.

(6) The only case in which Bayer 205 was given by lumbar puncture was a very chronic severe case, and she died in a few hours.

(7) Out of a total of 12 cases treated there were 4 deaths, 1 doubtful relapse, and 7 apparent cures during a period of four and a half months."

Universities Mission Station, Msoro.—Three cases were found in proximity to this station, one of these was a native teacher who travelled for the mission more or less continuously through the villages of the southern part of the Luangwa Valley. There are no means of arriving at a conclusion as to where the infection was contracted in this case.

Two native children, whose parents stated definitely that their children had never left Msoro and its immediate neighbourhood, were found to be infected.

The examination of natives on the station and in the near villages failed to discover any further cases. No further cases have been since reported.

Regulations.

In view of the localised nature of such recrudescences of the disease as have occurred, and of the hampering effect of the then existing Sleeping Sickness Regulations on the expansion of European Settlement and road construction, the recommendation that these Regulations should be rescinded was made and approved.

MALARIA (AND BLACKWATER FEVER), EUROPEAN.

No accurate figures as to the incidence of this disease can be provided. The position is, however, to a great extent reflected by hospital admissions, which were as follows for the years 1924, 1925, 1926 :—

	1924		1925		1926	
	Malaria.	Blackwater Fever.	Malaria.	Blackwater Fever.	Malaria.	Blackwater Fever.
Livingstone	66	3	100	6 (1 death)	94	9 (3 deaths)
Lusaka ..	21	2	54 (1 death)	2 (1 death)	73 (1 death)	3
Broken Hill	33	1	55	5	72	9 (4 deaths)
Fort Jameson	1	—	2	—	19	—
Kasama ..	5	1	—	—	4	—
Mongu ..	1	—	—	—	—	—
TOTALS ..	127	7	211	13	262	21

The increased admission rate in 1925 and 1926 over 1924 was influenced by the following factors :—

(i.) Increased population.

(ii.) The class of newcomer, a great many of whom were of the poorer classes from the Union of South Africa, and were accompanied by large families and who, owing to force of circumstances, were compelled to live during the fever season under conditions which invited infection. These people are, as a rule, ignorant, and careless and prejudiced against anything in the nature of precautionary measures, and very difficult to deal with in this respect.

(iii.) Excessive rainfall.

The malarial position is undoubtedly more satisfactory than in the past. There is no question of the value of quinine prophylaxis or of suitable housing conditions, but it may be expected that following the influx of new population, ignorant of local conditions, and for the most part transitory, the incidence rate will be slow in dropping, and the progressive drop which may reasonably be expected amongst the older residents, and in newcomers who are ready to take simple precautions necessary to ensure freedom from the disease, will be at least counterbalanced by the high morbidity rates amongst the other classes of newcomers.

(B)—INFECTIOUS DISEASES.

Influenza.

Has been endemic throughout the Territory. It was, as a rule, mild in type. In a few instances it assumed epidemic proportions amongst the native population over limited areas and in groups of villages.

One European death is recorded.

The death-rate amongst natives is not known. There is reason for supposing that it is low.

The continued persistence of this disease since the 1918 epidemic at Broken Hill, and its peculiar manifestations there, have been previously reported.

In comparison with the two previous years there has been a considerable drop in the incidence though not in the morbidity rate of the primary disease which has risen. The incidence, case rate, and mortality rate of the chief complications—pneumonia, splenic abscess, and cerebral thrombosis—for the past three years are shown in the following table :—

TABLE SHOWING INCIDENCE AND MORTALITY OF INFLUENZA, 1923–26.

	1923.			1924.			1925.			1926.		
	No. of Cases.	Mortality.	Case Incidence.	No. of Cases.	Mortality.	Case Incidence.	No. of Cases.	Mortality.	Case Incidence.	No. of Cases.	Mortality.	Case Incidence.
Influenza ..	990	% 3·6	% —	1,183	% 4·4	% —	610	% 6·4	% —	411	% 5·1	% 22·8
Pneumonia ..	94	22·3	8·3	131	30·5	9·5	54	38·8	8	172	12·21	9·54
Splenic abscess ..	31	70	2·7	48	43·7	3·5	10	40	1·47	15	46·6	·83
Cerebral thrombosis ..	14	71	1·2	6	50	0·43	6	83·3	0·88	1	100	·05
Totals ..	1,129			1,368			680			599		

Yaws.

Treatment with bismuth and sodium tartrate has been actively carried out. The scope of this treatment is being gradually extended to the more remote parts through the help offered by the various Missionary Societies and by means of trained native orderlies. The incidence of the disease in the neighbourhood of Government Stations is now confined to isolated cases who, for various reasons (ill-health, immaturity, inability to travel, etc.), cannot attend at the hospitals or dispensaries. These cases are gradually being dealt with. The highest prevalence of the disease is in the Kasempa, Kafue, and Luapula areas; 2,279 cases were treated in the former district by Dr. J. A. Acheson. The clinical aspect of these cases has been dealt with at some length by him, and is attached as an Appendix.

Small-Pox.

1925.—Three outbreaks occurred.

(1) *In the Mweru-Luapula District.*—The infection was introduced from the Belgian Congo; 38 cases were reported.

(2) *In the Kasama District.*—Infected probably from the Mweru-Luapula district; 6 cases.

(3) *In Barotseland.*—The infection was introduced from Portuguese West Africa; 45 cases were reported.

1926.—Three outbreaks.

(1) *Mweru-Luapula District.*—This can be regarded as a continuation of the 1925 outbreak; 291 cases were reported.

(2) *Broken Hill.*—The source of infection was not traced; 5 cases were reported.

(3) *Mwinilunga Sub-District.*—Ten cases were reported; infection probably from the Belgian Congo.

Leprosy.

The following table shows the number of cases reported to December 31st, 1926, as well as their distribution.

These figures are very incomplete. They do not represent the full extent of the disease. It is thought that an effective leprosy survey of the Territory would at least double them.

Compulsory segregation has not been attempted, nor is it thought desirable or necessary.

It is hoped that, principally by means of co-operation between the Government and various Missionary Societies, a system of voluntary segregation will shortly be commenced and gradually developed in combination with the establishment of treatment centres for early cases.

	1925	1926
Livingstone	241	—
Sesheke	98	—
Lealui	138	—
Nalolo	76	—
Lukona	177	—
Balovale	92	—
Kalomo	65	—
Namwala	239	—
Chilanga	40	—
Mumbwa	58	—
Guimbi	209	—
Ndola	62	—
Solwezi	22	—
Kasempa	20	—
Feira	136	—
Abercorn	84	—
Isoka	44	—
Mpika	82	—
Kawambwa	80	—
Mkushi	27	—
Kalabo	311	58
Mankoya	89	—
Fort Jameson	16	—
Broken Hill and Mwomboshi	123	—
Fort Rosebery	196	27
Kasama	31	—
Chinsali	3	—
Serenje	43	—
Luwingu	88	3
Chiengi	134	1
Mporokoso	102	1
Mwinilunga	2	—

(C.)—HELMINTHIC DISEASES.

Ankylostomiasis.

This disease is widely distributed. It is not possible with the existing staff either to carry out a comprehensive survey or to institute intensive treatment except in restricted areas. As an indication of its prevalence, the routine examination of a single stool by the flotation method in 193 native patients irrespective of disease in the Livingstone Hospital showed ankylostoma ova in 158—i.e. 89·9%.

Treatment with carbon tetrachloride is being carried out at various centres.

Bilharziosis.

It is impossible to state with any accuracy to what extent this disease is prevalent. Hospital statistics show an infection rate of 0·5% of those examined. It is thought that with the exception of the population living in proximity to the borders of Portuguese East Africa and in the Kasempa District the incidence of this disease is slight.

Vital Statistics.

(I.)—GENERAL NATIVE POPULATION.

Estimated population, 1,140,642.

Total births and birth-rates,—no statistics available.

Total deaths and death-rates—no statistics available.

Registration is not compulsory.

To obtain accurate figures on which to work out vital statistics for the native population would be a task of great magnitude, and would require much organisation and incur considerable expense.

Owing to the small size of native villages (the population as a rule not exceeding 100 persons each), and to the distribution of these villages over an immense area (the average density of population being about 3·5 of the square mile), and to the fact that the great majority are remote from Government Stations, the difficulties of inaugurating any satisfactory system of registration would be very great.

An accurate record of births and deaths in selected villages throughout the Territory might be expected to furnish figures reliably indicative of the general native birth and death-rates for the Territory, especially in years in which no severe local epidemics occurred.

It may be possible with the co-operation of the Native Department to obtain such figures in future years by the selection of villages in close proximity to each Government out-station, and keeping accurate records of such.

In Uganda the infantile mortality is estimated at 500 per 1,000 in districts where syphilis is rife. In the Nyasaland Medical Report for 1924 (Appendix II.), the general death-rate of a lowland population is given as varying from 280 to 354 per 1,000 over a period of four years. These figures are extremely high, and I do not think such high rates would be found in Northern Rhodesia, although such cannot be proved until statistics are available.

A possible fallacy arising from such selection would be a slightly lower general and infantile mortality rate as the result of medical treatment and improved conditions. This, however, would not at present be considerable, and the figures obtained would be more accurate than if remote villages were selected for the purpose.

As schemes for native education advance, it may also be possible to obtain fairly accurate data in selected villages from native teachers or students who have received education and returned to their homes.

NATIVE INFANT MORTALITY.

The following figures of infant mortality on certain Government Stations have been provided by the Department of Native Affairs. They should be taken as only roughly indicative of and lower than the rate throughout the Territory. They are influenced in this comparison by the following considerations, viz., better sanitary conditions, including precautions to prevent the fouling of water used for domestic purposes, better housing, regular food supplies. The conditions arising from famine can be eliminated, and there is provision of medical treatment of some sort.

It is assumed that these figures refer only to infants under one year of age.

	Feira	Balovale	Kalabo	Lealui	Nalolo	Sesheke	Mankoya	
No. of women concerned ...	61	60	30	105	25	61	45	
No. of children born ...	152	109	76	129	46	279	254	—
No. of children died ...	58	52	27	57	17	142	99	—
Percentage of mortality ...	38·1	47·7	37·5	44·2	36·9	50·8	39	Average 41·7
No. of males	80	54	38	71	18	143	127	—
No. of females	72	55	38	58	28	136	127	—
No. of apparently sterile women ...	2	17	2	20	3	3	1	—

Of these stations all except Feira are in cattle country, where cows milk is available if required. They are also exceptional in that the water supply is in all cases derived from the Zambesi or its tributaries, and is therefore less likely than the usual shallow well or waterhole or swamp to be a source of water-borne disease.

It is generally thought, though it is difficult to get evidence in support, that the infantile mortality throughout the Territory is considerably higher than these figures would indicate. It has been estimated as high as 700 per 1,000.

No reliable information is available as to the causes of this mortality. It may, however, be taken that in the majority of cases diarrhœa and enteritis are the most prominent symptoms. This is far from surprising, owing to the conditions of life and diet which obtain, but as malarial infection is one of the earliest acquisitions of every native infant, and is untreated, it is evident that whatever other diseased condition may be superadded this must prove a very important factor in mortality, and it is difficult to conceive of any very substantial improvement in this respect until means are available for either the limitation of this infection or for its treatment.

Although, as reported elsewhere, official records of the native population over a number of years show a gradual increase, it is obvious that even at the most conservative estimate of infant mortality such increase, apart from immigration, must be very inconsiderable and likely to remain so.

NATIVE POPULATION.

The following is a summary of the native population (1925) compiled by the Department of Native Affairs from Annual Reports and other sources :—

	Adult Males.	Adult Females.	Male children.	Female children.	Total.
N.E. Districts ..	139,297	189,253	117,504	116,652	562,706
N.W. Districts	165,137	203,566	101,437	107,796	577,936
Totals ..	304,434	392,819	218,941	224,448	1,140,642

Children 38·8% of total population.

POPULATION FIGURES FOR THE EIGHT YEARS 1918 TO 1925 ARE SHOWN IN THE FOLLOWING TABLE:—

	1918	1919	1920	1921	1922	1923	1924	1925
Population	928,975	938,383	977,674	999,876	1,001,062	1,052,193	1,106,534	1,140,642
Increase on previous years	—	9,408	39,291	22,202	1,186	51,131	54,341	34,108
Per cent. ..	—	1·01	4·18	2·27	·12	5·11	5·16	3·08

Actual increases in 7 years, 22·78%.

Average increase, 2·975% per annum—say 3%.

While it is probable that there may be an excess of births over deaths, this must, in so far as it might otherwise bring about an increase in population, be greatly counterbalanced by an excessively high rate of infant mortality. It is shown in this report that on the lowest computation the infant mortality rate is probably in the neighbourhood of 40%. In England and Wales, where this can be taken as 8% and where the death-rate is almost certainly not higher and the birth-rate at least as high the actual increase in population in 1925 over that in 1921 was 2·6%. It will probably be correct to attribute the increase in Northern Rhodesia as shown by the above figures for the most part to immigration, which is known to be taking place to some considerable extent, rather than to natural causes.

VITAL STATISTICS.

NOTE.—The late notification of European population for 1926 alters the following figures, which were previously compiled on an estimated population of 4,800. It is now notified as being 5,581 (*vide* Returns Table III., page 60).

The latter figure does not seem possible, being greater than the 1925 figure plus births and immigrants during 1926, even if no allowance is made for deaths and emigration.

Assuming, however, its correctness is due to a more accurate survey than in 1925, it will affect the following figures under vital statistics (European).

Page 24—Population 5,581. Death-rate 11·1 per 1,000.

Page 26—Table II. Total climatic 2·86. Blackwater 2·14. Malaria ·71. Total, all causes, 11·1.

Page 27—Birth-rate 1926 = 25·4 per 1,000.

GENERAL EUROPEAN POPULATION AND VITAL STATISTICS.

For the purpose of arriving at death- and birth-rates, the European population is estimated at 4,600 for 1925 and 4,800 for 1926. These figures would appear to be fairly accurate, and so far as 1925 is concerned the estimate is now known to be only slightly lower than the actual population.

The total number of deaths for the year 1925 was 63, an increase of 23 over the previous year. The total deaths in 1926 was 62 or 1 less than in 1925. The death-rates are 13·7 per 1,000 for 1925 and 12·9 per 1,000 for 1926, as compared with 9·04 per 1,000 in 1924, which year showed the lowest death-rate yet recorded in the Territory.

INFANTILE MORTALITY.

Fifteen infants under 1 year of age died during 1925, representing 107·9 per 1,000 on the total births for the year.

The CAUSES OF DEATH were :—

Enteritis and infantile diarrhœa	5
Malaria	2
Pneumonia	2
Hydrocephalus	1
Heart failure	1
Asthenia and premature births (deaths shortly after birth)	4
	15

Only 7 deaths in infants under 1 year occurred in 1926, representing 49·3 per 1,000 on the total birth-rate for the year.

The CAUSES OF DEATH were :—

Teething and convulsions	4
Enteritis	2
Bronchitis	1
	7

The following table shows the causes of deaths and percentage to total from each cause. The causes are as given in the Registrar's return.

TABLE I. (1925).

	Causes of Deaths.	No.	Percentage to total.
5	Malaria	6	9·5
5e	Blackwater fever	7	11·1
9	Whooping cough	1	1·58
11	Influenza	1	1·58
31	Pulmonary tuberculosis	1	1·58
41	Septicæmia	1	1·58
44	Pyloric carcinoma	1	1·58
57	Diabetes	2	3·16
66	Alcoholism	1	1·58
74a	Cerebral hæmorrhage	2	3·16
89	Angina pectoris..	1	1·58
90	Heart failure	3*	4·75
99	Bronchitis	1	1·58
100	Broncho pneumonia	1	1·58
101	Pneumonia	4	6·32
107	Pulmonary fibrosis	1	1·58
113	Infantile diarrhœa and enteritis ..	5	8·
117	Appendicitis	1	1·58
124	Cholecystitis	1	1·58
124	Hepatitis	1	1·58
122a	Cirrhosis of liver	1	1·58
127	Colic	1	1·58
127	Intestinal obstruction	1	1·58
129	Chronic nephritis	1	1·58
159	Hydrocephalus	1	1·58
160	Congenital debility	3	4·75
161	Premature birth	1	1·58
164	Senility	1	1·58

[*Continuation on next page*

* These cases were not seen by Medical Officers, and causes are indefinite.

	Causes of Deaths.	No.	Percentage of total.
170	Gunshot wound	3	4·75
177	Accidental poisoning	1	1·58
179	Scalds	1	1·58
182	Accidental drowning	1	1·58
188	Railway accident	1	1·58
189	Taken by crocodile	1	1·58
189	Killed by lion	1	1·58
204	Syncope	1	1·58
205a	Inflammation*	1	1·58
		63	

TABLE I. (1926).

	Causes of Deaths.	No.	Percentage to total.
1	Enteric fever	1	1·61
5	Malaria	4	6·45
5e	Blackwater	12	19·35
41	Septicæmia	1	1·61
41	Toxæmia, gangrene of rectum ..	1	1·61
43	Carcinoma larynx	1	1·61
49	Mediastinal growth	1	1·61
66	Delirium tremens	2	3·22
89	Angina pectoris..	2	3·22
90a	Valvular Heart disease	4	6·45
92	Thrombosis	1	1·61
99	Bronchitis	1	1·61
101	Pneumonia	3	4·83
107	Pulmonary hæmorrhage	2	3·22
113	Enteritis (under 2)	2	3·22
114	Enteritis (over 2)	1	1·61
117	Appendicitis	1	1·61
126	Peritonitis	1	1·61
128	Acute nephritis	3	4·83
129	Chronic nephritis	1	1·61
131	Pyelonephritis	1	1·61
162	Teething and Convulsions	4	6·45
170	Gunshot wounds	3	4·83
185	Fractured skull	2	3·22
186	Premature explosion—blasting ..	3	4·83
188	Railway accident	1	1·61
202	Blow with hammer	1	1·61
	Cause unknown (found dead) ..	2	3·22
		62	

*This case was not seen by Medical Officers and cause is indefinite.

TABLE II.

SHOWING DEATH-RATES PER 1,000 FROM MALARIA, BLACKWATER FEVER, TOTAL CLIMATIC AND TOTAL ALL CAUSES FOR 19 YEARS.

Year.	Total climatic.	Blackwater.	Malaria.	Total, all causes.
1907–8	32	22·2	8·2	49·8
1908–9	11·29	11·29	—	24·28
1909–10	23·3	18·2	3·8	37·42
1910–11	8·4	7·7	1·8	27·87
1911–12	10·5	6·6	3·6	25·2
1912–13	10·5	5·7	2·6	23·68
1913–14	8·69	6·08	2·6	18·7
1914–15	6·6	5·7	·4	20·4
1915–16	9·28	4·64	1·85	18·11
1916–17	5·08	3·23	·92	18·93
1917–18	3·75	2·08	·83	17·8
1918–19	5·2	2·	2·4	28·4
1919–20	2·8	2·4	—	12·8
1920–21	5·8	2·7	1·8	15·4
1921–22	4·12	2·75	·82	14·3
1922–23	5·2	3·4	1·05	13·42
1924	2·7	1·8	·45	9·04
1925	2·82	1·52	1·3	13·7
1926	3·3	2·5	·83	12·9

EUROPEAN DEATHS, SHOWING AGE PERIODS.

	0-1	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65-75	75-85	Unknown	Total
1925	15	5	1	6	4	5	19	5	1	1	1	63
1926	7	5	1	5	6	12	14	5	—	3	4	62

BIRTHS.

There were 139 European births during the year 1925, viz., 71 males and 68 females, an increase of 32 over the previous year. This represents a crude birth-rate of 30·4 per 1,000.

The total of births during 1926 was 142, of which 69 were males and 73 females, giving a crude birth-rate of 29·5 per 1,000.

EUROPEAN OFFICIALS.

The general health of European officials was satisfactory. No special diseases were prevalent. Five deaths were caused as follows :—

1925.—Accident	1
Gunshot wound	1
Cholecystitis	1
Pulmonary tuberculosis	1
	4
1926. General peritonitis due to injury	1

The following table shows the sick, invaliding, and death-rates :—

TABLE SHOWING THE SICK, INVALIDING, AND DEATH-RATES OF EUROPEAN OFFICIALS.

	1924	1925	1926
Total number of officials resident ..	312	330	369
Average number resident	268	275	308
Total number on sick list	24	55	54
Total number of days on sick list ..	552	466	735
Average daily number on sick list ..	1·5	1·27	2·01
Percentage of sick to average number resident	8·9	20	17·5
Average number of days on sick list, each patient	23	8·32	13·6
Average sick time to each resident ..	2·05	1·69	2·38
Total number invalided	—	3	—
Percentage of invalidings to each resident	—	·91	—
Total deaths	2	4	1
Percentage of deaths to total residents ..	·62	1·21	·27
Percentage of deaths to average number resident	·74	1·45	·32
Number of cases of sickness contracted away from residence	Not known		

NOTE.—Periods spent on sick leave are not included under total number of days on sick list.

NATIVE OFFICIALS.

No register B. as mentioned in the model report (Miscellaneous 375) appears to be kept, and therefore it is not possible to compile the above table for native officials.

Figures collected from the various departments relating to skilled natives, such as clerks, interpreters, medical orderlies, etc., show 176 as the number employed during 1925, and no deaths recorded.

The corresponding figures for 1926 are 191 employed and 2 deaths.

SECTION III.

Hygiene and Sanitation.

A.—PRESENT CONDITION.

The Territory may be considered under three headings:—

(1) Townships under the control of local bodies.

(2) Government Stations in charge of officials of the Native Department.

(3) Native villages scattered throughout the Territory and under no sanitary supervision.

Townships.—Sanitation is under the control of Village Management Boards. A medical officer is *ex officio* a member of each Board.

Legal powers are vested in these Boards for the control of all sanitary measures, inspection, and control of food supplies, etc.

Drainage, clearing, general anti-malarial and preventive measures, as well as the disposal of night soil and rubbish, is undertaken by these Boards.

The dry-earth system of closet is in almost universal use. It is cheap and satisfactory in its results.

Government Stations.—In general, it can be stated that the sanitation of Government stations is efficient and that necessary preventive measures, such as drainage, bush clearing, grass cutting, etc., are carried out in proportion to the supplies of labour available and as funds permit.

Native Villages.—Are as stated under no sanitary control.

There is no purely sanitary service, and it is questionable whether the formation of one is at present necessary or would justify the attendant expenditure, at any rate before the service is fully equipped and staffed for the performance on the present lines of the the combined duties. It is thought, however, that the introduction

of a Public Health Ordinance and the appointment of a specially qualified Medical Officer, whose duties would include the initiation and organisation of sanitary measures, the supervision of the general industrial conditions, recruitment, housing, welfare, and arrangements for the medical care of native labour, and advise on preventive measures against disease, housing and town planning, and the training of a native sanitary personnel, would be advisable.

It cannot be expected, for the reason of the size of this Territory, the great distances, the lack of communications, and the scattered nature of the population (three to the square mile), that either the full expansion of medical facilities or the control of hygiene and sanitation will ever become possible by means of a purely European personnel. The requirement is thought to be a Native African Medical Staff working under European supervision and control, and for this the establishment of a training school, preferably centrally situated, for the combined use of all the East African Dependencies, where selected natives of a high standard of intelligence and education could receive a training which would fit them for such work.

The utility of the class of native sanitary orderly at present employed is very limited. They have only a glimmering of knowledge. It is unsafe to employ them except under supervision, and they are few in number as a result of more congenial and better-paid employment being available elsewhere.

Intensive measures against such diseases as hookworm, yaws, venereal disease will only become possible on a large scale by the employment of a trained and efficient native staff.

(I) PREVENTIVE MEASURES.

Tse-Tse Fly (*Gl. Morsitans*).

As a rough estimate, two-thirds of the Territory is fly-infested. There is no district or even sub-district entirely free. Extensions of "Fly Areas" are reported from time to time, but whether the total infested area is increased or decreased is not known.

The tse-tse problem is one of vital importance to this Territory and to Central Africa. No combined effort on the part of the Territories involved has yet been made towards its solution. Work of considerable scientific interest is doubtless being done by the individual effort of many of these Territories, but the main issue, the experimental determination of the game-fly relationship and the *role* played by the game as the reservoir of disease has not been attempted on a sufficiently large scale to provide accurate results, and it is doubtful if this can be done except by the combined effort of all the Tropical African Dependencies.

So far as can be ascertained, results appear to be about 80% successful.

The numbers vaccinated were :—

Districts.	1925.	1926.
Barotseland	28,625	19,753
Kasama	21,483	890
Mweru-Luapula	9,275	25,212
Broken Hill and Lusaka	3,261	1,269
Solwezi	13,230	1,445
Mwinilunga	—	4,500
Chinsali Sub-District	—	13,429
Mpika Sub-District	—	2,923
Kasempa	—	2,229
Luwingu Sub-District	—	18,397
TOTALS	75,874	90,047

III.—SCHOOL HYGIENE.

Medical Inspection of Schools.—Is carried out at each school by the local Medical Officer. There are disadvantages connected with this method. It is desirable that specialised knowledge should be available throughout these inspections, and that there should be uniformity in the preparation of statistics, etc. For these reasons the allocation to one Medical Officer, when circumstances permit, of these duties will be an advantage. It is hoped that on the appointment of a sanitation officer this will be possible.

298 children were examined and treatment provided when required.

The general health of school children is good. The splenic index, except at the farm schools, is low ; instructions are given by teachers as to the regular prophylactic use of quinine and other preventive measures. The chief recommendations were for tonsil and adenoid and dental treatment.

SCHOOL DENTAL INSPECTION AND TREATMENT.

The percentage of school children requiring dental treatment is high. The services of a dental surgeon are retained for this purpose. Regular visits were paid to all schools and treatment given where necessary.

SECTION IV.—LABOUR CONDITIONS.

Recruitment and Repatriation of Native Labour.

MEDICAL EXAMINATION OF RECRUITS.

This labour may be classed as follows:—

(*a*) For work outside the Territory.

(*b*) For work in the Territory.

(*a*) Medical examination has been enforced since 1908 for all labour recruited for work outside the Territory, and is carried out by a Government Medical Officer or a medical practitioner approved by the Governor, on behalf of the native and the Government, rather than of the employer, with the object of eliminating those unfit for the type of work required and of allocating those passed as physically fit to the type of work considered most suitable, *i.e.* mining, surface and under-ground, farm work, planting, etc.

The final examination takes place at the most convenient point in the Territory on or near the border. In the case of recruits whose homes are situated at considerable distances from the border, a medical examination is made at the nearest possible point to their home in order to eliminate the unfit and prevent unnecessary travelling.

These examinations are strictly conducted, and all natives considered unfit either as the result of disease, physique, or malnutrition, are rejected.

The Belgian Government, Katanga Province, has recently introduced the use of the " Pignet " index in the acceptance of recruited native labour from this Territory, and has adopted very stringent rules as to age and immaturity. There is no doubt that this method, while having the result of limiting the supply, ensures that only those recruits of a high standard of physique will pass the medical examination. It will be interesting to observe whether it will have the effect, as hoped for, of limiting the incidence of communicable disease, *e.g.* pneumonia, influenzal conditions, and cerebro-spinal meningitis.

On Foot.—Supervision is exercised as to the feeding of recruits, and food stations are established on all long-distance routes.

The camps are not universally useful. These buildings cannot be other than of a temporary nature, and it has been found that no amount of supervision will keep them free from the transmitter of spirillum fever (Ornithidorous Moubata) in certain areas. Apart from this they do not seem to be necessary. As a rule, natives prefer to find lodgings in the villages *en route*.

All recruits before starting work are subjected to a minimum period of three weeks' detention in supervised and approved detention camps for the purpose of undergoing a course of preventive inoculation, anti-pneumococcal and occasionally anti-typhoid and anti-meningitic, for vaccination and for rest and acclimatization.

By Rail.—The conditions under which journeys by rail are made are under supervision, and are in the main satisfactory.

(*b*) It has not been thought necessary to impose the same degree of stringency on the conditions under which labour is recruited for work in the Territory; whenever possible, a medical examination is made before the native leaves his own district and a certificate of fitness is obtained before work is commenced.

The Mining Law provides for medical supervision during the period of employment on mines (it is thought that an amplification of this Law to include under its provisions for the medical supervision of native employees of all large employers of labour in addition to those of Mining Companies, is now required).

The labour employed by settlers is mostly recruited locally. No question as to care during transit therefore arises. There are at present no means for organised supervision of this labour during employment, nor is this thought to be necessary.

The supervision and care of labour in transit on repatriation is of at least equal importance to that from the place of recruitment to the place of work. It is, however, not so easily dealt with, but all possible precautions are taken to prevent the introduction of disease to the Territory and to provide medical treatment when necessary, and suitable conditions as to food and travel.

Recruitment for Tanganyika Territory.

The above conditions do not apply to the labour drawn from the North-Eastern parts of the Territory for work in the Tanganyika Territory. Only a small proportion of this is recruited. Organization is required in the selection of recruits, the definition of routes, the establishment of food stations, and the supervision and control of conditions in transit for both migration and repatriation.

MINES.

Medical and Compound Inspection.

The conditions of housing, hygiene and sanitation of native compounds, and the diet and general welfare of native labourers, is kept under supervision by means of regular inspections made by members of the staff of the district administration specially appointed for that purpose. Periodical inspections are also made by a Government Medical Inspector.

There is a gradual improvement noticeable concurrent with the establishment of more settled conditions and prospects of satisfactory development in a few of the larger undertakings. A great deal of mining is, however, still in the prospecting stage, or but slightly in advance of it, and in these conditions correspond with that stage in so far as housing and hospital facilities are concerned. With the advance of more stabilised conditions, it is hoped a standardised housing scheme will be adopted and more adequate medical and hospital facilities provided.

The general health on the smaller properties has been good. On the larger properties it has been satisfactory with the exception of the continued prevalence of an influenzal condition and its sequelæ, reported on elsewhere, and of the seasonal recrudescence of pneumonia towards the end of each dry season.

The total number of natives employed on the following mines, Rhodesia Broken Hill Development Company, Bwana Mkubwa, Rhodesia Congo Border Concessions, N'Kana, Roan Antelope, M'Tuga, Camanor, Star Zinc, was 7,197.

The following tables show the incidence of sickness and mortality rates of natives employed on the two leading mines—Bwana Mkubwa and Broken Hill—for 1925 and 1926 :—

I.—BWANA MKUBA AND BROKEN HILL COMBINED, 1925.

AVERAGE NUMBER EMPLOYED, 4,935.

Disease	Total Sick.	Total deaths.	Case mortality per cent.	Sickness incidence rate per mille per annum employed.	Death-rate per mille per annum employed.
Malaria	275	3	1·09	55·7	·6
Scurvy	10	—	—	2·02	—
Syphilis	31	—	—	6·3	—
Pneumonia	101	35	34·65	20·26	7·09
Phthisis	2	2	100·	·4	·4
Other disease of chest ...	1	—	—	·2	—
Dysentery...	1	1	100·	·2	·2
Diarrhœa	9	2	22·22	1·9	·4
Other intestinal disease ...	39	2	5·12	7·99	·4
Heart disease	2	2	100·	·4	·4
Debility	2	1	50·	·4	·2
Influenza	395	14	3·54	80·06	2·81
Other diseases	779	14	1·79	153·79	2·81
Minor Ailments :—					
Accidents (major) ...	15	1	6·66	3·03	·2
,, (minor) ...	189	—	—	38·3	—
Tropical ulcers ...	105	—	—	21·07	—
	1,956	77	3·93	392·	15·51

BROKEN HILL, 1926.

AVERAGE NUMBER EMPLOYED, 3,228.

Disease	Total Sick.	Total deaths.	Case mortality per cent.	Sickness incidence rate per mille per annum employed.	Death-rate per mille per annum employed.
Syphilis	27	—	—	8·36	—
Pneumonia	24	10	41·2	7·43	3·09
Phthisis	2	—	—	·61	—
Other disease of the chest	4	1	25·	1·23	·31
Dysentery...	3	3	100·	·92	·92
Diarrhœa	10	—	—	3·09	—
Ulcers	74	—	—	22·92	—
Other diseases	553	11	1·37	171·31	3·407
Accidents (major) ...	3	3	100·	·92	·92
,, (minor) ...	184	—	—	57·	—
Influenza	245	4	1·63	75·89	1·239
	1,129	32	2·83	349·75	9·91

BWANA MKUBWA, 1926.

AVERAGE NUMBER EMPLOYED, 1,274.

Disease.	Total Sick.	Total deaths.	Case mortality per cent.	Sickness incidence rate per mille per annum employed.	Death-rate per mille per annum employed.
Malaria fever	306	8	2·614	240·18	6·27
Syphilis	4	—	—	3·13	—
Pneumonia	44	14	31·81	34·53	10·98
Phthisis	1	1	100·	·78	·78
Other diseases of the chest	2	1	50·	1·56	·78
Other intestinal diseases	4	—	—	3·13	—
Debility	2	—	—	1·56	—
Other diseases	148	1	·675	116·17	·78
Accidents (major) ...	9	1	11·11	7·06	·78
,, (minor) ...	55	—	—	43·16	—
	575	26	4·52	451·33	20·4

SECTION VI. (b).—MEASURES TAKEN TO SPREAD THE KNOWLEDGE OF HYGIENE AND SANITATION.

Since the formation of the Department of Native Education instruction in the elementary principles of personal and general hygiene and of sanitation has been introduced as part of the curriculum in all native schools, both Government and Mission. The indifference and apathy of the adult native is difficult to overcome. Something may, however, be done by example combined with education, and the example of small model villages in connection with Government and Mission Stations may do much to alter the attitude of the native towards housing and general sanitation.

Dr. H. Leach, the Medical Officer, Fort Rosebery, has devoted considerable attention to this subject, and the following opinion is thought to be a correct estimate of the position. "The practical application of knowledge of hygiene and sanitation is synonymous with work, with mental effort however slight, followed by physical labour. This is not pleasant for a native to contemplate. A trained orderly who has been kept up to the mark reverts to village conditions in a week if left alone. If future headmen and chiefs were taught when children and during their youth the simple measures of hygiene and sanitation they might impose them on their villages when they

grew up. As it is, the knowledge an adult native acquires of anything relative to his own or the communal well-being is lost. Its application shows no definite, immediate tangible results. It provides nothing to eat or drink. It entails effort for which he is not paid. With this type of native to deal with it is difficult to know what measures to take to spread knowledge of hygiene and sanitation."

IV.—PORT HEALTH WORK AND ADMINISTRATION.

Mpulungu (Lake Tanganyika).

It will be necessary in the near future to provide for a Port Sanitary Authority in connection with this which is the only port in the Territory.

Powers will be required principally for the notification and control of infectious diseases carried, for special precautionary measures should occasion arise against the introduction of Plague, and for measures to be taken in harbour for the prevention of fouling of the Lake waters.

V.—MATERNITY AND CHILD WELFARE.

This work has not yet been attempted. It is hoped, however, that a beginning will shortly be made by the establishment of a clinic for Europeans at Livingstone for natives at Kasama, and in conjunction with the London Missionary Society for natives at the Mbereshi Station, Mweru-Luapula District.

VI.—HOSPITALS, DISPENSARIES AND VENEREAL CLINICS.

Livingstone, European.

This consists of a brick building with iron roof and deal floors. The general ward contains twelve beds and the private and maternity wards each one bed, a total of 17. The average daily number of patients in hospital in 1926 was 9·34, but at certain times the accommodation is found to be inadequate. It is shortly to be supplemented by the addition of a new wing.

During the year 1925 there were 312 admissions and 10 deaths. The principal admissions were for :—

Malaria	100
Blackwater	6
Influenza	22
Appendicitis	15
Maternity	23

For the year 1926 there were 306 admissions and 10 deaths. The principal admissions were for :—

Malaria	94
Blackwater	9
Influenza	14
Appendicitis	21
Maternity	30
Gynæcological...	25

The cost of maintenance of patients works out at about 4s. 6d. per caput per diem (food only).

Livingstone, Native.

The hospital consists of two brick buildings capable of accommodating 56 patients and four thatched huts capable of accommodating a further 14 cases.

During 1925 there were 923 admissions with 102 deaths. The figures for 1926 were 1,033 cases and 113 deaths. The high death-rate at this hospital is commented on following the table at the end of this section.

The principal causes of admission were :—

1925 :—

Malaria	46
Influenza	197
Pneumonia	73
Tropical ulcer...	132
Various injuries	133

1926 :—

Malaria	66
Influenza	187
Syphilis	41
Pneumonia	42
Tropical ulcer...	228
Various injuries	106

The cost per caput per diem is 4·7d. (food only).

Broken Hill, European.

The hospital is the property of the Rhodesia Broken Hill Development Company. It consists of two main wards and operating theatre and six small wards with accommodation for 20 patients. The average daily number in hospital during 1926 was 5·74.

During the year 1925 there were 174 admissions and 3 deaths. The principal causes of admission were :—

Malaria	55
Blackwater	5
Maternity	18
Injuries	18

The corresponding figures for the year 1926 were :—

Admissions 208 with 13 deaths.

The principal causes of admission were :—

Malaria	72
Blackwater	9
Maternity	26
Abscess	13

Broken Hill, Native.

Is also the property of the Rhodesia Broken Hill Development Company, and comprises one main building with three wards, one surgical ward and dressing-room, six small wards and one V.D. ward. The surgical ward and small wards are separate from the main building. Accommodation is inadequate and improvements are being made.

During the year 1925 there were 1,367 admissions and 91 deaths. The principal causes of admission were :—

Influenza (which included the following complications : Pneumonia, 54 ; cerebral thrombosis, 6 ; splenic abscess, 10)	676
Syphilis	61
Bronchial catarrh	240
Abscess	153
Ulcers	40

In the year 1926 there were 1,697 admissions and 113 deaths. The principal causes of admission were :—

Influenza	405
Dysentery	35
Syphilis	73
Bronchitis	471
Lobar pneumonia	32
Bronchial pneumonia	140
Abscess	27
Various wounds	180

Lusaka Hospital, European.

This is a brick building with shingled roof containing male and female general wards and three small private wards, and capable of accommodating 11 patients. Daily average number in hospital for 1926 was 3·95.

There were 158 admissions during 1925 and 10 deaths. The principal causes of admission were :—

Malaria	54
Blackwater	2
Tonsils and adenoids	11
Maternity	12

During 1926 there were 177 admissions and 2 deaths. The principal admissions were for :—

Malaria	73
Blackwater	3
Appendicitis	8
Injuries	17
Maternity	16

Lusaka Hospital, Native.

The Native Hospital consists of two wards capable of accommodating 15 patients. The daily average being higher than 15 necessitates light cases sleeping on the verandahs or in temporary shelters.

The admissions during 1925 numbered 286 and there were 22 deaths. The principal causes of admissions were :—

Malaria	44
Influenza	16
Bronchitis	45
Ulcers	53
Various surgical cases	53

During 1926 there were 489 admissions and 17 deaths. The principal causes of admission were :—

Malaria	54
Syphilis	36
Bronchitis	72
Tropical ulcers	155
Various injuries	75

Fort Jameson Hospital, European.

The hospital consists of a brick building with four small wards capable of accommodating in all 5 patients. Average daily number in 1926 was 1·08.

During the year 1925 there were 17 admissions and 1 death.

During 1926 there were 45 admissions and 3 deaths. The principal admissions were for :—

Malaria	19
Maternity	8

The accommodation available is now inadequate to the needs of the locality.

Fort Jameson, Native.

A brick building, with one large and one small ward. Temporary huts also utilized and capable of accommodating in all about 40 patients.

Admissions during 1925 were 224, with 15 deaths. Principal causes of admission were :—

Relapsing fever	17
Syphilis	19
Tropical ulcers	40
Various surgical	45

During 1926 there were 628 admissions and 13 deaths, the principal causes of admission being :—

Syphilis	101
Conjunctivitis	35
Pneumonia	13
Tropical ulcers	112
Scabies	34
Surgical cases	140

Kasama Hospital, European.

The hospital is a burnt-brick building with tiled roof. There are two wards 19 feet by 14 feet, and two similar rooms for nurses' quarters contained in the same building. The average daily number in hospital during 1926 was ·23.

During 1925 there were 10 admissions and 2 deaths, and the corresponding figures for 1926 were 10 admissions and no deaths.

Kasama Hospital, Native.

This is a brick building with thatched roof. It consists of one large ward for males and one small ward for females.

The admissions during 1925 were 343 with 22 deaths. The principal causes of admission were :—

Influenza	63
Malaria	35
Measles	31
Syphilis	34
Tropical ulcers	17

The corresponding figures for 1926 were 326 admissions and 10 deaths.

Mongu Hospital, European.

This contains only one small ward with one bed. The admissions during 1925 were 4 with 1 death, and during 1926 there were 8 admitted and no deaths.

Mongu Hospital, Native.

Temporary huts which are replaced and added to as required. There is also a hospital cell for sick convicts.

There were 499 admissions during 1925 and 14 deaths. The principal causes of admission were :—

Influenza	113
Malaria	116
Pneumonia	11
Cellulitis	51
Abscess	22
Injuries	19

During 1926 there were 458 admissions and 13 deaths. The chief admissions were for :—

Influenza	48
Malaria	104
Syphilis	20
Rheumatism	15
Cellulitis	44
Abscess	17
Injuries	28

Mazabuka Native Hospital.

This is a brick building with thatched roof containing small male and female wards, operating room and dispensary.

There were 275 patients and 10 deaths during 1925.

During 1926 there were 322 admissions and 17 deaths.

The principal causes of admission were :—

Malaria	19
Influenza	16
Syphilis	30
Pneumonia	32
Tropical ulcer...	82
Wounds	40

The accommodation is very inadequate and is being temporarily augmented by the erection of Kimberly brick huts.

Fort Rosebery Native Hospital.

This is a brick building with thatched roof and contains 1 large and 2 small wards.

The admissions during 1925 numbered 510, and there were 12 deaths. The principal cases treated were :—

Malaria	22
Yaws	253
Syphilis	27
Ulcers	77
Injuries and surgical cases	51

During 1926 there were 374 admissions and 9 deaths. The chief causes of admission were :—

Malaria	17
Yaws	163
Ulcers	85
Syphilis	30
Surgical cases	21

Ndola Native Hospital.

The hospital is a brick building containing two wards.

The admissions during 1925 were 208 with 15 deaths.

The principal causes of admission were :—

Malaria	38
Syphilis	16
Tropical ulcers	73
Injuries	17

The admissions for 1926 were 332 with 12 deaths. The principal admissions were for :—

Malaria	41
Yaws	72
Syphilis	22
Tropical ulcers	86
Injuries	22

Solwezi Native Hospital.

This consists of a number of temporary pole and daaga huts, which are renewed and added to as required. Food shortage in this district has considerably limited the amount of hospital treatment possible in the past two years.

The admissions during 1925 were 712 with 6 deaths.

The principal disease treated was yaws (569 admissions).

During 1926 there were 508 admissions with 9 deaths, the admissions being mainly for yaws (*vide* Appendix).

The following table shows the total cases treated in Native Hospitals for 1925 and 1926, with deaths and case mortality :—

NATIVES.

1925.

Station.	Cases Treated	Deaths	Mortality
			%
Livingstone	961	102	10·6
Lusaka	301	22	7·3
Broken Hill	1,495	91	6·1
Mazabuka	275	10	3·6
Fort Jameson	233	15	6·4
Kasama	348	22	6·3
Mongu	513	14	2·7
Ndola	224	15	6·7
Fort Rosebery...	527	12	2·2
Solwezi	733	6	·82
	5,610	309	

1926.

Station	Cases Treated.	Deaths.	Mortality.
			%
Livingstone	1,076	113	10·5
Lusaka	498	17	3·4
Broken Hill	1,845	113	6·1
Mazabuka	335	17	5·1
Fort Jameson	660	13	2
Kasama	344	10	2·8
Mongu	477	13	2·7
Ndola	349	12	3·4
Fort Rosebery...	407	9	2·2
Solwezi	543	9	1·6
	6,534	326	

The mortality rate at Livingstone Native Hospital is abnormally high, and an analysis of the deaths for the past two years shows an undue proportion of patients admitted, either moribund or in an advanced stage of disease.

This hospital serves a large local population, railway employees over sections of the line, both north and south, and a large moving population. Livingstone is the port of entry and exit for nearly all natives of the Western area, and a large part of the Eastern area proceeding to and returning from Southern Rhodesia. Numbers of natives of the Balovale sub-district and from Portuguese West Africa travel to Livingstone, a journey of some hundreds of miles for employment locally and outside the Territory. These people are notoriously prone to pulmonary diseases, and seem to offer no resistance to these conditions. A large proportion of patients arrive at hospital both from local sources and by rail in the late stages of disease. Employers frequently wait until the condition appears to be serious before providing treatment.

In 1926, 59 deaths, or more than half the total, were due to influenza complicated by pneumonia or to pneumonia. Thirty-five of these were admitted moribund, or died on the first or second day after admission. Of 56 deaths from other causes 22 were admitted moribund or died during the first or second day after admission.

The two main factors which contribute to this death-rate are the susceptibility of certain tribes to influenzal conditions and pulmonary complications and the delay in coming under treatment. As a means of lessening the first of these seasonal recruitment has been recommended, and a reduction in native hospital fees, about to be introduced, will, it is considered, encourage the earlier recognition of the necessity for hospital treatment.

DISPENSARIES.

All Native Department Out-stations are provided with stocks of drugs and dressings. The officials in charge provide such treatment as they are able for the local native population. Five of these stations are provided with native medical orderlies whose work is under the supervision of the official in charge, and is inspected at intervals by the Medical Officer of the district. Five others are periodically visited and inspected by mission doctors.

Rural dispensaries are being gradually opened. There are considerable difficulties experienced in the provision of a suitable type of native orderly for these and for out-stations. Without fairly constant supervision, little reliable work can be expected from any class

of native orderly. The cost of visits of inspection is high and, it is feared, out of proportion to the time which can be devoted to supervision and instruction and to the results obtained.

CO-OPERATION WITH MISSIONARY SOCIETIES IN PROVIDING MEDICAL FACILITIES FOR THE NATIVE POPULATION.

Five medical Mission Stations are subsidised by the Government for this purpose. It is probable that this number will shortly be increased.

The amount of the annual subsidy paid is based on the number of native hospital beds maintained and provides for the free treatment of in-patients to this agreed limit at any one time, and for the free treatment of all out-patients.

There is also included in each agreement provision for the health supervision of the nearest Government station (when this is not a medical station), including sanitation, medical attendance on officials, native employees, and prisoners, and as an extra to the subsidy the performance of medico-legal work at the current rate of fees.

The method is working very satisfactorily, and has resulted in a considerable expansion of facilities available for the native population.

VII.—PRISONS.

LIVINGSTONE.

Number committed during the year 1925	287
Daily average in prison	91
Deaths	7

Causes of deaths.

Influenza	2
Pellagra	2
Bronchitis	1
Pneumonia	1
Hæmorrhagic pericarditis	1

Number committed during the year 1926	305
Daily average in prison	106
Deaths	1

Diseases treated, 1925.

In General Hospital.		*In Gaol Hospital.*	
Measles	3	Malaria	16
Influenza	11	Chickenpox	1
Dysentery	2	Influenza	28
Leprosy	3	Syphilis	2
Pellagra	6	Hæmorrhagic pericarditis	1
Bronchitis	1	Minor complaints, such as colds, constipation, etc.	84
Pneumonia	4		
Pleurisy	1		
Tonsillitis	1		
Cellulitis	1		
Injuries	4		
Observation	1		
Malingering	2		

The prevailing diseases treated during the year 1926 were influenza, pneumonia, and malaria fever.

LUSAKA (CHILANGA).

Number committed during the year 1925	94
Daily average in prison	17
Daily average on sick list	1·9
Average daily number in hospital	·104
Deaths	Nil
Number committed during the year 1926	70
Daily average in prison	5·06
Daily average in hospital	2·72
Deaths	1

Cause of Death.—Escaping prisoner shot by guard.

Diseases Treated.

1925.		1926.	
Syphilis	2	Syphilis...	6
Tropical ulcer	1	Dysentery	3
Influenza	2	Mental alienation ...	1
Malaria	7	Malaria	2
Yaws	1	Otorrhœa	1
Bronchitis	3	Bronchitis	6
Injuries	14	Diarrhœa	2
		Orchitis	1
		Wounds	5

BROKEN HILL.

Number committed during the year 1925—		
Europeans		5
Natives		315
Daily average in prison		58
Deaths		1

Cause of Death.—Bacillary dysentery.

Diseases treated in Hospital.

Syphilis	5	
Gonorrhœa	1	
Influenza	11	
Pneumonia	5	
Bronchitis	1	
Diarrhœa	10	
Abscess	2	
Cystitis	2	
General injuries	9	
Conjunctivitis	1	
Dysentery (bacillary)	3	(1 death)
Rheumatism	1	
Hernia	1	
Ulcer	1	
Pellagra	2	
	55	

Daily average in hospital, 2·95.

No details have been received for 1926.

MONGU.

Number committed during the year 1925		189
Daily average in prison		41
Deaths		4

Causes of Deaths.

Arteriosclerosis	1
Leprosy	1
Malaria	1
Injective endocarditis	1

Number committed during the year 1926	300
Daily average in prison	57·4
Daily average in hospital	4·7
Deaths	8

Causes of Deaths.

Dysentery	2
Leprosy	2
Empyema	1
Mitral disease	1
Enteritis	1
Carcinoma	1

The following diseases were treated in hospital :—

	1925.	1926.
Malaria	6	... 11
Influenza	13	... 4
Bacillary dysentery	1	... 10
Relapsing fever ...	1	... 1
Leprosy	—	... 5
Syphilis	7	... 8
Gonorrhœa	6	... 3
Gonorrhœal arthritis	1	... —
Pneumonia	—	... 5
Conjunctivitis ...	5	... 1
Corneal ulcer ...	1	... 1
Episcleritis ...	1	... —
Debility	—	... 1
Epilepsy	1	... —
Neuritis	1	... 1
Dementia	3	... —
Hysteria	—	... 1
Arteriosclerosis ...	1	... —
Delusional insanity	—	... 1
Pleurisy	1	... 1
Enteritis	1	... 7
Ascites	1	... —
Carcinoma	—	... 1
Hæmorrhoids ...	1	... —
Mitral valvular disease	—	... 2
Balanitis	1	... —
Synovitis	1	... 1
Aortic valvular disease	—	... 1
Cellulitis	11	... 4
Abscess	3	... —
Ulcer	1	... —
Fibrositis	2	... 2
Burns	1	... —
Empyema	—	... 1
Cystic adenoma ...	1	... —
Colic	—	... 1
Injuries	1	... 1
Scorpion sting ...	1	... —
Tinea saginata ...	1	... —
Rheumatism ...	3	... 5
Observation ...	1	... 7

SOLWEZI.

Number committed during the year 1925	62
Daily average in prison	11
Deaths	Nil

Diseases treated.

Yaws	4
Malaria	6
Diarrhœa	2
Abscess	2
Injuries	10
Tropical ulcer	1

Average daily number in hospital, ·066.

Average daily attendance as out-patients, ·260

Number committed during the year 1926	55
Daily average in prison	7·6
Deaths	Nil

Diseases treated.

Malaria	6
Yaws	5
Traumatic cataract	1
Senile cataract	1
Conjunctivitis	1
Minor medical	10
Minor surgical	8
Average daily number in hospital ...	·054
Average daily number on sick list	·22

The general health of the prisoner is good.

The gaol building is poor and in a state of disrepair.

FORT JAMESON.

Number committed during the year 1925	738
Daily average in prison	98
Deaths	6

Causes of Deaths.

Pneumonia	2
Cardiac failure	2
Dysentery	1
Pulmonary tuberculosis	1
Number committed during the year 1926	648
Daily average in prison	78
Deaths	5
Average daily number in hospital	9
Medical attendances	724

Causes of Deaths.

Ankylostomiasis	1
Enteric	2
Dysentery	2

Diseases Treated.

1925.		1926.	
Syphilis	6	Syphilis	11
Relapsing fever	3	Leprosy	2
Dysentery	3	Dysentery	2
Chickenpox	3	Enteric	2
Gonorrhœa	1	Scurvy	2
Tropical ulcer	44	Tropical ulcer	23
Pneumonia	1	Diarrhœa	3
Bilharzia	2	Bronchitis	9
Ankylostomiasis ...	1	Ankylostomiasis ...	9
Epilepsy	2	Epilepsy	5
Tuberculosis	1	Tuberculosis	1
Cardiac failure	2	General medical ...	6
General medical ...	25	General surgical ...	30
General surgical ...	38		

Building.

The question of the replacement or alteration and extension of the present prison building requires consideration; more accommodation is at times required to prevent overcrowding and deficient ventilation in the cells. An improved sanitary system is necessary as well as more adequate provision for washing.

KASAMA.

Number committed during the year 1925	172
Daily average in prison	28
Daily average reporting sick	1·8
Deaths	Nil
Number committed during the year 1926	89
Daily average reporting sick	·9
Daily average in hospital	·06
Deaths	1

Cause of Death.—Peritonitis.

The principal diseases treated were:—

Malaria, Rheumatism, Wounds, Bruises, Conjunctivitis, Constipation, Diarrhœa, Bronchitis, Influenza, and Syphilis.

The health of the prisoners is very good and above the average. Their rations are excellent and according to scale, and their clothing is attended to.

The site of the prison is good, on elevated, well-drained ground. A large sullage pit effectually deals with liquid refuse in the precincts. It is recommended that additional space for washing be provided, that provision be made for disinfection of prison uniforms and blankets, and that latrines be built on to each cell for night use.

FORT ROSEBERY.

Number of prisoners committed during 1925 ...	375
Daily average in prison	28
Deaths	1

Cause of Death.—Pneumonia.

Treated in Hospital—

Pneumonia	1 (died)
Colic	1

259 medical attendances for various trifling ailments.

The numbers committed during 1926 have not been notified.

There was one death during the year—an advanced case of leprosy whose death was probably accelerated by nostalgia.

Total medical attendances, 302; mainly for trifling accidents, malaria, rheumatism, scabies, etc.

Building.

Report very satisfactory.

The general health of the prisoners has been excellent and their condition on discharge better than on admission.

VIII.—METEOROLOGICAL.

In the 1925 Return an attempt was made to average the temperatures, rainfall, etc., for the various stations in the Territory. Owing to widely differing conditions this method is not considered satisfactory. and the 1926 Return is for Livingstone Observatory. The comparisons between plateau and Zambesi Valley stations also vary somewhat as between 1925 and 1926. In the 1925 Return three plateau stations and three valley stations were averaged, whereas in the 1926 Return the averages are from three valley stations and six plateau stations.

A very complete and comprehensive meteorological report is published for Northern Rhodesia to which reference should be made for further details.

RETURNS.

TABLE I.—EUROPEAN STAFF.

A. W. May, C.M.G., Principal Medical Officer.
H. Leach, Medical Officer.
P. H. Ward, Medical Officer.
A. F. Wallace, M.C., Medical Officer.
A. Kinghorn, Medical Officer.
R. R. Murray, Medical Officer.
W. J. Sheehan, Medical Officer.
J. D. Harmer, Medical Officer.
G. M. C. Powell, Medical Officer.
J. A. Acheson, Medical Officer.
H. A. Gilkes, M.C., Medical Officer.
J. A. McGregor, D.F.C., Medical Officer.
P. B. Robinson, Medical Officer.
C. F. Giddy, Medical Officer.
A. Douglas, Secretary to Principal Medical Officer and Dispenser.
E. McPhee, Dispenser and Clerk.
Miss M. Cookson, Lady Clerk.
Miss E. M. Coates, Matron.
Mrs. E. M. Cronin, Nursing Sister.
Miss I. A. Hardman, Nursing Sister.
Mrs. M. C. Lewis, Nursing Sister.
Miss R. E. Alcock, Nursing Sister.
„ H. B. G. Eastland, Nursing Sister.
„ M. Roden, Nursing Sister.
„ E. L. Bradfield, Nursing Sister.
„ K. T. Hoste, Nursing Sister.
„ S. Adair, Nursing Sister.
„ M. A. A. G. Goodyear, Nursing Sister.
„ S. K. Hanna, Nursing Sister.
„ M. P. White, Nursing Sister.
„ A. B. A. Buck, Nursing Sister.
„ R. Allender, Nursing Sister.
„ O. M. Newbold, Nursing Sister.
„ S. A. L. Davies, Nursing Sister.
„ A. H. Gittens, Nursing Sister.

SUBORDINATE STAFF (Principal Members).

Maurice M. Mlonga, Native Clerk.
M. Stainer Malunga, Native Clerk.
Arnold Chibwana, Native Clerk.
Sam K. Mwase, Medical Store Assistant.
Conrad Lumiah, Laboratory Assistant.

CHANGES IN STAFF.

(See Section I., *a*).

TABLE II.—FINANCIAL.

(See Section I., *c*).

TABLE III.

RETURN OF STATISTICS OF POPULATION FOR THE YEAR 1926.

	Europeans and Whites.	Africans.	East Indians.	Chinese and Malays.	Mixed and Coloured.
Number of inhabitants in 1925	4,624	1,140,642	55	4	—
Number of births during 1925...	139	Unknown	Unknown	Unknown	
Number of deaths during 1925...	63	,,	,,	,,	No
Number of immigrants during 1925 ...	472	,,	1	Nil	details
Number of emigrants during 1925 ...	Unknown	,,	Unknown	,,	available.
Number of inhabitants in 1926	5,581	1,199,641	56	4	
Increase	957 at present	58,999 at present	1 —	— —	

TABLE IV.

METEOROLOGICAL RETURN FOR THE YEAR 1925.

	Mean Max.	Mean Min.	Range.	Mean.	Rainfall, inches.	Humidity.	Winds. General Directions.	Av. force.
January ...	83·7	65·7	18	74·7	13·55	82	S. 88 E.	1·4
February ...	82·3	64·9	17·4	73·6	9·33	89·2	N. 80 E.	1·6
March ...	84·1	64·8	19·3	74·5	8·59	86·5	N. 79 E.	1·9
April	82·9	61·7	21·2	72·3	3·11	83·5	S. 65 E.	1·2
May	78·4	52·6	25·8	65·5	1·12	76	S. 83 E.	0·9
June ...	78·6	49·2	29·4	63·9	—	70	S. 86 E.	0·6
July	76·3	46·5	29·8	61·4	—	74	S. 87 E.	1
August ...	81·8	49·8	32	65·8	—	57	E. 90 E.	0·7
September ...	86·3	59·2	27·1	72·7	·81	52	S. 82 E.	1·2
October ...	95	65·6	29·4	80·3	1·63	40	N. 87 E.	1·1
November ...	95·7	67·5	28·2	81·6	3·68	52	N. 86 E.	0·7
December ...	91·1	67·4	23·7	79·2	5·54	68	N. 30 E.	1·2
Means ...	84·68	59·57	25·1	72·1	3·93	69·1		

TABLE V.

1925.

Zambesi Valley Stations.			Plateau Stations.	
Month.	Average Max.	Average Min.	Average Max.	Average Min.
January ...	87·13	66·46	78·2	61
February ...	83·3	66·26	78·33	60·43
March	86·73	66·46	78·76	60·23
April	85·76	64·5	82·13	60·63
May	81·76	57·13	81·56	59·06
June	80·53	50·9	80·43	49·86
July	81·43	45·93	78·76	50·76
August ...	85	52·5	80·8	52·86
September ...	92·3	61·4	84·9	61·36
October ...	97·26	66·26	87·26	65·86
November ...	91·43	69·1	84·8	61
December ...	94·23	68·8	81·5	63·23

Comparison of Plateau and Zambesi Valley Stations.

TABLE IV.—*continued.*

METEOROLOGICAL RETURN FOR THE YEAR 1926.

(LIVINGSTONE OBSERVATORY).

Month.	Mean Max.	Mean Min.	Range °f	Mean °f	Rain-fall, inches.	Humid-ity. %	Winds. General Directions.	Av. force.
January ...	90·0	67·1	22·9	78·5	4·04	70	N 72 E.	1·3
February ...	86·8	67·5	19·3	77·2	10·04	84	N 74 E.	1·6
March ...	85·0	65·2	19·8	75·1	7·36	85	S 87 E.	1·8
April ...	85·8	61·3	24·5	73·5	0·09	70	N 87 E.	1·4
May ...	82·9	51·9	31·0	67·4	0·07	64	S 83 E.	1·0
June ...	76·6	46·7	29·9	61·6	—	76	S 81 E.	1·0
July ...	75·4	44·7	30·7	60·1	—	68	S 52 E.	1·1
August ...	81·6	47·7	33·9	64·6	—	55	S 73 E.	1·5
September ...	93·1	60·3	32·8	76·7	0·07	41	S 70 E.	1·0
October ...	94·2	66·9	27·3	80·5	0·34	43	S 69 E.	1·5
November ...	93·1	68·2	24·9	80·6	3·38	58	N 71 E.	1·4
December ...	87·5	66·4	21·1	76·9	4·56	74	N 77 E.	1·1
Means ...	86·0	59·5	26·5	72·7	2·50	65·7	—	1·3

TABLE V.—*continued.*

1926.

Month.	Zambesi Valley Stations.			Plateau Stations.		
	Average Max.	Average Min.	Mean.	Average Max.	Average Min.	Mean.
January ...	87·8	70·0	78·9	79·5	62·5	71·0
February ...	87·5	70·0	78·8	81·6	62·8	72·2
March	85·2	68·8	77·0	81·4	63·5	72·4
April	86·0	65·7	75·8	80·9	59·1	70·0
May	82·7	59·5	71·1	80·2	54·3	67·2
June	78·4	51·5	65·0	75·7	48·9	62·3
July	76·8	49·3	62·5	73·9	47·9	60·9
August	82·8	52·5	67·6	78·3	50·3	64·3
September ...	92·8	62·3	77·5	86·8	58·0	72·4
October ...	94·7	69·0	81·8	88·9	62·0	75·4
November ...	93·4	70·3	81·8	88·2	63·3	75·7
December ...	87·6	69·0	78·0	81·3	62·3	71·8
Means ...	86·3	63·2	74·6	81·4	57·9	69·6

= Mean of Mongu
Livingstone and
Feira.

= Mean of Abercorn
Fort Jameson
Lusaka
Mpika
Mwinilunga
Fort Rosebery

Comparison of Plateau and Zambesi Valley Stations.

TABLE VI.

RETURN OF DISEASES AND DEATHS (European In-Patients) for the year 1925.

LIVINGSTONE HOSPITAL.

Diseases.	R. 1924	Yearly Total		Total Cases Treated	R. 1925	Remarks.
		Adms.	Deaths			
I. Epidemic, Endemic and Infectious Diseases.						
1. *Enteric Group.*						
Paratyphoid type not defined	—	2	—	2	1	
5. *Malaria.*						
Tertian	8	100	—	108	1	
Blackwater	—	6	1	6	—	
7. Measles	—	1	—	1	—	
8. Scarlet Fever	—	1	—	1	—	
11. Influenza	—	22	1	22	—	
16. *Dysentery*						
Bacillary	—	6	—	6	—	
21. Erysipelas	—	1	—	1	—	
37. *Tuberculosis disseminated.*						
Chronic	—	1	—	1	1	
38. *Syphilis.*						
Tertiary	—	1	—	1	—	
40. *A.* Gonorrhœa and its complications	—	1	—	1	—	
43. Cancer or other malignant tumours of the Buccal Cavity	—	1	—	1	1	
66. Alcoholism	—	1	—	1	—	
74. Apoplexy Hæmorrhage...	—	1	1	1	—	
77. Other forms of mental alienation	—	3	—	3	—	1 Acute Mania, 1 Puerperal Mania 1 Unsound Mind
80. Infantile Convulsions ...	—	1	—	1	—	
82. Neurasthenia	—	5	—	5	—	
85. Conjunctivitis	—	1	—	1	—	
Other affections of the eye	—	2	—	2	—	Injuries. Evulsion in one case.
86. Affections of the Ear or Mastoid Sinus ...	—	1	—	1	—	Mastoid Supp.
93. *Diseases of the Veins.*						
Hæmorrhoids	—	1	—	1	—	
Varicose Veins	—	1	—	1	—	Excision.
94. *Diseases of the Lymphatic System.*						
Lymphadenitis, Bubo (non-specified) ...	—	1	—	1	—	Caseons gland groin.
97. *Diseases of the Nasal Passages.*						
Adenoids	—	1	—	1	—	
Carried forward ...	8	162	3	170	4	

TABLE VI.—*continued.*

RETURN OF DISEASES AND DEATHS (European In-Patients) for the year 1925 —*continued.*

LIVINGSTONE HOSPITAL.

Diseases.	R. 1924	Yearly Total		Total Cases Treated	R. 1925	Remarks.
		Adms.	Deaths			
Brought forward ...	8	162	3	170	4	
99. Bronchitis, Acute ...	—	2	—	2	—	
100. Broncho-Pneumonia ...	—	1	—	1	—	
102. Pleurisy Emp.	—	1	—	1	—	
105. Asthma	—	4	—	4	—	
Pulmonary Emphysema	—	1	1	1	—	
109. *Affections of the Pharynx or Tonsils.*						
Tonsilitis	—	3	—	3	—	
112. *Other Affections of the the Stomach.*						
Gastritis	—	6	—	6	—	
Dyspepsia, etc.	—	1	—	1	—	
113. Diarrhœa and Enteritis under two years ...	—	2	—	2	—	
114. Diarrhœa and Enteritis 2 years and over ...	—	3	—	3	—	
116. *Diseases due to Intestinal Parasites.*						
Cestoda (Tænia) ...	—	1	—	1	—	
117. Appendicitis	1	15	—	16	—	
119. Other Affections of the Intestines.						
Acute obstruction ...	—	2	2	2	—	
Colic	—	6	—	6	—	
124. Other Affections of the Liver.						
Cholesystitis	—	3	1	3	—	
128. Acute Nephritis ...	—	1	—	1	—	
Chronic Nephritis ...	—	1	1	1	—	
134. *Diseases of the Urethra.*						
Stricture	—	5	—	5	—	4 same case re-admitted for retention.
140. Uterine Hæmorrhage (non-puerperal) ...	—	1	—	1	—	
141. *A.* Metritis	—	16	—	16	—	
Occlusion Cervic ...	—	1	—	1	—	
143. *A.* Normal Labour ...	1	23	—	24	1	
Abortion	—	6	—	6	—	
Other accidents of Pregnancy ...	—	4	—	4	—	1 threatened abortion. 1 false labour pains. 2 Hyperemesis.
Carried forward ...	10	271	8	281	5	

TABLE VI.—*continued.*

RETURN OF DISEASES AND DEATHS (European In-Patients) for the year 1925 —*continued.*

LIVINGSTONE HOSPITAL.

Diseases.	R. 1924	Yearly Total		Total Cases Treated	R. 1925	Remarks.
		Adms.	Deaths			
Brought forward ...	10	271	8	281	5	
152. Boils—Carbuncle ...	—	3	—	3	—	
153. Abscess—Cellulitis ...	1	7	—	8	1	1 amputation of arm.
155. Other Diseases of the Skin.						
Urticaria	—	1	—	1	—	
Herpes Zoster ...	—	1	—	1	—	
Tropical Ulcer ...	—	2	—	2	—	
158. Other Diseases of Bones or Organs of Locomotion	—	4	—	4	—	1 Ganglion, 2 Ingrowing Toe Nails, 1 Necrosis.
176. Attacks of Poisonous Animals.						
Insect bite	—	1	—	1	—	
177. Other Accidental Poisonings	—	1	—	1	—	
178. Burns (by fire)	—	1	—	1	—	Burnt foot.
179. Burns (other than by fire)	—	2	1	2	—	Scalds.
184. Wounds (cutting or stabing instruments) ...	—	1	—	1	—	Attempted suicide.
185. Wounds (by fall) ...	—	6	—	6	—	Mostly motor accidents, 1 serious (fractured skull).
187. Wounds (by Machinery)	1	2	—	3	—	1 fractured knee.
188. Wounds (crushing, *e.g.*, railway accidents, etc.)	—	6	1	6	—	1 general injuries (deceased). 1 Dislocated Shoulder. 1 Contusions. 1 Crushed Ankle. 1 Injured Shoulder.
202. Other External Injuries...	—	3	—	3	—	Cut foot, same case re-admitted.
Total ...	12	312	10	324	6	

TABLE VI.—*continued.*

RETURN OF DISEASES AND DEATHS (European In-Patients) for the year 1926.

LIVINGSTONE HOSPITAL.

Diseases.	R. 1925	Yearly Total		Total Cases Treated	R. 1926	Remarks.
		Adms.	Deaths			
I. EPIDEMIC AND INFECTIOUS.						
1. Enteric Group.						
(*a*) Typhoid	—	2	—	2	—	
(*d*) Paratyphoid ...	1	5	—	6	—	
5. Malaria.						
(*a*) Tertian	1	94	—	95	2	
(*e*) Blackwater ...	—	9	3	9	1	
7. Measles	—	2	—	2	—	
11. Influenza	—	14	—	14	—	
16. Dysentery.						
(*a*) Amœbic	—	1	—	1	—	
(*b*) Bacillary	—	3	—	3	—	
27. Anthrax	—	1	—	1	—	
31. Tuberculosis Pul. ...	—	2	—	2	—	
37. Tuberculosis dissem. Chronic	1	—	—	1	1	
38. Syphilis (*e*)	—	2	—	2	—	
II. GENERAL DISEASES.						
43. Cancer of Buccal Cavity	1	—	1	1	—	
45. Sarcoma of Peritoneum...	—	2	—	2	—	Same case re-admitted.
51. Acute Rheumatism ...	—	1	—	1	1	
69. Debility	—	1	—	1	—	
III. AFFECTIONS OF NERVOUS SYSTEM AND ORGANS OF SENSES.						
78. Epilepsy	—	3	—	3	—	2 patients only.
82. *C.* Neurasthenia... ...	—	1	—	1	—	
85*a*. Corneal Ulcer	—	2	—	2	—	
Iritis	—	1	—	1	—	
85*b*. Conjunctivitis	—	2	—	2	—	
IV. AFFECTIONS OF CIRCULATORY SYSTEM.						
93. Hæmorrhoids	—	1	—	1	—	
Varicose Ulcer	—	1	—	1	—	
95. Hæmorrhage of undetermined cause ...	—	1	—	1	—	Hæmoptosis.
Carried forward ...	4	151	4	155	5	

TABLE VI.—*continued.*

RETURN OF DISEASES AND DEATHS (European In-Patients) for the year 1926 —*continued.*

LIVINGSTONE HOSPITAL.

Diseases.	R. 1925	Yearly Total		Total Cases Treated	R. 1926	Remarks.
		Adms.	Deaths			
Brought forward ...	4	151	4	155	5	
V. AFFECTIONS OF RESPIRATORY SYSTEM.						
98. Laryngitis	—	1	—	1	—	
101*b*. Pneumonia	—	6	1	6	1	
VI. DISEASES OF DIGESTIVE SYSTEM.						
109. Tonsillitis	—	2	—	2	—	
112. Gastritis	—	1	—	1	—	
113. Enteritis (under two) ...	—	1	1	1	—	
114. Diarrhœa Enteritis ...	—	3	—	3	—	
117. Appendicitis	—	21	—	21	—	
118. Hernia	—	5	—	5	—	
119. *b*. Adhesions	—	1	—	1	—	
Constipation	—	4	—	4	—	
124. Liver Abscess	—	1	—	1	—	
124. Cholecystitis	—	2	—	2	—	
126. Peritonitis	—	1	1	1	—	Abscess of Colon.
VII. DISEASES OF GENITO URINARY SYSTEM.						
128. Acute Nephritis ...	—	1	—	1	—	
129. Chronic	—	1	1	1	—	
133. Cystitis	—	1	—	1	—	
135. Prostatitis	—	1	—	1	1	
136. Orchitis	—	1	—	1	—	
141. *A*. Metritis	—	5	—	5	—	1 case Septic. Hysterectomy performed.
141. *B*. Prolapse Uterus ...	—	1	—	1	—	
142. Mastitis	—	3	—	3	—	
VIII. PUERPERAL STATE.						
143. *A*. Normal labour ...	1	30	—	31	1	
143. *B*. (*a*) Abortion ...	—	13	—	13	—	1 case re-admitted.
(*b*) Retained placenta	—	1	—	1	—	
(*c*) Observation pregnancy (Threatened premature labour)	—	5	—	5	—	
Carried forward ...	5	263	8	268	8	

TABLE VI.—*continued.*

RETURN OF DISEASES AND DEATHS (European In-Patients) for the year 1926 —*continued.*

LIVINGSTONE HOSPITAL.

Diseases.	R. 1925	Yearly Total: Adms.	Yearly Total: Deaths	Total Cases Treated	R. 1926	Remarks.
Brought forward ...	5	263	8	268	8	
IX. AFFECTIONS OF SKIN AND CELLULAR TISSUES.						
152. Boil	—	1	—	1	—	
153. Abscess	—	3	—	3	—	
Cellulitis	1	6	—	7	—	1 case re-admitted.
154. *A.* Tinea	—	1	—	1	—	
155. Tropical Ulcer	—	2	—	2	—	
X. DISEASES OF BONES AND ORGANS OF LOCOMOTION.						
156. Osteitis	—	2	—	2	—	
Periostitis	—	1	—	1	—	
157. Arthritis	—	1	—	1	—	
XIV. AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
165. Suicide by Poisoning (attempted)	—	2	—	2	—	1 Lysol taken internally, 1 Quinine taken in excess.
176. Insect bite	—	1	—	1	—	
178. Burns	—	1	—	1	—	
183. Gunshot Wound ...	—	1	—	1	—	
185. Wounds (Fall)	—	17	1	17	—	Mostly motor accidents.
188. Wounds (crushing) ...	—	2	—	2	—	
194. Sunstroke	—	1	1	1	—	
XV. ILL-DEFINED DISEASES.						
Hiccough	—	1	—	1	—	Cause not ascertained.
Total ...	6	306	10	312	8	

TABLE VI.—*continued.*

RETURN OF DISEASES AND DEATHS (European In-Patients) for the year 1925.

BROKEN HILL HOSPITAL.

Diseases.	R. 1924	Yearly Total		Total Cases Treated	R. 1925	Remarks.
		Adms.	Deaths			
INFECTIVE.						
Dysentery—Bacillary ...	—	3	—	3	—	
Influenza	—	12	—	12	—	
Leprosy—Anæsthetic ...	—	1	—	1	1	
Malaria—Aestivoautumnal ...	1	55	—	56	3	
Blackwater	—	5	—	5	1	
Pneumonia	—	2	—	2	—	
INTOXICATIONS.						
Alcoholism	—	4	1	4	—	
LOCAL DISEASES.						
Diseases of the Nervous System.						
Neuritis	—	1	—	1	—	
Paralysis	—	1	—	1	—	
Mania	—	3	—	3	—	
DISEASES OF THE EYE.						
Conjunctivitis	—	2	—	2	—	
DISEASES OF THE CIRCULATORY SYSTEM.						
Aneurism	—	2	—	2	—	
Angina Pectoris	—	1	1	1	—	
DISEASES OF THE RESPIRATORY SYSTEM.						
Bronchitis	—	3	—	3	—	
Pleurisy	—	2	—	2	—	
Asthma	—	1	—	1	—	
DISEASES OF THE DIGESTIVE SYSTEM.						
Inflammation of Tonsils ...	—	2	—	2	—	
Gastritis	—	1	—	1	—	
Dyspepsia	—	1	—	1	—	
Appendicitis	—	1	—	1	—	
Diarrhœa	—	1	—	1	—	
Cirrhosis	—	2	—	2	—	
Jaundice	—	1	—	1	—	
Gall Stones	—	2	—	2	1	
Carried forward ...	1	109	2	110	6	

TABLE VI.—*continued.*

RETURN OF DISEASES AND DEATHS (European In-Patients) for the year 1925 —*continued.*

BROKEN HILL HOSPITAL.

Diseases.	R. 1924	Yearly Total		Total Cases Treated	R. 1925	Remarks.
		Adms.	Deaths			
Brought forward	1	109	2	110	6	
DISEASES OF THE URINARY SYSTEM.						
Pyelitis	—	1	—	1	—	
DISEASES OF THE GENERATIVE SYSTEM, MALE ORGANS.						
Prostatis	—	1	—	1	—	
FEMALE ORGANS.						
Endometritis	—	2	—	2	—	
Dysmenorrhœa	—	1	—	1	—	
Abortion	1	5	—	6	—	
Maternity	—	18	—	18	1	
DISEASES OF ORGANS OF LOCOMOTION.						
Rheumatism	—	2	—	2	—	
DISEASES OF CONNECTIVE TISSUE						
Cellulitis	—	7	—	7	1	
Abscess...	—	3	—	3	—	
DISEASES OF THE SKIN.						
Ulcers	—	4	—	4	2	
Injuries, General...	—	18	—	18	2	
Tumours	—	1	1	1	—	
PARASITES, CESTODA.						
Tænia Solium	—	2	—	2	—	
Total	2	174	3	176	12	

TABLE VI.—*continued.*

RETURN OF DISEASES AND DEATHS (European In-Patients) for the year 1926.

BROKEN HILL HOSPITAL.

Diseases.	R. 1925	Yearly Total		Total Cases Treated	R. 1926	Remarks.
		Adms.	Deaths			
1*d*. Enteric Fever	—	4	1	4	—	
3. Relapsing Fever ...	—	1	—	1	—	
5*c*. Malaria	3	72	—	75	—	
5*e*. Blackwater	1	9	4	10	—	
9. Pertussis	—	1	—	1	—	
11. Influenza	—	9	—	9	—	
16*b*. Dysentery	—	4	—	4	1	
20. Leprosy	1	—	—	1	—	
49. Carcinoma Lung	—	1	1	1	—	
66. Alcoholism	—	1	1	1	—	
74*b*. Apoplexy	—	1	1	—	—	
75*b*. Paralysis	—	1	—	1	—	
82*b*. Neuritis	—	1	—	1	—	
90. V.D. Heart	—	4	2	4	—	
93. Varicose Ulcer	—	1	—	1	—	
98. Laryngitis	—	1	—	1	—	
99*a*. Bronchitis	—	2	1	2	—	
101*a*. Pneumonia	—	1	—	1	—	
102. Pleurisy	—	1	—	1	—	
105. Asthma	—	2	—	2	1	
109. Tonsilitis	—	1	—	1	—	
111*a*. Gastric Ulcer	—	1	—	1	—	
112. Gastritis	—	2	—	2	—	
114*b*. Colitis	—	1	—	1	—	
117. Appendicitis	—	5	1	5	1	
118. Hernia	—	1	—	1	—	
119*b*. Intestinal Obstruction ...	—	2	—	2	—	
124. Jaundice	—	1	—	1	—	
124*c*. Cholecystitis	1	1	—	2	—	
131. Pyelitis	—	1	1	1	—	
133. Cystitis	—	4	—	4	—	
135. Enlarged Prostate ...	—	1	—	1	—	
138. Salpingitis	—	2	—	2	—	
141*a*. Metritis	—	3	—	3	—	
141*b*. Dysmenorrhœa	—	3	—	3	—	
143*a*. Maternity	1	26	—	27	—	
143. *B.—a*. Abortion	—	4	—	4	—	
143. *B.—c*. Hyperemesis ...	—	1	—	1	—	
153. Abscess	1	13	—	14	—	
154*b*. Scabies	—	1	—	1	—	
155. Herpes Zoster	—	1	—	1	—	
179. Scalds	—	1	—	1	—	
185. Wounds	—	8	—	8	—	
201*c*. Fractures	2	7	—	9	2	
Ulcer	1	—	—	1	—	
Total	11	208	13	219	5	

TABLE VI.—*continued.*

RETURN OF DISEASES AND DEATHS (European In-Patients) for the year 1925.

LUSAKA HOSPITAL.

Diseases.	R. 1924	Yearly Total		Total Cases Treated	R. 1925	Remarks.
		Admns.	Deaths			
I. EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES.						
1*a*. Typhoid Fever ...	—	2	—	2	1	
5. Malaria	1	54	1	55	—	
5*e*. Blackwater Fever ...	—	2	1	2	—	
7. Measles	—	1	—	1	—	
11. Influenza	—	6	1	6	2	
25*g*. Yaws	—	1	—	1	—	
37*b*. Tuberculosis Chr. ...	—	2	2	2	—	
38. Syphilis	—	1	1	1	—	Infant, congenital.
II. GENERAL DISEASES.						
45. Cancer of Colon ...	—	1	—	1	—	
66. Alcoholism	—	1	—	1	—	
III. AFFECTIONS OF NERVOUS SYSTEM AND ORGANS OF SENSES.						
82*b*. Neuritis	—	1	—	1	—	
82*c*. Neurasthenia	—	2	—	2	—	
84. Sciatica	—	1	—	1	—	
85*c*. Pterigia	—	1	—	1	—	
85*e*. Vitreous Opacities ...	—	1	—	1	—	
85*e*. Irido Cyclitis	—	1	—	1	—	
IV. AFFECTIONS OF CIRCULATORY SYSTEM.						
93. Varicose Ulcers ...	—	1	—	1	—	
V. AFFECTIONS OF RESPIRATORY SYSTEM.						
99. Bronchitis	—	6	1	6	—	
104. Gangrene of Lungs ...	—	1	1	1	—	
VI. DISEASES OF DIGESTIVE SYSTEM.						
109. Tonsils and Adenoids ...	1	11	—	12	—	
112. Gastritis...	—	3	—	3	—	
Gastralgia	—	1	—	1	—	
114. Diarrhœa	—	5	—	5	—	
117. Appendicitis	—	6	1	6	—	
118. Hernia	1	2	—	3	—	
119*a*. Hæmorrhoids	—	1	—	1	—	
Ischio Rectal-Sinus ...	—	1	—	1	—	
119*b*. Constipation	—	1	—	1	—	
Carried forward ...	3	117	9	120	3	

TABLE VI.—*continued.*

RETURN OF DISEASES AND DEATHS (European In-Patients) 1925—*continued.*

LUSAKA HOSPITAL.

Diseases.	R. 1924	Yearly Total		Total Cases Treated	R. 1925	Remarks.
		Adms.	Deaths			
Brought forward ...	3	117	9	120	3	
VII. DISEASES OF GENITO-URINARY SYSTEM.						
133. Cystitis	—	1	—	1	—	
141*b*. Endometritis	1	4	—	5	—	
Retroversion	—	1	—	1	—	
Amenorrhœa	—	1	—	1	—	
Menorrhagia	—	1	—	1	—	
VIII. PUERPERAL STATE.						
143*a*. Normal labour ...	1	12	1	13	1	
143*b*. (*a*). Abortion	—	2	—	2	—	
143*b*. (*c*). Hyperemesis ...	—	1	—	1	—	
IX. AFFECTIONS OF SKIN. *Tissues.*						
153. Abscess	—	3	—	3	—	
153. Cellulitis	—	4	—	4	—	
155. Impetigo	—	1	—	1	—	
XI. MALFORMATIONS.						
159. Malformation of finger...	—	1	—	1	—	
XIV. AFFECTIONS BY EXTERNAL CAUSES.						
187. Wounds	—	4	—	4	1	
201*a*. Dislocations	—	1	—	1	—	
201*b*. Sprained knee	—	1	—	1	—	
201*c*. Fractures	—	2	—	2	—	
XV. ILL DEFINED DISEASES.						
205*a*. Shock	—	1	—	1	—	
Total ...	5	158	10	163	5	

TABLE VI.—*continued.*

RETURN OF DISEASES AND DEATHS (European In-Patients) for the year 1926.

LUSAKA HOSPITAL.

Diseases.	R. 1925	Yearly Total		Total Cases Treated	R. 1926	Remarks
		Adms.	Deaths			
I. INFECTIOUS DISEASES.						
1. Paratyphoid	1	1	—	2	—	
5*a*. Blackwater Fever ...	—	3	—	3	1	
5*c*. Malaria Sub-Tertian ...	—	73	1	73	3	
11. Influenza	2	5	—	7	—	
16*b*. Dysentery-bacillary ...	—	1	—	1	—	
38*a*. Syphilis	—	1	—	1	—	
II. DISEASES NOT MENTIONED ABOVE.						
49. Sarcoma...	—	1	—	1	—	
66. Alcoholism	—	1	—	1	—	
III. AFFECTIONS OF THE NERVOUS SYSTEM.						
74*a*. Apoplexy	—	2	—	2	—	
78. Epilepsy...	—	1	—	1	—	
82*b*. Sciatica	—	1	—	1	—	
82*c*. Neurasthenia	—	3	—	3	—	
85*c*. Pterygia...	—	1	—	1	—	
IV. AFFECTIONS OF THE CIRCULATORY SYSTEM.						
89. Angina Pectoris ...	—	1	—	1	—	
V. AFFECTIONS OF THE RESPIRATORY SYSTEM.						
99*a*. Bronchitis, acute ...	—	7	—	7	—	
VI. DISEASES OF THE DIGESTIVE SYSTEM.						
109. Tonsillitis	—	3	—	3	—	
112. Gastritis...	—	1	—	1	—	
113. Diarrhœa	—	2	—	2	—	
117. Appendicitis	—	8	—	8	—	
119. Ischio-Rectal Abscess ...	—	2	—	2	—	
124. Jaundice	—	1	—	1	—	
127. Other Diseases	—	3	—	3	—	
Carried forward ...	3	122	1	125	4	

TABLE VI.—*continued.*

RETURN OF DISEASES AND DEATHS (European In-Patients) 1926—*continued.*

LUSAKA HOSPITAL.

Diseases.	R. 1925	Yearly Total		Total Cases Treated	R. 1926	Remarks
		Adms.	Deaths			
Brought forward ...	3	122	1	125	4	
VII. DISEASES OF THE GENITO-URINARY SYSTEM.						
133. Cystitis	—	2	—	2	—	
136. Orchitis	—	1	—	1	—	
141*a*. Endometritis	—	3	—	3	—	
141*b*. Dysmenorrhœa... ...	—	1	—	1	—	
VIII. PUERPERAL STATE.						
143*a*. Normal labour ...	1	16	—	17	—	
143*b*. Abortion	—	1	—	1	—	
150. Mammary Abscess ...	—	1	—	1	—	
IX. AFFECTIONS OF THE SKIN.						
153. Cellulitis...	—	5	1	5	—	
Abscess	—	4	—	4	—	
Tropical Ulcer	—	1	—	1	—	
155. Dermatitis	—	3	—	3	—	
XIV. AFFECTIONS PRODUCED BY EXTERNAL CAUSES ...						
185. General	—	9	—	9	1	
187. Wounds	1	8	—	9	—	
Total ...	5	177	2	182	5	

TABLE VI.—*continued.*

RETURN OF DISEASES AND DEATHS (European In-Patients) for the Year 1925.

FORT JAMESON HOSPITAL.

Diseases.	R. 1924	Yearly Total		Total Cases Treated	R. 1925	Remarks.
		Adms.	Deaths			
I. EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES.						
3. Relapsing Fever ...	—	1	—	1	—	
5. Malaria	—	2	—	2	—	
7. Measles	—	1	—	1	—	
II. GENERAL DISEASES.						
50. Hæmatocele	—	1	—	1	—	
51. Acute Rheumatism ...	—	1	—	1	—	
III. AFFECTIONS OF NERVOUS SYSTEM.						
74*a*. Cerebral...	—	1	—	1	—	
IV. AFFECTIONS OF CIRCULATORY SYSTEM.						
90*b*. Myocarditis	1	1	—	2	1	Same case re-admitted.
V. AFFECTIONS OF RESPIRATORY SYSTEM.						
98. Laryngitis	—	1	—	1	—	
VI. DISEASES OF DIGESTIVE SYSTEM.						
122*a*. Cirrhosis...	—	1	1	1	—	
124. Cholecystitis	—	1	—	1	—	
VII. PUERPERAL STATE.						
143*a*. Normal labour	—	4	—	4	1	
X. DISEASES OF ORGANS OF LOCOMOTION.						
158. Amputation of Toe ...	—	1	—	1	—	
XV. ILL DEFINED DISEASES.						
205*a*. Headache for Observation	—	1	—	1	—	
Total ...	1	17	1	18	2	

TABLE VI.—*continued.*

RETURN OF DISEASES AND DEATHS (European In-Patients) for the year 1926.

FORT JAMESON HOSPITAL.

Diseases.	R. 1925	Yearly Total		Total Cases Treated	R. 1926	Remarks.
		Adms.	Deaths			
I. EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES.						
5. Malaria	—	19	—	19	—	
16. Dysentery	—	1	—	1	—	
42. Trypanosomiasis ...	—	1	—	1	—	
II. GENERAL DISEASES.						
66. Alcoholism	—	1	1	1	—	
III. AFFECTIONS OF THE NERVOUS SYSTEM.						
78. Epilepsy...	—	1	—	1	—	
IV. AFFECTIONS OF CIRCULATORY SYSTEM.						
90*b*. Myocarditis	1	1	—	2	—	
V. RESPIRATORY SYSTEM.						
101. Pneumonia	—	2	1	2	—	
105. Asthma	—	2	—	2	—	
VI. DIGESTIVE SYSTEM.						
109. Tonsillitis	—	4	—	4	—	1 tonsillectomy operation.
118. Hernia	—	1	—	1	—	
VII. URINARY SYSTEM.						
136. Hydrocele	—	1	—	1	—	Operation.
VIII. PUERPERAL STATE.						
143*a*. Normal labour	1	8	—	9	—	
IX. AFFECTIONS OF TISSUES.						
153. Abscess groin	—	1	—	1	—	
XIV. EXTERNAL CAUSES.						
201*c*. Fractured base	—	1	1	1	—	
202. Concussion	—	1	—	1	—	
Total ...	2	45	3	47	—	

TABLE VI.—*continued.*

RETURN OF DISEASES AND DEATHS (European In-Patients) for the year 1925.

KASAMA HOSPITAL.

Diseases.	R. 1924	Yearly Total		Total Cases Treated	R. 1925	Remarks.
		Adms.	Deaths			
INFECTIOUS DISEASES.						
Malaria Tertian	1	—	—	1	—	
Dysentery	—	1	—	1	—	
DISEASES OF THE NERVOUS SYSTEM.						
Neurasthenia	—	1	—	1	—	Classification according to African 959 the later model, not being available at the time.
DISEASES OF THE EYE.						
Choroiditis	—	1	—	1	—	
DISEASES OF THE DIGESTIVE SYSTEM.						
Enteritis	1	3	2	4	—	2 infant deaths.
Hæmorrhoids	—	1	—	1	—	
DISEASES OF THE LYMPHATIC SYSTEM.						
Lymphadenitis (malignant) ...	—	1	—	1	—	
DISEASES OF CONNECTIVE TISSUE.						
Cellulitis	—	2	—	2	—	
Total ...	2	10	2	12	—	

TABLE VI.—*continued.*

RETURN OF DISEASES AND DEATHS (European In-Patients) for the year 1926.

KASAMA HOSPITAL.

Diseases.	R. 1925	Yearly Total		Total Cases Treated	R. 1926	Remarks.
		Adms.	Deaths			
I. EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES.						
3. Relapsing Fever ...	—	2	—	2	—	
5. Malaria	—	4	—	4	—	
11. Influenza	—	2	—	2	—	
VIII. PUERPERAL STATE.						
143*b*. Delayed labour... ...	—	1	—	1	—	
XIV. AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
201*b*. Sprain	—	1	—	1	—	
Total ...	—	10	—	10	—	

TABLE VI.—*continued.*

RETURN OF DISEASES AND DEATHS (European In-Patients) for the year 1925.

MONGU HOSPITAL.

Diseases.	R. 1924	Yearly Total		Total Cases Treated	R. 1925	Remarks.
		Adms.	Deaths			
INFECTIOUS DISEASES.						
Dysentery—Bacillary ...	—	1	—	1	—	
Relapsing Fever	—	1	—	1	—	
Septicæmia	—	1	1	1	—	
DISEASES OF GENERATIVE SYSTEM, FEMALE ORGANS.						
Delayed Labour	—	1	—	1	—	
Surgical Operations	—	—	—	—	—	
Minor	—	—	—	—	—	6
Total ...	—	4	1	4	—	6

RETURN OF DISEASES AND DEATHS (European In-Patients) for the year 1926.

MONGU HOSPITAL.

Diseases.	R. 1925	Yearly Total		Total Cases Treated	R. 1926	Remarks.
		Adms.	Deaths			
INFECTIOUS DISEASES.						
Dysentery—Bacillary ...	—	1	—	1	—	
Influenza	—	2	—	2	—	
DISEASES OF DIGESTIVE SYSTEM.						
Ileo-Colitis	—	1	—	1	—	
DISEASES OF GENERATIVE SYSTEM.						
Male Organs.						
Urinary Fistula	—	1	—	1	—	
Female Organs.						
Accidental Hæmorrhage ...	—	1	—	1	—	
Post partum Hæmorrhage...	—	1	—	1	—	
Delayed Labour	—	1	—	1	—	
SURGICAL OPERATIONS.						
Minor	—	—	—	—	—	2
Total ...	—	8	—	8	—	2

TABLE VIa.

RETURN OF DISEASES AND DEATHS (Native In-Patients) for the year 1925.

LIVINGSTONE NATIVE HOSPITAL.

Diseases.	R 1924	Yearly Total		Total Cases Treated	R. 1925	Remarks.
		Admns.	Deaths			
I. EPIDEMIC, ENDEMIC INFECTIOUS DISEASES.						
1*a*. Typhoid Fever ...	—	13	8	13	—	
1*d*. Paratyphoid	2	—	—	2	—	
3. Relapsing Fever ...	—	1	—	1	—	
5. Malaria	—	46	—	46	—	
5*e*. Blackwater	—	1	—	1	—	
7. Measles	—	24	—	24	—	
9. Whooping Cough ...	—	3	1	3	—	
11. Influenza	6	197	22	203	8	
13. Mumps	—	4	—	4	—	
16*b*. Dysentery	—	8	4	8	1	
20. Leprosy	—	6	—	6	1	
25*b*. Chicken-Pox	—	11	—	11	—	
25*g*. Yaws	—	4	—	4	1	
31. Tuberculosis	1	3	3	4	1	
32. Tubercular Meningitis	—	1	1	1	—	
38*a*. Syphilis—Primary ...	1	3	—	4	—	
38*c*. Syphilis—Tertiary ...	—	26	—	26	1	
38*d*. Syphilis—Congenital ...	—	3	1	3	—	
40*a*. Gonorrhœa	—	5	—	5	—	
41. Septicæmia	—	2	2	2	—	
II. GENERAL DISEASES NOT MENTIONED ABOVE.						
44. Cancer of Stomach ...	—	1	1	1	—	
50. Tumours, non-malignant	—	2	—	2	—	
52. Chronic Rheumatism ...	—	16	—	16	1	
53. Scurvy	—	9	1	9	1	
54. Pellagra	—	5	2	5	—	
64. Ruptured Spleen ...	—	1	1	1	—	
69. Onyalai	—	1	—	1	—	
69. Pyæmia	—	1	1	1	—	
III. AFFECTIONS OF THE NERVOUS SYSTEM AND SENSE ORGANS.						
71. Meningitis	—	4	4	4	—	
78. Epilepsy	—	2	—	2	—	
82*b*. Neuritis	—	2	—	2	—	
85*b*. Conjunctivitis	—	25	—	25	1	
85*e*. F.B. in Eye	—	1	—	1	—	
85*e*. Cataract...	—	1	—	1	—	
85*e*. In-growing Lashes ...	—	2	—	2	—	
85*e*. Iritis	—	1	—	1	—	
85*e*. Blindness	—	1	—	1	—	
86. Otorrhœa	—	3	—	3	—	
Carried forward ...	10	439	52	449	16	

TABLE VIA.—*continued.*

RETURN OF DISEASES AND DEATHS (Native In-Patients) 1925—*continued.*

LIVINGSTONE NATIVE HOSPITAL.

Diseases.	R. 1924	Yearly Total		Total Cases Treated	R. 1925	Remarks.
		Adms.	Deaths			
Brought forward ...	10	439	52	449	16	
IV. AFFECTIONS OF THE CIRCULATORY SYSTEM						
90. Heart Disease—Mitral...	—	2	—	2	—	
92. Pulmonary Embolism ...	—	1	1	1	—	
93. Phlebitis...	—	2	—	2	—	
94. Lymphangitis	—	2	—	2	—	
V. AFFECTIONS OF RESPIRATORY SYSTEM.						
98. Laryngitis	—	1	—	1	—	
99*a*. Acute Bronchitis ...	—	9	2	9	—	
100. Broncho-Pneumonia ...	—	16	4	16	—	
101*b*. Pneumonia	6	73	24	79	1	
102. Pleurisy	—	4	—	4	—	
103. Congestion of Lungs ...	—	1	1	1	—	
VI. DISEASES OF THE DIGESTIVE SYSTEM.						
109. Tonsillitis	—	1	—	1	—	
112. Gastritis...	—	5	—	5	—	
114. Diarrhœa and Enteritis	—	2	1	2	—	
117. Appendicitis	—	1	—	1	1	
118. Hernia	—	2	1	2	—	
119*a*. Prolapse Rectum ...	—	1	—	1	—	
119*b*. Constipation	—	1	—	1	—	
120. Sub - Acute Yellow Atrophy of Liver ...	—	1	—	1	1	
126. Peritonitis	—	1	1	1	—	
127. Colic	—	1	—	1	—	
VII. DISEASES OF THE GENITO-URINARY SYSTEM.						
129. Chronic Nephritis ...	—	1	1	1	—	
134*a*. Stricture...	—	1	—	1	—	
136. Paraphimosis	—	1	—	1	—	
136. Hydrocele	—	1	—	1	—	
136. Orchitis	—	2	—	2	—	
138. Salpingitis	—	1	—	1	—	
139. Uterine Tumour ...	—	1	—	1	—	
142. Abscess of breast ...	—	2	—	2	—	
VIII. PUERPERAL STATE						
143*a*. Normal Labour... ...	—	4	—	4	—	
143*b*. Craniotomy	—	1	—	1	—	
143*b*. (*c*) Antepartum Hæmorrhage...	—	1	—	1	—	
143*b*. (*a*) Abortion	—	1	—	1	—	
143*b*. (*b*) Ectopic Gestation...	—	1	—	1	—	
145. Retained Placenta ...	—	8	—	8	—	
Carried forward ...	16	592	88	608	19	

TABLE VIA.—*continued.*

RETURN OF DISEASES AND DEATHS (Native In-Patients), 1925—*continued.*

LIVINGSTONE NATIVE HOSPITAL.

Diseases.	R. 1924	Yearly Total		Total Cases Treated	R. 1925	Remarks.
		Adms.	Deaths			
Brought forward ...	16	592	88	608	19	
IX. AFFECTIONS OF THE SKIN AND CELLULAR TISSUES.						
152. Boils	—	1	—	1	—	
153. Abscess	2	27	—	29	—	
154*b*. Scabies	—	10	—	10	1	
155. Elephantiasis	—	1	—	1	—	
155. Acne	—	1	—	1	—	
155. Tropical Ulcer	12	132	4	144	17	
X. DISEASES OF BONES AND ORGANS OF LOCOMOTION.						
156. Osteitis	—	1	—	1	1	
XII. DISEASES OF INFANCY.						
160. Congenital—Debility ...	—	7	6	7	—	
XIV. AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
176. Insect bite	—	1	—	1	—	
176. Snake bite	—	10	—	10	—	
178. Burns by fire	—	6	1	6	1	
179. Burns by Acid	—	1	—	1	—	
184. Spear wound	—	1	—	1	—	
185. Wounds by fall... ...	—	2	—	2	—	
188. Wounds by crushing ...	—	18	1	18	2	Mostly railway accidents.
189. Injuries by animals ...	—	4	—	4	—	
192*b*. Starvation	—	1	1	1	—	
201*a*. Dislocation	—	1	—	1	—	
201*c*. Fractures	—	4	—	4	—	
202. Other injuries	8	84	—	92	2	Various wounds of minor importance.
XV. ILL DEFINED DISEASES.						
204. Sudden death	—	1	1	1	—	Inquest ; natural causes.
205*a*. Cases for observation...	—	13	—	13	—	
205*b*. Malingering	—	4	—	4	—	
Total ...	38	923	102	961	43	

TABLE VIA.—*continued.*

RETURN OF DISEASES AND DEATHS (Native In-Patients) for the year 1926.

LIVINGSTONE NATIVE HOSPITAL.

Diseases.	R. 1925	Yearly Total		Total Cases Treated	R. 1926	Remarks
		Adms.	Deaths			
I. EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES.						
1*a*. Typhoid Fever	—	14	4	14	1	
5. Malaria	—	66	1	66	2	
6. Alastrim...	—	13	—	13	—	
7. Measles	—	2	—	2	—	
11. Influenza	8	187	29	195	5	Deaths mostly due to pneumonia.
13. Mumps	—	8	—	8	—	
16*b*. Dysentery	1	13	6	14	—	
20. Leprosy	1	8	—	9	—	
24. Cerebro-Spinal Min. ...	—	6	5	6	1	
25*b*. Chicken Pox	—	3	—	3	—	
25*g*. Yaws	1	—	—	1	—	
31. Tuberculosis—Pul. ...	1	3	3	4	1	
32. T. Meningitis	—	1	1	1	—	
33. T. Peritonitis	—	2	1	2	1	
36*c*. T. Glands	—	2	—	2	1	
38*c*. Syphilis	1	41	—	42	2	
40*a*. Gonorrhœa	—	16	—	16	—	
40*b*. Gon. Ophthalmia ...	—	1	—	1	1	
41. Septicæmia	—	1	1	1	—	
II. GENERAL DISEASES NOT MENTIONED ABOVE.						
44. Cancer of Stomach ...	—	1	—	1	—	
45. Cancer Peritoneum ...	—	1	1	1	—	
46. Cancer of Uterus ...	—	2	1	2	—	
49. Cancer Unspecified ...	—	3	2	3	—	
50. Tumours	—	5	—	5	—	2 Lipoma.
51. Acute Rheumatism ...	1	22	1	22	2	
52. Chronic Rheumatism ...	—	2	—	2	—	
53. Scurvy	1	7	1	8	—	
54. Pellagra	—	1	—	1	—	
60. Thyroid Cyst	—	1	—	1	1	
64. Splenic Abscess... ...	—	2	2	2	—	
69. Onyalai	—	3	1	3	—	
69. Pyæmia	—	3	2	3	1	
69. Debility, Gen.	—	2	1	2	—	
Carried forward ...	15	442	63	456	19	

TABLE VIA.—*continued.*

RETURN OF DISEASES AND DEATHS (Native In-Patients) 1926—*continued.*

LIVINGSTONE NATIVE HOSPITAL.

Diseases.	R. 1925	Yearly Total		Total Cases Treated	R. 1926	Remarks.
		Adms.	Deaths			
Brought forward ...	15	442	63	456	19	
III. AFFECTIONS OF NERVOUS SYSTEM AND SENSE ORGANS.						
71. Meningitis	—	2	1	2	—	
74c. Cerebral Thrombosis ...	—	1	1	1	—	
75*b*. Paralysis	—	1	—	1	—	
77. Dementia	—	5	—	5	—	
78. Epilepsy...	—	2	—	2	2	
82*a*. Hysteria...	—	2	—	2	—	
82*b*. Neuritis	—	1	—	1	—	
84. Sciatica	—	2	—	2	—	
85*b*. Conjunctivitis	1	17	—	18	1	
85*e*. Injury to Eye	—	1	—	1	—	
85*e*. Corneal Ulcers	—	4	—	4	—	
IV. AFFECTIONS OF CIRCULATORY SYSTEM.						
90*a*. V. Disease Heart ...	—	1	—	1	—	
92. Pulmonary Embolism ...	—	1	1	1	—	
94. Lymphangitis	—	1	—	1	—	
95. Epistaxis	—	1	—	1	—	
V. AFFECTIONS OF RESPIRATORY SYSTEM.						
99*a*. Bronchitis	—	5	—	5	—	
100. Broncho-Pneumonia ...	—	11	5	11	—	
101*b*. Pneumonia	1	42	21	43	1	
102. Pleurisy	—	3	—	3	—	
107. Pulmonary Oedema ...	—	1	1	1	—	
VI. DISEASES OF DIGESTIVE SYSTEM.						
109. Tonsillitis	—	1	—	1	—	
114. Diarrhœa and Enteritis	—	8	—	8	1	
115. Ankylostomiasis ...	—	2	1	2	—	
117. Appendicitis	1	1	—	2	—	
119*a*. Prolapse Rectum ...	—	1	—	1	—	
119*a*. Rectal Abscess ...	—	2	—	2	—	
119*b*. Intestinal Obstruction	—	1	1	1	—	
119*b*. Constipation	—	8	—	8	—	
120. Acute Yellow Atrophy of Liver	1	—	1	1	—	
126. Peritonitis	—	1	1	1	—	
Carried forward ...	19	571	97	589	24	

TABLE VIA.—*continued.*

RETURN OF DISEASES AND DEATHS (Native In-Patients) 1926—*continued.*

LIVINGSTONE NATIVE HOSPITAL.

Diseases.	R. 1925	Yearly Total		Total Cases Treated	R. 1926	Remarks.
		Adms.	Deaths			
Brought forward ...	19	571	97	589	24	
VII. DISEASES OF GENITO-URINARY SYSTEM.						
128. Acute Nephritis ...	—	1	—	1	—	
133. Cystitis	—	1	—	1	—	
134*a*. Stricture	—	1	—	1	—	
136. Tumour of Testicle ...	—	1	—	1	—	
141*b*. Amenorrhœa	—	1	—	1	—	
142. Breast Tumour ...	—	1	—	1	—	
VIII. PUERPERAL STATE.						
143*a*. Normal Labour ...	—	8	—	8	—	
143*b*. Delayed labour ...	—	1	1	1	—	
143*b*. Abortion incomplete ...	—	1	—	1	—	
145. Retained Placenta ...	—	5	—	5	—	
IX. AFFECTIONS OF THE SKIN AND CELLULAR TISSUES.						
151. Malignant Oedema ...	—	1	—	1	1	
152. Boils	—	1	—	1	—	
153. Cellulitis	—	3	—	3	—	
153. Abscess	—	19	1	19	—	
153. Septic Conditions ...	2	41	1	43	5	Septic conditions Mostly neglected wounds and minor injuries.
154*b*. Scabies	1	20	—	21	—	
155. Herpes Zoster ...	—	1	—	1	—	
155. Dermatitis	—	2	—	2	—	The 2 cases shown as remaining from 1925 were reported last year under 202 other injuries.
155. Eczema	—	1	—	1	—	
155. Tropical Ulcer	17	228	3	245	11	
Carried forward ...	39	909	103	947	41	

TABLE VIA.—*continued.*

RETURN OF DISEASES AND DEATHS (Native In-Patients) 1926—*continued.*

LIVINGSTONE NATIVE HOSPITAL.

Diseases.	R. 1925	Yearly Total		Total Cases Treated	R. 1926	Remarks.
		Adms.	Deaths			
Brought forward ...	39	909	103	947	41	
X. DISEASES OF BONES AND ORGANS OF LOCOMOTION						
156. Osteitis	1	1	--	2	—	
156. Osteomyelitis	—	1	1	1	—	
157. Synovitis	—	2	—	2	1	
XII. DISEASES OF INFANCY.						
160. Congenital Debility ...	—	2	2	2	—	
161. Premature Birth ...	—	1	—	1	—	
162. Marasmus	—	2	1	2	—	
XIII. AFFECTIONS OF OLD AGE.						
164. Senility	—	1	—	1	—	
XIV. AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
176. Snake Bite	—	5	—	5	—	
177. Accidental poisoning ...	—	1	—	1	—	Caustic soda.
178. Burns by fire	1	11	—	12	4	
184. Wounds by cutting ...	—	31	—	31	1	Including all lacerations.
185. Wounds by fall ...	—	6	1	6	—	
187. Wounds by machinery	—	15	1	15	—	
188. Wounds by crushing, etc.	2	22	—	24	1	Mostly railway accidents.
189. Gored by Ox	—	1	—	1	—	
189. Dog bite	—	1	—	1	1	
189. Kicks	—	1	—	1	—	
192*a*. Over Fatigue	—	1	—	1	—	
201*a*. Dislocations	—	1	—	1	—	
201*b*. Sprains	—	1	—	1	—	
201*c*. Fractures	—	9	—	9	3	
XV. ILL DEFINED DISEASES.						
204. Sudden Death	—	1	1	1	—	Inquest—natural causes.
205*a*. Undiagnosed	—	6	2	6	—	
205*a*. Hyperpyrexia	—	1	1	1	—	
205*b*. Malingering	—	1	—	1	—	
Total ...	43	1,034	113	1,076	52	

TABLE VIA.—*continued.*

RETURN OF DISEASES AND DEATHS (Native In-Patients) for the year 1925.

LUSAKA HOSPITAL.

Diseases.	R. 1924	Yearly Total		Total Cases Treated	R. 1925	Remarks.
		Adms.	Deaths			
INFECTIVE DISEASES.						
Malaria	1	44	1	45	—	
Dysentery	—	3	2	3	—	
Gonorrhœa	—	3	—	3	—	
Influenza	—	16	7	16	—	
Leprosy	2	—	—	2	—	
Syphilis...	1	15	—	16	—	
Tuberculosis	—	2	2	2	—	
Yaws	—	5	—	5	—	
Pneumonia	—	1	—	1	—	
DISEASES OF NERVOUS SYSTEM.						
Sub-Section 1.						
Meningitis	—	1	—	1	—	
Sub-Section 2.						
Epilepsy	—	1	—	1	1	
Sub-Section 3.						
Dementia	—	6	2	6	—	
DISEASES OF THE EYE.						
Conjunctivitis	—	2	—	2	—	
Unclassified	—	6	—	6	—	
DISEASES OF THE NOSE.						
Epistaxis	—	1	1	1	—	
DISEASES OF RESPIRATORY SYSTEM.						
Bronchitis	—	45	1	45	1	
DISEASES OF DIGESTIVE SYSTEM.						
Diarrhœa	—	11	1	11	—	
Peritonitis	—	1	1	1	—	
DISEASES OF LYMPHATIC SYSTEM.						
Elephantiasis	—	2	—	2	—	
DISEASES OF ORGANS OF LOCOMOTION.						
Arthritis	—	2	—	2	1	
DISEASES OF THE SKIN.						
Scabies	—	1	—	1	—	
Tropical Ulcers	2	15	3	17	—	
Ulcers	—	38	—	38	3	
UNCLASSIFIED GENERAL CASES.	1	12	—	13	—	
UNCLASSIFIED SURGICAL CASES	8	53	1	61	3	Death from burns.
Total ...	15	286	22	301	9	

TABLE VIA.—*continued.*

RETURN OF DISEASES AND DEATHS (Native In-Patients) for the year 1926.

LUSAKA NATIVE HOSPITAL.

Diseases.	R. 1925	Yearly Total		Total Cases Treated	R. 1926	Remarks.
		Adms.	Deaths			
I. INFECTIOUS DISEASES.						
5c. Malaria, Sub-Tertian ...	—	54	1	54	4	
11. Influenza	—	5	5	5	—	
16b. Dysentery, Bacillary ...	—	8	1	8	—	
20. Leprosy	—	4	—	4	3	
25b. Chicken Pox	—	1	—	1	—	
25g. Yaws	—	9	—	9	—	
36. Tuberculosis (a) Bones...	—	1	—	1	—	
38a. Syphilis	—	36	—	36	2	
II. GENERAL DISEASES NOT MENTIONED ABOVE.						
50. Tumour (non-mal.) ...	—	3	—	3	—	
III. AFFECTIONS OF THE NERVOUS SYSTEM.						
77. Other forms of Mental Alienations	—	5	—	5	—	
78. Epilepsy...	1	4	—	5	—	
85a. Diseases of the Eye ...	—	2	—	2	—	
85b. Conjunctivitis	—	3	—	3	—	
85e. Other Infections of the Eye	—	1	—	1	—	
86. Affections of the Ear ...	—	1	—	1	—	
IV. AFFECTIONS OF THE CIRCULATORY SYSTEM.						
93. Phlebitis...	—	6	—	6	—	
V. DISEASES OF THE RESPIRATORY SYSTEM.						
99a. Bronchitis	1	72	4	73	—	
101a. Pneumonia	—	6	3	6	—	
VI. DISEASES OF THE DIGESTIVE SYSTEM.						
112. Gastritis...	—	2	—	2	—	
113. Diarrhœa	—	6	—	6	—	
108a. Diseases of the Teeth or Gums	—	1	—	1	—	
Carried forward ...	2	230	14	232	9	

TABLE VIA.—*continued.*

RETURN OF DISEASES AND DEATHS (NATIVE IN-PATIENTS), 1926—*continued.*

LUSAKA NATIVE HOSPITAL.

Diseases.	R. 1925	Yearly Total		Total Cases Treated	R. 1926	Remarks.
		Adms.	Deaths			
Brought forward ...	2	230	14	232	9	
VII. DISEASES OF THE GENITO-URINARY SYSTEM.						
135. Diseases of the Urethra (*b*) Other	—	1	—	1	—	
136. Orchitis	—	2	—	2	—	
VIII. PUERPERAL STATE.						
143*a*. Normal labour	—	1	—	1	—	
IX. AFFECTIONS OF THE SKIN.						
151. Gangrene	—	1	1	1	—	
153. Abscess	—	20	—	20	—	
154*b*. Scabies	—	3	—	3	—	
155. Tropical Ulcers... ...	—	155	—	155	15	
Ulcers	3	—	—	3	—	
XI. MALFORMATIONS.						
157. Arthritis...	1	—	—	1	—	
159. Hernia	—	1	—	1	—	
XIV. AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
176. Snake bites	—	3	—	3	—	
178. Burns (by Fire)... ...	3	5	—	8	—	
183. Wounds (by Firearms) .	—	3	1	3	—	
184. Wounds (by cutting instruments)	—	1	1	1	—	
185. Wounds (by Fall) ...	—	60	—	60	4	
189. Injuries inflicted by animals, bites, kicks ...	—	1	—	1	—	
201*c*. Fracture...	—	2	—	2	—	
Total...	9	489	17	498	28	

TABLE VIIA.

NATIVE OUT-PATIENTS.

XVI.	Diseases, the total of which have not caused 10 deaths ...	846	...	No death.

TABLE VIA.—*continued.*

RETURN OF DISEASES AND DEATHS (Native In-Patients) for the year 1925.

BROKEN HILL HOSPITAL.

Diseases.	R. 1924	Yearly Total		Total Cases Treated	R. 1925	Remarks.
		Adms.	Deaths			
INFECTIVE DISEASES.						
Dysentery, Bacillary	4	62	7	66	—	
Influenza	4	676	69	680	8	Influenza includes following complications :— Pneumonia,54; Cerebral Thrombosis, 6; Splenic Abscess, 10. (See details in report.)
Yaws	—	11	—	11	—	
Small-pox	—	1	—	1	1	
Chickenpox	1	6	—	7	—	
Syphilis...	3	61	—	64	7	
Tuberculosis	3	8	3	11	3	
Measles	3	3	—	6	—	
Cerebro-spinal Meningitis ...	—	2	2	2	—	
GENERAL DISEASES.						
Scurvy	—	2	—	2	—	
Pellagra	1	1	—	2	—	
Rheumatism	—	6	1	6	—	
DISEASES OF NERVOUS SYSTEM.						
Sub-Section 2.						
Epilepsy	2	2	—	4	2	
Sub-Section 3.						
Insanity	—	1	—	1	—	
DISEASES OF CIRCULATORY SYSTEM.						
V. D. Heart	—	1	1	1	—	
DISEASES OF RESPIRATORY SYSTEM.						
Bronchitis	—	11	—	11	—	
Bronchial Catarrh	63	240	—	303	87	
Empyema	—	4	2	4	—	
DISEASES OF DIGESTIVE SYSTEM.						
Diarrhœa	4	10	—	14	3	
Hernia	—	1	—	1	—	
Appendicitis	—	1	1	1	—	
Cirrhosis	—	1	—	1	1	
DISEASES OF LYMPHATIC SYSTEM.						
Lymphangitis	—	1	—	1	—	
Carried forward ...	88	1,112	86	1,200	112	

TABLE VIA.—*continued.*

RETURN OF DISEASES AND DEATHS (NATIVE IN-PATIENTS), 1925—*continued.*

BROKEN HILL HOSPITAL.

Diseases.	R. 1924	Yearly Total		Total Cases Treated	R. 1925	Remarks.
		Adms.	Deaths			
Brought forward ...	88	1,112	86	1,200	112	
DISEASES OF URINARY SYSTEM.						
Nephritis	—	2	2	2	—	
DISEASES OF GENERATIVE SYSTEM.						
FEMALE ORGANS.						
Maternity	—	16	—	16	—	
Abortion	1	—	—	1	—	
Puerperal Septicæmia... ...	—	1	1	1	—	
DISEASES OF CONNECTIVE TISSUE.						
Abscess	5	153	1	158	5	
DISEASES OF THE SKIN.						
Scabies	—	2	—	2	—	
Ulcers	22	40	—	62	20	
TUMOURS	—	1	1	1	—	
POISONING (lead)...	—	18	—	18	—	
INJURIES (general)	12	22	—	34	11	
Total...	128	1,367	91	1,495	148	

TABLE VIA.—*continued.*

RETURN OF DISEASES AND DEATHS (Native In-Patients) for the year 1926.

BROKEN HILL.

Diseases.	R. 1925.	Yearly Total		Total Cases Treated	R. 1926.	Remarks.
		Adms.	Deaths			
1*d*. Enteric Fever	—	6	6	6	—	
6. Variola	1	—	—	1	—	
7. Measles	—	21	—	21	2	
11. Influenza	5	405	21	410	39	
16*b*. Dysentery	—	35	9	35	1	
20. Leprosy	—	2	—	2	—	
24. Cerebro-Spinal Meningitis	—	2	2	2	—	
25*b*. Chicken-pox	—	17	—	17	—	
25*g*. Yaws	—	4	—	4	—	
25*h*. Sleeping Sickness	—	1	1	1	—	
31. Pulmonary Tuberculosis ...	3	17	17	20	—	
38. Syphilis	7	73	—	80	6	
40*a*. Gonorrhœa	—	8	—	8	—	
41. Acute Septicæmia ...	—	1	1	1	—	
44. Cancer of Liver	—	1	1	1	—	
49. Multiple Sarcomata ...	—	1	1	1	—	
51. Rheumatism	—	7	—	7	—	
53. Scurvy	—	2	—	2	—	
54. Pellagra	—	5	—	5	—	
67. Lead Poisoning	—	5	—	5	—	
74*c*. Cerebral Thrombosis ...	—	1	1	1	—	
75*b*. Paralysis	—	1	—	1	—	
77. Insanity	—	7	—	7	—	
78. Epilepsy	2	2	—	4	—	
85*b*. Conjunctivitis	—	6	—	6	—	
87. Pericarditis	—	1	1	1	—	
90*a*. Valvular Disease Heart ...	—	1	1	1	—	
99*a*. Bronchitis	87	471	1	558	25	
101*a*. Lobar Pneumonia... ...	3	32	6	35	—	
101*b*. Bronchial Pneumonia ...	—	140	15	140	1	
114. Diarrhœa	3	20	—	23	7	
115. Ankylostomiasis	—	3	—	3	—	
118. Hernia	—	2	—	2	1	
122*b*. Hepatic Cirrhosis	1	5	5	6	—	
127. Intestinal Thrombosis ...	—	2	2	2	—	
128. Nephritis	—	1	1	1	—	
143*a*. Maternity	—	6	3	6	—	
146. Puerperal Septicæmia ...	—	1	1	1	—	
153. Abscesses	5	27	1	32	3	
155. Tropical Ulcers	20	78	—	98	20	
126. Peritonitis	—	1	1	1	—	
154*b*. Scabies	—	4	—	4	—	
155. Chigoes	—	5	—	5	—	
Carried forward ...	137	1,430	98	1,567	105	

TABLE VIA.—*continued.*

RETURN OF DISEASES AND DEATHS, 1926—*continued.*

BROKEN HILL.

	Diseases.	R. 1925.	Yearly Total		Total Cases Treated	R. 1926.	Remarks.
			Adms.	Deaths			
	Brought forward ...	136	1,430	98	1,567	105	
164.	Senility	—	3	3	3	—	
175.	Ptomaine Poisoning ...	—	8	—	8	—	
186.	Wounds	11	180	3	191	16	
198.	Homicide	—	2	2	2	—	
201*c*.	Fractures	—	31	—	31	9	
205*a*.	Unspecified	—	28	—	28	—	
	Onyalai	—	4	—	4	—	
	Splenic Abscesses... ...	—	11	7	11	2	
	Total	148	1,697	113	1,845	132	

MAZABUKA NATIVE HOSPITAL, 1925.

There were 275 in-patients with 10 deaths during 1925.

Out-patient attendances numbered 1,508. A temporary local appointment was necessitated at this station, and it was found impossible to obtain satisfactory returns.

TABLE VI*a*—*continued.*

RETURN OF DISEASES AND DEATHS (Native In-Patients) for the year 1926.

MAZABUKA HOSPITAL.

Diseases.	R. 1925.	Yearly Total		Total Cases Treated	R. 1926.	Remarks.
		Adms.	Deaths			
I. EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES.						
5*a*. Malaria	—	19	—	19	1	
6. Smallpox	—	4	—	4	—	
11. Influenza	—	16	1	16	—	
16*b*. Dysentery	—	7	2	7	—	
25*g*. Yaws	—	13	—	13	—	
38*e*. Syphilis	—	30	—	30	1	
40. A. Gonorrhœa	2	3	—	5	—	
II. GENERAL DISEASES NOT MENTIONED ABOVE.						
52. Chronic Rheumatism ...	1	4	—	5	2	
53. Scurvy	—	6	—	6	—	
64. Diseases of the Spleen	—	3	—	3	—	
III. AFFECTIONS OF THE NERVOUS SYSTEM AND ORGANS OF THE SENSES.						
85*b*. Conjunctivitis	—	12	—	12	—	
V. AFFECTIONS OF THE RESPIRATORY SYSTEM.						
99*a*. Bronchitis	1	11	—	12	—	
101*b*. Pneumonia	—	32	10	32	—	
VI. DISEASES OF THE DIGESTIVE SYSTEM.						
114. Diarrhœa	—	11	2	11	—	
IX. AFFECTIONS OF THE SKIN AND CELLULAR TISSUES.						
152. Boil	—	12	—	12	—	
154*b*. Scabies	—	4	—	4	1	
155. Tropical Ulcer	4	82	—	86	7	
XIV. AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
179. Burns	2	4	—	6	—	
184–188. Wounds	3	40	1	43	7	
201. *B*. Sprain	—	6	—	6	—	
201. *C*. Fracture	—	3	1	3	—	
Total...	13	322	17	335	19	

TABLE VI*a*—*continued.*

RETURN OF DISEASES AND DEATHS (Native In-Patients) for the year 1925.

FORT JAMESON HOSPITAL.

Diseases.	R. 1924.	Yearly Total		Total Cases Treated	R. 1925.	Remarks.
		Adms.	Deaths			
I. EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES.						
3. Relapsing Fever ...	—	17	—	17	—	
7. Measles	—	1	—	1	—	
16. Dysentery	1	5	—	6	—	
20. Leprosy	—	2	—	2	2	
25*b*. Varicella	—	1	—	1	—	
31. Pulmonary Tuberculosis	—	1	1	1	—	
38. Syphilis	—	19	—	19	—	
40*a*. Gonorrhœa	—	1	—	1	—	
II. GENERAL DISEASES.						
Details unavailable ...	3	67	5	70	11	
Deaths were :—						
Malaria ... 3						
Uræmia ... 1						
Poisoned by native root ... 1						
III. AFFECTIONS OF THE NERVOUS SYSTEM AND ORGANS OF SENSES.						
78. Epilepsy	—	2	—	2	—	
85*b*. Conjunctivitis	—	1	—	1	—	
IV. AFFECTIONS OF THE CIRCULATORY SYSTEM.						
90. Cardiac Failure ...	—	3	3	3	—	
V. AFFECTIONS OF THE RESPIRATORY SYSTEM.						
101. Pneumonia	—	5	3	5	—	
VI. DISEASES OF THE DIGESTIVE SYSTEM.						
116. Ankylostomiasis ...	—	3	—	3	—	
126. Peritonitis	—	1	1	1	—	
VII. DISEASES OF GENITO-URINARY SYSTEM.						
133. Bilharzia	—	5	—	5	—	
VIII. PUERPERAL STATE.						
143*a*. Normal Labour ...	—	4	—	4	—	
IX. AFFECTIONS OF SKIN AND CELLULAR TISSUES.						
151. Malignant Œdema ...	—	1	1	1	—	
155. Tropical Ulcer	—	40	—	40	—	
XIV. AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
202. General Surgical Cases...	5	45	1	50	19	Deaths from burns.
Total...	9	224	15	233	32	

TABLE VI*a*—*continued.*

RETURN OF DISEASES AND DEATHS (Native In-Patients) for the year 1926.

FORT JAMESON HOSPITAL.

Diseases.	R. 1925.	Yearly Total		Total Cases Treated	R. 1926.	Remarks.
		Adms.	Deaths			
I. EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES.						
5. Malaria	—	15	—	15	Cases remaining have not been notified by M.O. Fort Jameson.	
16. Dysentery	—	3	2	3		
20. Leprosy...	2	10	—	12		
25*g*. Yaws	—	1	—	1		
31. Tuberculosis Pulmonary	—	1	—	1		
38. Syphilis	—	101	—	101		
40. *A*. Gonorrhœa	—	5	—	5		
II. GENERAL DISEASES.						
53. Scurvy	—	4	—	4		
69. Unclassified	11	97	2	108		
III. NERVOUS AFFECTIONS.						
78. Epilepsy	—	5	—	5		
85*b*. Conjunctivitis	—	35	—	35		
V. RESPIRATORY DISEASES						
99. Bronchitis	—	12	—	12		
101. Pneumonia	—	13	—	13		
102. Pleurisy	—	4	—	4		
VI. DISEASES OF DIGESTIVE SYSTEM.						
114. Diarrhœa	—	6	—	6		
115. Ankylostomiasis ...	—	3	3	3		
118. Hernia	—	2	—	2		
124. Liver Abscess	—	2	1	2		
VII. GENITO URINARY SYSTEM.						
136. Hydrocele	—	2	—	2		
VIII. PUERPERAL STATE.						
143. *B*. Abnormal Labour ...	—	5	3	5	—	
IX. SKIN AFFECTIONS.						
155. Tropical Ulcer	—	112	—	112	—	
155. Scabies	—	34	—	34	—	
XIV. AFFECTIONS PRODUCED BY EXTERNAL CAUSES ...						
176. Snake bite	—	4	—	4	—	
178. Burns	—	12	1	12	—	
202. Unspecified—Surgical Cases	19	140	1	159	—	
Total	32	628	13	660		

TABLE VIA.—*continued.*

RETURN OF DISEASES AND DEATHS (Native In-Patients) for the year 1925.

KASAMA NATIVE HOSPITAL.

Diseases.	R. 1924.	Yearly Total		Total Cases Treated	R. 1925.	Remarks.
		Adms.	Deaths			
I. EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES.						
5. Malaria	1	35	—	36	—	
7. Measles	—	31	—	31	—	
11. Influenza ...	—	63	14	63	—	
13. Parotitis	—	1	—	1	—	
16*b*. Dysentery	—	1	1	1	—	
19. Infective Jaundice ...	—	1	1	1	—	
20. Leprosy	—	2	—	2	—	
25. Yaws	—	1	—	1	—	
38*a*. Syphilis	—	3	—	3	—	
38*b*. ,, ...	2	34	—	36	3	
40*a*. Gonorrhœa	—	4	—	4	—	
41. Septicæmia	—	1	—	1	—	
II. GENERAL DISEASES NOT MENTIONED ABOVE.						
49. Sarcoma...	—	1	—	1	—	
50. Lipoma	—	1	—	1	—	
51. Acute Rheumatism ...	—	1	—	1	—	
52. Rheumatism	—	7	—	7	1	
58. Anæmia	—	7	—	7	3	
69. Debility	—	10	—	10	—	
III. AFFECTIONS OF NERVOUS SYSTEM AND ORGANS OF SENSES.						
75*b*. Paralysis	—	1	—	1	—	
78. Epilepsy	—	2	—	2	—	
84. Neuralgia	—	1	—	1	—	
85*b*. Conjunctivitis	—	7	—	7	—	
85. *E*. Keratitis	—	1	—	1	—	
85. *E*. Iritis	—	1	—	1	—	
85. *E*. Perforating Ulcer of Cornea	1	2	—	3	—	
85. *E*. Cataract	—	1	—	1	—	
85. *E*. Ophthalmia	—	2	—	2	—	
IV. AFFECTIONS OF THE CIRCULATORY SYSTEM. ...						
89. Angina Pectoris ...	—	1	—	1	—	
93. Varicose Ulcer	—	1	—	1	—	
94. Lymphangitis	—	4	—	4	1	
Carried forward ...	4	228	16	232	8	

TABLE VIA.—*continued.*

RETURN OF DISEASES AND DEATHS (Native In-Patients), 1925—*continued.*

KASAMA NATIVE HOSPITAL.

Diseases.	R. 1924	Yearly Total		Total Cases Treated	R. 1925	Remarks.
		Adms.	Deaths			
Brought forward ...	4	228	16	232	8	
V. AFFECTIONS OF THE RESPIRATORY SYSTEM.						
99*b*. Bronchitis	—	10	—	10	2	
100. Broncho-Pneumonia ...	—	2	2	2	—	
102. Pleurisy	—	1	—	1	—	
107. Hæmoptysis	—	1	—	1	—	
VI. DISEASES OF THE DIGESTIVE SYSTEM.						
108. *A*. Pyorrhœa	—	1	—	1	—	
108. *B*. Stomatitis	—	1	—	1	—	
111. *A*. Gastric Ulcer ...	—	1	—	1	—	
112. Gastralgia	—	1	—	1	—	
112. Dyspepsia	—	1	—	1	—	
114. Diarrhœa	—	2	—	2	—	
118. Hernia	—	1	—	1	—	
119. *A*. Hæmorrhoids ...	—	1	—	1	—	
119. *B*. Intestinal Stasis ...	—	3	—	3	—	
122. *B*. Hepatic Cirrhosis ...	—	2	—	2	2	
VII. DISEASES OF THE GENITO-URINARY SYSTEM.						
128. Nephritis	—	1	—	1	—	
133. Hæmaturia	—	1	—	1	—	
136. Epididymitis	—	4	—	4	—	
136. Orchitis	—	1	—	1	1	
136. Circumcision	—	1	—	1	—	
142. Mammary Abscess ...	—	1	—	1	—	
VIII. PUERPERAL STATE.						
143. *B*. Delayed Labour ...	—	1	—	1	—	
143. *B*. *e*. Retained Placenta	—	1	—	1	—	
146. Puerperal Septicæmia	—	2	—	2	—	
IX. AFFECTIONS OF THE SKIN AND CELLULAR TISSUES.						
153. Abscess	—	1	—	1	—	
153. Cellulitis	—	1	—	1	1	
154. *B*. Scabies	—	4	—	4	—	
155. Elephantiasis	—	1	—	1	—	
155. Herpes	—	4	—	4	—	
155. Tropical Ulcer	1	17	—	18	1	
Carried forward ...	5	297	18	302	15	

TABLE VIA.—*continued.*

RETURN OF DISEASES AND DEATHS, (Native In-Patients) 1925—*continued.*

KASAMA NATIVE HOSPITAL.

Diseases.	R. 1924	Yearly Total		Total Cases Treated	R. 1925	Remarks.
		Adms.	Deaths			
Brought forward ...	5	297	18	302	15	
X. DISEASES OF BONES, LOCOMOTION.						
151. Synovitis, Bursitis ...	—	3	—	3	—	
156. Ostetitis	—	1	—	1	—	
157. Arthritis	—	1	1	1	—	
158. Osteomyelitis	—	2	—	2	2	
XIV. AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
176. Snake bite	—	1	—	1	—	
177. Vegetable poisoning ...	—	1	1	1	—	
178. Burns, by fire	—	6	1	6	—	
189. Rat bite	—	1	—	1	—	
189. Crocodile bite	—	2	—	2	—	
184. Wounds (Incised) ...	—	4	—	4	—	
201. *A.* Dislocation, shoulder	—	1	—	1	—	
201. *C.* Fractures	—	7	1	7	—	
202. Lacerated Wounds ...	—	15	—	15	—	
XV. ILL-DEFINED DISEASES.						
205. *A.* Ascites	—	1	—	1	1	
Total	5	343	22	348	18	

TABLE VI*a*.

RETURN OF DISEASES AND DEATHS (Native In-Patients) for the year 1926.

KASAMA NATIVE HOSPITAL.

Diseases.	R. 1925	Yearly Total		Total Cases Treated	R. 1926	Remarks.
		Adms.	Deaths			
I. EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES.						
3. Relapsing Fever ...	—	2	—	2	—	
5. Malaria	—	33	1	33	—	
7. Measles	—	3	—	3	—	
11. Influenza	—	27	5	27	—	
20. Leprosy	—	2	—	2	1	
37. Tuberculosis	—	1	1	1	—	
38*b*. Syphilis	3	26	—	29	3	
40*a*. Gonorrhœa	—	1	—	1	—	
II. GENERAL DISEASES NOT MENTIONED ABOVE.						
52. Chronic Rheumatism ...	1	48	—	49	2	
58*b*. Anæmia	3	30	—	33	—	
III. AFFECTIONS OF THE NERVOUS SYSTEM AND ORGANS OF THE SENSES.						
75. Paralysis	—	1	—	1	—	
78. Epilepsy	—	4	—	4	—	
84. Neuralgia	—	2	—	2	—	
85*b*. Conjunctivitis	—	10	—	10	—	
85*c*. Keratitis	—	2	—	2	—	
85*e*. Ulcerations, Cornea ...	—	1	—	1	—	
86. Otitis media	—	3	—	3	—	
IV. AFFECTIONS OF THE CIRCULATORY SYSTEM.						
94. Lymphadenitis ...	1	—	—	1	—	
94. Elephantiasis	—	1	—	1	—	
V. DISEASES OF THE RESPIRATORY SYSTEM.						
99. Bronchitis	2	19	—	21	—	
101. Pneumonia	—	3	2	3	—	
102. Pleurisy	—	5	—	5	—	
107. Hæmoptysis	—	1	—	1	—	
VI. DISEASES OF THE DIGESTIVE SYSTEM.						
112. Gastritis...	—	2	—	2	—	
114. Diarrhœa	—	7	—	7	—	
114. Colitis	—	1	—	1	—	
Carried forward ...	10	235	9	245	6	

TABLE VI.—*continued.*

RETURN OF DISEASES AND DEATHS (Native In-Patients), 1926—(*continued*).

KASAMA NATIVE HOSPITAL.

Diseases.	R. 1925	Yearly Total		Total Cases Treated	R. 1926	Remarks.
		Adms.	Deaths			
Brought forward ...	10	235	9	235	6	
VI. DISEASES OF THE DIGESTIVE SYSTEM—*continued*—						
117. Appendicitis	—	1	—	1	—	
119. *B.* Constipation	—	5	—	5	—	
122. Cirrhosis of Liver ...	2	2	—	4	—	
126. Peritonitis	—	1	1	1	—	
127. Salivary Fistula ...	—	1	—	1	—	
131. Suppression	—	1	—	1	—	
VII. DISEASES OF THE GENITO-URINARY SYSTEM.						
136. Orchitis	1	—	—	1	—	
136. Hydrocele	—	1	—	1	—	
141. *B.* Vaginitis	—	2	—	2	—	
142. Mastitis	—	1	—	1	—	
VIII. PUERPERAL STATE.						
143.*B.* Delayed Labour ...	—	1	—	1	—	
IX. AFFECTIONS OF THE SKIN AND CELLULAR TISSUES.						
153. Abscess	—	5	—	5	—	
153. Cellulitis	1	1	—	2	—	
154. *B.* Scabies	—	8	—	8	—	
155. Tropical Ulcer.... ...	1	17	—	18	—	
X. DISEASES OF BONES AND ORGANS OF LOCOMOTION						
157. Synovitis	—	1	—	1	—	
158. Osteomyelitis	2	2	—	4	2	
XIV. AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
176. Scorpion stings... ...	—	2	—	2	—	
177. Poisoning (undiagnosed)	—	1	—	1	—	
178. Burns	—	2	—	2	—	
184. Wounds, Incised ...	—	10	—	10	—	
185. „ Lacerated ...	—	12	—	12	—	
189. Bites, Dog	—	1	—	1	—	
201c. Fracture	—	1	—	1	—	
202. Bruises	—	2	—	2	—	
205*a*. Debility or Asthenia, Ascites	1	10	—	11	—	
Total	18	326	10	344	8	

TABLE VI*a*.—*continued*.

RETURN OF DISEASES AND DEATHS (Native In-Patients) for the year 1925.

MONGU NATIVE HOSPITAL.

Diseases.	R. 1924	Yearly Total		Total Cases Treated	R. 1925	Remarks.
		Adms.	Deaths			
INFECTIVE DISEASES.						
Chicken-pox	—	1	—	1	—	
Dysentery, Bacillary	—	13	1	13	—	
Endocarditis, Infective ...	1	—	1	1	—	
Gonorrhœa	—	9	—	9	—	
Influenza	—	113	3	113	—	
Leprosy, Anæsthetic	—	1	1	1	—	
Malaria, Aestivo-Autumnal ...	1	116	3	117	3	
Pneumonia	2	11	1	13	2	
Relapsing Fever	—	5	—	5	—	
Rheumatic Fever	—	3	—	3	—	
Syphilis, Secondary	2	13	—	15	2	
Tuberculosis	1	2	1	3	—	
Yaws	—	1	—	1	—	
Parotitis	—	3	—	3	—	
GENERAL DISEASES.						
Rheumatism	1	8	—	9	—	
Others	—	1	—	1	—	
DISEASES OF NERVOUS SYSTEM						
Neuritis...	—	7	—	7	—	
Apoplexy	1	1	1	2	—	
Epilepsy	—	1	—	1	—	
Dementia	—	2	—	2	—	
Tetany	—	1	—	1	—	
Others	—	1	—	1	—	
DISEASES OF THE EYE.						
Conjunctivitis	—	8	—	8	1	
Ulceration of Cornea ...	—	1	—	1	—	
Episcleritis	—	1	—	1	—	
DISEASES OF THE EAR						
Inflammation	—	1	—	1	—	
DISEASES OF CIRCULATORY SYSTEM.						
Arteriosclerosis...	—	1	1	1	—	
DISEASES OF RESPIRATORY SYSTEM.						
Pleurisy	—	2	—	2	—	
Carried forward ...	9	327	13	336	8	

TABLE VIA.—*continued.*

RETURN OF DISEASES AND DEATHS (Native In-Patients), 1925—*continued.*

MONGU NATIVE HOSPITAL.

Diseases.	R. 1924	Yearly Total		Total Cases Treated	R. 1925	Remarks.
		Adms.	Deaths			
Brought forward ...	9	327	13	336	8	
DISEASES OF DIGESTIVE SYSTEM.						
Inflammation of Tonsils ...	—	1	—	1	—	
Gastritis	—	1	—	1	—	
Dilatation of Stomach ...	—	1	—	1	—	
Dyspepsia	—	1	—	1	—	
Enteritis	—	7	—	7	—	
Colitis	—	3	1	3	—	
Colic	—	2	—	2	—	
Hæmorrhoids	—	1	—	1	—	
Ascites	—	1	—	1	1	
DISEASES OF LYMPHATIC SYSTEM.						
Splenitis	—	2	—	2	—	
Inflammation of lymphatic gland	—	5	—	5	—	
Lymphangitis	—	5	—	5	—	
Elephantiasis	—	1	—	1	—	
Adenoids	—	1	—	1	—	
DISEASES OF URINARY SYSTEM.						
Acute Nephritis	—	1	—	1	—	
DISEASES OF GENERATIVE SYSTEM.						
Male Organs.						
Orchitis	—	1	—	1	—	
Balanitis	—	1	—	1	—	
Female Organs.						
Endometritis	—	1	—	1	—	
Menorrhagia	—	1	—	1	—	
Abortion	—	1	—	1	1	
Retained Placenta	—	1	—	1	—	
DISEASES OF ORGANS OF LOCOMOTION.						
Osteitis	—	2	—	2	1	
Arthritis	—	1	—	1	1	
Synovitis	—	3	—	3	—	
Carried forward ...	9	372	14	381	12	

TABLE VIA.—*continued.*

RETURN OF DISEASES AND DEATHS (Native In-Patients), 1925—*continued.*

MONGU NATIVE HOSPITAL.

Diseases.	R. 1924	Yearly Total		Total Cases Treated	R. 1925	Remarks.
		Adms.	Deaths			
Brought forward ...	9	372	14	381	12	
DISEASES OF CONNECTIVE TISSUE						
Cellulitis	1	51	—	52	4	
Abscess	1	22	—	23	2	
Ulcer	—	2	—	2	—	
Fibrositis	—	7	—	7	—	
Tropical Ulcer	—	7	—	7	—	
DISEASES OF THE SKIN.						
Urticaria	—	2	—	2	—	
Eczema	—	5	—	5	—	
INJURIES.						
Local	2	6	—	8	—	
General	1	19	—	20	1	
TUMOURS.						
Lipoma	—	1	—	1	—	
Adenoma	—	1	—	1	—	
POISONS.						
Snake bite	—	2	—	2	—	
Scorpion sting	—	1	—	1	—	
PARASITES CESTODA.						
Tænia Saginata	—	1	—	1	—	
Surgical Operations	—	—	—	—	—	28
Total ...	14	499	14	513	19	28

TABLE VIA.—*continued.*

RETURN OF DISEASES AND DEATHS (Native In-Patients), for the year 1926.

MONGU HOSPITAL.

Diseases.	R. 1925	Yearly Total		Total Cases Treated	R. 1926	Remarks.
		Adms.	Deaths			
INFECTIVE DISEASES.						
Dysentery, bacillary	—	18	2	18	1	
Gonorrhœa	—	4	—	4	—	
Influenza	—	48	—	48	—	
Leprosy, Anæsthetic ...	—	6	4	6	1	
Malaria, Aestivo-Autumnal ...	3	104	1	107	4	
Pneumonia	2	15	—	17	—	
Relapsing Fever	—	3	—	3	—	
Rheumatic Fever	—	1	—	1	—	
Syphilis, secondary	2	18	—	20	—	
,, tertiary	—	1	—	1	—	
,, congenital	—	1	—	1	—	
GENERAL DISEASES.						
Rheumatism	—	15	—	15	—	
Anæmia	—	2	—	2	—	
Angio-neuratic œdema ...	—	1	—	1	—	
Observation	—	11	—	11	—	
DISEASES OF THE NERVOUS SYSTEM.						
Neuritis...	—	1	—	1	—	
Cerebral Embolism	—	1	1	1	—	
Hysteria	—	1	—	1	—	
Mania	—	1	—	1	—	
Delusional Insanity	—	1	—	1	—	
DISEASES OF THE EYE.						
Conjunctivitis	1	11	—	12	—	
Corneal Ulcer	—	3	—	3	—	
Iritis	—	2	—	2	—	
Glaucoma	—	1	—	1	—	
DISEASES OF THE EAR.						
Inflammation	—	3	—	3	—	
Others	—	1	—	1	—	
DISEASES OF THE NOSE.						
Epistaxis	—	2	—	2	—	
Carried forward ...	8	276	8	284	6	

TABLE VIA.—*continued.*

RETURN OF DISEASES AND DEATHS (Native In-Patients), 1926—*continued.*

MONGU HOSPITAL.

Diseases.	R. 1925	Yearly Total		Total Cases Treated	R. 1926	Remarks.
		Adms.	Deaths			
Brought forward ...	8	276	8	284	6	
DISEASES OF THE CIRCULATORY SYSTEM.						
Endocarditis	—	1	—	1	—	
Valvular Mitral	—	3	1	3	1	
,, Aortic	—	1	—	1	1	
Others	—	1	—	1	—	
DISEASES OF THE RESPIRATORY SYSTEM.						
Bronchitis	—	3	—	3	—	
Pleurisy	—	2	—	2	—	
Empyema	—	1	1	1	—	
DISEASES OF THE DIGESTIVE SYSTEM.						
Tonsillitis	—	3	—	3	—	
Enteritis	—	12	1	12	—	
Colic	—	3	—	3	—	
Stomatitis	—	2	—	2	—	
Prolapse of Rectum	—	1	—	1	—	
Ascites	1	—	—	1	—	
DISEASES OF LYMPHATIC SYSTEM.						
Splenitis	—	4	—	4	1	
Adenitis	—	4	—	4	—	
Lymphangitis	—	2	—	2	—	
DISEASES OF GENERATIVE SYSTEM.						
Male Organs.						
Orchitis	—	3	—	3	—	
Stricture	—	1	—	1	—	
Female Organs.						
Endometritis	—	1	—	1	—	
Retained Placenta	—	1	—	1	—	
Abortion	1	—	—	1	—	
Carried forward ...	10	325	11	335	9	

TABLE VIA.—*continued.*

RETURN OF DISEASES AND DEATHS (Native In-Patients), 1926—*continued.*

MONGU HOSPITAL.

Diseases.	R. 1925	Yearly Total		Total Cases Treated	R. 1926	Remarks.
		Admns.	Deaths			
Brought forward ...	10	325	11	335	9	
DISEASES OF ORGANS OF LOCOMOTION.						
Synovitis	1	3	—	4	—	
Osteitis	1	—	—	1	—	
DISEASES OF CONNECTIVE TISSUE.						
Cellulitis	4	44	—	48	—	
Abscess	2	17	—	19	—	
Ulcer	—	5	—	5	—	
Fibrositis	—	3	—	3	—	
Ganglion	—	1	—	1	—	
Tropical Ulcer	—	1	—	1	—	
Others	—	1	—	1	—	
DISEASES OF THE SKIN.						
Urticaria	—	2	—	2	—	
Eczema	—	12	—	12	—	
Prurigo	—	1	—	1	—	
Impetigo	—	1	—	1	—	
Others	—	1	—	1	—	
INJURIES.						
General	1	10	—	11	—	
Local	—	18	1	18	1	
TUMOURS.						
Epulis	—	1	—	1	—	
Adenoma	—	1	—	1	—	
Granuloma	—	1	—	1	—	
Carcinoma	—	1	1	1	—	
POISONS.						
Snake bite	—	5	—	5	—	
Scorpion sting	—	1	—	1	—	
PARASITES CESTODA.						
Tænia Saginata ...	—	2	—	2	—	
DISEASES OF UNCERTAIN RIGIN						
Ainhum	—	1	—	1	—	
Surgical Operations	—	—	—	—	—	37
Total ...	19	458	13	477	10	37

TABLE VIa.—*continued.*

RETURN OF DISEASES AND DEATHS (Native In-Patients), for the year 1925.

NDOLA HOSPITAL.

Diseases.	R. 1924	Yearly Total		Total Cases Treated	R. 1925	Out-patients.	
		Adms.	Deaths			Cases	Deaths
INFECTIVE DISEASES.							
Influenza	—	9	2	9	—	14	—
Malaria, Tertian	—	37	4	37	1	52	—
Chronic Malaria	—	1	—	1	—	—	—
Pneumonia	—	2	2	2	—	—	—
Syphilis, Primary	—	16	—	16	—	—	—
Whooping Cough	—	2	1	2	—	—	—
Yaws	—	10	—	10	—	—	—
DISEASES OF NERVOUS SYSTEM.							
Delusional Insanity	—	4	4	4	—	—	—
DISEASES OF THE EYE.							
Conjunctivitis	—	1	—	1	1	23	—
Keratitis	1	—	—	1	—	—	—
DISEASES OF THE EAR.							
Inflammation	—	8	—	8	—	—	—
DISEASES OF CIRCULATORY SYSTEM.							
Endocarditis	—	1	—	1	—	—	—
DISEASES OF RESPIRATORY SYSTEM.							
Bronchitis	—	—	—	—	—	57	—
DISEASES OF DIGESTIVE SYSTEM.							
Caries of Teeth	—	—	—	—	—	11	—
Colitis	—	—	—	—	—	18	—
Ascites	—	1	1	1	—	—	—
DISEASES OF LYMPHATIC SYSTEM.							
Lymphangitis	—	9	—	9	—	4	—
DISEASES OF GENERATIVE SYSTEM.—							
MALE ORGANS.							
Orchitis	—	3	—	3	—	1	—
FEMALE ORGANS.							
Retained Placenta	—	1	—	1	—	—	—
DISEASES OF ORGANS OF LOCOMOTION.							
Osteitis	—	1	—	1	—	—	—
Bursitis	1	3	—	4	—	2	—
DISEASES OF CONNECTIVE TISSUE.							
Abscess	—	2	—	2	—	—	—
DISEASES OF THE SKIN.							
Tropical Ulcer	11	73	—	84	12	27	—
Scabies	1	5	—	6	3	9	—
INJURIES.							
General	2	13	—	15	—	4	—
Local	—	4	1	4	—	—	—
SURGICAL OPERATIONS	—	1	—	1	—	—	—
Poisons	—	1	—	1	—	—	—
Total ...	16	208	15	224	17	222	—

TABLE VIA.—*continued.*

RETURN OF DISEASES AND DEATHS (Native In-Patients), for the year 1926.

NDOLA HOSPITAL.

Diseases.	R. 1925	Yearly Total		Total Cases Treated	R. 1926	Remarks.
		Adms.	Deaths			
I. EPIDEMIC, ENDEMIC OR INFECTIOUS DISEASES.						
5. Malaria	1	41	2	42	—	
9. Whooping Cough ...	—	1	—	1	—	
25*b*. Chicken Pox	—	12	—	12	7	
25*g*. Yaws	—	72	1	72	8	
31. Tuberculosis	—	4	2	4	—	
38*a*. Syphilis	—	22	—	22	—	
38*b*. ,, ...	—	2	—	2	—	
40*a*. Gonorrhœa	—	1	—	1	—	
III. AFFECTIONS OF NERVOUS SYSTEM AND SENSE ORGANS.						
77. Idiocy	—	2	—	2	—	
77. Mania	—	1	—	1	—	
78. Epilepsy	—	1	—	1	—	
85*b*. Conjunctivitis	1	8	—	9	—	
IV. AFFECTIONS OF CIRCULATORY SYSTEM.						
94. Splenitis	—	1	—	1	—	Abscess.
94. Lymphangitis	—	8	—	8	—	
94. Lymphadenitis bubo ...	—	1	—	1	—	
V. RESPIRATORY SYSTEM.						
101. Pneumonia	—	8	4	8	2	
VI. DISEASES OF DIGESTIVE SYSTEM.						
114. Diarrhœa	—	8	3	8	—	
IX. AFFECTIONS OF SKIN, ETC.						
153. Abscess	—	4	—	4	—	
154B. Scabies	3	18	—	21	—	
155. Tropical Ulcer	12	86	—	98	11	
155. Urticaria	—	2	—	2	1	
155. Chigœs	—	6	—	6	—	
X. DISEASES OF BONES, ETC.						
157. Bursitis	—	1	—	1	1	
XIV. AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
202. Injuries	—	22	—	22	2	
Total ...	17	332	12	349	32	

TABLE VIA.—*continued.*

RETURN OF DISEASES AND DEATHS (Native In-Patients), for the year 1925.

FORT ROSEBERY HOSPITAL.

Diseases.	R. 1924	Yearly Total		Total Cases Treated	R. 1925	Remarks.
		Adms.	Deaths			
INFECTIVE DISEASES.						
Pneumonia	—	2	2	2	—	
Malaria (Tert.)	2	22	—	24	—	
Gonorrhœa	—	4	—	4	—	
Influenza	—	4	1	4	—	
Syphilis (second)	1	27	1	28	3	
Small Pox	—	2	—	2	—	
Yaws	1	253	2	254	13	
Pemphigus neon.	—	1	1	1	—	
Impetigo (contag.)	—	1	—	1	—	
Epilepsy	—	2	—	2	—	
DISEASES OF EYE.						
Iritis	—	3	—	3	—	
Trachoma	—	1	—	1	—	
Conjunctivitis	—	6	—	6	—	
DISEASES OF RESPIRATORY ORGANS.						
Bronchitis	—	3	—	3	—	
Empyema	—	1	—	1	—	
DISEASES OF DIGESTIVE SYSTEM.						
Jaundice	—	1	—	1	—	
Diarrhœa	—	3	—	3	—	
Colic	—	3	—	3	—	
DISEASES OF LYMPHATIC SYSTEM.						
Splenitis	—	1	—	1	—	
DISEASES OF ORGANS OF LOCOMOTION.						
Sprain	—	1	—	1	—	
Synovitis	—	1	—	1	1	
DISEASES OF CONNECTIVE TISSUE.						
Cellulitis	—	1	—	1	—	
Swelling of Legs, cause ? ...	—	1	—	1	—	
DISEASES OF THE SKIN.						
Tropical Ulcer	—	35	—	35	12	
Urticaria	—	1	—	1	—	
Ulcers	9	42	—	51	—	
Scabies	—	8	—	8	—	
Warts	—	1	—	1	—	
LOCAL INJURIES	—	24	—	24	—	
New Growth	—	3	—	3	—	
General Surgical	3	24	3	27	3	
„ Medical	1	28	2	29	1	
Total ...	17	510	12	527	33	

TABLE VIA.—*continued.*

RETURN OF DISEASES AND DEATHS (Native In-Patients) for the year 1926.

FORT ROSEBERY HOSPITAL.

Diseases.	R. 1925	Yearly Total		Total Cases Treated	R. 1926	Remarks.
		Adms.	Deaths			
I. EPIDEMIC, ENDEMIC OR INFECTIOUS DISEASES.						
5. Malaria	—	17	—	17	1	
6. Small-Pox	—	3	—	3	—	
11. Influenza	—	2	—	2	—	
13. Mumps	—	1	—	1	—	
20. Leprosy	—	3	1	3	—	
25*g*. Yaws	13	163	2	176	8	
38*b*. Syphilis (second) ...	3	30	—	33	1	
II. GENERAL DISEASES.						
52. Rheumatism	—	4	—	4	—	
53. Scurvy	—	1	—	1	—	
III. AFFECTIONS OF NERVOUS SYSTEM.						
78. Epilepsy	—	1	—	1	—	
84. Sciatica	—	1	—	1	—	
85*b*. Conjunctivitis	—	12	—	12	—	
V. AFFECTIONS OF RESPIRATORY SYSTEM.						
99. Bronchitis	—	4	—	4	—	
101. Pneumonia	—	2	2	2	—	
102. Pleurisy	—	1	—	1	—	
VII. DISEASES OF GENITO-URINARY SYSTEM.						
136. Hydrocele	—	1	—	1	—	
IX. AFFECTIONS OF SKIN AND TISSUES.						
151. Gangrene	—	1	—	1	—	
153. Abscess	—	2	—	2	—	
153. Cellulitis	—	1	1	1	—	
154*b*. Scabies	—	10	—	10	—	
155. Tropical Ulcers	12	17	—	29	2	
155. Ulcers	—	68	2	68	—	
155. Chigœs	—	6	—	6	—	
X. DISEASES OF BONES AND ORGANS OF LOCOMOTION.						
156. Periostitis	—	1	—	1	—	
157. Synovitis	1	—	—	1	—	
XIV. AFFECTIONS BY EXTERNAL CAUSES.						
178. Burns	3	5	—	8	—	
202. Accidents...	1	3	1	4	—	
202. Trifling Injuries ...	—	13	—	13	2	
XV. ILL DEFINED DISEASES.						
205*a*. Observation	—	1	—	1	—	
Total ...	33	374	9	407	14	

TABLE VIA.—*continued.*

RETURN OF DISEASES AND DEATHS (Native In-Patients), for the year 1925.

SOLWEZI HOSPITAL.

Diseases.	R. 1924	Yearly Total		Total Cases Treated	R. 1925	Remarks.
		Adms.	Deaths			
Epidemic Parotitis	—	2	—	2	—	
Gonorrhœa	—	2	—	2	—	
Leprosy Anæsthetic	—	2	—	2	—	8 others among Yaws cases.
Malaria	—	3	—	3	—	
Measles	—	1	—	1	—	
Pneumonia	—	2	1	2	—	
Septicæmia	—	1	1	1	—	
Syphilis (Primary)	1	6	—	7	—	
,, (Tertiary)	—	4	—	4	2	
Tuberculosis	—	1	—	1	1	
Yaws	19	569	1	588	25	
Endemic Goitre	—	16	—	16	1	
Epilepsy	—	1	—	1	—	
Conjunctivitis	1	4	—	5	1	
Cataract	—	2	—	2	—	
Heart Disease of Mitral Valve ...	—	2	—	2	—	
Bronchitis...	—	1	—	1	—	
Diarrhœa	—	1	1	1	—	Deserted in bush.
Colic	—	2	—	2	—	Moribund on admission.
Lymphangitis	—	1	—	1	—	
Elephantiasis	—	2	—	2	—	
Urethritis	—	1	—	1	—	
Hydrocele	—	1	—	1	—	
Arthritis	—	4	—	4	—	
Spondylitis	—	1	—	1	—	
Cellulitis	—	1	—	1	—	
Abscess	—	1	—	1	—	
Eczema	—	1	—	1	—	
Tropical Ulcer	—	20	—	20	1	
Mycetoma...	—	2	—	2	1	
Chigger Ulceration	—	13	—	13	1	
Injuries.						
(*a*) General	—	6	2	6	2	
(*b*) Local	—	36	—	36	—	
Total ...	21	712	6	733	35	

TABLE VIA.—*continued.*

RETURN OF DISEASES AND DEATHS (Native In-Patients), for the year 1926.

SOLWEZI HOSPITAL.

Diseases.	R. 1925	Yearly Total		Total Cases Treated	R. 1926	Remarks.
		Adms.	Deaths			
5. Malaria	—	1	—	1	—	
20. Leprosy	—	1	—	1	—	
25. G. Yaws	25	405	—	430	9	
31. Tuberculosis	1	2	1	3	—	
38*b*. Syphilis	2	9	—	11	—	
40*a*. Gonorrhœa	—	2	—	2	—	
41. Septicæmia	—	—	3	—	—	Yaws cases.
50. Tumours	—	1	—	1	—	
52. Chronic Rheumatism ...	—	3	—	3	—	
58*b*. Anæmia	—	2	—	2	—	
60*b*. Goitre	1	2	—	3	—	
76. G.P.I.	—	1	—	1	1	
85*c*. Trachoma	—	1	—	1	—	
85*c*. Ophthalmia	1	1	—	2	—	
93. Varicose Veins	—	2	—	2	—	
99*b*. Chronic Bronchitis ...	—	1	—	1	—	
101*a*. Lobar Pneumonia ...	—	5	4	5	—	
108*a*. Gingivitis	—	1	—	1	—	
128. Acute Nephritis	—	—	1	—	—	Yaws case.
130*b*. Schistosomiasis	—	5	—	5	—	
136. Orchitis	—	1	—	1	—	
136. Hydrocele	—	1	—	1	—	
154*b*. Scabies	—	1	—	1	—	
155. Eczema	—	1	—	1	—	
155. Chiggers	1	10	—	11	—	
178. Burns	2	—	—	2	—	
183. Gunshot Wounds... ...	—	2	—	2	1	
184. Cuts	—	2	—	2	1	
201*c*. Fractures	—	1	—	1	—	
202. Other Injuries	—	1	—	1	—	
Not Classified.						
Tropical Ulcer	1	26	—	27	4	
Other Ulcers	—	16	—	16	—	
Pyrexia	—	1	—	1	—	
Mycetoma...	1	—	—	1	—	
Total ...	35	508	9	543	16	

TABLE VII.

EUROPEAN OUT-PATIENTS 1926.

LUSAKA HOSPITAL.

Diseases.	No. of Cases.	Deaths.
I. INFECTIOUS DISEASES.		
No. 5*a*. Sub. Tertian Malaria	136	
No. 5*e*. Blackwater	4	
No. 38*a*. Syphilis, Primary	3	
No. 9. Whooping Cough	1	
No. 21. Erysipelas	1	
No. 25*b*. Chicken-Pox	4	
V. RESPIRATORY SYSTEM.		
No. 99*a*. Bronchitis	62	
VI. DIGESTIVE SYSTEM.		
No. 166*a*. Tapeworm	2	
Total ...	213	

TABLE VII.—*continued.*

RETURN OF DISEASES (Out-Patients) for the year 1925.

MONGU EUROPEAN HOSPITAL.

Diseases.	Male.	Female.	Remarks
INFECTIVE DISEASES.			
Malaria, Aestivo-Autumnal	7	2	
Influenza	5	1	
Dysentery, bacillary	3	—	
Syphilis, secondary	1	—	
Gonorrhœa	1	—	
Parotitis	—	1	
INTOXICATIONS.			
Others	1	—	
GENERAL DISEASES.			
Anæmia	1	—	
NERVOUS DISEASES.			
Neuritis	2	2	
Neurasthenia	1	—	
EYE DISEASES.			
Conjunctivitis	3	—	
Iritis	—	1	
EAR DISEASES.			
Others	—	1	
NOSE DISEASES.			
Rhinitis	2	—	
RESPIRATORY DISEASES.			
Others	4	—	
DISEASES OF DIGESTIVE SYSTEM.			
Caries of Teeth	4	1	
Sore Throat	2	1	
Inflammation of Tonsils	1	—	
Gastritis	1	—	
Dyspepsia	3	—	
Enteritis	2	2	
Colitis	2	—	
Hæmorrhoids	2	1	
Jaundice	1	—	
DISEASES OF GENERATIVE SYSTEM.—MALE ORGANS.			
Others	1	—	
DISEASES, ORGANS OF LOCOMOTION.			
Arthritis	1	—	
Synovitis	1	1	
DISEASES, CONNECTIVE TISSUE.			
Cellulitis	1	1	
Abscess	2	—	
Fibrositis	5	1	
DISEASES OF SKIN.			
Boil	1	—	
Injuries, General	4	—	
Surgical Operations, Minor	—	—	3
Total ...	65	16	3

TABLE VII.—*continued.*

RETURN OF DISEASES (Out-Patients) for the year 1926.

MONGU EUROPEAN HOSPITAL.

Diseases.	Male.	Female.	Remarks
INFECTIVE DISEASES.			
Malaria, Aestivo-Autumnal	2	3	
Influenza	6	—	
Dysentery, bacillary	1	—	
Relapsing Fever	—	1	
Syphilis, secondary	1	—	
GENERAL DISEASES.			
Anæmia	1	—	
DISEASES OF THE NERVOUS SYSTEM.			
Neurasthenia	—	1	
Neuralgia	—	1	
Neuritis	1	—	
DISEASES OF THE EAR.			
Others	4	—	
DISEASES OF RESPIRATORY SYSTEM.			
Bronchitis	2	—	
Others	4	2	
DISEASES OF DIGESTIVE SYSTEM.			
Stomatitis	1	—	
Dental Caries	1	1	
Tonsillitis	1	—	
Dyspepsia	2	2	
Gastritis	1	—	
Enteritis	4	2	
Colitis	1	1	
Constipation	—	1	
Hæmorrhoids	—	1	
Cholelithiasis	1	—	
DISEASES OF THE GENERATIVE SYSTEM.			
Endometritis	—	1	
DISEASES OF CONNECTIVE TISSUE.			
Cellulitis	1	1	
Abscess	2	1	
Fibrositis	—	2	
DISEASES OF THE SKIN.			
Erythema	—	1	
Eczema	—	1	
Prickly Heat	1	—	
Prurigo	1	—	
Impetigo	—	1	
INJURIES.			
Local	2	2	
SURGICAL OPERATIONS.			
Minor	—	—	11
Total ...	41	26	11

TABLE VII.—*continued.*

RETURN OF DISEASES AND DEATHS (European Out-Patients) for the year 1925.

KASAMA HOSPITAL.

Diseases.	Total Cases.	Deaths.	Remarks
INFECTIVE DISEASES.			
Malaria	8	—	
DISEASES OF THE NERVOUS SYSTEM.			
Neuralgia	5	—	
DISEASES OF THE DIGESTIVE SYSTEM.			
Gastro Enteritis	1	—	
Diarrhœa	9	—	
Stomatitis	2	—	
Enteritis	1	—	
Colitis	4	—	
Hernia	1	—	
DISEASES OF URINARY SYSTEM.			
Cystitis	2	—	
DISEASES OF CONNECTIVE SYSTEM.			
Male Organs.			
Hydrocele	1	—	
Female Organs.			
Abortion	1	—	
Amenorrhœa	2	—	
DISEASES OF THE SKIN.			
Urticaria	1	—	
Eczema	3	—	
INJURIES.			
Animal Bites	3	1	Death from lion bites.
Gunshot Wound	1	—	
TUMOURS.			
Warts	1	—	
PARASITES.			
Myiasis (Cordylobia Anthropophaga) ...	1	—	
Chigœs	1	—	
Total ...	48	1	

TABLE VII.—*continued.*

RETURN OF DISEASES (European Out-Patients) for the year 1926.

KASAMA HOSPITAL.

Diseases.	Male.	Female.
I. EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES.		
7. Malaria	14	5
11. Influenza	2	1
38*b*. Syphilis	1	—
II. GENERAL DISEASES NOT MENTIONED ABOVE.		
52*b*. Rheumatism	2	—
III. AFFECTIONS OF THE NERVOUS SYSTEM AND ORGANS OF THE SENSES.		
75. Paralysis	1	—
84. Neuralgia	1	2
V. AFFECTIONS OF THE RESPIRATORY SYSTEM.		
99. Bronchitis	—	1
VI. DISEASES OF THE DIGESTIVE SYSTEM.		
108*a*. Dental Caries	1	—
109. Tonsillitis	—	1
112. Dyspepsia	2	—
114. Diarrhœa	2	3
IX. AFFECTIONS OF THE SKIN AND CELLULAR TISSUES.		
153. Cellulitis	—	—
155. Veldt Sores, Herpes	1	—
Chigoe, Myiasis	2	2
X. DISEASES OF BONES AND ORGANS OF LOCOMOTION.		
157. Synovitis	1	—
XIV. AFFECTIONS PRODUCED BY EXTERNAL CAUSES.		
178. Burns	2	—
184. Wounds, Incised	1	—
201*c*. Fracture	1	—
202. Bruises	1	—
Total ...	35	15

TABLE VII.—*continued.*

RETURN OF DISEASES (European Out-Patients) for the year 1926.

FORT ROSEBERY DISTRICT.

Tooth Extraction	2
Colic	1
Accident	1
Acne	1
Seborrhœa	1
Boil	1
Constipation	1
Inflamed Insect Bite	2
	10

RETURN OF DISEASES (European Out-Patients) for the year 1925.

SOLWEZI.

Diseases.

Syphilis, Tertiary	1
Yaws	1
Dental	1
Dyspepsia	1
Enteritis	1
	5

RETURN OF DISEASES AND DEATHS (European Out-Patients) for the year 1926.

SOLWEZI.

Diseases.	Number Treated.	Remarks.
Malaria	4	
Myocarditis	1	
Acute Bronchitis	1	
Asthma	1	
Gastritis	2	
Acute Nephritis	1	
Cellulitis	2	
Whitlow	1	
Veld Sore	1	
TOTAL	14	

TABLE VIIa.

RETURN OF DISEASES (Out-Patients) for the year 1925.

MONGU NATIVE HOSPITAL.

Diseases.	Male.	Female.	Remarks.
INFECTIVE DISEASES.			
Gonorrhœa	8	—	
Influenza	2	—	
Malaria, Aestivo-Autumnal	56	6	
Syphilis, Secondary	6	—	
Syphilis, Inherited	1	—	
GENERAL DISEASES.			
Anæmia	1	—	
Rheumatism	7	—	
DISEASES OF NERVOUS SYSTEM.			
Neuritis	1	—	
Neuralgia	2	—	
Others	348	2	
DISEASES OF EYE.			
Conjunctivitis	318	62	
Ulceration of Cornea	—	1	
Glaucoma	—	1	
Others	9	3	
DISEASES OF EAR.			
Inflammation	36	5	
Others	4	2	
DISEASES OF NOSE.			
Inflammation	1	—	
DISEASES CIRCULATORY SYSTEM.			
Endocarditis	1	—	
Valvular, Mitral	1	1	
Others	1	—	
DISEASES OF RESPIRATORY SYSTEM.			
Laryngitis	1	1	
Others	283	13	
DISEASES OF DIGESTIVE SYSTEM.			
Stomatitis	12	2	
Caries of Teeth	45	7	
Sore Throat	2	—	
Inflammation of Tonsils	4	—	
Gastritis	2	—	
Dyspepsia	1	—	
Carried forward ...	1153	106	

TABLE VIIA—*continued.*

RETURN OF DISEASES (Out-Patients) for the year 1925—*continued.*

MONGU NATIVE HOSPITAL.

Diseases.	Male.	Female.	Remarks.
Brought forward ...	1153	106	
DISEASES OF DIGESTIVE SYSTEM.—*contd.*			
Enteritis	20	1	
Colitis	—	1	
Constipation...	2	1	
Colic	51	4	
Hepatitis	1	—	
DISEASES OF LYMPHATIC SYSTEM.			
Splenitis	1	—	
Inflammation of Lymphatic Gland	2	—	
Lymphangitis	—	1	
Others	1	—	
DISEASES OF GENERATIVE SYSTEM.			
Male Organs.			
Stricture	1	—	
Balanitis	1	—	
Female Organs.			
Menorrhagia	—	1	
DISEASES OF ORGANS OF LOCOMOTION.			
Arthritis	2	—	
Synovitis	2	—	
DISEASES OF THE CONNECTIVE TISSUE.			
Cellulitis	60	5	
Abscess...	49	12	
Fibrositis	193	10	
Ulcer	46	12	
Tropical Ulcer	6	—	
Others	11	1	
DISEASES OF THE SKIN.			
Eczema	12	2	
Boil	7	1	
Impetigo	6	1	
Tinea	1	—	
Scabies	167	14	
INJURIES, GENERAL	578	10	
Injuries, Local	6	—	
Surgical Operations, Minor	—	—	27
Total ...	2,279	183	27

TABLE VIIA.—*continued.*

RETURN OF DISEASES (Out-Patients) for the year 1926.

MONGU NATIVE HOSPITAL.

Diseases.	Male.	Female.	Remarks.
INFECTIVE DISEASES.			
Dysentery, Bacillary	—	1	
Gonorrhœa	8	—	
Leprosy, Anæsthetic	4	3	
Malaria, Aestivo-Autumnal	52	3	
Syphilis, Primary	1	—	
,, Secondary	9	2	
GENERAL DISEASES.			
Anæmia	1	—	
Rheumatism	8	—	
DISEASES OF THE NERVOUS SYSTEM.			
Neuralgia	5	—	
Neuritis	9	—	
Epilepsy	1	—	
Others	187	—	
DISEASES OF THE EYE.			
Conjunctivitis	280	42	
Sclerotitis	—	1	
Iritis	2	—	
Corneal Ulcer	1	—	
Keratitis	1	—	
Others	8	1	
DISEASES OF THE EAR.			
Inflammation	43	10	
Others	22	4	
DISEASES OF THE NOSE.			
Epitaxis	1	—	
Others	1	—	
DISEASES OF THE CIRCULARY SYSTEM.			
Valvular Mitral	—	1	
Others	2	—	
DISEASES OF THE RESPIRATORY SYSTEM.			
Bronchitis	1	—	
Laryngitis	1	—	
Others	133	7	
DISEASES OF THE DIGESTIVE SYSTEM.			
Stomatitis	14	4	
Dental Caries	29	18	
Sore Throat	7	—	
Tonsillitis	1	—	
Dyspepsia	5	2	
Enteritis	32	1	
Hernia	2	—	
Constipation	7	—	
Colic	72	17	
Hepatitis	1	—	
Carried forward	951	117	

TABLE VI —*continued.*

RETURN OF DISEASES (Out-Patients) for the year 1926—*continued.*

MONGU NATIVE HOSPITAL.

Diseases.	Male.	Female.	Remarks.
Brought forward	951	117	
DISEASES OF LYMPHATIC SYSTEM.			
Splenitis	1	—	
Adenitis	4	1	
DISEASES OF THE GENERATIVE SYSTEM.			
Female Organs.			
Mastitis	—	3	
DISEASES OF ORGANS OF LOCOMOTION.			
Arthritis	2	—	
Synovitis	4	1	
DISEASES OF CONNECTIVE TISSUE.			
Cellulitis	112	4	
Abscess	33	6	
Ulcer	30	12	
Fibrositis	137	12	
Tropical Ulcer	2	2	
Others	—	1	
DISEASES OF THE SKIN.			
Eczema	19	2	
Boil	18	2	
Herpes	3	—	
Scabies	297	26	
Impetigo	16	5	
Others	3	—	
INJURIES.			
General	96	3	
Local	605	9	
TUMOURS.			
Fibroma	2	—	
Angioma	—	1	
PARASITES CESTODA.			
Tænia Saginata	2	—	
Surgical Operations	—	—	36
Total ...	2,337	207	36

TABLE VIIA.—*continued.*

RETURN OF DISEASES (Out-Patients) for the year 1925.

FORT ROSEBERY DISPENSARY AND NATIVE HOSPITAL.

Diseases.	Male.	Female.
INFECTIVE DISEASES.		
Malaria	166	100
Syphilis...	1	4
Pneumonia	1	—
Influenza	2	4
DISEASES OF EYE.		
Conjunctivitis	122	140
DISEASES OF RESPIRATORY ORGANS.		
Bronchitis	91	70
DISEASES OF DIGESTIVE SYSTEM.		
Diarrhœa	8	19
Dysentery	16	8
DISEASES OF SKIN.		
Ulcers	80	77
Tropical Ulcers	6	17
Itch	87	90
Various	17	11
GENERAL MEDICAL	7	6
Surgical, Unspecified	231	278
General, Unspecified	280	144
Total ...	1,115	968

Total attendances, male and female, 6,541.

TABLE VIIA—*continued.*

RETURN OF DISEASE (Out-Patients) for the year 1926 (Natives).

FORT ROSEBERY HOSPITAL.

Diseases.	Male.	Female.
Malaria	66	80
Influenza	22	33
Diseases of Respiratory Organs—Bronchitis	7	4
Diseases of Skin—Itch	69	134
Ulcers	64	201
Tick Fever	5	—
Accidents	2	1
Dysentery	3	—
Surgical, Unspecified	234	176
General, Unspecified	125	248
Total ...	597	877

Total attendances, *i.e.*, numbers of times on which medicine was administered or dressings were done, 7,984.

TABLE VIIA.—*continued*

RETURN OF DISEASES (Out-Patients) for the year 1925.

SOLWEZI HOSPITAL.

Disease.	*Number Treated.*
Gonorrhœa	4
Leprosy :—	
Anæsthetic	16
Nodular	2
Malaria	60
Relapsing Fever	1
Yaws	831
Goitre	120
General Medical (unclassified) ...	49
Dental	1
Pleurisy	1
Diarrhœa	3
Tropical Ulcers	9
Injuries, Local	88
Schistosomiasis	1
	1,186

RETURN OF DISEASES AND DEATHS (Native Out-Patients) for the year 1926.

SOLWEZI HOSPITAL.

Diseases.	*Number Treated.*
Malaria	47
Yaws	1,719
Conjunctivitis	3
Dental	12
Scabies	75
Chiggers	37
Medical (unclassified)	36
Injuries	91
Goitre	13
	2,033

TABLE VIIA.—*continued.*

RETURN OF DISEASES AND DEATHS (Native Out-Patients) for the year 1926.

FORT JAMESON HOSPITAL.

Disease.	*Number Treated*
General Medical (unclassified) ...	22
General Surgical and Operations ...	183
Tropical Ulcers	233
Burns	21
Leprosy	26
Epilepsy	13
Syphilis	123
Abnormal labour	2
Snake bite	6
Diarrhœa	3
Dysentery	2
Scurvy	5
Conjunctivitis	9
Itch	27
Malaria	10
Gonorrhœa	6
Total	671
Deaths	Nil

TABLE VIIA.—*continued.*

RETURN OF DISEASES (Native Out-Patients) for the year 1926.

(DISEASES AS IN TABLE V.)

MAZABUKA NATIVE HOSPITAL.

Diseases.	Male.	Female.
I. EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES.		
5. (*a*) to (*c*) inclusive. Malaria	471	66
6. Alastrim	12	—
11. Influenza	5	—
16*b*. Dysentery	2	1
25*g*. Yaws	1	—
38*e*. Syphilis	158	20
40*a*. Gonorrhœa	23	—
II. GENERAL DISEASES NOT MENTIONED ABOVE.		
52. Rheumatism	101	4
53. Scurvy	3	—
III. AFFECTIONS OF ORGANS OF SENSES.		
85*b*. Conjunctivitis	670	125
86. Earache	24	3
V. AFFECTIONS OF THE RESPIRATORY SYSTEM.		
99*a*. Bronchitis	633	70
101*b*. Pneumonia	74	4
102. Pleurisy	1	1
VI. DISEASES OF THE DIGESTIVE SYSTEM.		
108*a*. Tooth Extraction	15	—
109. Tonsillitis	12	1
114. (2 years and over) Diarrhœa	235	19
VII. DISEASES OF THE GENITO-URINARY SYSTEM (NON-VENEREAL).		
136. Orchitis	1	—
IX. AFFECTIONS OF THE SKIN AND CELLULAR TISSUE.		
153. Abscess	149	9
154*b*. Scabies	223	31
155. Other Diseases of Skin—Tropical Ulcer ...	717	56
XIV. AFFECTIONS PRODUCED BY EXTERNAL CAUSES.		
176. Snake Bite	3	—
179. Burns	74	2
184–188. Wounds	961	48
189. Contusions	20	—
TOTAL	5,048	460

TABLE VIIA.—*continued.*

RETURN OF DISEASES AND DEATHS (Native Out-Patients) for the year 1926.

NDOLA HOSPITAL.

Diseases.	Total Cases Treated.	Deaths.
5. Malaria	67	—
25*g*. Yaws	1	—
38*a*. Syphilis	2	—
85*b*. Conjunctivitis	8	—
94. Splenitis	4	—
94. Lymphangitis	1	—
94. Lymphadenitis	4	—
99. Bronchitis	49	—
101. Pneumonia	2	1
153. Abscess	38	—
154*b*. Scabies	29	—
155. Tropical Ulcer	5	—
155. Chigoes	20	—
157. Bursitis	3	—
202. Minor Injuries	128	—
TOTAL	361	1

TABLE VIIA.—*continued.*

RETURN OF DISEASES (Native Out-Patients) for the year 1925.

KASAMA HOSPITAL.

Diseases.	Male.	Female.
I. EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES.		
5. Malaria	141	64
7. Measles	—	2
11. Influenza	81	52
13. Parotitis	1	—
16*b*. Dysentery, Bacillary	15	6
38*b*. Syphilis, Secondary	6	5
(9). Syphilis, Hereditary	1	—
II. GENERAL DISEASES NOT MENTIONED ABOVE.		
52. Chronic Rheumatism	77	38
58. Anæmia	15	39
69. Debility	41	13
III. AFFECTIONS OF THE NERVOUS SYSTEM AND ORGANS OF THE SENSES.		
85*b*. Conjunctivitis	132	88
85*e*. Keratitis, Ulcer, Iritis, Cataract	27	16
86. Otorrhœa	5	5
86. Foreign body in ear	1	—
IV. AFFECTIONS OF THE CIRCULATORY SYSTEM.		
94. Lymphangitis	1	—
V. AFFECTIONS OF THE RESPIRATORY SYSTEM.		
99*a*. Bronchitis	151	107
202. Pleurisy	25	9
VI. DISEASES OF THE DIGESTIVE SYSTEM.		
108. *A*. Dental Caries	11	6
108. *B*. Stomatitis	11	5
109. Tonsillitis, Pharyngitis	4	—
112. Dyspepsia	12	2
113. Gastrœnteritis	1	—
114. Diarrhœa	41	24
VIII. PUERPERAL STATE.		
143. *B*. (*c*) Delayed Labour	—	1
Retained Placenta	—	1
IX. AFFECTIONS OF THE SKIN AND CELLULAR TISSUES.		
153. Cellulitis	4	1
154. *B*. Scabies	31	15
155. Herpes, Urticaria	4	2
X. DISEASES OF BONES AND ORGANS OF LOCOMOTION.		
157. Arthritis	15	6
Synovitis	8	5
XIV. AFFECTIONS PRODUCED BY EXTERNAL CAUSES.		
176. Snake bite	1	—
178. Burns (fire)	6	3
184. Wounds, Incised	81	38
189. Bites, Dog, Rat	9	1
201*a*. Dislocation	3	—
202. Other External Injuries	216	88
TOTAL	1,178	642

TABLE VII*a*.—*continued*.

RETURN OF DISEASES (Native Out-Patients) for the year 1926.

KASAMA HOSPITAL.

Diseases.	Male.	Female.
I. EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES.		
7. Malaria	151	48
11. Influenza	12	7
38*b*. Syphilis	15	9
II. GENERAL DISEASES, NOT MENTIONED ABOVE.		
52*b*. Rheumatism	109	33
53. Scurvy	1	—
58*b*. Anæmia	6	11
III. AFFECTIONS OF THE NERVOUS SYSTEM AND ORGANS OF THE SENSES.		
78. Epilepsy	2	—
84. Neuralgia	3	4
85*b*. Conjunctivitis	185	158
85*e*. Keratitis, Iritis, Ulceration of Cornea ...	4	—
86. Affections of the Ear and Mastoid Sinus	21	14
IV. AFFECTIONS OF THE CIRCULATORY SYSTEM.		
94. Lymphadenitis and Elephantiasis ...	4	—
V. AFFECTIONS OF THE RESPIRATORY SYSTEM.		
98. Laryngitis	2	—
99. Bronchitis	214	195
102. Pleurisy	4	1
VI. DISEASES OF THE DIGESTIVE SYSTEM.		
108*a*. Dental Caries	3	
108*b*. Stomatitis, Noma	14	6
109. Tonsillitis	3	—
112. Gastritis, Dyspepsia, etc.	8	2
114. Diarrhœa	59	34
119*b*. Constipation	111	57
VII. DISEASES OF THE GENITO-URINARY SYSTEM (NON-VENEREAL).		
129. Nephritis	2	—
136. Orchitis	3	—
141.*b* Vaginitis	—	1
142. Mastitis	—	2
IX. AFFECTIONS OF THE SKIN AND CELLULAR TISSUES.		
153. Abscess, Cellulitis	11	2
154*b*. Scabies	195	49
155. Veldt sores, Chidœ, Myiasis, Urticaria, Psoriasis, Tropical Ulcer	46	18
Carried forward	1,188	651

TABLE VII*a*.—*continued*.

RETURN OF DISEASES (Native Out-Patients) for the year 1926.

KASAMA HOSPITAL.—*continued*

Diseases.	Male.	Female.
Brought forward	1,188	651
X. DISEASES OF BONES AND ORGANS OF LOCOMOTION (OTHER THAN TUBERCULOUS).		
157. Arthritis, Bursitis, Synovitis	5	—
XII. DISEASES OF INFANCY.		
162. Marasmus	1	—
XIV. AFFECTIONS PRODUCED BY EXTERNAL CAUSES.		
178. Burns	29	24
184. Wounds, Incised	181	33
185. Wounds, Lacerated	144	30
189. Bites, Dog	3	1
201*a*. Dislocation	1	—
201*b*. Sprain	1	—
202. Bruises	43	11
Total ...	1,596	750

APPENDIX

A Note on 2,279 Consecutive Cases of Yaws treated in the Kasempa District of Northern Rhodesia, 1925 and 1926.

(*Abridged.*) *By* J. A. Acheson, M.D., D.P.H.

My work among cases of yaws has been for the most part in the Kasempa District of Northern Rhodesia, and all the figures, notes, or photographs of my cases used in this paper belong to this area, where yaws plays by far the most important part in the causation of invalidity and more serious crippling among the native population.

The Kasempa District, lying between 11° and 15° South longitude and 24° to 28° East latitude, is in the extreme north-west of Northern Rhodesia, having the Katanga province of the Belgian Congo on its northern border and on the west Portuguese Angola. The Barotse and Kafue districts of Northern Rhodesia form its southern, and the Luangwa district its eastern, boundary. It comprises an area of about 40,000 square miles. The country is mostly of a gently undulating character, well wooded and watered. The highest point is about 6,000 feet, and the average altitude in the north is about 4,500 feet, dropping somewhat at the southern border where the country is more tropical. The temperature is very moderate, the maximum on record at Solwezi being 101° F. in October, 1913, and the next highest 97° F. in November, 1917; the lowest registered there was 28° F., and 25° F. on the ground. Ice is found almost every year, and in the winter the hoar frost remains on the ground till 9 and 10 a.m. in the shade. The rainfall is good and fairly regular. Early rains can be expected in October and last till April. The greatest number of days in one year in which over 0·01 inch fell is 138, and the lowest 94. The maximum fall in a season at Solwezi is 69·11 inches in 1916–1917, and the minimum 34·81 in the following year, the average being about 50 inches.

The majority of the natives have as yet come little into contact with white men, and their mode of life is still extremely primitive. There are few industries of any kind; copper was formerly worked, but now a little iron working is all that is done, and nothing else in the nature of an industry can be found.

The total population is estimated at a little more than 53,000 scattered in small villages of 10 to 50 huts fairly equally over most of the area. In the west the staple foods are casava and the small red millet. In the rest of the district the principal crop is kaffir corn, largely supplemented by maize, sweet potatoes, ground nuts, lentils, pumpkins, cucumbers, tomatoes, etc., as subsidiary crops. Fungi, honey, wild roots and fruits, meat, and fish are also used to vary the diet. Food is usually plentiful from April to September, when it begins to get scarce, and from November to January there is often a partial famine. The almost general prevalence of tse-tse fly precludes the keeping of cattle.

About half of my cases have been treated in their villages during treatment tours, and the remainder at the Government Station of Solwezi in the north of the district. At this station a permanent hospital, amounting, in fact, to nothing more than ten mud huts each about 10 feet in diameter, supplemented at times by grass huts, was maintained for treatment of those cases requiring daily attention. As far as possible, shelter was provided here also for those who came from the surrounding district seeking treatment.

Yaws is spread over the whole district and has been endemic in the area for many years. F. S. Arnott, in his diary, records the diseases under its local name " monomo " in this neighbourhood in 1887. When I have questioned old people as to the prevalence of the disease during their childhood they have always informed me that it was as common in their villages then as at the present day. It has been impossible during the time I have been in the district to visit more than a very small portion of it, but from those figures I have been able to collect from widely separated areas I estimate that a minimum of 25% of the total native population is affected with yaws in one of its forms.

Those cases which I have had under my care have been treated with bismuth, and the results as seen over a year have been on the whole satisfactory in clearing up in a short time external lesions, and rendering the patient no longer a centre for the propagation of the disease. This is all that I have been able to aim at in my district. It seems too much to hope that all the hundreds of cases who come bossed with the secondary granulomatous eruption, or seeking relief from the pain of some tertiary manifestation, and return to their villages many miles away, apparently well at the end of a few weeks, are definitely cured.

Of the 2,279 cases I have treated in the twelve months, June 1925 to June 1926, notes have been kept recording as far as possible duration of disease, condition when seen, treatment given, and progress under treatment. The conditions met with agree for the most part with those recorded from the East and from other parts of Africa, though the incidence of various manifestations may show some variations. The tribes among whom I have worked are not free from syphilis, so that the difficulty of differential diagnosis between the tertiary stages of yaws and syphilis has sometimes cropped up. Fortunately from this point of view syphilis is comparatively rare, and as these people, so far as I have been able to judge, have little of the reluctance usual in admission of syphilis, the error in compiling tables is presumably small. Only 13 recognised cases of syphilis have presented themselves for treatment. All were adults, as follows :--With primary chancre, 5 men ; with secondary eruption, 3 men ; with tertiary lesions, 3 men and 2 women. All volunteered the information before examination that they were suffering from syphilis (" kaswende ") and not yaws (" munono "). The men had all been away to work either in

Southern Rhodesia, the Congo, or the settled areas of Northern Rhodesia. If syphilis were at all common, it would almost certainly be shown by frequent cases in children, for the children are encouraged to indulge in sexual intercourse at an age when European children would still be at preparatory schools. No cases of primary or secondary syphilis have been seen in the children.

The incidence of gangosa has convinced me that it is of frambœtic origin, as is held by many other observers.

Contrary to the almost universal contention that the secondary granulomata do not, or only exceedingly rarely, affect mucous membranes, a number of cases were found with the mucous membrane of the lips involved, and I was fortunately able to obtain photographs of several. It is possible that it is a local peculiarity.

Clinical Appearances, Diagnosis, and Prognosis.

The following table shows cases treated tabulated as to age and sex :—

	Male.	Female.
Under 1 year	6	2
1 to 5 years	173	157
5 „ 10 „	195	116
10 „ 15 „	160	88
Over 15 years	726	656
Total	1,260	1,019

The following table gives a classification of cases as to sex and stage of disease :—

	Over 15 years of age.		Under 15 years of age.		Total.
	Male.	Female.	Male.	Female.	
Primary only ...	1	—	4	7	12
Secondary only ...	114	97	256	169	636
Primary & Secondary	24	12	37	25	98
Tertiary only ...	562	507	235	159	1,463
Gangosa only ...	13	20	2	2	37
Gangosa & Tertiary	12	20	—	1	33

The primary stage begins with the appearance of a papule, the frambœsoma, on the site of inoculation, which is almost always extra-genital, but may be on any part of the body, usually, I have found, on the parts most exposed to injury. I have found the site commonly on jigger sores, especially in children; also on old ulcerations, itch pustules, small wounds from sticks or thorns, and twice on vaccination sores. Of a series of 154 cases, in which the primary yaw was either seen or the patient's history of the site confirmed by finding the scar, it was found on the lower extremity in 117, or 76%; trunk 6, or 4%; upper limb 13, or 8·4%; head 13, or 8·4%; and genitalia 5, or 3·2%.

The papule becomes moist and develops a yellowish secretion, which dries into a crust. If the site of inoculation is a wound or ulcer which has not healed at the time of development of the papule, the whole area becomes gradually covered by the yellowish secretion and heaped-up crust. If the crust be washed away the ulcer can be seen underneath with weak pale granulations if the site is a pre-existing ulcer. Specific treatment will quickly stop the secretion, and the ulcer reappears, to behave as an ordinary abrasion of the skin. Where the site of inoculation is small, or has healed before the formation of the papule, the primary lesion assumes a form which appears to me of identical appearance with the secondary, and reacts in the same way to treatment. In one case where the primary yaw was seen completely on the mucous membrane of the lower lip in a child, it had the same characteristics as secondaries seen in the same situation.

The primary yaw may heal before the secondary eruption begins, but is usually present when this occurs. As a rule, it lasts for from two to four months, but may survive a year or more. When the secondary eruption occurs a crop of frambœtic papules often springs up round the primary or site of the primary, giving rise to the so-called "mother and daughter" yaws. The primary yaw appears to be free from pain, though there is sometimes pruritus. No enlargement of pain of the proximal lymphatic glands has been noted in either this or the secondary stage unless the lesions are associated with secondary infection.

Secondary Stage.—About 1 to 3 months after the first appearance of the frambœsoma the patient complains of malaise, headache, and pains in the muscles, joints, and bones. In some cases the pain may be acute, while in others it occasions little discomfort.

After these premonitary symptoms have lasted a little time, minute roundish papules about the size of a pin-head appear on various parts of the body. Most of these papules disappear after a few weeks, occasionally leaving behind patches of furfuraceous desquamation which may persist for many months. Other papules increase in size and develop into the characteristic granulematous nodules varying in size from that of a pea to a half-crown. Average nodules vary from the

size of a threepenny piece to a shilling, and protrude considerably from the surface, sometimes as much as half an inch. These nodules are covered by a honey-yellow or brownish crust, formed from their own dried secretion. Under this crust lies a raw surface, covered with red or yellow excrescences and secreting a thin purulent secretion which is the origin of the crust. This secretion teems with spironemes. The crusts sometimes form in superimposed strata of diminishing diameter, and when developed resemble rupia. These are mostly seen on the scalp and the neck.

The crop of typical nodules is usually widespread and abundant, though occasionally two or three are all that appear. The yaws have a predilection for the face—particularly round the mouth—neck, and flexures, such as axillæ, groins, and perineum. When occurring in these flexures they assume a moist condylomatous appearance, as attrition prevents the formation of scabs.

General pruritus is usually complained of while the nodules are forming in the secondary stage. It disappears when the eruption is established.

Among my cases I have not been able to detect any greater incidence of florid yaws during the warm weather than during the cold. A very small proportion at any time were of the florid type.

The regions of the mouth, axillæ, perineum, scrotum, and vulva I found most frequently affected when the crop of secondaries was small, and in children it was extremely common to find the only sign of a secondary eruption remaining as condylomata round the anus. Condylomatous yaws were frequently seen in the same way in male adults, but very seldom in female adults.

After lasting two to four months in children, or six to twelve months in adults, as a rule the typical granulomata shrink, dry, and disappear, leaving behind them dark hyper-pigmented spots. In some cases, however, the eruption may last for years, new crops appearing from time to time, though each individual granuloma undergoes involution after a few months.

A circinate type of yaw was seen in some cases. I have never noticed them in florid cases, and they are usually little raised above the skin surface.

Secondary Lesions of Mucous Membrane.

In many cases I have seen secondary granulomata on the lips extending over the muco-cutaneous junction on to the mucous membrane, and in 11 cases—3 adults and 8 children—lesions completely on the mucous membrane of the lip. Ten of these 11 cases showed secondary yaws on other parts of the body. The lesions on the mucous membrane showed as firm, clean, whitish patches, circular or oval in

outline and raised in the centre about 3–5 mm. above the peripheryi quite different in appearance from the greyish, flat-topped mucous patches of secondary syphilis. They very quickly responded to treatment, and their site was marked for a few days by spots showing slight pigmentation. When the yaw spread from the outside to the inside of the lip the change from the normal yellow-crusted nodule outside to the clean white patch inside was marked, and the portion inside had exactly the same characteristics as when the yaw appeared completely on the mucous membrane without involving the skin.

In 22 cases yaws were seen in the nostrils, in some instances both nostrils being completely blocked. In all the yaws seemed to spring from the muco-cutaneous junction and had the typical yellow crusts.

Though secondary lesions on eyelids were frequently noted, none were ever seen spreading to the conjunctiva, nor were any found on the vaginal mucous membrane, though granulomata were extremely common on the laboæ.

The accuminate papules described by some writers were noted but rarely. These papules, about the size of a pin-head and tapering to a point tipped by a silvery scale, when seen, were in patches on the back and limbs.

Plantar and palmar secondaries I found comparatively rarely Their association with secondaries on other parts of the body is shown in the following table :—

	Adults.		Children.	
	Male.	Female.	Male.	Female.
Plantar alone	6	2	6	4
Palmar alone	1	1	—	2
Plantar and palmar alone ...	—	—	—	1
Plantar alone, with others on body	6	5	12	5
Palmar alone, with others on body	5	—	—	—
Plantar and palmar, with others on body	3	—	—	—

In some cases the lesions were plentiful, while in others only a few occurred. Whereas the ordinary yaws give rise to little, if any, pain, the pain caused by the plantar or palmar nodule, bursting its way

through the hard thickened skin, is considerable. Having made its way through the vent in the horny skin, the yaw tends to mushroom out. In most cases the yaws on these sites tend to appear late in the secondary stage, though occasionally they may be found accompanying a florid general eruption. They often persist as " reminders," coming out from time to time for several years after the disappearance of secondaries on other parts of the body. The plantar and palmar granulomata are similar to the lesions on other parts of the skin, but are modified by the density of the skin through which they have to force their way. They heal more slowly than the body yaws. When healed the site of the yaw is often occupied by a small pit in the skin, containing a horny core. Two other conditions, fine pitting and erosion, affecting the plantar skin, may be mentioned here, for although I have found them more often late in the course of the disease, they were also seen in association with the secondary eruption. Both conditions occurred occasionally also on the palms.

The pits were usually about 2 mm. in diameter, scattered thickly over the points of pressure of the sole as noted by Spittel, in Ceylon. The erosions were in some cases small and superficial, looking as if areas of skin had been worn away with a file. More often they were deep and irregular, with a grey, worm-eaten appearance. In some instances the whole sole had the appearance of new crepe rubber. All these conditions of the plantar skin have been seen at the same time in the same patient. Cases with an ordinary secondary eruption were noted with pitting of the soles 33 times ; erosions of sole, 28 ; and both pitting and erosions, 4 times.

Yaws developing under or at the margins of nails were common. The fingers were less frequently involved than the toes.

Pain and stiffness of the joints of varying degree, with synovial and periarticular swellings, were frequently noted coincident with secondary manifestations.

In 14 cases—10 children and 4 adults—a diffuse dactylitis, like that of tuberculosis, of the fingers was seen before the complete disappearance of the secondary eruption. The number of digits affected varied from 1 to 10, and the middle phalanx was that most commonly involved. This condition was also met with late in the disease.

Granulomata, especially about the feet, frequently break down owing to secondary infection, and give rise to ulcerative frambœsides. These may persist for long periods and cause considerable crippling and deformity. It is common to see a child or youth who has lost several or all the toes from one foot, and where chronic sores are formed in the vicinity of joints permanent contractures often result. In a few instances large papillomatous growths have been seen rising from ulcerative frambœsides before the secondary eruption was completely healed.

The condition of erosion of the sole previously described I have noted in 301, or 20%, of my tertiary cases; pitting of soles in 114, or 7·5%; both erosion and pitting of soles, in 33, or 2·2%. In 35 cases, or 2·3%, deep painful fissures were found on the plantar skin. In several instances these occurred on one foot, while the other showed the more common eroded lesion. In many patients these plantar lesions are the only visible manifestations of yaws, but they may be found associated with any of the other tertiary lesions. In some cases they are said to have continued from the time the secondary eruption was present, but more often the condition first makes its appearance years after the eruption has gone. Some patients give a history of repeated recurrences with spontaneous recoveries.

A psoriasis-like scaling of the palms and soles was seen, sometimes associated with pitting or erosions, but more often alone. This condition was seen in adults only, and equally in males and females.

A patchy leucoderma was observed in 17 cases, all giving a history of yaws.

Arthralgia, with no visible signs, was complained of by 325, or 21·5%, of the tertiary cases, and with periarticular swelling or synovitis in 191, or 12·6%. The joints most affected were ankle, knee, wrist, and elbow in order of frequency. Gangliform enlargement with teno-synovitis on the extensor surface of the wrist was seen frequently, usually in adult females, and responded quickly to treatment.

Ulcerations were seen in 359 cases, or 23·7%, of the tertiaries. The commonest type is that which results from the breaking down of a subcutaneous gummatous nodule with the formation of an ulcer having a clean-cut margin and granulating surface, or from several nodules close together breaking down and giving rise to a serpiginous ulcer. On healing, these ulcers often leave behind white scars. In only 11 instances were the nodules found before they had broken down. In some cases they were absorbed under treatment.

Another type of ulceration frequently seen is very similar to a cutaneous gummatous syphilide, save that in yaws the progress is extremely slow, and there is a tendency to the formation of thickened keloidal scars. A framboeside of this class shows an extensive area of scar tissue, pigmented or unpigmented, keloidal and nodular in parts, pliant in others, marked at the spreading edge by shallow sinuous ulcers covered by impetiginous crusts. The amount of deformity caused may be extensive.

Affections of bones were frequently found. Dactylitis, as described in association with the secondary eruptions, but associated with other tertiary lesions which included gangosa, tertiary ulceration, nodes on

long bones, arthritis, and plantar erosions, was seen in 8 children and 9 adults. Three adults and 1 child showed an ulcerative dactylitis with bone destruction. In several other cases the fingers were twisted and distorted without any sign of ulceration past or present, and some showed extensive shortening of the fingers owing to absorption of the phalanges.

Pain in the long bones was frequently complained of, with or without any visible signs. The tibia was the bone most frequently affected. In some cases there was diffuse swelling over the middle third of the bone with a tense shining skin. Seven children and 2 adults showed anterior bowing of the tibiæ. Painful, tender, periostial swellings on the shafts of the long bones were seen as follows :—Tibia, 25 ; fibula, 2 ; radius, 5 ; ulna, 5. A similar condition was twice seen on the sternum.

In many cases the tarsal bones were so destroyed and the soft parts of the feet so ulcerated and distorted, producing bizarre appearances, that it was impossible to say if the tertiary trouble had commenced in the bones or the subcutaneous tissues.

Gangosa, or rhinopharyngitis mutilans, I consider to be a manifestation of tertiary yaws. It begins as an ulcer on soft palate, back of pharynx, tonsil, or in the nose. Slowly spreading, it may completely destroy the hard palate, the soft palate, cartilages and bones of the nose, premaxilla, and upper lip. It may be arrested spontaneously at any part of its progress, or may be limited to either the nose or the pharynx. The voice is commonly reduced to a painful husky whisper, even when the lips and nose are not extensively involved, so that involvement of the larynx is indicated. In a series of 70 cases all stages were seen from the initial ulcer to the advanced condition mentioned above. Intense pain in the throat was always complained of when the pharynx was actively affected, and the pain caused by swallowing in these cases was very obvious. In 25 cases, or 35·7%, the pharynx, palate, and nose were all affected ; in 35 cases, or 50%, the pharynx and palate alone ; and in 10 cases, or 14·3%, the nose alone. In all cases the condition yielded readily to treatment. Spontaneous healings gives rise at times to great deformity of the face, especially if the gangosa is associated with the lupoid type of tertiary ulceration. Two patients were seen with the remains of the nose completely skinned over, and the lips contracted to leave an aperture sufficient only to admit the tip of the little finger. Frequently the soft palate was found adherent to the back of the pharynx. Gangosa was most commonly noted in young adults, but was found at all ages from 13 years to 60. In only 5 cases was there no history of yaws, and in none was a history of syphilis obtained. About 50% of the cases showed other tertiary frambœsides.

The cases of gangosa may be summarised as follows :—

Adults :—	Males.	Females.
Yaws as a child—usually infant	22	30
History of yaws, or other signs of yaws ...	—	2
History of yaws 1–3 years before	3	5
No history of yaws, but showing signs ...	—	3
Under 15 *years of age—*		
Yaws as an infant	1	2
Yaws 1½ years before	1	—
Yaws 8 ,, ,, ...	—	1

Two conditions often recorded from countries where yaws is endemic, and regarded by many as manifestations of the tertiary stage of the disease, are juxta-articular nodules and goundou. The juxta-articular nodules are subcutaneous, round or oval, firm painless swellings which appear in the neighbourhood of joints and increase very slowly in size. They may attain to the size of an orange, and very rarely ulcerate or suppurate : they are usually symmetrically arranged. I have met with the condition rarely, but where noted it was associated with other tertiary lesions for which treatment was being sought. The nodules themselves appeared to cause no discomfort.

In one case only have I seen any condition resembling the description of goundou. This occurred in a child of 10 years who had a few secondary frambœtic granulomata and dactylitis of several fingers. The nasal condition was said to have commenced several months before the onset of yaws.

Treatment.—All my cases have been treated with tartro-bismuth-ate of sodium and potassium, and so far the immediate results have been satisfactory. An aqueous solution of 4 grains in 20 minims has been used most of the time, as being both convenient in bulk for injection and easy of division as to dosage. At first a freshly prepared solution was used for each batch of injections, but as the numbers of cases for treatment increased this method was found cumbersome. As solutions up to four weeks old were found by experiment to give results identical with those freshly prepared, a system of preparing the solution in bulk was adopted. The solution was put up in rubber-capped vaccine bottles, from which the requisite dose could be drawn as required. Intra-gluteal injection of the solution was given at intervals of not less than five days. The dose given to robust adults was, as a rule, 4 grains, and to infants 1 grain, with intermediate dosage according to size, age, and physical condition. It was found that larger doses or doses at more frequent intervals were not well borne, and that those patients

in a debilitated condition were liable to show toxic symptoms with the full dosage. A minimum of three injections was aimed at in all cases, but as in many patients all secondary lesions had cleared up after the second injection, numbers treated as out-patients failed to return for a third.

Under treatment the secondary nodules quickly become dry, brownish, and shrivelled. They become scabs which fall or are washed off, leaving behind hyper-pigmented spots on the skin with occasional points lacking pigment. In a few weeks the skin regains its normal colour. This result is often achieved by a single injection, as I had demonstrated frequently on tour when some weeks elapsed between my first and second visits to some villages. If a secondary case is treated in the early stages before the formation of the typical nodules, the papules are dried up and shed as small crusts. The primary, if situated on an old ulcer, is shrivelled up and leaves behind a sore which heals normally.

Tertiary ulceration heals rapidly if the blood supply to the part is not badly damaged, little islets of epithelium often appearing in the middle of the sores. The time taken for the extensive granulating surfaces to skin over is sometimes very long. Where these cases have been for many weeks in hospital up to six injections have been given.

The erosions and pitting of palms and soles, as a rule, show little change in appearance during the short time they are under treatment, but in most cases the associated pain is said to have disappeared after the second injection. Many of these cases have been seen some months afterwards showing normal plantar or palmar skin.

Arthritic pains, periarticular swellings, synovial swellings, and pain in the long bones rapidly disappear, but I have not seen any reduction in the size of periosteal nodes, though all tenderness had gone. Gangosa responds rapidly to the treatment.

No local treatment is applied to the secondary lesions unless they had become secondarily infected, when they were treated as ordinary infected wounds. Even if it had been practicable to cover the granulomata, it would have been quite impossible to keep them covered in the class of native dealt with. Tertiary ulcerations were treated with antiseptics to control secondary infection. Much might be done to improve the end results by operation in many tertiary cases where ulceration or disuse has led to deformity, but unfortunately the patients were strongly opposed to any surgical measures.

Injection of T.B.S.P. always gave rise to a varying amount of pain with induration and increased local temperature at the site of injection for a few days. No abscess formation was ever noted. It was very usual for a patient to complain of some pain in the throat and jaws the first and second days after an injection.

Stomatitis occurred occasionally. It was seldom severe in character, and always yielded readily to treatment. A pre-existing pyorrhœa was always present, and the patient was usually old or debilitated. It was almost the general rule that by the time the stomatitis had cleared up the general condition had greatly improved, and subsequent injections of bismuth produced no ill-effects. The only fatality known to occur among my cases as the direct result of treatment was that of an infant who developed acute nephritis after the first injection.

While the treatment adopted has been satisfactory in so far as it has rendered hundreds of cases of yaws no longer actively contagious, and has returned to activity many miserable cripples, it is still unproved if the results are permanent in any large percentage of the cases treated. There is no doubt but that the secondary stage is cut short, but when untreated this stage often shows remissions. It is just possible that a large number of cases with latent infections may be created with an increase in the number who will later show tertiary manifestations.

Summary and Conclusions.

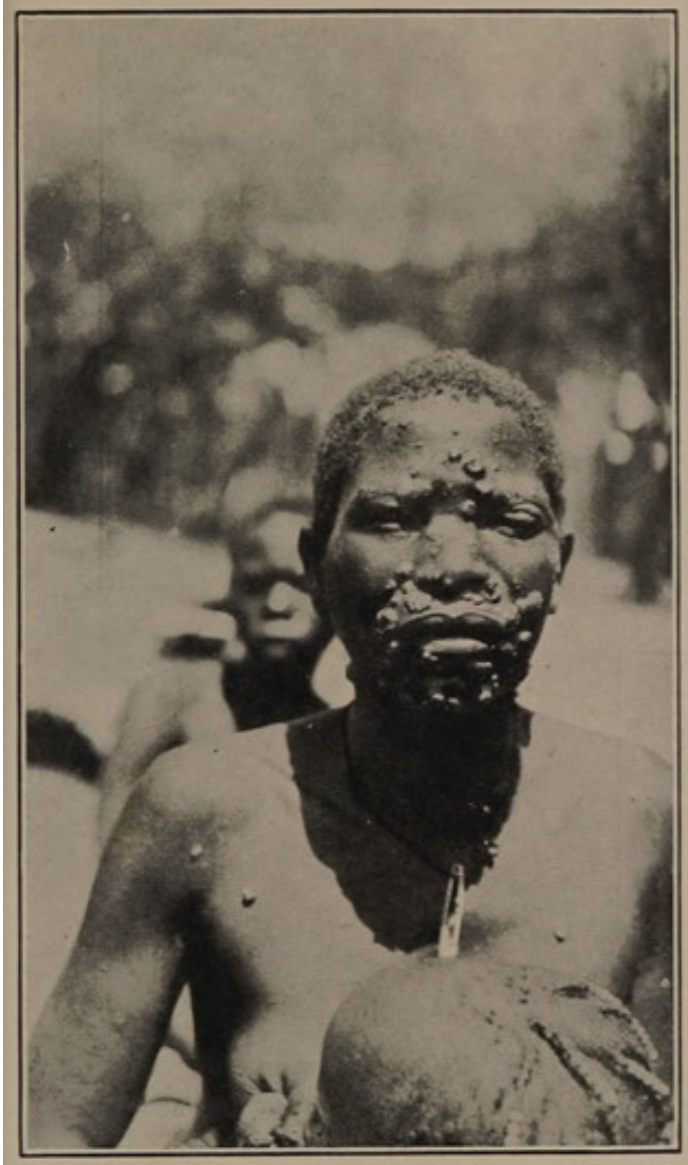
The manifestations of Frambœsia Tropicain Northern Rhodesia differ little, if at all, from those in other parts of the world.

An altitude of 4,000 to 5,000 feet plays an apparently negligible part in the propagation, spread, or type of the disease.

The developed primary frambœsoma is similar to the eruptive granuloma of the secondary stage, and the ulcer so often found associated with it is merely the preceding site of inoculation which may alter its characteristics.

Secondary granulomata do occur not uncommonly on the mucous membrane of the lips.

Gangosa is a manifestation of tertiary yaws.

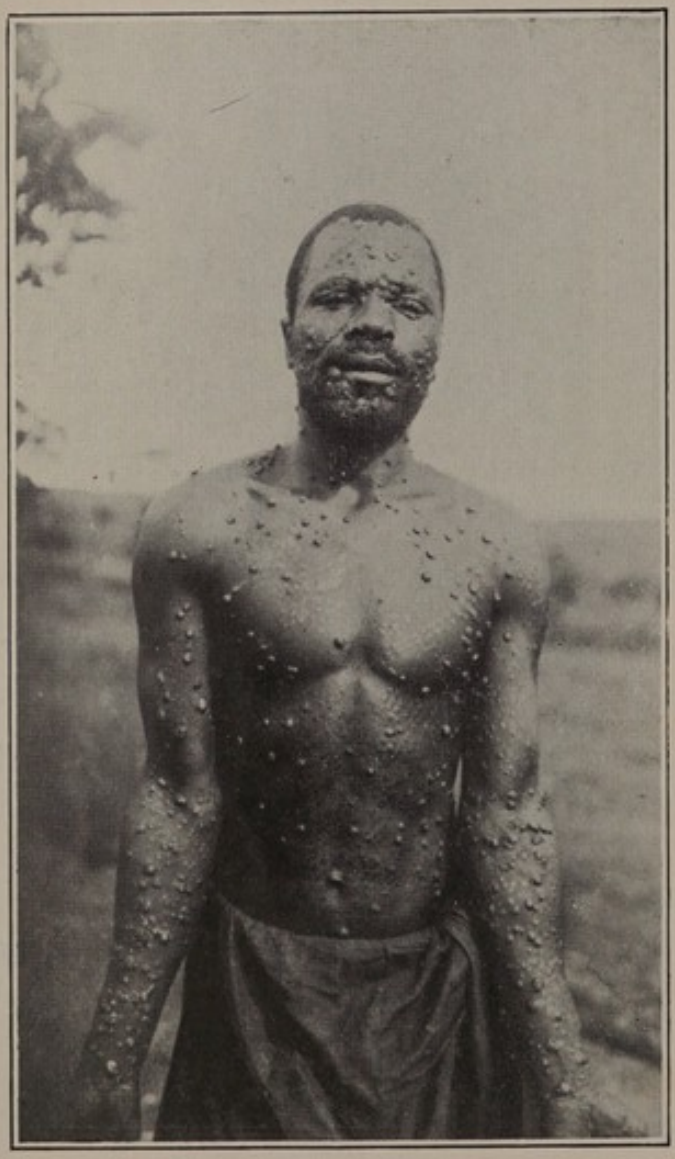


Secondary Yaws.

Eruption present for two months.

Same case 13 days after date of first photograph.

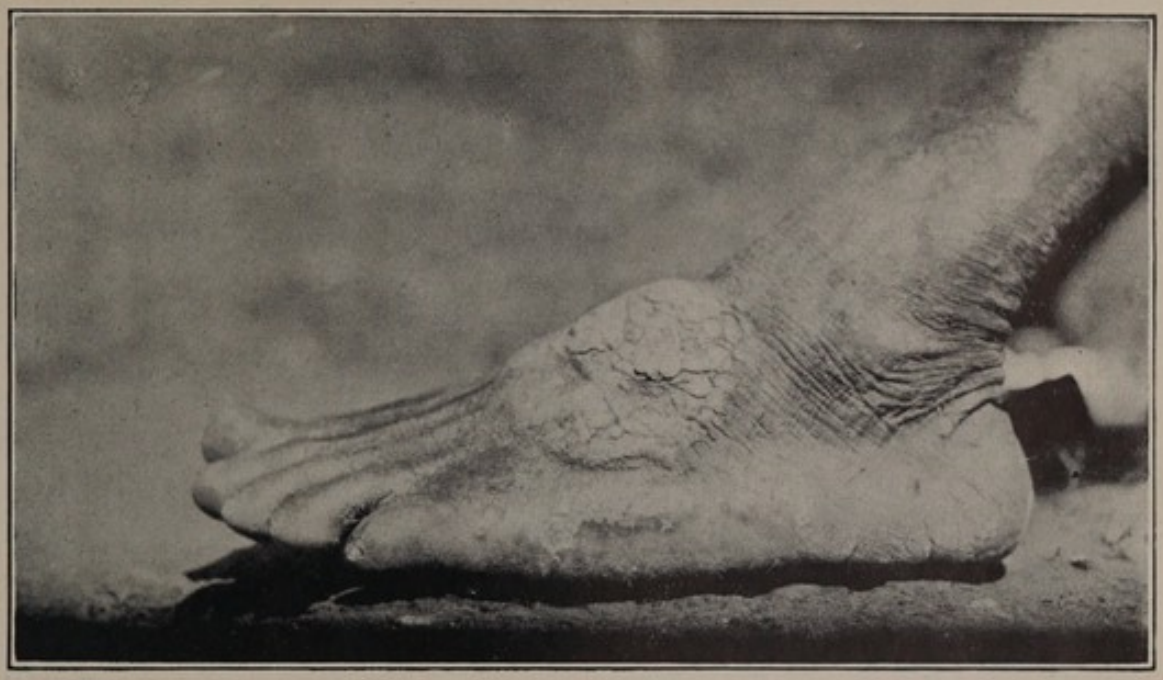
Injections of T.B.S.P. 4 grs. were given on 1st and 8th days.



Case No. 95/26. I.P.

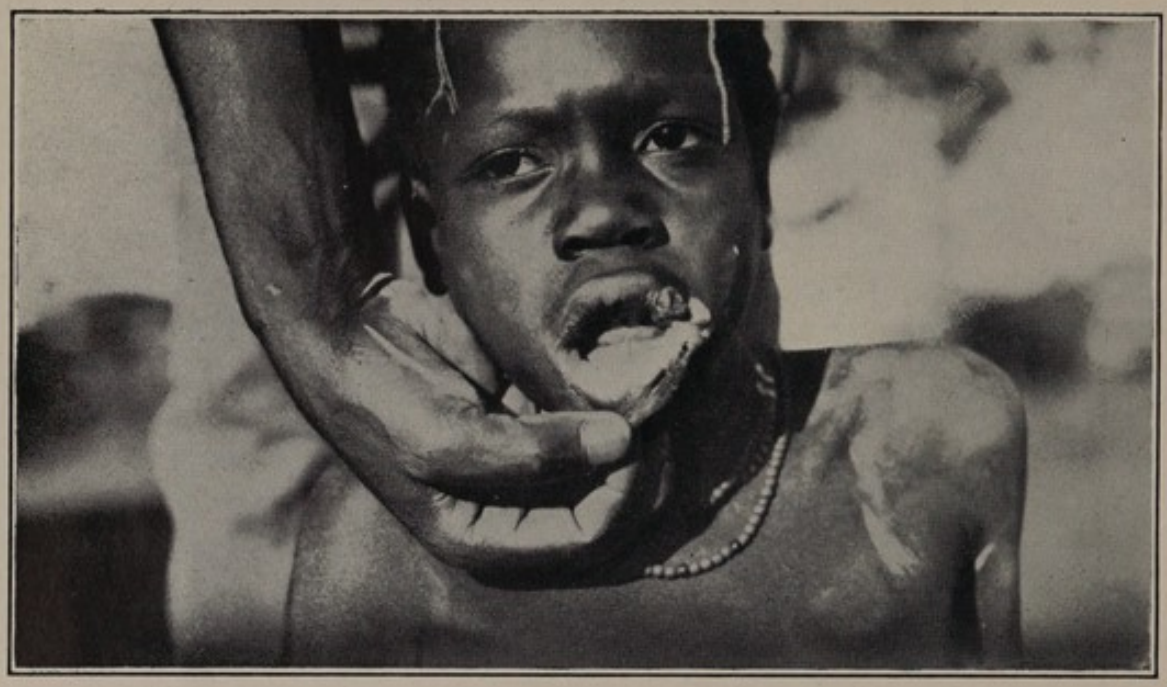
Primary yaw on old sore on foot, and generalised secondary eruption.

Untreated. 1st Day.



Case No. 95/26. I.P. 18th day.

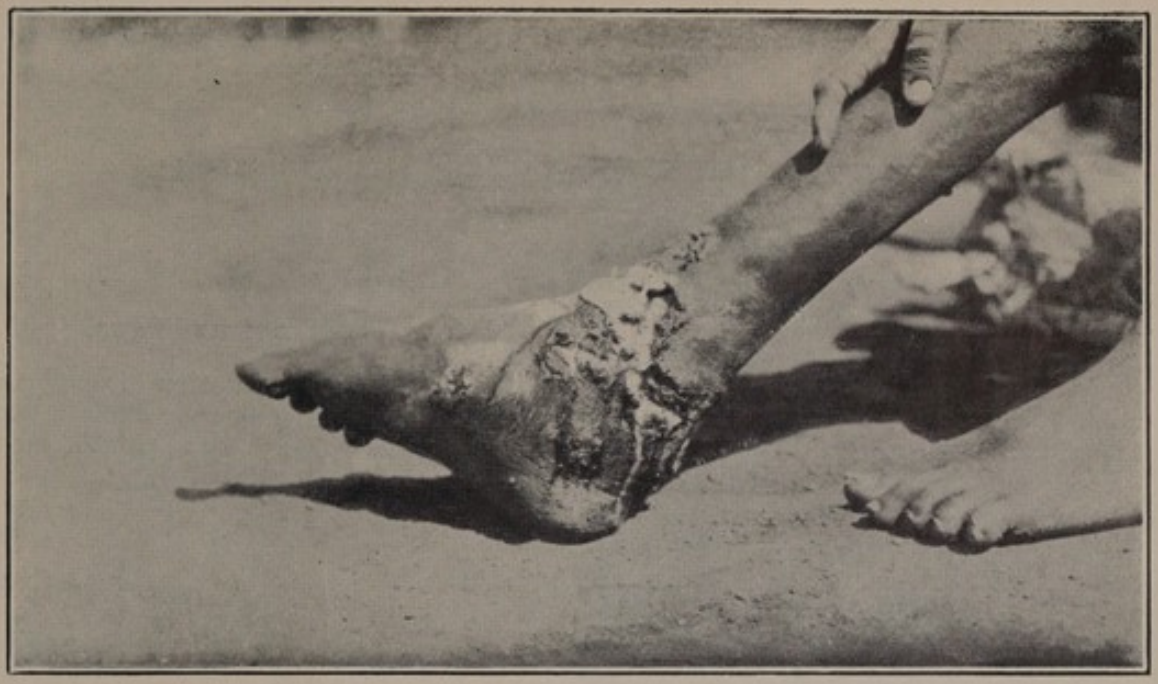
T.B.S.P. 5 grains given 2nd, 7th and 13th days.



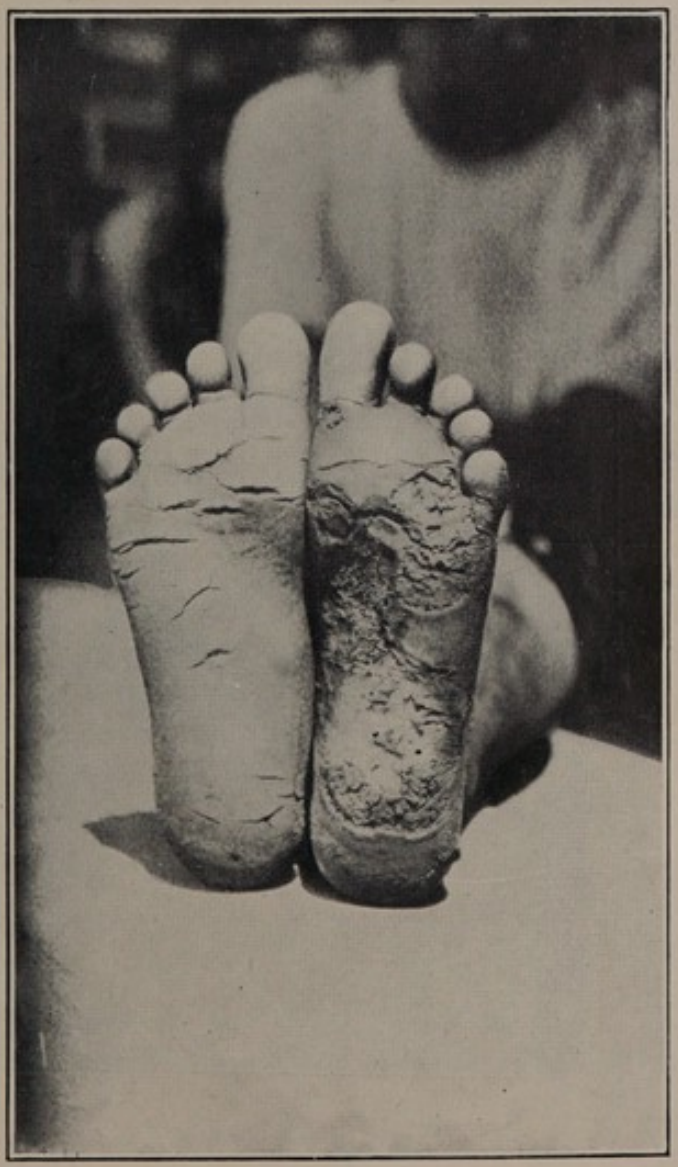
SECONDARY YAWS.

Granulomata on mucous membrane of lips, at mucocutaneous junction, and on skin of jaw.

GROUP OF YAWS CASES.



TERTIARY YAWS. Typical longstanding ulceration of foot.



TERTIARY YAWS.

Plantar Erosion and Fissuring in same case.

TERTIARY YAWS.

Cutaneous ulceration of one year's duration. This case showed early gangosa, the doft palate being ulcerated away.

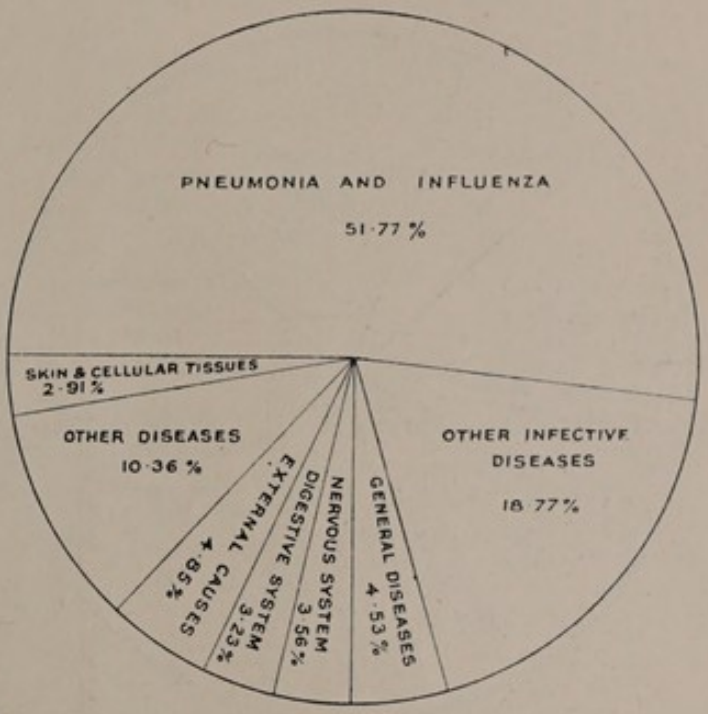
TERTIARY YAWS.

Gangosa and gummatous ulceration of face. The palate was perforated, and there were scars of old ulcers on the shins.

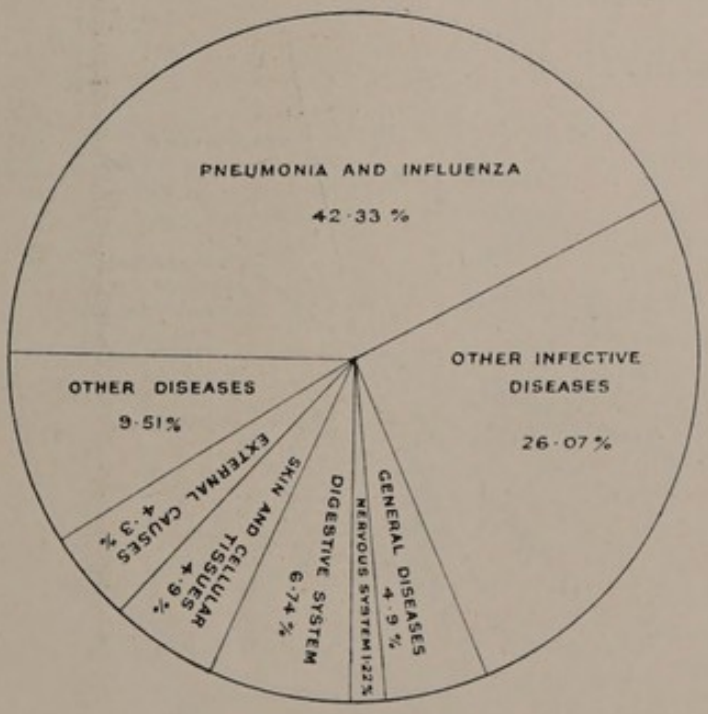
NATIVE DEATHS (Hospital Patients).

DIAGRAMS ILLUSTRATING MORTALITY FROM PRINCIPAL DISEASES.

1925—TOTAL DEATHS 309=100%.

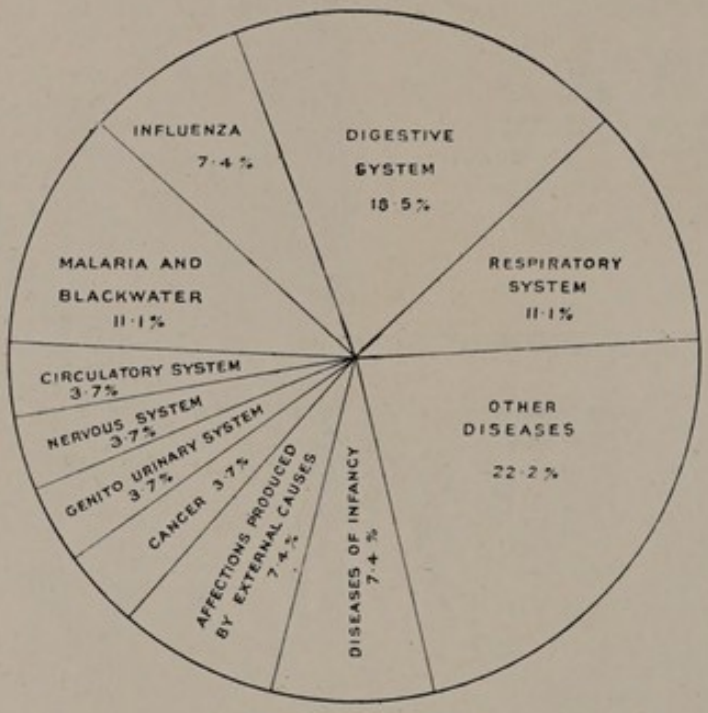


1926—TOTAL DEATHS 326=100%.

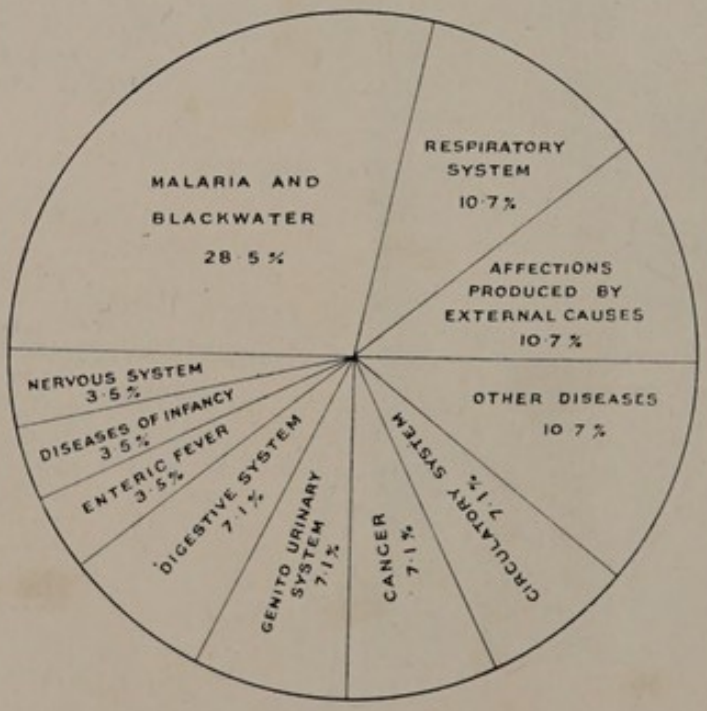


DIAGRAMS ILLUSTRATING MORTALITY FROM THE PRINCIPAL DISEASES.

1925—Total Deaths 27=100%.



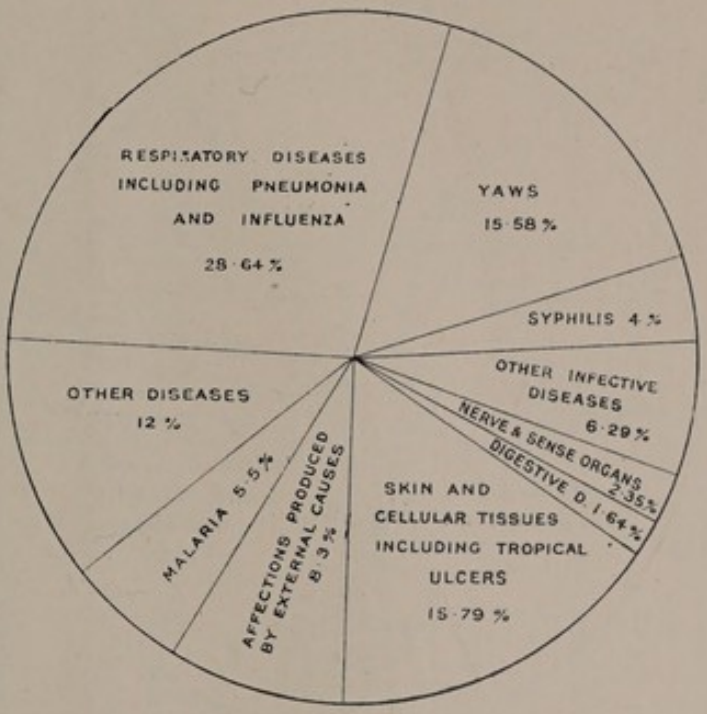
1926—Total Deaths 28=100%.



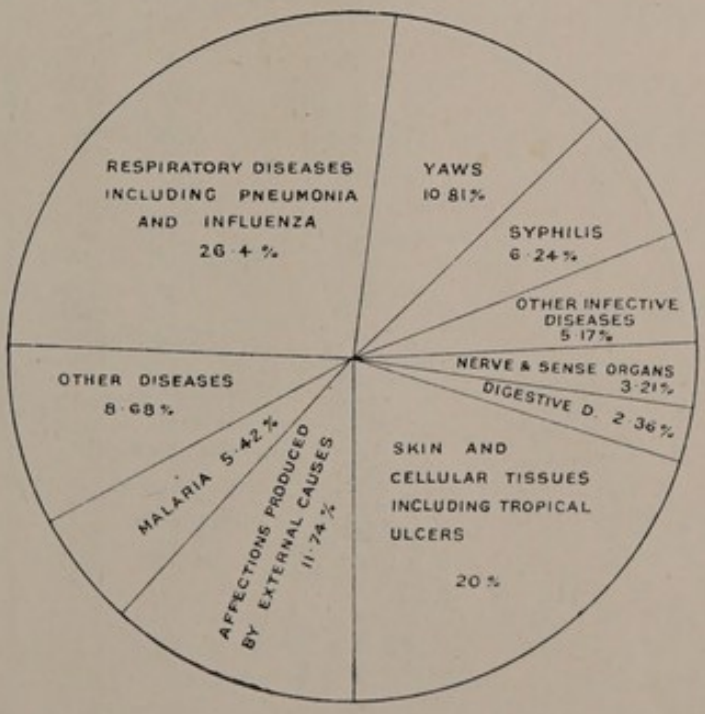
NATIVE HOSPITAL PATIENTS.

DIAGRAMS ILLUSTRATING PERCENTAGE OF PRINCIPAL CAUSES OF ADMISSION.

1925—5,610 CASES=100%.

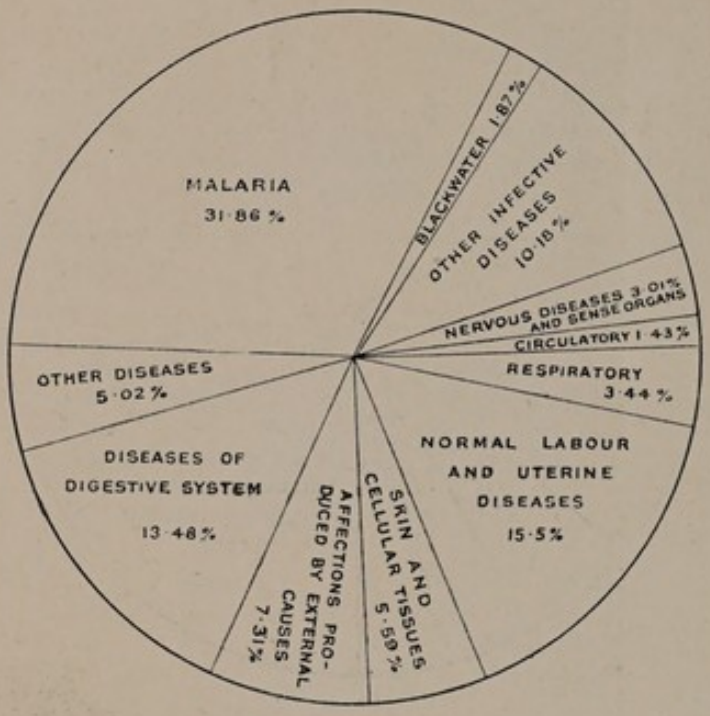


1926—6,534 CASES=100%.

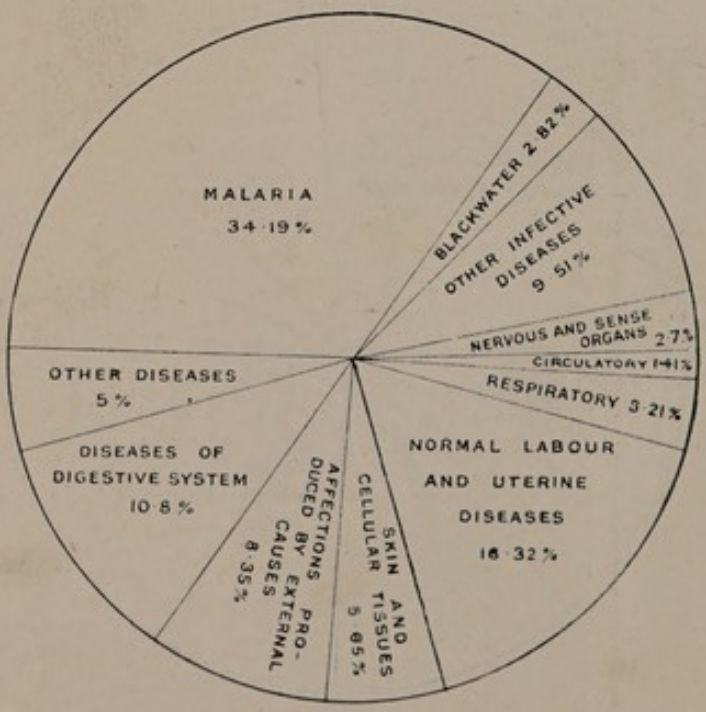


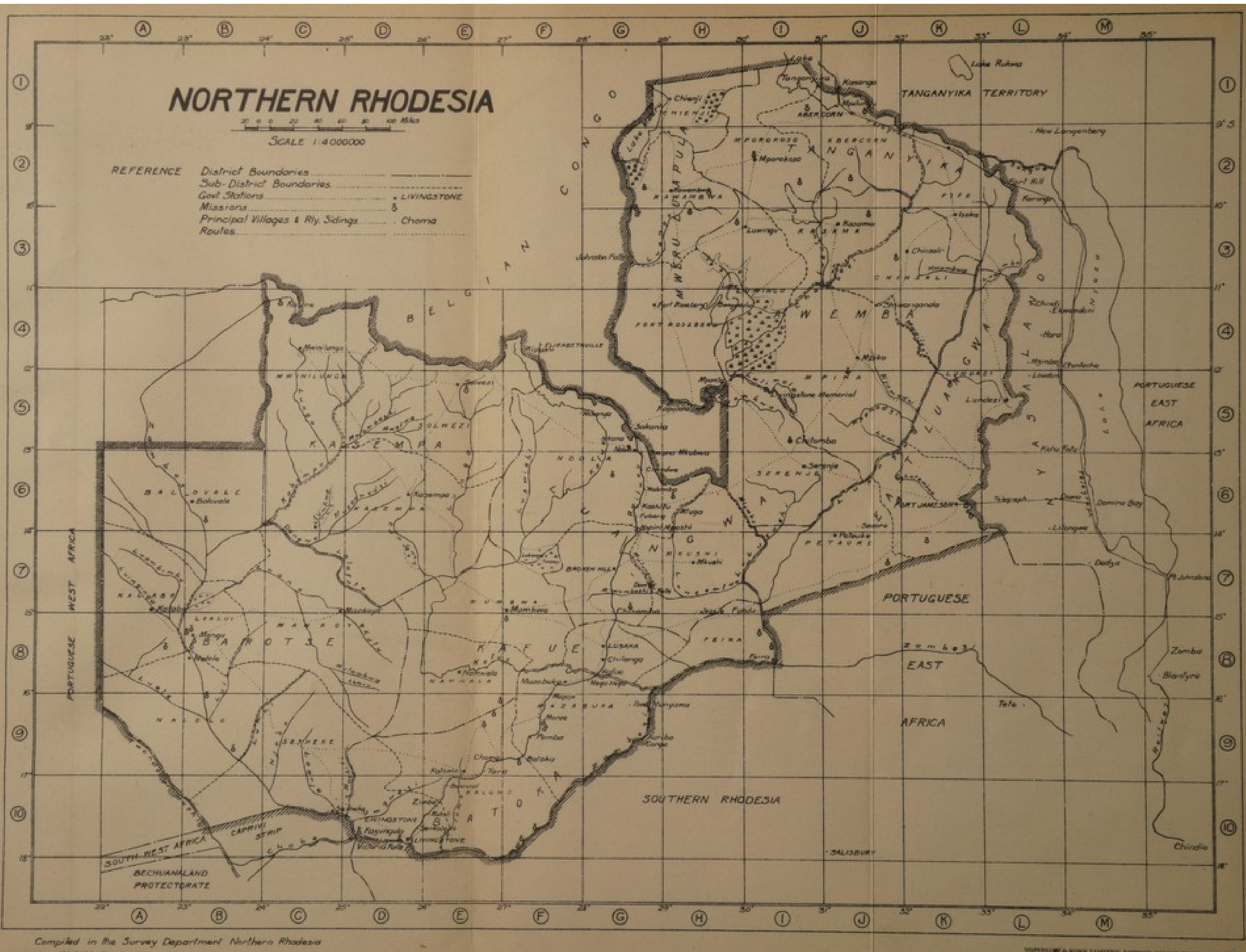
DIAGRAMS ILLUSTRATING PERCENTAGE OF PRINCIPAL CAUSES OF ADMISSION.

1925—697 Cases = 100%.



1926—778 Cases = 100%.





NORTHERN RHODESIA
SCALE 1:4000000
REFERENCE
District Boundaries
Sub-District Boundaries
Govt Stations
LIVINGSTONE
Missions
Principal Villages & Rly. Sidings
Choma
Routes
BELGIAN CONGO
TANGANYIKA TERRITORY
PORTUGUESE EAST AFRICA
PORTUGUESE WEST AFRICA
SOUTHERN RHODESIA
BECHUANALAND PROTECTORATE
SOUTH WEST AFRICA
CAPRIVI STRIP
KASEMPA
BAROTSE
KAFUE
BATOKA
AWEMBA
TANGANYIKA
LUANGWA
MWERU LUAPULA
ABERCORN
FORT JAMESON
BROKEN HILL
LUSAKA
LIVINGSTONE
Lake Rukwa